

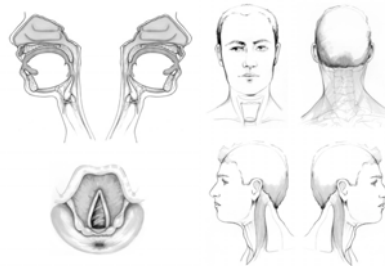
Farewell Lecture Prof. Frans J.M. Hilgers, MD PhD

“Thirty-four Years of Autonomous Growth of the  
Head & Neck Cancer Care at the Netherlands Cancer Institute;  
a Retrospective Forward”

Piet Borst Hall, May 27, 2011

“34 years of autonomous growth of head and neck  
cancer care in the Netherlands Cancer Institute;

a retrospective forward.”



Farewell lecture Frans Hilgers

May 27, 2011



Ladies and gentlemen,

In May 1977 from one day to another my professor in ENT, Leonard Jongkees, sent me from Wilhelmina Gasthuis to the Antoni van Leeuwenhoek Hospital. Little could I imagine then that this would be not only my first, but also my last career move. This RETROSPECTIVE FORWARD thus is not one about a very varied career, but one about a continuously exciting and challenging career, which I still enjoy to this day. In these past 34 years, I have had the opportunity together with many inside and outside this institute to work on the perpetual extension of head and neck oncology. The basis for this work was laid by my oncology teachers, Emile van Slooten,



to me still the personification of the best that Antoni van Leeuwenhoek Hospital had and still has to offer, by Wim Horree, the first real ENT head and neck surgeon in the Netherlands, and by the other surgeons of the first hour, Sally van Coevorden, Joop van Dongen and Ernst Gortzak. But what certainly contributed as much to my continuity here, was the confidence I had from an early stage in my own affinity with the cancer problem and the cancer institute.

#### The prologue at the Sarphatistraat

- Student-assistant: June-August 1968
- Resident at the Antoni van Leeuwenhoek Hospital and PhD research NKI-Virology University of Amsterdam: February 1972- April 1974



This affinity was partly based on a three-months' holiday job I had in 1968 as a student laboratory assistant in the old Netherlands Cancer Institute at Sarphatistraat, when I removed ovaries and kidneys from roughly 300 BALBc and Black mice to subsequently substitute them with subcutaneous progesterone pills to study the effect on mammary cancer growth.

What really tipped the scale for me, however, were the six months I spent several years later at the old NKI-AVL as a general resident, followed by almost two years of laboratory research. Part of this research into the relation between herpes viruses and cancer was carried out with professor Frits Dekking, virologist at the University of Amsterdam and my later promotor. The big culprit in arranging both jobs had been my eldest brother Jo, who at that time worked as a biologist at NKI and wanted to convince me of the extraordinary class of this institute. From the fact that a year after completion of my thesis I gladly let Jongkees - who by the way was chairman of the Board of Governors of NKI for many years - send me to the Antoni and never felt the desire to leave, one may safely deduct that Jo fully succeeded in his mission. Therefore, it is ever so sad that he cannot be present on a day like this, as he passed away a few years ago because of two synchronous forms of cancer, despite the optimal care he received here at the Antoni van Leeuwenhoek Hospital. Piet Borst in his contribution rightfully paid attention to my big brother Jo and my (personal and professional) relationship with him.

“Vierendertig jaar autonome ontwikkeling van de hoofd-  
halskanker zorg in het NKI; een terugblik vooruit”



Having mentioned several names by now, I realize that it will be difficult to mention everybody who in this RETROSPECTIVE FORWARD rightfully deserves mentioning, and I should like to apologize right away to those who are left out. To provide a complete survey of everything important that happened in the past 34 years, I have at this point no more than roughly one minute left to cover each year, so you will understand that out of sheer necessity I will have to limit myself and hurry on as well.

In the remainder of my talk I shall mostly focus on the presentations of the invited speakers, who were asked to discuss their bonds with our department of head and neck oncology and surgery. Of course, one always has to see whether they have stayed at or close to their assignment, but in any case I am very grateful to all of them that they have gone to the trouble of speaking at the occasion of my farewell lecture. I shall particularly discuss the subjects relevant for the future of our department and at the same time I shall take care to correct the misconceptions that the preceding

presentations might have provoked, for which purpose it is quite pleasant that for the next forty minutes I cannot be contradicted.

