

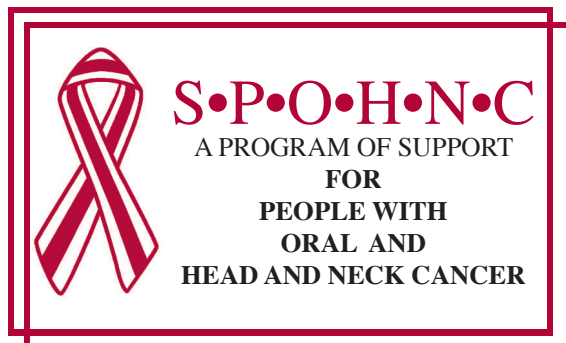
NEWS FROM S•P•O•H•N•C



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Improved Treatments for Head and Neck Cancer and Quality of Life

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Introduction

During the last decade the management of head and neck cancer has changed dramatically, mostly due to the organ-preservation approach that was developed to decrease the morbidity of surgical treatment and to improve patients' quality of life. While the main goal of therapy continues to be eradication of the cancer, minimizing morbidity and preserving or restoring function, and esthetic appearance play an increasingly important role. By this measure, improved treatments have succeeded in improving the quality of life for many patients, especially those with early-stage cancers.

Many adverse effects of cancer treatment, including nausea and neutropenia (low white blood cell counts), are generally well tolerated or easily managed, but other, more significant side effects, such as mucositis and salivary gland hypofunction, with corresponding difficulty in swallowing, poor nutritional status/dehydration and dependence on the feeding tube, continue to cause problems for patients. Efforts in minimizing and alleviating these side effects have resulted from gaining a better understanding of treatment-related toxicities which in turn has resulted in improved quality of life for patients.

Quality of life values

In the treatment of head and neck cancer, quality of life assessment has become an essential parameter, parallel to disease-free survival and treatment-related morbidity. Functional outcomes of treatment constitute one of the most important factors in determining whether a particular type of treatment is appropriate for a patient as this has such a major impact on quality of life. Quality of life essentially describes a

patient's sense of overall well being. In general, quality of life values are low at the time of the patient's diagnosis and worsen during and immediately after treatment; however, these values tend to improve over the long term. The patient with head and neck cancer faces the impact of the disease and its treatment on eating, talking and overall esthetic appearance, with corresponding social and psychological implications which can be severe at times. Understanding the type of symptoms and how they develop would help in the management as well as their possible prevention. The following are some of the common side effects of head and neck cancer treatment.

Digestive tract mucositis or inflammation

Mucositis is probably the most debilitating toxicity of head and neck cancer treatment. Certain treatment regimens are associated with a high occurrence of severe mucositis. Mucositis is thought to arise following a series of events that involve direct and indirect effects of treatment (radiation and chemotherapy) on various layers of the lining of the aerodigestive tract. These treatment effects result in activation of biological factors such as NF- κ B (nuclear factor-kappa beta) which has an important role in the production of pro-inflammatory chemicals called cytokines, which ultimately lead to clinical signs and symptoms of tissue damage. Mucositis is not an exclusively oral problem or pharyngeal problem but may involve other aspects or areas of the digestive tract. In addition to the oral symptoms (sore throat, difficulty swallowing), small and large intestinal mucositis may manifest clinically as abdominal pain, bloating and diarrhea. Since oral and pharyngeal mucositis is mainly a radiation-related complication, measures that aim at minimizing this adverse effect revolve around efforts to deliver an optimum dose of radiation to the tumor while minimizing damage to the surrounding normal tissues.

Salivary gland hypofunction

Xerostomia (dry mouth) is caused by radiation damage to the salivary glands, thus producing a reduction in salivary flow, resulting in symptoms of dryness and increased susceptibility to mucosal trauma, loss of taste, and oral infections such as candidiasis or thrush and dental decay (radiation caries). It is well recognized that radiation caries may develop within three months of completing radiotherapy and may progress rapidly. Radiation caries may lead to tooth loss, spontaneous or traumatic bone death or osteoradionecrosis (ORN), oral infections, altered oral intake with dietary adaptations, pain or discomfort and decreased quality of life.

