This chapter serves as a foundation for the remainder of this book and is intended to introduce the interdisciplinary team tasked with caring for patients with laryngeal cancer (LC). While subsequent chapters detail specific aspects of LC diagnosis and management (e.g., respiration, communication, swallowing, counseling, and pain management), this chapter provides a general overview of the process of diagnosing LC and explains the roles of the medical professionals who assist patients with LC from diagnosis through treatment. The trajectory of one patient, Rose, is highlighted to facilitate this discussion (Case Study 1-1).

**DIAGNOSTIC PROCESS**

The diagnostic process for LC begins the moment that suspicious symptoms are noted (Box 1-1) and an evaluation plan is formed to determine their impact on a patient’s health and well-being. Rose’s case illustrates some of the common signs and symptoms that may lead to an evaluation of the larynx (Box 1-2). Because of the loss of important function that is evident in the early stages of LC (e.g., eating, communicating with a strong voice), many cases (approximately 60%) of LC are diagnosed very early (American Cancer Society [ACS], 2015a; Hoffman et al., 2006). That said, LC that is discovered in a later vs early stage of the disease is likely to result in more severe voice, swallowing, and respiratory impairments.

A variety of individuals may be involved in the diagnosis of LC, although it is important to acknowledge that differences exist in the path that patients take to an eventual LC diagnosis. Some patients may notice symptoms on their own that lead them to seek medical help (i.e., hoarseness, dysphagia, dyspnea), whereas others may have suspicious growths identified during routine medical or dental visits or as part of testing and treatments for other conditions. Thus, all or only some of the professionals described here may be involved in the diagnosis of LC, depending on each patient’s circumstances.