

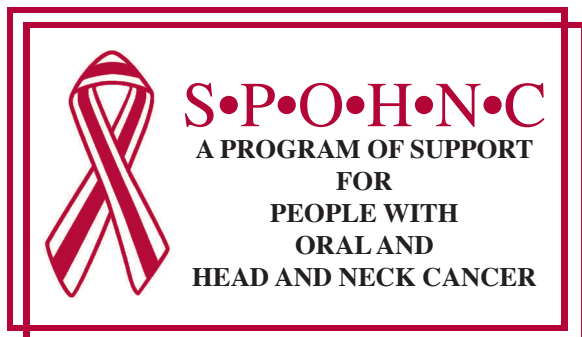
NEWS FROM S•P•O•H•N•C



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The Restoration of Patients with Head and Neck Cancer: A Prosthodontist's Perspective

Mauricio Lavie DMD, MSD

The question that I am asked most frequently is: "What is a Prosthodontist?" Prosthodontists are dentists that have specialized training in the diagnosis, treatment planning, rehabilitation and maintenance of patients with clinical conditions associated with missing or deficient teeth and/or oral and maxillofacial tissues.



We maintain the oral function, comfort, appearance and health of patients using biocompatible prosthetic materials. In addition to treating both the average and complex dental patient, a prosthodontist is a key member of the team once a diagnosis of head/neck cancer has been given.

Typically, a pathologist is the person who makes the definitive diagnosis based on submitted biopsy tissue. Though the clinical presentation of certain head and neck cancers are often a "give-away," examining tissue samples retrieved by biopsy is the only way to reach a definitive diagnosis. Pathologists give a very specific diagnosis of the cancer type that is present. It is then up to the "team" to determine prognosis and course of treatment.

Typical treatment for head and neck cancers often include combinations of chemotherapy, radiation, and resection (removal of tumors and some surrounding tissues). The first job of the prosthodontist is to provide preventive approaches to make the process more comfortable and to help patients avoid some unwanted sequelae or complications associated with these necessary treatments. Some of the problems are as follows:

Chemotherapy

Many patients will exhibit oral manifestations and complications as a result of chemotherapy. These problems could be acute or chronic, and occur primarily due to the fact that the chemotherapy affects both the immune system and the way that blood cells behave. For example, chemotherapy patients often experience "mucositis." This involves changes in the tissues lining the mouth whereby the tissues become thinned out, red, and irritated. Also, opportunistic infections may develop as a result of a weakened immune response. Though bacterial and viral infections can develop as a result of immunosuppression, fungal infections such as candidiasis or thrush are one of the most commonly seen. Xerostomia, also known as "dry-mouth," is also a tremendous problem in patients undergoing radiation and or chemotherapy. This is directly related to a reduction in salivary gland function. Saliva is critical in lubricating our food for swallowing, and a reduction in salivary flow can make swallowing more difficult. Dry mouth can also make foods stick to the cheeks and tongue, making eating uncomfortable and unpleasant. This can also make an existing mucositis even more uncomfortable. Saliva is also a pH buffer, and a reduction in saliva can mean a more acidic environment in the mouth. This typically presents an ideal environment for tooth decay-causing bacteria to flourish. Cavities can become widespread or rampant, particularly on exposed root surfaces (in the case of gum recession and periodontal disease).

The most important approach in addressing these common issues is to be seen in regular intervals by your dentist/prosthodontist. They can often spot fungal or bacterial infections early, and can prescribe mild analgesics to relieve the symptoms of mucositis. Oral appliances, such as dentures, should be properly adjusted. If these appliances apply pressure inappropriately in compromised tissues, ulcerations and bleeding can often occur. The application of in-office fluoride, or home application of fluoride gels in custom fabricated appliances or trays can go a long way in preventing the dry-mouth related tooth decay. Over-the-counter products can often help with the dry mouth symptoms. Though seemingly harmless, sucking candies can often exacerbate tooth decay. It is important that if sucking candies are going to be used to relieve symptoms of xerostomia, they be sugar free (Xylitol is an acceptable sugar substitute).

Radiation

Radiation in high enough doses can seriously alter cell structure and function. By directing radiation to the area of a tumor, any remaining disease or tumor can be eliminated. As you can probably imagine, radiation oncology is a complex field of medicine, where it is critical to define the area to be irradiated and the amount of radiation to be given over a several week time span. Radiation does not discriminate in that it affects both "bad cells" and "good cells," which means that we typically irradiate health tissues along with the tumor.

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Prosthodontists are often called upon to make appliances that help improve the efficiency of radiation therapy. Among these appliances are positioning appliances, shielding appliances, and brachytherapy appliances. In order to achieve consistency in the direction of the radiation beam in many cancers of the perioral region, positioning appliances are fabricated. These appliances, often held in position intraorally, help position the radiation beam. Since the appliances are precision fit, the beam is directed in the same orientation every time. This reduces unintended radiation of healthy tissue. To aid in the protection of healthy tissues, shielding appliances can also be fabricated (positioning appliances can also contain shielding elements). Shielding appliances contain areas that have an alloy metal embedded in them that will block radiation much like the “lead vests” used at the dentist’s office.

When dealing with radiation, it must be understood that radiation effectiveness diminishes with the distance between the tumor and the radiation source. Specifically, the further the tumor is from the source of the radiation beam, a higher radiation dosage must be delivered to achieve the expected result at the cellular level. For example, a tumor on the surface of the skin would need a more varied approach to radiation delivery than would a tumor of equal size on the soft palate. For a palatal tumor, an extraoral radiation beam must pass through a larger volume of tissue before reaching its target, with healthy tissues being irradiated along the way. The concept of brachytherapy was developed to solve some of these dilemmas. Brachytherapy involves the application of lower intensity radiation, for a longer period of time, in close proximity to the target site. The most well known example is the use of “seed therapy” in prostate cancer. When it comes to intraoral cancers, an intraoral appliance can sometimes be fabricated with a source of ionizing radiation. For example, a “retainer” with an extension can be worn in the mouth to help direct radiation directly to the soft palate, instead of using high doses through an extraoral beam. Use of brachytherapy, when indicated, spares a larger fraction of healthy tissues from radiation.