Measures have been developed and utilized to minimize the severity of this adverse effect. Limiting damage to the salivary glands would be the ideal prevention and relies heavily on restriction of radiation exposure to the glands. Once radiation-induced xerostomia has developed, agents such as pilocarpine and cevimeline are used to stimulate salivary function and thus increase salivary flow rates. In

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cases where osteoradionecrosis develops, the use of hyperbaric oxygen, necessary removal of dead or necrotic bone and use of antibiotics remain as important treatment considerations. Hyperbaric oxygen increases oxygenation in irradiated tissue, thus decreasing ongoing tissue damage and increasing the healing response.

Nutrition

Weight loss due to therapy for head and neck cancer is inevitable, mostly caused by mucositis-related pain, swelling, pain or inability to swallow. A certain percentage of patients may require the temporary placement of a feeding tube in order to maintain adequate oral intake for weight maintenance. The stabilization of weight and the ability to swallow effectively will determine how quickly the patient may be weaned off the feeding tube.

Physical therapy and rehabilitation

Surgical treatment for head and neck cancer often results in the need for the patient to undergo physical therapy or rehabilitation for various functional deficits, created by damage to nerves or tissue defects resulting from surgery. One of the most important forms of rehabilitation is restoration of voice after laryngectomy (surgery to remove the voice box). Attempts at addressing this issue include nonsurgical and surgical approaches, as will be detailed below. Various forms of surgical reconstruction of tissue defects have been developed to restore the ability to speak and swallow after tumor removal and have tremendously improved overall quality of life. Minimally invasive surgeries continue to emerge as more emphasis is being placed on improved functional and aesthetic outcomes of surgical treatment for head and neck cancer.

Advances in treatment modalities

The mainstay of treatment for head and neck cancer consists of surgery and radiation, either alone or in combination, with chemotherapy generally reserved for advanced-stage cancers, metastatic disease, or palliation of recurrent disease or persistent disease after initial treatment. Refinements or combinations of these treatment modalities have been advocated in recent years not only to increase the efficacy of treatment but also to preserve organs and to improve quality of life. These major developments have attributed to a shift in treatment modality, with organ-preserving chemoradiation replacing surgery, and continued advances in chemoradiation treatments, radiation techniques, and targeted therapy.

Surgery

Advances in minimally invasive techniques have enabled endoscopic and microscopic procedures that mimic so-called open or traditional surgical approaches. As endoscopic instrumentation and skills of endoscopic surgeons have improved, endoscopic approaches have expanded from simple excisions of small tumors (tumors limited to the nasal cavity) to resections of tumors extending to the skull base. Advantages of endoscopic approaches include shorter recovery time (thus shorter hospital stay), preserved function of normal surrounding structures (thus decreased complication rates), and improved esthetic appearance. Similarly, technological advancements and refinements in surgical techniques have allowed surgeons to utilize microscopic approaches for early-stage tumors of the pharynx and larynx. For selective cancers and/or patients, the surgeon is now better able to maintain physiological functions of the larynx, such as speech, respiration, and

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IMPROVED TREATMENTS from page 2 swallowing, without compromising tumor control. The addition of the use of lasers has further improved functional and oncologic outcomes in these microscopic surgeries. Transoral laser cordectomy (excision of part or entire vocal cord with the use of carbon dioxide laser through the mouth) has become a surgical treatment of choice in early-stage laryngeal cancers. Studies have shown that these patients have similar voice-related quality of life as those undergoing primary irradiation as treatment.

Major advances in surgical reconstruction have also contributed greatly to improvement in quality of life for patients undergoing head and neck cancer treatment, especially for patients requiring large tumor resections. New reconstructive strategies such as the vascularized free flaps (free tissue transfer from the arm, hip, or leg to the area of the surgical defect. These advances in surgical technique have widened the range of reconstructive options and allowed the surgeon to maximize the patients' postoperative function and quality of life. Providing nerve supply (sensory innervation) to the newly reconstructed tongue, for example, the radial forearm free flap (RFFF) gives the patient the ability to feel, thereby optimizing speech and swallowing functions, which would not have otherwise been possible with earlier methods of reconstruction. Free flap reconstruction restores the structure of the mandible (jaw bone) after a major resection and provides adequate support for dental implants and thus the ability to eat normally. The ability of the surgeon to rehabilitate the patient esthetically and functionally with the use of these flaps has therefore revolutionized the surgical management of head and neck cancer and has immensely improved patients' quality of life.

