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Laryngeal and Hypopharyngeal Cancer Early Detection, Diagnosis, and Staging

Know the signs and symptoms of laryngeal and hypopharyngeal cancer. Find out how laryngeal and hypopharyngeal cancer is tested for, diagnosed, and staged.

Detection and Diagnosis

Finding cancer early often allows for more successful treatment options. Some early cancers may have signs and symptoms that can be noticed, but that's not always the case.

- [Can Laryngeal and Hypopharyngeal Cancers Be Found Early?](#)
- [Signs and Symptoms of Laryngeal and Hypopharyngeal Cancers](#)
- [Tests for Laryngeal and Hypopharyngeal Cancers](#)

Stages and Outlook (Prognosis)

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and likely response to treatment.

- [Laryngeal Cancer Stages](#)
- [Hypopharyngeal Cancer Stages](#)
- [Survival Rates for Laryngeal and Hypopharyngeal Cancers](#)

Questions to Ask About Laryngeal and Hypopharyngeal Cancer

Here are some questions you can ask your cancer care team to help you better understand your cancer diagnosis and treatment options.

- [Questions to Ask Your Doctor About Laryngeal or Hypopharyngeal Cancer](#)

Can Laryngeal and Hypopharyngeal Cancers Be Found Early?

Screening is testing for cancer or pre-cancer in people who have no symptoms of the disease. Screening tests may find some types of cancer early, when treatment is most likely to be successful.

For now, there is no screening test to find laryngeal and hypopharyngeal cancers early. These cancers are often hard to find and diagnose without complex tests. Because these cancers are not common, and the tests need specialized doctors, neither the American Cancer Society nor any other group recommends routine screening for these cancers.

Sometimes though, laryngeal and hypopharyngeal cancers can be found early. They usually cause symptoms, such as voice changes, which are described in [Signs and Symptoms of Laryngeal and Hypopharyngeal Cancers](#). Talk to your doctor if you have any of these symptoms. Many of the symptoms of laryngeal and hypopharyngeal cancers are often seen in less serious, benign (non-cancer) conditions, or in other cancers. It is important to see a doctor to find out what is causing your symptoms. The sooner the cause is found, the sooner it can be treated, if needed.

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National Cancer Institute. Physician Data Query (PDQ). Oral Cavity, Pharyngeal, and Laryngeal Cancer Prevention (PDQ). February 27, 2020. Accessed at <https://www.cancer.gov/types/head-and-neck/hp/oral-prevention-pdq> on September 9, 2020.



Signs and Symptoms of Laryngeal and Hypopharyngeal Cancers

- A sore throat that does not go away
- Pain when swallowing
- Trouble swallowing
- Ear pain
- Trouble breathing
- Weight loss
- A lump or mass in the neck (because the cancer has spread to nearby lymph nodes)

Many of these symptoms are more likely to be caused by conditions other than laryngeal or hypopharyngeal cancer. Still, if you have any of these symptoms, it is very important to have them checked by a doctor so that the cause can be found and treated, if needed.

References

Leeman JE, Katabi N, Wong, RJ, Lee NY, Romesser PB. Chapter 65 - Cancer of the Head and Neck. In: Niederhuber JE, Armitage JO, Doroshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 6th ed. Philadelphia, Pa: Elsevier; 2020.

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National Cancer Institute. Physician Data Query (PDQ). Laryngeal Cancer Treatment. November 21, 2019. Accessed at <https://www.cancer.gov/types/head-and-neck/hp/adult/laryngeal-treatment-pdq> on September 9, 2020.

Tests for Laryngeal and m 5gTfhuhgeal and

This is the simplest way to check your throat. The doctor uses a special small mirror and a light to look into your throat. The mirror is attached to a long handle, and it is placed against the roof of your mouth. The doctor shines the light into your mouth to see the image in the mirror. This exam can be done in 5 to 10 minutes in the doctor's office. The doctor may spray numbing medicine to the back of your throat to help make the exam easier.

