



SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER | EST. 1991



SPOHNC has been supporting patients, survivors and caregivers for more than 30 years. Our SPOHNC family has grown exponentially. SPOHNC continues to grow and change to meet the needs of those we serve. Over time, there have been so many heartfelt stories shared with us, and we have met some incredibly resilient people along the way.

You have seen the recent transformation of SPOHNC, through our new logo, and our updated newsletter look as well. These were all through a partnership with The Carleton Group, whom you have met before. We are about to unveil the latest fruits of that partnership, so stay tuned, and check our website around Thanksgiving.

There's something REALLY special we want to share with you!

Why Give to SPOHNC?

Find out on page 7.

Who is SPOHNC's Iron Man??

Read about a survivor who never lets his cancer define his life. Turn to page 9.

Power Women of Long Island

Read about SPOHNC's own Power Woman! Turn to page 11.

Dental Implants After Head and Neck Cancer

Ryan S. Lee, DDS, MPH, MHA, AGD, FICOI, DIDIA

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SPOHNC is dedicated to raising awareness and meeting the needs of oral and head and neck cancer patients through its resources and publications.

“TOGETHER WE HEAL”

Nancy E. Leupold, MA

FOUNDER

In Memoriam

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Dental Implants After Head and Neck Cancer

Ryan S. Lee, DDS, MPH, MHA, FAGD, FICOI, DIDIA

Yes, You May Be a Candidate, with Caveats and Clinical Considerations! (Part 1 of 2)

Every cancer survivor I know is a hero in a unique way. The thousands of oral and head/neck cancer survivors I have met and treated have one thing in common: all of them have firmly dealt with their cancer diagnosis, courageously battled weeks/months-long cancer treatment, and have made heroic efforts, even after cancer, to deal with the many lifelong side effects of cancer treatment.

But why must these cancer survivors live with missing teeth, painful teeth, ill-fitting dentures? Unfortunately, so many struggle with these issues, which affect chewing/nutrition, confidence/self-esteem, speech/function, and many other downstream health outcomes. Too many cancer survivors are told that they are not candidates for dental implants because they had radiation or chemotherapy.

Well, let me tell you something. This is simply NOT true, and I would like to set the record straight. Cancer survivors, even those who received many weeks of radiation to the oral cavity and head/neck area, even those who received a combination of radiation, chemo, and/or surgical resection, OFTEN ARE candidates for dental implants and CAN receive safe, predictable implant therapy. Many dental practitioners have placed dental implants in many thousands of cancer survivors for over a decade. This has been one

of the most satisfying aspects of my career and highlights my daily role as a dentist and dental oncologist. Have you ever pondered any of the questions below?

1. *Are cancer survivors candidates for dental implant treatment?*
2. *If so, what are some caveats and clinical considerations that are unique to cancer patients, which must be considered to ensure safe and predictable treatment outcomes?*
3. *How do I find the right dentist, one that is trained in performing dental implants for patients that had radiation, chemotherapy, and other cancer treatment modalities?*
4. *Are there any ways for dental implants to be more affordable for cancer patients and survivors?*



These are some of the most common questions patients and their family members ask. Dental Oncology, as most readers are aware, is a specialized field of dentistry that is dedicated to the management of the unique needs of cancer patients and survivors. While cancer centers, hospitals, and even dental private practices do a credible job in providing dental care *before* patients receive radiation, chemo, or transplant,

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too many cancer survivors are left on their own *after* cancer therapy even when they experience on-going dental issues. This is where a dental oncologist can help. Please allow me to help a bit here by answering the first two of the aforementioned questions, in brief. The latter two questions, please allow me to answer in a follow-up article.

Are cancer survivors candidates for dental implant treatment? First and foremost, the prognosis or the likelihood of success behind any medical or dental procedure must consider the risks, benefits, and alternatives. This is what every doctor and healthcare professional does before suggesting options, performing surgical treatment, and managing the post-operative outcomes. So, what are the risks of dental implant therapy for cancer survivors? When it comes to dental implants, cancer survivors have the same risks that all other non-cancer survivors have, including infection, pain, swelling, etc., the great majority of which alleviate over a matter of days, if not a week or two. Dental implants, in today's age of minimally-invasive surgery and digital dental technology, have a 92-95% success rate the first time around.

