Invasive surgery can be performed using a type of telescope for parathyroid surgery. In addition to robotic surgery, minimally invasive surgery, including the use of a surgical robot, has also been used during this type of surgery. This approach even going through the armpit or the nipple. Nerve monitoring is now employed to reduce both temporary and permanent injury to the facial nerve. Moreover, there has been a trend to preserve the uninvolved gland to reduce the contour deformity associated with removal of the entire gland. Surgeons have increasingly used tissue fillers and local flaps to reduce the cosmetic deformity associated with the surgery.

Similar innovations have occurred for parotid tumor surgery in which the design of the incision continues to evolve where facelift type incisions are now used. Nerve monitoring has been used to reduce both temporary and permanent injury to the facial nerve. Moreover, there has been a trend to preserve the uninvolved gland to reduce the contour deformity associated with removal of the entire gland. Surgeons have increasingly used tissue fillers and local flaps to reduce the cosmetic deformity associated with the surgery.

There have been a number of innovations in the management of skin cancer. Surgical trends point to reduced surgical margins for cancer of the face and neck, compared to the trunk and extremity. In some instances, reconstruction is postponed to allow for time to analyze the final pathology report to ensure that the entire cancer has been removed. Lymphoscintigraphy with sentinel node biopsy has been applied to assess high risk skin cancers including melanoma, eccrine, and Merkel cell carcinoma, in the clinically negative neck. This has obviated the need for formal neck node dissection, reducing the morbidity of the treatment. Sentinel node biopsy has been the greatest predictor of outcome in the management of malignant melanoma. This has allowed us to determine the greatest at risk patients and include additional treatment to prevent recurrence.

During the past two decades, we have seen the emergence of HPV (Human Papilloma Virus which is the cause of cancer of the cervix in women) as a significant risk factor in the development of cancer of the tonsil and the base of the tongue. Patients with HPV associated malignancy have an improved outcome when compared with similar patients who are HPV negative. In the past, debilitating external surgery which required splitting the lip and jaw was performed. This led instead to the adoption of chemoradiation using an organ preservation approach. In some patients, difficulty swallowing due to narrowing of the throat and airway requiring tracheostomy were evident. Recently, we have seen the emergence of a transoral robotic approach to remove these tumors. At this time, it is unclear whether robotic surgery provides similar or improved outcome and reduces morbidity. A current national trial is under design through the National Cancer Institute and the National Institute of Health. In patients undergoing organ preservation, PET scan may be used to determine whether neck dissection is indicated after completion of chemoradiation. In a majority of patients, neck dissection may be avoided.
INNOVATIONS continued from page 1

Another innovation is the use of microvascular free tissue transfer. Moving the patient’s own tissue from one part of the body and connecting it to the artery and vein in another part of the body provides living, healthy tissue for reconstruction of operative defects. A multitude of options exist when this type of surgery is performed. This includes reconstruction of the jaw, soft tissue reconstruction of the tongue, and palate. It is also employed for patients undergoing removal of the voice box and throat to reestablish the swallowing passage. In some instances, this may effectively increase the extent of surgical respectability, taking patients in whom it was felt that the cancer could not be removed and putting them in the resectable category. Microvascular reconstruction is often associated with improved function and appearance.

Patients with cancer of the voice box have many treatment options. Patients with early glottic cancer can be treated with laser or microdissection. They may also be candidates for radiation therapy. Patients who have recurrent cancer may still be treated with laser and open partial laryngectomy. In patients with advanced cancer, chemoradiation has been used with a significant impact. In a trial done by The Veterans Association Hospitals, preservation of the voice box was proven feasible in nearly two thirds of a selected group of patients. In patients in whom total laryngectomy is necessary, a tracheoesophageal puncture helps to restore the voice.

A number of innovations have occurred in skull base surgery. Endoscopic surgery, done through the nose, allowed for incisionless surgery in selected patients. We also used image guidance in which a device similar to a navigation device in an airplane allows for guidance of the instruments during the surgery. In some patients who previously required craniofacial resection, opening the skull is no longer needed. A major challenge is the leakage of cerebrospinal fluid, but this has increasingly been avoided through the use of a nasoseptal flap reconstruction.

