Swedish National Quality Register of Head & Neck Cancer (SHNC-QR) – A population based register of H&N cancer incidence, treatment and outcome

Johan Wennerberg* MD PhD, Martin Beran MD PhD, Erik Holmberg PhD, Anders Westerborn MD, Johan Reizenstein MD, Gunnar Adell MD PhD, Eva Brun MD PhD, Lena Cederblad MD, Lena Damber PhD, Mats Engström MD PhD, Eva Hammerlid MD PhD, Anders Högmo MD PhD, Göran Laurell MD PhD, Freddie Lewin MD PhD, Magnus Niklasson MD PhD, Jan Nyman MD PhD, Björn Zackrisson MD PhD.

Depts of ORL/ H&N Surgery, Oncology and Oncologic Centers at the University Hospitals in Lund, Gothenburg, Örebro, Stockholm, Uppsala, Umeå, and Linköping, Sweden

Conclusions:
SHNC-QR is a complete, population based, prospective register of Head and Neck cancer in Sweden with acceptance in all treatment centers and the Swedish National Health Board.

The coverage of incident cases is >95% (2008: 97.8 %, 2009: 92.6 %), and it allows population based analysis of incidence, treatment, and outcomes.

Within a few years this can with accuracy be done by site/sub-site. It also allows analysis of the effect of differences in treatment policies in-between the medical health care regions.

Methods:
Patients are eligible for SHNC-QR if they have newly diagnosed H&N cancer. Coverage is double-checked through the Swedish Cancer Registry which receives mandatory information from clinical departments and pathology departments.

Data are entered in the register electronically and transferred via protocols in the web-based INCA system. Patients are followed from time of initial diagnosis and for a minimum of 5 years, or until death.

Histology, anatomic site, TNM classification and stage, personal data and performance as well as type of treatment planned and completed and follow-up are recorded. When all data has been introduced and verified in the database, the patient file is locked. Only locked records are summarized and reported.

Results:
2,373 pts have been enrolled during 2008 and 2009 comprising 95.2 % of patients with HNC in Sweden.

Oral cavity is the most prevalent site (29 %) followed by oropharynx (23 %) and larynx (14%).

In almost 90 % of the cases the intention of treatment was curative.

We found no difference in-between the age-groups with respect to T-stage, neither to N-stage (not shown) (p>0.05).

Young adults do also seem to do better at follow up (0 – 39 mo).

The incidence of squamous cell carcinoma of the tongue in young adults (< 40 years of age) has the recent decades shown a sharp increase that is hard to explain (1). The outcome, however do not seem to be worse for this category compared to older.

SHNC-QR data allow us to decide if this is due to differences in T- and N-stage at diagnosis.

Background:
Registries with high coverage can be invaluable for describing patterns of care and outcomes for a population of patients.

We report the initial findings from, a prospective, longitudinal, observational national register of head and neck cancer patients in Sweden. All ENT and Oncology departments diagnosing and treating H&N cancer are participating.

Reference: