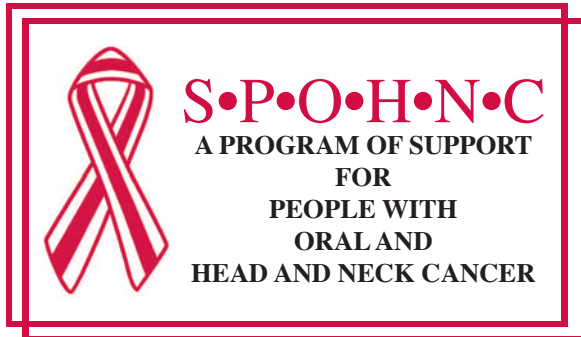


NEWS FROM S•P•O•H•N•C



VOL. 21 NO. 3 SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER, INC. NOVEMBER 2011



Fitting Treatment to Match the Patient Developing Biomarkers For Head and Neck Cancer

David L. Schwartz, M.D.

Technical progress in the treatment of head and neck cancer has led to genuine improvement in clinical results. New biologically targeted therapies promise to further personalize care. However, meaningful individualization of treatment will require precise pairing of such treatment with each patient.

The current method to communicate tumor prognosis is the American Joint Commission on Cancer (AJCC) staging system, which relies on clinical and imaging test findings to classify patients according to expected outcomes. This staging system has remained stubbornly consistent through the years despite advances in treatment, and continues to clumsily group patients with advanced head and neck cancer together as “stage IV” even though they may have varying presentations and prognoses.



A biomarker is defined as any biological tumor trait relevant to disease behavior, or to the mechanism of action and/or clinical effectiveness of a treatment. Although most cancer biomarker research has focused on genetic or protein material obtained from tumor tissue, biomarkers can also be collected from blood and saliva, or even non-invasively by imaging. Ultimately, the intent of biomarker discovery is to provide tools to detect cancer, recognize treatment response and toxicity, and predict prognosis.

Use of cancer biomarkers is already established, perhaps best

exemplified by the routine use of hormone receptor and HER2 expression to direct treatment of breast cancer. Nonetheless, progress in cancer biomarker development remains gradual. This article will briefly recap recent highlights and challenges in the development of biomarkers for head and neck cancer treatment.

Human Papillomavirus

As cigarette use has declined in the U.S., there has been a gratifying decline in the incidence of oral cavity, larynx, and hypopharynx cancers. In contrast, the incidence of oropharyngeal cancer has been mysteriously increasing. Through careful epidemiological studies, the factor responsible for this phenomenon has been discovered---mucosal infection with cancer-causing strands of the human papillomavirus (HPV). Recently, D’Souza et.al. identified HPV DNA in 72% of 100 tumor samples from oropharyngeal cancer patients, and HPV infection was associated with a 33-fold increased risk of cancer.

HPV-associated oropharyngeal cancer patients are frequently non-smokers. Recent studies have consistently demonstrated that patients with HPV-associated cancers have a significantly better prognosis than patients with HPV negative disease. Within these studies, patients with HPV-negative disease had at least a 30% (absolute) lower overall and disease-free survival at 5 years. These differences are dramatic and exist despite the fact that HPV-associated cancers typically present with more advanced nodal stage, and are even more pronounced for smokers.

Given the relatively good prognosis of HPV-associated oropharyngeal cancer, infection status has become a widely accepted prognostic biomarker and is being aggressively studied as means to improve clinical trial design and to select patients for treatment. However, many questions remain. Technical detection of infection remains non-standardized. The exact relationship of HPV infection with other known biological pathways involved in head and neck cancer remains unclear. Continued HPV-specific biomarker discovery will be a priority in the coming years.

Currently, two national cooperative group trials are using HPV-positive biomarker status as a criterion to determine whether patients are eligible to enroll onto protocol. The Eastern Cooperative Oncology Group (ECOG) has opened E1308, a phase II study testing the role of induction chemotherapy followed by de-escalation of radiation dose and substitution of platinum chemotherapy with cetuximab (Erbix, an antibody specific to EGFR). After the completion of induction chemotherapy, HPV+ patients with complete response receive dose-reduced radiation with cetuximab. Patients with less than complete response receive standard doses of radiation with concurrent cetuximab. The Radiation Therapy Oncology Group (RTOG) has more recently

BIOMARKERS continued on page 2

Coming Soon...SPOHNC’s 20th Anniversary & Celebration of Life



BOARD OF DIRECTORS

Nancy E. Leupold, MA, President & Founder
James J. Sciubba, DMD, PhD, Vice President
Walter E. Boehmler, Treasurer
Gail Fass, Secretary
Ralph A. Catalano, Esq.
Karrie Zampini Robinson, LCSW