The last issue is the surveillance of patients with head and neck cancer. Although the group described in this report represents a multitude of diseases, the PET scan has increasingly been employed. This is largely symptom based and is often ordered based on a change in physical examination of the patient. Imaging may vary by disease. One must balance the cost with the impact of treating recurrent cancer.

In summary, in the last two decades, we have seen a significant reduction in the magnitude of surgical resection, and improved functional outcomes. This has resulted in reduced surgical morbidity and improved functional outcomes. We have increasingly reduced the time of hospital stay and hope that we have enhanced the quality of life of this challenging patient population.

Editors Note: Dr. Kraus is the Director of the Center for Head and Neck Oncology for The New York Head and Neck Institute and New York – LIJ Cancer Institute. Dr. Kraus is one of the leading head and neck oncologic surgeons within the United States. Within the American College of Surgeons, the American Head and Neck Society and the American Academy of Otolaryngology, he serves in a number of leadership positions as it relates to Head and Neck Oncology. Dr. Kraus oversees comprehensive multi-modality cancer care of the head and neck throughout the North Shore-LIJ Health System.
SURVIVOR NEWS

You may remember the 2-part Sharing Story of Daniel & Maggie, which we published in the February and March 2012 issues of News from SPOHNC. We are very happy to share some exciting news with our readers - Daniel and Maggie tied the knot on Sunday, July 22nd in Weston, Wisconsin, at the Highland Community Church! Here's a wedding photo that the happy couple recently shared with SPOHNC. Congratulations to Mr. and Mrs. Milkovich as they begin their life together!

MESSAGE FROM THE FOUNDER

Dear Friends,

It is my pleasure to wish you all a very Happy and Healthy 2013. The past year was an exciting year for SPOHNC, as 2012 brought us to celebrating our 20th Anniversary with a Conference & Celebration of Life in August; launching a new edition of our Meeting The Challenges book; increasing our chapters to include 120 throughout the U.S.; adding new members to our National Survivor Volunteer Network and becoming visible on Facebook. Now as we begin the New Year, we have decided to put together a new volume of our very successful Eat Well, Stay Nourished, A Recipe and Resource Guide for Coping with Eating Challenges. The first volume has proven helpful to so many patient callers over the years and we look forward with enthusiasm to creating a new volume to be enjoyed.

We are very fortunate to have Dr. Jan Lewin, PhD, a Professor in the Department of Head and Neck Surgery and Section Chief of Speech Pathology and Audiology at The University of Texas MD Anderson Cancer Center, author a special section in this new book. She is a national and international authority on the restoration of speech and swallowing function in patients with head and neck cancer and was one of our most popular speakers at SPOHNC’s 20th Anniversary Conference held this past August.

Just as with our match program and Chapter Support groups, learning from “someone who has been there” gives us encouragement to fight our cancers and become experts about our cancers in many respects. You helped us with our initial cookbook, and can now help us to develop this new book.

Did you, or do you still experience eating and swallowing challenges due to treatment for oral, head and neck cancer? What kinds of food did you most enjoy? Did someone make a favorite dish – a “go to” recipe? This is an area that we need to share with others and so I am asking you to look back on your cancer journeys and send us some hints about “learning to eat again” and some recipes that you or your spouse or caregiver have prepared that help make food more palatable and easier to swallow. We need your “eating” hints, as well. Contributing recipes and eating hints is a big way of helping others who are early on in their journeys.

Please share your recipes and hints with us, so that we can share them with others. Through this type of sharing we can help those who need to maintain their weight and build up their strength following treatment. If everyone shared just one recipe, we would be well on our way to a very successful Volume Two!

You can print out a copy of the recipe form from our web site at www.spohnc.org and mail the recipes to SPOHNC at P.O. Box 53, Locust Valley, NY 11560, or you can send your recipes and hints in an email to nleupold@spohnc.org.

I look forward to hearing from you as you help to make 2013 another helpful and caring year for SPOHNC.

With kindest regards,

Nancy E. Leupold, Survivor Founder and President of SPOHNC
Email: nleupold@spohnc.org

What comes from the heart, goes to the heart
~ Samuel Taylor Coleridge

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A TIME FOR SHARING...Marathon Man

Early in the morning of November 6, 2011, my wife, my daughter, and I hopped a subway from our home in the Tribeca neighborhood of Lower Manhattan. We exited the subway a couple of stops later at the Staten Island Ferry. At the ferry were hundreds, if not thousands, of runners heading to the start of the New York City Marathon. There was excitement in the air.

