Cancer of the head and neck is a difficult disease to diagnose and to treat. While foremost amongst the goals of both the physician and the patient is curing the cancer, we also place a high value on the cosmetic and functional impact that surgical management of these cancers may inflict. The most common cancer is squamous cell: a surface lesion. However, many of these cancers invade deeply and spread to the lymph nodes in the neck. Management of the neck plays a vital role in the management of this disease. The lymphatic system in the body carries away impurities such as viruses and cancer cells as well as metabolic waste products from cell metabolism. Within this system, there are a series of lymph nodes in every region of the body which is very well documented and predictable.

The cells from the primary cancer find their way into the multilevel network of lymphatic structures which drain through a series of lymph nodes. Cancer cells found in the lymphatic fluid are trapped by the lymph nodes where they often evade the individual’s immune defenses and grow independently. Squamous cell cancer which arises from the lining of the inside of the mouth, throat, sinuses, and voice box all have lymphatic drainage, and the cancer itself, in a high percentage of our patients, tends to spread (metastasize) to these lymph nodes.

The likelihood of regional lymph node metastasis, and the distribution of the lymph nodes in the neck, can usually be predicted based on the site and the stage of the primary cancer. Several decades ago, Dr. Jatin Shah of Memorial Sloan-Kettering Hospital analyzed specimens taken at the time of surgery from more than a thousand patients and was able to correlate the level of involvement of the lymph nodes with the site of the primary cancer. Dr. Shah’s work indicated that, for instance, cancer in the mouth tends to spread into lymph nodes in the upper levels of the neck; whereas cancers arising in the voice box may spread to the mid and lower levels. This provides a very important road map for surgeons when surgery in the neck is indicated.

Many patients, especially in more advanced stages of this disease, will have a mass (lump) in the neck which is usually the first sign of the cancer growing in the lymph nodes. Other patients in the earlier stages of the disease will not have any lymph nodes that can be seen or felt or detected by imaging studies such as CT or MR scanning. A staging system was devised many years ago which is in use at this time and which describes four stages of lymph node metastases to the neck ranging from N0, which is no clinical evidence of metastasis to the neck, to N3 which is a large mass or multiple masses in the neck and grades in between. Also there are levels in the neck which have been described including Levels I (upper part of the neck) through VI (lower part of the neck) which also help in the treatment planning.

Management of the neck remains the keystone of management of cancer of the head and neck. The lymph nodes are important since the finding of cancer within the lymph nodes in the neck downgrades the patient’s curability by at least 50%. Leaving cancer in the lymph nodes puts the patient on a death trajectory.

Certainly, the indications for removal of the lymph nodes in the neck, which is referred to as a Neck Dissection, are very clear for patients whose lymph nodes can be seen, felt, imaged, and biopsied. Less clear are the indications for those patients in whom no lymph nodes can be seen or felt or imaged; however, we know from experience that the neck left untreated in situations where no cancer is found in the lymph nodes, has approximately 30 to 40% chance of having cancer in the lymph nodes which will become clinically apparent, usually, within one year following the removal of the primary cancer.

The so-called radical neck dissection (RNC), which was first described in the middle of the 19th Century, is still used today to treat cancer in the neck. The radical neck dissection removes not only the lymph nodes, but also all of the structures in the neck with the exception of the carotid artery. This type of radical procedure conforms to the so-called concept of the enbloc resection. This is very similar to the concept of treating...
NECK DISSECTION continued from page 1

cancer of the breast where a radical mastectomy is carried out removing the entire breast. Surgeons in the early part of the 20th Century felt that unless this was carried out, the cancer would recur and the patient would die. Unfortunately, the radical neck dissection, while a very effective means of treating more advanced forms of cancer, also inflicts a heavy burden on the patient in terms of downgrading the cosmetic appearance and resulting in difficulty with using the arm on the operated side as well as pain in the shoulder.

In an effort to move away from these problems in the 1980s, the modified radical neck dissection (MRND) became popular. This operation spared some of the nonlymphatic structures, particularly the nerve to the shoulder, which eliminated a great deal of the functional defect as well as the pain associated with it. However, most of the structures in the neck are also removed in this operation, which produces the same cosmetic deformity.

