

# NEWS FROM S·P·O·H·N·C



VOL. 20 NO. 7

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

APRIL 2011



**S·P·O·H·N·C**  
A PROGRAM OF SUPPORT  
FOR  
PEOPLE WITH  
ORAL AND  
HEAD AND NECK CANCER

## Translational Research in Head and Neck Cancer: Bench-to-Bedside for Personalized Medicine Christine H. Chung, M.D.

Approximately 40,000 new cases of head and neck cancer are diagnosed every year in the United States, and it remains one of the



most devastating cancers studied.<sup>1</sup> The largest confounding factor in head and neck cancer treatment is the location of the disease: oral cavity, oropharynx, hypopharynx and larynx. These sites are critical to the complex and vital functions of speech and swallowing. Additionally, most patients present with advanced stage disease due to a lack of early screening procedures and preventive measures. These complications drastically limit surgical options and frequently alter or destroy the patients' ability to swallow or talk. In an attempt to preserve organ function, combination treatments such as radiation and concurrent chemotherapy are employed with significant short- and long-term complications. Even with these aggressive measures, only about 40-60% of patients are cured of their disease 3-5 years after diagnosis. These surviving patients suffer long-term quality-of-life issues such as xerostomia (chronic dry mouth), feeding tube dependency, fibrosis of the skin and esophagus, and chronic pain.<sup>2-4</sup> Clearly, treatment must be improved, but how?

Recently, clinicians and researchers recognized a critical disconnect between basic science discovery and clinical medicine. In general, basic research includes a wide discipline of sciences such as biochemistry, cell biology, and molecular biology. These subsets of science contain their own worldview, complicated with terminology and jargon that are seemingly disconnected, yet describe the same set of principles. Further complicating matters, these disparate twigs of science are

encapsulated within a single branch of science called pharmacology. This field of study allows scientists to decipher the mechanisms of cell growth and how these interact with investigational drugs for future cancer treatments. Typically, it is within this encompassing discipline that most of the important discoveries related to patient treatment are made and novel technologies are developed.

On the other hand, clinical medicine includes general, practical disciplines such as medical oncology, surgical oncology, radiation oncology, etc. In a simplified view, basic researchers focus on the theory of cancer origin and treatment by using models to understand why cancer develops and how best to eradicate it. Meanwhile, clinicians concentrate on the real-world obstacles of curing actual patients who need their expertise now. Ask any researcher, and they will tell you these disciplines often speak two separate languages and exist in two different cultures. In the most absurd sense, it is not uncommon that the same gene will be called two or three different names in the literature depending on which type of researcher wrote the article! If we cannot even settle on proper nomenclature, how will we ever share and develop complex, medical hypotheses in a coordinated fashion?

At many academic centers, these disciplines are often in two separate buildings or campuses and rarely interact. In many smaller institutes, only one discipline may exist and is limited by the lack of a clinical or basic science research counterpart. Unfortunately the result is a significant delay in the development and application of the novel technologies and pharmaceuticals for patient care. This problem is not limited to science and medicine. When any large organization seeks to deliver a complex, multi-disciplinary product, complications such as this need to be recognized and resolved. To alleviate this problem, a new discipline has developed within medical research: translational medicine.

Translational research is defined by the National Cancer Institute<sup>5</sup> as a discipline which "transforms scientific discoveries arising from laboratory, clinical, or population studies into clinical applications to reduce cancer incidence, morbidity, and mortality". Within this very broad definition, research can fall into a translational continuum beginning with the discovery process, such as identifying a drug target or cancer-mediating mutation, to early clinical applications, like drug library screening to inhibit the aforementioned mutation. When you find a match, the development of clinical trials, dissemination of the results, and incorporation into medical practice all constitute important cogs of the translational medicine machinery. In fact, translational researchers often have training in at least two different disciplines, and essentially serve as translators by speaking both languages and understanding both cultures. Effective translational researchers bridge two very different disciplines for all involved to see their data from a new perspective. Hopefully, this connection transforms a breakthrough discovery into a paradigm shift in patient care.

Here is an example of how research was conducted, and the subsequent ways translational research is changing medicine. Virologists

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have known that human papillomavirus (HPV) is the leading cause of cervical cancer since its detection in these tumors in 1983.<sup>6</sup> At the same time, oncologists noticed a subgroup of head and neck cancer patients who never smoked or drank alcohol and suspected these patients may have biologically different cancers than the standard patient population. Unfortunately, the connection between HPV infection and head and neck cancer development was not firmly established until 2007.<sup>7</sup> The key piece of the puzzle was a study showing that patients with HPV-positive disease have a 58% reduction in risk of death 3-years post-treatment compared with HPV-negative, tobacco-related cancers. This was not published until 2010.<sup>2</sup> While “research as usual” slowed the initial discovery of this connection, these data are currently and rapidly being translated into clinical trials to decrease the cost of significant toxicities and treatment-related mortality in patients with HPV-positive disease. These studies have also led to added effort in improving the treatment of patients with HPV-negative, tobacco-related diseases. As a translational researcher, I have to wonder if this connection could have been made sooner. Perhaps if virologists and oncologists talked more with each other about their research findings, as they do today, 30 years would not have been required to highlight this clinical need and exploit it.

In all fairness, it is a difficult task to put researchers and clinicians in one room, teach them to speak the same language, and then concoct a cure for cancer. Daunting challenges exist at multiple levels. The most glaring issue is an insufficient number of translational researchers. By definition, these researchers must have expertise in at least two separate disciplines at a time when education and training systems have become increasingly specialized. Given that training for one expertise requires many years of post-graduate training and education, the investment in two fields of study sequentially is not a simple task. It requires a strong personal and institutional commitment along with a dedication to multi-disciplinary training.