Amidst the hubbub of jittery runners in spandex and Tiger Balm, I contemplated that I was near the end of my journey. Two and a half years earlier, I had been diagnosed with tonsil cancer. I couldn’t imagine that my body had betrayed me so. I was nearly 60 years old, had never smoked, hadn’t drank since college, and had run a marathon every year for roughly 30 years. Sickness was what happened to other people. I felt victimized.

Preparing for a marathon in December 2008, I had become aware of a lump under my jaw, below my left ear. The race would occur the following February. I decided to delay seeing a doctor until after the race. As strange as it may sound, I was afraid that the doctor would tell me not to run. When I did finally go, the doctors poked, prodded, tested, and biopsied. I was given my diagnosis and had to accept it. I felt as if I had fallen into the maw of the medical industry, which now shared ownership of me.

I am blessed with a caring and strong wife. I also had fabulous doctors and nurses. They explained that I likely had a cancer of viral origin. The good news was that my cancer was very treatable. The bad news, as readers of this newsletter probably know, is the potential for collateral damage from radiation treatments to important organs nearby.

My radiation treatment occurred in July and August, 2009. Early in that period, I began to eat via an eating tube connected directly to my stomach. Also in July and August were three sessions of chemotherapy. Then the therapy was suspended for a month. In October, a dissection for the removal of lymph nodes was done on the left side of my neck, and irradiated wires were inserted in my jaw for a day. In case my throat seized on account of the irradiated wires, a breathing tube had been inserted in my throat.

By the end of therapy, I felt wasted, fouled, and unclean. I had withered by 25 pounds. My throat hurt. I had choking amounts of flem. The chemo had made my brain foggy. I looked ashen and emaciated. Most troubling for me, I appeared pitiable.

Yet I felt fortunate and grateful. I had learned to appreciate the depth of my wife’s love and support. I realized that my cancer was more treatable than many other cancers. I still had an instinctive affinity for trying to keep myself reasonably fit. In fact, strange as it may sound, I felt energized by the challenge. Over the course of treatment, my whole body ached and I had nausea. I would lay with my eyes closed and dream about some day being free to run and re-assume command of myself.

After therapy ended, my wife had an exercise coach come to our apartment for two sessions to give me some new weight-lifting routines. That helped, but it was my running that allowed me re-connect to and re-inhabit myself. I hadn’t run for almost five months. Still, I felt at home on old running routes. Of course, my running returned slowly and unevenly. Just being diagnosed with cancer seemed to have been a sign that my self-control had somehow failed. Running now with unresponsive, listless muscles had me sometimes despair of ever again working my will over my body and, by extension, my whole life.

Almost a year after therapy ended, in summer 2010, I tried training for another marathon. As I began increasing my distances, I had to acknowledge that I didn’t have sufficient stamina. I felt betrayed and defeated. Preparing for a marathon can be tricky in that way. A person can walk or jog and feel fit and robust. It’s only after trying to reach 15 or 20 miles at a good pace that a person knows he has the capability to go the 26.2-mile distance of a marathon.

 Naturally, I thought I had become too old and lost too much muscle mass. Perhaps if I had been younger, I could have recovered. Still, I enjoyed running. It made me feel comfortable in my skin, and in balance. It is who I am, and it’s one of the ways in which I express myself. It cleanses me. I continued to push myself. I ran often in the deep forests of the Berkshire hills in western Massachusetts, near our vacation house. By the beginning of this past summer, I had the sense that I had finally strengthened. In late August, 2011, I started some 20-plus-mile weekend training runs.

Running in Manhattan takes some adjustments and commitment. For instance, traffic is a factor. My long runs begin from our apartment in Lower Manhattan. I run through midtown and reach my mid-point in far northern Manhattan. Then I retrace my path. To avoid the heaviest traffic on the return, I try to be on the road by 5:30am, or earlier. It’s an eerie time of day, but invigorating. Though I run alone, I still have the sense of joining a brotherhood of runners. It’s both a lifestyle and a sport.

As the weeks passed, I was still waiting to find my fatigue rising. The more successful weekends I had, the more I feared feeling crushed in the event of my having to surrender my dream. Fortunately, it never happened. You have heard the saying that God protects drunks and babies. I began to believe that this fortunate group includes recovering cancer patients.

