

NEWS FROM S·P·O·H·N·C



VOL. 30 NO. 3

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

WINTER 2020/2021



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

An Essay On Hope

David Hood

(Posted on December 19, 2014)

“Hold fast to dreams,
For if dreams die
Life is a broken-winged bird,
That cannot fly.”
—Langston Hughes, poet

What is Hope?

Desmond Tutu said, “Hope is being able to see that there is light despite all the darkness.” It whispers, “You’ll overcome this hardship.” It reassures us, soothing our minds by reminding us, “life will improve.”



Our lives are infused with pain and suffering. Some people experience more of these regrettable symptoms of the human condition than others. Yet, we can overcome hardship with hope. Hope provides us with strength to conquer misery and despair, caused by misfortune. Hope motivates us to persevere, into the darkness, to journey onward, despite the obstacles

blocking the trail of life, despite not knowing how, or when, or where, or why our life’s story will conclude.

According to Charles R. Snyder, a psychologist, hope includes three elements: a belief, a goal, and a path. The person who is hopeful believes that he/she will succeed. Secondly, the person has a specific goal or direction or destination. Thirdly, the person knows the route or path he/she will take to achieve the desired outcome. And so, hope is a mindset, the will and

determination to believe that you’ll overcome. Hope also provides you with a map of the route on how to achieve the desired outcome.

Anne Lamott writes: “Hope begins in the darkness, the stubborn hope that if you just show up, and try to do the right thing, the dawn will arrive. “Hope always whispers to the psyche, “Try one more time.”

Benefits of Hope

Imagine if you had no hope, life would be unbearable. Essentially, you’d feel hopeless, and in a mental state of despair. Your mind would descend into the depths of depression. When a love relationship ended, you would believe that there is no one for you in the future. If you lost a job, you’d believe you’d never find another. If you became sick, you’d imagine you would never get well again. You’d suffer from angst.

What are the benefits of hope? Hope is a remedy for all sorts of hardships and misfortunes. Hope enables us to cope with stressful events. Hope motivates us to persevere when our lives are infused with stressful life situations or painful events. The unemployed person searching for work is inspired by the image of a new job to pay the bills and purchase a few of life’s comforts, perhaps a television, iPad, new pair of blue jeans, money to fill the refrigerator with food.

Hope assists the sick person in getting well, encouraging them to do what it takes to recover. It reassures them, “you’ll get better.”

Hope comforts us and gives us the courage to face the unknown. Hope provides the gift of faith. It instills the will to believe, motivates a person to read sacred texts, to engage in prayer and meditation, to contemplate the mysteries of life and find answers. Hope reminds us to live a moral life—to be compassionate and kind.

Hope is a spiritual practice that enables us to feel “spiritual”, enabling us to experience awe, wonder, delight. With hope, we are able to transcend the self, observe the beauty in nature, live in peace, be respectful to others, live mindfully, and believe in the unknown, the ineffable. Hope is an essential ingredient of optimism, which teaches us “dwell on the best possibilities” in a dire situation. Hope as a spiritual practice is a remedy for hopelessness, existentialism, nihilism.”

According to Positive Psychologists who have studied the science of happiness, hope is a signature strength that improves our well-being, providing peace of mind, contentment, life satisfaction.

Developing the Spirit of Hope

For some people life is a graveyard of buried hopes. For others, it is the possibilities that motivate a person to achieve a desired outcome, to overcome hardship, to keep trying, to keep hoping despite the small odds of success. What do hopeful people have in common?

ON HOPE continued on page 2

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ON HOPE continued from page 1

First, the hopeful person believes that life will work out, that they'll solve the problem or overcome the illness, or get through the depression or grief. How is this hopeful mindset created? First, a hopeful person practices positive "self talk." When faced with a stressful situation or hardship, and negative thoughts enter the person's mind, the hopeful person will tell themselves, "It will work out. I will find a way to conquer, to succeed."

Secondly, despite the adversity, a hopeful person visualizes a positive outcome. For instance, when sick, the person imagines being well again. When out of work, the person envisions being hired by an employer again. When alone, by oneself, the person imagines finding a soul mate.