For example, basic scientists are not trained to think and look for a clinical application based on their research findings. How should they know the most pressing clinical needs when they do not interact with clinicians and patients? Conversely, clinicians are often not trained to formulate a rigorous research hypothesis based on their clinical observations. Even more confounding is the process of writing grants to secure research funding and scientifically prove or disprove critical questions in a directed manner. Often academic clinicians and community health providers are swamped with the day-to-day challenges associated with patient care. Ultimately, the time required to develop these complex research projects is at a premium, even if an investigator possesses a strong background in basic or clinical research. Seamless transition from the basic science bench to clinical bedside requires a well-trained interpreter in the linguistics of translational research.

A second challenge is the multi- and interdisciplinary research approach translational projects require. This means multiple people with various backgrounds must be able to work together towards a unifying goal while receiving the appropriate academic credit and incentives for doing so. Current academic credit is mostly given to principal investigators of research grants and major publications, which allow only one or two key people within the group to obtain academic credit. This system prevents broadening the scope of incentive by crediting numerous investigators or institutions involved in the research. Beyond recognition and credit, many researchers cannot sustain a career by

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providing altruistic contributions to research in practical sense. There must be a forum and/or infrastructure to support translational research that cannot be supported by an individual entity such as a tissue bank, clinical database or clinical research office handling financial and regulatory issues. An institutional, and more importantly, a national commitment to provide the infrastructure required for these multi-layered programs must be in place.

The third challenge is clearly funding. Effective translational research requires a long-term financial commitment because bringing discoveries from the laboratory to the clinic is a marathon, not a sprint. Often, a translational research project has multiple simultaneously moving parts, which need to gel as a cohesive unit at the culmination of a clinical trial. If one of the components is unsuccessful, the entire project can wither on the vine. Let's say, for example, I found a mutation important for developing head and neck cancer in my laboratory. I need to work with a pathologist to obtain more tumors from the pathology archive, and then confirm the incidence of the mutation in a large number of tumors. I have to determine whether the pathology department can provide consistent, reliable testing for the mutation. Additionally, I have to understand the science regarding how the mutation functions in cancer, work on mutational assay development, and become proficient in the regulatory requirements of the FDA. Can I determine the sensitivity and specificity of the assay technology in my laboratory? Do I need to coordinate with another laboratory or academic institution? Can we ultimately educate doctors for the appropriate use of the assay? Will insurance pay for it?

If I want to develop a new therapy based on this mutation, I need to work with a biochemist or a drug screening expert to determine whether a drug already exists that targets the mutated protein. If I am fortunate enough to identify a chemical compound, I must determine that the drug can be manufactured in large quantities with reasonable shelf-life and cost. Is this drug safe to give to patients? Is the patient-safe dosage adequate to kill the tumor? And most importantly, will this compound prolong overall survival and improve quality of life for patients? It is a high risk, high reward and expensive endeavor for a myriad of people involved.

Last, but not least, is the added burden to patients. The issue of finances goes beyond research funding and also includes the cost of clinical trials to patients. The most significant determinant of clinical trial participation is insurance policy coverage of the trial cost.<sup>8</sup> Some insurance companies will not cover the cost of treatment if it is given within the context of a clinical trial, regardless of whether the patient would have received the exact same treatment. For this reason, it is frustrating to deal with the bureaucracy and administrative burden of insurance policies for clinical trial participation.

Furthermore, for translational researchers to confirm whether a basic science discovery is relevant for patients, all the findings need to be re-tested in tissue specimens from patients and validated through clinical trials. This often results in additional blood draws, tumor biopsy, imaging studies, and frequent doctors' visits leading to a substantial psychosocial burden. It is stressful enough to have a life-threatening disease, and unfortunately these added confounders add undue stress which can be unbearable for patients to tolerate. I often hear from patients the desire not to be a human guinea pig, and I truly understand their feelings. However, I point out that successful translational research is only possible when everyone works together, including the most important participant: our patients.

After listing these seemingly insurmountable challenges and difficulties, why should we enter the turbulent and uncertain waters of translational research? There is only one answer. Patients are suffering and dying from this disease, and I believe translational research is the fastest approach to eliminate the suffering. The goal is to collaborate, share data and resources, and apply the composite knowledge for effective disease prevention and treatment. We hope all our efforts lead to early detection, and subsequently a rapid delivery of personalized medicine tailored for each individual with the maximum benefits and minimal toxicities in mind. I personally believe it is a noble goal for everyone touched by this disease and certainly a fight worth fighting.

*Editor's Note: Christine Chung, M.D., Associate Professor of Oncology and Director of the Head and Neck Cancer Therapeutics Program at Johns Hopkins University School of Medicine, The Sidney Kimmel Comprehensive Cancer Center in Baltimore, Maryland.*

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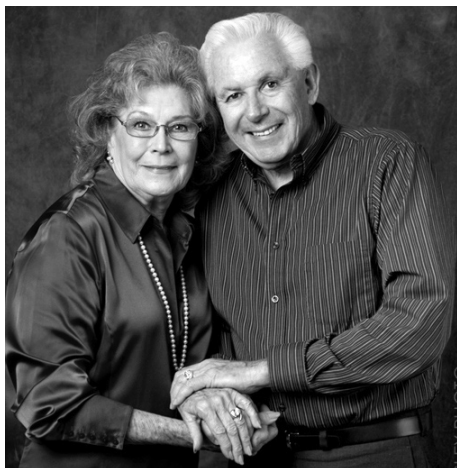
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## A TIME FOR SHARING...A story of fate

My wife, Temple, and I are both cancer survivors. We have facilitated the NW Arkansas Chapter of SPOHNC since 2006. It is interesting how Fate can intervene and bring about changes that your mind never anticipated. In 1980 we not only didn't know each other; but we were both cancer free in our mid 40's; enjoying the good life in Los Angeles. Temple was starting a new life and career as an aggressive positive single woman after a 27 year marriage ended. I was an imaginative manufacturing engineering manager in the aerospace industry. I, like most people, took life and good health for granted.