Beyond the usual risks, however, cancer survivors who received radiation are at a risk of a unique complication known as osteonecrosis (or osteoradionecrosis). In short, the effects of radiation to kill cancer cells, while incredibly important and necessary, also damages the fine blood vessels in the jaws. Because these blood vessels often do not regenerate in areas like the parotid gland or the mandible, the body's ability to heal and integrate a dental implant (made of titanium or zirconia) can be compromised. With fewer blood vessels in the jaw, there are fewer cells within the site of the implant placement to enable proper and timely clotting, healing, and osseointegration, or bone ingrowth into the implant itself. When a non-cancer patient (who never had any radiation to their head/neck or jaws) has a tooth extracted or an implant placed, the gum tissue closes naturally

over a week or two, and everything heals uneventfully in a matter of days or weeks. When a cancer survivor (who often had as many as 6-7 weeks of daily radiation therapy) has a tooth extracted or an implant placed within the area previously radiated, the same gum tissue may take weeks, months or longer to close. Sometimes, the gum tissue stays open, exposing the jaw bone underneath, often creating an opportunity for infection and swelling, not to mention pain. This is, in essence, defines osteonecrosis.

Unfortunately, there is no surefire way to treat osteoradionecrosis without months/years-long conservative management or surgical intervention

that often involves removal of parts of the jaw. No concrete cure exists for osteoradionecrosis to date, so we must avoid it. And the risk of osteoradionecrosis actually gets *worse* the more years you live after radiation. This risk never goes away and is a lifelong concern (those blood vessels never regenerate in certain parts of the jaw).

Of course, if the radiation was received to an area below the neck, say the GI system, then of course this has no relevance in the risk of a cancer survivor experiencing osteoradionecrosis of the jaw with dental implants. But, if a head/neck or oral cancer survivor did receive radiation to the jaws and teeth, then of course he or she is at risk of osteoradionecrosis with any dental extraction, surgical gum / periodontal procedure, and dental implant treatment.

Then, how does the dental provider know who are candidates and who are not? *What are some caveats and clinical considerations that are unique to cancer patients?* Do you know how everyone in real estate says that it comes down to *location, location, location*? Well, in the world of dental oncology and oral implantology, it always come down to *blood supply, blood supply, blood supply*.

You are all heroes,
and you deserve
to smile
and eat with confidence.

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Let's consider a cancer survivor with a base-of-tongue squamous cell cancer who finished chemotherapy and 6.5-weeks of radiation therapy in 2015. She is a healthy 57-year-old, has been cancer-free for 7 years, and now presents for management of missing lower left molars makes it difficult for her to chew properly. She has also noticed that her gums and facial structure is beginning to shrink on the lower left jaw area. She does not find her existing partial denture comfortable, which irritates her gums. It is also difficult to use because of her mild-to-moderate dry mouth, putting her at risk of cavities and periodontal disease.

The dental care provider, must determine how much blood supply is available in the posterior left mandible that will receive dental implants via several clinical considerations. First, the dose of radiotherapy received by the patient must be obtained from the radiation oncologist and/or radiation physicist at the cancer center. Second, the dose of radiation specific to the posterior left mandible must be assessed vis-à-vis maximum dose information, the specific location of the primary tumor, and the modality of radiation therapy (IMRT vs. 2D-RT). This information must be combined with clinical findings, such as bone density in the jaw, proximity of the nerves/sinus/critical structures, periodontal health, cavity risk, dry mouth status, etc. Sometimes, even the presence (or the absence) of facial hair (e.g., peach fuzz in females and beards/moustaches in males, for instance) are markers that allow us to make a holistic or general decision in concert with the factors above on the safety and predictability of dental implants in cancer survivors with radiation history, as well as the ability to minimize the risk of osteoradionecrosis.

Understanding such risks and achieving optimal outcomes in cancer survivors needing dental implants means dental consultations with such patients often take an hour or two, which is different than the five minutes a dentist may spend doing a comprehensive dental evaluation after a hygienist's cleaning procedure. Hence, it is recommended that cancer survivors, especially those who had radiation therapy, consult their dentist, dental specialist, or dental

oncologist (or a dentist who has had training in cancer hospitals) for proper care.

If (and only if) the abovementioned factors are considered, cancer patients and survivors can successfully receive dental implants. I have had the blessing of placing many hundreds, perhaps a few thousand, dental implants in cancer survivors who had chemotherapy, radiation, surgery, transplants, etc. Often, these survivors can eat better, chew better, smile better, and prevent shrinking gums, jaw bone, and even facial deformities. We can help.

