

Multidisciplinary treatment of laryngeal cancer

Tratamiento multidisciplinar del cáncer de laringe

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Sr. Editor:

There are points of controversy in the treatment of laryngeal cancer, which is evident in the interesting article by Gurrola et al.¹ recently posted. The most important thing is to obtain local control and survival standards based on the existing evidence from the various therapeutic associations. For this reason, it is striking that only 65% of patients with stages III-IVA were considered operable, when grouped into them from T1,N1 to T4A,N2, which are by definition operable and many of them are not candidates for preservation of organ. The authors report that the association of cetuximab and radiotherapy, which is not the standard treatment², offers the best survival; however, almost a third (27%) of the patients recur and only 9% can be rescued, which implies poor control if, for example, they were T3,N0 patients. In this series, those who receive chemotherapy induction have better survival, but the role of chemotherapy is to identify patients who are candidates for non-surgical conservation and has no impact on survival³. In stage IVA (T1,N2 to T4A,N2, whose standard treatment is surgery) something similar is reported; Although the treatments are not broken down, survival is better with induction chemotherapy

followed by bio-radiotherapy, but it only controls 56% and there is recurrence in almost half (41%), and only 8% can be rescued. The inadequate selection of the initial treatment with non-surgical conservative intent has resulted in an increase in mortality from laryngeal cancer, and this seems to be reflected in the present series, in which the 5-year survival in stage III is 46.5% and in stage IV is 28.3%, when the standards are 80% and 70%, respectively. The standard treatment with non-surgical conservative intent is the association of chemo-radiotherapy³. Induction chemotherapy selects patients for this therapy. Patients who do not have adequate laryngeal function, regardless of stage, should undergo laryngectomy, which offers the best control and longest survival.

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