EXECUTIVE DIRECTOR
Mary Ann Caputo

MEDICAL ADVISORY BOARD

David M. Brizel, MD <i>Duke University Medical Center</i>	Jed Pollack, MD <i>Long Island Radiation Oncology</i>
Linda K. Clarke, MS, RN, CORLN <i>Beebe Medical Center</i>	David L. Schwartz, MD <i>North Shore-LIJ Health System</i>
David W. Eisele, MD, FACS <i>University of California San Francisco</i>	James J. Sciubba, DMD, PhD <i>Greater Baltimore Medical Center</i>
Bonnie Martin-Harris, PhD, CCC-SLP <i>Medical University of South Carolina</i>	Elliot W. Strong, MD, FACS, Emeritus <i>Memorial Sloan-Kettering Cancer Center</i>
Eugene N. Myers, MD, FACS <i>Univ. of Pittsburgh School of Medicine</i>	Everett E. Vokes, MD <i>University of Chicago Medical Center</i>
David Myssiorek, MD, FACS <i>New York University</i>	Randal S. Weber, MD, FACS <i>MD Anderson Cancer Center</i>
David G. Pfister, MD <i>Memorial Sloan-Kettering Cancer Center</i>	Karrie Zampini Robinson, LCSW <i>Fighting Chance, Sag Harbor, NY</i>

NEWSLETTER EDITOR

Chris Leonardis

WEBMASTER

Ross Mahler

News From SPOHNC is a publication of
 Support for People with Oral and Head and Neck Cancer, Inc.
 Copyright ©2010-2011

DISCLAIMER: Support for People with Oral and Head and Neck Cancer, Inc. does not endorse any treatments or products mentioned in this newsletter. Please consult your physician before using any treatments or products.

IN THIS ISSUE

A Time for Sharing.....	4
Jeffrey K. Perhach Memorial Golf Classic.....	6
Head & Neck Cancer News.....	8
Local Chapters of SPOHNC.....	9

BIOMARKERS continued from page 1

opened a phase III clinical trial (RTOG 1016) directly comparing concurrent radiation/cisplatin to concurrent radiation/cetuximab. This trial will answer whether “de-escalation” of treatment away from conventional cytotoxic chemotherapy will result in decreased toxicity without compromising survival outcomes. There are several smaller institutional trials being conducted throughout North America and Europe to answer similar questions with varying approaches.

Epidermal Growth Factor Receptor (EGFR)

EGFR is a cell surface receptor involved in biologic pathways used by cancer cells to grow, spread, and survive treatment. EGFR signaling is elevated in up to 90% of head and neck cancers. Head and neck cancer is the first human cancer for which successful combination of selective EGFR inhibition with chemotherapy or radiotherapy has been demonstrated in randomized clinical trials. The addition of cetuximab to platinum chemotherapy significantly prolonged progression free survival in patients with late stage disease. In the case of radiotherapy, a phase III trial (Bonner, et. al.) demonstrated improved disease control and overall survival with the addition of cetuximab to radiation.

Published trials have not yet validated a biomarker to select patients for EGFR-targeted therapy. Although one study suggested improved radiotherapy response in human tumors characterized as EGFR overexpressers, a predictive association between EGFR expression and survival following EGFR-targeted therapy has not been shown. Although recent studies suggest poor prognosis following surgery or cytotoxic therapy in head and neck tumors with EGFR gene amplification, EGFR gene dosage has not been reproducibly correlated with protein expression.

A potentially better strategy may be to combine EGFR measures with markers of other related signaling pathways. An important example has been pilot correlation of EGFR expression with HPV infection in tumor specimens. These early studies suggest that HPV infection is inversely correlated with EGFR protein expression, and that EGFR expression status may retain prognostic importance regardless of HPV infection status.

Imaging Biomarkers

Collecting biopsies for biomarker studies is expensive and uncomfortable for patients. Imaging biomarkers do not require tissue and are an attractive alternative. Head and neck CT (CAT Scan) and MRI (Magnetic Resonance Imaging) are already incorporated into current staging. In contrast to these standard techniques, functional imaging provides snapshots of tumor and host tissue physiology. Positron emission tomography, (PET) a nuclear medicine imaging technique, produces a three-dimensional image or picture of functional processes in the body and currently serves as the workhorse for functional imaging of head and neck cancer. New combined PET/CT scanners marry biological PET data directly to anatomic information provided by CT.

FDG-PET/CT incrementally improves staging accuracy and response assessment although potentially without real benefit if
 BIOMARKERS continued on page 3

BIOMARKERS from page 2

performed unselectively. (FDG is a glucose molecule tagged with a small amount of radioactive element injected into the body during a PET Scan.) Adding a CT scan to the FDG-PET spatially marries tissue glucose uptake data to anatomic information provided by the CT. FDG-PET/CT incrementally improves staging accuracy and response assessment, although potentially without clinical benefit if performed unselectively.

Considerable interest has focused on FDG-PET/CT monitoring of tumor response to radiotherapy. A number of groups have found that FDG-PET post-treatment restaging provides high predictive power. Our group's approach towards FDG-PET/CT has been to identify specific situations where FDG-PET/CT yield may be optimized. Accordingly, we have studied the utility of head and neck FDG-PET/CT in the context of other important biomarkers, particularly HPV infection. We demonstrated that FDG-PET/CT provides little value over CT alone in radiation response assessment for unselected patients with locally advanced disease. However, we also found that FDG-PET/CT can significantly improve assessment of treatment response in high-risk patients with HPV-unassociated disease.