Though chemotherapy and radiation play major roles in the treatment of most cancers, resection (removal) of the tumor and an adequate healthy margin beyond the tumor is typically indicated. We are fortunate to have imaging technologies that allow us to better pre-plan surgeries and understand how much tissue needs to be removed. Whenever possible, we like to reconstruct what is removed surgically, but if a defect cannot be reconstructed surgically, it must be repaired prosthetically.

It goes without saying that our appearance is very important to our psychosocial well being. The literature supports that people with visible oral/facial deformities have a lower self-image than people whose faces are unremarkable. Additionally, others perceive patients with visible deformities differently as compared to people without them. The difficulty of “looking different” is experienced most often during face-to-face encounters with strangers. This usually occurs when travelling to work, shopping, entering and eating in a restaurant, walking along the street, or standing in line. Though these activities seem mundane to a person with an unremarkable face, these encounters are filled with anxiety and fear for those who look “different.” As such, it is critical to restore patients with the best prosthetic results. The goal is not only to restore appearance,

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but also function and comfort. By achieving this, we can maintain positive self-images in our patients, and provide them with the confidence they need to return to their normal lives.

Prosthodontists and maxillofacial prosthodontists are uniquely trained to prosthetically restore any missing part of the head and neck, be it an ear, an eye, a nose, a part of the skull, or anything inside the mouth. Most commonly, prosthodontists are called upon to make obturators which are prostheses intended to close off “holes” in the mouth. (*Obturare*, Latin for “to obstruct”) Commonly, when a tumor is removed from the upper jawbone, a good portion of the palate is removed with it, creating a defect. A defect of the palate can create many issues, such as hypernasal speech, difficulty swallowing, and leakage of water through the nose when drinking. Obturators can eliminate these issues and replace teeth that have been removed with the resection.

From the moment a resection is planned, the prosthodontist is called upon to fabricate a **surgical obturator**. A surgical obturator is a custom device that is intended to be placed in the mouth at the time of surgery. The sole purpose of a surgical obturator is to hold the surgical pack (gauze) in place immediately following surgery. By keeping the fresh surgical site closed, the chance of infection is reduced significantly. Additionally, function is often immediately regained in terms of the ability to speak and swallow. Whenever possible, we place teeth in the prosthesis (if teeth will be removed), to restore the best esthetics possible. Once the surgical team has decided enough healing has taken place (typically 1 week), the surgical obturator (which is usually wired into place) is removed and replaced with an **interim obturator**.

Interim obturators are an important link between the surgical resection and the final prosthesis. Though temporary, an interim obturator is critical in maintaining the comfort, esthetics, and function of the patient throughout the healing process. For 3-5 months following surgery, the mouth and surgical site is constantly changing. There is shrinkage, scar tissue formation, and tissue remodeling on an ongoing basis. The prosthodontist must reline and modify the interim obturator to account for changes

in the mouth during this phase of healing, patients will typically complain that “water is leaking out of my nose when I drink,” or “my speech is getting very nasal,” or “my obturator is getting loose.” These are all signs that there has been tissue shrinkage and that the obturator is not fitting as well as it should. There are many changes in the first six weeks, and weekly relines are usually appropriate. Once little to no changes are needed in the interim obturator (3-5 months), it signals that it is time to make the **definitive obturator**.

The definitive obturator theoretically has the same form as the interim obturator. After all, if the interim obturator has been modified over time to “close the hole” and to restore function, the definitive obturator should be no different. However, the definitive obturator is usually made with stronger materials, such as metal substructures to provide strength and rigidity. Another difference is that teeth can be tried in the mouth in advance. This will allow creation of ideal esthetics. It is appropriate at this time to discuss the possibility of dental implants. Though the placement of implants can be challenging in irradiated bone, their presence can allow for an obturator to snap into place and be more secure.

Obturators, though seemingly awkward appliances at first, are critical in maintaining quality of life for patients. They help patients regain function, appearance, confidence, and self-esteem. With practice and time, patients learn to do quite well with them.

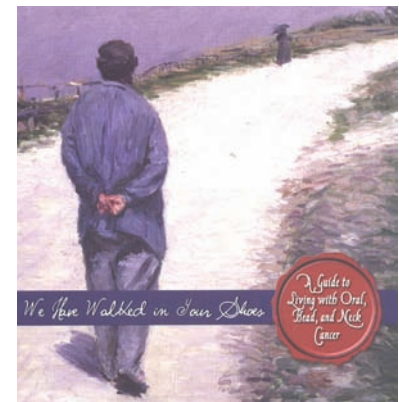
Prosthodontists play key roles in the “team approach” to treating head and neck cancers. The prosthodontist can participate in many phases of the patient experience from diagnosis to treatment, through postoperative care and reconstruction. Being a prosthodontist is one of the most rewarding and satisfying specialties in dentistry. I am proud that patients allow us into their lives and put their faith in us to render the best care possible, and to help them get back to normal living again.

Editors Note: Dr. Lavie, a life-long New Jersey resident, is a graduate of UMDNJ-NJ Dental School where he obtained his DMD degree, Prosthodontics Specialty Certification, and MSD degree. Dr. Lavie currently maintains a private practice limited to Prosthodontics in Chatham NJ. He serves as attending Prosthodontist at Mountainside Hospital in Montclair, NJ. Dr. Lavie also serves on the boards of the West Essex

Dental Association and the American College of Prosthodontists, NJ Section.

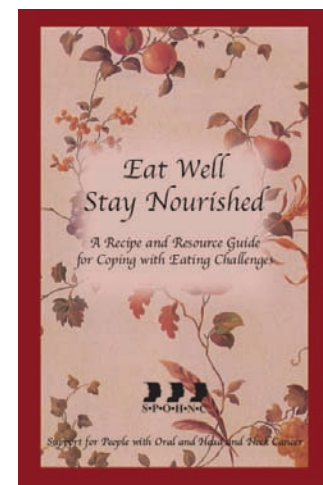
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A TIME FOR SHARING...Daniel & Maggie's Story

The official start of my journey with cancer began the morning of April 1, 2007. That's right, April Fool's Day. Only there was no joke on that morning. I awoke to my mother screaming, "He's dead, he's dead!" When



I became fully conscious, a sea of red surrounded me. My entire upper body, the bed pillows, and bed linen to my waist were covered in blood. It was determined later

that the tumor in my mouth had hemorrhaged during the night. I was rushed to the nearest hospital and was immediately admitted.

The unofficial start of my journey with cancer started Thanksgiving Day 2006. As a family we never went the traditional route by having turkey, ham or lamb. We always saved the major holidays to have a good piece of beef, usually a prime steak. That day I had made a Porterhouse steak on the charcoal grill for my mother and myself. As we were eating our dinner, I bit down on a piece of steak that had a bone in it. I felt something break in my mouth and upon examination I found that I had broken the wisdom tooth and the last molar in the lower left part of my jaw.

I went to my local dentist as soon as possible to see about having the two teeth removed. After taking an X-ray he told me he could not remove them for me because the nerves to my lower left jaw were wrapped around one of the teeth. He sent me to an oral surgeon, who removed the two teeth and then gave me some news that floored me. He told me that there was a suspicious spot on the lower left side of my tongue, and that I should immediately go to a head and neck doctor to have it biopsied to see if it might be cancer.

I then made the biggest mistake of my life. I went into a total state of denial. I went to several libraries and looked up everything I could find about mouth cancer and came up with the same conclusion. I could not possibly have oral cancer! First of all I was in perfect health. I had not been in a hospital since I was eight years old to have my tonsils removed. My mouth was not sore nor did I have any trouble eating. From the books in the library I learned that at that time it was thought that the

three leading causes of mouth cancer were: smoking and chewing of tobacco, drinking alcohol, and the use of certain types of drugs. I had never smoked or chewed tobacco, I had never even drunk a glass of beer and, to quote a famous politician, I had never "inhaled" or swallowed any type of drug. So I could not possibly have cancer!

But I did. Between Thanksgiving Day of 2006 and April 1, 2007, I started a downhill slide that almost led to my death. By the evening of the day before April 1, 2007 I could not even swallow elbow macaroni. I could no longer swallow a cup of water. And so the next morning I found myself lying on my back on a stretcher and being rushed by ambulance to the hospital.

I was admitted to the hospital, examined and given a CT scan. I was told that I had cancer of the mouth. They only kept me for two days and then told me there was nothing that they could do for me there. I was transferred to Advocate Illinois Masonic Hospital, where I was fortunate enough to be placed in the hands of one of the top head and neck doctors in Chicago.

Following my admission to Illinois Masonic, the head and neck doctor gave me another CT scan and an examination. I was diagnosed with stage four cancer of the tongue. The doctor would not do surgery because by that time, the cancer had spread throughout the lower part of my face. The tongue, bones and the glands from my nostrils to my throat were all infected. I was given a less than 10% chance of making it to the end of April, let alone surviving the cancer treatments.

I then fell into the hands of two doctors who I call my "earthly guardian angels." They took me under their care and agreed to do all they could do for me to at least prolong my life. They did what in football terms is called a "Hail Mary" pass. They gave me everything as far as radiation and chemotherapy that a human body can stand, and hoped for the best.

Before the cancer treatment could begin they had to first stabilize my failing body. I had double pneumonia from aspirating my food and liquids into my lungs. My heart, kidney and liver were all out of balance. My gastrointestinal system was on the verge of shutting down, since I had not had enough

food or liquids during the last two weeks before being hospitalized.

For the first two weeks of April they pumped me full of drugs, saline and glucose solutions. The third week of April I had the surgeries to prepare for my treatments. I was given a tracheotomy, a feeding tube and an in-line catheter. I was allowed one day's rest, and was then taken back into surgery to have all my teeth removed. I was allowed three day's rest and then the radiation and chemotherapy began.

Beginning at the end of April and continuing until the end of July, I was given three shots of radiation each day (except for the weekends, Memorial Day and the Fourth of July) - one to the left side of my face, one to the right side of my face and one to my throat. In addition, every two weeks I was given a dose of chemotherapy.

At the beginning of May, I was placed in a nearby nursing home, where I stayed until early December of 2007 for the balance of my cancer treatments, rest and rehabilitation.

By the time I got out of the nursing home I was pretty much a physical wreck. Worst yet was the psychological toll that had befallen me. The only support I had was my mother, who at the time was eighty-six years old and confined to a wheel chair with spinal arthritis. Since the distance from our home to the hospital was so great, she was only able to visit me maybe once a week - if one of our neighbors or pastor was able to bring her. In addition, almost every one of my friends that came to visit me only came once. I was in such bad shape and had changed so much physically (my head and neck had enlarged to the size of a basketball) that everyone who looked at me was sure that I was going to die. For the most part, that meant that I went through almost all of my diagnosis, surgeries and treatment by myself.

