

The Role of Patient Education in the Rehabilitation of the Head and Neck Cancer Survivor

LINDA K. CLARKE, MS, RN, CORLN

How many times have patients said,
"No one told me what to expect."

Receiving a diagnosis of head and neck cancer is a highly stressful event for both the patient and family. Soon after being diagnosed, patients are asked to make life-altering decisions for which they are often unprepared. Most individuals are overwhelmed with anxiety and a sense of powerlessness, which can directly impact their ability to make appropriate choices. Patient education can therefore be an effective tool in maintaining control and becoming an active participant in the treatment plan. Knowledge of the disease process, treatment options, and potential consequences are essential components to living with cancer and preparing for survivorship.

Definition of Patient Education

Patient education is a process designed to help people gain information about their diagnosis, treatment, and care in order to regain and maintain a positive health status. For head and neck cancer patients, this process also involves learning to cope not only with the diagnosis, but also with long-term alterations in appearance and function.

The purpose of patient education is to insure that medical information is provided with clarity and consistency. The primary goal of education is to help the patient gain control of a devastating situation and achieve optimal quality of life. Patient education facilitates adherence to the treatment plan and compliance with self-care routines, fosters the ability to manage symp-

toms, and influences patient behavior. Studies have shown that those who receive information experience a decrease in anxiety and improved tolerance to treatments compared with those who received no information (Gross & Johnson, 1995). Since all aspects of family life are disrupted when cancer is diagnosed, the entire family, including significant others, must be included in the teaching process throughout the treatment continuum.

Historical Perspectives

Patient education has become a standard component of health care. In 1973, the American Hospital Association adopted *A Patient's Bill of Rights*. This document specifies the right to information regarding diagnosis, prognosis, treatment options, alternative treatments, and side effects. In addition, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Health Care Financing Administration (HCFA) require documentation of patient education for hospital accreditation. Furthermore, as a patient advocacy organization, the National Coalition for Cancer Survivorship (NCCS) deals with issues that affect the cancer survivor's quality of life including patient rights and the right to information.

Responsibility for Teaching

As teaching is an integral part of the healing process, patient education has become the primary focus of multidisciplinary head and neck cancer rehabilitation programs. All members of the healthcare team share in the responsibility of taking the necessary time to individualize and explain information in lay terminology. The physician is responsible for explaining the diagnosis and treatment options as well as the benefits and risks. The physician should also provide information regarding clinical trials. The head and neck nurse specialist explains anticipated procedures and strategies for managing treatment side effects, and also teaches self-care skills. The social worker teaches problem-solving and coping survival skills and provides resource information for financial assistance. The speech-language pathologist (SLP) helps the patient understand the changes related to speech and swallowing and teaches appropriate strategies designed to compensate for these changes. Education may be structured in a formal setting or may be done informally at the bedside.

What Information Is Needed

Depending on the treatment plan, the patient and family dealing with head and neck cancer should be informed about what to expect and what will be expected of them. Written or audiovisual

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NEWSLETTER EDITOR

Nancy E. Leupold

WEBMASTER

Barry Sebastian

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COMING IN NOVEMBER

Malignant Orbital Tumors
Diagnosis, Treatment and Rehabilitation

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materials should always supplement verbal information. Information should include self-care teaching, medications and their side effects, diet and nutritional management, symptom management, and emergency information such as first aid for the neck breather. The amount of information given depends on the person's needs, desire to know, and the level of anxiety. Healthcare providers must respect a patient's wishes "not to know". As a trusting relationship builds, small amounts of non-threatening information may be presented.

Education should begin with the diagnosis and continue throughout the cancer rehabilitation process. If surgery is indicated, the patient and family should be scheduled for preoperative teaching with the head and neck nurse specialist, oncology social worker, and speech-language pathologist. The purpose of this session is to clarify and enhance information provided by the physician, assure consistency in information, and establish rapport with the head and neck rehabilitation team. Discussion should be focused on the patient's primary concerns, but patients should also be informed regarding pain and pain management and changes that may be experienced in breathing, speaking and eating.

