

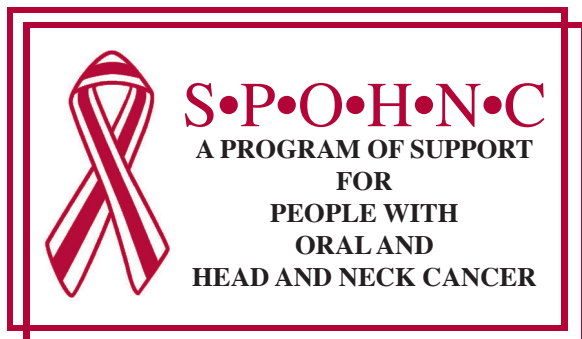
NEWS FROM S•P•O•H•N•C



VOL. 25 NO. 3

SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER, INC.

NOVEMBER 2015



Rehabilitation of the Oral Cancer Patient With Dental and Maxillofacial Implants

Joseph I. Helman, DMD



The goal of managing oral cancer is to cure the disease while maintaining the quality of life of the patient. One of the most common side effects of either surgery or radiation therapy is the loss of teeth with or without the adjacent bone as a result of eradicating the malignant lesion.

If the surgical defect is in the upper jaw (maxilla) and includes both bone and teeth, the least invasive reconstruction, functional, well tolerated and relatively inexpensive reconstruction is to place an obturator.

An obturator replaces not only the teeth but closes the communication between the oral and nasal cavity. President Grover Cleveland had his maxilla removed on July 1st, 1883 due to cancer. The surgery was performed on a yacht to maintain secrecy and avoid instability since the country was undergoing a financial crisis. The anesthesiologist was a New York City dentist (Dr. Ferdinand Hasbrouk) who was skilled in the use of nitrous oxide as an anesthetic agent. Dr. Joseph Bryant was the surgeon who found an oval lesion “extending from the inner surface of the molar teeth to within a quarter of an inch of the median line of the roof of the mouth and encroaching somewhat on the anterior or front portion of part of the soft palate.”

The entire upper jaw was removed from the first bicuspid to just behind the last molar and nearly up to the midline. The entire operation was done within the mouth



without any external incisions, by means of a cheek retractor for surgical access.

The recovery was smooth, although the President’s speech was said to be wholly unintelligible. Dr. Kasson G. Gibsson, a New York City prosthodontist, fabricated a prosthesis of vulcanized rubber that was attached to a dental plate.

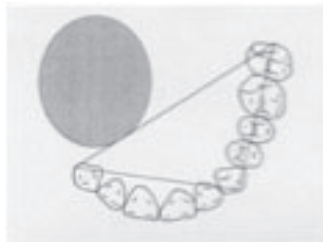


(Example of a maxillary obturator placed during surgery)

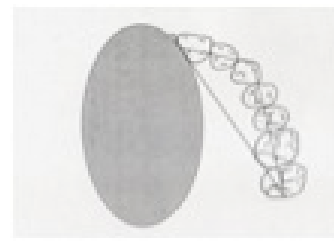
President Cleveland’s oral defect closed through the years. He died in 1908 of cardiovascular and renal disease. The story of Cleveland’s illness was made public only in 1917. Only several decades later the lesion was diagnosed as verrucous carcinoma, a variant of more typical squamous carcinoma, the more common

type of oral cavity cancer.

Maxillary defects can be treated simply with an obturator, especially when there are enough teeth to support this extended denture. But if the resection includes more than half of the palate and more than half the teeth of the upper jaw, the obturator may become unstable and rotate towards the side of the defect. Additional factors to be taken under consideration are the patient’s age, the state of the remaining dentition, their speech, manual dexterity to place the obturator and the limitations in mouth opening.



(left - Defect appropriate for an obturator.)



(right - Defect encompassing more than half of the palate resulting in instability of the obturator.)



(left - Example of a radiograph with a large maxillectomy defect)

In these maxillary defects, some implants could provide significant additional stability. Since the upper jaw was already removed, the implants can be placed in the cheek bone (zygoma or malar bone) and improve the quality of speech or phonation and mastication or chewing.

IMPLANTS continued on page 2

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NEWSLETTER EDITOR

Chris Leonardis

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The overall success rate of the zygoma implant is above 95% in non-irradiated patients, and about 85% in irradiated patients.

