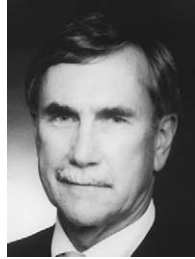




Preface

Laryngeal Malignancies:
Management at Johns Hopkins



Charles W. Cummings, MD
Guest Editor

I was delighted when asked to edit a *Clinics* issue focused on laryngeal cancer to include the philosophy of management and treatment at one institution. What follows is the collective experience and wisdom of those who represent the multidisciplinary team focused on head and neck cancer at Johns Hopkins. All too frequently, even today, the first paragraph of the introductory component of papers related to head and neck cancer makes the contention that survival for head and neck cancer hasn't improved in fifty years despite different approaches to tumor management. In my opinion, this single statement has done more to obscure reality and represents a currently unsubstantiated thesis.

The diagnosis and treatment of head and neck (specifically laryngeal) tumors abounds with exciting and innovative concepts. It is now possible to identify individuals with a predisposition to head and neck cancer through molecular DNA assays of saliva and sputum. Surgical margins may be evaluated molecular biologically for oncologic precursors far exceeding the prognostic sensitivity utilizing more conventional histopathological methods. Imaging has achieved a level where tumor staging is far more precise and surgical planning has assumed a more rationale platform. Conservation surgery currently is used in individuals with advanced tumors that previously would be treated by total laryngectomy. Further, even those totally laryngectomized patients are far better rehabilitated now than they were 10 years ago through modifications of tracheoesophageal prostheses.

Finally, the advanced tumor organ preservation protocols have proven to be effective in a substantial number of cases by preserving laryngeal function and, at the same time, achieving similar survival rates of those individuals treated by surgery and postop radiation therapy.

So, much progress has been made. Those afflicted with laryngeal tumors are being diagnosed earlier through imaging (including fiberoptic endoscopy) and function is being preserved more effectively than in times past. I am hopeful that the contents of this issue will reinforce your enthusiasm for the progress made.

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