Thirdly, when the situation is dire, the person focuses their attention on the positive aspects of a grim situation. The person accepts their fate, but chooses to concentrate on the positive conditions in their life. For instance, the person might direct his/her attention toward living in the present, spending time with loved ones, fulfilling a dream.

Fourthly, the hopeful person lives in the moment. Instead of being tormented by worry of the future, the person focuses on what he/she can do today to make tomorrow a reality.

Finally, hopeful people embrace the spiritual or a particular faith. The spiritual person might be an agnostic who doesn't belong to a particular religion, yet believes in God and an afterlife. The spiritual person might seek wisdom from the spiritual wisdom of all sages. The spiritual person might believe in the philosophy of Buddhism, which includes the belief in rebirth. Or the person of faith is a Christian who attends church, reads the scripture, and prays for hope. Each of these people has a will to believe—which provides comfort. It is the will to believe that answers their questions, that conquers their doubt, which motivates them to hope for the light, when their life is in darkness.

Conclusion

Hope is not wishful thinking, nor is it magical thinking. Hope is an emotion, a mindset, a belief, a motivation, that despite setbacks and obstacles, despite hardship and misfortune, despite the unknown last chapter of your life's story, you believe that your life will work out, that when you take your last breathe, there is something else beyond this world.

You can do incredible things when you have enough hope. It was Christopher Reeve, a former actor who became paralyzed, a quadriplegic, after being thrown from his horse, and then forced to live for many years strapped to a wheelchair, breathing from a ventilator, who said, "Once you choose hope, anything's possible." *Editors Note: David Hood is an accomplished professional photographer and author. He is also an analyst and lover of poetry, fiction and creative nonfiction. He believes "Without the arts, life would be rather mundane, like a walk down the same old path on a dull day."*

*"Let gratitude be the pillow
 upon which you kneel to say your nightly prayer.
 And let faith be the bridge you build
 to overcome evil and welcome good."*

~ Maya Angelou



"When you start to feel like things should have been better this year, remember the mountains and valleys that got you here. They are not accidents, and those moments weren't in vain. You are not the same. You have grown and you are growing. You are breathing, you are living, you are wrapped in endless, boundless grace. And things will get better. There is more to you than yesterday."

Chapter News

*from the desk of Amy and Lewis Beilman -
SPOHNC Palm Coast, Florida Chapter Facilitators
"Goodbye to the second decade of the 21st Century"*

Here is a recent email sent by Amy and Lewis, to the attendees of their Palm Coast, Florida SPOHNC Chapter Support Group... well said, so we wanted to share. This sums it up for so many...

Everyone,

If you are reading this email, you made it through 2020 and you're here and healthy enough to read (with glasses, of course).

2020 was a doozy. For those of you that have gone through cancer treatment, you know what it means to march along and look towards the light at the end of the tunnel. Well, that's what we feel like now. All of us are waiting for the vaccine to help people not get sick. We are waiting for this country to stabilize and see what changes will follow. It feels surreal to be waiting again, for the "new normal." Didn't we all go through this once before????

I told Lewis that I don't think anything will ever be the same again. Maybe that's the good news, and we are all flexible enough to adjust to what's coming. If you told me last March, when things first shut down in

Florida, that I would be sending you this kind of "end of the year email," I wouldn't have believed it. The good news is, we have made it this far and help is on the way.

I wish there was a way to give everybody in the group a REAL hug, instead of these virtual email hugs. I am keeping the faith

that by the Spring next year, the hospital might consider support group meetings again. That is based on my belief that most people will be vaccinated by then. So, we'll see.

In the meantime, Lewis and I think about everyone and miss seeing you and

getting updates. Our "no news updates" were the BEST. I look forward to having a really boring support group meeting in 2021..... No one has any bad news to share. Wouldn't that be wonderful?

In the meantime, Lewis and I wish you all the most important thing you can have..... GOOD health and happiness in the coming New Year!

Stay safe. Be Well. We love you.

~ Amy and Lewis



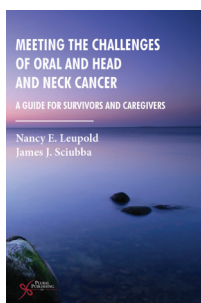
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Light a Candle. Say a Prayer. Breathe.