In the latter part of the 20th Century, the concept of the selective neck dissection (SND), or what in Europe is called the functional neck dissection, was described. In the selective neck dissection, only the lymph nodes are removed. We know which lymph nodes should be removed and at what levels, based upon the description mentioned earlier due to drainage of cancer cells from certain sites into a predictable network of lymph nodes. The SND almost completely eliminates both the cosmetic and the functional problems. It also leads to an improvement in disease-free survival over those patients on whom we did not operate during the era of the RND, but in whom we adopted a watch and wait attitude. Lymph nodes invaded with metastatic cancer in the microscopic stage were removed and, if necessary, treatment such as radiation and chemotherapy could be applied.

The selective neck dissection is appropriately named since we now to what level in the neck the cancer spreads, so that we select certain lymph nodes at these levels and remove the lymph nodes knowing that these are correlated with the site of the primary cancer. The preservation of the nerves and muscles of the neck also preserve the patient’s appearance and function. In addition, it gives us better control of the neck since we remove the affected lymph nodes before such a time as they become apparent and therefore more advanced.

The super selective neck dissection has been introduced more recently by Dr. K. Thomas Robbons to describe the removal of only one or two levels of lymph nodes in patients who have had extensive chemoradiation for advanced cancer of the neck in which the lymph nodes are not entirely cured. Dr. Robbons has found that simply removing the lymph nodes that remain, without removing all the lymph nodes, provides a safe and effective way of controlling the residual cancer, while also preserving the patient’s appearance and functionality.

Over the last several decades, the treatment program has been modified so that instead of primary surgery, many patients receive radiation and chemotherapy for a cure. In these cases, a large number of patients in whom the cancer is not too extensive can be cured. Those with recurrent cancer can be treated with a neck dissection tailored to the patient’s needs depending upon the stage of the disease.

The status of the neck and whether there is metastasis

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or not continues to be a very important determinant in the overall management program and curability. Since each operation carries its own risks and benefits, these should be carefully discussed with the patient prior to embarking on a program to control cancer in the neck.

Editors Note: Eugene N. Myers, MD, FACS, FRCS, (Hon) Edin. is Distinguished Professor and Emeritus Chair of the Department of Otolaryngology of the University of Pittsburgh School of Medicine. He is a graduate of the University of Pennsylvania and the Temple University School of Medicine. He did his Residency at Massachusetts Eye and Ear Infirmary - Harvard Medical School. Dr. Myers is also a highly respected member of the SPOHNC Medical Advisory Board.

IMPORTANT NEWS FOR SUMMER TRAVELERS

For those of you who enjoy summer travel, this may help to make your trip (and the stress that can sometimes go along with travelling) a little easier...

TSA encourages travelers with disabilities and medical conditions to opt in to TSA Pre™ (PreCheck) if invited by an airline or to join Global Entry as a way to participate in TSA Pre™ (PreCheck). (Individuals will have to pay a $100 fee, which is good for five years, if they join Global Entry. TSA Pre™ (PreCheck) is free for passengers, but, again, an airline must invite an individual to join.)

TSA Pre™ (PreCheck) is part of the TSA's larger effort to implement risk-based security processes that enhance security by focusing efforts on travelers considered higher risk and about whom the agency knows less. Passengers with disabilities and medical conditions may be eligible for expedited screening through TSA Pre™ (PreCheck) just like all other passengers.

If TSA determines a passenger with a disability or medical condition is eligible for expedited screening through TSA Pre™ (PreCheck), the passenger may be referred to the TSA Pre™ (PreCheck) lane where he or she may undergo expedited screening. This could include the ability to leave their shoes, light outerwear and belt on, allowing them to keep their laptop in its case and their 3-1-1 compliant liquids/gels bag in a carry-on. Recent changes mean that many individuals with disabilities and medical conditions can benefit from inclusion in TSA Pre™ (PreCheck) and may receive expedited screening, including but not limited to individuals with service animals, individuals who use wheelchairs, those who have insulin pumps or similar medical devices, breast cancer survivors, ostomates, and those who require medically necessary liquids.

TSA Pre™ is now available in 35 airports and more than 6 million passengers have experienced TSA Pre™. U.S. citizens with disabilities and medical conditions traveling domestically who are select Alaska Airlines, American Airlines, Delta Air Lines, United Airlines and US Airways frequent travelers or members of U.S. Customs and Border Protection (CBP) Trusted Traveler programs including Global Entry, SENTRI and NEXUS are eligible to participate.

Individuals with disabilities and medical conditions who are interested in participating should visit http://www.tsa.gov/tsa-pre%C2%9C%93%E2%84%A2 for more information.

