

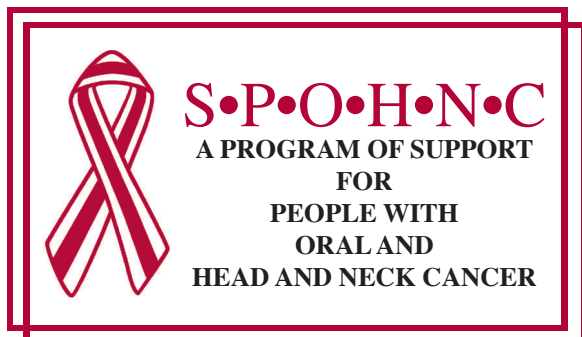
NEWS FROM S·P·O·H·N·C



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

SEPTEMBER 2016



Chemoradiation Increases Survival For a Subset of Elderly Head and Neck Cancer Patients

Sana Karam, MD, PhD

It is well established that adding chemotherapy to radiation therapy (CRT) improves survival rates and represents standard of care treatment in the curative management of locally advanced head and neck cancer (HNSCC). Elderly patients, however, have been underrepresented in prospective clinical trials that have defined standards of care for head and neck cancer. Only 4% of the patients included in the historical meta-analysis that helped shape the treatment guidelines were older than 70 years of age.



While previous research has demonstrated the efficacy of combining chemotherapy with radiation to improve survival for HNSCC patients, this improvement had not been shown in patients older than 70 years. People are living longer and healthier, though, and this is a potentially curable disease that, if not treated properly, can result in early death and horrible pain and suffering given its location in the head and neck region. We investigated whether there is improved survival in patients over age 70, given today's healthier patient population, new radiation technology, and improved chemotherapy delivery and symptom management.

Our study drew on nationwide data to assess more comprehensively how combined therapy impacts this population. We queried the National Cancer Data Base (NCDB) for records of patients older than 70 years who were treated for non-metastatic oropharyngeal, laryngeal, and hypopharyngeal cancers between

1998 and 2011. The NCDB is a jointly sponsored project of the American College of Surgeons and the American Cancer Society that aggregates data from more than 1,500 facilities accredited by the Commission on Cancer. More patients (2,538) were treated with CRT than with RT alone (1,504).

We found significant benefit in improving overall survival with the addition of CRT. The survival nearly doubled (from approximately 15 to 30% at 5 years), and the hazard of death was substantially reduced in a statistically significant manner. Patients younger than 81, with low co-morbidity score, and advanced diseases (bulky tumor, bulky nodes) benefited the most from CRT.

Because the toxicity of concurrent chemoradiation is greater than radiation alone for definitive HNSCC treatment, many clinicians have reservations about offering CRT for elderly head and neck cancer patients. However, in the era of improved radiation techniques, improved systemic therapy, and better supportive care, we find that CRT does, in fact, improve survival for a large segment of this population. We found that treatment took longer, though, which is a surrogate to toxicity in this data set. How the addition of chemotherapy to radiation affects quality of life is an important question that could not be addressed in this study.

How applicable these findings are to HPV-driven disease remains to be determined. Even in the elderly, recent studies indicate a sharp increase in HNSCCs triggered by this virus. We know HPV-driven HNSCCs tend to be more responsive to treatment than those driven by smoking. Numerous studies have shown that treatment of HPV-driven disease has excellent outcomes, and many clinical trials are now looking at de-escalating or de-intensifying treatment in such patients to reduce the treatment's long term side effects. Thus, it is important to caution that HPV and smoking status could not be fully accounted for in our analysis.

These findings may aid clinicians in discussing treatment options with their elderly HNSCC patients. Moreover, the results of this study could guide future prospective trials to confirm the benefit of multimodality treatment in elderly patients, not only for head and neck cancer but for other cancer sites as well. In short, our results show that for patients with advanced HNSCCs and in good health, age may be nothing but a number. Patients should not be denied chemotherapy solely based on age.

Editors Note: Dr. Sana Karam is a board-certified radiation oncologist and a physician-scientist who specializes in Head and Neck Cancer at the University of Colorado, Denver. She obtained her MD degree and residency training in radiation oncology from Georgetown University, Washington DC. She also holds a bachelor's degree from the American University of Beirut, a master's degree from the University of Maryland at Baltimore, a Ph.D. in Physiology and Biophysics from the University of Washington in Seattle, and a post-doctoral fellowship from the Johns Hopkins University.

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Head and Neck Cancer News
Bioengineers Grow Living Bone
For Facial Reconstruction

Integration of engineered cells with natural bone matrix showed critical advances in a pig model study

Researchers have engineered living bone tissue to repair bone loss in the jaw, a structure that is typically difficult to restore. The team led by researchers from Columbia University, New York, grafted customized implants into pig jaws that resulted in integration and function of the engineered graft into the recipient’s own tissue.