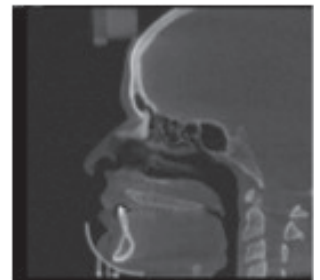
When the loss of tissue is greater than just the maxilla or if the patient wants a more definitive reconstruction without an obturator, the option of free tissue transfer should be considered. Since free tissue transfer requires an additional surgical site and more operating time, any medical co-morbidities or underlying conditions should be taken into consideration.

Free tissue transfer implies that a donor site is harvested from another place in the patient's body with the associated blood supply (arteries and veins). The donor tissue is then brought to the mouth to be used for the required reconstruction and the blood vessels are connected to the blood supply of the existing vessels in the neck, therefore providing immediate viability to the free tissue transfer.

The example below is a bone from the leg (the fibula) which is removed with a guide that allows for the perfect size and shape of the upper jaw. After healing, the bone can support dental implants in order to restore dentition and chewing.



Other potential donor sites for free tissue transfer bone reconstruction are the scapula (shoulder blade) and the iliac crest (hip). The tip of the scapula allows for a very anatomical restoration of the roof of the mouth (palate). The following radiograph illustrates the transfer of the tip of the shoulder blade to the palate (with the white arrow pointing at the transferred scapula).



Almost the same options of bone transfer are used in the mandible. The resected bone is replaced and dental implants placed as the infrastructure of a partial or full prosthesis as



shown below. Cancer management is debilitating for patients and families. The positive impact on quality of life can be maximized by improving mastication, deglutition

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IMPLANTS continued from page 2

and phonation through comprehensive reconstruction including the appropriate donor tissue and the addition of dental implants to the rehabilitation plan.

Editors Note: Joseph I. Helman, DMD is the C. J. Lyons Endowed Professor, Department of Oral and Maxillofacial Surgery at the University of Michigan.

He was educated at Facultad De Odontologia, Universidad Nacional De Rosario, in Argentina. Dr. Helman completed his Residency in Oral &

Maxillofacial Surgery at Rambam Medical Center, Haifa, Israel. He also completed an Externship in Plastic and Reconstructive Surgery as AO/ASIF (Association for the Study of Rigid Fixation) and was a Fellow in the Section of Plastic and Reconstructive Surgery at Inselspital, University of Bern, Switzerland. He also completed a Fellowship at Fogarty International Center, and has been a Visiting Fellow for Head and Neck Service at Memorial Sloan-Kettering Cancer Center New York, NY.

Dr. Helman maintains his focus on the surgical management of oral cancer as well as orthognathic surgery in patients with Obstructive Sleep Apnea Syndrome. His current research focus is on Clinical Outcome Measures and his current projects are recurrence rates in the management of Odontogenic Keratocysts, success rates in the surgical treatment of Obstructive Sleep Apnea, and Maxillofacial findings on patients with Nevoid Basal Cell Carcinoma Syndrome (Gorlin Syndrome).

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HEAD AND NECK CANCER NEWS

Frequent Post-Treatment Follow-Up by Advance Practice Nurses Improves Care for High-Risk Head and Neck Cancer Patients

Better Symptom Management Results in Fewer Emergency Room Visits and Hospital Admissions

SAN ANTONIO, TX--(Marketwired - October 19, 2015) - For high-risk patients who receive chemoradiation therapy for head and neck cancer, frequent follow-up appointments conducted by advance practice nurses (APN) in a clinical outpatient setting allowed for more intensive symptom management, resulting in fewer post-treatment emergency room visits and hospital admissions compared to historical outcomes, according to research presented today at the American Society for Radiation Oncology's (ASTRO's) 57th Annual Meeting.

Treatments such as radiation therapy (RT) and chemoradiation therapy (CRT) for patients with head and neck cancer can cause side-effects, including short and long-term pain or difficulty swallowing, tooth decay, bone pain, nausea, fatigue, mouth sores and/or sore throat, resulting in infection risks and complications that may require unplanned emergency room visits or hospital admissions in the immediate post-treatment months.

APNs have post-graduate education in nursing, often in a specific role and/or patient population, allowing them to diagnose and treat illnesses and to prescribe medication.

This study compared the incidence of adverse events (i.e. unplanned emergency

room visits and hospital admissions) in 25 high-risk head and neck cancer patients who received post-treatment care at an APN-led, acute-rehabilitation-focused clinic to the incidence of adverse events of 24 head and neck cancer patients who received standard follow-up treatment. The standard follow-up group patients were identified using an approved institutional review board database.

Patients were considered high risk if they had limited social support, resided in a nursing home, required multiple hydrations during treatment, received a second course of stereotactic body radiation therapy (SBRT), and/or had a feeding tube.