A follow-up article will answer the latter two aforementioned questions regarding finding the right dentist or dental oncologist, as well as ways to make dental implants more affordable. As a teaser, it can be stated that every cancer survivor and direct family member may qualify for a 40% discount on any dental care not covered by dental insurance. In our practice we call it our *Survivor Smiles* program, with industry support from large dental implant companies as well as us having some success with billing medical (not dental) insurance have enabled us to provide affordable fees for state-of-the-art minimally-invasive dental implant surgery and oral rehabilitation.

Editor's Note: Dr. Ryan S. Lee, DDS, MPH, MHA, FICOI, FAGD is a dual-fellowship trained dental oncologist in the fields of oral implantology and general dentistry. He is Founder and CEO of Morning Calm Dental Management, a group of 4 practices in NY, MA, RI, and CT that is dedicated to the dental care of cancer patients, survivors, and their family members. Dr. Lee graduated with honors from NYU College of Dentistry, followed by a general practice residency at Jersey City Medical Center and a 2-year surgical fellowship in Dental Oncology at Memorial Sloan Kettering Cancer Center. He has taught as a faculty member at NYU and also served as Department Chair of Dental Medicine in hospital/academic settings in Cambridge, MA and Providence, RI. Dr. Lee's private practice in midtown Manhattan, New York Center for Dental Oncology, was the first-ever private dental practice dedicated to dental oncology in the Northeast and still accepts new patients.

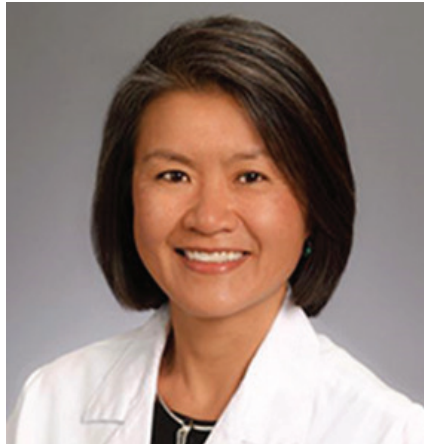
How can SPOHNC help you?

Join a SPOHNC Chapter support group. Be matched with a survivor or caregiver volunteer.
Contact SPOHNC today at 1-800-377-0928 or info@spohnc.org

Medical Advisory Board News

SPOHNC would like to extend a warm welcome to Amy Y. Chen, MD, MPH, FACS, who is the newest member of our Medical Advisory Board. Dr. Chen came to SPOHNC highly recommended by several highly esteemed members of SPOHNC's Board of Directors.

Dr. Chen is the Willard and Lillian Hackerman Professor of Otolaryngology, Head and Neck Surgery at Emory University School of Medicine. As an established researcher, surgeon, and professor, she is Board certified in otolaryngology since 1999. Her clinical expertise is in thyroid cancer and head and neck endocrine surgery.



Dr. Chen is the founder and director of both the Thyroid Multidisciplinary Tumor Conference and the Head and Neck Multidisciplinary Tumor Conference. She was elected to the Board of Directors of American Thyroid Association and also leads the Diversity, Equity and Inclusion Division of the American Head and Neck Society. She is a member of the American Academy of Otolaryngology and a fellow of the American College of Surgeons and the American Head and Neck Society, and also serves on the Board of Partnership for Southern Equity. Dr. Chen earned her Doctor of Medicine from Johns Hopkins University in 1992 and her Master of Public Health from the University of Texas School of Public Health in 1999. She completed her residencies for general surgery and otolaryngology at the Baylor College of Medicine and her head and neck surgical oncology fellowship at MD Anderson Cancer Center in Houston, Texas from which she received the MD Anderson Cancer Center Fellow Award.

Dr. Chen's primary research focus is the measurement of oncology treatment outcomes and determinants of successful care outcomes. Oncology care outcomes include quality of life, functional status, costs and treatment compliance. Social determinants include access to care, gender, race, and health literacy. Her secondary focus is translational research of upper aerodigestive tract and thyroid malignancies. Her patient

centered dysphagia survey has been translated into over a dozen languages and has been used in multiple cooperative oncology trials.

