



**S•P•O•H•N•C**

**A PROGRAM OF SUPPORT  
FOR  
PEOPLE WITH ORAL  
AND  
HEAD AND NECK CANCER**

**CONCOMITANT CHEMORADIO THERAPY  
AS CURATIVE AND ORGAN  
PRESERVING THERAPY FOR  
ADVANCED HEAD AND NECK CANCER**

EVERETT E. VOKES, MD

The role of chemotherapy for head and neck cancer has greatly evolved over the last three decades. Initially confined to patients with recurrent or metastatic disease, it is nowadays frequently administered as an important initial component of combined modality therapy in the curative intent treatment setting. In this overview, I will discuss the literature that has led to the incorporation of chemotherapy into the primary management of patients with locally or regionally advanced head and neck cancer.

When addressing the optimal therapies for patients with head and neck cancer, three large groups of patients can be defined. The first group includes patients with early stage locally confined disease (stages I and II). These patients are usually treated with either surgery or radiation therapy and are usually cured with use of a single treatment modality. At the other end of the spectrum are patients with metastatic or recurrent disease. These patients are treated with the goals of prolongation of life and control of symptoms, in particular pain. This is usually performed by giving chemotherapy in combination with best supportive care. Finally, the largest group of patients present with locally or regionally advanced tumors (stages III and IV, MO). These patients have large primaries arising from structures in the oral cavity, pharynx, or larynx and/or regional metastases to lymph nodes in the head and neck area. This group of patients represents the most common

initial stage at first diagnosis of head and neck cancer and is the group of patients for which combined modality therapies (including surgery and/or radiotherapy with chemotherapy) have been most extensively investigated.

Historically, treatment for locoregionally advanced head and neck cancer has consisted of surgery followed by postoperative radiation therapy. For patients whose tumors were too far advanced to allow for a reasonable surgical procedure, radiotherapy alone was utilized. The sequelae of such therapy were significant: the extensive surgical procedures routinely led to anatomic loss of organs such as the tongue or larynx with associated subsequent difficulties in speech and swallowing. Additional consequences of treatment were altered appearance with associated psychological challenges related to decreased organ function and altered self perception. These significant toxicities were further enhanced by the fact that the treatment was frequently not successful and that the disease in the majority of patients recurred, usually within the surgical and/or irradiated field.

In order to improve treatment outcomes, the addition of chemotherapy to surgery and radiation was investigated. The hope was that chemotherapy would allow for less drastic surgery (or no surgery at all) while also increasing cure rates. Initial investigations of the addition of chemotherapy to surgery and radiation had to be pursued carefully since chemotherapy by itself is not curative and thus, can at best, be viewed as a facilitator of surgery and radiation. Two competing strategies to add chemotherapy were investigated (Figure 1).

Figure 1

Competing Strategies of Combined Modality Therapy

Historical	Surgery → Radiotherapy
Induction Chemotherapy	Chemotherapy → Surgery → Radiotherapy
Concomitant Chemoradiotherapy	Chemotherapy (Surgery) Radiotherapy

In one strategy, induction chemotherapy, chemotherapy was given prior to surgery and radiotherapy. While the chemotherapy was observed to frequently result in tumor shrinkage (a “response”), it did not seem to increase overall survival and cure rates. Nevertheless, the Veterans Administration study published in the

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**COMING IN MAY, 2004**

The Role of the Dental Hygienist in the Detection of Oral Cancer  
Stephanie Bossenberger-James, RDH, MS

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early 1990s demonstrated that while chemotherapy did not result in increased survival rates, at the very least it allowed for larynx and voice preservation in approximately two-thirds of patients with advanced larynx cancer. Thus, the use of chemotherapy followed by radiation became a suitable alternative to treatment with surgery (laryngectomy) and radiotherapy. This was an important contribution by the VA Larynx trial. It suggested that routine laryngectomy was no longer indicated and that all patients with advanced larynx cancer should be evaluated not just by the surgical but also by the radiation and medical oncology teams to assess the feasibility of “combined modality” therapy and an organ-preserving approach.