In recent years, transoral robotic surgery (TORS) utilizing the da Vinci surgical system has become increasingly popular, especially as a minimally invasive approach to treatment of head and neck cancer. This type of surgery is performed with the surgeon sitting at a console and controlling micromanipulators, which are connected to three remotely controlled "robotic" arms. These arms are inserted through the patient's mouth (transoral) to perform such procedures as removing tonsillar cancer and cancer of the throat or voicebox. Advantages of this technique include decreased blood loss, decreased length of hospital stay, and decreased postoperative complication rates. Functional

outcomes, such as swallowing function as measured by feeding-tube dependence, are also much improved when compared to other modalities (open surgical approach or combined chemotherapy and radiation therapy (chemoradiation). Long-term survival results, however, are not yet available for TORS, but current evidence in local and regional control is promising.

The loss of verbal communication created by total laryngectomy or laryngopharyngectomy is one of the most debilitating side effects for a patient with cancer of the throat or voice box. Successful voice restoration can be attained in three ways: (artificial larynx or electrolarynx, a battery-powered device that transmits vibration noise to the throat which the patient then transforms into sounds with his lips, teeth, and tongue), esophageal speech (air movement created by forcing air into the top of the esophagus and expelling it out through the mouth, which vibrates the walls of the esophagus and creating the sound of the patient's voice) or tracheoesophageal speech (air movement through a surgically created opening in the esophagus at the rear of the tracheostome, vibrating the walls of the esophagus and creating sound). Surgical voice rehabilitation (tracheoesophageal or TEP speech) using voice prostheses is currently the gold standard for voice rehabilitation. Advantages of this type of device over other methods of rehabilitation include immediate voice production, high success rates, relatively low complication rates, possibility of sustained speech with fluent quality, and more recently, possibility of hands-free speech. TEP speech has clearly improved the quality of life of a patient undergoing total laryngectomy. Functional management continues to improve as more attention is focused on optimal voice rehabilitation and pulmonary (breathing) and olfactory (related to smell) rehabilitation.

Radiation therapy

Major changes in radiation therapy have permitted delivery of a higher dose of radiation to the tumor while minimizing the dose delivered to the surrounding normal tissues. Advancements in computer technology and imaging have allowed better precision of radiation delivery (*three-dimensional conformal radiotherapy*) to image-based targets and improvements in sparing of non involved critical tissues. Use of *intensity modulated radiation therapy* (IMRT) has resulted in more

precisely administered radiation delivery to the tumor while involving less of the surrounding tissue and correspondingly less toxicity. With IMRT, radiation fields with varying intensities across the field are used, allowing a relatively uniform dose to a target while avoiding a high dose to the surrounding structures. In addition to noninvolved tissue sparing, IMRT offers the potential for improved tumor control by reducing the constraints on the tumor dose due to adjacent critical organs versus conventional radiation therapy. In general, the main intent of IMRT planning is preserving function, such as reducing xerostomia by sparing of salivary glands and long-term dysphagia (difficulty swallowing) by sparing throat muscles and parts of the voice box involved in swallowing.

Proton therapy offers the ability to better concentrate treatment dose and minimize damage or exposure to surrounding tissues, especially important in tumors of the paranasal sinuses and nasopharynx, since these are often in close proximity to the optic nerves and the brain. For example, proton therapy has been shown to result in high local control rates with minimal toxicity (preserving vision) in patients with advanced sphenoid sinus cancers. Other types of radiation energy forms such as neutrons and carbon ions have also been used with similar advantages in management of head and neck and salivary gland cancers.

Brachytherapy is a technique that delivers a high dose of radiation through catheters implanted directly into the tumor, thereby largely sparing surrounding normal tissues. The localized high dose of radiation enables high tumor control rates while minimizing the morbidity of radiation. Patients treated with brachytherapy have been shown to have improved swallowing-related quality of life.

Intraoperative radiation therapy (IORT) allows intensification of the total radiation dose without exposure of healthy tissues and improves precision. It is used at selective centers as a supplemental treatment in patients with locally advanced or recurrent tumors. Overall, the combined therapy of the above radiation treatments with surgery and chemotherapy have resulted in improved local control and disease-free survival, in addition to improving patients' quality of life.

