

NEWS FROM S·P·O·H·N·C



VOL. 31 NO. 2 SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER, INC. OCTOBER/NOVEMBER 2021

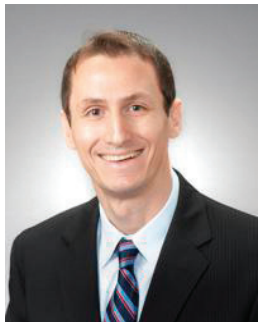


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A PROGRAM OF SUPPORT
FOR
PEOPLE WITH
ORAL AND
HEAD AND NECK CANCER

Recurrent/Metastatic Squamous Cell Carcinoma of the Head and Neck: Approach to Treatment and Future Directions

Dan P. Zandberg, MD

Squamous cell carcinoma is the most common cancer that originates in the head and neck. The most frequent primary sites of origin in the United States are oral cavity, oropharynx, larynx, and hypopharynx. While the majority of patients present



at a stage where our therapy is with curative intent, if the tumor recurs or the patient has distant metastases, they face significant challenges and there is a great need for improvement in outcomes. We have, however, made progress in the recurrent/metastatic (R/M) setting and we continue to investigate ways to have better outcomes. In this article I will discuss the general approach and treatment options for recurrent and/or metastatic squamous cell carcinoma of the head and neck (R/M HNSCC) and future directions in the field.

Before this discussion it is worth establishing some definitions and framework for the rest of the article. A patient's head and neck cancer may recur either locoregional or with distant metastases. Locoregional recurrence means that it has recurred at the primary site (for example in the tongue or voice box) and/or in the neck (for example with a new lymph node). Distant metastases means that the cancer has spread beyond the head and neck region to other organs such as the lung, liver, or bone. A patient may have a locoregional recurrence alone, distant metastatic disease

alone, or both. Only about 10% of patients present with distant metastases at initial diagnosis and therefore if a patient develops distant metastases, it typically happens at the time of recurrence. In general, HNSCC has a higher chance of locoregional recurrence compared to distant metastases. This article focuses on the general approach to R/M HNSCC for the most common primary sites detailed above (oral cavity, oropharynx, larynx, hypopharynx), understanding that there are nuances to each individual patient.

In terms of treatments, we have local treatments such as surgery or radiation that can be used to treat a local area and then systemic treatments such as chemotherapy, targeted therapy, or immunotherapy which can affect cancer of the entire body. Very commonly chemotherapy is given at the same time as radiation i.e. concurrent, which is done because the chemotherapy makes the radiation work better on what it is targeting. The choice of local therapies (surgery or radiation) vs. systemic therapy is based on the location of the cancer, which is determined by radiology imaging. For example, does the patient have locoregional recurrence only or does the patient also have distant metastases. This approach is the same for human papillomavirus positive and negative HNSCC patients.

For patients with locoregional recurrence only (within the primary site or neck) we try to use local approaches for treatment. The initial evaluation is whether the patient can have surgery because surgery is generally associated with the best outcomes. This determination is based on whether the cancer can be removed and whether the patient is a candidate for an operation. The goal of any cancer surgery, including for recurrent HNSCC, is to completely remove all of the cancer. Achieving this goal when there is a locoregional recurrence can be more challenging than at initial diagnosis. If the cancer involves structures such as the carotid arteries or the tissue around the spinal column, this may prevent the cancer from being able to be removed entirely. If the tumor can be removed a patient must be a candidate for the operation meaning they are strong enough medically to tolerate the surgery. If surgery is not an option we then consider radiation. The majority of patients who have a recurrence have had prior radiation to their head and neck. Doing another radiation treatment is called reirradiation. Reirradiation most often is done with concurrent chemotherapy to make the radiation more effective. To do reirradiation the normal tissue around the cancer has to be able to tolerate the radiation and so generally at least 6 months from prior radiation is needed before reirradiation can even be considered. Reirradiation can also be given after a surgery to try and prevent the cancer from coming back when the removed tumor shows high risk features for recurrence. Reirradiation can be done with a technique called IMRT (Intensity Modulated Radiation Therapy), SBRT (Stereotactic Body Radiation Therapy) or Proton radiotherapy. IMRT or Proton radiotherapy is often given as a

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Chris Leonardis

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longer course of radiation over 4-6 weeks whereas SBRT can be delivered in a shorter course of 2-3 weeks for lesions that are small enough to be amenable to this focused technique.