Dr. Chen has publications in the journals Cancer, Journal of Clinical Oncology, Laryngoscope, and HeadNeck, among others. She also holds editorial board positions for the journals Cancer and HeadNeck.

We look forward, with great anticipation, to working with Dr. Chen in her capacity as a member of the MAB, where she joins more than a dozen highly respected physicians and healthcare professionals in the field of head and neck cancer. Thank you, Dr. Chen, for your service to SPOHNC. We are honored to work with you.

SPOHNC's RESOURCES

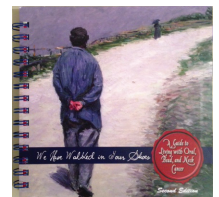
We Have Walked In Your Shoes: A Guide to Living With Oral, Head and Neck Cancer

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

DIGITAL EDITION available now on our website for \$7.99

PRINT EDITION \$14.95 includes shipping and handling

For Bulk order Discount Pricing contact SPOHNC at 1-800-377-0928 or email us at info@spohnc.org



Dear SPOHNC Family and Friends,

As someone who has supported SPOHNC's work, you know how traumatic this disease truly can be. SPOHNC's motto, "Together, WE Heal," is a tribute to you.

At SPOHNC, we are committed to raising awareness and meeting the needs of oral and head and neck cancer patients through our resources and publications, continuing the vision and legacy of our late Founder, Nancy Leupold. SPOHNC encourages patients and their loved ones to go forward on the road to stability and a better quality of life.

SPOHNC's 100+ chapter support groups and matching program of 225+ volunteers offer a place, where no one is alone. In so doing, one is empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives. Support groups and speaking with others play an invaluable role in recovery. Patients and survivors have come to the right place educating themselves through the trusted information people facing cancer and their families need with our educational materials, online services, and publications.

Recovery also emerges from hope. The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and our family here at SPOHNC. Hope is the catalyst of the recovery process.

With your support, many can reach out to SPOHNC daily to help them overcome the ongoing stress and anxieties after being diagnosed with head and neck cancer. Their feelings of belonging and self-worth are fostered in every interaction with the staff at SPOHNC or a survivor volunteer. We understand the many challenges that come with a cancer diagnosis. Our community of care is built on empathy and real human connection. By making that circle larger we can offer more solutions and generate even more hope.

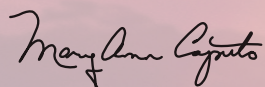
Additionally, SPOHNC is working with The Center for Medicare Advocacy to convince legislators to cover medically necessary dental costs. Our heartfelt appreciation goes out to the many of you who submitted letters through SPOHNC's outreach to help Congress understand and address this issue. SPOHNC is also working with a committee in Boston, MA to help pass a bill for dental expenses to be covered by private insurance companies. If one state passes this bill other states may follow suit. SPOHNC will continue to advocate for patients with Medicare and the private sector.

Your continued support today will help the lives of people you know and love. This is done through learning more about head and neck cancer research and providing essential programs for prevention, early detection, and vital patient support services.

For your convenience, you can make your donation on-line right now by using the QR code located at the bottom of this letter, or you can use the enclosed appeal envelope. Your donation ensures that patients and their families have a brighter future. I hope you'll give a gift today. Thank you for being a loyal and committed supporter!

Together, with your help, we can serve even more patients, survivors, and their families in 2023 and decades to follow.

With sincere appreciation and gratitude,



Mary Ann Caputo
Executive Director



SPOHNC Syosset, NY Day Out

Well – the LI Ducks may have lost the game, but in our eyes, Sunday September 11th was a winner. That’s the day when the SPOHNC Syosset, NY Chapter support group got

Another Home Run for the Syosset, NY SPOHNC Chapter Support group!



together for their next outing – at a Long Island Ducks baseball game! The Ducks are a minor league team, and their stadium and an afternoon or evening of baseball are quite an experience – there is nothing minor about it! There are games and a bouncy house for the kids, between inning competitions and activities on the field, trivia contests, food, merch and of course the Ducks mascot “Quacker Jack” who gets around – and apparently enjoys a great photo opp!!

Always a fun time, this year’s game had some new friends joining the crowd. A total group of 17 representing SPOHNC came out to enjoy a day of food, fun and lots of laughter. Patients, survivors, friends and family members came together on the beautiful Sunday afternoon. The entire Folchetti family joined us, as the scoreboard dedication for the game was “in loving memory of Maria Folchetti.” Maria was a beautiful woman who was so very dedicated to her family. This amazing angel has been watching over her family for almost 3 years now, and her bright spirit lives on, in her children, and

her grandchildren, who were there in support of the day. The Folchetti’s are always a package deal. Even for the support group meetings, they all came together as a group. They are very special members of our SPOHNC family, and we love them dearly, always.