COOKBOOK UPDATE

Watch for the late Spring arrival of our new cookbook

“Eat Well – Stay Nourished – Volume Two”

Thank you to all who contributed recipes and helped make our second volume a wonderful NEW collection of delectable delights!

Visit our website at www.spohnc.org or give us a call at 1-800-377-0928 to find out when you can reserve your copy.

The Second Edition featuring 5 New Chapters, Updated Information, Product Resources $27.00 includes shipping
Now available directly through SPOHNC at www.spohnc.org or by calling us at 1-800-377-0928

Eat Well – Stay Nourished: A Recipe and Resource Guide for Coping with Eating Challenges $20.00 includes shipping
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HEAD AND NECK CANCER NEWS
Taking aspirin just once a month ‘can cut risk of cancer by a quarter’

March 30, 2013 - Popping an aspirin just once a month could cut people’s chances of developing cancer by almost a quarter, new research suggests.

According to scientists at Queen’s University in Belfast, a weekly or even monthly dose of the over-the-counter painkiller could help people avoid developing tumours. Their investigation indicated that a regular dose of aspirin could reduce people’s risk of getting head and neck cancer by 22 per cent.

Aspirin: A monthly dose of aspirin could help people cut their chances of developing cancer, research suggests.

Academics noted a ‘significant’ reduction in the risk of head and neck cancer among 55 to 74-year-olds regularly taking aspirin. A regular dose of aspirin in middle age is already recognized as helping to reduce people’s risk of heart attacks and strokes.

Dose: A regular aspirin was shown to be particularly effective in reducing the risk of throat cancer. Academics at the Belfast university carried out an investigation into the impact of aspirin and ibuprofen on head and neck cancer risk, a report in the Daily Express said. It was most effective in throat cancer prevention, their study showed. The results of their research were published in the British Journal of Cancer.

They concluded that aspirin ‘may have potential as a chemopreventive agent’, noting that ‘further investigation is warranted’. Head and neck cancers affect more than 16,000 people in the UK annually.

Dr. Nigel Carter, chief executive of the British Dental Health Foundation, said the research was “encouraging”.

“Regular aspirin use has been linked to preventing a number of cancers, and if it is a particularly successful practice for warding off mouth cancer, it should act as a springboard for more research,” he said. But Dr. Carter warned that aspirin use would be ‘irrelevant’ should people ignore the dangers of mouth cancer by smoking, drinking alcohol to excess and existing on a poor diet.

HEAD AND NECK CANCER NEWS
Surgery May Hike Survival in Tonsil Cancer

April 20, 2013 - Tonsillectomy followed by radiation therapy led to better survival in patients with early-stage tonsil cancer compared with radiation alone, a retrospective analysis suggested. Overall survival at 5 years was 83.2% (95% CI 76.8 to 88) for patients who underwent surgery before radiation compared with 63.6% (95% CI 54.5 to 71.4, P<0.001) among those who had only a tonsillar biopsy prior to radiation, according to Michael A. Holliday, MD, and colleagues from Georgetown University in Washington, D.C. In addition, 5-year disease-specific survival rates were 89.6% (95% CI 84.1 to 93.3) and 76% (95% CI 67.8 to 82.2, P<0.001), respectively, the researchers reported in the April JAMA Otolaryngology–Head & Neck Surgery.

Despite this apparent survival advantage, the researchers pointed out that their analysis was probably influenced by selection bias, and should not be considered definitive. “Whether to treat patients with early-stage tonsil cancer using surgery or [radiation therapy] remains controversial, and with the advent of new procedures to address the primary tumor, the debate is far from settled,” they stated. Current guidelines suggest that either surgery or radiation is appropriate for early tonsil cancer. Tumor margins may remain positive when a diagnostic procedure such as a needle biopsy is done, but tonsillectomy requires delay in potentially curative radiation while the wound heals. Therefore, to see if a combined approach would be superior, Holliday’s team analyzed data from the National Cancer Institute’s Surveillance Epidemiology and End Results (SEER) program, identifying 524 patients diagnosed with stage T1 or T2 tonsil cancer in the years 1988 to 2006. T1 tumors were smaller than 2 cm, and T2 tumors were 2 to 4 cm. All cases were squamous or epithelial cell cancers, and 61% were stage T2.