Of the 49 total patients included in the study, 90 percent had stage IV or recurrent cancer. All patients were treated with intensity-modulated radiation therapy (IMRT) or SBRT techniques. RT alone was given to 22 patients (45 percent) and the other 27 patients (55 percent) received radiation therapy with concurrent chemotherapy using either cisplatin or cetuximab.

Compared to patients in the standard follow-up group, patients in the APN clinic group (APNCG) were seen twice as often (1.2 versus 2.0 visits), with the standard follow-up group being seen at four to six weeks post-treatment, then at three months post-treatment, while the APNCG patients were seen at two to four weeks

post-treatment and every two to four weeks thereafter until symptoms stabilized.

Of the 49 patients studied, 18 experienced adverse events a total of 26 times. Of those 18 who visited the emergency room or were admitted to the hospital, six (33 percent) were receiving frequent follow-up through the APN-led clinic. Patients who were treated with RT alone who were in the APNCG had the most significant decrease in complications with only 16.7 percent experiencing adverse effects versus 60 percent in the standard follow up group. No difference was found in the patients treated with CRT, due to the intensive post-RT follow-up also provided by medical oncology.

"This study illustrates an important role for APNs in radiation oncology," said lead study author Bridgett Harr, CNP, Department of Radiation Oncology at Cleveland Clinic. "[APNs] are in a unique position to provide more intensive follow-up care, allowing them to better manage the post-treatment symptoms of high-risk head and neck cancer patients. Not only is there greater patient satisfaction when being managed in an outpatient setting, it is more cost-effective to avoid emergency room or hospital admissions. The APN's ability to provide high-quality, cost-effective care will play an increasingly vital role in the future of radiation oncology and health care."

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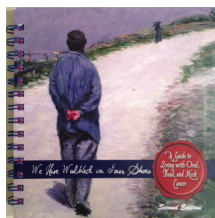
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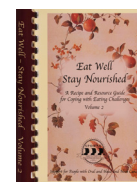
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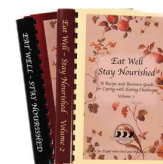
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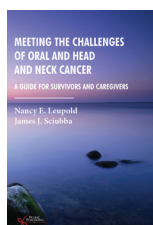
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Time for Sharing...My Journey Through Four Oral Cancers

I always keep copies of key medical reports. That's important when you are dealing with a serious disease like oral cancer. But the medical reports only tell the cold clinical facts. They don't tell my story of the true emotional and spiritual journey through four oral cancers over the past sixteen years.

Cancer #1

Diagnosis: Tongue, partial glossectomy: Invasive moderately differentiated squamous cell carcinoma...

Neck dissection: Level II: Metastatic squamous cell carcinoma in one lymph node... Stage 3

Surgical Pathology Report, December 28, 1999



My first cancer was diagnosed in December 1999 with Squamous cell carcinoma at the base of my tongue. I had ¼ of my tongue removed where the tumor was and a neck dissection to

remove my lymph nodes. I had seven weeks of radiation; three weeks into radiation I needed to have a PEG feeding tube.

I was angry with God and blamed Him. I ask the questions ~ "Why? ~ Why me?" I thought if He really loved me how could He allow this to happen to me. I told God "Listen buddy you have to get me out of this mess." I knew He was the only one who could!

My silence from God lasted 14 months when I finally surrendered to Him and His plan. I realized He really did love me and helped me during that time. He changed my heart to be more compassionate and the ability to help others going through this same cancer. I had the opportunity help start the SPOHNC Dallas Chapter.

Cancer #2

The patient is a 63 year old female who has a history of multiple recurrences of oral cavity

squamous cell carcinoma...and had a prior selective neck dissection with postoperative radiation therapy in 2000. - Operative Report, October 28, 2009

Fast-forward almost 10 years later to September 2009 and I once again got the news ~ "You have cancer." During those intervening years between 2000 and 2009, I had suffered mouth sores, and my ability to eat various foods became less and less. For a year, I even worked with two dermatologists who were trying a topical medicine. Over that year I could hardly eat anything, but it did seem to help and I ended up having the best 3 months I had had in years, and then the bottom fell out! I started getting mouth sores again so I had biopsies. They came back that I had cancer again. I was totally devastated by the news. My question this time was "God what do you want from me?" I knew I needed to get to the point of acceptance and be able to rest in God's arms. I immediately thought of **Romans 12:1** ~ "Let me be a living and holy sacrifice ...this is truly the way to worship Him," but daily I struggled to live this out. Finally, three days before my surgery I got to a place where I knew I could trust God and accept what lay ahead.