Information regarding the operative procedure, equipment to be used, and postoperative care should be provided in as much detail as the patient desires. Medical models and "before and after" diagrams illustrating changes in normal anatomy assist the patient to understand complex procedures. Explanations of nursing procedures such as tracheostomy care should be provided along with a description of sensations that may be experienced. Anticipated alterations in appearance should also be discussed with emphasis on the advantages of reconstructive techniques.

For the head and neck cancer patient, self-care teaching is an important component as it relates to the process of body image reintegration and coping. The visibility of the head and neck area is vital to one's appearance and personal identity. Body image reintegration is an ongoing, complex process that involves acceptance and adjustment to postoperative physical changes. Learning self-care procedures such as tracheostomy care involves confronting those changes as well as survival skills. The head and neck nurse specialist facilitates this process by teaching self-care procedures and providing emotional support to boost confidence and lessen patient anxiety (Dropkin, 1997).

For those head and neck cancer patients who present with a history of tobacco and/or alcohol abuse, rehabilitation programs should provide information on cessation strategies as well as referral resources.

The Patient's Responsibility

Patients clearly share in the responsibility of being educated. In fact, becoming informed is a positive step and a good coping strategy. There are many different types of cancer. Begin by learning all you can about your particular cancer in order to ask appropriate questions. If you don't get the right answers, seek another opinion. Utilize resources such as the public library and the Internet to research your diagnosis and find information on clinical trials. Carry a pocket notebook where you can record questions as they arise. Ask about treatment risks and long-term side effects. Ask if it is possible to

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meet a cancer survivor with a similar diagnosis. Join support groups such as Support for People with Oral and Head and Neck Cancer (SPOHNC), where you can meet other head and neck cancer survivors and learn about their survival skills. Read and understand consent forms before signing. Be sure you understand your insurance benefits, caps (limitations on care), and the referral process. And, be sure to establish a living will and designated power of attorney. A living will provides instructions to your loved ones in the case of a medical emergency and a power of attorney appoints an individual with the authority to make medical decisions for you if you are unable to do so for yourself.

Current Sources Of Information

There are several new and reliable sources of information available. The Milton J. Dance, Jr. Head and Neck Rehabilitation Center located at the Greater Baltimore Medical Center has developed an interactive website for both patients and healthcare professionals: www.headandneckrehab.com. The website www.uslaw.com explains the process of establishing a living will and power of attorney in detail and helps you to customize a document. And, the National Coalition for Cancer Survivorship now provides a Cancer Survival Toolbox; a free set of six self-learning audiotapes designed to help patients develop the skills necessary in dealing with a cancer diagnosis and treatment. Call 1-877-866-5748 to order.

Barriers to Learning

Learning of a head and neck cancer diagnosis sets in motion a series of emotional responses such as anger, fear, and denial that can often interfere with the ability to absorb and retain information. Physical symptoms such as pain, fatigue, and certain medication side effects make it impossible to be focused. In addition, patients with visual or hearing impairments, limited manual dexterity, and the elderly require sensitivity and adaptations to the teaching process. Certain cultural values may also interfere with the learning process as the patient may expect his or her spouse to be a total caregiver. The healthcare provider working with the patient should always evaluate the effectiveness of education

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Tips From the Pros

Dear Nancy,

Twenty eight years ago, I lost my lower jaw and part of my face to cancer. For the past 12 years I have been the Director of Let's Face It, a U.S. support and information network for people with facial disfigurement. As a result of my experiences, I would like to pass on several of my favorite resources and some insights to the members of SPOHNC.

I would hope that others, (survivors, family members and professionals) who are dealing with life after head and neck cancer treatments, will send in their gems of wisdom, too; sort of the "pros" coaching the "rookies." In other words, those of us who have dealt with these complex invasions of bodies, souls and communities, passing on our tips to the "new kids on the block." Let's hope this will be a good place for the "new kids on the block" to pose their dilemmas and questions.