Direct flexible laryngoscopy

To do this, the doctor puts a fiber-optic laryngoscope (a thin, flexible, lighted tube) that

hypopharynx. The doctor may also use an [endoscope](#)³ to look into the esophagus or a [bronchoscope](#)⁴ to look into the trachea (windpipe). The doctor might also take out

4. www.cancer.org/cancer/diagnosis-staging/tests/endoscopy/bronchoscopy.html
 5. www.cancer.org/cancer/diagnosis-staging/tests/biopsy-and-cytology-tests.html
 6. www.cancer.org/cancer/diagnosis-staging/lymph-nodes-and-cancer.html
 7. www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating/recurrence.html
 8. www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating/radiation.html
 9. www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating/immunotherapy.html
 10. www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating.html
 11. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/ct-scan-for-cancer.html
 12. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/mri-for-cancer.html
 13. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/x-rays-and-other-radiographic-tests.html
 14. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/nuclear-medicine-scans-for-cancer.html
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National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Head and Neck Cancers. V.2.2020 – June 09, 2020. Accessed at

Laryngeal Cancer Stages

more. And within a stage, an earlier letter means a lower stage. Although each person's cancer experience is unique, cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

How is the stage determined?

		(M0).
	OR	
	Any T N3 M0	The tumor might or might not have grown into structures outside the larynx, and it might or might not have affected a vocal cord (any T). The cancer has spread to at least one lymph node that is larger than 6 cm across, OR it has spread to a lymph node and then grown outside of the lymph node (N3). It has not spread to distant parts of the body (M0).
IVC	Any T Any N M1	The tumor might or might not have grown into structures outside the larynx, and it might or might not have affected a vocal cord (any T). The cancer might or might not have spread to nearby lymph nodes (any N). The cancer has spread to distant parts of the body (M1).

* The following additional categories are not listed on the table above:

- TX: Main tumor cannot be assessed due to lack of information.
- NX: Regional lymph nodes cannot be assessed due to lack of information.

Stages of glottic laryngeal cancer

AJCC stage	Stage grouping	Stage description* (3 cm = about 1.1 inches; 6 cm = about 2.3 inches)
0	Tis N0 M0	The tumor is only in the top layer of cells lining the inside of the larynx and has not grown any deeper

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		The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
II	T2 N0 M0	The tumor has grown into the supraglottis or subglottis, and/or the vocal cords do not move normally (T2).
		The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
III	T3 N0 M0	The tumor is still only in the larynx, but it has caused a vocal cord to stop moving, OR the tumor is growing into the paraglottic space, OR the tumor is growing into the inner part of the thyroid cartilage (firm tissue that separates the thyroid gland from the front of the larynx) (T3).
		The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
	OR	
III	T1 to T3 N1 M0	The tumor might or might not have grown into structures just outside the larynx, and it might or might not have affected a vocal cord (T1 to T3).
		The cancer has spread to a single lymph node on the same side of the neck as the tumor, which is no larger than 3 centimeters (cm) across (N1). The cancer has not spread to distant parts of the body (M0).
IVA	T4a N0 or N1 M0	The tumor has grown through the thyroid cartilage and/or is growing into tissues beyond the larynx (such as the thyroid gland, trachea, cricoid cartilage, esophagus, tongue muscles, or neck muscles). This is also known as moderately advanced local disease (T4a).
		The cancer has not spread to nearby lymph nodes (N0), or it has spread to a single lymph node on the same side of the neck as the tumor, which is no larger than 3 cm across (N1). The cancer has not spread to distant parts of the body (M0).
	OR	
IVA	T1-T4a N2 M0	The tumor might or might not have grown into structures outside the larynx (as far as moderately advanced disease), and it might or might not have affected a vocal cord (T1 to T4a).

		<p>The cancer is N2:</p> <ul style="list-style-type: none">• It has spread to a single lymph node on the same side of the neck as the tumor, which is larger than 3 cm but no larger than 6 cm across, OR <p>It has spread to more than one lymph node on the same side of the neck as the tumor, none of which is larger than 8</p>

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Stages of subglottic laryngeal cancer

AJCC stage	Stage grouping	Stage description* (3 cm = about 1.1 inches; 6 cm = about 2.3 inches)
0	Tis N0 M0	The tumor is only in the top layer of cells lining the inside of the larynx and has not grown any deeper (Tis). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
I	T1 N0 M0	The tumor has grown deeper, but it is only in the subglottis (T1). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
II	T2 N0 M0	The tumor has grown into the vocal cords, which might or might not move normally (T2). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
III	T3 N0 M0	The tumor is still only in the larynx, but it has caused a vocal cord to stop moving, OR the tumor is growing into the paraglottic space, OR the tumor is growing into the inner part of the thyroid cartilage (firm tissue that separates the thyroid gland from the front of the larynx) (T3). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
	T1 to T3 N1 M0	The tumor might or might not have grown into structures just outside the larynx, and it might or might not have affected a vocal cord (T1 to T3). The cancer has spread to a single lymph node on the same side of the neck as the tumor, which is no larger than 3 cm