The work, supported in part by the National Institute of Biomedical Imaging and Bioengineering (NIBIB), and reported in the June 15, 2016 issue of Science Translational Medicine, suggests that personalized bone grafts for facial reconstruction may be possible in the future.

Engineered jaw bone is transplanted to pigs. The engineered bone is cultivated from the pig’s own stem cells seeded on a scaffold of cow-bone matrix.

Birth defects and injuries can cause bone deformities in the head and face that are difficult to repair. Replacement bones must be perfectly sculpted to satisfactorily match the features of the person’s face. Bones of the jaw, in particular, must also be able to withstand a lot of force in order to chew.

Some current treatments replace missing bone with metal, bone putty derived from deceased donors, or grafted bone from elsewhere within a person’s own body. While using the patient’s own tissue is the safest strategy, sacrificing bone from elsewhere causes a secondary injury. It also can be difficult to obtain a piece large enough to carve into an exact match. Bone putty can be very useful to fill a gap, but is not structurally stable without reinforcements that doctors must remove in subsequent surgeries. Researchers have also experimented with implanting synthetic scaffolds that can enhance new bone growth, but these have not always been successful. To date, none of these options is as useful as doctors would like.

Researchers chose pigs to test the new bone reconstruction technique because their jaw anatomy and type of force and movement are similar to that of people—the ultimate beneficiaries of the potential treatment. They replaced a piece of the pigs’ jawbone with cow bone matrix—the material left after removing its resident cells. This matrix served as a scaffold for the graft. Guided by precise imaging technology, the researchers individually shaped each cow bone scaffold to fit perfectly into the missing jaw-bone region.

Researchers seeded a scaffold of cow-bone matrix with pig stem cells. They cultivated the engineered tissue in a bioreactor device, pictured, transplanting the new bone after three weeks.

Next, the researchers seeded the scaffold with the pig’s own stem cells harvested from the animals’ fat, and placed the engineered tissue inside a bioreactor to grow for three weeks. They then implanted the engineered bone grafts into the pigs and monitored the growth for the next six months. Over that time, the transplanted bone seamlessly integrated into the pigs’ jaws. The grafts prompted new bone growth and strengthened the bone enough to tolerate forces needed for the pigs to chew.

continued on page 3

continued from page 2

The researchers found that the engineered implants remodeled like natural bone. The team found that the pig's body reacted to the implant just like its own bone, breaking it down and rebuilding it as needed.

"This was an unexpected and also very exciting finding because it tells us that these bones will really become an integral part of the body and continue to change in the body as we change," said Gordana Vunjak-Novakovic, Ph.D., a professor of biomedical engineering and medical sciences at Columbia University and senior author of the paper. "It's important that the implant is responding to these changes, and acting as an integral part of the native bone of the recipient."

Six pigs received engineered implants, while six others received the cow bone without any stem cells. Two jaw-bone deficient pigs received no implant at all. At the six-month point, all the animals had some regrowth of the missing jaw. The researchers used quantitative image analysis to determine that those pigs with the engineered implant grew the most bone.

In addition, their jaws could withstand the physical forces sustained during the animals' activities.

Although the study was in pigs, the team performed procedures just as they would be done in humans, and are hopeful that the technique will translate to the clinic. "It's never possible to say exactly, but we are aiming to get into clinical trials within the next few years," said Vunjak-Novakovic. "Hopefully things continue to go well."

"This is a promising step towards creating better implants for humans," said Rosemarie Hunziker, Ph.D., director of the NIBIB program in Tissue Engineering. "The general size and mechanics of a pig's jaw is a reasonable test of whether such a bone graft would integrate and do the work that would be required of a jaw bone graft in our human craniofacial system."

Several key features enhanced the clinical prospects of this research, according to Hunziker. First, the team isolated the stem cells from fat, which can be harvested with less discomfort than from bone marrow, and yields ample cells due to abundant fat

supply. They also avoided using growth factors—proteins that may improve bone quality but sometimes lead to excess bone growth, and would greatly increase the cost of the procedure. She attributed the researchers' success to their understanding and integration of key factors: a well-prepared scaffold, the right cells, optimal growth conditions, and exact timing.

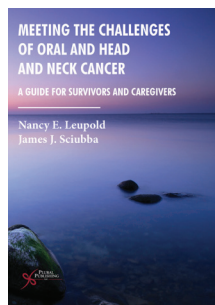
The work was a collaboration between researchers from the department of biomedical engineering and the division of oral and maxillofacial surgery at Columbia University in New York, New York; the School of Veterinary Medicine at Louisiana State University in Baton Rouge; LaCell LLC in New Orleans, Louisiana; and the Center for Stem Cell Research and Regenerative Medicine at Tulane University in New Orleans.

The research was funded in part by NIBIB (EB 002520) and the National Institute of Dental and Craniofacial Research (DE 016525), both parts of the National Institutes of Health.