A total of 54% of patients had surgery plus radiation, while the remainder had only radiotherapy. In a univariate analysis, factors influencing overall and disease-specific survival were older age, having had surgery, and being diagnosed after 2004. In multivariate analyses, those factors remained significantly associated with death from tonsil cancer:

- Older age, HR 1.04 (95% CI 1.02 to 1.07, P<0.001)
- Not having surgery, HR 2.51 (95% CI 1.45 to 4.34, P=0.001)
- Diagnosis before 2004, HR 2.55 (95% CI 1.18 to 5.54, P=0.02)

The same characteristics were associated with death from any cause:

- Older age, HR 1.06 (95% CI 1.04 to 1.08, P<0.001)
- Not having surgery, HR 2.19 (95% CI 1.41 to 3.41, P<0.001)
- Diagnosis before 2004, HR 2.03 (95% CI 1.07 to 3.85, P=0.03)

The influence of age and later time of diagnosis may be explained by the increasing prevalence of oropharyngeal infection with human papillomavirus among young people, which generally causes less aggressive squamous cell carcinoma, according to the researchers.

They noted that the SEER database has limitations, including a lack of information about disease recurrences, whether margins were negative, and whether patients had comorbidities that could have influenced treatment decisions. “The healthier patient who was selected to receive surgery may be more likely to be alive after 5 years, regardless of intervention, simply as a result of better overall health,” Holliday and colleagues observed. There also may have been specific characteristics of the tumors other than size that could have influenced decisions on surgery.

“Opportunities for future study would include assessment of local-regional control, surgical selection bias, and the impact of comorbidities in this clinical question. Ultimately, a prospective, controlled study would be required to determine causation for this particular clinical question,” they concluded.
A TIME FOR SHARING... Jimmy's Cancer Journey

Jimmy was a healthy 60-year-old, ex-Marine, in beautiful physical condition, married, living and working on Long Island and enjoying life. When he began having difficulty swallowing, he and his wife, Deb, went to the doctors. He was diagnosed as having acid reflux. Not buying this, they went for a second opinion to Mt. Sinai Hospital in Manhattan where his problem was diagnosed as Stage III throat cancer with a tumor at the base of his tongue. The following story is taken from the many emails Jimmy wrote to his family and many of his close friends over the next one and a half years. His treatments were done at Mt. Sinai Hospital in Manhattan.

October 8, 2009: The doctor turned to me and said, “You have cancer.” Those three words were about to change my life. My journey had begun.

October 23, 2009: I am having a good day today. I woke up this morning and was able to go to the gym…and it felt great after missing it for the last 10 days. Deb (my wife) and I were in the city yesterday to meet with my Oncologist and Radiologist. I got a lot more information and had the time to ask many of the questions that we both had. I will skip all of the gory details that we got with regards to the radiation. I was fitted for my “Frankenstein mask,” hard to explain, but I came as close as I have ever come to mentally losing it. I never thought I was or could be claustrophobic but this experience showed me otherwise. When I wear the mask for my radiation treatments, it will have eye openings and nostril cutouts so I think I will be fine. I also got three tattoos, tiny ones on each side of my neck and one on my chest…they will be permanent reminders!

Other than the mask experience, it was a great day. I was feeling good, the sun was out and the people at Mt. Sinai treated me like family. My blood count was excellent. I didn’t drop any white or red blood cells or any platelets and my cancer team was very pleased with that. I had finished my first round of chemo and had managed to gain three of the 30 pounds they want me to gain.

When Deb and I arrived home, there was a bag of bakery goods hanging on our front door…apple tarts (my favorite) and an apple-rhubarb pie from dear friends Ed and Patricia. A couple of hours later more dear friends, Gary and Ann Marie, showed up at our front door with dinner from Outback Steakhouse and some fancy chocolates…also a beautiful gift for Deb. This is how it has been. I am overwhelmed with the love and support that I have received from friends, family, and co-workers every minute since I was diagnosed. I am a very fortunate man. I don’t pretend to know what the “master plan” is but I have always felt that things happen for a reason…and somehow there is a reason for all of this. I think that after I beat this thing, I will have become a much better person! They say, “When God closes a door, he opens a window.”

We are trying to keep our spirits up with a few light moments and kid around a bit, but our daughter, Nikki, doesn’t approve and doesn’t think we are funny.

October 27, 2009: Well, I don’t know who it was that thought that “bald is beautiful,” but I didn’t think so 42 years ago at Parris Island, nor do I now! However, I realized that my hair was falling out, so the girls (wife and daughter) shaved my head last night. I’ll wear my old Marine Corps hat…maybe I’ll just look like an old Marine! Talk to you all soon, love yaw.