For a patient with locoregional recurrence the decision to recommend surgery and/or reirradiation is complex. Even if a patient's tumor can be surgically removed and/or be treated with reirradiation, the tumor characteristics including how quickly it has recurred, its location, what the effect would be on a patient's function and quality of life, and expected cancer outcomes must be balanced together, along with the patient's goals. Put another way, even though surgery or radiation may be feasible it may not be the best option for particular cases. That is why it is critically important for a patient to have a head and neck surgeon and radiation oncologist that have significant experience with treating these patients. A thorough discussion between physician and patient is always important in cancer care, and especially so with treatment of locoregional recurrence of HNSCC.

If surgery and reirradiation are not options or the patient has distant metastases, then systemic therapy is the primary treatment. Radiation can still be used in a short course for pain relief (palliative radiation) or sometimes as part of the treatment if a patient only has a few distant metastatic areas of cancer. Systemic therapy includes traditional chemotherapy, targeted therapy (drugs that target molecular pathways within the cancer), and immunotherapy. Immunotherapy is a class of medication that works by using the immune system to attack cancer. This can come in the form of vaccines, T cell therapy, and drugs that effect co-signaling molecules. The latter type of immunotherapy takes advantage of the brakes and gas pedals that the immune system already has with drugs that either take the foot off the brake or step on the gas pedal to try to get the immune system to attack the cancer. Specifically, anti-PD-1 monoclonal antibodies (mAb), that take the foot off a brake called Programmed Death One (PD-1), have revolutionized the field including in HNSCC with FDA approvals of nivolumab (OPDIVO) and pembrolizumab (Keytruda) in 2016 for patients that have progressed on platinum chemotherapy already and more recently with pembrolizumab in 2019 as the first line systemic treatment therapy option. Pembrolizumab can be given by itself or with chemotherapy as first line therapy. We check a protein called Program Death Ligand 1 (PD-L1) in a tumor sample and if it is present, pembrolizumab by itself or with chemotherapy can be used, and if it is not there then only chemotherapy plus pembrolizumab is an option. PD-L1 is present in about 85% of patients. For a patient with PD-L1 present, the decision to use pembrolizumab plus chemotherapy vs. pembrolizumab alone is a balance between goals, disease characteristics and potential tolerance. For example, using chemotherapy plus pembrolizumab may lead to a higher likelihood of having the tumor shrink, but also has more side effects compared to pembrolizumab by itself. This decision is also shaped by the disease characteristic, where if a patient has a tumor that is causing significant pain and/or a higher amount of cancer chemotherapy plus pembrolizumab is often considered rather than pembrolizumab by itself, if a patient can tolerate the addition of the chemotherapy. This decision and discussion is always tailored to each patient's needs.

Clinical trials are critically important in R/M HNSCC in order to continue to improve outcomes. Clinical trials led to the approvals

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of pembrolizumab and nivolumab in R/M HNSCC and now as a field we look to build upon this success. Trials can be phase I (evaluates the toxicity of a new drug or combination), phase II (evaluates how well it works in a small group of patients), or phase III (a larger randomized confirmatory trial establishing whether it is better than our other current standard of care therapy). In phase III trials the primary goal is to see if a new drug or combination improves how long a patient lives compared to standard of care treatment and if it does that can lead to its approval by the FDA for general usage. At present there are many phase I and phase II trials and even some phase III trials that are ongoing for R/M HNSCC.