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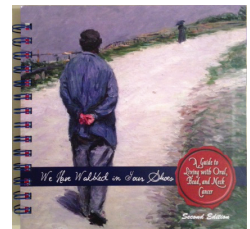


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Time for Sharing...We've Taken Our Turn

I appreciate the opportunity to tell my story. I never looked at living with cancer as a journey or “new normal.” More like, it was just my turn! I grew up in a large family of six sisters and one brother. Our family has been touched very deeply by cancer. We participated in a BRACA study in 2009 to better understand the past and future links to cancer inside of our family going back three generations.

Our family medical tree creates a clear connection to health patterns that will benefit my children and their children. I learned that some health issues are self-made and environmental such as being a tobacco user, drinker, or what one does for a living as an occupation. I mention occupation and environment because what I did for a living applies. For 35 years I sanded and finished wood floors. During that time, I chewed tobacco and drank beers after work and enjoyed every minute of it.

In January 2011, I was diagnosed with oral cancer. Base of tongue, squamous cell carcinoma, stage IV with HPV. Symptoms began in the fall of 2010. Swallowing hurt more and certain foods stung more than others. Acid reflux was first diagnosed and I was sent home with Tums and told to elevate the head of the bed. That first exam with an ENT using the nose camera was kind of “cool.”

Little did I know how many more “camera down the nose” exams would occur. The symptoms worsened which led to a second exam. There was a noticeable difference at the base of my tongue when compared to pictures a month before. Location, size, and staging were confirmed after two biopsy surgeries and a PET scan. Treatment included 40 radiations and three chemo Cisplatin. No teeth needed to be pulled, and we made an appointment for the “mask” simulation. The making of the mask was high anxiety for me. The tumor kept me from laying flat, the tongue compress with the rubber cover was too large, and tying me down to a table was over the top. When the wet, warm mask material first touched my face, I freaked. The techs escorted me out, gave me a chill pill, and 45 minutes later, the mask was molded. I asked not to be tied down for each radiation session. The techs were very supportive. Before

treatment began, the nurses suggested ways of staying ahead of the effects of chemo and radiation. As soon as treatment started, I began fluoride trays and a two-part rinse. The two-part rinse I used for 6-8 months. The fluoride rinse I still use today. Something that helped me to relax besides a “CP” was wearing my dad’s sweater to and from treatment.

My goal was to get through treatment without any type of feeding assistance. I appreciated the options given and this goal was achieved. My oncologist kept threatening



a tube and kept repeating “food is medicine.” I thought I was in complete control until the third chemo treatment in week six. I hit the wall. The parking v o u c h e r became my motivation for getting off the treatment table the last three weeks. Now I’m saying to myself, it’s not my turn and I want it to stop! Getting over the wall wouldn’t have been possible without all the health care workers.

Early post treatment symptoms such as no taste, dry mouth, tinnitus, neuropathy, and fatigue were a catalyst to look for wellness options to get back on track. I visited a local SPOHNC group and the attendees inspired me and gave me hope. I was matched with a SPOHNC survivor and that conversation helped me to slow down my expectations and my timeline for recovery. For 6-8 months, I participated in acupuncture sessions, talked with a counselor to work through the post treatment depression, and fought the fatigue. Learning to deal with and accept the effects of treatment quickly replaced *going through* the treatment.

Moving forward five years to post treatment: the fatigue is greatly reduced, tinnitus is ongoing, neuropathy is ongoing, 90% of my taste has returned, I still carry a water bottle, I don’t need an app to find a nearby restroom anymore, and I’m cancer free. I can live with a few annoyances.

Chocolate is still not tasting the same and there are certain textures in food that take more time to chew and enjoy. I check food ingredients. Some processed foods, such as chewing gums, ice creams, and baked goods have ingredients that work as fillers or thickening additives. These ingredients such as Xanthan gum or Guar gum create phlegm in my throat. For a few years after treatment spicy foods, salted foods, breads, and hard to chew meats created issues. In addition, outside cold air often creates a phantom swelling of my throat.

Today I am transitioning from work to play. I no longer work on wood floors and I no longer use tobacco or consume alcohol. Recently retired, I spend time volunteering in the community and with cancer support non-profits. I enjoy outdoor activities such as golf, rowing, and projects around the house. Then, in the winter months, I operate a small batch artisan bakery. My mother made gingerbread houses every Christmas. The tradition stuck. I rent a shared kitchen, by the hour, with a wide variety of foodies. We bake, assemble, display, and sell gingerbread houses. Since 2008, the proceeds have contributed to an annual college scholarship in memory of my sister who taught at the school. What we do not sell through friends and local markets, we donate and support holiday events sponsored by local non-profits. My seasonal gingerbread business acts as a conduit to my past and is helping me transition to experiencing and participating in new things.

All of my good fortunes would not be possible without the unconditional love and support of my wife and children, Ellen, Rachel, and Chris. We’ve taken our turn.

~ Jon Thibo
jon.thibo@gmail.com

“Thanks from the bottom of my heart for your organization and what you do to make it happen! You are doing a world of good.”