November 5, 2009: Well, I am now through another round of chemo and it went well. Because I did so well the first time around, they decided to “open the faucet” this time and pumped that stuff into me in almost two hours less time. We got to the city right on time…they took some blood and weighed me in. My blood cell count was great, no change, and my weight was 173.6 lbs. meaning I gained almost 9 lbs. since my first chemo weigh in of 165. Thanks to those of you who have been fattening me up with your thoughtful gifts of food and taking us out to dinner.

Yesterday was pretty good, but I was incredibly tired. Today, surprisingly, I feel fantastic. Had a great nights sleep (with a sleeping pill) and got up this morning and made it back to the gym! I am getting used to no hair and no mustache…and loving all the attention I get from my female friends. I could have saved a ton of money on hair conditioners and hair ties in my ponytail days if I had only known how much action the bald guys were getting!

Anyway, I just want you all to know that I am doing OK and that my head is in a good place and I am in that “good place” because of the incredible love, prayers, and support that all of you have given me. I truly wish you could feel how you have made me feel inside. Thank you all.

November 9, 2009: After telling you how fantastic I was feeling two days after my second chemo session, even finding it hard to believe I had cancer, I guess I jumped the gun a bit. Later that evening things began to change…and quickly go downhill. These last few days have been difficult and I am just now coming out of what I call my “chemo coma.” I went from feeling like I was 20 to feeling like a 98-year-old on his way out. It took everything I had just to get from the bed to the bath. No need to go into the details and suffice to say that it has humbled me and given me a new found respect and admiration for those that have been here before me. Veterans of war and cancer survivors – you are my heroes!

So, finally this afternoon, I am beginning to feel better and am looking forward to dinner. I have to make up for some down time as I likely lost a few of the precious pounds I had gained. Thank you again for all of your cards and emails of support and encouragement and especially for not forgetting my wife and daughter who need you as much or more than I do.

November 20, 2009: Hey guys, just a short email to let you all know that I am doing much better than the last time you heard from me. Apologies for not writing individual emails but fortunately for me, there are so many of you that I haven’t found the time. I have been busy trying to get things wrapped up at work and busy making provisions for Deb and Nikki so that things are easier for them on the home front once I go into the hospital and the “real war” starts!

I am feeling good and have recovered from the last chemo session. I have actually made it to the gym three times this week. I am tired come afternoon, but that is to be expected.

I want to wish you all a Happy Thanksgiving and I will try to answer some

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of your emails this coming week. I will be back in the hospital for my third chemo session on the 30th, which will probably put me under for about 7-8 days this time around. Deb and I are going up to Cooperstown over Thanksgiving weekend to see Deb’s dad and step-mom. Deb said she really needs a “good ole daddy hug!” We will make that happen and then be back home again on Sunday night.

Thanks again to all of you. You guys have shown such confidence in me and that has given me more confidence in myself… and I love you for that!

December 14, 2009: Just wanted to send a short email to let you all know that I am doing OK. Had the minor surgery for the implantation of the “med-port” into my chest on Friday, interesting to say the least. It was the first surgery of my life (oh, I forgot, tonsils out as a baby). You all know I am a bit of a “wuss” when it comes to this kind of stuff. Well, guess what? Whatever kind of anesthesia they gave me didn’t work and I was awake for the whole thing! They promised I would be asleep…they lied! Never felt any pain or anything, just felt them trying to put the device in, pushing, etc. and I heard everything they said during the procedure. It was quite an experience…not one I want to repeat! Well, anyway, it all went well and now I won’t have to get stuck with needles anymore. They can draw my blood; administer the chemo, drugs and everything - a good thing since veins weaken during chemo treatments. I feel a little sore/tender, but other than that I feel pretty good. Thanks again to everyone for your prayers and support.

January 3, 2010: Hey, Happy New Year! I got home from the hospital yesterday afternoon. It was a pretty tough week…a few surprises that we hadn’t prepared ourselves for. Checked into the hospital last Friday and started the 24-hour chemo at 6 AM Monday morning, then the first of the two daily radiation sessions… the game plan for the next five days. I also had my abdominal surgery for the feeding tube and when I awoke from that they took me to radiation. The surgery went well, but I had problems. It was a bad (my worst) week. All my workouts that for years I so loved had given me great abs which turned out not to be a plus when having abdominal surgery! I suffered lots of pain and spasms and needed morphine but it didn’t kill the pain. Then on Wednesday they switched me over to a more powerful chemo called Erbitux. Half way through the treatment I went into a seizure/convulsuion reaction. It took 25 minutes and a few shots for them to get me back together. Friday and Saturday went smooth. I think my guardian angel knew I had enough for the first week! I will be back next Sunday for my second round.