Back to the Staten Island Ferry. I’d had so much trepidation about being able to compete that I had never bothered to officially register for the race. Years ago, I had been able to run the New York Marathon unofficially. I figured it wouldn’t be a problem this time. The night before this year’s race, however, the Wall Street Journal ran a story stating that race officials were increasing their vigilance for unofficial runners. Upon arrival at the runners’ collection site, I began to see plenty of race officials checking runners for their official numbers. Somehow I avoided them.

Clearing the last checkpoint and arriving at the starting line with thousands of other hyper-excited runners behind me confirmed my feeling that this was my
lucky day. The cannon sounded, the crowd roared, and we charged across the Verrazano Narrows Bridge.

The race unfolded for me as I had hoped. At the start, I flew across the bridge with what sounded like the hoards of Genghis Kahn roaring behind me. I felt energy pulsating within me from head to toe. My body was reflexively gauging the pace I could demand of myself for the first twenty miles and still have sufficient energy to claw my way through the final six miles. Once those internal calculations were done, I steadily unspooled my effort and enjoyed the ride. The weather, after all, was resplendent. The crowds were intoxicating. (Lots of spectators bring signs, and one of my favorites was a sign that said, “Toenails are for Sissies” – since so many long-distance runners lose theirs.) The city was a quilt of lively neighborhoods. I could see the relentless and undulating river of runners ahead of me, banking and flowing. At each mile marker, I’d crunch the overall time to tabulate my pace and with that, project my finishing time.

At mile 20, the runner in me passed the baton to the survivor part of me. Just take me home, I told myself. My legs became a little rubbery. Still, the shrinking distance to the finish and the support from the crowds enticed me. Nothing would stop me now. Soon, I could start imagining me soaking in a hot tub and regaling my wife with my war stories of the day. Roughly 200 yards from the official finish line, a kindly race official gently asked me to leave the route. I had finished in 4 hours and 15 minutes. I hobbled, teeth chattering in the afternoon breeze, to the subway for a ride home.

I had previously run a marathon each year for about 30 years. I was never very fast. I was drawn to the exercise and the spectacle. The 2011 New York City Marathon will remain in my memory for those reasons, and obviously, for other factors. I humbly suggest that every cancer survivor owes it to him/herself to look deeply within for what can be reclaimed from the wreckage left by this disease. Further, the gratefulness and satisfaction to be had from such a salvage effort is boundless and is, in a sense, a reflection of the pleasure of life itself.

Michael Skrak
mikeskrak@yahoo.com

Editors Note: In May, Mike retired from the City of New York and got a volunteer job with JRS, the Jesuit Refugee Service, in Amman, Jordan. He has been working in several of their programs there - one of them is an experimental online college course for refugees. In his first group of 17 students who were taking a refresher course before the credit courses start, he was working with an Iraqi woman on an autobiographical essay, which was supposed to highlight a turning point in her life. She had written something about being sick, so he urged her to be a little more descriptive and specific. (Arabic speakers tend to speak more in generalities.) Finally, she said that she had and was still being treated for thyroid cancer. Mike said to her, “You won’t believe this, but I had throat cancer a couple of years ago too.” She had not shared her personal story, and certainly not in English, in which she wanted to become proficient.

Did You Know?
SPOHNC now has
120 Chapter Support Groups across the U.S.

Hold a hand that needs you and discover abundant joy
~Flavia Weedn

Happy Valentines Day from SPOHNC!

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NEW YORK-MIDDLETOWN
Orange Regional Medical Center
Community Health Education Center
1st Wednesday: 6:00-7:30 pm
Jayne O’Malley, RN/OCN 845-695-5891
jomalley@orhc.org

NEW YORK-NEW HYDE PARK
NORTH SHORE-LIJ Health System
Hearing and Speech Conf Rm, LL
3rd Thursday: 6:30 PM - 8:00 PM
Sharon Lerman, LCSW 718-470-8964
Lynd Gormley 516-628-1219 /516-314-8897
lgormley1@optonline.net

NEW YORK-ROCHESTER
Strong Memorial Hospital
1st Thursday: 4:30-6:00 PM
Sandra E. Sabatka, LMSW 585-275-6426
Sandra_Sabatka@URMC.Rochester.edu