~ Lee T.

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Defeating Cancer: It's A Team Effort

I'm Jim Kelly, Football Hall of Famer, and back in 2013, I was diagnosed with head and neck squamous cell cancer. It was really scary. I'm not afraid to share that I walked out of that doctor's office and cried, not for me, but for my family that had already lost my son to a rare disease.

Playing professional football was challenging, but fighting head and neck cancer was harder. My physical and emotional strength was tested every day. I was really blessed, though; I had my wife, my two daughters, and my five brothers who provided support and encouragement to get me through the radiation and chemotherapy treatments. But, I know that some people aren't so fortunate.

For 25 years, SPOHNC (Support for People with Oral and Head and Neck Cancer) has helped people by raising awareness and meeting the needs of oral and head and neck cancer patients through its resources and publications. I'm proud to partner with SPOHNC, Merck, the Head and Neck Cancer Alliance, and Savor Health

to launch *Your Cancer Game Plan*. This program will provide people living with head and neck cancer and their caregivers with tools and resources designed to help each patient stay positive and hopeful.



To kick off the program, we're encouraging people living with cancer, caregivers, and the head and neck cancer community to join me and my partners on *Your Cancer Game Plan* for a webinar or 'live' online chat to share my story, and talk about nutrition, emotion and communication when dealing with a cancer diagnosis. The

webinar will be on Wednesday, October 19, 2016 between 11am-12 noon EST.

For additional details and to register for the webinar, please visit www.spohnc.org. *Your Cancer Game Plan* is sponsored by Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc., Kenilworth, NJ, USA.

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"Cutting Cancer Out of Nashville"

Nashville Barber Shop Cuts Out Cancer With Grand Opening Event

The Chair located in Nashville, TN celebrated their Grand Opening with a charity event for SPOHNC on June 11th. The event, which was held from 11:00 AM to 1:00 PM had live music, a hot dog vendor, product giveaways, drinks and candy, with all proceeds going to SPOHNC. "We were very pleased with the great turnout and were blessed to have so many vendors donating not only their time, but their talents to make this a successful event," said Rebecca Meyer, owner of the Chair. "Whether you have a loved one that has gone through cancer or you have battled cancer yourself, we wanted to let our new community and customers know that we want to do everything possible to prevent this terrible disease by helping raising awareness of Oral, Head and Neck Cancer."



The Chair also had several barbers from Master's Barber Styling College located in Mt. Juliet to help with the demand of customers wanting free haircuts with donations. "The more clients we can give haircuts, the more money we can raise," Meyer explained. Jonathan Joyce, a Spring Hill resident drove almost an hour to support the cause. "I have a dear friend that lost his father to neck cancer and wanted to show my support to my friend and thought this was a great event to do so," said Joyce.

The event itself was a huge success raising funds in memory of Ronald E. Shorter, the father of Meyer's friend who lost his battle with cancer in 2007. "There are a lot of campaigns that deal with both breast and prostate cancer, but SPOHNC deals with various disease sites of oral,

head and neck cancer. It isn't well known, and I wanted to help change that," said Meyer. "We are hoping to build from this successful event and are already planning for next year's fundraiser."

For more information about the Chair and next year's event, you can visit them at www.facebook.com/thechairbna or online at www.thechairbna.com

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Head and Neck Cancer News

Treatment Advances Lead to More Individualized Care for Elderly Patients With Head and Neck Cancer

JULY 15, 2016 - As less toxic radiation and targeted and immunotherapies continue to advance into the realm of head and neck cancer, older patients can now receive more individualized treatment plans.

“One can speculate that we can push the boundaries of treatment,” argued Sandro V. Porceddu, in his presentation during an education session at the 2016 ASCO Annual Meeting focused on challenging cases in the management of head and neck cancer (HNC).

Porceddu, who directs the radiation oncology research program at Princess Alexandra Hospital in Australia, said that making appropriate treatment decisions for elderly patients means going beyond statistical models of life expectancy and factoring into the calculation the patient’s comorbidities, functional status, social support and treatment preferences.

Validated prognostic tools to assess comorbidities are easy to use and accessible, he noted, and include the Adult Comorbidity Evaluation 27 (ACE-27), the Cumulative Illness Rating Scale (CIRS), eprognosis.org and the one he prefers, the Charlson Comorbidity Index (CCI).

He stressed that a patient’s functional status should be assessed independent of comorbidity: “These are two separate issues,” and functional status should involve not only patient/caregiver report of ability to perform activities of daily living (ADL), but also clinician-administered performance measures, such as assessing the patient’s gait speed with a tool like the Timed Up and Go (TUG) which he uses in his own practice. And, finally, he added, “We know that social support is a significant predictor of morbidity in older patients.”