34-years RETROSPECTIVE FORWARD: the speakers

- Piet Borst: "Head and Neck Rehabilitator: The Basic Researcher's Baby Brother?"
- Niek Urbanus: "AMC/ENT and NKI-AVL/Head and Neck: a fine combination for over 25 years!"
- Tommy Hedberg: "Successful clinical research and product development of medical devices"
- Louis Pols: "The NKI-AVL and Phonetics."
- Fons Balm: "Vals plat." (Hidden gradient)



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First, Piet Borst with his presentation "Head and Neck Rehabilitator: the Little Brother of the Basic Researcher?" He is one of the roughly 12 directors, who I have 'worn out' during my 34 years at this institute and whom I have not only seen coming, but also seen leaving. I am very honoured that he has accepted the invitation to speak today as a representative of the management of our institute, also because he was the longest lasting director in my time. He never witnessed the first phase of my career here, but most certainly that of the later years, when as a member of the Board of the Medical Staff I had to deal with him as one of the members and later chairman of the Board of Governors. He was a very efficient director, from whom I learnt a lot. On a day like today, however, there should also be room to voice a somewhat critical sound about him.

In his honourable attempt to increase the research output of the medical staff, during a discussion with the Board of the Medical Staff Piet introduced his so-called '10% Slotervaart norm'. Piet at that time still had the illusion that every medical specialist would self-evidently spend at least 10% of his time on research, because, I quote, "that is what interested doctors do by their very nature." A nice feather on the hat of the medical staff, but also an expensive one, because since 10% of the medical research staff complement was considered present "by nature", this left room for the actual staff complement in the hospital to be reduced to some degree.

I personally set the example that things do not really work this way. At the time, I had a project funded by the Netherlands Cancer Foundation about the prognostic value of Epstein Barr virus serology in nasopharyngeal carcinoma, a follow-up study to my thesis research. While I manfully tried to master the required head and neck surgical skills, initially being the only full-timer as well in a staff complement of one and a half position, on top of the always compelling patient care, I had to try and keep a laboratory assistant at work and carry out some meaningful research. Although this project did result in a publication, it was hardly very successful, thanks to the small disaster that took place when we just had things running quite nicely. The collection of prospective sera of 47 patients

with a follow-up of 1 to 2 years got lost by a large power failure. My thawed-up sera were victimized by a huge acute lack of back-up freezer space, which entailed the end of my laboratory research ambitions. This was translational research *avant la lettre*, perished through lack of infrastructure. Fortunately, however, today the need for good laboratory infrastructure to facilitate clinicians with translational research ambitions is better understood and thanks to you, Piet, our institute acquired an academic budget component, meaning your 10% norm has been achieved at last - be it as a more realistic academic norm.

### Piet Borst: "Hoofd-halsrevalidator: het broertje van de basale onderzoeker?"

- Piet's klinische research formatie visioen: de "10% Slotervaart norm"
- KWF-project over Epstein-Barr Virus (EBV) serologie bij het nasofarynxcarcinoom
- Piet's "10% norm" opgewaardeerd tot academische norm
- De cirkel is rond: opnieuw EBV onderzoek in de HH afdeling, en nu niet alleen in Nederland, maar ook in Indonesië



It is, however, rewarding to realize that the clinical research questions we were involved with at the time were quite relevant, as Epstein Barr virus research is now again a hot item on the agenda of our department, reflected by the projects presently run by my colleague Bing Tan, also professor in Indonesia, together with professor Jaap Middeldorp of the Free University, and partly supported by the Netherlands Cancer Foundation. Incidentally, these projects are again the result of the stimulating nagging of my brother Jo, who was active for the Netherlands Cancer Foundation in Indonesia and without whom these projects would most likely not or with much more trouble have taken shape, as Bing and I recently concluded with pleasure. It is most pleasing, therefore, that at this first, somewhat critical, RETROSPECTIVE, we can yet look FORWARD to translational research activities within our department, not only with regard to the Epstein Barr virus, but also in the field of genetic prognostic factors and the screening of individual susceptibility for chemotherapy with short term tumor cell cultures.

Next, the presentation of Niek Urbanus, "AMC-ENT and NKI-AVL-Head/Neck: A Nice Combination For Over 25 Years!" Niek was my 15 months older fellow resident in ENT, one of my two paranymphs, head of the ENT department at AMC, later chairman of the Board of Governors of AMC, and member of the curatorium of my chair at the University of Amsterdam. He will have pointed out that AMC and NKI for many years have been natural partners in Amsterdam, with the mutual ENT departments as lighting examples, something I always have full-heartedly agreed with, ...