The Rev. Dr. D. Scott Stoner

The Rev. Gary Manning, rector of Trinity Episcopal Church in Wauwatosa, WI wrote many of the daily readings for this year's Living Compass Advent booklet entitled, "Living Love." This year we gave away thirteen thousand of these booklets to many Episcopal churches across the country and I have been delighted to hear about all the creative ways in which they are being used. What pleases me most about the feedback we are getting is that it reflects a desire by so many to find space in the midst of this hectic and often stressful time of year to reflect on what matters most in their lives.



The title of this column is a quote from one of the readings that Gary Manning wrote for the Advent booklet. Light a candle. Say a prayer. Breathe. I read those words last week, and then two nights ago, on a cold, blustery evening, I had a delightful chance to live into these words. Perhaps the best part about the experience was that it was a total surprise--I had no idea it was going to happen. Please allow me to explain.

Because I Have Known You I Have Known Angels

There have been angels in my life.
While they haven't arrived
with a blast of trumpets
or a rustle of wings,
I've known them just the same.
They performed their acts in human guise,
sometimes borrowing the faces
of family and friends,
sometimes posing
as well-meaning strangers.
You have known them too,
when just the right word was needed,
when a tiny act of kindness
made a great difference...
or perhaps you heard a voice
whispering in the night of sorrow,
the words not quite clear
but the meaning unmistakable --
"There is hope...
There is hope."

~ Author Unknown

I arrived at St. Peter's Episcopal Church on Belmont Avenue in the Lakeview neighborhood in the heart of the north side of Chicago a bit early for a program that I was

going to be a part of that evening. Our evening was to include a worship service at 6:30, a simple soup supper at 7:00 and an hour program starting at 7:20. When I arrived early, the members of the church invited me

to enter the hundred year old chapel where the worship was to take place for some time of quiet contemplation. I received the words "take some time of quiet contemplation" as if I was being offered a cold class of water for my overly busy, parched soul.

I entered the hundred and twenty year old chapel and found it to be almost, completely dark except for a handful of small lit candles. I took my place in this

historic chapel that seats about twenty-five people and joined the few others who were already there. During the next twenty-five minutes, one by one, another fifteen or so people arrived. As people came in from the bitterly cold night (the wind chill was well below zero) I noticed that they would each sit down, and proceed to slowly remove their layers of coats, scarves, hats, and gloves --a powerful metaphor for the emotional and spiritual layers that each of us felt comfortable removing in the midst of this warm and welcoming space.

Light a candle. Say a prayer. Breathe. I encourage you to do this for yourself, even if it's just for five minutes. It's amazing what a simple and profound experience it can be. It can keep us centered and aware of the gift of this season.

I also learned from the good people at St. Peters in Chicago what a gift it can be when someone lights a candle for us and creates a space for us to just be. Inspired by their example, perhaps each us can think of someone in our lives for whom we can light a candle this time of year and create a space for them to be free to pray and breathe.

It doesn't have to be a literal candle that we light, of course. We may be able to create a space of light for them by simply reaching out with a phone call, a note, or a visit, and then being truly present to that person when we connect. Lighting a candle might look like taking the time to truly listen to a family member who you will be with during this season or setting aside a grievance and offering a heartfelt hug of forgiveness and reconciliation. It might just make all the difference to someone who is in an especially cold or dark place this time of year--and to ourselves as well.

*Light a candle.
Say a prayer.
Breathe.*



What a priceless gift we can both receive and give this time of year.

Editors Note: Reverend Scott Stoner has contributed writings to "News from SPOHNC" in the past. For more of his thoughts, visit livingcompass.org.

News You Can Use

Tips for Coping With a COVID-19 Surge

Published: November 2, 2020

Many countries, states, cities, and towns are experiencing a surge of COVID-19 cases. Others are preparing for that possibility. This development has introduced more uncertainty and stress to an already difficult situation.

“A rise in cases can make it harder for people to see the light at the end of the tunnel,” explains Stephanie Tung, MD, a psychiatrist in Psychosocial Oncology and Palliative Care at Dana-Farber. “We need to recognize that this is hard, and work to discover new ways to find joy.”

Below are a series of suggestions from Tung on how to prepare for a potential second COVID-19 surge.