January 13, 2010: Holding my own and fighting hard…so far so good for this week. Had the Erbitux chemo again, combined with a heavy dose of steroids and Benadryl and they slowed down the transfusion. No seizure this time! I have finished my sixth radiation session (I refer to these as my BBQ sessions!). Pain is getting up there and mouth sores are starting and I can’t talk too much. I’m on a soft diet and have lost the 13 lbs. that I had gained.

January 25, 2010: Deb wrote: Jim’s third week of treatment…the end is within sight now, then it’s recovery time! Jim has read each and every one of your emails, but he is not able to respond to them. He apologizes…but keep them coming…we love them all!

January 27, 2010: A short note to let you know I am having a much better week, even though I am in the hospital. Treatments are going well. No food by mouth in over two weeks…pretty strange. I had lost 24 lbs., but put back on five and a half this past week. I am now halfway through my treatment. I have 25 more radiation sessions to go and 12-1/2 days of 24-hour chemo and I will be done! I will have to come in each of the next few Tuesdays to get the Erbitux treatments, so that is extra, but halfway is halfway and I am still counting on kicking this thing in the butt!

February 2, 2010: Just back from a day at the hospital for Erbitux treatment…no bad reaction…all went well…amazing what a bag of steroids can do!

February 5, 2010: I am hanging in there. My day is nothing but physical maintenance. I spend 15 minutes out of every hour in front of the sink gargling with four different meds. I am hooked up to the feeding tube and the chest port for nutrition and hydration. My neck, throat, upper chest and shoulders are terribly burned…blisters and cracked skin…very painful and not a pretty sight. Marines have been called “leathernecks” and I definitely will have one when this is done! Up until a day or so ago, I have been able to refuse all of the pain meds made available to me…however I now take a little when it is time to put on the antibiotic cream and med lotion on the burned areas. I can still talk and swallow, but both are difficult and painful. By taking it one day at a time I am able to deal with each new situation. I would never be able to do this all by myself…it is the incredible support and love that family, friends, and co-workers have shown me that gives me added strength and conviction. Deb has been just unbelievable with her unconditional love and care. I don’t know how she does it…and put up with me at the same time…a never-ending job for her. I am so very blessed to have her and you all!

I will be going back into the hospital this Sunday and will be home again next Friday night. A week after that I will go back in for my last full week in the hospital. Within a few weeks after that I should, hopefully, start on my “road to recovery,” Recovery time - one of the hardest parts of this insidious disease. Once you get over the shock of knowing you have cancer, you don’t start getting better; you spend a long, long time getting worse. Now my recovery is within sight and I am ready to do whatever it takes to get there!

February 25, 2010: Almost done. In less than 24 hours I will be finished with treatments and on my way home to begin recovery! Only one more BBQ session and a few more bags of chemo and I am outta here!!

March 3, 2010: There’s no place like home! And I am glad to be here! I got out of the hospital this past Friday…treatments completed! In general, I am feeling pretty good, far better than I have these past few weeks. However, I am dealing with quite a bit of pain as the cumulative radiation effect has really kicked in. I have some considerable burns on both the outside and inside of my neck, throat and mouth. As a result I can no longer refuse the pain meds - currently oxycodone and a 24-hour morphine patch. I am down to 146 lbs. and get all my nutrition through my feeding tube.

What we know at this point is that the tumors have either been greatly reduced or eliminated. That will be confirmed on March 25 when I have a CAT scan. The real test will be two months after that when I have the PET scan, which is the definitive in determining if there is any cancer left.

Visit the SPOHNC website at www.spohn.org
Recovery time is different for everyone, but they said to expect extreme fatigue and exhaustion. Your cards and emails are so uplifting, putting some great smiles on my face. You guys are my rock!

March 11, 2010: Well, I am doing OK and being optimistic that the worst is just about over. These past two weeks since leaving the hospital have been a bit of a roller coaster. One day I am feeling pretty good and then the next I am like a vegetable. I have experienced a bit of the expected depression - strange that should happen now. I am able to drink and swallow, but have lost some of the muscle ability in my swallowing and have to start doing an exercise program to build back those muscles so I can begin to eat solid food again. I am setting goals for myself and want to get back to work, although the doctors are pressing me to be patient.

