

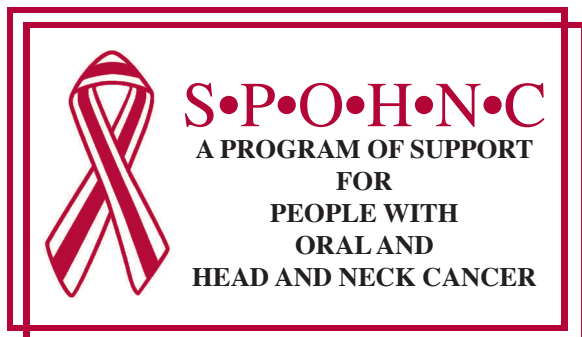
NEWS FROM S•P•O•H•N•C



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Aerosmith Star: Saving Voices With Lasers

Steven Zeitels, MD, FACS, Director, Mass General Hospital Voice Center & Eugene B. Casey Professor at Harvard Medical School, discusses how he saved a cancer patient with nowhere else to turn using nontraditional methods of treatment.

Can you briefly discuss what exactly is a laser?

Dr. Zeitels: A laser is a device that is emitting light in specific wavelengths that in surgery can have any number of desired effects to tissues. There are different styles and types of lasers that have different characteristics.

Can you discuss the difference between the original lasers used versus those that have great application for the tissues in the throat?

Dr. Zeitels: The original lasers that were used in the voice box were called carbon dioxide (CO2) lasers. The laser light is absorbed into water. With our current KTP laser the light is absorbed in hemoglobin or blood. These are called angiolytic lasers. These are in fact specialized lasers that were invented in dermatology, but have great application for the voice box as well as the tissues of the throat.

What exactly are these lasers used specifically for?

Dr. Zeitels: The angiolytic lasers emit a wavelength of light that is either yellow or green light. We tend to use the green-light laser, which is the KTP laser. We use it for soft tissues that are abnormal or also have an abnormal blood supply such as cancer. That is a concept of accelerated cancer growth that is dependent on growing its own blood supply, and is commonly referred to as angiogenesis.

What is so different about Tom's case specifically?

Dr. Zeitels: We extended our state-of-the-art cancer treatment with the KTP laser, which was pioneered in voice-box cancer. In Tom's case, the disease was in the upper part of his voice box, however, it traveled into the tongue base. Using the KTP angiolytic laser is not a classic way or even a typical method of trying to remove the cancer from the tongue base.

What would be a typical way of removing cancer in the base of the tongue?

Dr. Zeitels: In the tongue base, you might consider a carbon dioxide laser, but more likely it requires an open neck operation if someone has sustained failure with radiation as well as chemotherapy as was Tom's situation.

What brought you to the conclusion that you needed to use the green-light KTP laser in order to remove the cancer from the base of Tom's tongue?

Dr. Zeitels: We have a very successful experience over the span of approximately eight years using the KTP laser in novel and innovative ways for treating the voice box – more so with vocal cords since we had to preserve people's ability to talk. Some vocal cord cancers became large and moved into the upper part of the voice box, the supraglottic larynx. When Tom came in, he then became a great candidate for this sort of approach for removing cancer, because if not we then had to move to a more invasive and morbid method of surgery. It became a question of 'should we go down this path,' which is more reasonable and reserve the more difficult pathway for him should the minimally-invasive laser treatment not be successful. We decided that the endoscopic laser approach was a more prudent initial pathway.

Can you sort of walk us through the steps of how the laser was implemented and what exactly was done in an effort to remove the cancer from the base of the tongue?

Dr. Zeitels: Well, the first thing to know is that you are using a surgical microscope, thus you have intense magnification of the tissues. We used a variety of specialized laryngoscopes (endoscopes), which I had designed and patented over the past 20 years. These laryngoscopic instruments provide exceptional exposure of the cancer that must be removed. The laser light is introduced through the laryngoscope by means of a glass fiber that is less than .5 mm. When treating the tumor, we are observing how the light interfaces with the tissue. Because of the concept of angiogenesis, where there is a tumor (cancer) there is more blood so that the angiolytic green-light KTP laser will preferentially heat and destroy the tumor as compared to the patient's normal tissue. In other words, normal tissue will actually take in the light differently since there is less blood as compared with tumors.

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NEWSLETTER EDITOR
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When you say, “. . . take in the light differently . . .” are you referring to a change of color?