October 28, 2009 finally came and I checked in for a 9-hour surgery that included placing a PEG feeding tube, radical neck dissection, reconstruction of the right half of my mandible with bone from my left fibula, and removal of my tongue and the floor of my mouth. Tissue from my left leg was used to form a new "tongue." I also had a skin graft taken from my leg. I spent a couple of days in ICU and then moved to a regular room. After coming home I had Home Health with nursing care, Physical Therapy, Occupational Therapy and a Speech Pathologist. They pushed me to work hard at learning to walk, first with a walker, then a cane, and then by myself. I also learned how to do daily activities such as get dressed, get in the shower, wash my hair and increase my range of motion of my right arm and neck. I was thankful for these people, but it was hard having someone coming all the time.

In December 2009, I started going to the Speech Pathologist. She said I was talking very well so we concentrated on eating. She

helped me mainly to learn to eat and build confidence to try new things. I finally got to the point I was able to eat enough and no longer required a feeding tube.

The surgery and recovery were extremely difficult for my family and me ~ physically, emotionally, and spiritually. These were the darkest days of my life. I wasn't sure I could climb this huge "mountain" to recovery! That is when God scooped me up and carried me every step of the way. The biggest thing I learned was I had to walk through those dark times one step at a time and most of all to trust God because He was with me every step even when it didn't feel like it!

Cancer #3

Diagnosis: Mandible, left, partial mandibleectomy: well-differentiated invasive squamous cell carcinoma of lateral gingiva involving tooth socket...

Pathology Report, July 6, 2011

On June 15, 2011 – I had 2 biopsies on a couple of spots on the left side of my gums and one of the spots came back with cancer! Fortunately, the cancer was small and detected early. On July 6, 2011 the doctors removed the cancer with good margins; removed the rest of my lower teeth on my left side and did some prep work of my mandible to get ready for the next surgery to do dental implants.

My second surgery for this series was on October 6, 2011. The doctors put 5 dental implants in my jawbone that would secure my dentures.

My third surgery was January 18, 2012. The doctor reconstructed my "tongue" to make room for my new bottom teeth. I also had a skin graft using tissue from my leg to cover the bone in my mouth.

God was so faithful to give me the grace to live in the moment ~ this whole process took a year! **Philippians 4:11** ~ "for I have learned to be content in whatever circumstances I am." **2 Corinthians 12:8-9** ~ "And He (Jesus) said to me, 'My grace is sufficient for you, for power is perfected in weakness.'" **Jesus + Nothing = Everything.**

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I also realized that I was so focused on getting my teeth and looking to the “prize” of being able to eat that my feelings had been put on the back burner. The “light bulb moment” came and I was able to feel the sadness and grieve the loss of my teeth and the inability to eat.

Finally after 11 months I got my bottom dentures, and was able to eat anything I put in my mouth. One of the first things I tried was Cheetos and almond butter. I had been craving that for a long time and when I was finally able to put it in my mouth I thought I was in Heaven!!!! It was a thrill to finally be able to have solid food in my mouth and to have different textures and flavors.

Cancer #4 ~ The Cancer That Wasn't Supposed to Be!

Diagnosis: “Oral Soft Tissue,” biopsy: Squamous cell carcinoma with features suggestive for invasion in background of scar...

Pathology Report, July 28, 2014

I began having some granulation build up where the dentures and implants were, so the doctors did biopsies three different times. They all came back negative, that it was just granulation tissue. But after a “minor” surgery in July 2014 it was discovered there was cancer again! How could this be ~ all the pre-op biopsies were negative! Now I am at Cancer #4! This would be a repeat of my Cancer #2 surgery in 2009. The doctors would take out the left half of my mandible and replace it with fibula bone and tissue from my right leg and a skin graft. We knew what to expect which I think in the long run helped because the fear factor was not there, but the flip side is I knew how grueling the surgery and recovery would be.

On September 29, 2014 I had the surgery. I was in ICU and then moved to a room. After a week in the hospital I came home and did Home Health just like before with the RN and Physical Therapist. My recovery was slow and difficult but I made progress each day.

Groundhog Day ~ The Interruption!

The patient is a very pleasant 68-year-old woman with a history of recurrent squamous cell carcinoma of the tongue and oropharynx. Status posts multiple

reconstructive surgeries, presenting to the Emergency Department status post fall. Patient found to have a right ankle fracture dislocation... complicated by the previous fibula osteotomy.

