

## Women's perspective on life after total laryngectomy

van Sluis KE, Kornman AF, van der Molen L, van den Brekel MM, Yaron G. Women's perspective on life after total laryngectomy: a qualitative study. *Int J Lang Commun Disord*. 2019 Nov 01 [Epub ahead of print].

Physical and psychosocial challenges are common after total laryngectomy; this paper discusses the experiences of women following total laryngectomy. This qualitative study is based on interviews with eight women who had undergone total laryngectomy, at least 1 year after surgery. Participants were encouraged to discuss their everyday experiences, while also focusing on issues typical to women. The interviews revealed three main themes: disease and treatment as a turning point, re-establishing meaningful everyday activities and persistent vulnerability. Participants reported experiencing challenges in their rehabilitation process due to physical disabilities, dependency on others and experienced stigma. Challenges arose in dealing with the altered appearance and voice, returning to work, performing care activities, social interaction and the spousal relationship.



Medical pretreatment counselling and multidisciplinary rehabilitation programmes should help patients form realistic expectations and prepare them for the changes they will face. A gender- and age-matched laryngectomised patient visitor can contribute to this process. Rehabilitation programmes should incorporate the partner and offer psychosocial support for women following total laryngectomy to return to their former roles in family life, social life and work-related activities.

## Does age matter?

Milliet F, Gal J, Chamorey E, Dassonville O, Poissonnet G, Peyrade F, et al. Total pharyngolaryngectomy in the elderly: The impact of age on postoperative complications and oncologic and functional outcomes. *Surg Oncol*. 2018 Dec;27(4):767-72.

This retrospective study aimed to evaluate the clinical outcomes of TPL (total pharyngolaryngectomy) in the elderly (> 70 years) and to analyze the impact of advanced age on postoperative complications and oncologic and functional outcomes.

Two hundred and forty-five patients were enrolled in this study, including 91 patients (37%) aged over 70 years. The results showed that postoperative complications, oncologic outcomes and swallowing function were not significantly impacted by older age. Local and general complication rates were 36% and 10%, respectively (vs 51% and 12% for patients <70 years). Five-year overall,

cause-specific and recurrence-free survival rates were 36% (vs 40%), 52% (vs 51%) and 31% (vs 36%). Further they found that 94% of the elderly patients recovered satisfactory swallowing and 70% satisfactory speech functions. Elderly patients had a tracheoesophageal puncture (TEP) with a voice prosthesis (VP) more frequently, 86% vs 72%, but they achieved significantly lower speech scores ( $p=0.05$ ). The authors concluded that TPL can be considered a reliable therapeutic option in the elderly, including TEP with VP. Furthermore, postoperative speech rehabilitation program in elderly patients is considered important.

## Chemoradiotherapy or total laryngectomy?

Petersen JF, Arends CR, van der Noort V, Al-Mamgani A, de Boer JP, Stuiver MM, van den Brekel MWM. Laryngo-esophageal dysfunction free survival and propensity score matched analysis comparing organ preservation and total laryngectomy in hypopharynx cancer. *Oral Oncology*. 2019 Jun;95:143-149.

Organ preservation is advised in most national guidelines, resulting in a decline of primary total laryngectomy (TL) for hypopharynx cancer. Optimizing functional outcomes is becoming more important as a result of increasing use of organ preservation therapy. Even though chemoradiation therapy (CRT) aims to spare the larynx surgically, laryngeal function can be impaired long term. This retrospective cohort study, including 343 patients, aimed to assess functional outcomes in patients treated with organ preservation (RT/CRT), by describing the laryngo-esophageal dysfunction free

survival rate (LDFS). For RT and CRT the laryngo-esophageal dysfunction free survival rate at 5 years was 31%. The 5 year overall survival rate was 46% following CRT compared to 56% for TL.

In conclusion of this study, the authors challenge the view that CRT and TL are equivalent regarding survival of the patients.