Don't postpone life altogether — but do adhere to safety precautions

At the start of the COVID-19 outbreak, many people were under the mindset that the virus would be contained relatively quickly. As the pandemic continues, and the timeline remains uncertain, it's important for people to discover new ways to find joy in their daily lives.

While you should continue to adhere to safety precautions, don't postpone life until *after* the pandemic. Try to enjoy the present moment by finding a hobby you can do safely, such as hiking, reading and writing, or an arts and crafts project. These will give you something to look forward to and allow you to switch up your daily routine.

Hiking can be a way of staying in the present moment.

If you feel comfortable doing so, and if it can be done safely, enjoy a local getaway or a picnic outdoors (weather permitting). Both are great ways to experience a change of scenery.

Create a schedule

Creating and sticking to a schedule is another way to maintain good mental health. When constructing your schedule, be sure to build in breaks and time for yourself, even if it's only for a few minutes for a short walk outside. These breaks are a

great way to reset and allow you to focus on something else for a moment.

With many adults and students now learning from home, creating a schedule is also an excellent way to maximize space. If you find yourself competing for privacy, put together a schedule to determine who gets to use each area and at what time.

Staying connected while avoiding video fatigue

It's important to remain connected to the people you care about, but with most gatherings now happening over video conferencing, even fun personal calls may feel like a chore. While effective, video calls cannot seamlessly replicate the in-person experience, often leaving us tired and mentally drained following meetings.

One way to address this fatigue is by using other forms of technology to stay connected. Instead of scheduling a video meeting, call the person or write them an email (or letter) instead. If you're calling someone, try having your conversation while on a walk; this allows you to step away from your computer screen and also engage in an active activity.

Intentional interaction

Occupying the same household during the day is not the same as being together. It's important to schedule intentional activity. It doesn't matter if it's a family game night, dinner, or watching a movie — just make

sure to find something everyone enjoys.

In addition, don't shy away from taking time for yourself as needed. It can become impossible to care for others

if you don't first care for yourself.

Join a group

Find a hobby or activity you enjoy, and then connect with others who share the same interest. Joining a group (even if it's just

virtually) allows you to meet new people and share stories, which in turn helps keep the brain active by creating new experiences and memories.

Forgive yourself

COVID-19 has introduced countless new obstacles and challenges. It's important to acknowledge there are things out of your control. For example, you may be trying to fulfill your job responsibilities while also caring for your family. Be sure to have open communication with your company and explain your current situation. Everyone is adapting to these new circumstances and it's important to not be overly hard on yourself for things you can't change (such as schools closing or cramped work environments).

Remember to stay vigilant

In addition to caring for your mental health, it's important that everyone continues to work to prevent the spread of the virus. This means taking steps such as:

- Wearing a mask when out in public
- Maintaining physical distancing (at least 6 feet) from people who aren't in your household
- Practicing frequent hand washing
- Always covering your coughs and sneezes

People who are physically present at their jobs should make sure to be familiar with company policies on COVID-19, including what to do if you are experiencing symptoms or have come in contact with someone who has a confirmed case of COVID-19.



Stay Safe and Healthy!

because...

**TOGETHER
WE
HEAL**

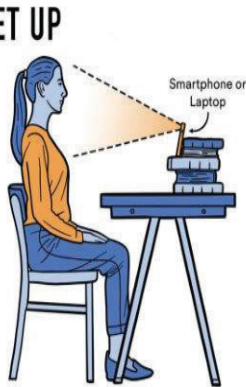
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Head and Neck Cancer News

TELEMEDICINE GUIDE FOR PATIENTS

GENERAL SET UP

Be in a **well-lit room**, but avoid any sources of light, including windows, behind you.



The neck should be **exposed**, and the clavicles should be visible.



Have a **flashlight** available and focus light on what is being asked about.



Ideally, you should have a **second person** nearby to assist in tasks.

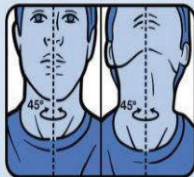
YOUR PHYSICIAN MAY HAVE YOU...



Move your tongue
Grab your tongue with a **napkin** and move it side to side.



Examine back of mouth
Use a **spoon** as a tongue depressor and say "ahhh".