Beyond PET/CT, new vascular imaging techniques hold great promise. Radiation can kill tumor cells indirectly through destruction of blood vessels. This indicates an opportunity to use vascular imaging to measure tumor response to radiation. Dynamic contrast enhanced-MRI (DCE-MRI) can find and measure changes in tumor blood supply. DCE-MRI acquires a "movie" of tumor blood flow before, during, and after injection of a contrast agent to compute blood delivery and vessel integrity. A number of pilot trials have demonstrated feasibility of head and neck DCE-MRI evaluation of radiotherapy response and detection of recurrent disease. More recently, DCE-MRI obtained 2 weeks after treatment was shown to predict disease control. We have imaged patients with oropharyngeal cancer with DCE-MRI performed before, during, and 6-8 weeks after treatment. We evaluated relationships between radiation dose and DCE-MRI response not only in

tumors, but also in normal salivary glands. We found that DCE-MRI measurements can potentially categorize patients according to risk for parotid gland damage as early as three weeks into treatment. Additional validation will be required and is ongoing.

Future Directions

Because head and neck cancer treatment can be toxic, use of biomarkers to fine tune treatment for each patient is desirable. Tissue and imaging-based biomarkers promise to improve study power, reduce drug development costs, and limit futile therapy. However, these are early days in the field, and the current incremental pace of biomarker validation serves as a reminder of the complex resistance pathways available to tumor cells. Careful standardization of assays and techniques to measure each biomarker will be critical. Yet once achieved, biomarkers will likely become a mandatory component of individualized cancer care. Fortunately, there are many candidate biomarkers available for head and neck cancer, and ongoing work holds tremendous promise for patients.

Editor's Note: David L. Schwartz, M.D. is Associate Professor and Vice Chairman in the Departments of Radiation Medicine, Otolaryngology, and Molecular Medicine at Hofstra North Shore-LIJ School of Medicine in Hempstead, NY. He is also an Investigator at the Feinstein Institute for Medical Research and Co-Director of the Center for Head and Neck Oncology at the North Shore-LIJ Health System.

References

- Ang KK, Harris J, Wheeler R, Weber R, Rosenthal DI, Nguyen-Tan PF, et al. Human papillomavirus and survival of patients with oropharyngeal cancer. *N Engl J Med* 2010;363(1):24-35.
- Bonner JA, Harari PM, Giralt J, Cohen RB, Jones CU, Sur RK, et al. Radiotherapy plus cetuximab for locoregionally advanced head and neck cancer: 5-year survival data from a phase 3 randomised trial, and relation between cetuximab-induced rash & survival. *Lancet Oncol* 2010;11(1):21-8.

Cao Y, Popovtzer A, Li D, Chepeha DB, Moyer JS, Prince ME, et al. Early prediction of outcome in advanced head-and-neck cancer based on tumor blood volume alterations during therapy: a prospective study. *Int J Radiat Oncol Biol Phys* 2008;72(5):1287-90.

Corry J, Peters LJ, Rischin D. Optimising the therapeutic ratio in head and neck cancer. *Lancet Oncol* 2010;11(3):287-91.

Dancey JE, Dobbin KK, Groshen S, Jessup JM, Hruszkewycz AH, Koehler M, et al. Guidelines for the development and incorporation of biomarker studies in early clinical trials of novel agents. *Clin Cancer Res* 2010;16(6):1745-55.

D'Souza G, Kreimer AR, Viscidi R, Pawlita M, Fakhry C, Koch WM, et al. Case-control study of human papillomavirus and oropharyngeal cancer. *N Engl J Med* 2007;356(19):1944-56.

Moeller BJ, Rana V, Cannon BA, Williams MD, Sturgis EM, Ginsberg LE, et al. Prospective risk-adjusted [18F]Fluorodeoxyglucose positron emission tomography and computed tomography assessment of radiation response in head and neck cancer. *J Clin Oncol* 2009;27(15):2509-15.

***Gifts Have Been Received
In Honor of***

Rick Agee

by

John Brannan,

Benny Cason & Jennifer Briscoe,

Richard & Rosemary Dumais,

Deck Hulsy, Macie Clapp,

Steven & Frances Okon,

Bruce & Carol Orr,

Lawrence Pate, John Wilson,

Mark Wischmeyer &

Wischmeyer Benefit Partners,

Joe Wood

Marge Putman

by

Michael Putman

A TIME FOR SHARING...Being Reborn Through Cancer

I was first diagnosed with cancer in April of 1996. Squamous cell carcinoma of unknown primary was the diagnosis. I had felt a lump under my right ear and it had been bothersome but not painful for a while and I finally demanded to have it removed. I was not, I guess, what would be the primary candidate for such a diagnosis so originally doctors were not concerned. After all I had run many marathons and was a professional downhill skier that never smoked so why would I need to be concerned about Head or Neck cancer? Regardless, I remember that fateful day. It was Good Friday of 1996 and I received the phone call. The biopsy results of the lump were in. This was the same cancer that my father had died of in 1984 is all I knew at that time, so as far as I was concerned this was the worst news that I could possibly receive. Only 38 years old and in great shape, yet sick beyond my wildest dreams.