Dr. Zeitels: Yes. Well, actually where there is cancer there will be a lot of blood. Where there is a lot of blood there will be a lot of combustion, so that you are watching the tissues actually burn completely different as if you had a fire in an oxygen-rich atmosphere or if there wasn't a lot of oxygen. Here, in this particular situation with the green KTP laser, it actually is attracted to the hemoglobin in the blood, and if there is more blood in the tumor you will see less carbon and combustion so that you will know that you are getting back to normal tissue. So you have two things to use: not only the magnification that you observe through the microscope, but also you are observing how the tissue is reacting under magnification.

So through the aforementioned procedure, you as a doctor will be able to identify where the cancer is most prominent?

Dr. Zeitels: Yes. To confirm that, then you will do something called frozen sections. You will take a piece of tissue there and send it to a pathologist who can confirm that you are beyond the tumor. The other thing that is an advantage is that you can calibrate the lasers so that you don't get a lot of extra burning of the margin so that you can send it to the pathologist, and they can read it and won't come back to you saying, "All I see here is burnt tissue."

So in essence, you are able to give them a clean margin of error without the tissue being burned?

Dr. Zeitels: Exactly. You are given a clean margin around the cancer, because there is no turning back if you use this approach – if you haven't eradicated all of the cancer, chances are it will return in a few months.

Are you the only doctor in the entire world right now utilizing these methods of treatment?

Dr. Zeitels: I would say that in the voice box now it is likely only our trainees from the Mass General Hospital. We have a specialized fellowship program for people after they have already completed residency in head and neck surgery. I would say now, since the commencement of our facilities using this laser for cancer about eight years ago, we have published in the Peer Review Literature that I suspect a number of our trainees have expanded on their education and are continuing to perform these sorts of innovative procedures for the treatment of cancer.

What about in regards to using these methods in the area of tongue cancer specifically?

Dr. Zeitels: That is still the exception. We would typically use the endoscopic laser technique prior to the chemotherapy and radiation treatments. So again, this is done to avoid a more open and morbid operation if we can. If someone came in with tongue cancer, we would be predisposed to removing as much as possible without deteriorating the patient's voice or swallowing function, after which we would then send them for their further treatment. This is not standard nor is there substantial information and literature regarding this because there is not a lot of funding to support this type of study. However, in our hands, which is very focused for our

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GREEN LASER continued from page 2

patients, we would remove most of what we could transorally (through the mouth), which is very avant-garde, and then we would send that patient in for radiation treatment with very little or no discernable cancer. This concept was really explored by my teachers in the early 1970's when they initially introduced lasers into medicine.

When did you realize (your 'aha' moment if you will) that the green KTP laser could be used to eliminate the existing cancer at the base of Tom's tongue?

Dr. Zeitels: Tom is an extremely intelligent individual that in all honesty can handle a lot of information. He had already learned about the traditional open surgical salvage approaches. The advantage in my practice, nevertheless, is that when people come to me for treatment . . . it often times means they are looking for the unconventional. They want to see what may be beyond the standard state-of-the-art technology that other healthcare professionals weren't offering or knew nothing about. So it has already screened out the people who are willing to entertain the notion of a non-routine procedure. You can't do an unusual operation if they don't understand how it is so different, because in that case there wouldn't be informed consent. Both Tom as well as his wife were familiar with what was state-of-the-art in regards to standard care. I then offered a bit of complexity saying, "Well, we can try this and sort of hold that in reserve." When I looked at the tumor, where it was and the appearance of it of what it looked like in the office (I wouldn't know for sure until we were in the operating room), I thought that I could remove it successfully. The other advantage is given his perfect jaw anatomy in addition to his neck anatomy, I thought that we could use some of our novel instruments and have the exposure to do it. In a different kind of person's head or neck configuration, I wouldn't have had the exposure that was evident with Tom. He was the right person intellectually. He was the right patient spiritually. He was the right patient anatomically, and furthermore it was the right tumor.

How did you come to the conclusion that you could approach Tom's treatment in such an innovative way? I mean, you had to have had some notion before him and his wife walked into your office that under these particular circumstances it could be possible, right?

Dr. Zeitels: Well again, we have done this before in patients before they went into chemotherapy and radiation. We had already done that, so I knew that this approach wasn't out of the question. The difference here is that you are typically receiving the chemotherapy and radiation treatment after the laser treatment. In Tom's case, this was it. The laser treatment either worked or it didn't. The reason that you often times mix chemotherapy with radiation is that they work in concert to increase each other's effect on the cancer. When we had used the laser approach before, we had all three (the laser procedure, chemotherapy and radiation) working together. If the green KTP laser didn't work here, that's it. We wouldn't have the option of using other treatments.