## Voice handicap in patients with esophageal versus tracheoesophageal voice

Dragicevic D, Jovic RM, Kljajic V, Vlaski L, Savovic S. Comparison of Voice Handicap Index in Patients with Esophageal and Tracheoesophageal Speech after Total Laryngectomy. *Folia Phoniatr Logop*. 2019 Aug 27 [Epub ahead of print].

The aim of this study was to assess the voice handicap in patients with either esophageal or tracheoesophageal speech using a Serbian version of the Voice Handicap Index self-assessment tool (VHI-30). Two groups of disease free patients (N = 83) were compared; a group of fully rehabilitated patients with esophageal voice (ES, n = 43) and a group of patients with a successful tracheoesophageal voice (TES, n = 40). The results of this study revealed that the median value of the overall VHI score was significant lower in patients with TES in comparison to patients with ES (TES: 29.03 ± 23.48; ES: 64.51 ± 21.09). Additionally, patients with TES had significant lower scores also for physical, functional and emotional aspects of the VHI



subscale. The authors of this study concluded that ES patients have a perceived larger voice handicap than patients with TES, regardless of age or previous radiation treatment.

## Education for laryngectomized patients

Carroll-Alfano MA. Education, counseling, support groups, and provider knowledge of total laryngectomy: The patient's perspective. *J Commun Disord.* 2019 Nov;82:105938.

There has been significant research on the social, psychological, and emotional changes in persons following a total laryngectomy. Many studies suggest that the education received by an individual surrounding a total laryngectomy is not sufficient. This is recently investigated via a two-hundred participant survey. Results revealed that about half of participants perceived that they had adequate pre/post-laryngectomy education. Men and tracheoesophageal speakers were more likely to report adequate counseling than women and those without a tracheoesophageal puncture. Most respondents indicated they received their education primarily from their physicians but also speech-language pathologists, support groups, and/or internet sources. This study demonstrated that there is a need



to improve pre- and post-surgical education and counseling after total laryngectomy. The author concluded that several sessions, over an extended period of time, may be the most useful. An interdisciplinary team approach to education and support groups can be also valuable when available.

## Education on laryngectomy for non-otolaryngology physicians

Hsieh TY, Timbang L, Kuhn M, Brodie H, Swuires L. Assessment of Tracheostomy and Laryngectomy Knowledge among Non-Otolaryngology Physicians. *The Annals of otology, rhinology, and laryngology.* 2019 Sep 16 [Epub ahead of print].

In this study conducted in a single academic medical center, the authors sought to examine the knowledge of alternate airways (AA) among non-otolaryngology physicians. An anonymous ten question multiple choice assessment was administered to residents, fellows, and attending physicians in General Surgery, Pediatrics, Family Medicine, Internal Medicine and Otolaryngology. Participants completed a baseline assessment followed by an educational lecture on alternate airways. A repeat assessment was completed 3 months post-lecture. Non-otolaryngology physicians were divided into two subgroups (surgical and non-surgical).

The average scores were 97.8% for otolaryngology physicians, 64.8% for surgical physicians, and 55.1% for non-surgical physicians. Both non-otolaryngology subgroups had lower scores for laryngectomy questions compared to tracheostomy questions. The scores for both groups of non-otolaryngology physicians improved significantly following lecture with a combined average of 86.5%. The authors concluded that routine education for physicians who can come into contact with alternate airways is crucial and demonstrated that knowledge from the lecture was maintained after 3 months.

The content of the journal articles is the opinion of the article authors and NOT necessarily the opinion of Atos Medical AB and any of its subsidiaries nor any endorsement by Atos of any of the products. Nothing in this publication should be construed as providing medical or other advice or making a recommendation from Atos Medical AB and is purely for informational purposes. It should not be relied on, in any way, to be used by clinicians as the basis for any decision or action, as to prescription or medical treatment. When making prescribing or treatment decisions, clinicians should always refer to the specific labeling information approved for the country or region of practice.

Suggestions and requests to: [clinicalaffairs@atosmedical.com](mailto:clinicalaffairs@atosmedical.com)