Operative Note, February 3, 2015

On February 2, 2014 ~ Groundhog Day ~ I had a little mishap while going out to the mailbox. I fell as I was stepping down the curb and broke my right ankle, tibia and the little bit of fibula that was left. This is the same leg involved in my surgery 4 months earlier! I had to have surgery to put all of this back in line and another hospital stay for four days! So my recovery was now focused on healing my leg. I couldn't put any weight on it for three months.

After four months of healing for my leg, I had to have another surgery to close the hole where my tracheotomy was from Cancer #4 surgery. Because I had a tracheotomy with Cancer #2 there was scar tissue that had formed, and after Cancer #4 it wouldn't close on its own. The doctor had to clean the scar tissue and then close it up. My recovery went well and I was able to get back to concentrating on my cancer recovery.

I went to the Speech Pathologist I had gone to before and talked with her. She suggested I have a swallow test done so we scheduled that. I have had so many surgeries, two tracheotomies, and radiation therapy in the past that my throat is in pretty bad shape. I will keep my feeding tube and use that for my main nutrition and calories, which I knew going in this would be the reality.

My emotions have been up and down. I am grieving the loss of no more chewing food and the need to always use my feeding tube for nutrition. When I saw in writing the results of my swallow test stating my swallowing ability was severely impaired, it hit me really hard. My Speech Pathologist believes by doing exercises to strengthen the muscles in my throat I will be able to drink a small amount of liquids to get different flavors. I am good with that because in trying to get enough calories each day I would be spending more energy than it is worth! Right now I have to trust the process of doing my exercises and in the long run it will be beneficial.

During these past 16 years of surgeries, recovery and therapy, I have been blessed to have a God who has carried me through and been with me the whole way. My biggest cheerleaders have been my wonderful husband, Jack, our three adult children, my precious grandchildren and of course all my SPOHNC friends. They have been the motivation I needed to keep on taking those baby steps toward the slow recovery process.

I know God's Grace is sufficient and in the big scheme of things this is no big deal. God has been faithful to carry me and I know He will be my strength. I know that my future with God is and will be much better than I could have ever planned on my own, so to Him is ALL the Glory and Praise.

*~ Pam Hess
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HEAD AND NECK CANCER NEWS

Imaging Method Has Potential to Predict Effectiveness of Induction Chemotherapy in Patients With Head and Neck Cancer

Researchers identified a potential new method for predicting which patients with head and neck cancer will benefit most from chemotherapy. Their new method was described in *Oral Oncology* (2015; doi:10.1016/j.oraloncology.2015.01.013).

These patients commonly receive pretreatment induction chemotherapy, before surgery or radiotherapy, to reduce the risk of disease spread. However, pretreatment is less effective in tumors with poor blood flow.

Previous studies have shown that CT scans can be used to assess tumor blood flow. Going beyond those results, researchers at The University of Manchester and The Christie NHS Foundation Trust, both part of the Manchester Cancer Research Centre in the United Kingdom, have explored the use of MRI scans in predicting which

patients would benefit from induction chemotherapy.

“It’s also important to identify those patients who are unlikely to respond to induction therapy so that we can skip ahead in the treatment pathway and offer them potentially more effective treatments and hopefully improve their outcome,” said study leader Professor Catharine West, PhD.

The team used an imaging technique known as dynamic contrast-enhanced MRI (DCE-MRI), where a contrast agent tracer is injected into a patient’s vein whilst they have a series of MRI scans taken. This allows scientists and doctors to investigate the blood flow and vessel structure of a patient’s tumor.

They found that determining blood flow of a patient’s tumor before induction therapy

could predict response to treatment. The group reported that those with high tumor blood flow were more likely to respond to pretreatment. “Delivery and effectiveness of chemotherapy appears to be better in tumors with higher blood flow. However, amongst those patients with lower measured tumor blood flow, more work is needed to determine those who will and won’t respond,” said coauthor Jonathan Bernstein, MD, who is now at Princess Margaret Cancer Centre in Toronto, Ontario, Canada.

Your newsletter has the right mix of those informational, medical, and technical articles for the brain, and human-interest stories for the heart.

~ Mike S.

Green Light for Less Therapy for HPV Oropharyngeal Cancer

SAN ANTONIO — Since the realization over the last 5 to 10 years that there is a distinct type of oropharyngeal squamous cell carcinoma related to human papilloma virus (HPV) that occurs in much younger patients and is associated with a better prognosis than non-HPV-related disease, there has been speculation and hope that treatment for these patients could be deintensified, with the big bonus of reducing toxicity.

Now there is mounting data showing that deintensification of treatment is feasible and that it does indeed appear to reduce adverse effects without compromising survival, commented Ezra Cohen, MD, from the University of San Diego Moores Cancer Center, in California. He was discussing the issue here at an interactive session at the American Society for Radiation Oncology (ASTRO) 57th Annual Meeting, and said, “We have entered an era of deintensification of treatment.”

