



Letter to editor: Misleading conclusions in the recently published study by Taito et al. “Voice rehabilitation for laryngeal cancer after radiotherapy: a systematic review and meta-analysis”

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The authors of this letter question the conclusions drawn by Taito et al. in the above-named review. Taito et al. aim to determine whether voice rehabilitation after radiotherapy improves quality of life (QOL), voice function, and self-rated voice in patients with laryngeal cancer. Their conclusion is based on three studies [1–3] and stated that “voice rehabilitation did not significantly improve any QOL scores or self-rated voice function” [4], which is misleading and in fact incorrect as explained below.

The first of the referenced studies on which the statement is based, La Mantia et al. [3], demonstrate that their intervention group, consisting of irradiated laryngeal cancer patients receiving vocal functional exercises and vocal hygiene, showed statistically significant improvement after vocal intervention when compared to the control group receiving vocal hygiene alone for VHI ($p=0.023$), GRBAS ($p=0.038$), several acoustic measures as well as in the QOL-questionnaire EORTC QLQ-H&N35 ($p=0.047$).

The second referenced study by Taito et al., namely, Karlsson et al. [2] was a randomised controlled study, where the intervention group received structured voice therapy and the control group received only vocal hygiene advice. This study found statistically significant improvements in health-related quality of life as measured by EORTC QLQ-H&N35 (domains Speech, $p<0.001$ and Social contact, $p=0.005$) in favour of the intervention group. In addition, self-rated voice was measured using S-SECEL, which Taito et al. wrongly classify as a QOL-questionnaire when it in fact measures self-reported communication. Again, statistically significant improvements in three out of four domains were found in favour of the intervention group. This was further emphasized, as effect sizes describing these changes were of large magnitude (0.93–1.1).

The third and final study on which Taito et al. base their conclusions is that of Angadi et al. [1]. However, none of the 18 patients in that study undergo a voice intervention, but rather, they undergo an examination of their voice using a multidimensional assessment battery, with the outcome compared to a control group.

In sum, the authors of this letter do not understand how the statements that voice rehabilitation has no effect on quality of life, voice function, or self-rated voice were reached when two of the referenced studies states that the opposite and the third study do not include a voice rehabilitative measure. The authors of this letter wish to have this published as an errata, as the conclusions of Taito et al. now appear both incorrect and misleading.

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