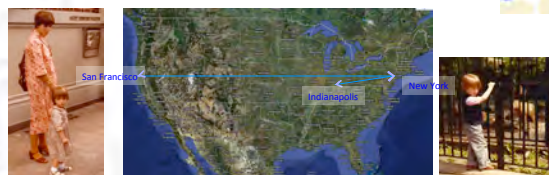
Niek Urbanus: "AMC/ENT and NKI-AVL/Head and Neck: a fine combination for over 25 years!"



...although the ideas of Niek and his successors in the Board of Governors of AMC sometimes seemed to go a little bit further than those of the NKI Board. We owe it to his efforts, however, that for a total of roughly 25 years and for the last 10 years on end our department has successfully collaborated clinically and scientifically not only with the ENT department, but also with several other departments at AMC. Once more, the circle is closed: sent by Jongkees and now back to a good and successful working relationship with AMC - a more than pleasant RETROSPECTIVE FORWARD.

In hindsight, I think that indicative for my career has turned out to be my first working visit to the United States in 1980. Together with my dear wife Agnes, pregnant of our second daughter Tessa and with our oldest daughter Maartje by the hand, I visited in that year the congress of the American Head and Neck Society in San Francisco with a planned visit the week after to the congress of the ENT Head and Neck Society, which was to place in New York.

Indicative ...



- Via Blom-Singer and Groningen towards the Provox voice prosthesis



In San Francisco, I attended a presentation by Mark Singer about a prosthesis for voice rehabilitation after total laryngectomy, which he and the speech/language pathologist Erik Blom had recently developed. It so happened that we ourselves had just started with a purely surgical technique to achieve the same: the surgical procedure according to Staffieri. In our hands, this method appeared quite successful with respect to voice rehabilitation, but as to the prevention of aspiration the procedure appeared not to be optimal. All of our 11 patients developed a good to very good voice,

but especially drinking thin liquids tended to be problematic, because the newly created speech fistula would not always close optimally and patients would get fluids in their windpipe with bothersome coughing spells as a result. The voice prosthesis as presented by Singer seemed an ideal solution to that problem and during a discussion with him after his presentation, he spontaneously invited me to visit him in Indianapolis. I found his invitation so enticing that, once we had arrived in New York, where we were to have a few days off before the start of the next congress, I proposed to Agnes that I would quickly fly back and forth to Indianapolis to size up the situation with Singer and Blom.

While Agnes visited the zoo at Central Park with Maartje, I saw in Indianapolis first-hand that the prosthesis indeed prevented aspiration. With a bag full of complimentary voice prostheses, I enthusiastically returned to New York and afterwards to the Netherlands, where we used those prostheses immediately to salvage our leaking Staffieri fistulas and to make them aspiration-proof.

This marked the beginning of a long line of research, which via clinical testing of several other prostheses, like the Groningen prosthesis developed in the Netherlands, eventually led to the development of the Provox voice prosthesis, which was initiated by our department and now is one of the leading voice prostheses worldwide.

Tommy Hedberg: “Successful clinical research and product development of medical devices”

- 3 generations voice prostheses later



- 2011: implementation of GCP (Good Clinical Practice) infrastructure



The basis for this success was laid by the contact we got through a Dutch ENT firm, Entermed, in 1987 with Atos Medical, at that time a Swedish mini-firm, which was very interested to develop together with us a new advanced type of voice prosthesis. There was an immediate click with the senior engineer of this firm, Jan-Ove Persson, who still works at Atos today and acts as vice-president of the company, and two years later we could publish the successful implementation of the new Provox voice prosthesis in 79 patients. Tommy Hedberg in his presentation “Successful Clinical Research and Product Development of Medical Devices” extensively paid attention to this fortunate combination of doctors, who are able to define patient problems, on the one hand and engineers, who can translate these definitions in optimally functioning medical devices, on the other.



Since the development of this first prosthesis, we have progressed to a third generation of voice prostheses and moreover have been assisting in the development of many additional medical devices, which have improved the quality of life of laryngectomized patients considerably. All of this work has been captured in dozens of peer-reviewed papers and several theses. A success we owe greatly to the insights of the subsequent management boards of Atos, who always shared our views that only evidence-based product development can be successful in the long run. As a department, we have benefitted from their business credo tremendously, because through the years we have been able to carry out a lot of additional research thanks to the unrestricted research grants Atos has made available since 1995.

Today's implementation of a GCP (good clinical practice) infrastructure for our medical device development work, comparable to that of pharmacological research, is therefore an extraordinarily pleasant RETROSPECTIVE FORWARD for our department.