Here are my "Tips From the Pros"

#1. Keep a journal from day one. This is your personal history and what fun it is in a few years to take a look back and see how far you have come. Keep all MD's names and their assistants' names and numbers in a medium size bright colored (easy to find!) note book. A favorite note book and video tape for many of us is called Cancer Resource Survivors Kit. If some one asks you, "What can we do for you?" ask them to pool their funds and get this set for you. The cost is around \$25.00. It can be ordered from Life Care Concepts, 800-401-2233 or from their web site at www.cancerresources.com.

#2. Watch your addictions carefully. Just the simple act of giving up caffeine at least two weeks before surgery can make a difference in how your body heals. Why not have the common caffeine withdrawal symptoms of irritability, headache and exhaustion before your surgery. One man I visited in the hospital went on an alcoholic "bender" the night before his surgery. I have never seen a man in such distress after surgery. For some of us, confronting our addictions has been one of the most positive parts of our lives after the diagnosis of cancer.

#3. Involve "family" or significant others in medical visits. Facial disfigurement and cancer are very personal invasions of life. The drama and dynamics of our cultures are important to how our lives are going to proceed. One woman who had radical neck surgery related that one of the most frightening things that happened between her husband and herself was, that while in the hospital, she "lost her sense of humor". I feel they were so fortunate to see this as frightening and to know that "this, too, will pass."

Mental health counselors are often permanent members of cancer teams. Get to know these professionals and let them know your whole "family" before your surgery. In a phone conversation a long time facial cancer survivor said to me, "I was supposed to die, but I really think the person who died was my ex-husband. It feels like he never recovered from my facial surgery." Just remember asking for help with our lives is a strength and never a "weakness".

#4. The last tip is two little books that have meant a great deal to many of us. The first is short daily readings for people with chronic illness. It is called *Finding The Joy In Today, Practical Readings for Living with Chronic Illness* by Sefra Kobrin Pitzele. It costs \$12.00 and its ISBN is 1-56836-348-7. This book was formerly titled, *One More Day* so it may be found by that title in a secondhand book store. The second is *Chronic Illness and the Twelve Steps, A Practical Approach to Spiritual Resilience* by Martha Cleveland PH.D. It costs \$12.00 and its ISBN is 1-56838-347-9.

Thank you, Nancy, for this opportunity, ■

Sincerely,
Betsy Wilson
Director of Let's Face It USA
PO Box 29972 Bellingham WA 98228
web <www.faceit.org/letsfaceit/>
email <letsfaceit@faceit.org>

P.S. Put something fun into every day!

Editor's Note: If you have a "tip" that you would like to share, please send it to SPOHNC, P.O. box 53, Locust Valley, NY 11560-0053

A TIME FOR SHARING

Several years, after I stopped smoking, on a trip to Los Angeles, the man next to me was chain smoking, drinking all those little bottles he could get hold of, and coughing so violently he seemed about to lose a lung. After watching this with dismay, it occurred to me that I certainly was the last person in the world to criticize him. Based on an estimate of the number of cigarettes I smoked a day, times the days in a year, times all the years I smoked, the fact emerged that I must have smoked about 408,000 of those nasty things.

After burning my poor throat with all those "coffin nails," and all those gallons of alcohol, it really isn't surprising to find that years later cancer cells appeared on the scene of the crime. With the help of the marvelous program of Alcoholics Anonymous I was able to stop drinking in February of 1977, and I quit smoking in January of 1981. But thanks to those years of abuse before stopping, the damage had been done.

DIAGNOSIS

In April of 1998, upon arriving at the magic age of sixty five, and as a part of the change from Kaiser to Medicare, I signed up with an internist that I had known years before. In a page full of comments to update him on my aches and pains was a note: "Allergies: I think the the nose spray might have caused the sore throat, swollen right side of my neck, and ear pain." He studied my mouth, prodded my neck and moved on.