The next weeks were a whirlwind of tests and doctors appointments. What was the best plan of attack based on the information at hand? When the tests were done the decision was made for a full radical neck dissection. My sternocleidomastoid muscle, 105 lymph nodes my jugular vein and all the surrounding tissue



were to be taken out. I remember one of the comments that my surgeon made days before the surgery. "Dave, I can't tell you what kind of a golf swing you will have after the surgery but I believe that I will give you 40 years to work on it." He knew exactly how to talk to me and those words helped to make the idea of the upcoming surgery seem good. I was forewarned of all the additional side effects that could manifest themselves due to the extensive nature of the surgery. My mind was ready to go forward and I remember being bound and determined to attack this with all the strength I could muster. The day after surgery I was attempting to raise my right arm just because I was warned that I may not be able to after the surgery. One of the

things that I have learned about the human spirit through my experiences with cancer is that it knows no bounds. The strength of the human spirit is amazing, as well as what we can accomplish and go through with the proper mind. Having radiation treatment after this dissection was always something that I assumed would happen. Two weeks after the dissection it was time to hear the results of all the tissue biopsies. They found nothing. The doctor explained this was the best possible news that I could get. He told me that I would need no radiation at this time because he really would not know what to radiate. The decision was made to wait and see how things went. It was also suggested that the original lump may possibly have been the sight of the primary.

It seemed that I had come through this pretty good. Even though the surgery was extensive and not without side effects, the price I paid for life was worth it. I learned to overcome the lack of feeling and the occasional stiffness. I began rehab exercises for head mobility that I still do everyday 15 years later. I was determined to run more marathons and get back to downhill skiing. I was going to go back to golf also. I told my doctor that in a year I would do a one armed push-up in his office. When we left the doctor's office my wife Jenny looked at me and asked, "have you ever been able to do a one armed push-up"? And I laughed and said "no so I guess I have my work cut out for me." These are all part of the things that I set up for myself to keep challenging and keep pushing. A year later I did do the one armed push-up that I had never been able to do. I was playing golf. As a matter of fact I got my first hole-in-one and lowered my golf handicap over 5 points. I actually joked with my surgeon. I handed him a list of about 6 names. He asked "what is this?" I said it was a group of my friends that wanted him to give them a radical neck dissection. They told me that they are tired of getting beat by me on the golf course so they are hoping it could help their game. Of course this was all in good fun but prophetic and important all at the same time.

For the next several years I continued life almost as if nothing had happened. I was obviously aware of my survivor status

but it did not consume me. My wife Jenny and I, in addition to our children Sarah and Paul, were involved every year in the local Minneapolis Relay for Life. This was our way of doing something for fund raising for all cancer. I was experiencing something that I have learned is not something that unusual. It was almost as if I didn't feel I was worthy of the survivor status. I was seeing people involved with the Relay every year that had been through much more than me. Who was I to be worthy to walk with them in the cancer survivor lap when many had endured much more than I? I have coined this survivor guilt - maybe one of the most foolish emotions one could actually spend their time and concern with. It's not a contest to see who has been through the most. It's a culmination of like minds with experiences to share. Challenges, failures, success, anger, love, religious and otherwise - all a brotherhood from a survivorship and caregivers perspective coming together to help make a difference so that others may not have to endure what they have.

I continued to move forward with my life trying to carry with me the lessons learned. I was able to accomplish many things on a physical athletic level that I never dreamed possible. These accomplishments impressed the doctors. My surgeon is a man that truly cares, so even if my accomplishments could reflect well on his work, I know that was never what made him happy. It was me being able to regain a better quality of life and he played his part in making that possible for me. This is a totally different proposition.

In February of 2005 I remember just getting done with one of my Giant Slalom Amateur league ski races at our local ski hill. For no apparent reason, perhaps just chance, I felt the right side of my neck right below the radical neck incision. There was a lump there. This lump felt exactly like the cancerous lump that I had discovered 9 years previously. I was startled by this. It was a bring me back moment to the nightmare that I had endured years previously. I steadied myself mentally by reminding myself that I was in fabulous shape and that I had no side effects of a sick body. I had run a 26 mile marathon six months previously and was about to embark on another trip to the Rockies, where I would be tackling very challenging terrain. I reasoned that I had my regular check-up

SHARING STORY continued from page 4

with my surgeon which was happening every 9 months so I will mention it to him then. Certainly if he had not noticed anything last July I am probably just fine now.

I went forward with my life as planned for the next two months. During these two months I hiked up mountains and skied and travel across the country with my wife and friends for vacation time. I was noticing that I was lacking more energy than I believed I normally would have so this was on my mental radar for sure. When it came to my ENT check-up in April of 2005 it was diagnosed through biopsy in the doctor's office that I indeed had squamous cell carcinoma again. The doctor was shocked and I could tell was maybe taking it as badly as I was. I remember like yesterday his words to me. He stated that I was mentally tough and that he felt very confident that I could do what was necessary and overcome what I needed to get through this and get well.