SPOHNC also made its way onto the scoreboard for the 2nd year in a row. What a great honor!

Big and very special thanks go out to SPOHNC Syosset Chapter Facilitator, Survivor, Frank Marcovitz, for making the arrangements for this great outing. A home run for sure!!

State Bill Seeks to Improve Dental Coverage



Massachusetts Oncology Patient Survivors and Supporters (MOPSS) is working with elected representatives on Massachusetts House Bill 1154. This bill, if passed, would require insurers doing business in the state to cover medically-related dental treatment.

For more information about the bill or to join MOPSS, email THealy4109@gmail.com or call 781-686-3774.

October Champion of Hope Frank Marcovitz

Our October Champion of Hope is our “Iron Man”!

There is SO MUCH to say about our October Champion of Hope...Frank Marcovitz! Frank came to SPOHNC after he was first diagnosed in 2010 with squamous cell carcinoma of the larynx. His treatment consisted of radiation. Frank had a recurrence in 2012 and had a total laryngectomy. Along this journey, Frank and his lovely wife Carrie joined our Syosset, NY SPOHNC Chapter support group, and they have been very involved and important to our SPOHNC family, ever since! Along with their daughter, Rachel, it's a family affair.



Soon after his laryngectomy, Frank decided he needed to give back, by giving hope to others. He became a volunteer for our National Survivor Volunteer Network, where we match newly diagnosed patients with a survivor volunteer who had a similar diagnosis and treatment plan. Frank has been a partner in almost 20 matches since then, and he continues to make himself available and at the ready, all the time. His positivity, reliability and his bright spirit make Frank an amazing volunteer.

Frank shared his cancer journey in the April 2013 issue of **News from SPOHNC**, where he inspired and gave hope to everyone who read about the

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challenges, victories and the ups and downs of his head and neck cancer journey. He also wrote a very funny memo, which he shared with SPOHNC for publication, about his periodic visits to Memorial Sloane Kettering in Manhattan, for his throat dilations. Maybe it's time for a reprint...it was priceless!!

The thing about Frank is, no grass grows under his feet. He is always on the move! We here in the SPOHNC office call him our Iron Man, and he never ceases to amaze us, and makes at least one of us feel pretty lazy. Frank is an avid cyclist. In fact, if you are on Facebook, you will see his continuing Discover Long Island tour. Frank finds places we never knew existed and chronicles his journey through beautiful photos and stories about his daily adventures. Frank maintains that he will not be defined by his cancer. He leads a very full and active life!

In addition to his love of cycling, Frank is a lover of animals. In fact, he has a pet sitting business, which keeps him very busy. This is, of course, in addition to the fur babies he shares with his family at home. Chloe, Mara and Sadie round out the Marcovitz family, and cute fur babies they are indeed.

When Frank isn't riding his bike, sitting for pets, working or volunteering, you will most likely find him listening to a local band, and dancing to that band, or at a Yankee game, or maybe even grabbing some great food at a LI restaurant. Actually, Frank appears in a TV commercial that was just filmed about downtown Farmingdale, NY – a favorite hangout of his and Carrie's. Frank should probably take over for Lauren Scala and become the new face, and voice, of New York Live!

In 2020, Frank became the Chapter Facilitator of the Syosset, NY SPOHNC Chapter support group, where he continues to support newly diagnosed patients, survivors and their families, while listening,

sharing great stories and anecdotes, and lifting up those who attend the meeting virtually, each month. As the in-person group went virtual due to the pandemic, Frank held out hope and continued to meet every month, even if there were only one or two people on the monthly call. Once things started to open back up, Frank decided it was time for the group to have some much-needed outdoor fun, so he began 2 annual traditions for the group – the Annual Picnic, and the Annual LI Ducks baseball game. Both of these events are hugely popular and a chance to get together and just have fun! We think FUN is Franks' middle name, for sure.

In another one of Frank's volunteer capacities, he serves as an annual speaker at Hofstra University's graduate speech pathology class. Barbara Laderer and her students look forward to Frank's visit every year. He provides the students with a real-life picture of a laryngectomy and his very unique life. Last year, he added Post College to his "Spring Tour."