Louis Pols: "The NKI-AVL and Phonetics".

- PhD research projects
  - Follow-up research: ASR project (Automatic Speech Recognition)



The image contains a collage of research-related items. On the left is a DNA double helix. In the center are two book covers: 'Tracheoesophageal Speech: A Multidimensional Assessment of Voice Quality' by Corina J. van As, and 'THE INTELLIGIBILITY OF TRACHEOESOPHAGEAL SPEECH' by Petra Jongmans. On the right is the NKI-AVL logo, which includes a stylized face and the text 'NKI-AVL' and 'Nederlandsche Kanker Instituut Antoni van Leeuwenhoek Ziekenhuis'.

And now for that other, more recent but equally constructive and successful affiliation with the University of Amsterdam: that with the Phonetics Institute of the Faculty of Humanities, which Louis Pols discussed in his presentation "The NKI-AVL and Phonetics". Through this affiliation, we were able to introduce more advanced voice and speech research with respect to head and neck oncology. This started in the late eighties of last century, when our unsurpassed head and neck radiotherapist, Gertrude Baris, who died way too young, took up the idea to investigate whether voice problems after radiotherapy for small glottic cancer could be reduced by adjusting the radiotherapy dose, obviously without affecting the oncologic prognosis. To assess the effects on voice quality, she hooked up with Louis Pols and Florian van Beinum at the Phonetics Institute and their eager PhD student Irma Verdonck-de Leeuw, who were quite interested in collaborating in this field, resulting in Irma's fine thesis several years later.

In her wake, Corina van As followed, another eager PhD student, who wanted to study voice quality of voice-prosthetic speech. Her research work was pioneering in many respects and many of her results, meanwhile, have been confirmed by other researchers. Eventually, our bonds with the



Phonetics Institute also resulted in my chair at the University of Amsterdam and a further deepening of our collaboration. The thesis of Petra Jongmans about speech intelligibility in laryngectomized patients is a direct result of this collaboration.

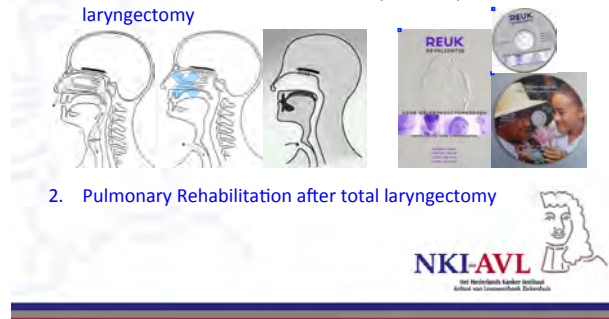
Meanwhile, yet another study, a follow-up study about the application of automatic speech recognition in the analysis of intelligibility of pathological speech by our PhD student Renee Clapham, is nicely on track. Leading in this research is Rob van Son, who as a postdoc is part of our GCP infrastructure and whom we were happy to take over from the University of Amsterdam, who as a result of the unfortunate personnel management measures of our national government were forced to let him go – their loss, our gain. Once again, a more than pleasant RETROSPECTIVE FORWARD, knowing that my successor as chairman of the department, Michiel van den Brekel, shares my scientific interests and therefore will carry on this line of research.

At this point, I would like to take the opportunity to sincerely thank my fellow professors within the Faculty of Humanities for their trust in this strange medical duck in their pond. I have enjoyed our collaboration very much and I hope that my intended successor, Michiel van den Brekel, will experience as much pleasure with our common projects as I have had and will still have in the near future.

There are two more research lines worth mentioning in this RETROSPECTIVE FORWARD. These are not only interesting because of their past and future scientific significance, but they are also illustrative for the great collegial relationships within NKI and the high level of motivation of many co-workers to accept something additional on top of their already overloaded clinical and research agendas.

Two other research lines .....

