# Larynx Case Scenario 1

51 year old white male who presented with persistent hoarseness that wasn’t related to a cold or flu. He quit smoking cigarettes three years ago but continues to smoke cigars.

07/08/2016 Flexible Endoscopic: There was normal true vocal cord motion with patent airway.  However, there were some white spots on his right true vocal cord that were concerning.  No additional nodules were identified. Bilateral false vocal cords appear normal.  Biopsies were taken of the right true vocal cord. Left vocal cord was nodule free.

07/08/2016 Biopsy: Right true vocal cord:  Invasive, moderately differentiated squamous cell carcinoma

07/15/2016 CT Head, Neck, and Chest:  No abnormalities were identified in the head and neck regions. Due to patients previous history of smoking a CT of the chest was done. No abnormalities where seen.

07/25/2016 Oncology consult:  Surgical and radiation options were recommended. Patient refused surgery but decided on radiation.

Patient took planned vacation before starting radiation.

Radiation treatment summary: Patient received 64 Gy to the glottis larynx in 28 fractions using IMRT from 9/5/2016 through 10/10/2016

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * **What is the primary site?**   **C32.0**   * **What is the histology?**   **8070/3** | | | | * **What is the grade/differentiation?**   **2-Moderately differentiated** | | |
| **Stage/ Prognostic Factors** | | | | | | |
| Summary Stage | 1 | | Tumor Size Summary | | 999 | |
| TNM Clin T | cT1a | | TNM Path T | |  | |
| TNM Clin N | cN0 | | TNM Path N | |  | |
| TNM Clin M | cM0 | | TNM Path M | |  | |
| TNM Clin Stage | 1 | | TNM Path Stage | | 99 | |
| TNM Clin Descriptor | 0 | | TNM Path Descriptor | |  | |
| TNM Clin Staged By | 20 | | TNM Path Staged By | | 00 | |
| CS SSF 1 | 000 | |  | |  | |
| CS SSF 3 | 000 | | Regional Nodes Positive | | 98 | |
| CS SSF 4 | 000 | | Regional Nodes Examined | | 00 | |
| CS SSF 5 | 000 | | Mets at Dx - Bone | | 0 | |
| CS SSF 6 | 000 | | Mets at Dx - Brain | | 0 | |
| CS SSF 9 | 998 | | Mets at Dx - Liver | | 0 | |
|  |  | | Mets at Dx - Lung | | 0 | |
|  |  | | Mets at Dx - Other | | 0 | |
|  |  | | Mets at Dx – Distant LN | | 0 | |
|  |  | |  | |  | |
| **Treatment** | | | | | | |
| Diagnostic Staging Procedure | | 02 |  | | |  |
| **Surgery Codes** | |  | **Radiation Codes** | | |  |
| Surgical Procedure of Primary Site | | 00 | Radiation Treatment Volume | | | 07 |
| Scope of Regional Lymph Node Surgery | | 0 | Regional Treatment Modality | | | 31 |
| Surgical Procedure/ Other Site | | 0 | Regional Dose | | | 06400 |
| **Systemic Therapy Codes** | |  | Boost Treatment Modality | | | 00 |
| Chemotherapy | | 00 | Boost Dose | | | 00000 |
| Hormone Therapy | | 00 | Number of Treatments to Volume | | | 28 |
| Immunotherapy | | 00 | Reason No Radiation | | | 0 |
| Hematologic Transplant/Endocrine Procedure | | 00 | Radiation/Surgery Sequence | | | 0 |
| Systemic/Surgery Sequence | | 0 |  | | |  |

# Larynx Case Scenario 2

A 60 year old black male presented with a 3 month history of hoarseness treated with antibiotics, but with no improvement. In the last 3 weeks, he has had a 20 lb weight loss, fatigue and dysphagia.

Physical exam revealed a palpable right level 2 lymph node. The lymph node is mobile and measures about 2cm. No other abnormalities.

6/29/2016 MRI Face/Neck:  Infiltrating tumor in the left piriform sinus with extension to the epiglottis and false cords, which is obliterating the airway at the laryngeal ventricle.  Partial left sided invasion of cartilage and hyoid bone.  Extension through the right piriform sinus.  Enlarged left submandibular, jugular digastric and upper cervical lymph nodes, 2.0cm, and right jugulodigastric lymph node, 1.6cm.

Nodule in the left tonsillar pillar.

7/3/2016 Direct laryngoscopy:  Bulky mass lesion occupying the left sided epiglottis extending into the medial wall of the left and right piriform sinuses and aryepiglottic fold and extension to the left arytenoid.  The epicenter of the lesion appears to be on the left side of the infrahyoid epiglottis. Postcricoid area is not involved.  Bilateral true vocal cord not involved.  Biopsies taken.