Even with Frank's super busy life, he continues to remain steadfast in his commitment to SPOHNC as a volunteer, facilitating the support group, supporting patients and survivors through our matching program, and always being available to help anyone who comes our way. Frank – we salute you and we are so grateful that you and your bigger than life personality are a card-carrying member of our SPOHNC family.

Congratulations on being named as SPOHNC's October Champion of Hope!

SHARE *your* JOURNEY

with our readers...

Contact SPOHNC today at 1-800-377-0928
or at info@spohnc.org to find out how.

You can find
additional stories
by going to SPOHNC's website at
www.spohnc.org

Congratulations!

Schneps Media and their esteemed judges panel have selected SPOHNC's Executive Director, Mary Ann Caputo, as an honoree at this year's ***Power Women of Long Island***, presented by Catholic Health.

Launched in 1990 by Schneps Media's President, Victoria Schneps, this event was founded to empower women and connect them with each other. The event honors and recognizes successful business, community, cultural, political, civic and religious female leaders. Schneps Media's Power Women honors those fearless females who make Long Island the thriving and vibrant place it is to work, live and do business. When women support women, amazing things happen!



The November event will take place at The Mansion at Oyster Bay in Woodbury, NY. There will be a VIP Power Hour for Honorees with cocktails and hors d'oeuvres along with

the videotaping of honoree introductions and Red Carpet group photos, followed by a networking cocktail party, photo opportunities and a meet and greet with leaders and attendees.

The dinner and awards presentation will follow, with elected officials addressing the crowd, and honorees will walk the red carpet and receive their award.

This is sure to be "the place to be and be seen" for Long Island business events this year. Watch for photos in a future issue of "News from SPOHNC."

Congratulations Mary Ann, on receiving this great honor!

Having head and neck cancer can be a battle.
Patients can help to move the research AHEAD.



Head and neck cancer includes cancers of the mouth, nose, sinuses, salivary glands, throat, and lymph nodes in the neck. Adults with head and neck cancer may consider asking their doctor about the AHEAD-MERIT study of an investigational vaccine for HPV+ head and neck squamous cell carcinoma that has returned or spread.

Go to
ahead-merit.com
to learn more

Head and Neck Cancer News

Data Support the Use of First-/Second-Line Immune Checkpoint Inhibitors in HNSCC

October 24, 2022 - Nicholas Wrigley

Findings from a retrospective cohort study found that immune checkpoint inhibitors induced promising responses in the first- and second-line treatment of head and neck squamous cell carcinoma.

Immune checkpoint inhibitors (ICIs) yielded promising outcomes for patients with recurrent or metastatic head and neck squamous cell carcinoma (HNSCC), according to findings from a retrospective cohort study published in *JAMA Otolaryngology*, the data of which support the modality in the first- and second-line treatment of disease.

ICIs resulted in an overall response rate of 30.1%. Investigator reported an estimated 1-year overall survival (OS) rate of 51.8% (95% CI, 44.5%-58.8%), and an estimated 1-year progression free survival (PFS) rate of 9.4% (95% CI, 5.0%-15.5%) in this study population. Moreover, the median OS was 12.9 months ([Interquartile range [IQR], 4.1-36.5) and the median PFS was 3.9 months (IQR, 1.9-17.8 months). Patients with cancer of the oral cavity fared worse on ICIs than patients with HNSCC of other subsites, experiencing worse OS.

“In this large cohort study of patients with recurrent or metastatic mucosal HNSCC from the general population who were treated with [ICIs], the observed survival and response rates were similar to those observed in previous clinical trials despite 31.1% of patients having an ECOG performance status of 2 or greater,” the investigators wrote. “Our findings support the use of [ICI] therapies for first- or second-line treatment of recurrent or metastatic HNSCC.”

This study evaluated 212 patients with HNSCC treated with ICIs, most of whom (50.9%) had distant metastatic disease at the time of treatment initiation. Moreover, 58.0% of those with distant metastases had oligometastases. Most patients in the cohort were male (77.8%) and most were current or former smokers (69.8%). The median age at diagnosis was 63.2 years (IQR, 57.2-71.2 years). The most common primary tumor sites included the oropharynx (46.7%)—75.8% of whom had human papillomavirus (HPV)—associated disease—the oral cavity (28.8%) and the larynx or hypopharynx (24.5%). PD-L1 status was not included in multivariable models since only 43.9% of the patient population had PD-L1 test results available.