1. Rehabilitation of the sense of smell (olfaction) after total laryngectomy
2. Pulmonary Rehabilitation after total laryngectomy



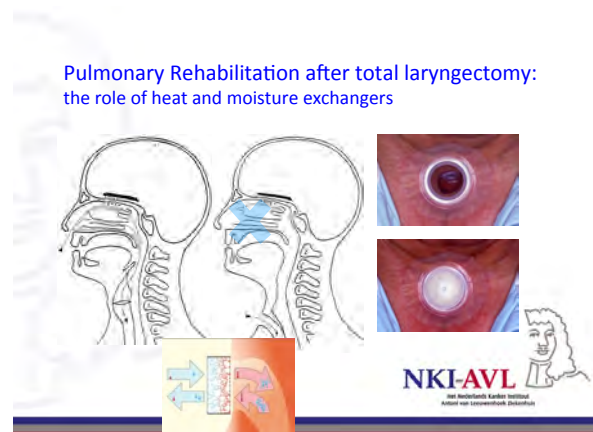
The first line of research I would like to mention is the one on rehabilitation of the sense of smell after total laryngectomy. Up till roughly twelve years ago, nobody in the whole world had a clue as to how to tackle this problem. Following a laryngectomy, there is no longer any airstream through the nose, as the breathing air enters the body directly into the trachea via a stoma at the base of the neck. A normal passive sense of smell is therefore no longer possible and because of that, many

laryngectomized patients have a disturbed sense of smell. During a lunch break I shared a table with Frits van Dam, our professor in Psychosocial Research at the University of Amsterdam, who then had just reported about the negative results of olfaction research in breast cancer patients. Because of observations of the nursing staff, the thought existed that high-dose chemotherapy could affect the sense of smell, which, however, could not be objectified. I joked that, as a result of this research, he at least had a nice paper for the Journal of Negative Results, but that he obviously could better consult an ENT surgeon when he wanted to do relevant olfactory research, for example in laryngectomized patients.

He took up the glove spontaneously and in less than two years with the help of four of his students and our speech pathologists, we not only had better mapped the problem, but also had solved it by the development of the so-called Nasal Airflow Inducing Manoeuvre. In this manoeuvre, the oral cavity is used as a kind of vacuum pump: by keeping the lips closed and rapidly enlarging the oral cavity, a nasal airflow can be provoked, large enough to allow active smelling. Meanwhile, the effectiveness of this method has been confirmed by several other research groups.

The worldwide implementation of this method is progressing nicely, thanks to our research papers, a book that we could write on this topic with the support of the Netherlands Cancer Foundation, and numerous presentations on the subject, many of which were held by our speech pathologists.

The second research line to be mentioned is that of pulmonary rehabilitation after total laryngectomy.



This line of research took form in 1987 after a visit by a sales representative, who cheerfully announced that he had the perfect solution to a problem that until that moment I had no idea actually existed. According to him, this concerned the problem, laryngectomized patients develop because of the short-circuiting of the upper respiratory tract as a result of the removal of the larynx. This would inevitably lead to pulmonary problems - something that up till then had hardly been given any attention in literature. After his explanation, I was convinced that he must be right and that the heat and moisture exchanger (HME) presented by him could solve these problems. When asked

about the scientific basis for his assumptions, however, the man had no reply. This was the trigger for us to also dig into this rehabilitation aspect and to consult Frits van Dam about the possible ways to study this issue. He referred me to his colleague Neil Aaronson, who by coincidence had been visited by a psychology student of the University of Amsterdam, who wanted to write a master thesis on compliance.



This student happened to be Annemieke Ackerstaff, who immediately started enthusiastically with this study, rapidly graduated and several years later finished a PhD thesis on this prospective clinical study, and who changed her research hat for her pension hat late last year, many studies and publications later. Her retirement, however, has not marked the end of the HME story at NKI. Although our clinical prospective phase II and randomized phase III studies clearly showed that HMEs can indeed significantly compensate for the lost function of the upper airways and thus improve the quality of life of laryngectomized patients considerably, a well-founded physiological explanation for the function proved more difficult to acquire.

Initially, we tried to set up the required basic physiology in vivo research with the help of our pulmonologists, especially Nico van Zandwijk, who also was closely involved with the design of the clinical studies. There was not much progress, however, and it took a while before we realized that pulmonologists are indeed experts in pulmonary function, but do not have a profound knowledge of the climate, meaning temperature and humidity, in the lungs. In solving this problem, our lunch culture once more played a major role. During one of those lunches, at which our medical physicist Saar Muller shared our table, I complained about the lack of climatological insight of our pulmonologists and sighed that it would be better to have the help of a meteorologist. I asked her if she perhaps knew someone of interest and she answered affirmatively. When asked for this person's name/e-mail address/telephone number, she remarked that I did not need any of those, because I was looking her in the eye. What I did not know and many of you probably do not know either, is that Saar spent the first ten years of her life as a physicist between our national top meteorologists at KNMI (the Royal Netherlands Meteorology Institute).