Definitions of the elderly differ, but the National Institute of Aging of the NIH has settled on the “young” old (65-74 years), “older” old (75-85 years), and “oldest” old (greater than 85 years). For optimum clinical management of locally advanced squamous cell head and neck cancer (LAHNSCC), however, Porceddu said, “What we really need for planning treatment strategy are categories based on biologic age and tolerance,” which he has defined as “fit,” “intermediate,” and “frail” elderly patients.

For the fit old, clinicians can aim for standard of care, he said, and limited evidence exists in the research literature to support that choice. Elderly HNC patients are underrepresented in clinical trials, and there is currently no supportive evidence for treatment decision making for the intermediate old patient. Porceddu said these patients should be offered some compromise on standard of care. For the frail older patient, supportive care and symptom control is warranted: “The reality is, we probably don’t need any supportive evidence to make that decision for that group.”

Thus, oncology practitioners need to differentiate between patients who are simply elderly and those who are frail to customize their treatment and optimize patient outcomes. Porceddu shared with his audience one of his own cases to illustrate the point.

This 70-year-old man and former smoker presented with a painless neck lump. He had a significant past history of heavy alcohol intake and prior treatment for cirrhosis of the liver and hepatocellular carcinoma. The patient was not experiencing dysphagia, weight loss, voice change or problems with organ function. His ECOG status was 2, and his ADL function was good. Though he was not able to drive (a measure of instrumental ADL), he had a healthy and supportive partner.

Diagnostic testing revealed a stage T2N2bM0, left, 4-cm, hypopharyngeal, p16-negative, LAHNSCC, and his hepatology specialist anticipated that the patient would develop further HCC in about 18-24 months. The patient and his wife wanted to pursue curative but nonsurgical active treatment and avoid a long course of chemoradiotherapy. The patient’s two-year survival was estimated at 35 percent based on the CCI comorbidity assessment.

“We weren’t confident he could tolerate a course of radical chemoradiation (70 Gy over seven weeks plus high-dose cisplatin),” said Porceddu, “due to his comorbidities and functional status, but he was not unwell enough for simply palliative treatment. Really it came down to an adoption of treatment that was less aggressive but would provide a balance between tumor

control, toxicity, treatment compliance and preservation of quality of life.”

Porceddu and colleagues decided on a regimen involving radical concurrent chemoradiation (55 Gy in 25 fractions over five weeks) with concurrent, weekly cisplatin dosed at 40 mg/m². The patient experienced grade 2 dermatitis and grade 3 mucositis and required a nasogastric tube during the final week of treatment, however, these issues resolved. After six months of uninterrupted treatment, Porceddu reported that the patient is currently disease-free, his weight is stable, his ECOG status remains at 2, and he is able to continue ADL with help from his wife.

As the incidence of HPV-associated oropharyngeal cancers increases and overall demographic trends point to more elderly patients being diagnosed with cancer, oncologists can expect to see more older patients with LAHNSCC in the clinic. Porceddu stressed that advanced age alone should not be a contraindication to effective treatment:

“While treatment tolerance may differ compared with the young, there is a lack of high-level evidence that in the elderly, tumors respond differently, cancer-specific survival outcomes differ, and toxicity rates are worse.”

###

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CELEBRATING 25 YEARS OF SPOHNC



SPOHNC is celebrating its 25th Anniversary this year! In honor and recognition of 25 years of dedication to patients and their families who have been affected by the diagnosis and treatment of oral, head and neck cancer,

SPOHNC's Founder, and President, Survivor, Nancy Leupold, was recognized on July 18th at the 9th Annual American Head and Neck Society's International Conference on Head and Neck Cancer in Seattle, Washington. Nancy received the Presidential Citation Award, from AHNS President, Dennis H. Kraus, MD. The award is the highest honor bestowed by the Society.

Nancy has given selflessly since the end of her treatment for oral cancer, creating

Support For People with Oral and Head and Neck Cancer, and each of its programs and services. Beginning with one Chapter on Long Island, and nine people in a room sharing their cancer journey, SPOHNC has now grown to more than 130 Chapter Support groups across the United States. SPOHNC's National Survivor Volunteer Network match program, many books and print resources and monthly newsletter, "News from SPOHNC", were all created under the loving care and supervision of Nancy.

SPOHNC will be highlighting Nancy's 25 years in our upcoming October "News From SPOHNC" newsletter. Photos, thoughts from patients, survivors, caregivers and healthcare professionals, past events and highlights from her history with the organization and where she took the vision she had years ago will be included in this special feature.

If you wish to honor Nancy's dedication to SPOHNC through a gift to the organization, please visit www.spoync.org and click on the donate tab, or call us at 1-800-377-0928.

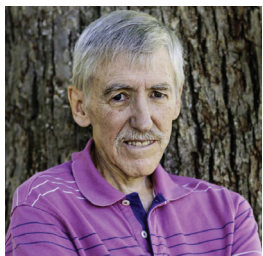


pictured l - r: Chris Leonardis, Mary Ann Caputo and Nancy Leupold

Please indicate that it is an Honorarium for Nancy. Special notes can be enclosed there as well, which will be sent along to her. Well wishes and cards can also be mailed to SPOHNC, P.O. Box 53, Locust Valley, NY 11560 Attn: Nancy Leupold.

