

Staging Supraglottic Cancer

- Accurate staging requires knowledge of true vocal cord (TVC) function, clinical & endoscopic finding
- T1: Tumor in 1 supraglottic subsite with normal TVC mobility
- T2: Tumor invading mucosa in > 1 supraglottic subsite without laryngeal fixation
 - Extension to mucosa of base of tongue, vallecula, medial wall of pyriform sinus = T2 lesion
- T3: Endolaryngeal tumor with fixed TVC \pm invasion of PES, PGS, postcricoid hypopharynx, or inner cortex of thyroid cartilage
- T4a: Tumor invades through thyroid cartilage \pm to other extralaryngeal tissues
 - e.g., trachea, cervical soft tissues, strap muscles, thyroid gland, esophagus
- T4b: Tumor invades prevertebral space, encases carotid artery, or invades mediastinal structures

Treatment

- **T1/T2** (smaller tumors): Laser surgery or XRT only
 - Speech-preserving partial laryngectomy may be used for isolated supraglottic lesions, without TVC fixation
- **T3**: Small proportion may have laser resection or partial laryngectomy
- **T3/T4a** (larger tumors): XRT & chemotherapy
- **T4a**: Extralaryngeal extension or through thyroid cartilage = total laryngectomy
- **T4b**: Palliative nonsurgical treatment

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Determined by:

- Subsite(s) involved: supra- or infrahyoid epiglottis, AE folds, FVC, arytenoids
- Cord mobility
- Submucosal spread
- Extra-laryngeal spread

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- **T1** - 1 subsite, normal TVC mobility
- **T2** - 2 or more subsites SG or glottis or adjacent pharynx, NL TVC mobility
- **T3** - Limited to larynx with TVC paralysis; PES, PGS, piriform sinus, postcricoid spread, inner cortex thyroid cartilage
- **T4a** - Thyroid cartilage invasion, extra-laryngeal spread
- **T4b** - Invades prevertebral space, carotid

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Submucosal Spaces

- **Pre-epiglottic space**
 - fat, lymphatics, glandular tissue
- **Paraglottic space**
 - fat, lymphatics, small muscles
- **Perivertebral space**
 - fascia, longus capitus/colli mm

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Submucosal Spaces

Significance

- Pre-epiglottic invasion
 - Supraglottic laryngectomy
- Paraglottic invasion
 - Partial or total laryngectomy
- Prevertebral muscle invasion
 - Often inoperable - piriform sinus CA

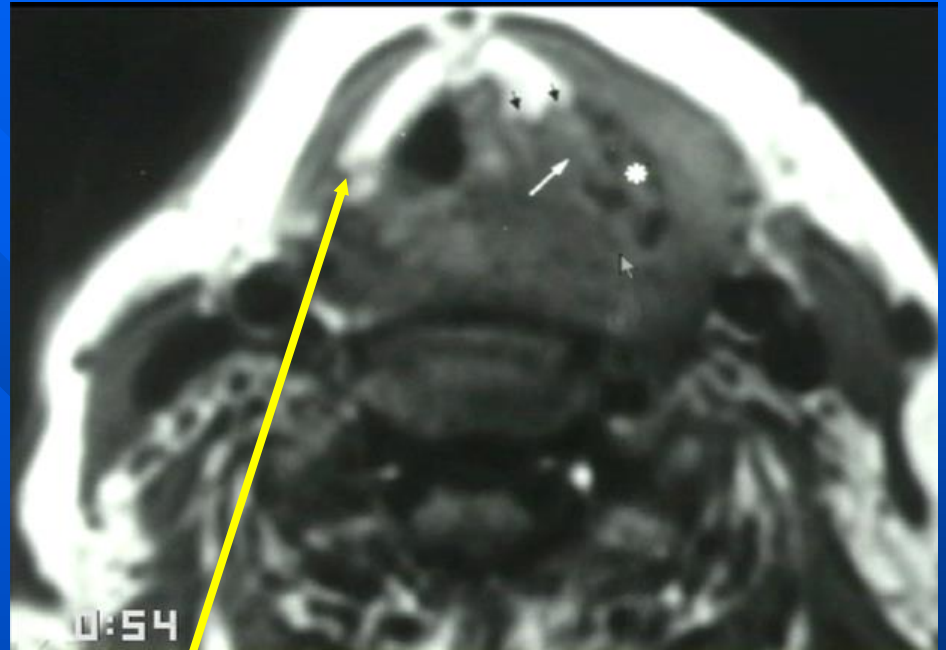
Supraglottic Laryngectomy

- Resect epiglottis, AE folds, false vocal cords, pre-epiglottic fat
- **Contraindications:**
 - Tumor to or below laryngeal ventricle
 - Extension to anterior commissure
 - T4 lesions
 - Bilat. arytenoid invasion/fixation
 - Bilat. base of tongue tumor

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Large Tumor

- If tumor large and tumor surrounds thyroid cartilage, likely started in pyriform sinus, not supraglottic :AE folds may involve, but will not surround



Thyroglotic Ligament