Cancer wasn't on my personal radar as I had no family members or close acquaintances that had been diagnosed with any type of this dreadful disease at that time. Unlike my unimagined knowledge of cancer, Temple had an older relative and a close girl friend that had to deal with the quest of surviving breast cancer.

In 1982 Temple found herself diagnosed with lobular cancer of her left breast. But I will let her relay her Fateful story.....

I remember it vividly when the surgeon who performed the lumpectomy told me he could give me a little mastectomy the next day. At 47 and now being single for the first time since I was nineteen years old, a mastectomy wasn't in my plan for the future. I immediately searched for another option. I was fortunate to get a second opinion at the Breast Center in Van Nuys, California where I had a team of doctors working with me toward my wishes of not losing a breast.

I had fourteen lymph nodes removed under my left arm and a biopsy of my right breast as my cancer could have a mirror image. Fortunately, my lymph nodes were clear of any signs of cancer. This was followed up

with twenty-five radiation treatments. After completing the radiation and two months later, I spent four days at the Breast Center with radium needles implanted in my left breast, in an isolated room, of course. These implants, that are not used any more, left me with a few scars.

I had a good attitude and great confidence that I would win this battle and continue on with my new life. I had my girl friend (who had undergone this treatment) take pictures of me during my four days with the implants. With the pictures and my positive attitude I took the opportunity to help other breast patients not only fight their cancer, but deal with depression due to the treatment and fear of the unknown they were facing.

After being released from the Breast Center I was able to carry a full load of work which helped keep me well-grounded and positive at my position of Recreational/Social Worker Director at a convalescent hospital.

During my treatment and healing process; even though I was single, I wasn't alone as my cat, my girlfriend and sister were very supportive especially during recovery.

I will always have some residual problems due to the radium needle implants; it is a treatment that never lets you totally forget your body has been infused with this life saving technology. Some consequences don't surface for years, but I'm here today, and with God's help I am fortunate to be cancer free for 29 years next June 18<sup>th</sup>.

And now for my side of the story. In January, 1983 I was fortunate enough to have a chance meeting with Temple, and as any astute recently divorced positive thinking bachelor would do; I asked for her phone number. As I mentioned earlier Fate usually sneaks up on you when you least expect the visit. We started dating and were getting along quite well while having a lot of fun showing each other off to our respective coworkers and friends.

Our relationship was building and Fate intervened when Temple's rent on her apartment was increased a substantial amount. After I did a little negotiating, she decided to move in with me since we were spending most of our time together any way.

A few years later, as our family was growing, we now had two cats; we jointly purchased a townhouse in the Chatsworth Mountains. Our life continued developing into a fun, rewarding relationship; we looked

for excuses to travel, spent time with close friends and family while planning for the future. On our 10<sup>th</sup> anniversary of being a couple we were married as I was planning on taking early retirement from my career in the aerospace industry. The following year at 57 years of age in 1994 our plan was for me to retire and then continue my career in the aerospace industry as a contract engineer. I guess life was too good as Fate intervened with her plan.

I had been attempting to get rid of a sore throat and raspy cough for months when a lump appeared on my neck about the size of a robin's egg. I went through the normal misdiagnoses that were standard in the 1980's. I was given antibiotics for an infection possibly caused by cat scratch fever, cough medicines and after visiting several doctors with no results, I was referred to an ENT.

During my last week of work in 1994, prior to attending my retirement party, I received a call from my new ENT, whom I had seen only twice. He told me he wanted me in the office the next day to discuss the results of my biopsy. The next day the ENT informed me that I had Stage 4 squamous cell carcinoma at the base of the tongue that had spread through my jaw bone, esophagus and lymph nodes. The next statement was the show stopper; the cancer is inoperable at this time, and you have approximately a 50% chance of surviving. My only chance of survival was radiation twice a day for six weeks to reduce the cancer to a surgically feasible area.

A few days later the radiation oncologist sat down on a stool in front of me; his face about a foot from my face and gave me a brief dissertation of what I should be expecting from the treatment. After this close and in the face explanation of the highlights of what I should be expecting from the treatment I was about to face; he asked me if I was afraid. I told him if he was a rattlesnake, Yes, I would be afraid, but No, I'm not quite sure what I should be afraid of at this time. I just wanted him to initiate this treatment so I could be cured and get on with life. That was my first and last haughty statement about this treatment and the consequences it can leave you with.

With a good team of doctors, family and my wife/caregiver, I made it through the treatment and was cured. However, oral cancer treated with radiation twice a day for six weeks leaves you with some rather heavy baggage for the rest of your life.

In 2005 we relocated to the Ozark Mountains of Arkansas and settled into a new home. During that year I started considering the long term consequences of my cancer due to some noticeable deterioration of my lower teeth. I was concerned as some of the initial dental professionals I contacted didn't impress me with a solid knowledge of working with oral cancer survivors that had survived maximum radiation to the jaw area. At that time I was faced with the realization that I wasn't in California any more where I had a large base of medical professionals.