Over the next few months, it seemed that every health care person I saw peered into my mouth and massaged my neck. I would then advise him or her that I had a sore throat, ear pain, and a growing mass on the right side of my neck. The dentist and periodontist and their hygienists, the ENT doc checking my deaf left ear, and the internist all said, "Hmmmmm, we'll want to keep an eye on that."

In September, I went back to the doctor who did an August physical exam, telling him that the neck mass was larger, that it seemed to be about the size of a watermelon. He gave me the names of a couple of ENT people, and suggested I

could go see one of them, but advised that the swelling was nothing to worry about. He could tell from feeling it that it wasn't malignant. "It doesn't feel like cancer, probably a lymph infection."

The next day I met with the ENT expert, he snaked the fiber optic cable down through my nose, checked me over, and during the next week my tour included: MRI, barium swallow and chest xray, blood tests and outpatient throat biopsy.

On Friday, September 25, 1998, at 6:30 PM he advised Ann and me that the news was very bad and that we faced an unbelievably difficult year ahead. In reply to our questions about my future, he advised me: "You have stage IV oropharyngeal cancer with metastasis to the neck. You have a very difficult six months ahead of you that will include complicated surgery to remove the tumor, and perhaps radiation and chemotherapy".

When I told him I ran a small business, needed to plan and wondered about my chances of being around in two years, he replied, "Don't even ask about whether you will be around in two or five years! You don't want to know the answer!" And again, and again, told us how difficult the coming months and year would be. In spite of the gloom, he was most helpful by acknowledging that he did not do the sort of surgery that was required, and gave us the name of a surgeon at Georgetown's Lombardi Cancer Center, and another fine doctor in private practice. After meeting with both of them, the team at Georgetown seemed the best local choice.

TREATMENT

I tend to think that physicians are like auto mechanics, there are a bunch of them that are mediocre, and a few who are really good. My impression of the Georgetown surgeon, radiation oncologist, medical oncologist, and dental and the many people who supported them, was that they were all outstanding.

Two years later, it is a pleasure to report that my first impression was correct: they are a wonderful team, and as busy as they are, they all are willing to politely listen to me, and I'm alive and well as the result of their very capable efforts.

Their suggested treatment programs consisted of a complete review by a dental oncologist, eight weeks of radiation starting on October 12, 1998 and three infusions of Cisplatin on October 13th, November 3rd and 24th to enhance the radiation.

Early in December, at the end of the radiation treatment, it was clear that the tumor and neck mass were gone. The team decided it would be best to do a neck dissection, too. Thankfully, when surgery was complete, the neck was free of cancer.

That surgery must have been more threatening to me than I realized. In the recovery room, as consciousness returned, and thankful that I had not departed, I recall saying out loud, "Thanks, Lord, it looks like I'm still alive!"

The treatment part of this story really wasn't that bad for me. I was able to drive myself to the radiation sessions every morning. That huge Siemens machine and the mask to keep the head from moving are intimidating, but the people were great and one by one the forty treatments got done. The after effects of chemotherapy were bummers: nausea, fatigue, gloom, but that passed in a few days, and there were only three of those sessions. The surgery was not as bad as I imagined, however, it will be a long time before I forget the memory of that great big LPN who came into my room at midnite to inform me that she had come to "yank the Foley!" It seems there must be a better description for removing the catheter, and those plastic drain containers, that were hanging from my neck, were not decorations that I plan to use again.

Checking back on some notes I made during the treatment, the words that keep repeating are: nausea, fatigue, trouble sleeping, unable and/or uninterested in eating, no taste, dry mouth, weight loss, sore throat, and pain while swallowing. Having been warned about how awful all this would be, the actual experience didn't seem so bad.

POST-TREATMENT

I have been wonderfully fortunate! The twenty-two months since the end of treatment have been pretty easy,

particularly when comparing my experience with that of people I've met at support groups, read about in Nancy Leupold's excellent newsletters, and learned about on the Internet.

Radiation zapped the salivary glands, I wake several times a night to wet the dry mouth, but during the day with my water bottle, I fit right in with the teenage athletes.

My right side feels like it is shot with novocain from my cheek to below the shoulder.