Patients in the study cohort underwent ICI therapy for a median duration of 2.9 months (IQR, 1.4-7.5) and completed a median of 5 doses (IQR, 3-10). In total, 167 patients discontinued treatment during the study period, most commonly because of disease progression (72.5%) and toxic effects (12.6%). However, 6 patients (3.6%) stopped treatment after achieving durable response lasting 12 months or more.

Outcomes with ICI therapy in combination with chemotherapy did not differ from those who did not receive chemotherapy. Additionally, among the 183 patients with imaging data available after treatment, 8.2% demonstrated a complete response, 21.9% demonstrated a partial response, 9.3% demonstrated a mixed response, 20.2% demonstrated stable disease, and 40.4% demonstrated disease progression. Patients with HPV-positive oropharynx cancer (odds ratio [OR], 2.032; 95% CI, 0.758-5.452) and those with other primary tumor sites (OR, 1.948; 95% CI, 0.751-5.053) experienced numerically higher response rates than patients with the oral cavity as their primary site; however, the differences were not found to be statistically significant.

Treatment-associated adverse effects occurred in 50 patients, the most common of which were thyroid function abnormalities (44%), rash (30%), and colitis (18%).

Join us for Giving Tuesday on November 29th

Together We Give, because “Together, WE Heal!”

Contact SPOHNC today at 1-800-377-0928 or at info@spohnc.org to find out how.

Are You Suffering from Dry Mouth?

You Need SPOHNC's Product Directory!

Are you suffering from dry mouth after treatment? SPOHNC's Product Directory can help!

This 44-page paperback book has helped thousands of patients and survivors who deal with the side effects of treatment – weeks, months, or even years afterward. Products for xerostomia, mucositis, radiation burns, digestive issues and many other concerns are addressed in page after page of this publication, which was put together with the help of patients, survivors and friends of SPOHNC who have found help, and hope. These

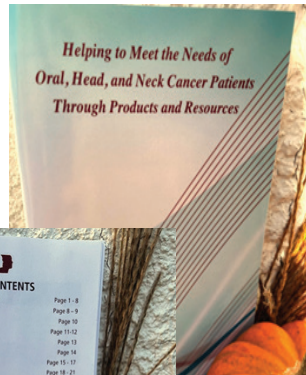


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products, how they may help you, and how and where to find them are found in SPOHNC's Product Directory. SPOHNC members can receive this life changing book, along with 8 issues of "News from SPOHNC, for \$30.

To purchase your Directory, SPOHNC membership and 8 issues of "News from SPOHNC" go to spohnc.org or call us at 1-800-377-0928. SPOHNC is here for you!

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It's Pumpkin Spice Time!

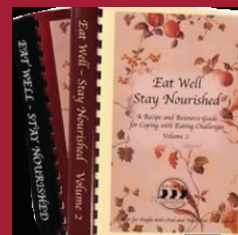
<p>ESTIMATED NUTRITIONAL INFORMATION PER SERVING:</p> <p>CALORIES: 100 PROTEIN: 3(G) CARBOHYDRATES: 17(G) DIETARY FIBER: 1.7(G) TOTAL FAT: 3(G) CHOLESTEROL: 7(MG) SODIUM 485(MG)</p>  <p>MARY R., INDIANA</p>	<p>PUMPKIN CRÈME MOUSSE</p> <p>1 C. CANNED PUMPKIN 2 PKG. INSTANT VANILLA PUDDING (SUGAR FREE) 1 TSP. PUMPKIN PIE SPICE 1 C. FAT FREE COOL WHIP 1 C. MILK</p>	<p>DIRECTIONS: MIX ALL INGREDIENTS TOGETHER FOR ONE MINUTE AT LOW SPEED WITH HAND MIXER. REFRIGERATE FOR SEVERAL HOURS UNTIL FIRM. SERVES 6.</p>  <p>VOLUME 2, PG. 127</p>
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CHAPTERS OF SPOHNC

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

PLEASE NOTE: Some Chapters are not yet holding meetings in person due to COVID-19.

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

Call SPOHNC to find out more.



Send us your SPOHNC support group photo (with permissions) to be featured here in a future issue!

SPOHNC

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