		across (N1). The cancer has not spread to distant parts of the body (M0).
IVA	T4a N0 or (N1) M0	<p>The tumor is growing through the cricoid or thyroid cartilage and/or is growing into structures beyond the larynx (such as the thyroid gland, trachea, esophagus, tongue muscles, or neck muscles). This is also known as moderately advanced local disease (T4a).</p> <p>The cancer has not spread to nearby lymph nodes (N0), or it has spread to a single lymph node on the same side of the neck as the tumor, which is no larger than 3 cm across (N1). The cancer has not spread to distant parts of the body (M0).</p>
	T1-T4a N2 M0	<p>OR</p> <p>The tumor might or might not have grown into structures outside the larynx (as far as moderately advanced disease), and it might or might not have affected a vocal cord (T1 to T4a). The cancer is N2:</p> <ul style="list-style-type: none"> • It has spread to a single lymph node on the same side of the neck as the tumor, which is larger than 3 cm but no larger than 6 cm across, OR • It has spread to more than one lymph node on the same side of the neck as the tumor, none of which is larger than 6 cm across, OR • It has spread to at least one lymph node on the other side of the neck, none of which is larger than 6 cm across. <p>The cancer has not spread to distant parts of the body (M0).</p>

	Any T N3 M0	<p>The tumor might or might not have grown into structures outside the larynx, and it might or might not have affected a vocal cord (any T).</p> <p>The cancer has spread to at least one lymph node that is larger than 6 cm across, OR it has spread to a lymph node and then grown outside of the lymph node (N3). It has not spread to distant parts of the body (M0).</p>
IVC	Any T Any N M1	<p>The tumor might or might not have grown into structures outside the larynx, and it might or might not have affected a vocal cord (any T).</p> <p>The cancer might or might not have spread to nearby lymph nodes (any N). The cancer has spread to distant parts of the body (M1).</p>

* The following additional categories are not listed on the table above:

- TX: Main tumor cannot be assessed due to lack of information.
- NX: Regional lymph nodes cannot be assessed due to lack of information.

Hyperlinks

1. www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating.html
2. www.cancer.org/cancer/diagnosis-staging/staging.html
3. www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/about/what-is-laryngealand-hypopharyngeal.html

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American Joint Committee on Cancer. Oropharynx (p16-) and Hypopharynx. In: *AJCC Cancer Staging Manual*. 8th ed. New York, NY: Springer; 2017: 123-135.

Last Revised: January 21, 2021

III	T3 N0 M0	<p>The tumor is larger than 4 cm across, OR the tumor is affecting the movement of the vocal cords, OR the tumor has grown into the esophagus (T3).</p> <p>The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).</p>
	OR	
IV	T1 to T3 N1 M0	<p>The tumor can be any size and might or might not have grown into structures outside the hypopharynx, and it might or might not have affected a vocal cord (T1 to T3).</p> <p>The cancer has spread to a single lymph node on the same side of the neck as the tumor, which is no larger than 3 cm across (N1). The cancer has not spread to distant parts of the body (M0).</p>
	T4a N0 or N1 M0	<p>The tumor has grown into the thyroid or cricoid cartilage, the hyoid bone, the thyroid gland, or nearby areas of muscle or fat. This is also known as moderately advanced local disease (T4a).</p> <p>The cancer has not spread to nearby lymph nodes (N0), or it has spread to a single lymph node on the same side of the neck as the tumor, which is no larger than 3 cm across (N1). The cancer has not spread to distant parts of the body (M0).</p>
OR		
IVA	T1-T4a N2 M0	<p>The tumor can be any size and might or might not have grown into structures outside the hypopharynx (as far as moderately advanced disease), and it might or might not have affected a vocal cord (T1 to T4a). The cancer is N2:</p> <ul style="list-style-type: none"> • It has spread to a single lymph node on the same side of the neck as the tumor, which is larger than 3 cm but no larger than 6 cm across, OR • It has spread to more than one lymph node on the same side of the neck as the tumor, none of which is larger than

Hyperlinks

1. www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating.html

Survival Rates for Laryngeal and Hypopharyngeal Cancers

cancer to live for at least 5 years after being diagnosed.