So how bad were the results of my treatment? I was unable to take anything by mouth (food, water or drugs) for seven long months. Everything went through my feeding tube. I lost the ability to speak or swallow and had to relearn both functions while I was in the nursing home. I lost a large part of my hearing due to the chemotherapy (70% in my left ear and 50% in my right ear). I lost a tremendous amount of weight, dropping from over two hundred pounds when admitted to the hospital

to less than one hundred ten pounds when I got out of the nursing home. I lost my upper body strength (being able to lift 350 lbs over my head before treatment and only being able to lift 10 lbs when dismissed from the nursing home). I was only able to stand up for twenty minutes at a time when I got home. I lost the ability to taste any food or liquids. I lost my thyroid function. I lost all saliva production. My speech was highly slurred and I could eat nothing but baby food. I was convinced psychologically that I would never be able to have a meaningful relationship with anyone because of the inability to function as I had before cancer, especially since I could not hear a normal conversation and I was unable to eat like a "normal" person.

As bad as the physical limitations were, it was the emotional issues that I was having the most problems with. I had largely gone thru my cancer journey alone, and I could not comprehend what had happened to me in a short nine months. Because of the changes to my face (especially losing all my teeth) every time I looked in a mirror I got sick to my stomach. I had convinced myself that I was a social outcast; that no one would want anything to do with me and that I would probably end up in some "freak show" at a carnival having normal people laugh and throw things at me. I kept watching Phantom of the Opera over and over again as I commiserated with the plight of Erik.

That was the state I was in at the beginning of 2008. I needed help! Unfortunately, no one at the hospital or the nursing home had talked to me about support groups. I had no idea that there were organizations out there to help cancer patients with their physical, emotional and spiritual needs. I had used a computer in my business to write contracts and do my bookkeeping, but I had never been on the Internet. Consequently, in January, I started going to the library for Internet classes, and I learned how to do research using Google and how to set up an email account. By February I had found three cancer support groups that changed my life: the Jennifer Flick Cancer Support Group in Homewood, Illinois, Gilda's Club in downtown Chicago, and SPOHNC.

Daniel Milkovich

Join Daniel & Maggie again in the March issue of News from SPOHNC, where their story will continue

Take the Breaking Through Survey Today



Dear Friends of SPOHNC,

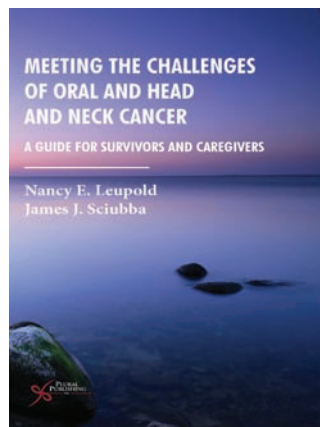
Many individuals with oral, head and neck cancers experience constant, background pain related to their cancer. On top of this background pain, many also experience brief, intense and sudden flares of pain called breakthrough pain in cancer (BTPc). Even though BTPc can have an extremely debilitating effect on an individual's quality of life, it continues to be a poorly understood and highly under-diagnosed condition.

In light of this, Support for People with Oral, Head and Neck Cancer (SPOHNC) is joining forces with other cancer advocacy groups to support a new educational campaign called Breaking Through: Voices of Breakthrough Pain in Cancer Patients. An integral part of this campaign is a nationwide survey to better understand patient experiences with BTPc.

Since many of you may have experienced BTPc, we urge you to participate in this survey and support SPOHNC in this important initiative. Please also encourage and direct members of your support groups to take this survey. Your collective insights will be valuable in identifying barriers that deter people from discussing pain with their oncologists and developing educational programs.

To participate in the survey, visit our website at www.spoync.org, or go to <https://www.visioncriticalsurveys.com/skin/breakingthrough/SPOHNC.html>

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Bristol-Myers Squibb Oncology is a pharmaceutical and related health care products company whose mission is to extend and enhance human life by providing the highest quality health care products and services.

Web site: www.bms.com

CEL-SCI Corporation, a biotechnology company, was formed in 1983. CEL-SCI is involved in the research and development of immunotherapy products for the treatment of cancer and infectious diseases.

The Company's core capabilities include: drug discovery, research, development and manufacturing of complex biological substances.

Web site: www.cel-sci.com

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Delta Dental Plans Association is comprised of 39 independent Delta Dental member companies operating in all 50 states, the District of Columbia and Puerto Rico. As the largest and most experienced dental benefits carrier in the country, Delta Dental provides coverage to more than 54 million people enrolled in more than 93,000 groups.

Web site: www.deltadental.com

The Jeffrey K. Perhach Foundation is a 501(c)3 non-profit organization, established to direct funding to promote oral cancer awareness and prevention, and support specific community initiatives. The Foundation was created in memory of Jeffrey K. Perhach, who lost a courageous two year battle against squamous cell cancer.

Web site: www.jkpf.org

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ARIZONA-CHANDLER
Cancer Center at Chandler Reg. Med. Ctr.
1st Wednesday: 5:30 – 7:30 PM
Monica Krise, MSW 480-728-3613
monica.krise@chw.edu
Dick Snider, MD (ret.) 480-895-6019
rsnider326@aol.com

ARIZONA-PHOENIX/MESA
Banner Desert Medical Center
3rd Wednesday: 4:30 -6:30 PM
Keri Winchester, MS, CCC-SLP
480-412-3627
Keri.Winchester@bannerhealth.com
Dick Snider, MD (ret.) 480-895-6019
rsnider326@aol.com
Bette Denlinger, RN
beneden@cox.net

ARIZONA-PHOENIX
Comprehensive Cancer Ctr.
St. Joseph's Hospital and Medical Ctr.
1st Tuesday: 5:30-7:30 PM Suite 650
Mary Schneider, Director
602-406-3882
mary.schneider@chw.edu
Barbara Chapman, RN, OCN
602-401-8131
barbara.chapman@chw.edu
Dick Snider, MD (ret.) 480-895-6019
rsnider326@aol.com

ARIZONA-SCOTTSDALE
Virginia G. Piper CA Center
3rd Thursday: 6:30-8:30 PM
Chris Henderson, MS, CCC-SLP
602-312-9226
chenderson2@shc.org
Les Norde
602-439-1192/
elnorday@cox.net

