Introduction

The incidence of laryngeal cancer is estimated to be approximately 12,000 annually in the United States and approximately 2300 annually in the United Kingdom **(Lee, 2002)**.

These are usually squamous cell carcinomas, and they most commonly arise from the glottis. Three quarters of these patients present with early laryngeal cancer, defined by the American Joint Committee on Cancer as a T1 or T2 tumor without nodal involvement or distant metastasis (T1N0M0 and T2N0M0) **(Groome et al., 2001).**

The classification of the American Academy of Otolaryngology– Head and Neck Surgery was used to determine the level of nodal involvement **(Çaglı et al., 2007).**

The most important goals of treatment for early laryngeal cancer are cure with laryngeal preservation, optimal voice quality, and minimizing the risk of serious complications. The selection of treatment depends on the location and extent of the tumor, the patient's co morbidity, the philosophy of the therapist and institution, and the wishes of the patient. Radiotherapy tends to be the treatment of choice in northern Europe, Australasia, and Canada, whereas surgery tends to be the treatment of choice in southern Europe and many centers in the United States **(Ferlito et al., 2004)**.