Chemotherapy

One of the major advancements in the treatment of head and neck cancer is the use of chemotherapeutic agents as radiosensitizers.

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Previously, chemotherapy was generally reserved for advanced or unresectable cancers; chemotherapy is currently used with radiation as the primary treatment in place of surgery in many cases. One of the main goals of chemoradiation treatment in head and neck cancer is the ability to preserve organs that would have been surgically resected. Studies are continually being performed, focusing on optimizing the combination in order to preserve better function while improving tumor control. In many institutions, chemoradiation is now the treatment of choice for cancers of the oropharynx and hypopharynx, as well as many advanced laryngeal cancers.

Molecular targeted therapies and immunotherapy

In recent years the identification of specific molecular targets associated with head and neck tumors have provided potential alternatives to current chemotherapeutic agents in the treatment of head and neck cancer. They may be preferred over chemotherapy due to fewer side effects and potentially greater efficacy. These agents, however, are still under investigation.

The *epidermal growth factor receptor* (EGFR) signaling pathway and inhibitors of blood vessel ingrowth into tumors (angiogenesis) have been found to play a key role in the growth of head and neck cancer.

Drugs that inhibit the EGFR pathway represent the main targets of the new therapeutic agents now in development. Epidermal growth factor receptor is a cell surface receptor or signal station which is present in a majority of head and neck cancers. Cetuximab, an antibody that is directed against EGFR which, when added to radiotherapy regimens, has significantly improved locoregional control of head and neck squamous cell carcinoma. Also, the addition of cetuximab to platinum-based chemotherapy has resulted in therapeutic outcomes. Studies showed that although cetuximab cannot cure metastatic disease, its addition to cisplatin may prolong life with minimal toxicities. Cetuximab is currently the only targeted therapy approved for treatment of head and neck cancer in patients with locally advanced tumors and in patients with recurrent or metastatic diseases. Other molecular targeted therapies such as antiangiogenic drugs are being developed and evaluated.

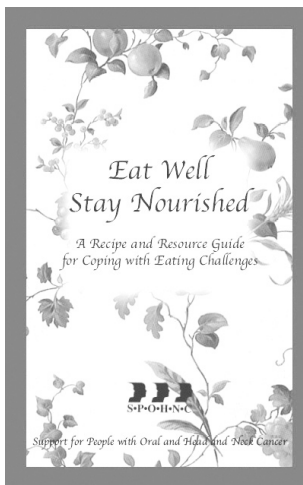
Advances in cancer immunology provide a strong foundation and powerful new tools to guide current attempts to develop effective cancer vaccines. Vaccine-based approaches (immunotherapy) for the treatment of advanced squamous cell carcinoma of the head and neck have thus far achieved limited clinical success.

Conclusion

Overall, advances in treatment modalities for head and neck cancer have greatly improved patients' quality of life without compromising tumor control. Nonetheless, newer modalities are associated with toxicities which at present are unclear and require ongoing investigation. Continued research will lead to better understanding of tumor biology intended for further refining treatment approaches and to further minimize adverse effects of treatment while improving patients' survival and quality of life.

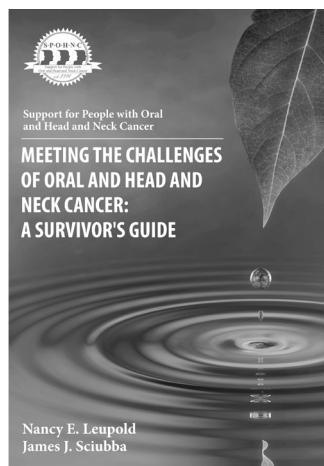
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Caregivers Corner...by Phyddy Tacchi

Introduction

Dear Caregiver,

Are you caring for a loved one with cancer? Feeling overwhelmed? You're not alone.

When I was a cancer caregiver, it would have been so helpful to have resources to help me and my family through a very difficult time in life. I am hoping that our "Caregivers' Corner" in the next few months may provide you with information and support as you go about your day as a caregiver.

These articles will reflect the observations of other caregivers who have been part of a similar journey. They are intended to serve as a practical guide and an emotional survival kit to help you take care of yourself while taking care of someone else.