ARKANSAS-NORTHWEST
NWA Cancer Support Home
3rd Saturday: 10:00 AM-12:00 PM
Jack Igleburger
479-876-1051/586-4807
tmplnjak@cox.net

CALIFORNIA-LOS ANGELES-UCLA
UCLA Med. Pla., Rad/Onc
Conf. Rm. B-265
1st Tuesday: 6:30-8:00 PM
Pam Hoff, LCSW
310-825-6134
phoff@mednet.ucla.edu

CALIFORNIA-ORANGE-UCI
Chao Family Comprehensive CA Ctr.
1st Monday: 6:30-8:00 PM
Jennifer Higgins, MSW
714-456-5235
jhiggins@uci.edu

CALIFORNIA-SAN DIEGO
4S Ranch Library
1st Saturday: 12:00 noon
Valerie Targia
760-751-2109
valtargia@yahoo.com

CALIFORNIA-SANTA MARIA
Marion Rehab. Center
3rd Tues./Alternate Months
Aundie Werner, MS, CCC/SLP
805-739-3185
aundiew@mail.com

CALIFORNIA-STANFORD
Stanford Cancer Center
1st Tuesday: 4:00 - 5:30 PM
Mike Bonar, LCSW 650-725-0929
mbonar@stanfordmed.org

CALIFORNIA-VENTURA
The Cancer Resource Center of
Community Memorial Hospital
4th Thursday: 6:00 - 7:30 PM
Kathleen Horton 805-652-5459
khorton@cmhhospital.org

COLORADO-DENVER
Porter's Adventist Hospital
Twin Peaks Conf. Rm.
Last Tuesday: 6:30-8:00 PM
Jeanne Currey 303-778-5832
jeannecurrey@centura.org

CONNECTICUT-NEW HAVEN
Hospital of St. Raphael
2nd Tuesday: 5:00 PM-6:30 PM
Vanna Dest, APRN 203-789-3131/vdest@srhs.org
Lori Ratchelous, MSW/lratchelous@srhs.org

CONNECTICUT-NEW LONDON
Lawrence & Memorial Hospital
Community Cancer Center
Waiting Room - 1st Thursday: 6:00 PM-7:30 PM
Catherine McCarthy, LCSW 860-444-3744
cmccarthy@lmhosp.org

CONNECTICUT-NORWICH
William W. Backus Hospital
Medical Office Building, MOB Conf. Rm.
3rd Tuesday: 5:00-6:00 PM
Darlene Young, RN, OCN 860-892-2777
dayoung@wwbh.org
Kathy Gernhard, RN, OCN 860-892-2777
kgernhard@wwbh.org

DC-GEORGETOWN
Lombardi Ca Ctr/Martin Marietta Conference Rm
3rd Wednesday: 1:45-3:00 PM
Joanne Assarsson, MSW, LICSW 202-444-3755
assarssj@gunet.georgetown.edu

DC-WASHINGTON
Washington Hospital Center
Washington Cancer Institute, Room C1200
3rd Wednesday: 1:45-3:30 PM
Cynthia Clark, RD 202-877-3498
cynthia.d.clark@medstar.net
Christopher Bianca, LCSW
Christopher.a.bianca@medstar.net

FLORIDA-BOCA RATON
Boca Raton Community Hospital.
1st Tuesday: 4:00-5:00 PM
Laura Moon Cox, MSW 561-955-5897
lmoon@brch.com

FLORIDA-FT MYERS
Gulf Coast Medical Center
Outpatient Rehabilitation Ctr.
4th Tuesday: 3:00-4:00 PM
Stacey Brill, MS, CCC-SLP 239-343-1645
stacey.brill@leememorial.org

FLORIDA-FTWALTONBEACH/NW FL
Call for Location
4th Thursday: 5:00 PM
Shannon Leach, MA, CCC-SLP 850-362-9200
sleachslp@yahoo.com
Ryann Ennis ryann02@live.com

FLORIDA-GAINESVILLE
Winn Dixie Hope Lodge
1st Monday: 6:00-7:00 PM
Monica Grey LCSW, LMT
monica.grey@cox.net
352-222-8126
no calls after 9PM

FLORIDA-LECANTO
Robert Boissoneault Oncology Institute
3rd Wednesday: 11:30 AM-1:00 PM
Wendy Hall, LCSW, AHPC/352-572-0106
whall@rboi.com

FLORIDA-MIAMI
The Wellness Community
3rd Wednesday: 6:00-8:00 PM
Janny Rodriguez 305-668-5900
janny321@gmail.com
Russell Nansen 305-661-3915

FLORIDA-MIAMI
UM/Sylvester at Deerfield Beach, Ste.100
2nd Tuesday: 1:30 PM-3:00 PM
Penny Fisher, MS, RN, CORLN
305-243-4952 pfisher@med.miami.edu

FLORIDA-NAPLES
NCH Healthcare System/Downtown
1st Wednesday: 3:00-4:30 PM
Karen Moss, MS, CCC-SLP
239-393-4079/Karen.moss@nchmd.org

FLORIDA-OCALA
Robert Boissoneault Oncology Institute
1st Monday: 11:00 AM-12:00 Noon
Amy Roberts, LCSW 352-732-0277
aroberts@rboi.com

FLORIDA-SARASOTA
The Cancer Support Community
1st Wednesday: 2:00 - 3:00PM
Julie O'Brien, LMHC 941-921-5539
julieobee@verizon.net

GEORGIA-ATLANTA
St. Joseph Hospital of Atlanta
Evelyn Trammell Voice & Swallowing Center
2nd Tuesday: 1:00 PM
Tanya Duke 678-843-5586
tduke@sjha.org