Fate stepped in at this time with the announcement in the SPOHNC newsletter of the SPOHNC 15 Year Celebration of Life in New York. In August, 2006, Temple and I attended the conference with the hope of finding positive information about long term survival due to deterioration of the lower jaw from radiation. It was a rewarding visit listening to some of the nation's best specialists of treatment of oral, head and neck (OHN) cancer in the nation. Additionally, meeting other survivors and facilitators of support groups was an emotional experience that compelled some thought. Again, Fate made a motion; during the flight home we decided we should initiate a SPOHNC Chapter in Arkansas.

With the help of NARTI, (North West Arkansas Radiation Therapy Institute which is now, Hope Cancer Resources) and the Washington Regional Medical Center Cancer Support Home in Fayetteville our first SPOHNC meeting was held September 23, 2006. We had three survivors and mainly spent the two hours getting to know each others story. This meeting did substantiate the need in our area for a group like SPOHNC to help new patients and other long term survivors like me that still have questions with very few answers. Today, we still have the only oral cancer support group in the state of Arkansas, and we are very entrenched in the cancer care system in our area.

Temple and I have encouraged our group to talk to as many medical/dental

professionals to boost awareness of OHN cancer in Arkansas. This has been quite successful during the past few years; as we have at least five survivors that either volunteer their time at the local oncology clinic, work one-on-one with new patients or volunteer with the American Cancer Society.

During our September meeting this year Temple and I realized our group had developed into a cadre of special people joined by our common bond. We just facilitate the meetings; all of our survivors and caregivers make it a worthwhile learning experience not only for new patients we can help, but as a group helping each other. With fourteen attendees there were a lot of new stories and events to cover. We were so busy I just laid my agenda aside due to the many topics being discussed. The meeting flowed, everyone participated and there was a lot of humor and levity to fill the two hours. One of the most fulfilling unplanned results of this meeting was that the original three survivors who attended our first meeting four years ago were there that day.

Occasionally, the manager of the Cancer Support Home, where we have held all of our SPOHNC meetings, participates in the discussions. At other times, she admitted, she just wants to listen and learn about the many unique situations OHN cancer patients/survivors have to deal with.

During the November meeting we hosted several board members from the Cancer Challenge organization which is an integral part of a four county fund raising effort in NW Arkansas. The Cancer Challenge has been effective in the area for 18 years supporting many services for all cancer types. They have raised interest in cancer care and funded millions of dollars for a much needed void in an area where many patients need assistance. Their reason for attending our meeting was to obtain first hand comments on what was positive about cancer support in our area and voids that needed to be addressed. Needless to say; fourteen first hand OHN cancer survivors had a few comments.

Is NW Arkansas SPOHNC promoting OHN cancer? Yes, we have been told many times from a variety of professionals over the years we have made an impact. Are we happy we initiated the group? Yes, we feel very proud of the group and the fact that every year we know there is more awareness of OHN here.

Nobody really knows what they will have to deal with for the rest of their life after that first doctor says; "you have been diagnosed with OHN cancer." However, Fate evidently had a plan for Temple and me long before 1980.

*Temple and Jack Igleburger*

tmplnjak@cox.net

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## ORAL, HEAD, AND NECK CANCER NEWS

### IT-MATTERS Phase III Global Clinical Trial for Head & Neck Cancer Now Enrolling

#### Trial Description:

The IT-MATTERS study is a randomized, controlled, multi-center, open label, Phase III study of Leukocyte Interleukin, Injection (Multikine®) plus standard of care (surgery with radiotherapy and concurrent chemoradiotherapy, if “high risk”) versus standard of care only that is being conducted in patients not previously treated who have advanced primary squamous cell carcinoma of the oral cavity or soft palate.

The goal of the study is to show that the administration of Multikine prior to giving the standard or usual cancer treatment will result in an increase in patients’ survival. Multikine® immunotherapy is given BEFORE any other cancer therapy so as to stimulate the patient’s own immune system to fight the cancer before it is weakened by surgery, radiation and chemotherapy.

#### You may qualify for entry into this study if you:

- Have not received surgery, radiation or chemotherapy for head and neck cancer.
- Have untreated squamous cell carcinoma of the mouth, cheek or soft palate.
- Have tumor class T1, T2, or T3. Tumor class T4 is allowed only if invasion of the mandible is minimal. Or have cancer of the Oral Cavity and Soft Palate classified as Stage III or IVa.
- Are over 18 years of age.
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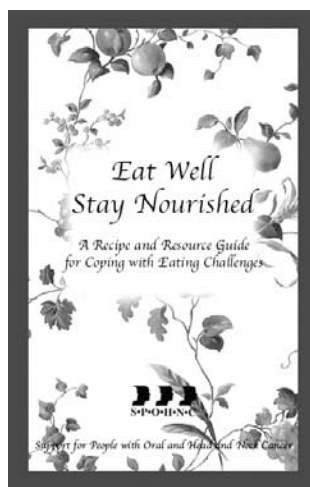
In previous studies no serious toxicity from Multikine® was reported. These previous studies also showed that local administration of Multikine® by injections made in several locations around the tumor markedly increases anti-tumor immune response and results in tumor regression. It is believed that Multikine® given around the tumor eliminates tumor micro-metastases and reduces the chance of the cancer recurring.