While anti-PD-1 mAb immunotherapy (pembrolizumab, nivolumab) represents a great leap for the field the promise with this therapy is that for those patients that do respond there is a chance of prolonged control. The challenge, however, is that still only a minority of patients receive this benefit, and this has driven the field to investigate through clinical trials how we can get more patients to benefit from immunotherapy.

Clinical trials are ongoing evaluating new combinations of immunotherapies or targeted therapy plus immunotherapy. In the first line setting trials are trying to build on the success of pembrolizumab by combining this drug with new immunotherapies. Newer immunotherapies are mostly administered intravenously, but also includes drugs injected directly into tumors or vaccines delivered into the muscle or skin. The fact that now all R/M HNSCC patients receive pembrolizumab in the frontline setting has

also led to a need to improve treatment options after the cancer progresses on this type of immunotherapy and numerous trials are ongoing looking at new combinations. One trial looking at the combination of a targeted therapy called cetuximab and an immunotherapy called monalizumab for this indication is already in a phase III trial (NCT04590963). Additionally, we are trying to find better markers in the blood or tumor that can help us determine who is most likely to benefit from immunotherapy. This is even more important as we continue to have trials with more combination therapies in an effort to someday be able to select the right combination for each patient based on what markers are present on an individual's tumor. We are taking the first step towards this goal at the UPMC Hillman Cancer Center with a personalized immunotherapy trial for those patients that have progressed on anti-PD-1 mAb immunotherapy (NCT04326257).

Success with immunotherapy in the systemic therapy only setting has led to trials exploring it earlier on after a surgery for locoregional recurrence or in combination with reirradiation in order to improve outcomes. For example, there is a trial open throughout the United States evaluating pembrolizumab alone or with reirradiation compared to reirradiation with chemotherapy after a surgery for locoregional recurrence (NCT04671667).

Some targeted therapies without immunotherapy are also making headway. The targeted therapy Buparlisib is currently being evaluated in a phase III trial in combination with a chemotherapy paclitaxel compared to paclitaxel alone for patients who have already received anti-PD-1 mAb

immunotherapy (NCT04338399). The drug Tipifarnib which targets HRAS mutations in HNSCC has shown promise and is currently being evaluated in a larger trial with the goal of gaining FDA approval (NCT03719690). Doing genotyping on a patient's tumor to see what mutations are present can be important to selecting a trial that focuses on a particular mutation in a molecular pathway.

In summary, the general approach to recurrent and/or metastatic HNSCC starts with a determination as to whether a patient has locoregional recurrence only, distant metastases only, or both. For those patients with locoregional recurrence only we evaluate for whether surgery is an option and if not whether radiation would be an option. If neither of these options are possible for locoregional recurrence or the patient has distant metastases, then systemic therapy is the treatment option. Systemic therapy spans traditional chemotherapy, immunotherapy, and targeted therapy. While outcomes need to be improved for all R/M HNSCC patients, we have made significant progress over the past 5 years and with this progress come new questions, treatments, and clinical trials to continue to move the needle, improve survival, and provide hope for these patients.

As health care providers we recognize the fear and adversity that comes with having recurrent and/or metastatic HNSCC and in an effort to improve care for these patients at our center we developed the UPMC Hillman Cancer Center Recurrent/Metastatic Head and Neck Cancer Specialty Care Clinic (RMCC). This clinic offers streamlined, personalized care for patients with recurrent and/or metastatic head and neck cancers. Located at UPMC Hillman Cancer Center

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in Pittsburgh, the clinic offers an expedited evaluation by a multidisciplinary team of experts including head and neck surgery, radiation oncology, and medical oncology to establish a diagnosis and/or develop a treatment plan. Through this clinic, patients have access to world class care and novel treatments, including minimally invasive surgeries, immunotherapy, stereotactic radiosurgery, and the latest clinical trials.