So Tom had already been through chemotherapy, received little to no benefit, and had to seek out a more nontraditional method, am I correct in saying that?

Dr. Zeitels: Tom's tumor initially shrunk but then recurred substantially. Since the chemotherapy and radiotherapy didn't work, he had to move on.

So that is what was so unusual about Tom's case?

Dr. Zeitels: Correct. The unusual thing about Tom's case was his willingness and our willingness to use this novel laser treatment approach as a salvage technique after failed chemotherapy and radiotherapy.

If you hadn't gone through with this treatment, your options would then have become far less, therefore forcing you and Tom into a more invasive and perhaps even life threatening procedure, right?

Dr. Zeitels: Yes. We would have had to cut open his neck and throat placing a breathing tube in his windpipe.

I just want to clarify that he could not have gone through chemotherapy or radiation again because he had already gone through it, correct?

Dr. Zeitels: Yes. He could have had some chemotherapy, but this would be viewed as more palliative rather than curative. If he really had a large, open through-the-neck operation, it would have been highly unlikely that he would ever be able to eat again for the fact that he already had lost so much tongue function. He would have now lost a substantial amount of his voice box because the tumor was in it. In all honesty, the chances of him ever eating again would have been well under five percent. Furthermore, he would have required a breathing tube in his neck for quite a long time. Things just aren't the same any more when you are forced to cut through all of the soft tissue and nerves present in the neck. To do that operation through the neck, the sensory nerves that feed the area would have had to have been cut. In due course, he would have had no sensation when he ate and would end up with pneumonia. He would have, in my opinion, never have been able to eat again. Now, he eats slowly but he gets there. One of the reasons that he is having so much trouble eating now isn't because of that surgery, nonetheless, but the surgery that followed after the prior tumor and radiation. So if I did his operation to someone who had never had radiation, they would without a doubt be eating normally.

Is there anything that you would like people to know in regards to how you operate and why you implemented such a nontraditional method of treatment in this particular case under these particular circumstances?

Dr. Zeitels: People who are listening to this need to understand that this procedure is not standard. Again, both Tom as well as the staff here were willing to employ rational pioneering treatment approaches that have not been previously done. At the MGH Voice Center, and with our trainees, it is fairly routine to use a green KTP laser to treat voice box cancer, but it is not routine to treat this type of tongue-base cancer. This is something that is very imperative for people to know because a majority of our work relates to saving voice boxes.

Editors Note: As reported by Ivanhoe Broadcast News.

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A TIME FOR SHARING...A Journey of Courage

My husband Mel was diagnosed with squamous cell nasal cancer in May of 2001. Side open surgery of his nose was done, where they cut the nose down the side, and removed all cancer found. The nose was then stitched back up on the side and a month of healing occurred before following up with radiation therapy. When more cancer was detected he had a rhinectomy (removal of the entire nose) in April of 2003. Mel also lost part of his upper lip due to the spread of cancer cells from wiping a bloody nose. The bloody nose was the only symptom Mel had prior to being diagnosed with nasal cancer.

When Mel returned home after his surgery, both the patient, and the caregiver began the long journey of recovery. Mel was a wonderful patient, and I learned quickly about the role of caregiver. I was



told that I must change his bandage every day and clean the stitches. Proceeding like a caregiver who knew what she was doing, I began the first days of what became known as home care.

The first time I had to change the bandage, I was scared to death, as the bandage would not come off. Thinking on my feet, I soaked an entire gauze pad in the saline solution we were supposed to use to keep the area clean. The gauze pad literally stuck to his face. Worried about how this was going to work out, I told him I had to go do something, and let it set for several minutes. I told him to just rest on the bed, and that I'd be right back. Thankfully, by the time I got back, the gauze came off nicely. I soon placed a call to the surgeon's nurse, who became my lifeline. After explaining to her what had happened with the first bandage change, she told me to go out and get some non-stick bandages and some paper tape. Mel never knew it, but I'd come close to

not changing any more bandages, after that first experience.

I had covered all the mirrors in the house until Mel was ready to look at his face. It was several weeks, but when he was ready, he simply asked for a mirror. I left the room to get some supplies, giving him the private time he needed, to check out the surgery done. Once he was ready, he began to remove the newspapers from the mirrors and within three months, Mel was doing his own home care. I was very relieved, since I was diagnosed with shingles on my right leg, which were caused by all the stress of the surgery, caregiving and all the emotions we were both dealing with during this most difficult time.