March 21, 2010: Good morning…another beautiful day! I am doing really well, feeling pretty good and making a little more progress each day. It has been a breakthrough week and the first week I have gone outside (besides the rides to the hospital) since Christmas. It feels wonderful to breathe in and feel the fresh air and sunshine. I am managing an hour a day walking outside around the house…and watching spring do its thing! For the first time in two months I put some real food in my mouth, a small piece of chicken and a teaspoon full of mashed potatoes! I was able to chew and swallow it without too much trouble and it all went down the right pipe! We have a juicer now to use with fresh fruit and fresh vegetables. I am getting some exercise…managing some pushups; stationary biking and light dumbbell work, slowly trying to get my body back in shape. My balance and stamina are getting better. If I can walk down the stairs without holding the railing, I know it will be a good day! I can also feel that the fog of “chemo brain” is slowly lifting. Best of all, I have started working again and can’t tell you how much better that makes me feel. I have daily contact with my employer and co-workers at Bissett Nursery. They have been incredibly supportive…how truly fortunate I have been to have an employer who has shown such care and concern. I am not able to communicate well on the phone so conduct business by email. I am anxious to get back to the nursery and out in the field to do what I love doing.

I hope to be seeing family and friends soon and getting back into a life, as I knew it. Actually I intend to enjoy life even more than ever. I am already seeing life differently than ever before. It is unfortunate that we take so much for granted and spend so much time looking and not seeing, listening and not hearing. My perception and appreciation of everything has changed from this experience…sort of like the “silver lining in the black cloud.” I feel like I am doing great…and my success has so much to do with all of you…thanks!

May 12, 2010: At the end of March I went back to Mt. Sinai for my CAT scan…end result was I needed to have some surgical biopsies…which I had this past Monday. Pathology will examine the tissue for final confirmation, but the surgeon felt very sure there was no sign or indication of cancer…final confirmation this coming Monday.

I have been told to slow down and give my body the time it needs to recover. They said I was pushing myself too hard. I am feeling good, but very tired.

May 18, 2010: Just returned from the hospital for my surgery follow-up. All looks good, but healing is slow. I have a decent-sized ulceration on the back of my throat from the radiation. The pathology results are very good. It seems that I am not cancer free, but the news is good in that the cancer is retreating. They don’t feel you are cancer free or in remission until after about five years of PET scan that come back clean. My cancer team assures me that where I am at now is where they hoped I would be. They have a small concern about the lymph nodes, and the determination on whether they will or will not take them out will be made after the next PET scan, three months from now. So the bottom line is that this is all good news and I feel very upbeat about it all. Patience!

June 1, 2010: I am feeling better than I have all year. Today I had the surgery to take out the chest port…Thursday they will take out the feeding tube! I am feeling human again and incredibly grateful…wouldn’t have been able to do it without the prayers and support from all of you!

June 3, 2010: Things went well today…had the feeding tube removed, a little sore, but that will pass. Can’t tell you how good it feels not to have 14” of plastic tubing hanging out of my gut. The port area is already healing up. To quote another cancer fighting patient, “I have been slashed, poisoned, and burned…I am not about to give up now!”

August 9, 2010: Have been busy trying to put my life back together. I think I am doing pretty well. I will know sometime after this coming Saturday when I will be having three different scans with contrasts and they should tell the story.

August 16, 2010: To my family and friends…your (and our) prayers were heard…and I thank you from the bottom of my heart…the first battle is mine! As I have said over and over, “I don’t think this would have been possible without all of you!” We just received the initial reports from the scans that were done on Saturday. The one sentence that I understand in the long report is “no active malignancy found at this time!”

October 8, 2010: One year ago today I began my journey. I want you all to know that I am doing great and am grateful to be celebrating this first anniversary. I am looking forward to you wishing me Happy Anniversary on this day…20 years from now! A heartfelt “thank you” for all your love!

December 30, 2010: Happy (and it is!) New Year! As you can well imagine, this Christmas/New Year holiday season has been very special for me…nothing was taken for granted. I am grateful for all of you…and what all of you have done to help make this time so special for me. I know I have said this more times than you want to hear…your love and support helped get me here. To each and every one of you from the bottom of my heart, I wish you a very Happy and Healthy New Year!

2011: My journey, at least the most difficult part, is over. It has made me a different person…life will never be the same. I have been given a second chance at life and it will be lived with more love, compassion and understanding of all the blessings I have…and always did have, but was never so keenly aware of…until now.

