

## FOREWORD

The Scandinavian Society for Head and Neck Oncology was founded at Lidingö in January 1988. The aim of the society is to promote scientific cooperation regarding neoplastic diseases in the ear, nose and throat region. The society has about 90 members, all specialists in otorhinolaryngology or oncology and having head and neck oncology as their main interest. The first symposium arranged by the society took place April 21–22, 1989, in Turku, Finland. Valuable information on the possibility of predicting the effects of radiotherapy was presented by members belonging to the University of Turku. Informative discussions contributed significantly to the value of this part of the programme.

In the Scandinavian countries all new cases of cancer are reported to the national cancer registries. There is, however, a need for more detailed data, and the society has therefore initiated Scandinavian cooperation for registration of such data from patients with head and neck cancer. Future statistical analyses should add valuable information to our present knowledge. This type of registration started in Sweden in 1980 and is also performed at most centres in Norway. In Denmark, similar registrations are included in the nationwide DAHANCA-project. Many centres in Finland plan to start the same type of registration and Iceland will also participate in this Scandinavian cooperation.

Advanced laryngeal carcinoma was the subject of the main session. The state of the art was presented by Halvor Vermund (Oslo). The different modes of therapy in the five Nordic countries and some scientific papers were presented and discussed. In the final session different aspects on advanced laryngeal carcinoma were discussed and the society decided to accept the following general guidelines for treatment of laryngeal carcinoma T3N0M0:

1. Initial therapy should be full dose irradiation. Targets and doses were not defined in detail.
2. Clinical checks should be performed, often by direct endoscopy in anaesthesia, every third month for two years and then every fourth month for another three years.
3. Clinical suspicion of local recurrence should be verified by histology. Strong clinical suspicion of recurrence might indicate very deep biopsy even at the risk of jeopardizing laryngeal function. Laryngectomy should be performed in patients with histologically proven recurrences.

The society decided to initiate a multicenter study in order to examine the value of hyperfractionated-accelerated radiotherapy of laryngeal carcinoma stage T3, 4N0M0.

The next meeting will take place in Bergen, Norway, April 21–22, 1990.

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