

EVALUATION OF HEALTH-RELATED QUALITY OF LIFE with EORTC QLQ-C30 and QLQ-H&N35 in Romanian laryngeal cancer patients

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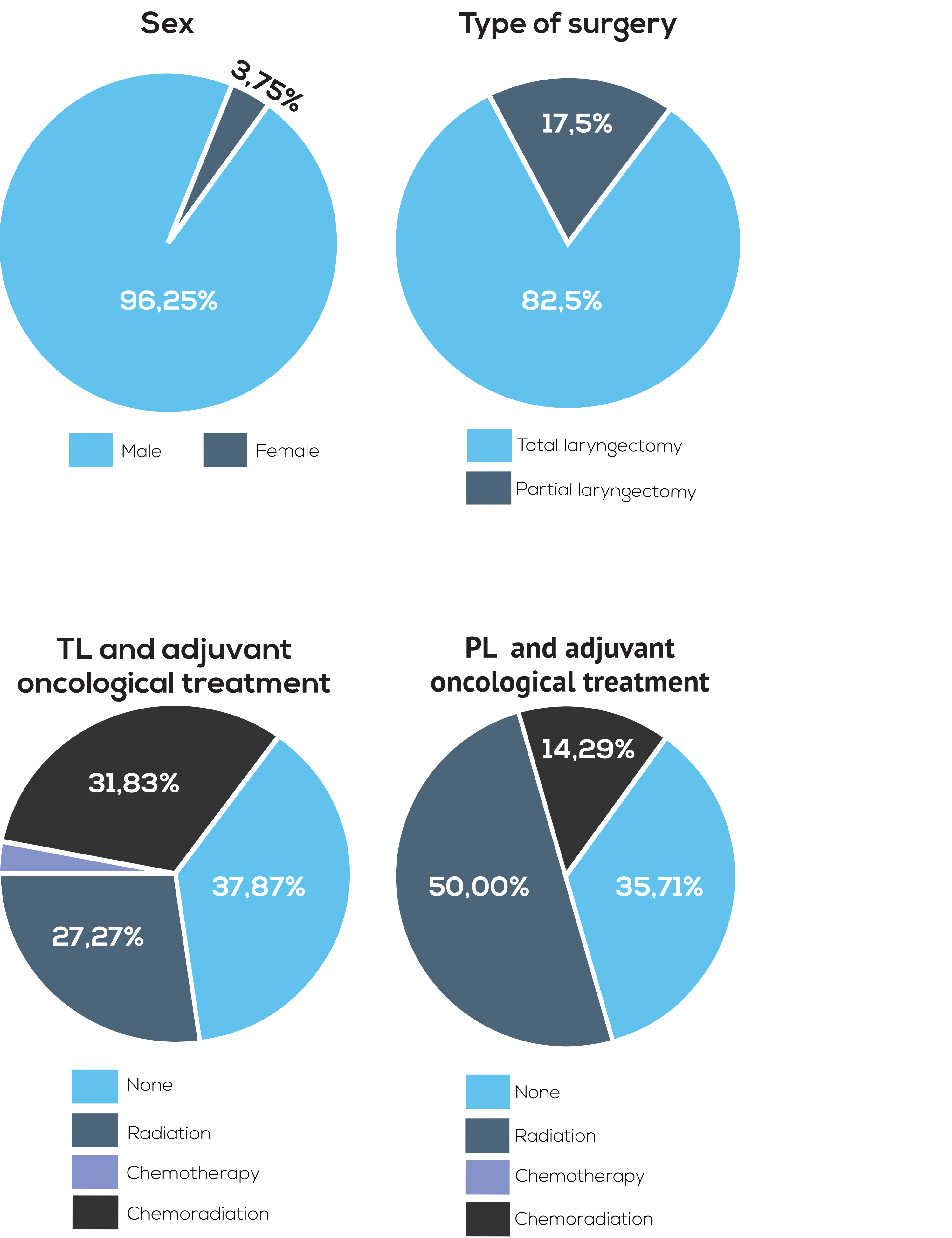
INTRODUCTION

The larynx plays a central role in coordinating the functions of the upper aerodigestive tract, including respiration, speech and swallowing. The larynx is the second most common site for squamous cell carcinoma in the head and neck [1].

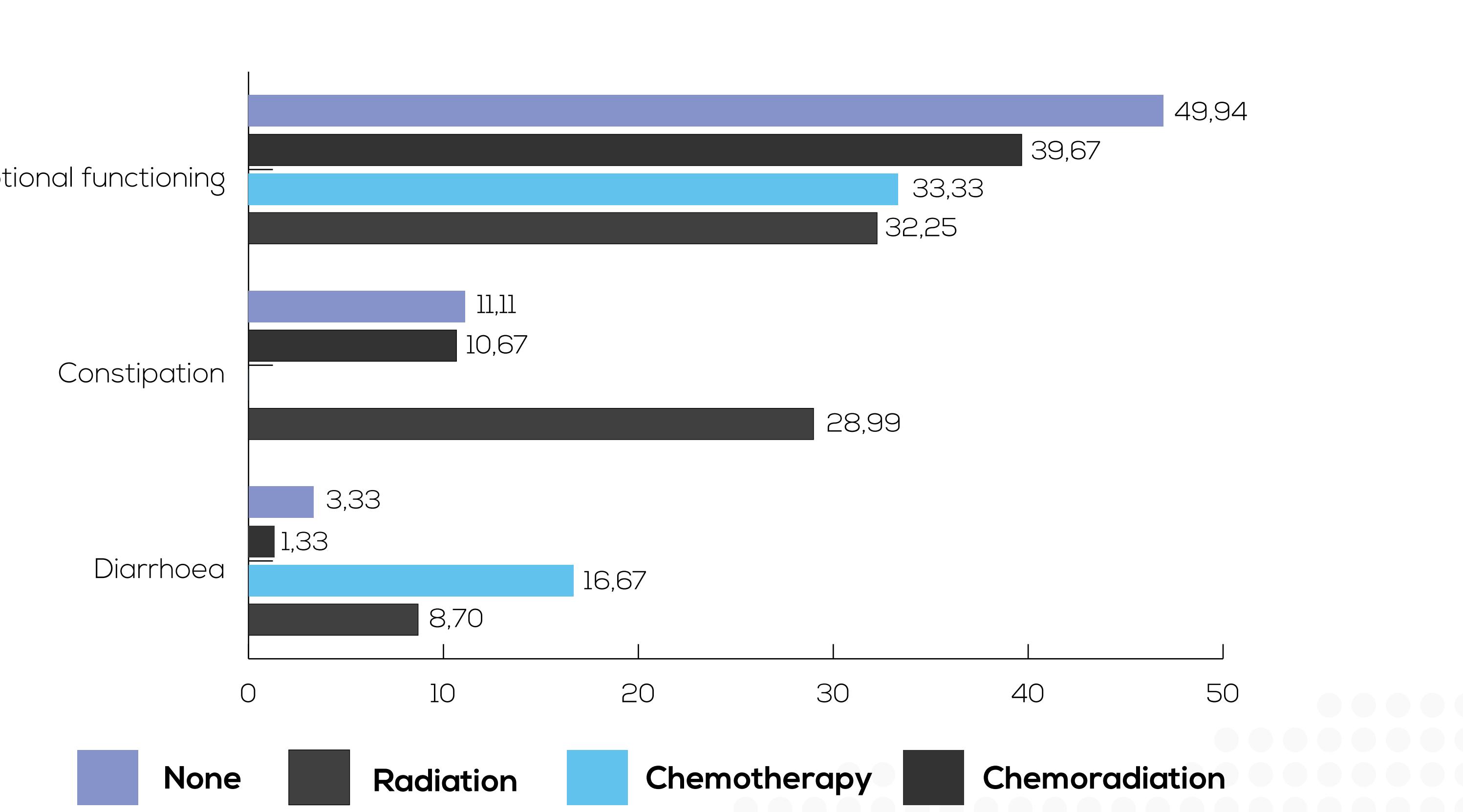
The aims of this study were to evaluate the health related quality of life (HRQL) according to: type of surgery and adjuvant oncological treatment.

RESULTS

We included in the study 80 patients diagnosed and surgical treated for laryngeal/hypopharyngeal squamos cell carcinoma and 20 healthy volunteers. Median age of the patients was 59.90 years.



QLQ-C30 questionnaire in patients with/withouth adjuvant oncological treatment



DISCUSSION

Regarding the type of the treatment our data show that functional and symptom scales were worse in laryngectomees than partially resected tumors. The total laryngectomy influenced the emotional, social contact, cognitive functioning, coughing, weight loss and feeding tube in laryngectomees. Unfortunately in our country, laryngectomized patients retired after surgery due to the effects of the voice and physical handicap, although we observed more economic difficulties in the partial laryngectomy group whose return to working life.