GEORGIA-ATLANTA-EMORY
Winship CA Institute (Bldg. C)
Last Thursday: 6:30-7:30 PM
Arlene S. Kehir, RN
404-778-2369
Arlene.Kehir@emoryhealthcare.org

GEORGIA-AUGUSTA
MCG Health Children's Medical Center
Family Resource Center
1st Tuesday: 6:00-7:30 PM
Lori M. Burkhead Morgan, PhD, CCC-SLP
706-721-6100
lburkhead@georgiahealth.edu
Leann Dragano
draganole@bellsouth.net

GEORGIA-COLUMBUS
Columbus Public Library
3000 Macon Rd.
2nd Monday: 6:00-7:30 PM
Wanda Hodge 706-442-1768/
whodge50@gmail.com

ILLINOIS-CHICAGO
Duchossois Ctr. for Advanced Medicine
4th Tuesday: 1:00 PM
Mary Herbert 773-834-7326
mherbert@medicine.bsd.uchicago.edu

IL-EVANSTON/HIGHLAND PARK
NorthShore University Health System
Call for location
2nd Monday: 6:00-8:00 PM
Sabina Omercajjic, MS, CCRP 847-570-1066
somercjjic@northshore.org

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ILLINOIS-MAYWOOD
The Cardinal Bernardin Cancer Ctr.
3rd Wednesday: 6:00-7:00 PM
Laura Morrell, LCSW 708-327-2042
lmorrell@lumc.edu

INDIANA-FORT WAYNE
Lutheran Cancer Resource Ctr Ste 109
3rd Wednesday: 4:00-5:00
Susan Berghoff, RN, OCN
Mischa Story, RD 260-435-7959
lh.crc@lutheran-hosp.com

INDIANA-INDY-NORTH
Marion County Public Library
Lawrence Branch
Last Monday: 6:00-8:00 PM
John Groves 317-872-6674
jgroves14@comcast.net

INDIANA-TERRE HAUTE
Hux Cancer Center
3rd Tuesday: 4:30 PM
Mary Ryan, SP 812-535-2587
Maryryan2@juno.com

IOWA-DES MOINES
Iowa Methodist Medical Center
Suite 450
1st Wednesday: 5:30 PM
Jennifer Witt, RN, MSN, OCN
Stoddard Care Coordinator 515-241-3399
wittjl@ihs.org

KANSAS-KANSAS CITY
Univ. of Kansas Hospital
2nd & 4th Wednesdays: 4:00 - 5:00 PM
Mary Moody, LMSW
913-588-3630
mmoody@kumc.edu
Dorothy Austin, RN, OCN 913-588-6576
daustin@kumc.edu

LOUISIANA-BATON ROUGE
Cancer Services of Greater Baton Rouge
3rd Wednesday: 4:00 PM
Ester Sachse 225-927-2273
esachse@cancerservices.org

MAINE-AUGUSTA/CENTRAL
Harold Alford Center for Cancer Care
Therese Berniger, SLP-CCC 207-872-4051
therese.berniger@mainegeneral.org

MARYLAND-BALTIMORE-GBMC
Milton J. Dance Head & Neck Center
Physicians Pavilion East Conf. Ctr.
3rd Tuesday: 7:00 PM
Dorothy Gold, LCSW-C, OCW-C
443-849-2980
dgold@gbmc.org

MARYLAND-BALTIMORE-JHMI
Johns Hopkins – Greenspring Station
2nd Wednesday: 7:00-8:30 PM
Kim Webster 410-955-1176
Kwebste@jhmi.edu
Dwayne Arehart
717-615-7464
darehart@dejazzd.com

MARYLAND- LIBERTYTOWN
St. Peter's RC Church- Parish Center
2nd Wednesday: 2:00-3:30pm
Judith Churco 301-631-8159
judyduster@aol.com

MASSACHUSETTS-BOSTON
Massachusetts General Hospital
One Tuesday every other month: 6:00-8:00 PM
Valerie Hope Goldstein
617-726-0651
vgoldstein@partners.org

MASSACHUSETTS-CAPE COD
Fallmouth Hosp-Clark Cancer Center
Rad/Onc Conference Room
3rd Thursday: 2:00 - 3:30 PM
Jeffrey A. Gaudet, LCSW, OSW-C
508-862-7571
jgaudet@capecodhealth.org

MASSACHUSETTS-DANVERS
MGH North Shore Cancer Ctr.
2nd Tuesday: 5:30-6:30 PM
Mary Anne Macaulay, LCSW
978-882-6002
mmacaulay@partners.org

MICHIGAN-ST. JOSEPH
Lakeland Healthcare
1st Monday: 5:00-6:00 PM
Lisa Sutton MA, CCC-SLP
269-428-2799, x2997
lsutton@lakelandregional.org

MINNESOTA-MINNEAPOLIS
Hennepin/Southdale Library
1st Monday: 6:45-9:00 PM
Colleen M. Endrizzi
952-545-0200
colmartens@gmail.com
Charles Bartlett 612-220-5449

MISSOURI-ST. LOUIS
St. Louis University Cancer Center
4th Friday: 10:00 AM - 12:00 noon
Deborah S. Manne, MSN, RDH, RN, OCN
314-577-8880
mannedt@slu.edu
Cathy Turcotte, RN, MSN
314-268-7051
turcotte@slu.edu

MONTANA-BOZEMAN
Bozeman Deaconess Hospital
3rd Thursday: 12:00 Noon-1:00 PM
Doug Stiner
406-586-0828
Wendy Gwinner, LCSW
406-585-5070
wgwinner@bdh-boz.com

NEBRASKA-OMAHA
Methodist Cancer Center
Meets Quarterly
Susan Stensland 402-559-4420
sstensland@nebraskamed.com

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Nebraska Medical Center
Meets Quarterly
Susan Stensland 402-559-4420
sstensland@nebraskamed.com