Editor's Note: Dan P. Zandberg, MD, is an associate professor of medicine and a medical oncologist/hematologist, specializing in the treatment of head and neck and thyroid cancers. He is the Director of the Head and Neck and Thyroid Cancer disease sections for the division of Hematology/Oncology and the Medical Oncology Co-Leader of the UPMC Hillman Head and Neck Cancer Program. He is also the physician lead for the second floor Hillman Cancer Center clinic. His main research focus is in the development of clinical trials with immunotherapy to improve patient outcomes. Recent awards

include the 2019 National Cancer Institute (NCI) Cancer Clinical Investigator Team Leadership Award, 2020 Leo Crip, M.D. Excellence in Patient Care Award, and 2020/2021 Castle Connolly Regional Top Doctor.

**"Wishing you all the best
in the good work
that you do"**

~ Ben N.

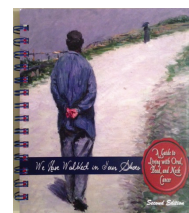
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We Have Walked In Your Shoes: A Guide to Living With Oral, Head and Neck Cancer

by Nancy E. Leupold & James J. Sciubba, DMD, PhD

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Dear Friend of SPOHNC,

October/November 2021

Thank you to all our donors and community partners who ensure that SPOHNC continues to offer the programs and resources that support our mission.

Since the pandemic began, and while it is far from over, SPOHNC has been able to help many. Cancer has never stopped for a virus and the ongoing COVID-19 pandemic keeps adding to one's stress and anxieties. Your support strengthened the work of SPOHNC's outreach during these challenging times, so we could be there for patients, survivors, and caregivers facing the emotional and physical challenges associated with this disease.

SPOHNC's (100+) Chapters and National Survivor Volunteer Network (225+) reached out to those desperately seeking hope, especially during a crisis. SPOHNC has many beautiful and encouraging stories to share...everyone deserves some love and kindness...there is much healing going on and this is human kindness at its best ~

In the case of Patty, who contacted SPOHNC, feeling hopeless...She was suffering many difficulties from her treatment, and no one heard her cries for help. In comes SPOHNC NSVN volunteer, Ronnie T.... "I would love to talk to Patty!" She shared with SPOHNC that she is normally a very positive person, but everyone was telling her that her swallowing difficulty was all in her head. She needed validation from someone who has walked in her shoes. Ronnie shared with us his own gratitude for the privilege of being able to help Patty through SPOHNC's program.... "I think I saved a life today!"



Newly diagnosed patient, Terence, contacted SPOHNC desperate to find treatment after being evacuated from his home, which lost its roof during Hurricane Ida. He had been relocated to Alabama. SPOHNC reached out to a hospital where there is a SPOHNC Chapter support group and connected Terence with the right people to help him begin his treatment in a different facility. Safe from the devastation that took place in his hometown, Terence is grateful to be moving forward with his treatment.

Patrice came to us after being diagnosed with cancer of unknown primary squamous cell carcinoma of the head and neck. Patrice was desperate to find others. She found a SPOHNC support group...suddenly, she didn't feel alone and was a lot stronger than she thought she was. She began to heal...and to know that in time, there is life after cancer. Patrice valued the camaraderie and inspiration provided by the group. She launched and continues to facilitate the SPOHNC Penn State Health Chapter support group. This past year she organized a virtual Head and Neck Cancer Survivor Symposium where her group members shared their experiences. SPOHNC's staff also attended and spoke about the many services and programs. Patrice shared "You make a huge difference in our lives just being there. SPOHNC brings together people who so desperately need it...the bottom line is what SPOHNC says...you are not alone."



The stories above reflect the impact SPOHNC has on an individual or family member. Not only does a person seek out a group or match, each one is looking to become their own advocate. Knowledge is power, especially when you are fighting cancer. The more information that an individual can gather about a specific diagnosis/tumor, the more he or she is able to make the best treatment decisions. At SPOHNC, much of our work is focused on empowering patients to be their own health advocates.