#### Can I choose which treatment option I want to receive?

No. You will be randomly assigned to receive either Multikine® plus standard of care or standard of care only. This must be done to preserve the integrity of the trial results.

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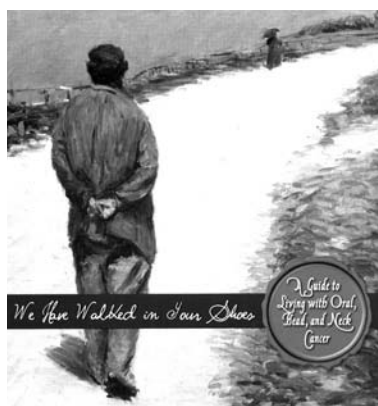
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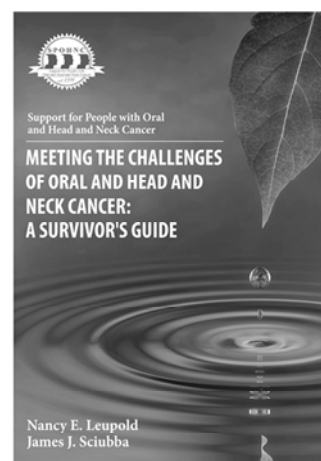
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## *Support Sorkin!* A Project That Inspired A Community

Life can throw so many curve balls. It's how you handle them that defines you as a person. Jon Sorkin, a high school Spanish teacher, musician, singer, father of two, husband, son, and friend to many saw the curve ball and hit it a mile... and then some.

In the spring of 2010, as school was getting ready to close, Jon was in the midst of test after test after test in hopes for an easy answer to his discomforts. He told no one what was going on, he just played his music and sang to distract himself from the pain and frustration of discovering that his life was soon going to take a major turn. The house Jon and his family just put an offer on was no longer the next step in their life's journey together. The diagnosis of cancer had taken his family down a different path.

It wasn't until the last weeks of school that Jon began to share his news. Jon began to share his plans with his colleagues as everyone was gearing up for the end of the year party, family vacations, sun and fun. Jon's hope was to see everyone the next year. For Jon, the end of the year party suddenly became different. "It was a party!" We were drinking and I was singing and playing guitar, but it seemed more like saying good bye" Jon recalls. I can tell you, Jon Sorkin's positive spirit shined that day! He shared his positive spirit through his music and interactions with everyone. Maybe the party influenced Jon to share his journey through fighting cancer on his blog (<http://jonstreatment.blogspot.com/>).

Summer began and Jon's fight was just beginning. As many of us were thinking about what beach or pool to go to, Jon was thinking "what do I treat first, my issues with my lungs or the head and

neck cancer?" By July, Jon had begun chemotherapy. His blog became his outlet to release stress and inform others of what was going on with his treatments. Little did he know, his blog became much more. It became a place full of hope and love for friends and family, a sharing place for others who had gone through the same trials and tribulations as Jon, and a place



of community for anyone who wanted to support Jon Sorkin.

Needless to say Jon's summer was full of hospital visits, needles, hair loss, and just plain 'ol crap. Stuff that he wishes on no one. Mid August came around and nurses introduced him to SPOHNC. Jon and his family began wearing SPOHNC bracelets to support not just him, but also others suffering from oral, head and neck cancer. It just so happened, that was the same time teachers starting coming back to school and kids soon followed. Jon was strong enough to come in to school the first couple of days and see colleagues and students. Little did he know what that visit would mean to him. Jon wrote in his blog,

*"I guess the one thing that stands out from this past week is that I can honestly say that I truly love my job, the place I work, Glenbrook North High School, my colleagues and my students. I don't think I've ever realized how happy that place makes me feel. I know how fulfilled I have been teaching there for the past ten years*

*and I never thought I took it for granted. I've always appreciated every aspect of working at GBN, but I know that now I have an even deeper appreciation."*

Because of Jon's visit to school, word got around quickly about his cancer and how he was sharing his life on his blog. As the school community got connected to his blog, they were floored by his openness about his treatment, his reflections on his visit to school and the overall impact that Jon Sorkin had on our school soon came to life. The only question was, what could our community do to help?

It didn't take long until board members from our cancer awareness/support club, "Beating The Odds", came to see me to start up a school project for (as they call him) Señor Sorkin. Students like senior Bansry Shah wanted to "help bring his energetic spirit to our school community and show how much we support him in his battle. "This was done through the *Support Sorkin* project. The goal was to embrace Señor Sorkin's positive attitude, smiles, sincerity and passion and spread it to everyone they could by selling SPOHNC bracelets. Bansry was so excited recalling the beginning of the project, "it started out as just a fundraiser, but quickly turned into something bigger... we took the school by storm!"

As we began to think about selling bracelets, I talked to SPOHNC's Administrative Assistant Lisa Caracciola and Executive Director Mary Ann Caputo from the SPOHNC organization and worked out the details. I told them we had an energetic group of kids wanting to do something special for a teacher. They were surprised when I said we wanted to start with one thousand bracelets and see what happened.

They said to not worry; that if we didn't sell them we could return the extras and get our money back. A week later we ordered five hundred more.

It wasn't too long that 1500 bracelets were sold to faculty, support staff, students, parents, maintenance staff, cafeteria staff, and community members. Ali Lapping, senior board member from "Beating The Odds" was so excited about the project and felt "it was truly amazing to go around school and see students and staff all wearing the SPOHNC bracelet and showing their support." WOW! Can you imagine having that kind of support?