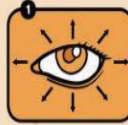


Visualize a bump/mass
Look straight, then turn your body 45° from midline in either direction, and then look upwards.



Perform a neck exam
Have partner press on neck with tips of fingers, feeling for masses.

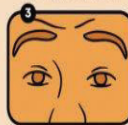
THE NERVE EXAM



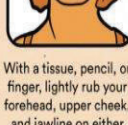
1 Move your eyes without turning your head



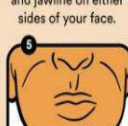
2 With a tissue, pencil, or finger, lightly rub your forehead, upper cheek, and jawline on either sides of your face.



3 Raise your eyebrows



4 Close your eyes as hard as you can



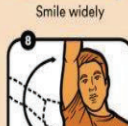
5 Puff out your cheeks



6 Smile widely



7 Show your bottom teeth

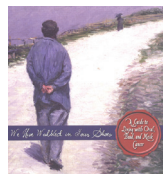


8 Raise your arms up and over your head



9 Stick your tongue out

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Let's Get Cookin'!

*Five Tips from German Lam -
Head and Neck Cancer Survivor,
Chef and Author*

1. Look for ingredients that strengthen you.

One thing that you can control is the way you nourish your body. Look for easy-to-eat, slippery foods, especially foods that you can put in the blender: sushi, clams blended with lemon juice or pureed with cocktail sauce, oysters – they all slide easily into your system. Seafood is a great, very powerful ingredient.



2. Invest in a VitaMix. They're expensive – but you're going to be cooking for the rest of your life, so you need to invest. Make a commitment. Say, 'I want the very best for myself.' With a VitaMix you can take veggies, grains, proteins and herbs, turning a breakfast smoothie into an entrée smoothie. Play with the texture.

3. There are lots of ingredients that work great in smoothies. Try throwing in honey, berries, yogurt, oatmeal, matcha (green tea) powder and eggs. You can buy frozen berries at Costco and they will last for a long time.

4. Create your own recipes. When you add things and make mistakes, you find treasures. Ask: What do I need to add to make this taste yummy? What's going to give me enjoyment right now?

5. You need to put love, heart and connection into whatever you cook. Have fun with music and dance while you're cooking. Cooking is about emotion: If you're grumpy and hateful when you touch that food, it's gonna stink! Remember: You are the miracle!

German Lam welcomes your questions!
You can contact German via email at:
german@glamfoodsllc.com

Warm Winter Recipes 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

Butternut Squash Puree (from Volume One)

1 large butternut squash
1 Tbsp. maple syrup
1 tsp butter

Peel the squash and cut into small pieces and cook in small amount of water until tender. Mash squash with a fork and mix with the remaining ingredients or process in a blender. Yields 4 – 6 oz. servings. *86 calories per serving.*

~ Member of PTRP, NY



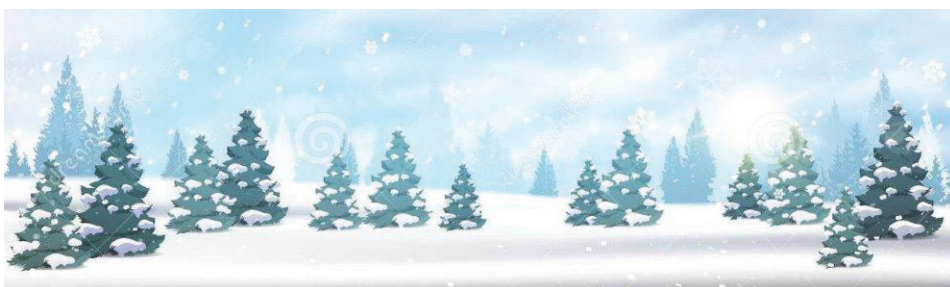
Easy Chicken Bake (from Volume 2)

1 - 6 oz. package Stove Top Stuffing mix for chicken
1 to 2 boneless chicken thighs or breasts cut into bite sized pieces
1 – 10 ¾ oz can condensed cream of chicken soup
Milk to fill can
1 – 16 oz. package frozen vegetables, thawed and drained
Cooking spray

Heat oven to 400 degrees. Prepare stuffing as directed on package. Mix remaining ingredients in a 13 x 9 baking dish sprayed with cooking spray. Top with stuffing. Bake for 30 minutes or until chicken is done. Serves 4. *445 calories/serving.*



~ Jane Z., NY



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Time for Sharing... *My Life's Room*

The moment we are born, we move into our life's room. As we grow, we become more aware of this space. At adulthood, we realize we have choices for how to organize our room and live in it. Most important, nothing that enters this room can ever leave it, because it has become a permanent part of us. As we live our lives, this room will fill with our good and bad experiences. These represent our history, our legacy.