NEW YORK-STONY BROOK
Ambulatory Care Pavilion
1st Wednesday: 6:45-8:15 PM
Dennis Stumpo 631-682-7103/den.stumpo@hotmail.com

NEW YORK-SYOSSET
NORTH SHORE-LIJ Hospital
2nd Thursday: 7:30-9:00 PM
Alice Steiner 516-764-1571
alicesteiner28@gmail.com

NORTH CAROLINA-ASHVILLE
Call for additional information
Kathleen Godwin 828-692-6174/kateyev92@aol.com

NORTH CAROLINA-DURHAM/CHAPEL HILL
Cornucopia House
2nd Wednesday: 6:00 PM
Dave Gould 919-943-8168
djrompton44@gmail.com

NORTH CAROLINA-CHARLOTTE
Angier Blumencloth Cancer Center
2nd & 4th Thursday: 1:30-3:00 PM
Meg Turner 704-355-7283
meg.Turner@carolinashealthcare.org

OHIO-CINCINNATI
Call for date and location
Deborah Heim, MSN, ANPC, AOCNP
513-584-4794/deborah.heim@uchealth.com
AngieKeith 513-475-7366/Angie.Keith@ucphysicians.com

OHIO-CLEVELAND
Cleveland Clinic at Fairview Hospital
2nd Thursday: 4:00 PM
Gwen Paul, LISW 216-476-7241/gwpaul@ccf.org

OHIO-DAYTON
The Medical Center at Elizabeth Place
One Elizabeth Pl. - West Lobby - The Chapel Room
Monday: 6:00-8:00 PM
Hank Deneski 937-832-2677/wohnch@earthlink.net

OHIO-LIMA
St. Rita’s Regional Cancer Ctr.
Allison Rad/Onc. Ctr. Garden Conf Rm
3rd Tuesday of even month: 5:00 PM
Holly Metzger, LMSW 419-996-5666/
infectonespartners.org
Linda Glorioso 419-996-5616
dlglorioso@health-partners.org

OKLAHOMA-TULSA
Hardesty Public Library
1st Tuesday: 6:30 PM
Christine B. Griffin, RN 918-261-8858/hering_griffin@att.net

OREGON-MEDFORD
Providence Medical Center
2nd Friday: 12:00-1:30 PM
Richard Boucher 560-269-8323
richard.boucher@hp.com

PENNSYLVANIA-DUNMORE
Northeast Radiation Oncology Center
Last Thursday of month: 5:30-7:00 PM
Kathryn Cramer LMSW, CCHT
570-881-6247 sscoowork@hotmail.com

PENNSYLVANIA-HARRISBURG
PinnacleHealth Fox Chase Regional Cancer Center
2nd Wednesday: 6:00 PM
Debra Witwer, Nurse Navigator 717-724-6772
dwritwer@pinnaclehealth.org

PENNSYLVANIA-MONROEVILLE
Inter Community Cancer Center
Last Friday of month: 3:00 - 4:00 PM
Beth Madrison 412-856-7740/bmadrison@wpah.org

PENNSYLVANIA-NEW CASTLE
UPMC Jameson Cancer Center
Medical Arts Bldg Suite 104
3rd Thursday: 6:00-7:00 PM
Jeannie Williams, Patient Navigator
Becky Rainville, RN 724-656-5870

PENNSYLVANIA-PHILADELPHIA
Penn Med Perlman Ctr Advanced Med
1 W. Pavilion Pl. Fam Conf Rm
1st Wednesday: 9:30-11:00 AM
Micki Naimoli, 856-722-5574
Tracy Lautenbach MSW, LMSW, OSW-C
215-662-6193/lautenbach@uphs.upenn.edu

PENNSYLVANIA-PHILADELPHIA
Hahnemann Univ. Hosp. Feinstein Build, 1st Fl.
1st Thursday: 11:00-1:30 AM
Donatella Richard, MSW LSW 215-762-8436 donatella.richard@direxmed.edu
Bridgeon Fonash, RN, BSN, OCN
bridgeon.fonash@direxmed.edu

PENNSYLVANIA-YORK
Apple Hill Medical Center
2nd Wednesday: 5:30-7:00 PM
Dianne S. Hollinger, MA, CCC-SLP /SAL1275@aol.com