After the multitude of scans and tests it was determined that I did not have a recurrence of cancer but a totally new cancer. It was the same cell cancer but this was squamous cell carcinoma of the tongue primary. It had spread to two main sites on both sides of my neck. It was inoperable, as any surgery to rid myself of this would have left me with huge problems physically as well as mentally. So the plan was to give me an induction chemotherapy followed by 35 radiation treatments. The induction involved me being checked into the hospital and having a port put in my chest. After this I was given a hospital bed and was to be administered 3 chemo's that day. It started with cisplatin then taxotere followed by a 5 day 24 hour drip of fluorouracil (5-fu). I would then receive 3 more sessions of just cisplatin every 21 days. This would be considered a bit more aggressive than the standard protocol for my diagnosis but I was assessed to be in good enough shape to survive it along with perhaps increasing my chances to beat this.

I made it through the treatment but not without delays for a variety of reasons. Anyone that has been through cancer treatment realizes that everyone's situation is somewhat unique as well as the challenges that can manifest themselves during treatment. I was no exception to this, but managed to survive. Through the love of my family and my deep faith, I was able to bring myself through some very dark, trying times. I had

lost about 70 pounds. I was bald and weak. At times it would take Jenny several minutes to get my head far enough off my pillow to swallow my medication. I had no saliva, no taste and a mouth and throat full of sores. And yet through all of this I was learning about myself and getting mentally stronger. I was becoming more aware of all of my surroundings.

I ended up getting a disease called osteoradionecrosis also in back of my jaw. This was where I had some teeth extracted before my treatment that had never completely healed. This is basically part of the bone and my jaw dying as a result of radiation damage. The solution was 40 hyperbaric chamber dives over an 8 week period. This would involve me spending about 3 hours 5 days a week for 8 weeks breathing 100% oxygen under twice the body pressure. The treatment helped my body to regain some of its blood flow in the areas of my mouth that had been destroyed by radiation.

The treatments were all successful. I have some lifelong side effects as a result of all of the treatment that I had. The way that I look at it is that I was given the opportunity to live and go forward. I try and look at my debilities as a result of the treatment as blessings. I know that many people may not understand this but I guess it's all a matter of perspective and how we strengthen ourselves to move forward. I have always been a goal setter for myself. I try and lay out a plan that allows me to reach a certain point. Whether this is a physical training plan that will allow me to run a marathon or just something that helps me to move my body around better. I can make a claim that perhaps this is all easier for me having been a lifelong athlete. To a certain extent this may be true. However the way I choose to look at it can apply to everyone. We all have a passion, something that we strive to do and perhaps be better at. Cancer has helped me to focus on these things with a technicolor perspective. It has indelibly etched my soul and my being. I am able to look at things more closely with more patience and understanding as a result of my cancer experience. Cancer has rocked me to my core and brought me to the edge of death, and yet through this there is life. I am no longer afraid to die but perhaps more important above all else – I am no longer afraid or hesitant to live. Bringing me to live forever present is a blessing that helps me

to enjoy each day and make each day the good old days.

I am now in my mid fifties and life continues to change since my first cancer diagnosis when I was 38 years of age. I have been reborn through cancer and seem to be continually seeing things in a way that I never was able to visualize before. I am beginning to understand that every day we can do something positive. We can make someone smile that we may have never felt important before. We can let go of anger issues that we may have hung on to way too long for all the worst reasons. Many things are possible and right in front of us, no matter what the obstacles. They are right in front of us if we choose to open our eyes to them. Don't get me wrong I am not in any way suggesting that cancer should happen. I don't wish what I and my family have been through upon anyone. What I am suggesting however, is for everyone to look inside and take in the beauty around us. My struggle with cancer has helped me to truly open my mind to those around me in a way that I never thought possible. I pray I never let this blessing go. Love, live, follow your passion.

David Hinz

davidlh57@gmail.com

Read more about my journey in my new book, entitled *My Private Mountain*, available in 2012.



“One of the things that I have learned about the human spirit through my experiences with cancer is that it knows no bounds.”

The 10th Annual Jeffrey K. Perhach Memorial Golf Classic

It was a beautiful Autumn morning – the first of many yet to come, when we ventured to New Jersey, for the 10th Annual Jeffrey K. Perhach Memorial Golf Classic. The sun shined brightly, a crisp feeling in the air as we drove past the peaceful fields where horses grazed, on our way to the Hillsborough Golf & Country Club. Nearly 70 lifelong friends gathered for a day of golf, fellowship and even some laughs, as they raised funds for the Foundation named in memory of their best friend, Jeff.

