

# MANAGEMENT OF HYPOPHARYNGEAL AND LARYNGEAL TUMOURS: A 6-YEAR REVIEW

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## INTRODUCTION:

Hypopharyngeal and laryngeal cancer management remains complex, despite the recent improvements in diagnostic imaging and treatment modalities available.

## PURPOSE OF THE STUDY:

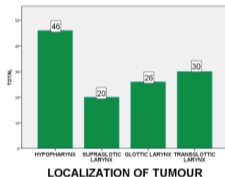
To evaluate the epidemiologic, clinicopathologic profile and management outcomes of hypopharyngeal (HSCC) and laryngeal squamous cell cancer (LSCC).

## MATERIAL AND METHODS:

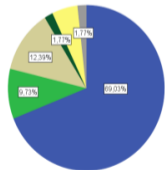
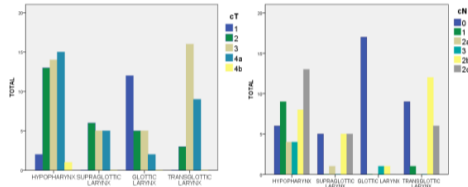
Six-year retrospective review of medical records of patients treated at our institution for HSCC and LSCC. Statistical Analysis using SPSS® v.22.

## RESULTS:

Total of patients: 122  
Gender: 119 (97,5%) males and 3 (2,5%) females  
Mean age: 60.01 ± 12.82 years.  
History of cigarette smoking: 90,8%  
History of alcohol consumption: 76,7%  
2 Year-Survival : 73%

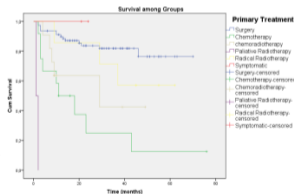


## STAGING ACCORDING TO TUMOUR LOCALIZATION



### PRIMARY TREATMENT

- SURGERY
- CHEMOTHERAPY
- CHEMOTHERAPY + RADIOTHERAPY
- PALLIATIVE RADIOTHERAPY
- RADICAL RADIOTHERAPY
- SYMPTOMATIC

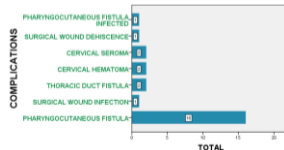


### Primary Treatment

- Surgery
- Chemotherapy
- Chemoradiotherapy
- Palliative Radiotherapy
- Radical Radiotherapy
- Symptomatic
- Surgery-censored
- Chemotherapy-censored
- Chemoradiotherapy-censored
- Palliative Radiotherapy-censored
- Radical Radiotherapy-censored
- Symptomatic-censored

### LOCALIZATION OF TUMOUR

### LOCALIZATION OF TUMOUR



## CONCLUSION:

Overall survival of these tumours is still poor, particularly in hypopharyngeal cancer. This might be a reflection of the late presentation of patients with HSCC who often remain asymptomatic for a longer period and are therefore more commonly seen in later stages of the disease. Multimodal strategy including surgery with adjuvant radiotherapy and/or chemoradiation is the most common approach in our department for locally advanced disease. Despite the evidence of benefit of different treatment modalities, the optimal approach has yet to be determined. Future prospective trials with better patient selection and more reliable clinical outcomes are needed.