I'm not sure just how it affects me, but the experts advise that all of us who have faced cancer experience depression to some degree or other. One of these days maybe I'll look up an expert to see whether my sometimes goofy outlook is the result of the cancer experience; or adjusting to my selling a business that filled my life for many years; confusion; or just old age silliness.

And when I read words like "necrosis" and other scary terms, it prompts a quick prayer, thankful that those things haven't happened to me so far.

I lost fifty pounds, have put twenty of them back on, and from the looks of the growing tire at my waist, don't need to add any more.

While I don't lose sleep over it, I'm

concerned about recurrence, and am a student of any advances in treatment that might be available to me if needed.

REFLECTIONS

The Holy Spirit has made it possible for me to accept life threatening cancer, to use prayer to bend my attitude in a positive way, to be thankful for a long life that has been filled with many, many happy days.

It has been extremely important and valuable to have a loving, caring wife who has been at my side through all of the difficult times. I hate to think what it would be like to go thru this alone.

It has been great to have an AA sponsor who is a spiritual advisor and guide who knows me well, and has been wonderfully supportive.

It is insane for us to abuse alcohol and tobacco. It seems to me that it is very like suicide for anyone with a diagnosis of cancer to continue to smoke or drink! If the reader is interested in learning about my experience with drinking cessation, I'd be pleased to visit on the phone, or have a meeting. Nancy, at SPOHNC will give you my name, address, phone and email address.

I'm pleased that the medical team that we selected has lots of experience with my brand of cancer and that they are willing

to listen to me, and to talk sensibly to me.

I have a bunch of gold stars for the discipline to follow instructions on careful, faithful dental cleanliness, and am told that this has been very important in avoiding scary complications.

Work and exercise have been extremely helpful in taking my mind off troubles and sickness.

We are glad that we told very few people about my diagnosis. It is difficult for us to handle the concerns and curiosity of family and friends.

The missed diagnosis by a series of people who should have known better was disappointing. But without any hard feelings, I now accept the responsibility for management of my healthcare.

In the area of information, SPOHNC is at the very top of the pile. Somewhere behind them are the dozens of web sites and printed stuff from NCI and others.

We're told that putting together eighteen months of good health after treatment, without recurrence, is a milestone and we are very thankful for it. I'll keep starting every day with a prayer for healing, and be thankful for another day and all the good things that go with it.■

John

Rockville, Maryland

OBTAINING DISABILITY BENEFITS BASED ON HEAD AND NECK CANCER

by Scott Davis, Esq.

As an attorney who specializes in disability law, I have authored many articles on the subject of obtaining disability benefits based on a variety of diagnoses. However, none has been as personal as this one.

In April 1996, my father was diagnosed with cancer of the soft palate. By July, he had successfully completed 33 courses of radiation. Unfortunately, in September 1997, he was again diagnosed with a new malignancy on the other side of the palate.

Like many cancer patients, my father was determined to explore every treatment option. He also sought out the disability benefits to which he was entitled.

If you or a loved one has cancer, I can empathize. I have experienced cancer's awesome power and its devastation. I have also experienced the determination of a

man to obtain the best care and benefits possible to him. Based on my father's experience and my knowledge of disability law, I offer the following information.

How do you file a claim for Disability Benefits?

If you or a loved one is battling cancer, the last thing on your mind may be filing a claim for social security disability. However, at some point, depending on the severity of your diagnosis, you should consider filing a claim. If you have worked most of your life, you have already paid the Social Security Administration (SSA) to provide you with retirement and disability benefits. By filing a claim for disability benefits you are not applying for a government handout! In fact, it is no different than filing a claim with your automobile

insurance carrier if you have been in an accident.

If you already know you need to file a claim, call SSA at (800) 772-1213, to begin the process. There is no charge and SSA must take your application.

When should you file a Disability Claim?

In short, you should file a claim for disability benefits as soon as your situation meets one of the following criteria: (1) you have been unable to work due to your medical condition for a minimum of 12 months, (2) due to your medical condition you are expected to be unable to work for a minimum of 12 months, (3) your medical condition is expected to result in death.