Your gift to SPOHNC will go a long way in our shared effort to offer life changing support to those who come to us like Patty, Terence and Patrice. Together, we have weathered more challenges than seemed possible and together WE will continue to help heal and offer hope.

SPOHNC recognizes that we are successful because of the community that surrounds us. We enjoy the support of more than 300+ volunteers, who are the faces of SPOHNC in their communities.

Please make a year-end donation to SPOHNC. A cancer diagnosis affects the entire family and we're here for you. You are not alone.

Thank you for your life-changing gift, and for continuing our mission.

With much gratitude,

A handwritten signature in cursive script, reading "Mary Ann Caputo".

Mary Ann Caputo
Executive Director

NEWS FROM THE LINKS

Rick Agee Memorial Golf Outing

SPOHNC would like to give a HUGE thank you to Kerry and Janie Agee for hosting the 2021 Annual Rick Agee P.K. Golf Event, held on June 22nd at The Cliff's Resort on beautiful Possum Kingdom Lake in North/Central, Texas. It was quite a day! This year's event marked the 6th outing for a group of 52 players consisting of friends, family, and business associates of Rick. For those who were in attendance, it was such an overwhelming sight to see 40 - 45 golf carts lined up to celebrate one of SPOHNC's dearest friends, Rick Agee, who left this world much too soon. May we always remember Rick's immense love and the inspiration he shared with everyone he touched.

The first outing took place when Rick and Kerry were in their 20's, as a way for friends to gather for a day on the links, and following Rick's passing, his family and friends decided to keep the tradition going, and make it a fundraiser for SPOHNC.

In attendance this year were 20 of Rick's high school friends along with their families, 8 college friends and their families, 2 high school coaches, 3 business associates and their families, along with Rick's parents, John & Cynthia Agee, Rick's brother, Kerry Agee, SPOHNC's Executive Director, Mary Ann Caputo and her husband Larry, and survivor and SPOHNC Chapter Facilitator, Jack Mitchell, and his wife and caregiver, Maryellen.

It takes volunteer power to have a successful event, and several people rolled up their sleeves this year, and jumped in to help make it another awesome day for the golfers. Mary Ann Caputo and Maryellen Mitchell took their golf cart around the course, keeping up with everyone and serving as event photographers, while Jack Mitchell "served" another purpose, driving the 'Beer' cart, making sure all in attendance had water and their beverage of choice. Jack Mitchell also shared with SPOHNC that

"Larry Caputo did an excellent job teaching our 'Pasture Pool' duffers how to play 'Yankee' Golf!" A good time was had by all.

There were winners on each of the 5 Par 3 holes, and winners for 1st, 2nd, 3rd and 4th place teams. Taking home the prize for first place were Adrian Mulstein, Seth Mulstein, and Jeff Frasier. Second place foursome was won by Bill Jackson, Joe Jackson, Tim Mock,

and Kurt Tessum. Third place winners were Brad McKissack, Kevin Miller, Randy Morgan, and Brad Ritschel and fourth place was held by Bill Smith, Grant

Smith, James McKee and James McKee III. Some of the winners very generously donated their winnings to SPOHNC in memory of Rick.

Give-away's included Rick Agee SPOHNC golf balls and mugs, and college friend Dave Totzke of Fantastic Moves provided some hats as well.