I never let Mel feel any different after his surgery. I would kiss each side of each cheek just before we would begin home care. It helped him cope and accept what had happened and in all honesty, it helped me as caregiver. Being a caregiver can be very stressful and hard but one never knows how much strength one has until tested. Little did we know the day we went back after the first biopsy, we would hear the words nasal cancer. When the doctor realized I'd seen the diagnosis he looked at me - reading the words upside down wasn't hard. He probably thought, oh she knows, now I have to turn around and tell her husband. Dr. DiNardo and Mel became friends and still are, to this very day.

Mel lost all of his upper teeth due to infection caused by radiation damage. He then developed a fistula (hole) in his upper pallet into the nasal cavity. A lead mouth shield was made for Mel when his gums began to bleed, but by then, it was too late. He only had one more week of radiation therapy. So many questions about his treatment plan started to come to light. We began to wonder - if we had gotten the shield before starting radiation therapy would Mel still have his top teeth?

We were then given the choice of having all the upper teeth removed or just the one or two where the infection was. He would undergo HBO (hyperbaric

oxygen) treatments to help with wound healing. They say that hindsight is 20/20 vision. We now question and wonder if we had to do over again what we would decide to do. If only we'd known some of the things we know now, prior to radiation treatments, the outcome for his upper teeth and fistula may have been very different. The knowledge we now possess we feel can be shared with others. The fistula caused major problems because food would sometimes find its way through this hole into his nasal cavity causing Mel to choke. An upper plate with an obturator to plug the hole was quickly made so that he could eat without choking.

Mel was eventually sent to have a prosthetic nose made. Despite the glue used, the prosthesis would fall off every time he would try to wear it. This was quite frustrating because he could not "feel" when it came loose, so I kept a watchful eye. Eventually, feeling like there were no other options, Mel resigned himself to wearing the bandage and mask.

Mel became quite well known in the community. His co-workers looked at him in awe of his courage to go on about the business of daily living. We have complete strangers waving at us all the time. Employees and customers in Wal-Mart approach Mel quite frequently and I constantly find him chatting with strangers about someone they know, or sometimes even themselves, battling cancer. He's very approachable in this aspect. Mel's journey has been a long one, and despite the physical changes to his face, he is probably one of the most carefree people I know - and this is only part of Mel's awe inspiring story to regain his face and his normal life, as it was before cancer.

When we met Dr. Karen McAndrew she was just newly beginning her practice and we went to chat with her about getting a different kind of prosthetic made using a magnet. Dr. McAndrew said she wondered why a mold of the patient's nose wasn't made prior to removal for patients like Mel. It made perfect sense

– things would have been much easier and she certainly had a very good point. She did however, make a prosthetic nose that would stay on if Mel jumped out of an airplane! It was truly amazing. I got to sit in on the entire procedure, beginning with the doctor (Dr. Zoghby) who embedded the abutment between Mel's eyebrows, to the making of the nose mold by Dr. McAndrew. I carried my pen, paper and trusty camera to document it all.

Since Mel lost part of his upper lip due to cancer, Dr. McAndrew suggested that we check around to see if we could find someone to root some hair in the space just below the nose, to cover the fact that he'd lost part of his upper lip. What a great idea!



I must have sent out more than 100 emails, trying to find someone to help us, and eventually, the most amazing thing happened. Coming back from lunch one day, I checked my email and

found a reply from Tina Amatula in California from dollyhairmail.com. She had also left me a very lengthy voicemail telling me that she was a thoroughly qualified artist and could do this for Mel. She also wanted to do it for free.

I emailed her back and we eventually sent the prosthesis to California. Within a week it was back, and fully rooted with a moustache. She even rooted some hair into the nostrils, to make it look even more realistic.

Tina is a very talented, determined, sweet lady, and she did not stop there. Since she was a professional artist, she pleaded with us to allow her to make Mel a soft prosthesis using Dr. McAndrew's mold. She also wanted to do this free of charge. She would need permission to use Dr. McAndrew's mold, and she needed lots of photos of Mel taken before his cancer and removal of his

nose. She was practically begging us to let her do it. This was a challenge for Tina, so we asked Dr. McAndrew what she thought. Her response was "Go for it, what can it hurt to have extras?"