Saar appeared to be the ideal sparring partner for this basic in vivo research into the effects of HMEs on trachea climate. This research is still unique in the world and after the theses of Karel Zuur and Renske Scheenstra, we are presently having a third PhD student on the project, Cindy van den Boer. The first grant for this research we received from the Michel Keijzer Foundation, affiliated to the Dutch Laryngectomy Society (NSvG), who thus contributed significantly to this research, that is so crucial to patients.

Also important in this respect was our collaboration with AMC, which enabled us to develop a special Airway Climate Explorer, ACE for short, together with the departments of Material and Technical Development and ENT. ACE made it possible to reliably study the upper airways climate. This research has significantly increased our insights in the physiology of heat and moisture exchange in the airways and has resulted in the further improvement of these clinically essential medical devices. Funding for the follow-up studies after the development of ACE has become part of our new GCP infrastructure and in the light of this RETROSPECTIVE FORWARD it is good to know that there are still questions remaining in the field of climate research. The climatological properties of our upper airways are still better than those of the best HMEs so far, so this research under the spiritual guidance of Saar Muller, together with Michiel van den Brekel and in collaboration with professor Bert van der Baan of AMC, still has to be carried FORWARD for some time.

#### Fons Balm: "Vals plat"

- Great collegiality
  - Continuous support by all professionals



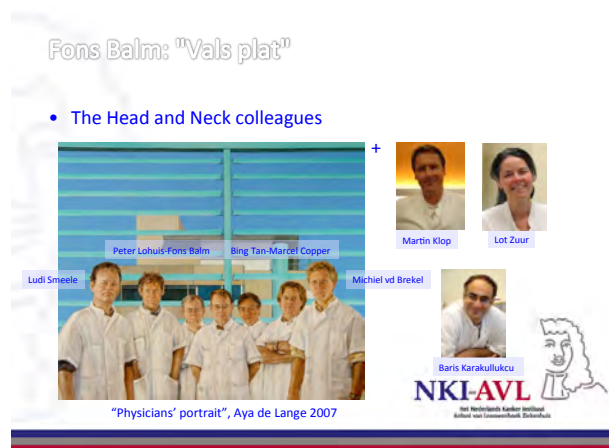
The first honorary medal of the NWHHT for Emile van Slooten 1992



Thirty-four years of autonomous growth of the head and neck cancer care at the Netherlands Cancer Institute, however, is above all the story of great collegiality, mutual support and trust of all professionals in this somewhat eccentric institute with its flat organisation and its personnel of mainly inspired nutcases. Because to willingly pursue a career in cancer care, one must obviously be somewhat "strange in the head". The challenge to tackle the often difficult medical problems obviously is an attractive one, but the psychosocial problems one also encounters do not make things easy. Fons Balm in his presentation "Hidden Gradient" already paid attention to this aspect. Our autonomous growth therefore could never have been realized if we had not been so lucky to achieve it with a big number of at least as inspired nutcases. The first will have been Van Slooten and his

generation of surgeons, who defended our growth outside the walls of NKI towards their general surgeon colleagues, who were not too happy with the fact that ENT surgeons took the lead in head and neck cancer treatment.

His firm stance was one of the reasons why Emile van Slooten was awarded the honorary medal of the Dutch Head and Neck Society, on which organisation I shall come back later. Their successors, and Bin Kroon in particular, have always continued in this line, reason why nowadays the matter is no longer under discussion. This is something that outsiders can learn from us and it is undoubtedly one of the reasons why our institute is ranked among the world's best.



But above all, this is the story of the great collegiality of my direct head and neck colleagues. Here you can see our crew in 2007, "immortalized" by the Dutch painter Aya de Lange, who was intrigued by the enthusiastic stories of her husband about the excellent atmosphere within our group. Next to this painting, the less prosaic portraits of our most recent acquisitions, sorry for that, Martin, Lot and Baris. In his modesty, Fons will not (all too clearly) have mentioned that it was not until his entrance in 1989 that the growth of our department really took off and that we were able to further develop our department clinically and scientifically into its present state, which blissfully withstood the test of our most recent international site visit. Additionally, in these 34 years the diversity of head and neck pathology has significantly increased and besides ablative surgery, reconstructive surgery now also falls within our competence.

Fons Balm: "Vals plat"

- The nursing colleagues and all other co-workers



Representative of 34 years of autonomous growth, also in Head and Neck Oncology nursing!