In addition, like most types of cancer, head and neck cancer is a "Listed" impairment at SSA. What does this mean? SSA

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has a list of many medical conditions that are so significant and potentially severe that you can be found disabled based on the cancer diagnosis alone if it meets the following criteria. In other words, if your condition meets any of the following, you will automatically be found disabled regardless of your age, education or prior work experience. You should file a disability claim immediately when your condition meets the following criteria:

Neoplastic Diseases - Malignant:
Head & Neck

- A. Inoperable; or
- B. Not controlled by prescribed therapy; or
- C. Recurrent after radical surgery or irradiation; or
- D. With distant metastases; or
- E. Epidermoid carcinoma occurring in the pyramidal sinus or posterior third of the tongue.

(Note: This criteria does not include cancer of the salivary glands, thyroid, mandible, maxilla, orbit or temporal fossa, SSA has separate criteria for these diagnoses).

Please understand that if your condition does not meet the above criteria you can still obtain disability benefits as described later in the article.

What documentation is necessary?

Prior to approving a claim, SSA will require that your diagnosis be adequately documented. For example, the diagnosis of a malignant tumor should be established on the basis of symptoms, signs, and laboratory findings. The site of the primary, recurrent, and metastatic lesion must be specified in all cases of malignant neoplastic diseases.

If an operative procedure has been performed, it is important to provide SSA with a copy of the operative note and the report of the gross and microscopic examination of the surgical specimen. If this documentation is not available, you can substitute with a copy of the hospital discharge summary or a report from your treating physician (preferably the surgeon or oncologist). However, it must include a detailed summary of the surgical findings and pathology report.

What if my diagnosis does not meet SSA's criteria?

If your diagnosis does not meet the criteria you can still be approved for disability benefits! Please understand that it is not essential that you meet the above referenced criteria to be approved! You could be eligible for ben-

efits if you have significant residual effects from cancer therapy or you have other medical conditions in addition to the cancer that contribute to your inability to work.

As a general rule, if you don't meet SSA Listing's criteria, in order to be eligible you have to be unable to sustain unskilled sedentary full time work (i.e. 8 hours per day, 5 days per week).

In hindsight, I believe my father was unable to sustain any full time work and was eligible for benefits at least 1 year before his diagnosis would have met SSA's head and neck cancer criteria. After his radiation treatment, he never had the same physical and/or mental stamina. Also, his ability to effectively deal with stress was significantly reduced. Although he was not incapacitated after radiation was completed in July 1996, he was unable to sustain full time work. However, he did not meet SSA's criteria until over a year later when his cancer recurred in September 1997.

Thus, even though he didn't meet SSA's criteria before then, he was disabled because he could not sustain full time work. The lesson is that you should file your disability claim immediately when you, (1) meet SSA Listing's criteria set forth above, or (2) you may not meet the criteria, but believe you will be unable to sustain full time work for a minimum of 12 months.

Additional Tips to Keep in Mind

Following a cancer diagnosis, depression and anxiety may be very limiting factors in one's life. Depression and anxiety, by themselves or in combination with limitations from cancer, can be the basis of a disability claim. An example would be a person who has developed significant secondary psychological problems even though their cancer treatment appears to have been successful.

Also, if you have undergone radical surgery (ies) and are unable to use your voice (or cannot communicate easily), or need special accommodations (i.e. feeding tube), or continue to take strong narcotics to control residual pain, you should be eligible for disability benefits.

As referenced in my father's case, the side effects from cancer treatment can also be the basis of a disability claim even if your diagnosis does not meet SSA Listing's criteria. This would usually occur in the situation where you have undergone multiple treatment regimens over the course of 6 to 12 months.