Upon arrival, as we were greeted by Joe Infante, one of Jeff's closest friends, we knew we were in for a very special day. We met some more of Jeff's friends, including Foundation Board members Mark Gantner, Mark McGuire, & Art Johnson. Their wives, Gina Gantner, Jen Johnson and Carolyn Infante were also there to help with the days events, providing general logistics and support for the outing. Tournament players Steve Sabol and Troy Brisebois were responsible for the outing's fund raising



efforts. SPOHNC Executive Director, Mary Ann Caputo, joined Gina Gantner, for a spin on the golf course, treating her to Gina's golf carting skills, greeting golfers and thanking them for their participation. At every golf hole a sign highlighted information about SPOHNC, statistics, sites of the disease, and also the symptoms to look for. The peaceful feeling in the air and the silence on the



course served as a reminder of the serious undertone of the day. Jeff had lost his battle to oral, head & neck cancer 10 years prior,

and his friends all decided to continue this event as they have done for the past several years, which Jeff would have loved to be a part of – a day of golf, to promote awareness of oral, head & neck cancer, and to raise funds for SPOHNC.

Good natured men (and women) wondered what the 3 ladies in suits were doing, hanging out by the 10th tee. As the



day progressed though, it became apparent to all of us that they actually knew who we were, and they even knew why we were there. Joe had invited us to come and meet the group, and to see what the day was all about. As the course emptied following a



great day of sportsmanship, golfers flocked to the tent for some food, beverages and conversation – with us. We spent time chatting with some of the groups, who told us stories of Jeff, and his cancer journey. We heard about his children, met his sister-in-law and brother-in-law, Dennis & Renee Lake, and we even heard about the local pub, a favorite gathering place for all the locals, that was owned by his family for so many years in the town of Manville, New Jersey. It was clear to us that this was a close knit community of friends who grew up together, and who still played together, in memory of their dear friend. They were delighted to have us join them, and listened intently as SPOHNC Founder and President, Nancy Leupold, spoke of her own cancer

journey, and shared with them the story of the very beginning of SPOHNC. Mary Ann Caputo shared information about the many programs of support and encouragement that SPOHNC has to offer, in addition to a survivors courageous journey with this disease. SPOHNC encouraged everyone to have a yearly oral cancer screening. In contrast to the lightness of the day, the space was so quiet, that you could have heard a pin drop. It was clear that they took in all that was said, and learned about something that many were not aware of at all. The day had accomplished another goal – to raise awareness of oral, head and neck cancer.

Attendees applauded our efforts and were obviously impressed with all that SPOHNC has to offer. Many of them were just hearing about SPOHNC for the first time, and following our brief program, were quick to comment about how touched they were with Nancy's story, and how impressed



they were to hear about all that SPOHNC does to help the patient population that it serves. In fact, Joe wrote to us via e-mail in the days following the outing. He said "Having Nancy and yourself talk to

the group really put a different perspective on our outing. It really connected our feelings for Jeff and how we are truly honoring his memory by helping others. It was yet another perfect moment on what turned out to be a perfect day."

SPOHNC would like to congratulate the following golfers on their wins for the day. - Longest drive was won by Kevin Foley, and Closest to the Pin and Pot of Gold were taken away by Rob Lukachyk. First place foursome, with a score of 58, was awarded to Kevin Foley, John Hodinski, Russ Smith and Chris Trepcos. In second place, with a score of 64, was the Dom Callandriello, Chris Cavazinni, Dan Fishman and Rob Phelan foursome.

On behalf of the Foundation, SPOHNC also wishes to thank the following

businesses and individuals for their generous sponsorship and participation in the 10th Annual Jeffrey K. Perhach Memorial Golf Classic.



EVENT SPONSORS - Net Access Corporation, Drewby's Grill Pub, Weston Electric Services, The Sunshine Factory, The Investment Center, PDQ Auto Supply, Dynamic Strategies, Inc., ITS Infocom, LLC, Gatto's Sports Café, R & J HVAC, Nee, Beacham & Gantner, Paramount Gymnastics, Money At Work, Giraldi Builders, Nicky Giraldi Carpenter Company, A Plus Contracting, Ralph's Bus Service, Schilke Construction Co. Inc., Bound Brook Moose Lodge 988, Tombstone Masonry

PRIZE SPONSORS - Visionary Art, Inc., Renee & Dennis Lake, Kris & Tom Latawiec, Clover Communication Management, Robert Porchik, John Lutz, Bill Brandt

SPECIAL THANKS TO - Ditschman/Flemington Ford/Lincoln, Somerset Patriots Baseball Club, Manville American Legion Post 304

Our sincere thanks to everyone who participated in the Jeffrey K. Perhach Foundation's Golf Classic especially Joe Infante who put his best effort to make this event a memorable occasion and to keep Jeffrey's memory alive for generations to come.