Our growth certainly could not have been realized either without the great support of a huge number of nurses, who always remained remarkably faithful to head and neck oncology. Without wanting to wrong anyone, I would like to mention here one name, more or less as the *primus inter pares*, and that is Harrie van Gerwen, our head and neck nurse *pur sang*, who arrived in this institute at the same time as I did and who also still is here. Obviously, many others at our institute have contributed to our growth, like the operation theatre and intensive care staff, the many paramedical specialists we have and also the front office co-workers of the outpatient departments and the technical and administrative services. Over the years our organisation has become ever more professional and with the more recent introduction of division managers, the support for workers at the front has also improved, helped by the flat organisation structure we have.

Fons Balm: "Vals plat"

- Head and Neck Cooperative Group/consensus culture



Head and Neck Cooperative Group in session .....

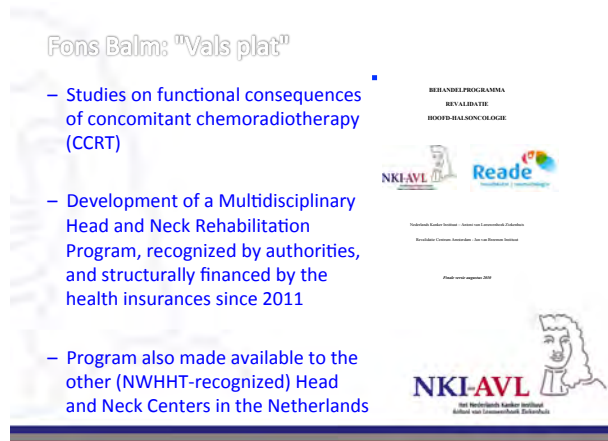
Important for our consistent clinical growth has been the consensus culture typical for the NKI, which we further expanded by developing evidence-based protocols for any thinkable form and stage of head and neck cancer. These consensus protocols are normative and can be deviated from only when properly substantiated. What once started as the little 'Red Book' of cancer care at NKI now includes a complete set of agreements, which obviously is updated regularly and which now can be consulted online, which happens quite regularly as you can see. Over the years, supported by the fact that since 1978 all oncologists at NKI are employed on a tenured/permanent basis, this consensus

culture paired with the best available evidence made it relatively uncomplicated for certain surgical indications to be diverted to radiotherapy ones, for surgery to replace formerly definite radiotherapy indications and for chemotherapy to be introduced without any problems.

In this respect, I suddenly remember a nice anecdote concerning Piet Borst. Some 15 years ago at one of the famous staff meetings at NKI, when we introduced chemoradiotherapy for advanced head and neck cancer and propagated this as a realistic alternative for complex surgery, he remarked that he would never have expected this to be initiated by surgical specialists. My answer was, that I was quite surprised by his remark, because he of all people should know that we are in the first place oncologists and that self-evidently any chance to improve outcome and/or functionality we certainly would be the first to implement, irrespective of whether a knife would be required or not. So, once more for you, Piet: "Surgical specialists in cancer care are in the first place oncologists, who (by no coincidence) are the most skilful cancer specialists as well, since they are, if necessary, also capable of handling the 'healing knife'". The renaming of our department from ENT into Head and Neck Oncology and Surgery many years ago may be seen as a reflection of this, whereas we also happen to be the only department in the country working with head and neck surgeons from both an ENT and a maxilla-facial background.

Fons Balm: "Vals plat"

- Studies on functional consequences of concomitant chemoradiotherapy (CCRT)
- Development of a Multidisciplinary Head and Neck Rehabilitation Program, recognized by authorities, and structurally financed by the health insurances since 2011
- Program also made available to the other (NWHHT-recognized) Head and Neck Centers in the Netherlands



The implementation of chemoradiotherapy for the treatment of advanced head and neck cancers in close collaboration with the radiotherapists and medical oncologists has brought about new research activities, resulting in a large number of publications and several theses. The changed spectrum of functional adverse events of these treatments has become a subject of research, as reflected in the almost finished thesis of Lisette van der Molen, with the support of, amongst others, Maya van Rossum, the co-initiator of this study and now working at UMC Leiden.

Our research of the functional adverse events of head and neck cancer treatment has resulted in our initiative to optimize head and neck cancer rehabilitation in general. Together with all medical and paramedical specialties involved in aftercare at our institute and in collaboration with rehabilitation specialist Annemieke L'Ortye, initially at the Amsterdam Revalidation Institute Jan van Breemen



Instituut, and after the merger with RCA, now called Reade, we have succeeded in developing a new multidisciplinary evidence-based rehabilitation protocol. As of 2011, this protocol, unique for the Netherlands, is now structurally financed, since it is recognized by the authorities as multidisciplinary rehabilitation and as such covered by basic health care insurance. At present, this protocol is being implemented at NKI and with its availability, other head and neck centres recognized by the Dutch Head and Neck Society are expected to follow. Another positive note for our RETROSPECTIVE FORWARD.