My room is tidy and organized, and this reflects who I am.

Thankfully, I learned the basics of organization at an early age. In my room there are no closets and no shelves to hide things in or on—everything is out in the open, and it is up to me to keep it all manageable and tidy. The windows in my room are large and beautiful. The view out of every one is perfect.



These windows are my lenses to the outside world, and I'm careful not to block the views from them with clutter or grime. At times, I am compelled to draw the shades in order to regroup and reflect. Often I must accept things I can't control. I am only human and prone to mistakes and regrets as well as moments of happiness and pride in my achievements. Like everyone, though, I am also subject to unfortunate circumstances that appear out of nowhere and are often unfair.

Tucked in the far corner of my room, out of the way of everything else, are sealed boxes of different sizes. Some are large, some small. The large ones sit in a corner, with the smaller ones on top. I am always careful to keep my boxes as neat and tidy as possible.

Inside the largest boxes are the harshest challenges I have faced—they must be in the background to keep them out of clear view. They must stay inside my boxes if I am to continue to live peacefully.

Among the most notable of the large boxes—the ones closest to the floor—are two that contain what were the most difficult trials of my life.

The first was my nightmare journey

through infectious eColi ESBL. Infections of this type can be wide-ranging, from urinary tract to severe blood poisoning. Often drug resistant, they can be challenging to treat. It took me three excruciatingly long years to pack, seal, and place that box where it belongs. Mindful at every moment that my mortality was only a bacteria mutation away, I was happy in 2018 to seal it up and move it to the corner.

Stacked on top of the eColi ESBL box is my head-and-neck-cancer box. When my

cancer was first diagnosed, that box was a mess. Bits and pieces of my diagnosis, treatment, and outcome lay scattered throughout my room. I describe each day during that horrible time as like an onion being peeled, adding layer after layer of mess, tears, and uncertainty to the inside of my room. Eventually the onion began to disappear, with no layers left to peel. But then I had to confront the emotional mess scattered across the floor that blocked my view of the world and did not allow me to move freely around my room.

Picking up the pieces of my cancer-shattered life and putting them into the proper large box and corner was time consuming and extremely hard. I had to choose to deal with it or not. Painfully, I chose to deal with it. My cancer experience contained torturous—almost unbearable—memories of my diagnosis, treatment, and recovery. At that time all I knew was that my life's room needed to be cleaned up and sorted out—I had to put the bad things away in order to move on. Over time, my strong will is what sustained me and my cancer experience was finally packed up and moved out of my immediate view. These two life-significant boxes will always be present in my room. They serve as constant reminders of my eColi ESL and cancer ordeals. The other smaller boxes in that corner contain challenges that have helped to shape my life and serve as constant

reminders of bad choices and mistakes I've made. But as time goes by, I hardly ever glance at those smaller boxes because I have grown accustomed to them being in that corner of my room.

Over time I can only hope my eColi ESBL and head-and-neck-cancer boxes will end up that way, too. Now we are all faced with a global pandemic that has entered each of our life's rooms.

Uncertainty is running amok. For the first time in my life, I've realized that sometimes it takes more strength to live than to die. Unknowns of the pandemic are forcing us to walk a tightrope across a deep ravine-- one small slip and down we go! Right now I'm planning for how to get myself and those I love across that tightrope to the other side—but not in the traditional way. To protect us from the coronavirus, we are following the rules that have been globally mandated—social distancing, staying at home, constantly washing our hands. As we slowly—and sometimes painfully—cross the ravine to safety, I can place a new box in a corner of my life's room to fill with unprecedented memories. As I continue to look out the windows of my life, I can say, "I've been there."

~ Robert Miller

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Photo courtesy of Robert Miller. For more images, visit www.roberthmiller.com.

