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[H&N \(/caseList/hn\)](#) / [Glottic/Larynx](#) / [Case #158](#) 62 y/o female with a 20 pack-year smoking history presenting with hoarseness for several weeks, found to have Stage III (T3N0M0) squamous cell carcinoma of left true vocal cord. Fiberoptic flexible laryngoscopy (FFL) and staging imaging demonstrated left true vocal cord immobility/fixation without involvement of the right true vocal cord or false vocal cords, and without extension to the subglottis, epiglottis, or pyriform sinus. There was no nodal involvement.

OARs

Targets

Off

- ☐ BrachialPlex\_L
- ☐ BrachialPlex\_R
- ☐ Brain
- ☐ Brainstem
- ☐ Cavity\_Oral
- ☐ Cochlea\_L
- ☐ Cochlea\_R
- ☐ Esophagus
- ☐ External
- ☐ Eye\_L
- ☐ Eye\_R
- ☐ Larynx
- ☐ Lens\_L
- ☐ Lens\_R
- ☐ Mandible
- ☐ Musc\_Constrict
- ☐ Optic Chiasm
- ☐ OpticChiasm
- ☐ OpticNrv\_L
- ☐ OpticNrv\_R
- ☐ Oral Cavity
- ☐ Parotid\_L
- ☐ Parotid\_R
- ☐ Spinal Cord
- ☐ SpinalCord\_Cerv

- ☐ SpinalCord+0.2cm
- ☐ Submandibular\_L
- ☐ Submandibular\_R

Questions? Feedback? Report here



Select Overlay ▼

Zoom: 2.00

Image: 188/191



Rx	Contours	Pearls
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- Contours based on CTV-P guidelines: (<https://pubmed.ncbi.nlm.nih.gov/29180076/>)
  - CTV1 (70Gy) = GTV+5mm margin
  - CTV2 (63Gy) = GTV+10mm margin with the inclusion of the larynx and vallecula
  - CTV3 (56Gy) = paraglottic space, pre-epiglottic space, pyriform sinus, vallecula, elective neck levels II-IV, VI, and the superior mediastinal nodes.
- For subglottic involvement, *always treat level VI and consider the superior mediastinum* (Eisbruch et al, Sem Rad Onc, 2002 (<http://www.ncbi.nlm.nih.gov/pubmed/12118389>)).
- Always cover LN levels II, III, IVa, VI bilaterally based on elective CTV nodal guidelines (<https://pubmed.ncbi.nlm.nih.gov/31005201/>). For advanced N stage consider adding level V ipsilaterally. Include level IB if anterior involvement of level II.

*Disclaimer: On Slices 74-75, please note there are horizontal lines seen on the brain OAR volume appearing between the petrous part of the temporal bone and extending to the left hemisphere of the brain. This is the result of an artifact that unfortunately cannot be corrected by the eContour Team. Please ignore these lines if using eContour as a reference for contouring.*

Interactive contouring  
guidelines for the busy radiation  
oncology professional

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