Results: A total of 5001 patients were identified. 98% of patients had primary RT. The median follow-up was 9.1 years (patients alive) and 5.7 years (patients who died). 10 patients were lost to follow-up. 1511 failures were observed; hereof 93%, 11% and 5% included T- and/or N- and/or M-site, respectively. 5-year incidence of local failure (LF) and loco-regional failure (LRF) was 26% and 27%, respectively. From the 1970s to the 2000s the 5-year incidence of LF and LRF decreased significantly; 32% vs 19% and 34% vs 21%, respectively. Curative salvage was intended in 1088/1511 patients with failure, hereof 707 achieved ultimate control. In total, 980 patients had a laryngectomy, hereof 11 was primary treatment, 12 were caused by morbidity. The 5-year incidence of laryngectomy was 18%, decreasing from 26% (1970s) to 10% (2000s). The 5-year incidence of ultimate failure was unchanged over time (range 13-16%). 5-year estimates of laryngectomy free survival (LFS), Disease free survival (DFS) and Overall survival (OS) was 54%, 63% and 64%, respectively. LFS increased continuously, contrary to DFS and OS, which were stable in the 1970s-1990s but increased in the 2000s. LFS, DFS and OS were significantly higher in the 00s compared to the earlier decades.

Conclusion: As a result of a national strategy with primary RT, a continually improving disease control with concurrent decrease in laryngectomy, was observed in this non-selected national cohort of patients. All survival parameters were significantly better in the 00s compared to the earlier decades.

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Failure pattern and salvage treatment after radical treatment of head and neck cancer

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Purpose or Objective: The aim of the study was to test the hypothesis that head and neck cancer (HNC) patients benefits from specialized follow-up (FU), as this strategy ensures timely detection of relapses for successful salvage treatment. This was done by evaluation of the pattern of failure, the temporal distribution of recurrences, and the outcome of salvage treatment in a contemporary cohort of HNC patients

Material and Methods: The study evaluated a population based cohort of 2,062 consecutive patients treated with curative intent from 1 January 2000 to 31 December 2013. The database of DAHANCA contained recordings of recurrent disease in 567 patients with primary tumors of the larynx, pharynx, oral and nasal cavity, para-nasal sinuses and salivary glands. A review of medical records was performed in order to update and supplement the database.

Results: Failures of the 567 patients were T-site failures (65%) followed by N-site (36%) and M-site (22%) failures. The vast majority of the first recurrence occurred within the first years after primary treatment; 62%, 82%, and 91% within the first, second and third year, respectively. Totally, 51% were amenable for salvage treatment, and 44% benefited from salvage in terms of a complete response. Permanent tumor control was observed in 128 patients (23%) after one or two salvage attempts. The highest salvage rate was recorded in patients with primary glottic carcinoma (41%) and the lowest among hypopharyngeal cancers (2%). Asymptomatic recurrence was recorded in 12% of all recurrences and this was found to be a positive prognostic factor for disease-specific survival, as they had significantly better outcome after salvage.

Conclusion: Our data support the usefulness of specialized FU in terms of early detection of recurrent disease. In particular patients with silent recurrences benefitted from early detection, as they had a significantly lower risk ratio of death from primary HNC.

Pattern of failure and disease control in patients treated for glottic cancer in Denmark 1971-2011.

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Purpose or Objective: To describe disease control, the pattern of failure, laryngeal preservation, and survival in a large consecutive national cohort of patients with glottic squamous cell carcinomas (scc) treated with primary radiotherapy (RT) and salvage surgery over a period of 41 years.

Material and Methods: Patients diagnosed alive with a scc of the glottic larynx between 1971 and 2011 were included if curative treatment was started. Patients were identified from the DAHANCA database, and crosschecked with the National Cancer Registry. Missing information was obtained from hospitals records and the National Patient Registry.

Conclusion: Longer time is needed to corroborate our encouraging early results in terms of toxicity, biochemical control rates, disease-free survival and overall survival. Our report shows that extremely hypofractionated IG-IMRT in for glottic cancer in Denmark 1971-2011.

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