We sent Tina the extra mold. During the next year, we emailed back and forth and she shipped us some samples she made. We photographed them on Mel and mailed them back to Tina for adjustments as needed. Many photos were sent via e-mail, so she could see the fit, and the color as well. It was looking really good. We still don't know how she did it but she captured Mel's nose as it was before he had it removed. This is why Dr. McAndrew felt that surgeons should have the patient get a mold of their nose or part of the face that is to be removed, prior to surgery. This makes it easier for them to put the patient back together. With no mold, it's guesswork.

Mel also grew his beard out three inches as Tina had requested, and sent off the facial hair to her in California. She rooted a moustache using his facial hair and put some in the nostrils and sent it back to us. The moustache would hide the fact that he had lost his upper lip to cancer as well. We were thrilled with the results, despite one problem.



The magnet was pushing the prosthesis away from Mel's face, because it was in at the wrong angle. After it sat in a box for three months, we called Dr. McAndrew to see if she could

help. She was apprehensive because removing the magnet could ruin the entire prosthesis. I told her it did not matter - it would sit in the box looking good, or we could try to fix it. She graciously agreed, and with the help of one of her staff, she was able to fix the problem – also all free of charge, just as with Tina, our new artist friend. I am here to tell you there is much kindness

in this world indeed.

Between these two amazing ladies Mel has his face back and no one even notices that his nose is a prosthesis. We go out to eat, he wears his glasses and sunglasses, and we can attend weddings without fear of taking attention away from the bride. We attended a wedding in July 2011 - something we did not do before. After leaving the wedding, we went to Outback for dinner. Before the prosthetic, we just turned down invitations to everything.

In early 2011 Mel developed hypothyroidism, as a side effect of the radiation treatments. He's now on thyroid medication and doing very well.

Having gone through this journey as caregiver, I found comfort in writing and have written a Caregiver Booklet, which is available to anyone who asks for a copy. We also have found that volunteering through SPOHNC, as members of their National Survivor Volunteer Network (the patient/caregiver match program) not only helps others but helps us as well. We wish we'd had someone who had already gone through this journey, with all its twists and turns, when Mel got his diagnosis. We now realize that some decisions we made early on may have been different, had we had all the knowledge that we now possess. We hope to be able to help others in the early stages of their diagnosis and make a difference.

PJ Jordan
pjordan@mcvh-vcu.edu

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FRIDAY, AUGUST 10, 2012
SPOHNC Registration/Information
4:00 PM – 7:00 PM

SATURDAY, AUGUST 11, 2012
SPOHNC Registration/Information
7:30 AM – 10:00 AM

CONTINENTAL BREAKFAST
7:30 AM – 8:40 AM

Opening Remarks
8:45 AM

Nancy E. Leupold, Survivor, President and
Founder of (SPOHNC)
Support for People with Oral and Head and Neck Cancer

James J. Sciubba, DMD, PhD, Moderator
Vice President of SPOHNC

Guest Honoree
Gene Monahan, Survivor
Retired NY Yankee Head Athletic Trainer

New Treatments for Head and Neck Cancer
Dennis Kraus, MD, Head and Neck Surgeon
Memorial Sloan-Kettering Cancer Center

Christine Chung, MD, Medical Oncologist
Sidney Kimmel Comprehensive Cancer Center-Johns Hopkins

Refreshment Break with Exhibitors

David Brizel, MD, Radiation Oncologist
Duke University Cancer Institute

The Role of a Patient Navigator
Joanne Stein, RN, Nurse Navigator
Fox Chase Cancer Center

BUFFET LUNCH

Key Note Presentation:
Self Love...The All Time Greatest Healer
Denise DeSimone, Survivor
Author and Inspirational Speaker

Clinical Trials for Head and Neck Cancer
Bettie Steinberg, PhD, Research Investigator
North Shore/LIJ Health System

Refreshment Break with Exhibitors

**Speech & Swallowing Function in Patients with
Head and Neck Cancer**
Jan Lewin, PhD
UT MD Anderson Cancer Center

Quality of Life for Head and Neck Cancer Survivors
Dorothy Gold, MSW, LCSW-C, OSW-C
Greater Baltimore Medical Center

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RECEPTION AND ENTERTAINMENT**

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Comedian/Survivor
Stewie Stone, Brooklyn, NY
Headlined in Las Vegas, Atlantic City, New York

SUNDAY, AUGUST 12, 2012
SPOHNC Registration/Information
7:30 AM – 9:00 AM

Opening Remarks
8:30 AM
Nancy E. Leupold, Survivor,
President & Founder of SPOHNC

BUFFET BREAKFAST

How Far Have We Come in 20 Years
James J. Sciubba, DMD, PhD
Vice President of SPOHNC