A caregiver has special needs, which often are quite different than those of a patient. As you probably know, caregiving brings a sudden set of new responsibilities that demand an enormous amount of time and energy. While the caregiving experience may provide opportunities for growth with positive experiences, it also can take an emotional and physical toll, at times leaving you feeling frightened, lonely, burdened and drained.

Where I work, many people travel from near and far to receive the world-class treatment that The University of Texas M. D. Anderson Cancer Center offers. While this carries distinct medical advantages, the adjustments that are needed can bring unique challenges. Whether your loved one is receiving care in a distant location or if you are caring for your loved one closer to home, there are many new things to learn, including navigating a large and unfamiliar setting; gaining understanding of medical terminology; building trust with a new staff; managing medications, side effects and schedules; keeping the home fires burning ... well, the list goes on and on.

Over the next several months, we will cover many topics, including thoughts, feelings, and actions that caregivers experience. This will be designed to share with you how others have faced these challenges and the methods they used to help them get through this stressful time. We hope the guidance provided here will strengthen, soothe and energize you — the caregiver — a pivotal member of the treatment team.

This month we will address the scope of responsibilities of a caregiver. A bit later, we will talk about feelings, identifying your strengths and ways to take care of yourself.

Not too long ago, having cancer was

considered an acute disease carrying a high mortality rate. Today, many of those same cancers are treated with various therapies that may extend a patient's life beyond previous medical expectations, enabling him/her to live with a chronic disease with a fluctuating level of quality of life. Given that patients are now living longer, and in some cases, sicker, the role of and need for caregiving is extended.

There are now over 22.4 million families caring for their chronically medically ill loved ones as a result of earlier hospital discharges in an attempt to control costs. Because of these attempts to control medical costs by shortening hospital stays as well as lengthened survival rates, the home has become an outpatient medical care setting. The caregiver, although in most cases not formally medically trained, is providing the bulk of daily medical care from the initial diagnosis through the end of life for many patients. Caregivers are now performing complex medical tasks that not too long ago were done solely by highly trained and experienced inpatient nurses.

A Day in the Life of a Caregiver

"I feel responsible for absolutely everything. I always think I should be leading the patient to do the right thing. I feel I'm becoming such a nag."

Life can change with just one phone call. When the words "your loved one has cancer" are heard, life changes forever for the caregiver. That moment of first hearing the news will likely live on in your memory. Suddenly, life as you knew it is gone. A whole new expansive set of responsibilities appears seemingly overnight and invades every facet of daily life, as you can see from the list below.

What new responsibilities do you have?

Practical Responsibilities

- Handling finances, working with insurance company, handling legal matters
- Providing for child care, meals
- Taking care of the home, such as paying bills, cleaning, yard, mail, pets, etc.
- Time management

Physical

- Patient symptom management
- Fatigue
- Dealing with your own health concerns

Social

- Managing family relationships
- Managing other relationships, including friends, church, etc.
- Continuing with school and work tasks

Spiritual

- Coming to a n understanding of the meaning of your life and death issues
- Tolerating suffering while yearning for control
- Maintaining hope in the face of uncertainty

Emotional

- Becoming aware of and managing anxiety, depression, sleeplessness and loneliness.
- Learning new communication skills, including with the treatment team and your patient, who may be irritable
- Learning a different skill set of listening and coping skills.

Administrative

- Becoming organized as the record keeper, including research on disease facts
- Tracking and organizing medications
- Scheduling for tests and treatments
- Working with the medical staff, other services, and coordinating appointments and schedules
- Seeking and finding help from others
- Providing transportation to and from appointments, errands, etc.
- Receiving medical training for at-home procedures.

Self-concept

- Keeping up a feeling of confidence
- Maintaining a sense of self-worth during a time of great demands and stress.
- Establishing and maintaining an overall feeling of competence

How many did you check? Were there additional things that you do that weren't listed? Given that there are only 24 hours in a day, this scope of things to do can feel overwhelming and at times, exhausting. How do you handle this level of stress? As will be mentioned throughout the "Caregivers' Corner", it is vital that you keep a toe in the water of the so-called normal healthy world. It is so important to take care of yourself. We will discuss that at another time.