MEMORIAL GIFTS

In Loving Memory of

Paul R. Fink, Sr.
by Mr. and Mrs. T. Fischetti

Burton C. Boswell
by Geraldine Pritchett
and
James & Shari Eide

John Pascali
by
Nancy D'Agostino
Vicki Stein
Evelyn Appelbaum
Ellen and Michael Schiffman

Roberta Corben
by Nina and Bob Klauber

Carol Dervitz
by Peggy Dervitz

Remember, if this applies to your situation, the limitations you have from treatment (i.e. side effects), must remain (or be expected to remain) for at least 12 months in order to be eligible.

Best of luck and remember to keep your spirits high and keep fighting for the benefits to which you are entitled. If I can be of any assistance to you or a loved one who has been diagnosed with cancer, please feel free to contact me.■

Editor's Note: Mr. Davis represents social security and long-term disability clients nationwide who are unable to work due to any physical and/or psychological condition. For more information, please call (602) 482-4300, or via email scottdavis1@home.com, or correspond to: 4648 East Shea Blvd., Suite 150, Phoenix, AZ, 85028.

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to assure that information was understood. In some cases, repetition of information may be required.

Conclusion

Today's informed consumer wants and seeks information. The more people know about their health situation the more able they are to make informed choices. Knowledge increases communication between provider and patient. This is a crucial element since the patient is the most important member of the healthcare team. Becoming informed is a positive step on the pathway to survivorship. The emphasis today is on learning to live with cancer and achieving optimal quality of life. Patient education is clearly the pathway to rehabilitation for the head and neck cancer survivor.■

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Editor's Note: Linda K. Clarke, MS, RN, CORLN is a Head and Neck Clinical Specialist for the Milton J. Dance, Jr. Head and Neck Rehabilitation Center at the Greater Baltimore Medical Center in Baltimore, Maryland . She recently become a member of SPOHNC's Medical Advisory Board.



from PAT'S PANTRY
PROVENÇAL



CARROT SOUP

- 2 lbs. carrots, sliced in rounds
- 2 medium potatoes, cut in cubes
- 4 cups water
- 1 cup chopped onion
- 1-2 garlic cloves, minced
- Salt and pepper to taste
- 2 tablespoons olive oil
- 1/3 cup cashew nuts
- 1 cup plain yoghurt
- 1/2 tsp thyme
- 1 whole bay leaf
- 1 tablespoon fresh parsley, minced
- 1 tsp grated ginger or ginger powder
- 1 cup whole grain bread croutons

(Optional) a dash of sherry

In a stew pot, lightly sauté the onion until it becomes translucent. Add the garlic, thyme, bay leaf, parsley and ginger and sauté 2 minutes, until the flavors begin to rise.

Add the carrots, potatoes, water, cashews, salt and pepper. Boil until the vegetables are soft. Place the mixture in a blender or food processor; add the yoghurt and croutons and blend until a consistency of purée. If the mixture is too thick for your liking, thin it with milk. Return the mixture to the pot to warm before serving. Add a tablespoon of sherry just before serving.

October's Tip: A word about fresh herbs and spices: Try to use fresh ginger in your recipe for "Carrot Soup." Fresh herbs and spices are much better, if you can get them. They add so much flavor, and they provide nutrients, as well.

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COORDINATOR/FACILITATOR

Kathy Myers, RN
 Joanne Assarsson
 Carol Ross
 Linda Clarke/Lynne Delancey
 Morton Silverblatt
 Lorelee Fulton, RN
 Karrie Zampini
 Harmon Grosky
 Valerie Goldstein
 Nancy Leupold
 Marsha Braunstein, RN
 Micki Naimoli
 Kimberly Ann Holle
 Stefanie Washburn
 Sidney Munson OSW
 Tammi Miller, RN

PHONE

414-454-5631
 202-784-3755
 503-413-7834
 410-282-2087
 305-652-5777
 718-780-1801
 212-717-3527
 404-284-8045
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S•P•O•H•N•C, Inc.
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 The New York and New Jersey Consortium
 for the
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 Oral Cancer
 Wednesday, October 25, 2000
 Thursday, October 26, 2000

Screenings to be held at sites in
 New Jersey, New York City
 and on Long Island

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