***Gifts Have Been Received
In Memory of***

Pete Andress

by Lawrence Pate

Annie Asensio

by Lawrence Pate

Nancy C. Becker

by Constance Isola

Dick Bodie

by Lawrence Pate

Ellen Healey

by Reynold & Helene Mangones

Jim Lewis, M.D.

by Lawrence Pate

David Lopes

by Emily Ferris

Kaiser Lowe

by Lawrence Pate

Col. Joseph Mjoseth

by Lawrence Pate

Junior "JR" Nakayama

by

James & Mary Russell,
Roger & Doris Thomas,
Carlton & Carol White,
Inzant & Linda Wilson

Ernie Thomas

by Lawrence Pate

During the Summer of 2011,

*SPOHNC and friends
lost some of our
dearest, long standing members.*

- Joseph Bauer -

*Joseph was the original facilitator
of the Sarasota & Englewood, FL
Chapter Support groups.*

- Norma Neopolitano -

*Norma was an active NSVN member
for many years and was co-facilitator
of the Albany, NY
Chapter Support group.*

*We extend our sincerest condolences
to their families & friends.*

WE WANT TO KNOW

**What would you like to read
about in *News from SPOHNC?***

**We really want your input, and
take your comments
very seriously.**

Clinical Trials

Late Side Effects of Treatment

Nutrition, Oral Care Etc.

Psychosocial issues

Site Specific Information

**Please call us at 1-800-377-0928,
or email us at info@spohnc.org**

HEAD AND NECK CANCER NEWS

AACR in the News -

Combination HPV Diagnostic Test for Head and Neck Cancer Outperformed Other Tests

PHILADELPHIA, Oct. 3, 2011- Researchers have determined that a combination of P16 immunohistochemistry and DNA qPCR to test for viral E6 can accurately determine the oropharyngeal squamous cell carcinoma, a form of head and neck cancer, which derive from HPV16, according to a study published in *Clinical Cancer Research*, a journal of the American Association for Cancer Research.

“This has immediate clinical applications as we consider recruitment to clinical trials designed to de-escalate the intensity of therapy based on HPV status” said lead researcher Andrew Schache, D.D.S., M.D., research fellow and surgeon at the University of Liverpool. Schache said that the attention surrounding HPV, particularly in the last several years, has given rise to a number of diagnostic tests, but the evaluation of these tests has lagged behind.

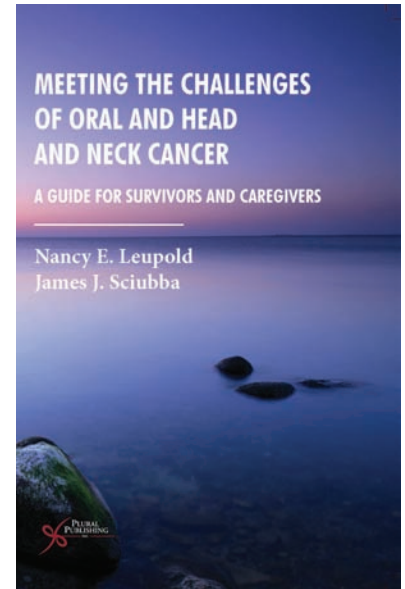
For the current study, Schache and colleagues evaluated eight possible combinations of known diagnostic tests on

108 cases of HPV16 derived oropharyngeal squamous cell carcinoma. They used viral gene expression as the standard marker. “Viral gene expression has 100 percent specificity and sensitivity, but it requires very high quality tissue that is often not available,” said Schache. After evaluating the tests, they found that a combination of DNA qPCR and P16 immunohistochemistry had 97 percent sensitivity, a measure of accurate positive tests, and 94 percent specificity, a measure of accurate negative tests. Both of these assays are commercially available in proprietary and generic forms, Schache said, so the combination test could be administered.

“Getting the diagnosis right is extremely important because cases like this may receive less aggressive therapy based on a positive test. You do not want to withhold treatment from a more aggressive case,” he said. The study was funded by a Wellcome Trust Grant, a U.K. philanthropy devoted to biomedical research.

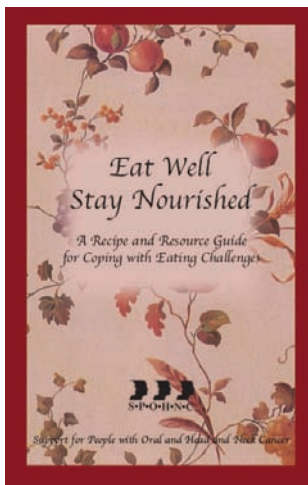
###

Available Now

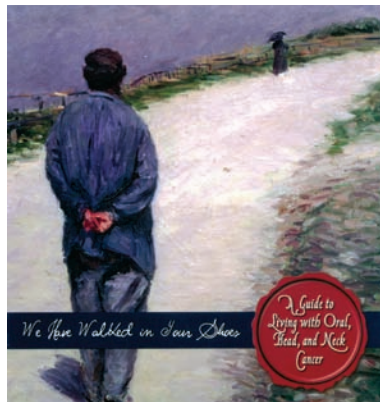


The Second Edition

Please check our web site
www.spohnc.org
 for more information



Eat Well – Stay Nourished:
*a Recipe and Resource Guide
 for Coping with Eating Challenges*
 \$20.00
www.spohnc.org
 1-800-377-0928



We Have Walked In Your Shoes,
*A Resource Guide to Living with
 Oral, Head and Neck Cancer*
 Visit www.spohnc.org to order.
 For large orders, please call
 1-800-377-0928