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Web site: www.ray-hermanheadandneckcancerfoundation.org

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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 480-895-6019
rsnider326@aol.com

ARIZONA-PHOENIX
Banner Desert Medical Center
3rd. Wednesday: 4:30 -6:30 PM
Keri Winchester, MS, CCC-SLP
480-512-3627
Keri.Winchester@bannerhealth.com
Dick Snider 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
Bette Denlinger, RN
betneldenlin@cscom
480-838-5194
Sandy Bates, RN
zoomomof6@cox.netd
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-PASO ROBLES
The Wellness Community
1st. Tuesday: 6:00 PM
Kenda Kellawan 805-238-4411
kenda.kellawan@wellnesscommunityhope.org

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

CALIFORNIA-SAN FRANCISCO
UCSF Comprehensive Cancer Ctr.
3rd. Wed., 11:00-12:00 Noon, Rm. H3906
Daphne Stuart, LCSW 415-885-7394
Daphne.stuart@ucsfmedctr.org

CALIFORNIA-SANTA MARIA
Marion Rehab. Center
Every other 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
Jan Porter, LCSW 650-725-4765
jporter@stanfordmed.org
Ann Kearney, MA, CCC-SLP 650-736-0469
akearney@ohns.stanford.edu

CALIFORNIA-VENTURA
The Cancer Resource Center of
Community Memorial Hospital
Kathleen Horton 805-652-5459
khorton@cmhhospital.org

COLORADO-DENVER
Porter's Adventist Hospital
Cottonwood Springs Conf. Rm, 1st. Fl.
Last Tuesday: 6:30-8:00 PM
Jeanne Currey 303-778-5832
jeannecurrey@centura.org

CONNECTICUT-NEW LONDON
Lawrence & Memorial Hospital
Community Cancer Center
Call for Additional Information
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 Cancer Center.
3rd. Monday: 12:15-1:45 PM
Joanne Assarsson, MSW, LICSW
202-444-3755
assarssj@gunet.georgetown.edu

DC-WASHINGTON
Washington Hospital Center
Washington Cancer Institute
Call for Additional Information
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, MSW 561-955-5897
lmoon@brch.com

FLORIDA-ENGLEWOOD
Englewood Community Hospital
3rd. Thursday: 10:30AM-12:00 noon
Joseph Bauer 941-474-0099

FLORIDA-FT MYERS
Gulf Coast Medical Center
Outpatient Rehabilitation Ctr.
Call for Additional Information
Stacey Brill, SLP 239-343-1645
stacey.brill@leememorial.org

FLORIDA-FTWALTONBEACH/NW FL
Call for Location
4th. Thursday: 5:00 PM
Ryann Ennis, MA CCC-SLP
850-863-7580
ryann.ennis@hcahealthcare.com
Shannon Leach, MA, CCC-SLP
850-362-9200
sleachslp@yahoo.com

FLORIDA-GAINESVILLE
Winn Dixie Hope Lodge
2nd Monday: 6:00-7:00 PM
Carol Glavin, MSW, LCSW
352-371-8695
cfglavin@cox.net
No calls after 9:00 PM, please

FLORIDA-LECANTO
Robert Boissoneault Oncology Institute
3rd Wednesday: 11:30 AM-1:00 PM
Patrick Meadors, PhD, LMFT
352-342-1822
pmeadors@rboi.com

FLORIDA-MIAMI
The Wellness Community
3rd. Wednesday: 7:00-9:00 PM
Gary Mallinchrodt 305-668-5900
gcme4@yahoo.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 Spina, MS, CCC-SLP
239-393-4079/Karen.spina@nchmd.org

FLORIDA-OCALA
Robert Boissoneault Oncology Institute
1st. Monday: 11:00 AM-12:00 Noon
Patrick Meadors, PhD, LMFT
352-342-1822
pmeadors@rboi.com

FLORIDA-SARASOTA
The Wellness Community
2nd. Thursday: 5:30 PM
Julie O'Brien, LMHC 941-921-5539
julieobee@verizon.net
John Kleinbaum, PhD 941-921-5539
hope@wellness-swfl.org

FLORIDA-WELLINGTON
Wellington Cancer Center
4th. Tuesday: 6:30-8:00 PM
Catherine DeStefano, RNC, OCN
561-793-6500
angelicaneil@bellsouth.net

GEORGIA-ATLANTA
St. Joseph's Hospital
2nd. Monday: 6:30-8:00 PM
John Sandidge 678-843-5585
jsandidge@sjha.org