Head and Neck Cancer News

New Study Provides Insight into Early Molecular Changes in Head and Neck Cancer

Routine serial blood draws during military personnel's service are proving to be an invaluable bank of specimens for health researchers.

Using samples collected at enlistment, every two years for HIV testing, and at pre-deployment and post-deployment, scientists from Pacific Northwest National Laboratory (PNNL) and the Murtha Cancer Center Research Program, Department of Surgery, Uniformed Services University of the Health Sciences (USU) have discovered a group of 13 proteins that could provide early detection of head and neck cancers.

Head and neck cancers, also referred to as head and neck squamous cell carcinomas, occur in the outermost surface of the skin or certain tissues within the head and neck region including the throat, mouth, sinuses, and nose. And the risk factors-combined alcohol and tobacco use, as well as the presence of the human papilloma virus (HPV)-are collectively found in elevated numbers among active U.S. military personnel, making this an interesting sample set.

Longitudinal samples allow apples-to-apples comparisons

Since it began HIV testing of military personnel in 1989, the U.S. Department of Defense (DoD) has collected 60 million specimens. Kept in walk-in freezers, the collection is now the world's largest serum repository. And it's growing by roughly two million samples per year.

"The Department of Defense Serum Repository is a unique and vast collection of potential liquid biopsy samples from personnel, many of whom unfortunately went on to develop cancer, and are the samples we are targeting for analysis in this research, which has been a goal of mine for over 30 years in military medicine," said Craig D. Shriver, MD FACS, COL USA (Ret), who is the principal investigator of the study and a professor of surgery at USU.

The beauty of the bank is that it stores longitudinal samples, meaning the same people are tested at different time points during their service. This sampling regime gives researchers much-needed information about if and when components of their blood changed over time.

"The fact that we had serum from the

same person, taken every two years over an eight-year period, meant we had a built-in control in the samples," said Tao Liu, a biomedical scientist at PNNL and a corresponding author on the study's paper. "We were able to compare someone to themselves, over time. And that's rare."

Querying the proteomes of nearly 1,000 samples

PNNL received 978 of the DoD serum samples, which represented 175 patients who were already diagnosed with cancer in the throat and oral cavity and another 175 matched, healthy controls.

Samples the DoD withdrew from the database for this study were ones that had already been stored after routine-or longitudinal-timeframes: two and four years before diagnosis, at the time of diagnosis, and again two years after diagnosis. The time span-eight years-gave researchers the longitudinal data needed to narrow down the potential "surrogate" proteins, as well as determine how soon they become indicative of the presence of the cancer before diagnosis.

A well-known issue with protein analysis of blood samples is the tremendous dynamic range of protein concentrations in the serum (more than 10 orders of magnitude). While the 14 most abundant, classic serum proteins account for most of the protein mass, thousands of the other proteins are present at much lower levels-some so faint that they're barely a blip on the radar.

To alleviate this unwanted "masking" effect, researchers used immunoaffinity depletion-that is, the use of antibodies that bind to the 14 most common proteins to remove them from the equation. This left the samples with only the lower-level proteins that provide much more meaningful information to researchers.

Another challenge for effective analysis of the entire blood proteome (containing thousands of detectable proteins) is that it requires fractionation-a process to help reduce the sample complexity. "It can be very expensive and time consuming to run nearly 1,000

samples that way," said Liu. "So, we used targeted proteomics to focus on a relatively smaller set of proteins that are likely more informative for this cancer; it also achieves higher sensitivity and specificity in the measurements."

In targeted proteomics, the mass spectrometer is programmed to look for specific target proteins. In this case, 146 of them to be exact.

Researchers selected the candidate targets by searching scientific publications related to molecular analysis of head and neck cancer, paying particular attention to those likely to be detected in blood. With input from clinical experts, the results were further curated to a final set of 146-a lot fewer proteins to sift through within a large set of samples.

By incorporating several automation and quality control steps, researchers were able to efficiently process and analyze the samples. From start to finish, analysis took only six months.

The results were fruitful. Researchers analyzed the longitudinal data using a machine learning algorithm that identified a 13-protein signature in the blood samples; this signature-or collection of proteins-consistently changed as early as two years before diagnosis in patients. Yet those same proteins remained flat, or unchanged, in the matching control samples. This indicates that the strategy of comparing the patient's own serum biomarker profile over time may have significant clinical utility.