**When Is Medically Necessary Dental Care
Covered By Medicare or Private Insurance**
Margaret M. Murphy, Esq.
Center for Medicare Advocacy

Salute to Volunteers, Making a Difference
Mary Ann Caputo,
Executive Director of SPOHNC

Salute to Survivors
All Survivors of Oral and Head and Neck Cancer
Mary Ann Caputo,
Executive Director of SPOHNC

Closing Remarks
Nancy E. Leupold, Survivor
President & Founder, SPOHNC

HEAD AND NECK CANCER NEWS

Protein Aurora-A is Found to be Associated with Survival in Head and Neck Cancer

CHICAGO, IL (April 1, 2012)—Researchers at Fox Chase Cancer Center in Philadelphia have found that a protein associated with other cancers appears to also be important in head and neck cancer, and may consequently serve as a good target for new treatments. The findings will be reported at the AACR Annual Meeting 2012 on Sunday, April 1.

The researchers found that patients whose tumors had higher levels of the protein known as Aurora-A had a shorter survival following surgery to remove their tumors than patients whose tumors had normal levels of the protein.

“This finding suggests Aurora A does play a role in the development of head and neck cancers,” says study author Christian J. Fidler, MD, chief fellow in medical oncology at Fox Chase. “Consequently, Aurora-A represents another potential target for additional therapies.”

Previous research has associated Aurora-A with other cancer types, such as

genitourinary, gastrointestinal, breast and lung cancers. As a result, companies have developed compounds that target this protein, now being tested in clinical trials.

To test whether head and neck cancer patients might also benefit from compounds that target Aurora-A, Fidler and his colleagues studied cancer tissue removed from 89 patients at Fox Chase. They found that some did, in fact, contain high levels of Aurora-A, suggesting the protein may have been helping to fuel the disease. Furthermore, after controlling for the size of the primary tumor, half of these patients lived 36 months or less, while those with normal levels of Aurora-A survived for 92 months. “In patients with high levels of Aurora-A, their survival was much worse,” says Fidler.

Aurora-A is a type of kinase, a group of proteins which play an important role in cancer and other cellular processes. More specifically, Aurora-A helps carry out signals from a protein on the surface of the cell called EGFR, which help tell the cell to grow or divide. When that process

becomes very activated, it can trigger cancer, says Fidler.

To really hit the brakes on this pathway, he says, doctors may want to test a combination of an inhibitor of Aurora-A and a drug already on the market that targets EGFR (cetuximab, Erbitux), after first identifying patients who over-express Aurora-A. “At some point, you may see a clinical trial that uses Aurora-A inhibitors in conjunction with cetuximab,” he predicts.

“These findings identify another potential target for head and neck cancer therapy, which could potentially change the course of the disease,” says Fidler.

Fidler’s co-authors include Donghua Yang, Fang Zhu, Raneeh Mehra, Igor Astsaturov, John Ridge, Erica Golemis, and Barbara Burtness, all at Fox Chase. This work was funded by Fox Chase Cancer Center’s Keystone Program in Head and Neck Cancer.

Announcement of Dysphagia Presentations to Students at The Culinary Institute of America

In recent years various interest groups have learned about “dysphagia”, the medical term for swallowing disorders. These include speech-language pathologists, dietitians, nurses, physicians as well as individuals experiencing dysphagia. Most recently a unique group was presented

with information about dysphagia – students attending the Culinary Institute of America located in Hyde Park, New York.

Assistant Professor Lynne Eddy, MS, RD, FADA, CHE, has developed a curriculum for the “Foodservice Management in Health Care” course that includes field trips to and practicum experience at several hospitals, skilled nursing facilities and assisted living centers in New York’s Hudson Valley. Professor Eddy’s students also visit Memorial Sloan-Kettering in Manhattan. Students learn about food service operations and management in health care facilities. Patient-customer satisfaction is highlighted in the curriculum.

When Rosemary Griffin, MA, CCC, Director of Speech-Language Pathology services at Vassar Brothers Medical Center, Poughkeepsie, New York and Northern Dutchess Hospital, Rhinebeck, New York approached Lynne with the suggestion of providing CIA students with information regarding swallowing disorders the response was enthusiastic. In 2011, Rosemary Griffin and Roberta Walsh, a retired librarian and head and neck cancer survivor, lectured to three groups of CIA students.

Rosemary reviews the incidence of dysphagia and the wide range of medical conditions that impact swallowing safety and comfort. Videos that feature the anatomy of the mouth and throat and the physiology of swallowing are shown, with interesting responses.