"Congratulations and thanks for all your hard work to make SPOHNC what it is today! You are one great gal, Nancy!"
~ Betty C.

In Memoriam



SPOHNC was deeply saddened to learn of the passing of David Gould, long time Facilitator of the Durham/Chapel Hill, North Carolina SPOHNC Chapter support group. Born in Lockport, NY, a graduate of Hamilton College and American University, David taught History and Philosophy at Durham Academy for 31 years, retiring in 2012.

David's first Chapter meeting was held at Cornucopia House on Wednesday, February 18th 2009. Seven patients, survivors and caregivers attended, sharing their stories and experiences with oral, head and neck cancer.

Dave was a dedicated advocate for fellow patients and survivors, volunteering his time as Facilitator, welcoming and providing hope to each and every person who participated in the SPOHNC Chapter each month.

Mary Lawrence, President and CEO of Cornucopia House, shared these thoughts with SPOHNC recently...

"Dave was a warrior and true servant leader who uplifted and encouraged cancer patients and staff alike. His positive and gentlemanly countenance made the staff at Cornucopia want to reach higher and love harder. Every now and then, someone in our midst passes on and it gives us pause. For me, as I reflect on Dave, I think...here's a man who responded to a higher calling. He was someone who fulfilled his destiny and purpose in life and gave all of himself to the service of others."

SPOHNC knows how dedicated and committed Dave was to his group. He will be dearly missed by all who knew him, and whose hearts he touched with his kind and generous spirit. We will keep David's family in our thoughts and prayers as we remember a man who dedicated his life to helping others.

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Calling All VA Hospitals



SPOHNC is always seeking new partnerships and opportunities to share our resources. We are proud to

announce that **through the generosity of Lilly Oncology**, United States Military Medical Centers and several VA Medical Centers across the United States have received copies of *We Have Walked In Your Shoes - A Guide To Living With Oral, Head and Neck Cancer, Second Edition*, free of charge.

This highly popular resource has been helping newly diagnosed patients since the first edition was published in 2009. A welcomed guide for patients, survivors and their families, the book contains the basics about the symptoms and diagnosis of head and neck cancer, types of treatment and common side effects. It also offers a section for patients to list their healthcare team, a personal calendar and journal, diet and nutrition information, and a list of resources. It is beautifully illustrated with

impressionistic paintings of the 1800's.

If you are a healthcare professional affiliated with a VA Medical Center or Military Hospital, please contact SPOHNC at 1-800-377-0928 to provide us with your contact information, so we can share these books with you. Our active duty military personnel and military veterans are so deserving of every resource we can offer. SPOHNC is proud to support those who have selflessly served our country to protect our freedom.



Coming Up Next . . .

The October issue of "News from SPOHNC" will be chock full of exciting news and information for you, our readers.

Read about

Clinical Trials and Why They are So Important

*Nancy Leupold
A 25 Year Retrospective*

Upcoming Webinar

MOVERS AND SHAKERS

SPOHNC's Medical Advisory Board Shares Good News



SPOHNC has learned that after a national search, Allen M. Chen, MD, has been appointed the new Joe and Jean Brandmeyer Chair of the Department of Radiation Oncology at the University of Kansas School of Medicine. He

will join the faculty on October 1, 2016.

Dr. Chen has been a member of SPOHNC's Medical Advisory Board since 2014. The Medical Advisory Board is a group of highly esteemed physicians who review the feature articles for "News from SPOHNC." Dr. Chen has also authored a feature article for the newsletter in the past, entitled "Depression in Head and Neck Cancer Patients."

SPOHNC would like to wish Dr. Chen all the best in his new position at University of Kansas, and thank him for all that he has done in support of those who have been affected by the diagnosis and treatment of oral, head and neck cancer.



SPOHNC is also pleased to announce that David Schwartz, MD, FACR, has recently been named to the position of Professor & Vice-Chair of Radiation Oncology at The

University of Tennessee Health Science Center - West Cancer Center, where he will be directing a new health equity program in cancer care at the Center. Dr. Schwartz has been a longtime friend of SPOHNC, regularly attending and supporting our Long Island Chapters Taste Events each year in the past, authoring feature articles and also serving as a member of our highly respected Medical Advisory Board.

Dr. Schwartz, originally from New York, had been associated with NorthWell Health, and then held the title of Associate Professor of Radiation Oncology at UT Southwestern, in Dallas, Texas, where he

was continued his tradition of supporting oral, head and neck cancer patients, survivors and their families by actively participating in the SPOHNC Chapter there. His enthusiasm and dedication will be surely missed by the SPOHNC Chapters in the Dallas area. Perhaps a UT Health Sciences Center SPOHNC Chapter is in the future!