These HPV-related oropharyngeal cancers are “inherently curable,” commented Dr. Cohen. Current chemoradiotherapy regimens achieve a cure in 80% to 90% of patients with early-stage cancers, he noted, but these regimens can adversely affect swallowing, sometimes leaving patients

with permanent feeding tubes.

Patients presenting with these HPV cancers are much younger, at age 25 to 55 years, than those typically seen with oral cancers. These patients will be living with the adverse effects of treatment for many years, and it has become increasingly important to ensure good quality of life after treatment, Dr. Cohen said.

A new phase 2 trial presented at the meeting used a reduced dose of both radiation and chemotherapy and showed comparable efficacy and less toxicity than would be expected with the standard doses. In particular, swallowing did not appear to be affected, noted the lead author, Bhishamjit Chera, MD, associate professor of radiation oncology at the University of North Carolina School of Medicine, in Chapel Hill. “Our study provides strong preliminary evidence that reduced-intensity chemoradiotherapy may be as effective as standard-dose chemoradiotherapy,” Dr. Chera concluded.

The new trial was conducted in 43 patients with favorable-risk HPV-associated oropharyngeal squamous cell carcinoma who had a minimal history of smoking. The current standard of care for such patients is chemoradiation with 70 Gy of radiation

delivered over 7 weeks, in conjunction with a high dose (100 mg/m²) of cisplatin for three cycles, Dr. Chera explained. Although this standard chemoradiotherapy protocol results in excellent cancer control and survival, it produces substantial adverse side effects, such as chronic, acute difficulties in talking or swallowing, which may necessitate a feeding tube, as well as dry mouth, painful inflammation of the mucous membranes and/or digestive tract, tooth decay, and jawbone osteonecrosis.

In the new trial, radiation was reduced by 16%, with 60 Gy delivered over 6 weeks; the chemotherapy dose was reduced by 40% overall, with low doses (30 mg/m²) of cisplatin given in six weekly doses, Dr. Chera said.



Give Thanks: Gratitude is Good For You

How often do you reflect on the good in your life? It's easy to take for granted the little things that make our lives better when we're facing challenges, like cancer, or dealing with other stressful situations. Thanksgiving is the obvious time to count your blessings, but cultivating a feeling of gratitude year-round can have big benefits: It can improve your physical and mental health.

Research over the past decade suggests that people who practice gratitude regularly have stronger immune systems, lower blood pressure and fewer symptoms of illness. They generally sleep better and can better tolerate their aches and pains. Gratitude encourages resilience after difficult experiences, and it strengthens relationships and promotes forgiveness.

Overall, people who are grateful tend to be happier and more optimistic, a characteristic linked to better immunity. They want to take care of themselves, so they exercise and eat for good health. "An attitude of gratitude improves our quality of life," says Dr. David Wakefield, a psychologist at our hospital in Tulsa. "Gratitude is an antidote for negative emotions like anxiety, depression and anger. Gratitude can help change our perspective in the midst of struggles."

What is Gratitude?

In his essay "Why Gratitude Is Good," psychology professor Robert Emmons of the University of California, Davis, identifies two components of gratitude. The first is affirming that good exists in the world, and acknowledging that you have received benefits and gifts as a result of this goodness. The second is recognizing that these benefits and gifts come from others or a higher power.

Dr. Wakefield describes gratitude as an act of the will and a condition of the heart. "Gratitude is a perspective on your life as you journey through it. Gratitude is being thankful for the gifts and benefits you have received. It is a trait that we possess as a resiliency skill or that we learn with practice."

Gratitude and Cancer

Cancer is one of the biggest health challenges a person can face. It turns your life upside down in an instant, making your future unknown. With so much uncertainty and stress, how is it possible to be grateful? Recent research suggests that tapping into gratitude during tough times may be easier than expected. Adversity, it

turns out, can make you more thankful, as you recognize the value of the people and experiences that have enriched your life.

"It is important to have gratitude during challenging times," Dr. Wakefield says. "It's one of our resiliency skills that will help us cope. Yet, if a cancer patient doesn't have gratitude it doesn't mean they are deficient. It just means it takes time."

Consider this scenario: You are undergoing cancer treatment, and you're feeling nauseous and are vomiting during a week of chemotherapy. You're experiencing pain that prevents you from getting a good night's sleep. You're fatigued, just like 90 percent of cancer patients, and you have little energy to do the things you enjoy.