NEW JERSEY-LONG BRANCH
Leon Hess Cancer Center
The Goldsmith Wellness Center
2nd Thursday: 7:00-8:00 PM
Becky Kopke, RN, BSN, OCN
732-923-6473
BKopke@SBHCS.com
Anita M. Pfisterer, MSW, LSW
732-923-6961
ampfisterer@aol.com

NEW JERSEY-MORRISTOWN
Morristown Memorial Hospital
3rd Wednesday: 1:30 PM
Edie Boschen, RN, APN-c, OCN 973-971-4144
Edie.Boschen@atlanticehealth.org
Catherine Owens, LCSW, OSW-C 973-971-5169
Catherine.Owens@atlanticehealth.org

NEW JERSEY-PRINCETON, UMC
Med. Arts Building, Adm. Conf. Rm.
3rd Wednesday: 12:00-1:00 PM
Amy Heffern 609-575-7949
aheffern@mac.com

NEW JERSEY-SOMERVILLE
Steeplechase Cancer Center
3rd Wednesday: 6:00-7:30 PM
Kelly Harth, MSW, RYT-500
908-343-8247/ kharth161@comcast.net

NEW JERSEY- SPARTA
Sparta Cancer Center-Suite 250
1st Friday: 1:30-3:00pm
Nina Sullivan, RN, BSN OCN 973-729-7001
scexam@hotmail.com
Kathryn Cramer, LMSW 570-504-7200
sccswork@hotmail.com

NEW JERSEY-TOMS RIVER
Community Medical Center
Last Thursday: 3:00 PM
Sherry Laniado, MSW, LCSW 732-557-8270
slaniado@sbhcs.com

NEW MEXICO-ALBUQUERQUE
Anita Bryan, 505-681-1971
Anitabeach2@yahoo.com

NEW YORK-ALBANY
ACS Hope Club
3rd Thursday: 7:00-9:00 PM
Kathy Rosbrook 518-758-1333
okroz@aol.com

NEW YORK-BUFFALO
Roswell Park Cancer Institute
3rd Tuesday: 4:30-6:00 PM
Amy Sumbrum, SLP 716-845-4947
amy.sumbrum@roswellpark.org
Jim Smaldino 716-845-4472
james.smaldino@roswellpark.org

NEW YORK-MANHATTAN
Beth Israel Head and Neck Institute
4th Thursday: 2:00-4:00 PM
Jackie Mojica 212-844-8775
jmojica@chpnet.org

NEW YORK-MANHATTAN
Mount Sinai Medical Center
3rd Tuesday: 3:00 PM
Margot Wankoff, LMSW 212-241-7962
margot.wankoff@mountsinai.org

NEW YORK-MANHATTAN
NYU Clinical Cancer Center, 11th flr
1st and 3rd Thursday: 2:00 PM
Christine Nolin, LCSW/ 212-731-5141
christine.nolin@nyumc.org

NEW YORK-NEW HYDE PARK
NORTH SHORE-LIJ Health System
Hearing and Speech Conf Rm, LL
3rd Thursday: 6:30 PM - 8:00 PM
Sharon Lerman, LCSW 718-470-8964
Lynn Gormley 516-628-1219 / 516-314-8897
lgormley1@optonline.net

NEW YORK-ROCHESTER
Strong Memorial Hospital
Luellen Resource Center, Pat. Res. Ctr.
1st Thursday: 4:30-6:00 PM
Sandra E. Sabatka, LMSW
585-276-4529
Sandra_Sabatka@URMC.Rochester.edu

CHAPTERS OF SPOHNC

NEW YORK-STONY BROOK
Ambulatory Care Pavilion
1st Wednesday: 6:45-8:15 PM
Dennis Staropoli 631-682-7103
den.star@hotmail.com

NEW YORK-SYOSSET
NSLIJ-Syosset Hospital
2nd Thursday: 7:30-9:00 PM
Alice Steiner 516-764-1571
asteiner28@aol.com
Madelyn Harper-Walsh 516-753-0923
lyn.SPOHNC@yahoo.com

NEW YORK-WESTCHESTER
White Plains Hospital Cancer Center
2nd Thursday: 7:00 PM
Mark Tenzer 914-584-6151
tenzer1@optonline.net

NORTH CAROLINA-ASHVILLE
Call for additional information
Kathleen Godwin 828-692-6174
kateyes928@aol.com

NORTH CAROLINA-
CHAPEL HILL/DURHAM
Cornucopia House
3rd Wednesday: 6:00 PM
Dave Gould 919-493-8168 /dave.gould@da.org

NORTH CAROLINA-CHARLOTTE
Blumenthal Cancer Center
2nd & 4th Thursday: 1:30-3:00 PM
Meg Turner 704-355-7283
meg.turner@carolinashealthcare.org
Terri Painchaud/704-364-7119
Trappi6@yahoo.com

OHIO-CINCINNATI
Call for date and location
Deborah Heim, MSN, ANPBC, AOCNP
513-584-4794
deborah.heim@uchealth.com
Angie Keith 513-475-7366
Angie.keith@ucphysicians.com

OHIO-CLEVELAND
Cleveland Clinic at Fairview Hospital
2nd Thursday: 4:00 PM
Gwen Paull, LISW 216-476-7241
gwpaul@ccf.org

OHIO-DAYTON
The Medical Center at Elizabeth Place
One Elizabeth Pl. - West Lobby - The Chapel Room
2nd Monday: 6:00-8:00 PM
Hank Deneski 937-832-2677
wohnc@earthlink.net

OHIO-LIMA
St. Rita's Regional Cancer Ctr.
Allison Rad/Onc. Ctr. Garden Conf Rm
3rd Tuesday of even month: 5:00 PM
Holly Metzger, LMSW 419-996-5606
hjmetzer@health-partners.org
Linda Glorioso 419-996-5616
ldglorioso@health-partners.org