Autumn Wishes from SPOHNC

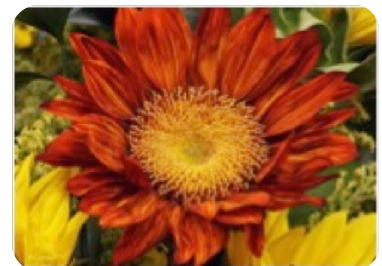


photo courtesy of PJ Jordan

Connect with SPOHNC's "group" on Facebook

Head and Neck Cancer News

Oropharyngeal cancer incidence on the rise among elderly patients

July 20, 2016 - This increasing incidence appeared driven by HPV-associated cancers, whereas the incidence of tobacco-associated oropharyngeal cancer decreased. The landscape of head and neck cancer has experienced a radical transformation in economically developed regions due to the declining use of tobacco and the increasing prevalence of HPV. However, most studies have indicated that the increasing incidence of oropharyngeal squamous cell carcinoma has occurred among middle-aged individuals.

“HPV-associated cancers in elderly patients may be more common contemporary clinical practice than suggested by early reports,” Zachary S. Zumsteg, MD, radiation oncologist at Samuel Oschin Comprehensive Cancer Center of Cedars-Sinai Medical Center, and colleagues wrote. “The elderly represent a unique subset of patients with head and neck cancer given that they do not generally benefit from intensification strategies, such as concomitant chemoradiation therapy, concomitant cetuximab-based bioradiation therapy, or altered fractionation in comparison with radiotherapy alone.”

Zumsteg and colleagues sought to evaluate trends in oropharyngeal squamous cell cancer incidence with particular focus on age-specific trends for patients aged 65 years or older. Researchers used the SEER database to identify 40,264 patients (80.3% men) — 33.1% of whom were aged 65 years or older — diagnosed with oropharyngeal squamous cell cancer between 2002 and 2012.

Researchers evaluated oropharyngeal squamous cell cancer occurring in the tonsil, base of tongue, Waldeyer ring, vallecula, soft palate, uvula, oropharyngeal wall or other oropharynx site. To account for other alcohol- and tobacco-associated cancers, the researchers analyzed changes in the incidence of other head and neck sites, such as the larynx, hypopharynx and oral cavity. They also evaluated the incidence of lung and anal cancers due to their association with tobacco and HPV.

The age-adjusted incidence of oropharyngeal cancers increased significantly between 2002 and 2012 among patients aged 45 to 64 years (annual percentage change

[APC] = 2.31; 95% CI, 1.76-2.86) and patients aged 65 years or older (APC = 2.92; 95% CI, 2.32-3.51). These increases were primarily driven by tonsil and base-of-tongue cancers in men.

Anal cancer incidence also increased among elderly individuals (APC = 4.42; 95% CI, 3.28-5.57). However, elderly patients demonstrated a decrease in tobacco-related head and neck cancers of the larynx (APC = -1.54; 95% CI, -2 to -1.08), oral cavity (APC = -1.23; 95% CI, -1.84 to -0.64) and hypopharynx (APC = -2.44; 95% CI, -3.01 to -1.86).

Three-year OS and cancer-specific survival probabilities significantly increased over the study period for patients with oropharyngeal squamous cell cancer aged younger than 45 years ($P = .03$), 45 to 64 years ($P < .001$) and 65 years or older ($P = .003$). Still, significantly fewer older patients achieved 3-year cancer-specific survival than patients aged 45 to 64 years (60.8% vs. 75.7%; $P < .001$).

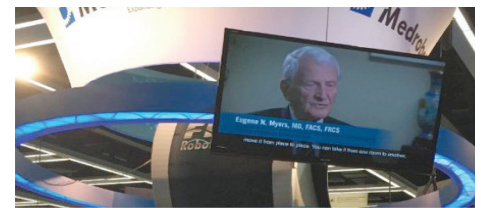
Researchers acknowledged the possibility that the survival trends observed in the study may have been influenced by treatment-related improvements in radiation therapy, systemic therapy or supportive care.

“The ramifications of these changes in the incidence of oropharyngeal squamous cell cancer among elderly patients will be amplified by concomitant changes in the demographic characteristics of the U.S. population over the next several decades,” Zumsteg and colleagues wrote. “A multiplicative effect on the absolute number of elderly patients with oropharyngeal squamous cell cancer would thus be expected to result from the combination of a growing number of elderly Americans and an increased proportion harboring oral HPV infections.”

Disclosure: Zumsteg reports advisory roles with Scripps Proton Therapy Center. Other researchers report advisory board and consultant roles with Johnson and Johnson, Merck and Vertex Pharmaceuticals.

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News From The Board Room



Eugene Myers, MD, FACS, FRCS Edin(Hon), highly respected physician and member of the Board of Directors of SPOHNC, joined nearly 2,000 head and neck cancer healthcare professionals from around the world as a virtual guest, at the recent American Head and Neck Society's 9th Annual International Conference, held in Seattle, WA in July. SPOHNC was also honored to be able to attend the Conference, sharing our information and resources with healthcare professionals from around the world, and celebrating a very special occasion.