In the face of it all, you have to make a concerted effort to be grateful that your situation is not worse, Dr. Wakefield says. You can be grateful for the treatments you're receiving to help you get better, for the people who are supporting and caring for you, and for the team of doctors and clinicians who are working to fight your cancer.

"During challenging times it takes people time to adjust," Dr. Wakefield says. "It's important not to push people to a place they're not capable of being. People need time to adjust to trauma. After they have had to time to process their diagnosis, seek medical advice and treatment, and decompress, then they can move on to resiliency skills, such as gratitude, that carry them during tough times."

How to Cultivate Gratitude

There are several ways to become more grateful for the gifts and benefits you've received in life. Try as many of these techniques as you need to so you can cultivate a spirit of gratitude and reap the health benefits that come with it.

- **Keep a gratitude journal:** Every day or every week, write down three to five things that made you grateful.
- **Write a thank-you note:** If there's someone who's made a difference

in your life, write that person a thank you note, text or email and share how that person impacted your life. Consider writing yourself a thank-you note, too.

- **Thank someone mentally:** When you're crunched for time or low on energy, the next best thing to a thank-you note is to reflect on the positive effects someone has had on your life.
- **Recognize the positive:** Savor the little things that make your day brighter, whether it's an unexpected compliment or a beautiful sunset. By pausing to reflect, you'll be more mindful of the good around you.
- **Focus on intentions:** Think about how a person who brought good to your life made a conscious decision to do so. Also, consider the effort involved, whether it was that person's time or money.
- **Pray:** For people who are religious, prayer is a powerful tool to cultivate gratitude.
- **Meditate:** Sitting or lying down in stillness can help clear your mind so you can focus on why you are grateful. Meditate on an image or a word that represents why you are grateful.

Cancer patients can practice the above techniques in addition to the following ideas tailored specifically to their challenges:

- Visit a mental health counselor to sort through issues and develop a positive perspective.
- Spend time with cancer survivors to find encouragement and get advice.
- Talk to a survivor with the same diagnosis to understand that others have gone through the same journey.
- Volunteer to help others who are struggling so you can have an impact while distracting yourself from your own challenges.
- Visit other cancer patients in the hospital and reach out to them. You'll feel grateful that you aren't in the hospital.
- Read books with a positive message, such as those written by cancer survivors.

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A Message to SPOHNC



SPOHNC recently received this e-mail. It was sent to us by a survivor who initially sought help from SPOHNC in gaining some resources for his father and a friend who were both recently diagnosed. Roy recently became a volunteer for SPOHNC's National Survivor Volunteer Network. He sent this e-mail to Chris in the national office...

Dear Chris,

Last night as I was reading the donation form and information I had a thought:

Going thru my throat cancer in 2008 was a rough time for me, my wife and kids as well. The stress of my kids wanting best for Dad, and of taking care of a sick husband as well as working made lots of tension. The daily trips to the hospital, and time that became a blur. Not being able to work did not

help the situation or bank account. I am past those days due to the Grace of God, and my wonderful Doctors, Dr. Murphy, Dr. Cemelek and Dr. Sinard and many others at Vanderbilt University. I feel that the time people need the support, books, and to focus on getting thru is not the time they are able to invest another penny in anything. We now realize this was just a bump in the road. I did appreciate talking to someone during the ordeal who had recovered and the encouragement they gave me. Knowing all this, my request is that I place SPOHNC on my automatic bank draft list with a gift of \$ 25.00/ month. I would direct this donation to be used to pay for a book or the fee for someone that is currently in treatment in our nation. I'm sure your chapters know someone that could use it. This way I can return a little of the encouragement given me by others!

I would request you share my statement and encourage others to join in!

~ Roy Miles III

Roy@TheMilesCo.com - Nashville, TN

Texas Meets Long Island!

Recently, SPOHNC was able to facilitate a very exciting meeting for some truly special people. We're thrilled that we could help to make this happen!

Janie and Amanda Agee (sister in law and niece of Rick Agee) are HUGE fans of Theresa Caputo, the Long Island Medium. Theresa was a local and very well known New York phenomenon, and quickly skyrocketed to fame with her special talents of connecting with those who have passed on.

Theresa's website tells her story...She has been seeing, feeling, and sensing Spirit since she was four years old, but it wasn't until she was in her 20s that she learned to communicate with souls in Heaven. When she accepted her gift, she decided to use it to deliver healing messages that would help people learn, grow, and embrace life. She has been a practicing medium for over ten years now and tours the country with her live show "Theresa Caputo Live! The Experience."