Jim Vazzana
jvdreamweaver@optonline.net
ORAL, HEAD & NECK CANCER AWARENESS NEWS

April was a busy month for Oral, Head and Neck Cancer Awareness. Many of our SPOHNC Chapters across the United States organized events such as oral screenings, Taste Events, Walk-a-Thons and even a Move to Music class! All of these events were part of a nationwide effort to promote oral, head and neck cancer awareness. If you, or your Chapter, organized or participated in an event, please send us your photos, and a short paragraph about your event, so that we can highlight you on our website, and on our facebook page as well. In the Fall, we’ll be featuring all of your wonderful events in a special section in the newsletter. We want to show everyone what you organized, and how you supported oral, head and neck cancer patients, survivors and their families. Thank you for your efforts!

Other Awareness Happenings in April included Dr. Bicuspid’s interview with Survivor and SPOHNC Founder, Nancy Leupold, and an article about SPOHNC’s programs and services, which you can find on their website at www.drbiicuspid.com. SPOHNC was also selected by Patient Resource as their featured patient advocacy organization for the month of April, where Nancy shared her story in a feature article, and April was highlighted as Oral, Head and Neck Cancer Awareness Month, as designated by SPOHNC.

Lots of good things are happening to promote awareness of oral, head and neck cancer. Please be sure to continue raising awareness throughout the year, and let us know how you participated.

SURVIVOR NEWS
Syosset, NY Chapter

It is with very mixed emotions that we bid a fond, New York farewell to our SPOHNC Syosset, New York Chapter Facilitator, Madelyn Harper-Walsh.

Madelyn is making the move to North Carolina, where she and her husband plan to work for a few more years, and then retire and spend time in their beautiful new home near the lake and golf course.

Madelyn has been instrumental in the success of the SPOHNC Long Island, NY Chapters Taste Events since their inception 4 years ago, and has been a kind, caring and gentle-hearted member of the Syosset Chapter for the last several years – assuming the role of Chapter Facilitator 2 years ago.

In addition to her SPOHNC involvement and dedication, Madelyn volunteers for her church and many local civic organizations and is never one to say “no” to anyone who asks for her help. Of course, Madelyn will continue her involvement with SPOHNC as a Chapter Facilitator when she starts a brand new group in her area. We will miss her smiling face, and her kind and generous spirit here in New York, but we know that those who are lucky enough to become involved in her group and her activities will reap the benefits that we all have for so many years.

We wish her all the best in her new home, and we expect lots of updates and news from Madelyn and Bill!

IN MEMORIUM
Westchester, NY Chapter

S P O H N C
is deeply saddened to learn of the recent passing of Mark Tenzer, Facilitator of the SPOHNC Westchester, New York chapter support group. Mark was also a dedicated volunteer for SPOHNC’s National Survivor Volunteer Network and helped many patients through their cancer journey, with a kind heart and a listening ear. His positive outlook and willingness to be there for others brought so much hope to so many. We will miss Mark very much, and will keep his wife, Dolores, and their family in our thoughts and prayers.

“Having someone who understands is a great blessing for ourselves. Being someone who understands is a great blessing to others.”

“Like” SPOHNC on Facebook

Support SPOHNC and help Raise Awareness by ordering your wristband today!

Call us at 1-800-377-0928, to place your order, or order online at www.spohnc.org
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**ATTENTION!**

**SPOHNC Chapter Group Member Testimonial...**

“The support I had, and still have, from so many people was so unexpected. There is no doubt in my mind that all these gestures of love and support helped me recover. They made me stronger and enabled me to fight. No one that goes through something like this journey should have to do it alone. That is why I decided to join SPOHNC with the hope that I would be able to give back to others the support that I found around me.”

~ Helene M.

**SPOHNC Chapter Facilitator Testimonial...**

“If your meeting location, day and time, or contact information has changed, please be sure to let us know. Also, please share any events you may have organized or participated in.

Call SPOHNC at 1-800-377-0928, x2 or e-mail us at info@spohnc.org.

**SPOHNC Chapter Facilitator Testimonial...**

“I am excited about the opportunity to help others with head and neck cancer, just as SPOHNC has helped me for the past five years. I hope that the fact that I’ve come through all of this with positive results and feeling good about the future, will give other survivors the hope they’ll need to get through their own ordeals.”

~ Dennis S.
SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER (SPOHNC)

ANNUAL MEMBERSHIP

❏ $25.00 individual
❏ $30.00 family
❏ $35.00 Foreign (US Currency)

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Please Check:   Survivor ____Friend ____Health Professional (Specialty) _______________________________________________

First time member__________  Returning member________