

# D - Voice - Laryngeal Cancer

Please complete the survey below.

Thank you!

## 1. Gold Standard Diagnosis

Does the participant have Laryngeal Cancer?

- ☐ Yes  
☐ No  
☐ Not certain

How was this confirmed? Check all that apply

- ☐ Laryngoscopy/Stroboscopy  
☐ Biopsy/Pathology Report

[DEPRECATED]

Does the participant have laryngeal cancer confirmed by biopsy/pathology report?

- ☐ Yes  
☐ No  
☐ Not certain

[DEPRECATED]

Did the participant get a laryngoscopy/stroboscopy confirming the presence of a suspicious laryngeal lesion?

- ☐ Yes  
☐ No  
☐ Not certain

Did the participant undergo other types of scans? (Select all that apply).

- ☐ CT of the neck  
☐ CT of the chest  
☐ MRI of the neck  
☐ PET-CT  
☐ Ultrasound of the neck

## 2. Disease Subtype

Which laryngeal structures are/were involved? (Select all that apply).

- ☐ Right vocal fold  
☐ Left vocal fold  
☐ Both vocal folds  
☐ Anterior commissure  
☐ Ventricular folds (right or left)  
☐ Subglottal areas

## 3. Etiology

Check any risk factors of this participant in relation to their laryngeal cancer. (Select all that apply).

- ☐ Smoking  
☐ Alcohol  
☐ Family history  
☐ Human Papilloma Virus (HPV)  
☐ Exposure to other harmful substances

Please specify:

\_\_\_\_\_

**4. Disease Severity**

What is the T stage of the cancer based on the AJCC Classification?

- ☐ Tis (carcinoma in situ)  
☐ T1a  
☐ T1b  
☐ T2  
☐ T3  
☐ T4a  
☐ T4b  
☐ Unknown yet

Please see the table for reference:

What is the N stage of the cancer based on the AJCC Classification?

- ☐ N0  
☐ N1  
☐ N2a  
☐ N2b  
☐ N2c  
☐ N3  
☐ Unknown yet

Please see Table for reference:

What is the M stage of the cancer based on the AJCC Classification?

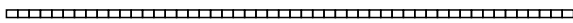
- ☐ M0: no distant metastasis  
☐ M1: Any distant metastasis

What is the degree of dysphonia?

Clinician places slider between 0 and 100; indicates C or I. "Indicate the nature.." and Additional features responses are free text. Comments about resonance: Indicate normal or Other, if other then free text

Legend: C- Consistent I = Intermittent  
MI = Mildly Deviant  
MO = Moderately Deviant  
SE = Severely Deviant

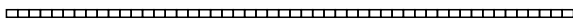
Overall Severity

MI MO SE  
  
(Place a mark on the scale above)

Overall Severity

☐ Consistent ☐ Intermittent

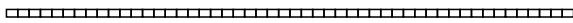
Roughness

MI MO SE  
  
(Place a mark on the scale above)

Roughness

☐ Consistent ☐ Intermittent

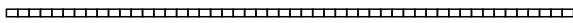
Breathiness

MI MO SE  
  
(Place a mark on the scale above)

Breathiness

☐ Consistent ☐ Intermittent

Strain

MI MO SE  
  
(Place a mark on the scale above)

Strain	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Pitch	MI <span style="float: right;">MO</span> <span style="float: right;">SE</span> <div style="text-align: center;"><div style="border-top: 1px solid black; width: 100%; height: 2px;"></div><p>(Place a mark on the scale above)</p></div>
Pitch (Indicate the nature of the abnormality):	<hr/>
Pitch	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Loudness	MI <span style="float: right;">MO</span> <span style="float: right;">SE</span> <div style="text-align: center;"><div style="border-top: 1px solid black; width: 100%; height: 2px;"></div><p>(Place a mark on the scale above)</p></div>
Loudness (Indicate the nature of the abnormality):	<hr/>
Loudness	<input type="radio"/> Consistent <input type="radio"/> Intermittent
Comments about resonance	<input type="radio"/> Normal <input type="radio"/> Other
Please specify	<hr/>
Additional Features (for example, diplophonia, fry, falsetto, asthenia, aphonia, pitch instability, tremor, wet/gurgly, or other relevant terms):	<hr/>
Is the cancer causing stridor at rest?	<input type="radio"/> No, the patient does not have stridor <input type="radio"/> Yes, mild stridor <input type="radio"/> Yes, moderate stridor <input type="radio"/> Yes, severe stridor

## 5. Treatment obtained

Has the participant undergone any treatment for their condition?	<input type="radio"/> Yes <input type="radio"/> No
Select all that apply:	<input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Immunotherapy <input type="checkbox"/> Surgery <input type="checkbox"/> Voice/Speech therapy <input type="checkbox"/> Other
Surgery	<input type="checkbox"/> Endoscopic laser <input type="checkbox"/> Partial laryngectomy
Other, please specify	<hr/>