For true Theresa fans, you know how tough it can be to secure tickets to a live show. Just to be an audience member is sometimes a challenge, but SPOHNC's national office was able to secure two tickets with backstage passes and a meet and greet for two family members of our beloved Rick Agee.

What a thrill to meet Theresa! Janie and Amanda were quick to thank SPOHNC, and send along some photos from their exciting evening in Allen, Texas. Theresa put on a great show, connecting with many loved ones of audience members, and was glad to snap some photos with the ladies, who were overjoyed to meet this national phenomenon!



Gratitude

turns what we have into enough, and more.

It turns denial into acceptance, chaos into order, confusion into clarity... it makes sense of our past, brings peace for today, and creates a vision for tomorrow.

~ Melody Beattie

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Happy Thanksgiving

Sample our Thanksgiving specialties from
Eat Well Stay Nourished A Recipe and Resource Guide for Coping with Eating Challenges (Volumes 1 and 2).

Mary's Thanksgiving Sweet Potato Casserole

8 medium sweet potatoes
 2 Tbsp. butter
 ½ c. milk or cream
 ½ tsp. salt
 ½ tsp. cinnamon
 ½ tsp. nutmeg
 ½ c. orange juice
 ½ lb. marshmallows to cover (mini or large)



Cook sweet potatoes until tender. Remove skins and mash. When smooth, beat in butter, milk orange juice and spices. Beat well and put into buttered baking dish. Bake at 350 degrees for about 20 - 25 minutes, then top with marshmallows. When marshmallows puff and become golden brown, remove from oven. Be careful to watch the marshmallows as they tend to brown very quickly. Serves 10 to 12.

~ Mary C., New York

The bounty of Autumn brings images of family and friends gathered around the table, sharing a meal and celebrating all that we are thankful for. Much of the celebration can bring unique challenges for those who have been affected by the diagnosis and treatment of oral, head and neck cancer. SPOHNC has published two cookbooks, with tried and true recipes given to us by survivors and family members. These delicious offerings address the unique issues faced by oral, head and neck cancer patients and survivors. Ease your holiday anxiety by preparing and sharing some delectable holiday dishes that you can easily chew and swallow.

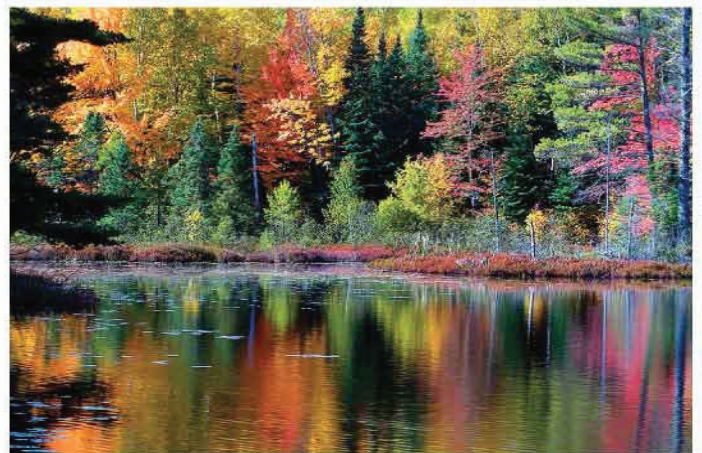
Pumpkin Chiffon Pie

1 env. Knox gelatin
 ¼ c. cold water
 ½ c. milk
 ¾ c. sugar
 3 eggs
 ¼ c. pumpkin
 ½ tsp. ginger
 ½ tsp. nutmeg
 ½ tsp. cinnamon
 ½ tsp. salt



To lightly beaten egg yolks, add ½ cup sugar, pumpkin, milk, salt and spices. Cook until thick in double boiler. Pour cold water in a dish and sprinkle gelatin on top of water. Add to hot mixture. Mix thoroughly and cool until mixture begins to thicken. Beat egg whites (3) and remaining ¼ cup of sugar until stiff. Fold into thickened pumpkin mixture. Pour into baked pie shell. Chill. Top with whipped cream. Serves 8.

~ Bette D., Arizona



*Thanksgiving is about being with family and friends...
 It's about giving thanks to God for all the wonders in this world...
 It's about taking time to reflect of all the goodness and blessings in our lives...
 It's about sharing with others our good fortune without asking anything back...
 It's about all the love we have received during our lives...
 It's about remember all the special people that have touched our hearts...
 It's about giving a helping hand to a stranger...
 It's about understanding how little things can mean so much...
 It's about praying for everyone near us or on the far...
 It's about wishing you all to have always... love, blessings and peace...*

~ P.M.T. ~

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