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Quality of Life following treatment for early glottic cancer; a comparison of surgery versus radiotherapy

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Scientific Outline

Summary

Treatment options for glottis (vocal cord) cancer include radiotherapy (RT) or surgery. Transoral laser microsurgery (TLM) has become the most popular surgical method for these tumours. NICE updated their guidelines for treating early glottis cancer in 2016. Following an in-depth statistical model, TLM was found to be more cost effective for T1a tumours. T1a tumours are glottis cancers confined to one vocal cord. The latest guidance therefore states that patients with T1a tumours should be offered TLM over radiotherapy. Interestingly, the one variable in the statistical model that could potentially change the conclusion for T1a tumours was quality of life (QoL). However, evidence on QoL outcomes for this disease is lacking.

This study aims to analyse patient reported QoL outcomes in patients treated for T1a glottis cancer, comparing TLM with RT outcomes. Patients in this study undertook QoL questionnaires at recruitment (before treatment) and then at 4 and 12 months. A disease staged-matched analysis will be performed to assess QoL in patients treated with TLM compared to those treated with RT. Repeat measures analysis will be performed and the suitability of propensity score matching will be evaluated. Such data could be fed back into the statistical model that informed the NICE guidelines.

Key Words: Glottis cancer, radiotherapy, surgery, transoral laser microsurgery, quality of life