Our kids were so excited! They took a chance selling SPOHNC bracelets, rallying individuals and groups to not only raise money to support the SPOHNC organization and the many people it benefits, but also enough money to send Jon and his family on a nice four-day get away. "We wanted to raise awareness about cancer, but also give the Sorkin family something to look forward to do as a family when the time was right" said Ali.

As part of the *Support Sorkin* project, the students wanted to do more than just raise money and send his family somewhere. They wanted to make an everlasting impact on a teacher who makes everlasting impacts on the lives of students every day he enters a classroom. They wanted Jon and his family to see, hear and feel the support that was given and shared throughout the fundraiser.

Pictures were taken of groups and individuals buying bracelets and interviews were captured as people expressed their support for Jon. "I was surprised and overwhelmed by how open and excited people were to be part of the project" said senior board member from "Beating The Odds", Alyssa Salzstein. Selling the bracelets and making a photo album to share were important goals that the students accomplished relatively quickly. But they weren't satisfied. Let's go big or go home...right? So, the kids made a video that can silence a room and bring tears to anyone's eye. "We wanted to produce a video that was uplifting and inspiring for Señor Sorkin and

show him all the support he had back at school" said Alyssa. This project became more than a fundraiser. It became a message to everyone about community.

I still remember an early conversation with the kids about Señor Sorkin's love for music. They know he lives for teaching, playing his guitar and his family. It's interesting; because I also remember a conversation with Jon about Kenny Chesney's tune "I'm Alive." That song became his anthem! It's in the video and it expresses everything Jon Sorkin needed to believe in to fight through his battle.

*"So damn easy to say that life's so hard  
Everybody's got their share of battle scars  
As for me, I'd like to thank my lucky stars  
That I'm alive and well.*

*It'd be easy to add up all the pain  
And all the dreams you sat and watched go up in flames  
Dwell on the wreckage as it smolders in the rain  
But not me, I'm alive.*

*And today you know that's good enough for me  
Breathin' in and out's a blessing, can't you see?  
Today's the first day of the rest of my life  
And I'm alive and well  
I'm alive and well.*

*Stars are dancin' on the water here tonight  
It's good for the soul when there's not a soul in sight  
This boat has caught its wind and brought me back to life  
Now I'm alive and well.*

*And today you know that's good enough for me  
Breathing in and out's a blessing, can't you see?  
Today's the first day of the rest of my life  
Now I'm alive and well  
Yeah, I'm alive and well*

(From: [http://www.elyrics.net/read/k/kenny-chesney-lyrics/i\\_m-alive-lyrics.html](http://www.elyrics.net/read/k/kenny-chesney-lyrics/i_m-alive-lyrics.html))

It is music, it is lyrics, and it is teachers like Jon Sorkin that inspire people to push themselves to be better. To not take for granted the gifts we are given. The conversations I had with Jon or his wife reminded me to keep my problems in perspective. It's easy to get caught up in times of trouble and see the worst, but as an educator I keep remembering that students are inspired by teachers like Jon Sorkin, and I need to be a positive example of what I hope for them.

Jon is continuing to fight his battles with cancer. He's back at school teaching and doing what he loves. I'm sure he is reminded every day by his students and staff members how happy we are he is here with us. I know Bansry Shah is excited about his return and summarizes what working on the *Support Sorkin* project meant to her, "if I had to say one thing about this overall experience, it would be, Señor Sorkin, your story and your optimism has reminded me why I fundraise and create awareness about cancer. You've not only inspired me, but truly, you have inspired so many people around you it's unbelievable! Showing our support for you is the least we can do because I can't even imagine the amount of strength and courage it takes to battle the horrible disease of cancer. Not only are you a passionate teacher, loving father and husband, and genuine friend, but you are also my hero."

So, as spring is on the rise a year later, so are Jon Sorkin and his family. There isn't a curve ball or pitch he hasn't seen. He is getting his voice back, jammin' on his guitar and playin' some Beatles on the piano. He keeps reminding himself that things will only get better, better, better....

Written by:  
Michael Tarjan, Ed.D.  
Assistant Principal  
Glenbrook North High School

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# CHAPTERS OF SPOHNC

**ARIZONA-CHANDLER**  
Cancer Center at Chandler Reg. Med. Ctr.  
1<sup>st</sup> 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**  
Banner Desert Medical Center  
3<sup>rd</sup> Wednesday: 4:30 - 6:30 PM  
Keri Winchester, MS, CCC-SLP 480-512-3627  
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.  
1<sup>st</sup> Tuesday: 5:30-7:30 PM Suite 650  
Mary Schneider, Director 602-406-3882  
mary.schneider@chw.edu  
Barbara Chapman, RN, OCN  
602-401-8131 barbara.chapman@chw.edu  
Dick Snider, MD (ret.) 480-895-6019  
rsnider326@aol.com

**ARIZONA-SCOTTSDALE**  
Virginia G. Piper CA Center  
3<sup>rd</sup> Thursday: 6:30-8:30 PM  
Chris Hendrson, MS, CCC-SLP 602-312-9226  
chenderson2@shc.org  
Sandy Bates, RN 480-838-5194  
zoomomof6@cox.netd  
Les Norde 602-439-1192  
elnorday@cox.net

**ARKANSAS-NORTHWEST**  
NWA Cancer Support Home  
3<sup>rd</sup> 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  
1<sup>st</sup> Tuesday: 6:30-8:00 PM  
Pam Hoff, LCSW 310-825-6134  
phoff@mednet.ucla.edu