We didn't found significant statistical difference between types of surgical treatments groups according to the speech scale, a result that is in accordance with the study conducted by Susanne Singer et al [2]. The patients with total laryngectomy consider that their voice is not hoarse; because they have no voice; or they use the esophageal/electrolaryngeal speech. The patients did not know what to answer at the question "Have you been hoarse?" most of them answered: "I haven't been hoarse" and a part of them had deliberately omitted the item. We decided to remove this item. In other studies, a better voice-related quality of life after a partial laryngectomy was found [3].

The impact of association of radiation versus no adjuvant oncological treatment showed statistically significant differences for dry mouth and sticky saliva in the irradiated group, because these are the effects of radiotherapy in the head and neck area. Paradoxically, those with partial laryngectomy had a higher score in dry mouth, Bindewald et al [4] found the same results.

CONCLUSIONS

In our study we found statistically significant differences between patients with total laryngectomy and patients with partial larynx surgery.

The QLQ-H&N35 questionnaire discriminating better the problems between groups compared with QLQ-C30; however these two questionnaires should be used together, as it was intended by the specialists who created the questions for these questionnaires.

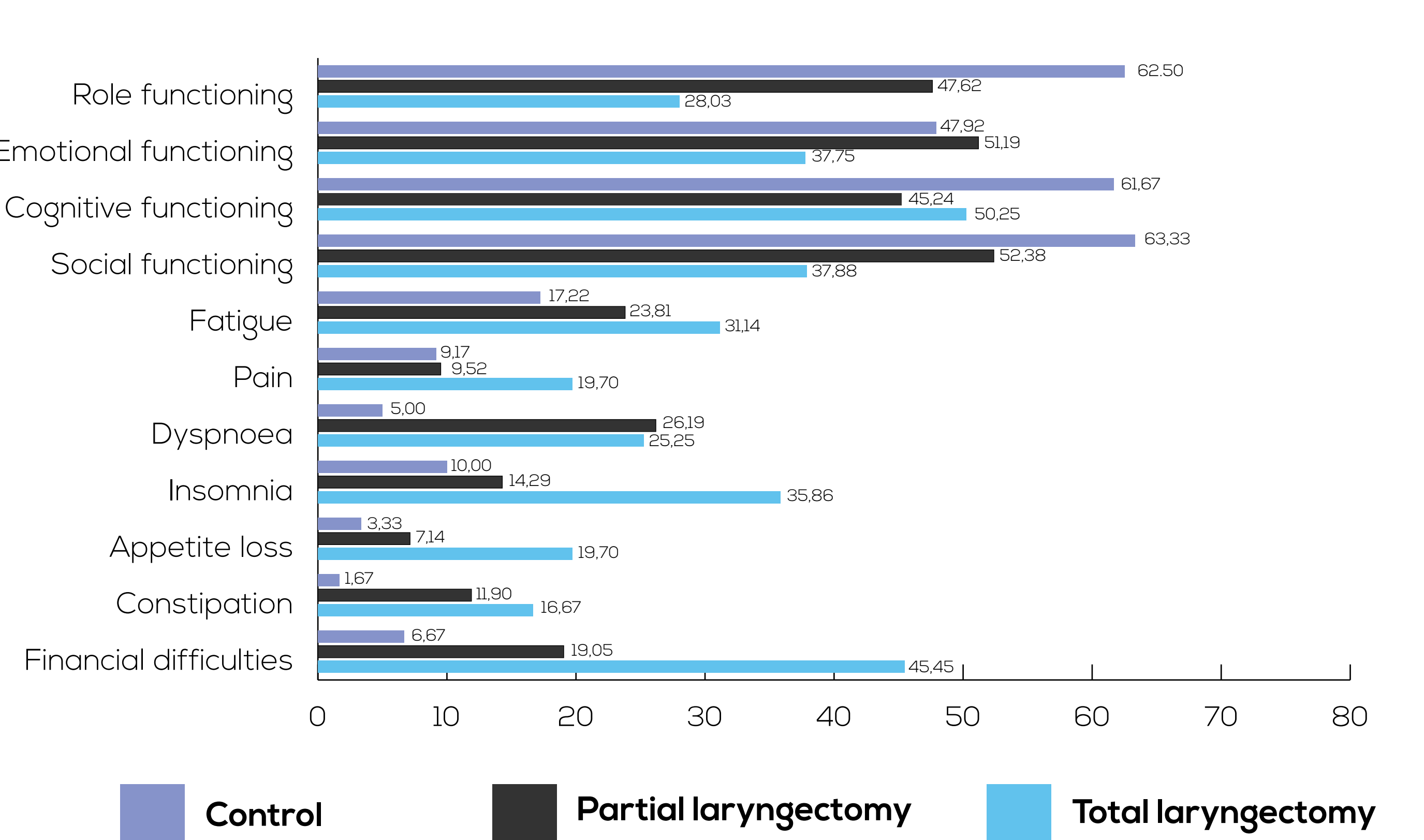
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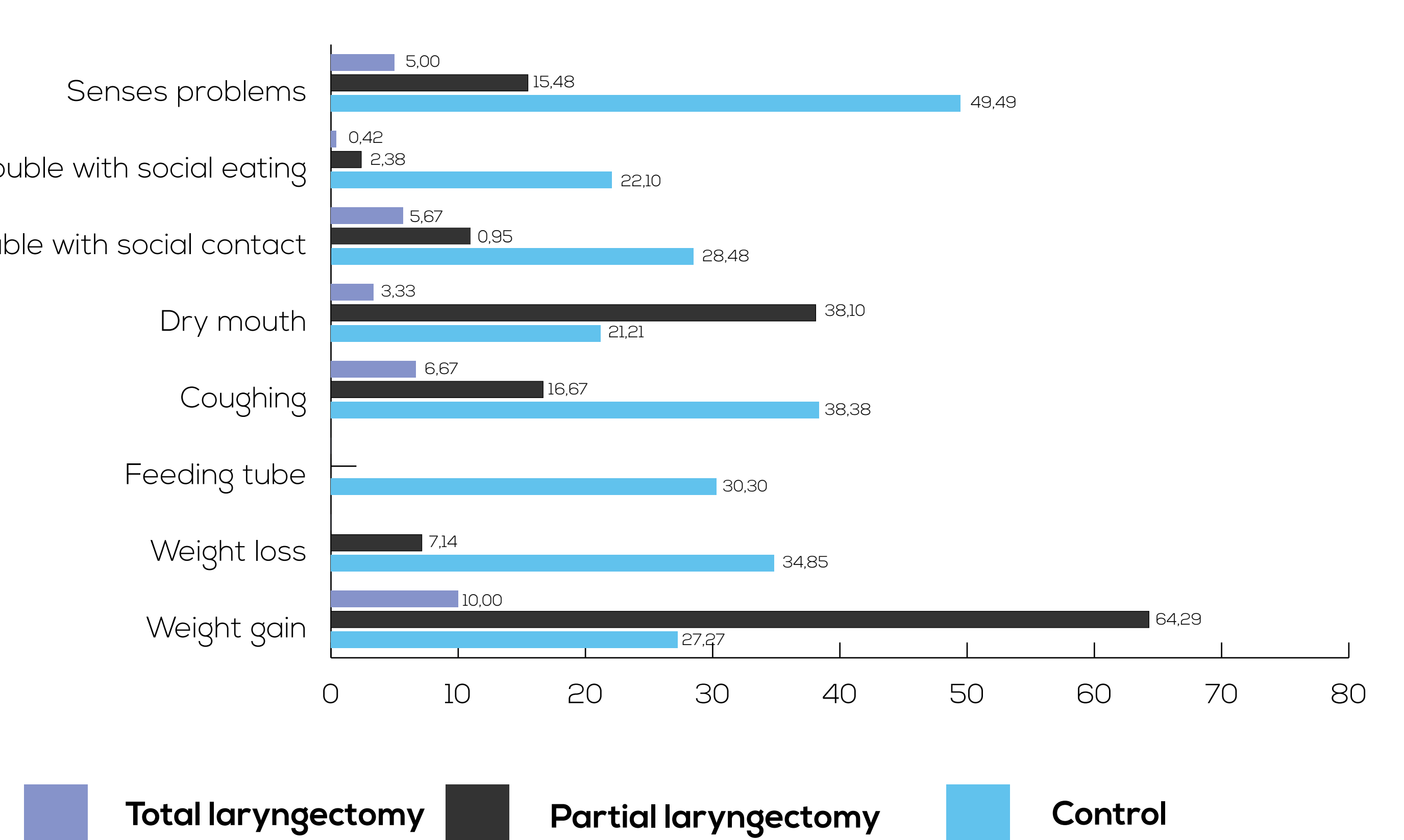
PATIENTS AND METHOD

We performed a retrospective case-control study between October 2013 and November 2014 at the Ear Nose and Throat Clinic of Cluj-Napoca. We included patients diagnosed with laryngeal or hypopharyngeal cancer; they were treated with total or partial laryngectomy, and a sample of healthy volunteers recruited from the hospital staff. We used the European Organisation for Research and Treatment of Cancer (EORTC) core questionnaires (the QLQ-C30 version 3) and the head and neck cancer module (the QLQ-H&N35).