SOUTH CAROLINA - OF THE UPTOWN
44 W. Avondale Dr.
1st Sunday: 2:00pm-3:30pm
Martha Miller 864-232-6334/marthaamiller@hotmail.com
Mindy Hurley 864-837-8797
melmillerhurley123@yahoo.com

SOUTH DAKOTA-RAPID CITY
Rapid City Regional Hospital, Rushmore Room
5th Monday: 6:30 - 7:30 PM
Angie Langstaff 605-719-2300
angela.langstaff@rationalhealth.com

TEXAS-DALLAS
Baylor Irving-Coppell Medical Center
2nd Saturday: 10:00 AM
Dan Stack 972-373-9590/danstack@aol.com

TEXAS-DALLAS
Baylor Simmons Cancer Ctr.
Cvetko Patient & Education Ctr
2nd Tuesday: 11:00 AM-1:00 PM
Jack Mitchell 972-849-2203/jackmitchell5225@aol.com

TEXAS-FORT WORTH
Moncrief Cancer Institute
2nd Wednesday: 3:30-5:00 PM
Marla Hathcock, LMSW 817-288-9820
marla.hathcock@moncrief.com

TEXAS-HOUSTON/TOMBALL
Tomb Regional Hospital
TBA

TEXAS-McALLEN
Rio Grande Regional Hospital
3rd Tuesday: 6:00 PM
Stephanie Leal, MA,CCCS,SLP/SAL1275@aol.com

TEXAS-PLANO
Regional Medical Center at Plano
4th Tuesday: 6:00-8:00 PM
Polly Candela, RN, MSN, RN 214-820-3595
Polly.Candela@baylorhealth.edu
Emily J. Gentry, RN 214-820-2608

VIRGINIA-CHARLOTTESVILLE
Dept. of Forestry Building, Suite 800
Last Thursday of month: 11:30-1:00 PM
Vikki Bravo 434-982-4091, vsb4n@virginia.edu

VIRGINIA-DELTA
Cancer Center for Western VA
2nd Friday: 6:00-8:00 PM
Linda Glorioso 419-996-5616/felice@gildasclubnashville.org

VIRGINIA-FAIRFAX
Inova Fairfax Hospital Radiation/Oncology
2nd Wednesday: 6:00-7:00 PM
Corinne Cook, LCSW 703-776-2813
Corinne.cook@inova.com

VIRGINIA-NORFOLK
Sentara Norfolk General Hospital
3rd Monday: 7:00 PM
Cynthia Gilliam/757-770-4190/beachdolphin@aol.com

VIRGINIA-RICHMOND
Massey Cancer Ctr. Thalheimer Room
1st & 4th Wednesday 2:00-3:00 PM
Karen Mullin, MSW 804-826-1066
kmullin@mcmv-vcu.edu

WASHINGTON-SEATTLE
Evergreen Hospital Medical Center
Rad/Onc Conf Rm Green 1-245
2nd Wednesday: 6:30-8:00 PM
Kile Jackson 425-798-6552/kile.jackson@hotmail.com

WASHINGTON-SEATTLE
Swedish Med Ctr. 1 E, Conf Rm
3rd Tuesday: 6:30-7:30 PM
Susan (Sam) Vetto, BSN, RN, BC
206-341-1720 susan.vetto@vmmc.org

WASHINGTON-SEATTLE
Swedish Med Ctr. 1 E, Conf Rm
2nd Saturday: 6:00-7:30 PM
Joanne Fern, MS, CCC-SLP 206-215-1770
Joanne.fern@swedish.org

WISCONSIN-MADISON
Univ. of Wisconsin Hosp. - ENT Clinic Rm, G3/206
1st Wednesday: 11:30-1:00 PM
Rachael Kammer, MS, CCC, SLP 608-263-4896
Kammer@surgery.wisc.edu
Peggy Wiederholt, RN 608-265-3044
wiederholt@himmonec.org

WISCONSIN-MILWAUKEE
Medical College of Wisconsin
7333 W. Wisconsin Ave., Conf Rm N
2nd Tuesday: 12:00 - 1:00PM
Mary Brawley, MACC-SLP 414-805-5635
mary.brawley@freedlether.org

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SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER

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

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