These future chefs and food service managers become aware of the impact of texture, moisture and viscosity of food and liquids on the swallowing experience. Information about the National Dysphagia Diet is shared in addition to the names of food services companies that manufacture thick liquid products.

The most riveting and inspiring portion of the presentation is Roberta Walsh’s personal experience

with head and neck cancer and her perseverance in creating foods that she could manage to swallow, that offered balanced nutrition with a calorie boost and finally, that were palatable. Roberta described how surgeries and chemotherapy combined with radiation therapy impacted her swallowing, how a feeding tube was used during her treatments and the pleasure and ease of swallowing greasy fried chicken. These CIA students have a new appreciation for butter and olive oil!

Editors Note: SPOHNC designated April as Awareness Month for Oral, Head & Neck Cancer across the United States. Many SPOHNC Chapters planned their Taste/Awareness Events for 2012. Read about our Chapter’s Taste Events in an upcoming Fall issue. Hosting an event promotes awareness of Oral, Head & Neck Cancer, and fosters camaraderie and the chance to share a meal with family and friends.



Long Island Volunteer Hall of Fame Award

On Super Bowl Sunday, not only did the New York Giants celebrate a big win in their Super Bowl battle against the New England Patriots - SPOHNC began the day with its own "win" as Founder, Nancy Leupold, was inducted into the prestigious Long Island Volunteer Hall of Fame.

At a ceremony and luncheon attended by hundreds of individuals affiliated with many non-profit agencies across our region,



Nancy was honored with a beautiful award and accolades, in recognition of her dedication and the passion that she shows for SPOHNC and our mission and initiatives.

Many months ago, Nancy was nominated for the award in the category of health care, by SPOHNC Executive Director Mary Ann Caputo. When the phone rang one afternoon at SPOHNC, and Diana O'Neill, Executive Director of The Long Island Volunteer Center, extended her congratulations to Nancy, Mary Ann was pleased, yet not surprised at all. "Nancy's contributions to the oral and head and neck cancer community have been outstanding. Her determination and resolve made this organization what it is today," expressed Mary Ann.

It was a chilly day at Bethpage State Park's Carlton on the Green, but the atmosphere and energy in the room before the

program began was contagious as honorees gathered, waiting to be recognized. There were flowers, wonderful stories and a buzz in the room as guests entered and waited with anticipation, to hear the stories of those they came to support and honor, as well as the new stories that many had never heard before. Incredible, inspirational, and unbelievable are some of the words that come to mind when reflecting on the events and the people honored that day.

The Awards Ceremony was hosted by David Weiss, TV55's weatherman, whose energy and enthusiasm kept the program lively and even entertaining, as 15 new members were inducted into the 10th Annual LI Volunteer Hall of Fame. Mary Ann, SPOHNC staff and even some volunteers were honored to be in attendance to see Nancy accept yet another honor among the list of so many.

Personal, meaningful stories of each honoree exemplified how their dedication, courage and their common desire to do more to help others, brought them to the ceremony that day, in celebration of all that they had accomplished and will continue to grow, for each of their own non-profit organizations.

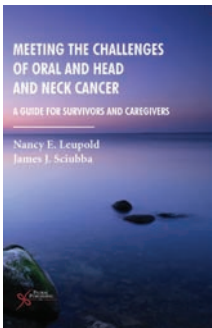
Lending some lightness to the day, the program took a short break for some musical entertainment by Long Island's own AfterGlow Worms, a barbershop quartet who captivated the crowd with some lighthearted humor and beautiful melodies.

Following the ceremony and photo opportunities, guests were invited to a beautiful Luncheon Reception in the sun-drenched Ballroom of the Carlton, where we were entertained by the Long Island Banjo Society, and enjoyed a lovely luncheon and some conversation with our honoree.

The Volunteer Hall of Fame Awards were initiated by the Long Island Volunteer Center, to honor regional non-profit Founders whose vision, dedication and drive address a community need, and who have begun a legacy of service to improve the quality of life for Long Islanders and beyond. Nancy certainly fits all of those qualifications to a tee, and we are pleased and proud to have been able to celebrate this great honor with her.

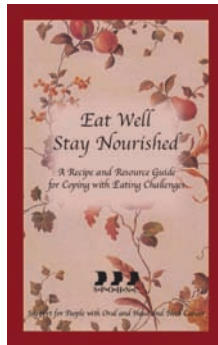
Congratulations, Nancy, on your recognition through the Long Island Volunteer Hall of Fame. We know this is another of many more to come in future years, as awareness of SPOHNC, and oral, head & neck cancer continues to grow, and as your vision, expertise and your kind, caring and wonderful nature inspires us all.