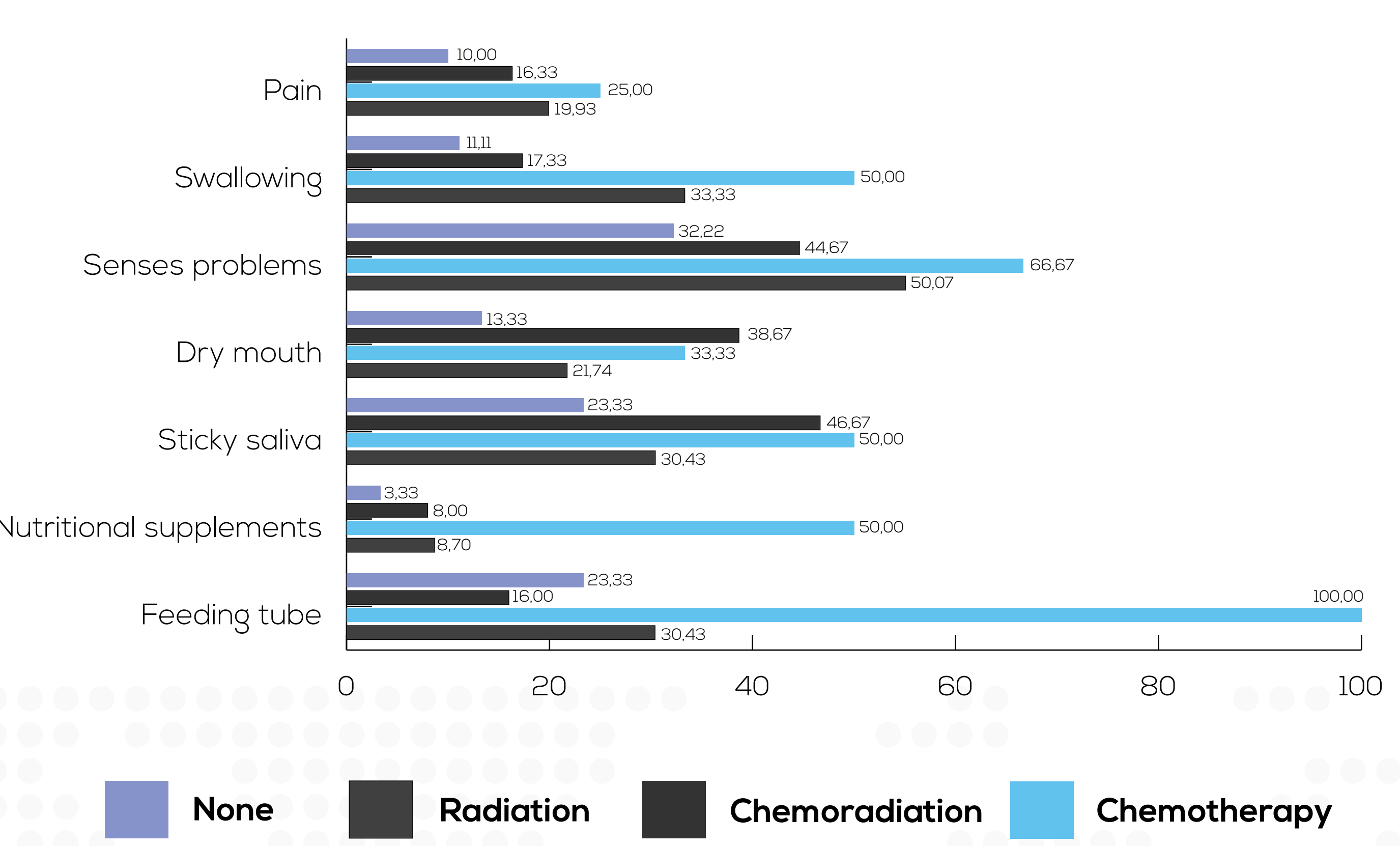
QLQ-C30 responses in control group compared with patients with partial and total laryngectomy



QLQ-H&N35 responses for the control group and patients with partial and total laryngectomy



QLQ-H&N35 questionnaire in patients with/withouth adjuvant oncological treatment



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