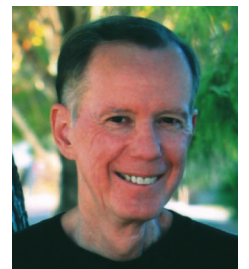
At the conference, Dr. Myers shared his expertise on the big screen, where he spoke about the benefits of robotic surgery for head and neck cancer.

In Memoriam

SPOHNC is deeply saddened to share news of the passing of Dick Snider, MD, on July 10, 2016. Dr. Snider had been the Facilitator of the Chandler, AZ SPOHNC Chapter beginning in 2009, until his retirement several years ago.

Dick had a 12 year medical practice in Maumee, Ohio before falling in love with Arizona and starting his medical practice in Ahwatukee/Phoenix in 1986. Throughout his 35 years of medical practice he was on numerous hospital committees and boards. He was dedicated to the patients in his practice as well as those he supported throughout their head and neck cancer journey. The kindness and care he showed to everyone is the legacy he leaves.

SPOHNC will keep Dr. Snider's family in our thoughts and prayers. We know he will be missed by all who knew him and loved him.



International Head and Neck Cancer News

Google DeepMind, NHS Explore Deep Learning In Head and Neck Cancer Treatment

Google DeepMind is partnering with England's National Health Service to determine whether machine learning can streamline radiotherapy planning for head and neck cancers, freeing up clinicians' time for patient care and research.

The collaboration will see the Alphabet (\$GOOG) company analyzing anonymized scans of as many as 700 former head and neck cancer patients at the University College London Hospitals NHS Foundation Trust, according to a statement. The project will evaluate the potential for machine learning in making radiotherapy planning more efficient.

Prior to giving radiotherapy, doctors must create a map of the parts of the body to be treated and parts to be avoided in a process called segmentation. A radiotherapy machine uses this information to direct treatment at tumors while leaving healthy tissue unharmed. Because there are so many vital structures so close to each other, segmentation for head and neck

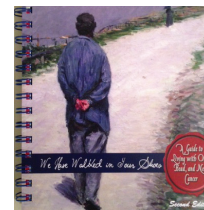
cancers must be "painstakingly detailed" and can take about four hours, according to the statement.

The hope is that machine learning could decrease segmentation time from 4 hours to just 1, Google DeepMind said. In addition to saving clinician hours, the project could also lead to the development of a radiotherapy segmentation algorithm with potential applications beyond head and neck cancers.

In July, DeepMind partnered with another NHS Hospital, Moorfields Eye Hospital, to use artificial intelligence to help in the early detection and treatment of preventable eye diseases. Meanwhile, a number of other players are applying artificial intelligence to a variety of situations. MedyMatch and Capital Health are collaborating on AI for the emergency room, while a Houston Methodist Hospital team is using AI to quickly and accurately analyze patient charts to predict breast cancer risk.

SUPPORTING OUR SPOHNC CHAPTERS

*Through the support
of Lilly Oncology,
each and every SPOHNC Chapter
has received copies of our
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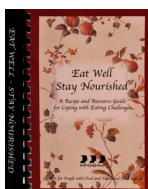
*We Have Walked
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A Guide To Living
With Oral, Head and Neck
Cancer - Second Edition*

*To be shared with newly
diagnosed patients*

Eat Well Stay Nourished A Recipe and Resource Guide for Coping With Eating Challenges

\$20.00 includes shipping and handling.

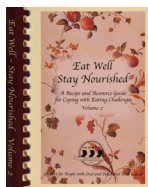
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Eat Well Stay Nourished A Recipe and Resource Guide for Coping With Eating Challenges Volume 2

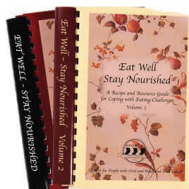
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Bursting Blueberry Smoothie

*from Eat Well Stay Nourished A Recipe
and Resource Guide for Coping With
Eating Challenges Volume Two*

4 oz. soft or silken
tofu

1 banana (use a
frozen one if thicker
smoothie is desired)
½ c. fresh or frozen
blueberries

1 Tbsp. canola,
almond or olive oil

1 c. any liquid (milk, soy milk, rice milk, Boost, Ensure,
Boost Plus or Ensure Plus)



Try a brand of tofu that doesn't have to be refrigerated until opened. Refrigerate any leftover portion of tofu after you open it at home. Calories and protein will be somewhat lower if made with milk, soy milk, rice milk or another liquid. This recipe is high in fat but contains healthy fat from the canola, almond or olive oil.

~ Natalie MacTavish, TX

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*"Thank you
for your newsletter and for all
the good work you do
on behalf of everyone
with head and neck cancer"*

~ Linda R.



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