Following the event, everyone met at a local watering hole to pass out prizes, share their memories of Rick, and enjoy drinks and food. Everyone reminisced and talked about Rick's beautiful smile, his good nature and his

amazing sense of community. SPOHNC's Executive Director, Mary Ann Caputo, also shared some memories of Rick, stories about his past fundraising events for SPOHNC and even his surprise visit to SPOHNC in New York.... "For those of us up North we can never forget Rick Agee's visit to SPOHNC headquarters. Rick drove up from Dallas on a lovely summer day and surprised his "SPOHNC Chicks" as he called us, and arrived at our New York office unannounced. Nancy Leupold, SPOHNC's Founder and I, heard our office door open and there he was with open arms and in his Texas drawl

announced his presence with "Howdy y'all!" We couldn't believe our eyes, and to know that Rick DROVE up from Dallas, Texas - not traveling by plane, was even more unbelievable. He took our breath away and we will always cherish his presence."

Throughout the years, Rick and his friends and family have raised funds and awareness of Oral and Head and Neck Cancer and SPOHNC through several events. Rick himself organized two 'Skate for SPOHNC' events before his cancer journey came to an end in 2015. In addition, the SPOHNC Dallas/Fort Worth Chapter held a fundraising event in April of 2015 in Rick's honor to raise awareness and funds for SPOHNC. "Run/Skate for SPOHNC" was held in Little Elm, Texas, and was attended by SPOHNC Founder, Nancy Leupold and SPOHNC Executive Director, Mary Ann Caputo.

SPOHNC will always remember Rick for his amazing spirit, for making a difference in the lives of many, and for the kind and caring smile he always

wore. His desire to always help raise awareness of head and neck cancer and SPOHNC's programs was deeply ingrained in his being. He will remain a part of the SPOHNC family and will be forever in our hearts.

Proceeds from the golf event were donated to SPOHNC in Rick's memory. SPOHNC would like to thank Kerry, and the entire Agee family, Jack and Maryellen Mitchell, Rick's friends and colleagues, and everyone who supported the day. Special thanks go out to these tournament friends and donors: *Kerry and Janie Agee, Francey Beall, Biggerstaff Construction Inc., Larry & Mary Ann Caputo, Mr. and Mrs. Steve Defoe, Joan Erickson, Jeff Frasier, Robert L. Helbing, Sr., Ross C. Helbing, Jay Houston, Joseph Jackson, Bill Jackson, Joseph Lehmer, James McKee, Tim Myers, Neugent and Helbing, Inc., Michael Sarnacki, Southwest Wholesale Nursery, Randy Talley, David Totzke, Dirk Tyneck and Beer Wells Real Estate Service.*



Visit the SPOHNC website at www.spoync.org

Outstanding October Recipe from “Eat Well Stay Nourished A Recipe and Resource Guide For Coping With Eating Challenges”

Compiled and Edited by Nancy E. Leupold, Founder, in memoriam

Chicken Tomato Bisque (from Volume Two)

2 Tbsp. olive oil
1 carrot, chopped
1 medium onion, chopped
2 cloves garlic, minced
¼ c. all purpose flour
1 (28 oz.) can whole tomatoes with juice
1 ½ c. low sodium chicken broth
1 tsp. chopped oregano
¼ c. heavy cream
1 tsp. kosher salt
2 c. (12 oz.) shredded, cooked chicken



In an 8 quart pot over medium heat, combine olive oil, carrot, onion and garlic. Cook, stirring occasionally, until onion is soft, about 6 to 8 minutes. Stir in flour until vegetables are coated, then add tomatoes. Bring to a boil, reduce heat to a simmer and cook for 8 to 10 minutes. Working in small batches, puree soup in a blender or food processor and transfer back to pot. Stir in cream, salt and chicken and heat through. Season to taste with salt and ground black pepper and serve garnished with remaining oregano. Serves 4. 361 calories per serving.

~ Maria Folchetti, NY, in memoriam

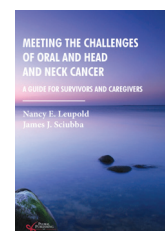
IMPORTANT MEDICARE NEWS

The \$3.5 trillion legislative package that Congress is currently debating includes a range of health provisions, including an expansion of Medicare coverage to include dental, hearing and vision benefits. Finally bringing dental, vision, and hearing coverage into Medicare is a long-time goal for many health advocates, who have seen the terrible cost to human lives of not having this coverage.