7/3/2016 Biopsy Epiglottis:  Invasive, grade 2 squamous cell carcinoma

7/11/2016 PET Scan: Large supraglottic mass in the neck extending down to the vocal cord level with minimal invasion of the thyroid cartilage on the left.  Metastatic bilateral neck lymphadenopathy.  No evidence of distant metastasis.

8/15/2016 Left hemithyroidectomy, total laryngectomy.  Bilateral selective neck dissection levels IIA, IIB, III and IV.  Right pectoralis major myocutaneous flap reconstruction of neopharynx.

8/15/2016 Pathology: Total laryngectomy and hemithryoidectomy:  Invasive, moderately differentiated squamous cell carcinoma.  4.0 cm mass centered in the epiglottis, predominantly involves the left larynx, but also involves the right portion of the larynx and the right piriform sinus.  Involves the pre epiglottic space.  Tumor involves the subglottic tissues in the area of the left true cord.  Does not invade thyroid cartilage, but abuts it. Margins are not involved.

Lymph nodes:  Metastatic squamous cell carcinoma in 2/10 left level II nodes, 1/3 left level III nodes, 0/4 left level IV nodes, 0/9 right level III nodes, 0/10 right level II nodes, 0/1 right level IV node, 0/7 right level IV nodes (total 3/44 positive lymph nodes). The largest metastatic lymph node was the left level III node. It measures 2.1cm and contains a metastatic deposit of 1.7cm. Gross ENE was present. The metastasis extended 3mm’s from the lymph node capsule.

Radiation oncology consult:  60 year old black male with squamous cell carcinoma of the supraglottic

larynx, s/p total laryngectomy and bilateral neck dissection.  Management options were discussed and it was felt he would best be served by definitive chemoradiation.  The patient completed 6600 cGy using a 6mv IMRT to H&N/Epiglottis at 200 cGy per day times 33 fractions from 10/23 through 12/7 concurrent with Cisplatin.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * **What is the primary site?**   **C32.1**   * **What is the histology?**   **8070/3** | | | | * **What is the grade/differentiation?**   **2-Grade 2** | | |
| **Stage/ Prognostic Factors** | | | | | | |
| Summary Stage | 4 | | Tumor Size Summary | | 040 | |
| TNM Clin T | cT4a | | TNM Path T | | pT3 | |
| TNM Clin N | cN2c | | TNM Path N | | pN2b | |
| TNM Clin M | cM0 | | TNM Path M | | cM0 | |
| TNM Clin Stage | 4A | | TNM Path Stage | | 4A | |
| TNM Clin Descriptor | 0 | | TNM Path Descriptor | | 0 | |
| TNM Clin Staged By | 20 | | TNM Path Staged By | | 20 | |
| CS SSF 1 | 021 | |  | |  | |
| CS SSF 3 | 011 | | Regional Nodes Positive | | 03 | |
| CS SSF 4 | 000 | | Regional Nodes Examined | | 44 | |
| CS SSF 5 | 000 | | Mets at Dx - Bone | | 0 | |
| CS SSF 6 | 000 | | Mets at Dx - Brain | | 0 | |
| CS SSF 9 | 030 | | Mets at Dx - Liver | | 0 | |
|  |  | | Mets at Dx - Lung | | 0 | |
|  |  | | Mets at Dx - Other | | 0 | |
|  |  | | Mets at Dx – Distant LN | | 0 | |
|  |  | |  | |  | |
| **Treatment** | | | | | | |
| Diagnostic Staging Procedure | | 02 |  | | |  |
| **Surgery Codes** | |  | **Radiation Codes** | | |  |
| Surgical Procedure of Primary Site | | 41 | Radiation Treatment Volume | | | 06 |
| Scope of Regional Lymph Node Surgery | | 5 | Regional Treatment Modality | | | 31 |
| Surgical Procedure/ Other Site | | 0 | Regional Dose | | | 06600 |
| **Systemic Therapy Codes** | |  | Boost Treatment Modality | | | 00 |
| Chemotherapy | | 02 | Boost Dose | | | 00000 |
| Hormone Therapy | | 00 | Number of Treatments to Volume | | | 33 |
| Immunotherapy | | 00 | Reason No Radiation | | | 0 |
| Hematologic Transplant/Endocrine Procedure | | 00 | Radiation/Surgery Sequence | | | 3 |
| Systemic/Surgery Sequence | | 3 |  | | |  |