**Become a Member
 & receive 8 issues a year**

www.spohnc.org
 or
1-800-377-0928

“Like” SPOHNC on Facebook - visit our online group & page

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
Bette Denlinger, RN
beneden@cox.net

ARIZONA-PHOENIX
Comprehensive Cancer Ctr.
St. Joseph's Hospital and Medical Ctr. Suite 650
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 602-312-9226
chenderson2@shc.org
Sandy Bates, RN 480-838-5194
zoomomof6@cox.net
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
Pam Collins, Program Director 805-238-4411
pamela.collins@twcccc.org

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
Emily Glickman, MSW 650-723-5091
eglickman@stanfordmed.org
Joan Fusco, LCSW
650-725-0562
jfusco@stanfordmed.org

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 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 Gemhard, RN, OCN 860-892-2777
kgemhard@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

FLORIDA-GAINESVILLE
Winn Dixie Hope Lodge
2nd Monday: 6:00-7:00 PM
Monica Grey LCSW, LMT 352-222-8126
No calls after 9pm
monica.grey@cox.net

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

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

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

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

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

FLORIDA-SARASOTA
The 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 Hospital of Atlanta
Evelyn Trammell Voice & Swallowing Center
2nd Tuesday 1:00 PM
Tanya Duke 678-843-5586
tduke@sjha.org

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

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

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

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

IL-EVANSTON/HIGHLAND PARK
NorthShore University Health System
Call for location
2nd Monday: 6:00-8:00 PM
Sabina 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@dejazzd.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, LICSW, OSW-C 508-862-7571
jgaudet@capecodhealth.org

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

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

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

MINNESOTA-MINNEAPOLIS
Hennepin/Southdale Library
1st Monday: 6:45-9:00 PM
Colleen M. Endrizzi 952-545-0200
rivers3jvk@aol.com
Charles Bartlett 612-220-5449

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

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

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

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
Eddie Boschen, RN, APN-c, OCN 973-971-4144
Eddie.Boschen@atlantichealth.org
Catherine Owens, LCSW, OSW-C
973-971-5169
Catherine.Owens@atlantichealth.org

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

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

NEW JERSEY- SPARTA
Sparta Cancer Center-Suite 250
1st Friday, 1:30-3:00pm
Nina Sullivan, RN, BSN OCN 973-729-7001
sccexam@hotmail.com
Kathryn Cramer, LMSW 570-504-7200
sccsowork@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
Jim Smaldino 716-845-4472
james.smaldino@roswellpark.org

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

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

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

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

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

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

CHAPTERS OF SPOHNC

NEW YORK-SYOSSET
NSLIJ-Syosset Hospital
2nd Thursday: 7:30-9:00 PM
Alice Steiner
516-316-9171
dralicesteiner@verizon.net
Madelyn Harper-Walsh
516-753-0923
harperm@mscdirect.com

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

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

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

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

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

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

PENNSYLVANIA-HARRISBURG
Health South Lab
3rd Tuesday: 6:30 PM
Joseph F. Brelsford 717-774-8370
Jfbrelsford1@mmm.com

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

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

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

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

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 (5th Monday in August)
6:00 - 7:30 PM
Felice Apolinsky, LCSW 615-329 1124
felice@gildasclubnashville.org

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

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

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

TEXAS-HOUSTON/TOMBALL
Tomball Regional Hospital
2nd Tuesday: 12:00 Noon-1:30 PM
Shelly Norris Pepper, RN 281-401-5900
spepper@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 of month: 11:30-1:00 PM
Vikki Bravo 434-982-4091, vsb4n@virginia.edu
Gordon Putnam, M. Div. MA, Gp4d@virginia.edu

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

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

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

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

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

WISCONSIN-MILWAUKEE
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

SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER (SPOHNC)

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

Membership includes subscription to eight issues of *News From SPOHNC*

Name _____ Phone (_____) _____

Address _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Please Check: Survivor _____ Friend _____ Health Professional (Specialty) _____

First time member _____ Returning member _____

ANNUAL MEMBERSHIP

\$25.00 individual \$30.00 family
 \$30.00 Foreign (US Currency)

Booster, \$15+ Donor, \$50+ Sponsor, \$100+
 Patron, \$500+ Benefactor, \$1,000+ Founder, \$5,000+
 Leaders Circle, \$10,000+

Call 1-800-377-0928

to become a member and make a contribution by credit card or order online at www.spoync.org

NON-PROFIT
ORGANIZATION
U.S. POSTAGE
PAID
LOCUST VALLEY, NY
PERMIT NO. 28

ADDRESS SERVICE REQUESTED



SUPPORT FOR PEOPLE WITH
ORAL AND HEAD AND NECK CANCER
P. O. BOX 53
LOCUST VALLEY, NY 11560-0053

Coming Soon!

SPOHNC GOES GREEN

**If you are a member of
SPOHNC
(receiving News from SPOHNC
8 times per year)**

**and want to receive
*News from SPOHNC***

electronically -

**Please contact us at
info@spoync.org**