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

**CALIFORNIA-PASO ROBLES**  
The Wellness Community  
1<sup>st</sup> Tuesday: 6:00 PM  
Pam Collins, Program Director 805-238-4411  
pamela.collins@twcccc.org

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

**CALIFORNIA-SAN FRANCISCO**  
UCSF Comprehensive Cancer Ctr.  
3<sup>rd</sup> Wed., 1:00-2:30 PM, Rm. H3805  
Daphne Stuart, LCSW 415-885-7394  
Daphne.stuart@ucsfmedctr.org

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

**CALIFORNIA-STANFORD**  
Stanford Cancer Center  
1<sup>st</sup> Tuesday: 4:00 - 5:30 PM  
Joan Fusco, LCSW 650-725-0562  
jfusco@stanfordmed.org  
Jaime Laskowski, RN  
jlaskowski@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, 1<sup>st</sup> Fl.  
Last Tuesday: 6:30-8:00 PM  
Jeanne Currey 303-778-5832  
jeannecurrey@centura.org

**CONNECTICUT-NEW HAVEN**  
Hospital of St. Raphael  
2<sup>nd</sup> 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 1<sup>st</sup> 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.  
3<sup>rd</sup> Tuesday: 5:00-6:00 PM  
Darlene Young, RN, OCN 860-892-2777  
dayoung@wwbh.org  
Kathy Gernhard, RN, OCN 860-892-2777  
kgernhard@wwbh.org

**DC-GEORGETOWN**  
Lombardi Ca Ctr/Martin Marietta Conference Rm  
3<sup>rd</sup> Monday: 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  
Last Thursday: 2:00-3:30 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.  
1<sup>st</sup> Tuesday: 4:00-5:00 PM  
Laura Moon Cox, MSW 561-955-5897  
lmooon@brch.com

**FLORIDA-ENGLEWOOD**  
Englewood Community Hospital  
3<sup>rd</sup> Thursday: 10:30AM-12:00 noon  
Joseph Bauer 941-474-0099

**FLORIDA-FT MYERS**  
Gulf Coast Medical Center  
Outpatient Rehabilitation Ctr.  
4<sup>th</sup> 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  
4<sup>th</sup> Thursday: 5:00 PM  
Ryann Ennis, MA CCC-SLP  
850-863-8275  
rennis@whitewilson.com  
Shannon Leach, MA, CCC-SLP 850-362-9200  
sleachslp@yahoo.com

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

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

**FLORIDA-MIAMI**  
The Wellness Community  
3<sup>rd</sup> Wednesday: 6:00-8:00 PM  
Gary Mallinchrodt 305-668-5900  
geme4@yahoo.com  
Russell Nansen 305-661-3915

**FLORIDA-MIAMI**  
UM/Sylvester at Deerfield Beach, Ste.100  
2<sup>nd</sup> 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  
1<sup>st</sup> Wednesday: 3:00-4:30 PM  
Karen Moss, MS, CCC-SLP  
239-393-4079/Karen.moss@nchmd.org

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

**FLORIDA-SARASOTA**  
The Wellness Community  
2<sup>nd</sup> 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  
4<sup>th</sup> Tuesday: 6:30-8:00 PM  
Catherine DeStefano, RNC,OCN  
561-793-6500  
angelicaneil@bellsouth.net

**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**  
MCG Health Children's Medical Center  
Family Resource Center  
1<sup>st</sup> Tuesday: 6:00-7:30 PM  
Lori M. Burkhead, PhD, CCC-SLP 706-721-6100  
lburkhead@mcg.edu  
Leann Draganano draganole@bellsouth.net

# CHAPTERS OF SPOHNC

GEORGIA-COLUMBUS  
Columbus Public Library  
3000 Macon Rd.  
2<sup>nd</sup> Monday: 6:00-7:30 PM  
Wanda Hodge 706-442-1768  
admin@wcgcc.org

ILLINOIS-CHICAGO  
Duchossois Ctr. for Advanced Medicine  
4<sup>th</sup>. 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  
2<sup>nd</sup> Monday: 6:00-8:00 PM  
Sabina Omercajic, MS, CCRP 847-570-1066  
somercajic@northshore.org

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

INDIANA-FORT WAYNE  
Lutheran Cancer Resource Ctr Ste 109  
3<sup>rd</sup> 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-INDY-SOUTH  
St. Francis Education Center  
1<sup>st</sup> Thursday: 7:00 PM  
Janice Leak, MSN, APRN-BC, AOCN  
317-782-6704  
janice.leak@ssfhs.org

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

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

KANSAS-KANSAS CITY  
Univ. of Kansas Hospital  
2<sup>nd</sup> & 4<sup>th</sup> 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  
3<sup>rd</sup> Wednesday: 4:00 PM  
Krystal K. Sauceman, RN 225-572-7943  
survivorbr@yahoo.com

MAINE-AUGUSTA/CENTRAL  
Harold Alfond 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.  
3<sup>rd</sup> Tuesday, 7:00 PM  
Dorothy Gold, LCSW-C, OCV-C 443-849-2980  
dgold@gbmc.org

MARYLAND-BALTIMORE-JHMI  
Johns Hopkins – Greenspring Station  
2<sup>nd</sup> 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 each mo.: 6:00-7:30 PM  
Valerie Hope Goldstein 617-731-1703  
Fernal@aol.com

MASSACHUSETTS-DANVERS  
MGH Northshore Cancer Ctr.  
2<sup>nd</sup> 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  
1<sup>st</sup> Wednesday: 11:30 AM  
Amy Orwig, MSW 313-916-7578  
aorwig1@fhhs.org