While advocates hope that these landmark proposals to add dental, hearing and vision benefits can be improved even further, there is broad support for the proposals' addition of these benefits to Part B of Medicare, meaning they would be available to all Medicare beneficiaries, rather than a separate, stand-alone part(s) like the Part D prescription drug benefit.

This is a critical month to let your elected representatives know that adding a robust dental benefit to Medicare is important to people battling oral, head and neck cancer, or its after-effects. And also let them know whether you support broadly lowering prescription drug prices for the Medicare program and its beneficiaries. Call or write to them soon! Here is a link you can use: <https://secure.everyaction.com/pa3W02ObtUqwRFH6-stqoQ2>

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by Nancy E. Leupold
& James J. Sciubba, DMD, PhD

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Richard Boucher *in memoriam*

SPOHNC is honored to remember a very dear member of our SPOHNC family... Richard Boucher. Richard passed away in September of 2020.

Richard has been remembered by many this year, at several celebrations of his amazing life. Although we were not able to be at any of those celebrations in person, we were there in spirit, as our memories of Richard were shared in a reading at one such celebration, which took place in July at the Jacksonville Community Center, in Jacksonville, Oregon. SPOHNC's national office collectively shared these words....

"Today, we celebrate Richard Boucher - an amazing man, who came to SPOHNC after being diagnosed in 2000, seeking hope and a way to find a path to life after head and neck cancer. Little did any of us know that Richard would become such an essential and endearing part of our SPOHNC family.

We recently came across an email from Richard, sent to us years after SPOHNC connected him with one of our National Survivor Volunteer Network volunteers. Richard wrote... "When I went through my throat cancer you guys put me in touch with George, a gentleman in Washington DC who'd just been through it himself. I've lost touch with him and the emails we exchanged, but he was an awesome man and very helpful to me... lifesaving really. A few years after treatment I travelled to DC and met him, met his wife and daughter for lunch, and was honored to spend a couple of hours with him. I found out only then, that while he was counselling me, he himself was going through difficult treatments for osteoradionecrosis. Not a word of this to me, just support, while he suffered. People like this show us the true depth of compassion and love."

It is bittersweet to think that Richard wrote this about someone else, isn't it?... Richard was the brightest light and shining example of the true depth of compassion and love, for all who knew him. He exemplified

hope and healing, throughout his life.

In 2004, being the caring, giving man that he always was, Richard joined SPOHNC's National Survivor Volunteer Network, with the goal of helping others by serving as their cheerleader, confidante and friend.



Richard guided and mentored dozens of newly diagnosed patients through the matching program, making new friends in many states across the country. He helped them all to know that even though the challenges of treatment seem

insurmountable at times, there was always a light that shines through the darkness.

In 2007, Richard saw a need in the community, so in the spirit of helping to make things better, and to make a difference in the lives of families who were affected by the diagnosis and treatment of oral, head and neck cancer, he asked SPOHNC how to start a Chapter support group in Medford, OR. And so that journey began. For 16 years, Richard continued to add to his SPOHNC family - and gained a larger "family" than he probably ever expected to through his facilitation of the SPOHNC Chapter support group. Richard's leadership and the compassion he showed for others was truly a gift for all. He always planned innovative meeting discussion topics, speakers and raised awareness of oral, head and neck cancer through events of the highest standard (and sometimes quite unique!... Yard Sale!)

SPOHNC is blessed and forever grateful for the honor of counting Richard Boucher among our SPOHNC family... a man with a bright spirit, who was a leader, a fighter, an advisor... a friend.

Richard's support group friends stood by him as he bravely fought his own final battle, just as he had stood by them in their time of need. Bobbie Audell said (with love)... "I owe Richard my life. He not only talked me into doing the grueling (cancer) treatment, he called and sent texts

along the way to keep me going. He was our collective Angel."

