



## Factsheet for the Press (Clinical)

### FAST TRACK FOR HEAD AND NECK CANCER PATIENTS: THE STORY OF THE DANISH NATIONAL STRATEGY FOR ACCELERATED DIAGNOSIS AND TREATMENT OF CANCER

*by Cai Grau, The Danish Head and Neck Cancer Group (DAHANCA), Denmark*

**Context:** Significant tumor progression has been observed during the waiting time for treatment of head and neck cancer, and this has been shown to increase the risk of recurrence and death.

As a consequence, the Danish national policy of fast track accelerated clinical pathways was introduced in 2008. Patients with suspicion of cancer are now given high priority in the health care system. Local infrastructure has been improved by telephone hotlines, reserved slots in ENT departments and radiology, fast pathology reporting, and multidisciplinary tumor boards and clinics twice weekly.

**Purpose:** The aim of the current study was to evaluate the potential influence of fast track by comparing waiting times in 2010 to similar observations from 2002. Charts of all new patients with cancer of the mouth, throat and voice box seen at the five Danish head and neck oncology centres from Jan-Apr 2010 were reviewed and compared to similar data from 2002. Number of patients was 253 (2010) vs. 221 (2002).

**Findings:** Total time from first health care contact (GP, ENT or hospital) to start of definitive treatment was median 41 calendar days in 2010 compared to 69 days in 2002. Median time used for diagnosis was 13 days compared to 17 days in 2002 and median time from diagnosis to treatment start was 24 days in 2010 versus 47 days in 2002. Significantly more diagnostic imaging (CT, MRI, US, PET) was done in 2010 compared to 2002.

**Impact:** The study showed a 4 week reduction in time for diagnosis and treatment start of head and neck cancer in Denmark in 2010 compared to 2002. More imaging was used and higher stages seen in 2010. Reducing waiting time by fast track clinical pathways is possible, but requires a substantial dedicated concerted effort of the involved health sectors. It is still too early to expect any effect on tumor control or survival.

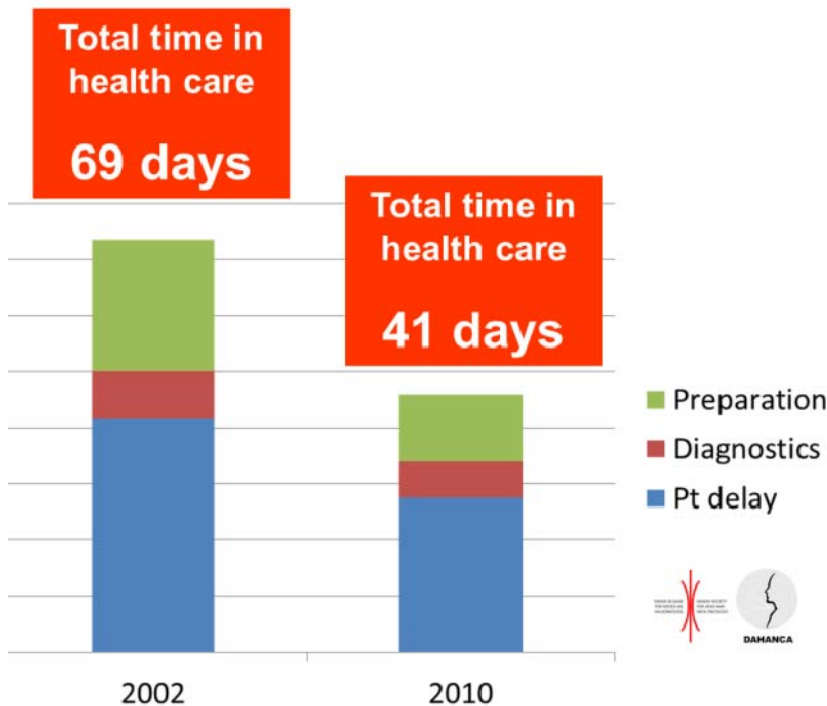


**Indicative of a bigger trend in oncology?**

Waiting times for diagnosis and treatment is a global challenge. Denmark has been one of the first countries to declare a public strategy of fast track for all cancer patients, and the current experience may show the way for other countries.

*“The issue of promptness in the management of cancer patients is undoubtedly an important issue, which needs to be adequately evaluated. The study of Grau provides important data but additional evidences on treatment outcome are needed to further justify the implementation of a fast-track policy on a more global manner.”*

Prof. Vincent Gregoire, Université Catholique de Louvain, St-Luc University Hospital, Belgium



Total time from first health care contact (GP, ENT or hospital) to start of definitive treatment was reduced by 4 weeks, i.e. median 41 calendar days in 2010 compared to 69 days in 2002. Median time used for diagnosis was 13 days compared to 17 days in 2002 and median time from diagnosis to treatment start was 24 days in 2010 versus 47 days in 2002. Patient delay, i.e. days from first symptom to first health care contact, was 56 days in 2010 compared to 82 in 2002.