OKLAHOMA-TULSA
Hardesty Public Library
1st Tuesday: 6:30 PM
Christine B. Griffin, RN 918-261-8858
Beritgriffin@att.net

OREGON-MEDFORD
Providence Medical Center
2nd Friday: 12:00-1:30 PM
Richard Boucher 650-269-8323

OREGON-THE WILLAMETTE VALLEY
Samaritan Reg CA Cntr Library
2nd Wednesday: 5:00-6:30 pm
Lisa Nielsen
541-757-9882
HNCSurvivor@comcast.net

PENNSYLVANIA- DUNMORE
Northeast Radiation Oncology Center
Last Thursday of the month: 5:30-7:00PM
Kathryn Cramer LMSW, CCHT
570-881-6247 scsowork@hotmail.com

PENNSYLVANIA-HARRISBURG
Health South Lab
3rd Tuesday: 6:30 PM
Joseph F. Brelsford 717-774-8370
jfbrelsford1@mmm.com

PENNSYLVANIA-MONROEVILLE
Inter Community Cancer Center
Last Friday of month: 3:00 - 4:00 PM
Beth Madrishin 412-856-7740
bmadrish@wpahs.org

PENNSYLVANIA-NEW CASTLE
UPMC Jameson Cancer Center
Medical Arts Bldg Suite 104
3rd Thursday: 6:00-7:00 PM
Jeannie Williams, Patient Navigator
Becky Rainville, RN 724-656-5870

PENNSYLVANIA-PHILADELPHIA
Penn Med Perelman Ctr Advanced Med
1 W. Pavilion Pt Fam Conf Rm
1st Wednesday: 9:30-11:00 AM
Micki Naimoli 856-722-5574
Tracy Lautenbach 215-662-6193
lautenbach@uphs.upenn.edu

PENNSYLVANIA-YORK
Apple Hill Medical Center
2nd Wednesday: 5:00 PM
Dianne S. Hollinger, MA, CCC-SLP/ 717-812-5850
Dhollinger@wellspan.org
Diane McElwain, RN, OCN, M.Ed 717-741-8100
dmcelwain@wellspan.org

SOUTH CAROLINA - GREENVILLE
Call for location
1st Sunday: 2:00pm-3:30pm
Martha Miller 864-232-6334
marthamiller@hotmail.com

TENNESSEE-CHATTANOOGA
Memorial Hospital
1st Monday: 4:15-5:30 PM
Jeanna Richelson 423-894-9215
Jeanna1255@aol.com

TENNESSEE- NASHVILLE
Gilda's Club Nashville
4th Monday:
6:00 - 7:30 PM
Felice Apolinsky, LCSW 615-329 1124
felice@gildasclubnashville.org

TEXAS-DALLAS
Baylor Irving-Coppell Medical Center
2nd Saturday: 10:00 AM
Dan Stack 972-373-9599/ danrstack@aol.com

TEXAS-DALLAS
The New Svetko Center, Suite 200
2nd Tuesday: 11:00 AM-12:30 PM
Jack Mitchell 972-346-4297
jackmitchell5225@aol.com

TEXAS-FORT WORTH
Baylor All Saints Hosp.- Joan Katz Conf. Room
2nd Wednesday: 3:30-5:00 PM
Marla Hathcoat, LMSW 817-838-4866
marla.hathcoat@moncrief.com

TEXAS-HOUSTON/TOMBALL
Tomball Regional Hospital
TBA

TEXAS-McALLEN
Rio Grande Regional Hospital
3rd Tuesday: 6:00 PM
Stephanie Leal, MA, CCC, SLP
SAL1275@aol.com
Cheryl Lopez, MS, CCC, SLP
956-632-6426

TEXAS-PLANO
Regional Medical Center at Plano
4th Tuesday: 6:00-8:00 PM
Polly Candela, RN, MS 214-820-2608
Polly.Candela@baylorhealth.edu
Emily J. Gentry, RN
214-820-2608

VIRGINIA-CHARLOTTESVILLE
Dept. of Forestry Building, Suite 800
Last Thursday of month: 11:30-1:00 PM
Vikki Bravo 434-982-4091, vsb4n@virginia.edu
Gordon Putnam, M. Div. MA, Gp4d@virginia.edu

VIRGINIA-FAIRFAX
Inova Fairfax Hospital Radiation/Oncology
2nd Wednesday: 5:30-7:00 PM
Corinne Cook, LCSW 703-776-2813
Corinne.cook@inova.com

VIRGINIA-NORFOLK
Sentara Norfolk General Hospital
3rd Monday: 7:00 PM
Cynthia Gilliam 757-770-4190
beachdolphin@aol.com

WASHINGTON-SEATTLE
Evergreen Hospital Medical Center
Rad/Onc Conf Rm Green 1-245
2nd Wednesday: 6:30-8:00 PM
Kile Jackson 425-788-6562
kilejackson@hotmail.com

WASHINGTON-SEATTLE
Swedish Med Ctr. 1 E. Conf Rm
3rd Thursday: 6:00-7:30 PM
Susan (Sam) Vetto, BSN, RN, BC
206-341-1720 susan.vetto@vmmc.org
Joanne Fenn, MS, CCC-SLP 206-215-1770
joanne.fenn@swedish.org

WISCONSIN-MADISON
Univ. of Wisconsin Hospital
ENT Clinic Rm. G3/206
1st Wednesday: 11:30-1:00 PM
Rachael Kammer, MS, CCC, SLP
608-263-4896
Kammer@surgery.wisc.edu
Peggy Wiederholt, RN 608-265-3044
wiederholt@humonc.wisc.edu

WISCONSIN-MILWAUKEE
Clinical Cancer Center
Conference Rm. N, 3rd Floor
2nd Tuesday: 12:00 - 1:00PM
Mary Brawley, MACCC-SLP
414-805-5635
mary.brawley@froedterhealth.org

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