MICHIGAN-ST. JOSEPH  
Lakeland Healthcare  
1<sup>st</sup> 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  
4<sup>th</sup> Thursday: 6:30 PM  
Carrie Eriksen, LCS, 248-964-3430  
CEriksen@beaumont-hospitals.com

MINNESOTA-MINNEAPOLIS  
Hennepin/Southdale Library  
1<sup>st</sup> 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  
2<sup>nd</sup> Wednesday, 5:30-7:00 PM  
Laura M. Neal, MSW, MPH, LCSW 573-884-1509  
neallm@health.missouri.edu

MISSOURI-ST. LOUIS  
St. Louis University Cancer Center  
4<sup>th</sup> 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  
3<sup>rd</sup> Thursday: 12:00 Noon-1:00 PM  
Doug Stiner 406-586-0828  
nancydoug@theglobal.net  
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  
2<sup>nd</sup> 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  
3<sup>rd</sup> Wednesday: 1:30 PM  
Edie Boschen, RN, APN-c, OCN 973-971-4144  
Edie.Boschen@atlanticehealth.org  
Catherine Owens, LCSW, OSW-C 973-971-5169  
Catherine.Owens@atlanticehealth.org

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

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

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  
3<sup>rd</sup> Thursday: 7:00-8:00 PM  
Joseph Ciccarelli 518-882-9742  
jciccarelli001@nycap.rr.com

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

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

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

NEW YORK-MANHATTAN  
NYU Clinical Cancer Center, 11th flr  
1<sup>st</sup> and 3<sup>rd</sup> Thursday: 2:00 PM  
Christie 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  
Sharon Lerman, LCSW 718-470-8964  
Lynn Gormley  
516-628-1219 / 516-314-8897  
lgormley1@optonline.net

# CHAPTERS OF SPOHNC

**NEW YORK-ROCHESTER**  
Strong Memorial Hospital  
Luellen Resource Center, Pat. Res. Ctr.  
1<sup>st</sup> 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  
1<sup>st</sup> Wednesday: 7:30-9:00 PM  
Dennis Staropoli 631-682-7103  
den.star@hotmail.com

**NEW YORK-SYOSSET**  
NSLIJ-Syosset Hospital  
2<sup>nd</sup> 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  
2<sup>nd</sup> 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  
3<sup>rd</sup> Wednesday: 6:00 PM  
Dave Gould 919-493-8168  
dave.gould@da.org

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

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

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

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

**OHIO-LIMA**  
St. Rita's Regional Cancer Ctr.  
Allison Rad/Onc. Ctr. Garden Conf Rm  
3<sup>rd</sup> 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  
1<sup>st</sup> Tuesday: 6:30 PM  
Christine B. Griffin, RN 918-261-8858  
Beritgriffin@cox.net

**OREGON-MEDFORD**  
Providence Medical Center  
2<sup>nd</sup> Friday: 12:00-1:30 PM  
Richard Boucher 541-269-8323  
richard.boucher@hp.com

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

**PENNSYLVANIA-HARRISBURG**  
Health South Lab 3<sup>rd</sup> 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-NEW CASTLE**  
UPMC Jameson Cancer Center  
Medical Arts Bldg Suite 104  
3<sup>rd</sup> Wednesday, 6:00-7:30 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  
1<sup>st</sup> Wednesday: 9:30-11:00 AM  
Micki Naimoli  
856-722-5574  
Tracy Lautenbach  
215-662-6193  
lautenbach@uphs.upenn.edu  
Mia Benson Smith, MS 215-662-4641  
mia.bensonsmith@uphs.upenn.edu

**PENNSYLVANIA-YORK**  
Apple Hill Medical Center  
2<sup>nd</sup> 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  
1<sup>st</sup> Monday: 4:00-5:30 PM  
Jeanna Richelson 423-894-9215  
Jeanna1255@aol.com

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

**TEXAS-DALLAS**  
Cvetko Ctr. at Sammons Cancer Ctr.  
2<sup>nd</sup> Tuesday: 11:00 AM-12:30 PM  
Jack Mitchell 972-346-4297  
jackmitchell5225@aol.com

**TEXAS-FORT WORTH**  
Moncrief Cancer Resources  
2<sup>nd</sup> Wednesday: 3:30-5:00 PM  
Marla Hathcoat, LMSW  
817-838-4866  
marla.hathcoat@moncrief.com

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

**TEXAS-McALLEN**  
Rio Grande Regional Hospital  
3<sup>rd</sup> 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  
1<sup>st</sup> 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

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

**VIRGINIA-NORFOLK**  
Sentara Norfolk General Hospital  
3<sup>rd</sup> Monday: 7:00 PM  
Helen Grathwohl 757-487-2624  
agrath3004@aol.com

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

**WASHINGTON-SEATTLE**  
Swedish Med Ctr. 1 E. Conf Rm  
3<sup>rd</sup> 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  
1<sup>st</sup> 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  
2<sup>nd</sup> Wednesday: 4:30-5:30 PM  
Tammy Wigginton, MS, CCC/SLP  
414-805-5662  
twiggint@mcw.edu

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

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**We Want to Hear From You.**

**Do you have a story that you would like to share with others. Perhaps one that could help someone through his or her cancer journey?**

**Chris Leonardis is waiting to hear from you.**  
**Please contact her at [c.leonardis@spohnc.org](mailto:c.leonardis@spohnc.org)**  
**or**  
**Call 1-800-377-0928, opt 4.**

**We look forward to sharing your story with our readers.**

**THANK YOU**