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

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

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
Meg Madrig 847-570-2039
mmadrig@northshore.org

ILLINOIS-MAYWOOD
The Cardinal Bernardin Cancer Ctr.
3rd Wednesday: 6:00-7:00 PM
Laura Morrell, LCSW 708-327-2142
lmorrell@lumc.edu

INDIANA-INDY-NORTH
Marion County Public Library
Lawrence Branch
Last Tuesday: 7:00-9:00 PM
John Groves 317-872-6674
Jgroves14@comcast.net

INDIANA-INDY-SOUTH
St. Francis Education Center
1st Thursday: 7:00 PM
Janice Leak, MSN, APRN-BC, AOCN
317-782-6704
Janice.Leak@ssfhs.org

INDIANA-TERRE HAUTE
Hux Cancer Center
3rd Tuesday: 4:30 PM
Mary Ryan, SP 812-234-9584
Maryryan2@juno.com

IOWA-DES MOINES
Medical Oncology Hematology Assoc.
J. Stoddard Cancer Ctr., Suite 450
1st Wednesday: 5:30 PM
Jennifer Witt, RN 515-282-2921

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
Krystal K. Sauceman, RN 225-572-7943
Ksauceman@gmail.com

MAINE-AUGUSTA/CENTRAL
Harold Alfond Center for Cancer Care
Call for Additional Information
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, OCV-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
arehart@dejazzd.com

MASSACHUSETTS-BOSTON
Massachusetts General Hospital,
One Tuesday each mo.: 6:00-7:30 PM
Valerie Hope Goldstein 617-731-1703
Fernval@aol.com

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

MICHIGAN-DETROIT
Henry Ford Hospital
Josephine Ford Cancer Ctr. Rm. 2038D
1st Wednesday: 11:30 AM
Amy Orwig, MSW 313-916-7578
aorwig1@hfhs.org

MICHIGAN-ST. JOSEPH
Lakeland Healthcare
1st Monday: 5:00-6:00 PM
Jennifer Christopher, MA, CCC-SLP
269-428-2799
jchristopher@lakelandregional.org

MICHIGAN-TROY
Beaumont Hospital
Wilson Cancer Resource Center
4th Thursday: 6:30 PM
Carrie Eriksen, LCS, 248-964-3430
CEriksen@beaumonthospital.com

MINNESOTA-MINNEAPOLIS
Hennepin/Southdale Library
1st Monday: 7:00-9:00 PM
Colleen M. Endrizzi 952-545-0200
rivers3jvk@aol.com
Charles Bartlett 612-220-5449

MISSOURI-COLUMBIA/MID-MO
Ellis Fishel Cancer Center
2nd Wednesday: 5:30-7:00 PM
Laura M. Neal, MSW, MPH, LCSW
neallm@health.missouri.edu
573-884-1509

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
nancydoug@theglobal.net
Wendy Gwinner, LCSW 406-585-5070
wggwinner@bdh-boz.com

NEBRASKA-OMAHA
Methodist Cancer Center
1st Friday: 3:00 PM.
Susan Stensland 402-559-4420
sstensland@nebraskamed.com

NEBRASKA-OMAHA
Nebraska Medical Center
3rd Tuesday: 12:00 noon
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@atlantichhealth.org
Catherine Owens, LCSW, OSW-C
973-971-5169
Catherine.Owens@atlantichhealth.org

NEW JERSEY-PHILADELPHIA
University of Pennsylvania Hospital
1st Wednesday: 9:30-11:00 AM
Micki Naimoli 856-722-5574
Tracy Lautenbach 215-662-6193
lautenbach@xrt.upenn.edu
Mia Benson Smith, MS 215-662-4641
mia.bensonsmith@uphs.upenn.edu

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

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

NEW YORK-ALBANY
Gilda's Club
3rd Thursday: 7:00-9:00 PM
Joseph Ciccarelli 618-882-9742
jciccarelli001@nycap.rr.com
Norma Neapolitano 518-683-9518
nneapolitano@nycap.rr.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
Jim Smaldino 716-845-4472
james.smaldino@roswellpark.org

NEW YORK-MANHATTAN
Beth Israel Head and Neck Institute
4th. Tuesday: 1:30-3:30 PM
Jackie Mojica 212-844-8775
jmojica@chpnet.org