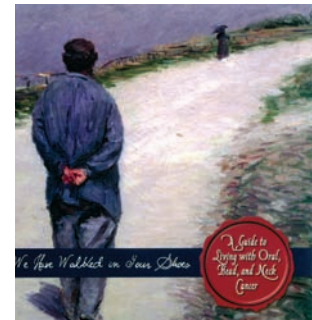
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CHAPTERS OF SPOHNC

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

ARIZONA-PHOENIX
Rad/Onc Waiting Room
St. Joseph's Hospital and Medical Ctr.
1st Tuesday: 5:30-7:30 PM
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
480-323-3214
chhenderson@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-JACKSONVILLE
First Coast Oncology
2nd Tuesday, 6:00pm-7:30pm
Jennifer Maggiore, LCSW 904-880-5522
jennifer@firstcoastoncology.com

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

FLORIDA-MIAMI
Cancer Support Community
3rd Wednesday: 6:00-8:00 PM
Isabel Trabanco 305-668-5900
intrabanco@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

FLORIDA-TAVARES
Florida Hosp. Cancer Inst.
Waterman Conf. Room
2nd Thursday: 4:00pm-5:30pm
Julie B. Arcaro 352-253-3600
arcarobj@yahoo.com
Georgeann Bjornson
georgeann.bjornson@ahss.org

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
Martha Ryan NP 404-778-1733
Martha.j.ryan@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 Dragan
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 Omercajic, MS, CCRP 847-570-1066
somercajic@northshore.org

CHAPTERS OF SPOHNC

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@live.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

MASSACHUSETTS- NEWTON
Vernon Cancer Ctr. Newton-Wellesley Hosp.
1st Wednesday: 5:00-6:30pm
Rachelle Colson LaMaster, MSW, LCSW
617-219-1230 rlamaster@partners.org

MICHIGAN-ST. JOSEPH
Lakeland Healthcare
1st Monday: 6:15-7:15 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
Cathy Turcotte, RN, MSN
314-268-7015
turtotte@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

NEBRASKA-OMAHA
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@atlanticealth.org
Catherine Owens, LCSW, OSW-C 973-971-5169
Catherine.Owens@atlanticealth.org

NEW JERSEY-PRINCETON, UMC
Med. Arts Building, Adm. Conf. Rm.
3rd Wednesday: 12:00-1:00 PM
Amy Heffern 609-575-7949/ahheffern@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
sccexam@hotmail.com
Kathryn Cramer, LMSW 570-504-7200
sccsocwork@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 Sumbum, SLP 716-845-4947
amy.sumbum@roswellpark.org
Lindsay Wachowiak 716-845-8301
Lindsay.wachowiak@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- MIDDLETOWN
Orange Regional Medical Center
Community Health Education Center
2nd Tuesday, 6:00-7:30pm
Jayne O'Malley 845-695-5891/jomalley@ormc.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@carolinashhealthcare.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
hjmetzger@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
richard.boucher@hp.com

PENNSYLVANIA- DUNMORE
Northeast Radiation Oncology Center
Last Thursday of the month: 5:30-7:00PM
Kathryn Cramer LMSW, CCHT
570-881-6247 scsocsocwork@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 MSW, LCSW, OSW-C
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@wellspring.org

SOUTH CAROLINA- OF THE UPSTATE
44 W. Avondale Dr.
1st Sunday: 2:00pm-3:30pm
Martha Miller 864-232-6334
marthaamiller@hotmail.com
Mindy Hurley 864-387-7897
melindahurley123@yahoo.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 Cvetko Center, Suite 200
2nd Tuesday: 11:00 AM-1:00 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
beachdolphins@aol.com

VIRGINIA- RICHMOND
Massey Cancer Ctr. Thalhimer Room
2nd and 3rd Wednesday 2:00-3:30 PM
Karen Mullin, MSW 804-828-1066
kmullin@mcvh-vcu.edu
Kathryn Hamilton
hamiltonkw@vcu.edu

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
Medical College of Wisconsin
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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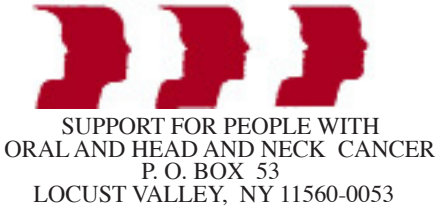
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