Fons Balm: "Vals plat"

- Dutch Head and Neck Society (NWHHT)/post PhD project on oropharynx carcinoma national studies/consensus reports/ European top position

As I said, the allowed time slot is way too short to discuss 34 years extensively. For example, I would have liked to discuss in more detail the Dutch Head and Neck Society, which we have co-founded almost 30 years ago to broaden our Amsterdam horizon. Through this organisation, we have been able not only to carry out sensible nation-wide clinical research, like the Dutch study on oropharyngeal carcinoma together with my first PhD student Sanja Kregar, but also to co-develop several clinical consensus protocols, which internationally are still unique, such as the one concerning laryngeal carcinoma. I am therefore convinced that the Dutch Head and Neck Society is one of the reasons why in Europe we are ranked as one of the top countries with respect to head and neck cancer care as recently shown in the EURO CARE Cancer Survival Studies.

Fons Balm: "Vals plat"

- Dentistry and Maxillo-Facial Prosthetics

Furthermore, I would have liked to dwell on the special role played by our maxilla-facial dentists, Joop Kruisbrink, Free van Steenbergen, Steven Gonggrijp and Adriaan Timmers, and our maxilla-facial prosthetists Ruud Fontijn and George Lieben in the autonomous growth of our department, all the more because this essential part of our area of expertise has a good future now that there is a younger generation being educated in this line of work.



Also the development of our special head and neck oncology nursing clinic and the 'Stop Smoking' clinic would actually deserve more attention. Thanks to the efforts of a large number of nurses and with respect to the 'Stop Smoking' clinic the inspired efforts of Jacqueline Visser have to be mentioned, these specialty clinics form a solid base for the present and future head and neck oncology care at NKI.



Also, I would have liked to be able to pay more attention to the large number of head and neck oncology and surgery fellows we have educated through the years and to the fact that many practising head and neck surgeons in the Netherlands have at least part of their head and neck roots in NKI. And to the fact that many dozens of ENT surgeons through the route of resident within our department found their way to ENT programmes at one of the universities and that many dozens of ENT residents from AMC did their oncology rotation with us. Falling well within the theme of this

RETROSPECTIVE FORWARD, I am certain that these teaching activities will continue to receive high priority within our department.

Fons Balm: "Vals plat"

- Dentistry and Maxillo-Facial Prosthetics
- HN-nursing out patient clinic
- Smoking cessation clinic
- Head and Neck Oncology and Surgery Fellowships
- Planning commission NKI-AVL for renewal/expansion:  
the building should fit like a surgical glove .....



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A complete chapter I could have devoted to my intense involvement with the construction of our previous outpatient clinic and the new hospital wing, having been a member of the various planning committees for over twelve years. My committee membership taught me a lot about the things that really matter in an organisation and I learnt that at all times the starting point should be that the building is there for the organisation and not the other way round. The building should fit as a surgical glove around the organisation and should also be as flexible. As a RETROSPECTIVE FORWARD, I would like to urge the medical staff to remain actively involved in all constructional activities. After all, we know best about surgical gloves.

As you probably will have noticed, I am still quite busy with the completion and implementation of almost everything I have mentioned and although this is my last official lecture before retiring from my chair at the University of Amsterdam - and a delayed RETROSPECTIVE FORWARD after my standing down as chairman of the department in September 2009 - this cannot be the completion of my activities within the NKI as yet.

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It is quite difficult and not without danger to jump from a train in full motion. There are still a number of PhD students who require attention and the transfer of my teaching activities will take

some more time, too. Therefore, I am very pleased with the fact that the Board of Governors will tolerate my presence on a part-time basis for some time to come, enabling me to get rid of my NKI addiction and to observe our institute from the sideline with positive criticism for a while more, thereby assisted by our unsurpassed secretary Marion van Zuilen, who already for many years is our help and stay within the department, and who I mention only this late, because I know she hopes to have a lucky escape from being mentioned.

This way, I also hope to create a bit more time for my dear wife Agnes, without whose tolerant nature and support I never could have functioned as I did, and for my children and granddaughter, and for other matters that have appeared to be interesting for a surgical craftsman. Thank you for your kind attention.

Finally



- Thank you for your attention.