Early diagnosis generally improves patients' prognosis

Diagnosing head and neck cancers early is important. Early-stage head and neck cancers generally respond well to therapy. But two thirds of the new cases are first diagnosed at advanced stage III or IV, when the survival rate is roughly 50%. And the prognosis hasn't changed much in recent years.

"Our goal is to identify proteins as biomarkers, before patients have any symptoms," said Liu. "This study brings us a step closer, but there's still work to be done."

The research team is proposing a follow-on study where the protein signature continued on page 10

continued from p. 9

is applied to a new cohort. This time around, they'd like to include more samples from females, as well as patients with previously diagnosed HPV, which continues to be a major risk factor for head and neck cancers in the general population.

This research project was funded and generated by USU with funding management through the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.

Along with Liu and Shriver, the research team also included Ju Yeon Lee, Tujin Shi, Vladislav Petyuk, Athena Schepmoes, Thomas Fillmore, Yi-Ting Wang, and Karin Rodland of PNNL; Wayne Cardoni and George Coppit of the Frederick Regional Health System; Joseph Goodman of George Washington University; and Shiv Srivastava of USU and the Walter Reed National Military Medical Center.

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***~ Lara Niederhauser,
Health Educator***

Head and Neck Cancer News

Previously unknown saliva glands discovered deep inside the human head

By Rich Haridy - October 19, 2020

The newly discovered salivary glands should help doctors reduce the volume of negative side effects seen from head and neck cancer radiotherapy.

A large team of cancer researchers in The Netherlands has made a surprising new discovery, finding a pair of previously unknown salivary glands. Nestled deep in the back of the nasopharynx, the discovery may help prevent damaging side effects from head and neck cancer radiotherapy.

The discovery arose out of a study investigating a relatively new method of medical imaging, called a PSMA PET/CT scan. This scan was originally developed to image patients with prostate cancer, however, the radio-labeled ligands designed to light up prostate cancer cells have also been found to effectively visualize salivary glands.

Oral surgeon Matthijs Valstar and radiation oncologist Wouter Vogel first noticed a pair of unexpected areas lighting up while examining PSMA PET/CT scans. The scans suggested these were salivary glands but the pair of researchers knew there were no known salivary glands in those particular areas of the head.

"People have three sets of large salivary glands, but not there," says Vogel. "As far as we knew, the only salivary or mucous glands in the nasopharynx are microscopically small, and up to 1,000 are evenly spread out throughout the mucosa. So, imagine our surprise when we found these."

A larger and more systematic investigation commenced, first looking at 100 historical PSMA PET/CT scans to confirm the consistent presence of these unknown glands. Two targeted autopsies were also conducted, validating the presence of the glands.

The final step in the study was understanding the function of these previously unidentified glands. The evidence suggested they were salivary glands, so medical records from 723 head and neck cancer patients were analyzed.

"Radiation therapy can damage the salivary glands, which may lead to complications," explains Vogel. "Patients may have trouble eating, swallowing, or

speaking, which can be a real burden."

Knowing that radiation therapy can damage these glands, the researchers found the patients with the highest volume of salivary complications following treatment were the ones where the radiotherapy was most concentrated on the areas containing them. This finding helped confirm that these are indeed a pair of previously unknown salivary glands.

The researchers named the new organ tubarial glands, due to the glands' predominant location over the torus tubarius.

One of the immediate outcomes from the discovery is the hope of reducing negative side effects from head and neck cancer radiotherapy. Vogel suggests this discovery helps explain why some people suffer significant damage to their salivary gland systems following radiation, and in some cases the damage could be mitigated by ensuring the radiation is more precisely targeted away from this particular spot.

"For most patients, it should technically be possible to avoid delivering radiation to this newly discovered location of the salivary gland system in the same way we try to spare known glands," says Vogel. "Our next step is to find out how we can best spare these new glands and in which patients. If we can do this, patients may experience less side effects which will benefit their overall quality of life after treatment."

The new study was published in the journal *Radiotherapy and Oncology*.
Source: Netherlands Cancer Institute

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