Where do these numbers come from?

The American Cancer Society relies on information from the Surveillance, Epidemiology, and End Results (SEER) database, maintained by the National Cancer Institute (NCI), to provide survival statistics for different types of cancer.

The SEER database tracks 5-year relative survival rates for laryngeal and hypopharyngeal cancer in the United States, based on how far the cancer has spread. The SEER database, however, does not group cancers using AJCC TNM stages (stage 1, stage 2, stage 3, etc.) for [laryngeal](#) or [hypopharyngeal](#) cancer. Instead, it groups cancers into localized, regional, and distant stages:

- **Localized:** There is no sign that the cancer has spread outside of the larynx/hypopharynx.
 - **Regional:** The cancer has spread outside the larynx/hypopharynx to nearby structures or lymph nodes.
- Distant:**

- **These numbers don't take everything into account.** Survival rates are grouped based on how far the cancer has spread. But other factors, such as your age and overall health, and how well the cancer responds to treatment, can also affect your outlook.
- **People now being diagnosed with laryngeal or hypopharyngeal cancer may have a better outlook than these numbers show.** Treatments improve over time, and these numbers are based on people who were diagnosed and treated at least 5 years earlier.

References

SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute. Accessed at <https://seer.cancer.gov/explorer/> on February 23, 2023.

Last Revised: March 1, 2023

Questions to Ask Your Doctor About Laryngeal or Hypopharyngeal Cancer

It is important to have honest, open discussions with your cancer care team. They want to answer all of your questions, so that you can make informed treatment decisions. For instance, consider these questions:

When you're told you have laryngeal or hypopharyngeal cancer

- Where is my cancer located?
- Has my cancer spread beyond where it started?
- What is my cancer's **stage** (extent) , and what does that mean?
- Will I need other **tests** before we can decide on treatment?
- Will I need to see other doctors or health care professionals?
- If I'm concerned about the costs and insurance coverage for my diagnosis and treatment, who can help me?

When deciding on a treatment plan

- Do you have a lot of experience treating this type of cancer?
- What are my [treatment options](#)¹?
- If surgery is part of my treatment, will I need a laryngectomy? If so, what type? Will my voice be affected?
- What do you recommend and why?
- What is the goal of the treatment?
- What are the chances that I can be cured of this cancer with these treatment options?
- How quickly do I need to [decide on treatment](#)²?
- What should I do to be ready for treatment?
- How long will treatment last? What will it be like? Where will it be done?
- What risks or side effects are there to the treatments you suggest? Are there things I can do to reduce the side effects?
- How will this treatment affect my voice? If my larynx is removed, what are the options for restoring my voice?
- Should I get a second opinion? How do I do that? Can you recommend someone?
- How will treatment affect my daily activities? Can I still work fulltime?
- What would my options be if the treatment doesn't work or if the cancer comes back (recurs) after treatment?
- What if I have transportation problems getting to and from treatment?
- Are you offering this as my only option? Are there any clinical trials I might be eligible for?

overwhelmed, depressed, or distressed?

- What if I need social support during treatment because my family lives far away?

After treatment

- Do I need a special diet after treatment?
- Do I need to see a specialist to check my speech and swallow functions?
- Are there any limits on what I can do?
- What symptoms should I watch for?
- What kind of exercise should I do now?
- How often will I need to have follow-up exams and imaging tests?
- When should my next endoscopy be done?
- Will I need blood tests?
- How will we know if the cancer has come back? What should I watch for?
- What will my options be if the cancer comes back?
- What type of [follow-up](#)⁴ will I need after treatment?

Along with these sample questions, be sure to write down some of your own. For instance, you might want more information about recovery times so that you can plan your work or activity schedule.

Keep in mind that doctors aren't the only ones who can give you information. Other health care professionals, such as nurses and social workers, can answer some of your questions. To find out more about speaking with your health care team, see [The Doctor-Patient Relationship](#)⁵.

Hyperlinks

1. www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/treating.html
2. www.cancer.org/cancer/managing-cancer/making-treatment-decisions.html
3. www.cancer.org/cancer/managing-cancer/side-effects.html
4. www.cancer.org/cancer/types/laryngeal-and-hypopharyngeal-cancer/after-treatment/follow-up.html
5. www.cancer.org/cancer/managing-cancer/finding-care/the-doctor-patient-relationship.html

Last Revised: January 21, 2021

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