Richard Emry, group attendee and 10 year survivor shared... "When I first became involved with the survivor's group, I was warmly welcomed and felt ok to shed my concerns and fears. From then on, Richard and I would do a quick sit down prior to meetings in the Hospital dining room over a soup. I will miss his authenticity and love and concern for all of us. Richard's absence confirms my sincere hatred of cancer."

Richard has left an abundant legacy of generosity, love, intelligence, wit, and compassion that influenced and enriched many lives.

And so... about our dear friend Richard, we leave you with these thoughts...

On behalf of those who contact SPOHNC every day seeking hope, our Board of Directors and Medical Advisory Board, each and every volunteer, and our SPOHNC staff, we will continue to share in the celebration of your awesomeness, today and every day.

You were a fearless leader, and your compassion and radiant spirit resonated in all you did, for SPOHNC, for others and for the many, many people whose lives you touched throughout your life. We will miss you, dear friend...



*Those who touch our lives
stay in our hearts
forever*

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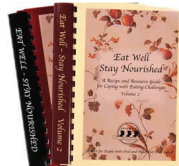
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GAL-004 2/21

Temple Igleburger *in memoriam*

SPOHNC was saddened to learn of the passing of a dear member of our SPOHNC family...Temple Joyce Igleburger, born March 23, 1934 in Los Angeles, California, passed away April 19, 2021 in Bella Vista, Arkansas.

Temple was instrumental in the implementation of the SPOHNC chapter in Northwest Arkansas. She was caregiver to her husband, Jack, and they began the support group in 2006.

Temple was a dedicated mother to her son Gary, and had careers as a homemaker, a recreational therapist in convalescent homes and cruise ships, and eventually worked in administration for a major corporation. When Temple married Jack Igleburger, her life took on new meaning. She loved to travel and they set a course to see many different countries. Temple loved to entertain friends and family. Holidays

were her favorites. There could never be too many Christmas decorations! She was also a gourmet cook and created "Mom's Tantalizing Tidbits" with recipes spanning generations. Genealogy was also one of her hobbies.



Her wonderful husband, Jack, said "I have lost the love of my life and my partner in all of life's adventures."

"Her companionship will naturally be the biggest thing I will miss, especially now that I have difficulty with my speech since I lost my voicebox during the last cancer

surgery."

"It is amazing that after all the chances for me to not make it to this point in life that Temple was chosen to go dance with the angels."

In the SPOHNC national office, our fond memories of Temple include spending time with her and Jack at SPOHNC's 20th

Anniversary Conference and Celebration of Life, and especially how, whenever there was a phone call from Arkansas, it was never just Jack, or Temple – it was always "Temple and Jack are on the phone." We have no doubt that their bond was very special...even their email address is a combination of both of their names.

Temple will be remembered by her family and friends as a very special woman, kind and generous of heart. SPOHNC continues to keep Jack and his family in our thoughts and prayers as we fondly remember Temple. Temple was a beautiful lady who will be remembered for her style, grace and compassion.



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***SPOHNC, The THANC (Thyroid, Head and
Neck Cancer) Foundation,
NFOSD (National Foundation
of Swallowing Disorders), HNCA,
and many others are pleased to share
the recording of the
Xerostomia EL-PFDD Meeting,
held on Thursday, August 19, 2021.
(learn more about dry mouth)***

View the recording at
<https://www.youtube.com/watch?v=0diX2-naOH4>

CHAPTERS OF SPOHNC

Contact SPOHNC at 1-800-377-0928 for Chapter information & Facilitator contact information.

PLEASE NOTE: Many Chapters are not holding meetings in person at this time due to COVID-19.

Many groups have found other creative ways to support one another during this time of need.

Please call to SPOHNC at 1-800-377-0928 to find out more information.

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STANFORD, VENTURA

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***"I really appreciate
all that you do"***

~ Mark K.

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