NEW YORK-MANHATTAN
Mount Sinai Medical Center
3rd Tuesday, 3:00 PM
Stephanie Eisenman, LMSW 212-241-7962
stephanie.eisenman@mountsinai.org

CHAPTERS OF SPOHNC

NEW YORK-MANHATTAN
NYU Clinical Cancer Center, 11th flr
1st. Tuesday: 2:00 PM
Carole Wind Mitchell, RN 212-731-6002
carole.mitchell@nyumc.org

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

NEW YORK-STONY BROOK
Ambulatory Care Pavilion
1st. Wednesday: 7:30-9:00 PM
Dennis Staropoli 631-682-7103
den.star@hotmail.com

NEW YORK-SYOSSET
NSLIJ-Syosset Hospital
2nd. Thursday: 7:30-9:00 PM
Christine Lantier 631-757-7905
clantier@optonline.net
Mary Ann Caputo 516-759-5333
mary.ann.caputo@spohnc.org

NEW YORK-WESTCHESTER
White Plains Hospital Cancer Center
2nd. Thursday: 7:00 PM
Mark Tenzer 914-328-2072
tenzer1@optonline.net

NORTH CAROLINA-ASHVILLE
Call for additional information
Kathleen Godwin 828-692-6174
kgodwin@morrisbb.net

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

NORTH CAROLINA
HENDERSONVILLE/WNC
Pardee Health Ed. Ctr. Blue Ridge Mall
2nd Tuesday: 5:00-6:30 PM
Kathleen Godwin 828-692-6174
kgodwin@mchsi.com

OHIO-CLEVELAND
Cleveland Clinic at Fairview Hospital
Tom Wurz 440-243-6220
2nd. Thursday: 4:00 PM
roe8@hotmail.com
Gwen Paull, LISW 216-476-7241
gwen.paull@fairviewhospital.org

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

OHIO-DAYTON
The Chapel Room
One Elizabeth Place
Hank Deneski 937-832-2677
2nd. Monday: 6:00-8:00 PM
hdeneski@mindspring.com

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

OREGON-MEDFORD
Providence Medical Center
2nd. Friday: 12:00-1:30 PM
Richard Boucher 650-269-8323
richard.boucher@hp.com

PENNSYLVANIA-HARRISBURG
Health South Lab
3rd. Tues: 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-YORK
Apple Hill Medical Center
2nd. Wednesday: 5:00 PM
Dianne S. Hollinger, MA, CCC-SLP
717-851-2601
Dhollinger@wellspan.org
Diane McElwain, RN, OCN, M.Ed
717-741-8100
dmcelwain@wellspan.org

TENNESSEE-CHATTANOOGA
Memorial Hospital
1st. Monday: 4:00-5:30 PM
Jeanna Richelson 423-894-9215
Jeanna1255@aol.com

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

TEXAS-DALLAS
Cvetko Ctr. at Sammons Cancer Ctr.
2nd Tuesday: 11:00 AM-12:30 PM
Jack Mitchell 972-496-6561
jackmitchell5225@aol.com

TEXAS-FORT WORTH
Moncrief Cancer Resources
2nd. Wednesday: 3:30-5:00 PM
Valerie Oxford, MSSW
817-927-6364/838-4863
valerie.oxford@moncrief.com

TEXAS-HOUSTON/TOMBALL
Tomball Regional Hospital
2nd Tuesday: 12:00 Noon-1:30 PM
Lynda Tustin, RN 281-401-5900
ltustin@tomballhospital.org

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
1st. 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: 11:30-1:00 PM
Vikki Bravo 434-982-4091
vsb4n@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
Helen Grathwohl 757-487-2624
agrath3004@aol.com

WASHINGTON-SEATTLE
Evergreen Hospital Medical Center
Call for Additional Information
Kile Jackson
425-788-6562
kilejackson@hotmail.com

WASHINGTON-SEATTLE
Virginia Mason Cancer Institute
Correa C Conference Rm.
3rd. Thursday: 6:00-7:30 PM
Susan (Sam) Vetto, BSN, RN, BC
206-341-1720
susan.vetto@vmcc.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. J, Rm. 1010
3rd. Thursday: 12:00-1:00 PM
Tammy Wigginton, MS, CCC/SLP
414-805-5662
twiggint@mcw.edu

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