Another strategy, concomitant chemoradiotherapy, was investigated at the same time. In this strategy chemotherapy and radiotherapy were given simultaneously. Most patients with locoregionally advanced head and neck cancer develop disease recurrence within the irradiated field indicating the inability of radiation alone to reliably eradicate all tumor cells in the primarily affected region. Thus, simultaneous or concomitant chemoradiotherapy holds a conceptual advantage over induction chemotherapy. Radiation therapy delivered in the presence of chemotherapy can be enhanced and be more active against tumor cells. Thus, concomitant chemoradiotherapy addresses more directly the primary site of treatment failure in the head and neck area. During the 1980s and 1990s, many studies comparing concomitant chemoradiotherapy with radiotherapy alone in patients with disease too advanced for surgery suggested increased survival rates. A meta-analysis of these earlier studies was subsequently performed (meta-analyses combine the results of many studies into one large analysis and allow for the identification of treatment differences that may not be evident in individual trials alone). This meta-analysis clearly supported that concomitant chemoradiotherapy increased cure rates. Since the mid-1990s, several additional studies have been published, all comparing radiation therapy with concomitant chemoradiotherapy. These trials suggest that cure rates are indeed substantially increased by the use of concomitant chemoradiotherapy and that the observed differences can be as high as 20%. More recently it has also become clear that concomitant chemoradiotherapy is a powerful tool to facilitate organ preservation. A large national study comparing induction chemotherapy with concomitant chemoradiotherapy with radiotherapy alone for patients with advanced larynx cancer demonstrated that the concomitant strategy was associated with the highest larynx preservation rates.

Given these findings, it is clear that concomitant chemoradiotherapy can be advocated on two grounds:

1. it has clearly been shown to increase cure rates in patients with unresectable head and neck cancer and
2. for patients with marginally resectable disease or patients who prefer an organ preserving strategy, concomitant chemoradiotherapy might be a useful substitute for surgery.

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If concomitant chemoradiotherapy represents a good current standard therapy option for many patients, what then are current directions of research and goals for future therapies? Further increases in survival and cure rates with effective organ preservation and less treatment associated toxicities. If both induction chemotherapy and concomitant chemoradiotherapy have a role, then administering both, i.e., induction chemotherapy followed by concomitant chemoradiotherapy and reserving surgery as a salvage procedure, may be a successful strategy. At the University of Chicago, we have investigated this approach utilizing a well tolerated induction chemotherapy regimen followed by an intensive concomitant chemoradiotherapy regimen. Analyses of two large patient cohorts treated with this approach suggest that local control is at approximately 85% and that three year survival rates of patients with advanced stage IV disease are approximately 70%. At the same time, only

few patients have required a traditional surgical intervention.

We are currently also utilizing this strategy of induction chemotherapy followed by concomitant chemoradiotherapy as a backbone regimen to which we are adding novel therapeutic agents such as anti-angiogenic drugs that inhibit the formation of new blood vessels or agents that interfere with the function of the epidermal growth factor receptor. Our hope is that these recent agents will further increase the activity of available therapies while also allowing for a lower rate of toxicities. In our trial, the goal of organ preservation was achieved in well over 90% of these stage IV patients.

In summary, the outlook for patients with advanced head and neck cancer has much improved. Modern combined modality strategies should allow for the definition of a curative and organ preserving strategy for the majority of patients. As a rule, this will require administration of complex and somewhat

toxic therapies. It is suggested that such therapies are best administered by experienced teams of physicians representing surgery, radio-therapy and medical oncology routinely working together and seeing significant numbers of patients. The consultation of such a team by all patients is therefore strongly recommended.

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### **NATIONAL SURVIVOR VOLUNTEER NETWORK (NSVN)**

If you are a survivor of oral and head and neck cancer you know the importance of reliable information. You may also have gained strength and resolve from the support and encouragement from others who "walked in your shoes." If so, we need you to share the wisdom you have gained from your personal experiences with others.

If you...

- are a survivor of oral and head and neck cancer
- have the desire to help others
- have good listening skills
- have good telephone communication skills
- have the ability to use a computer and to send email
- have a willingness to learn about different types of oral and head and neck cancer, their treatments and side effects of treatment as they affect quality of life
- are willing to participate in teleconference training calls
- are a member of SPOHNC

...then we encourage you to contact SPOHNC by phone at 1-800-377-0928 or by email at [info@spohnc.org](mailto:info@spohnc.org).

SPOHNC's goal is to have a minimum of two survivor volunteers in each state to provide up-to-date information and offer support and encouragement to fellow oral and head and neck cancer survivors.

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## A TIME FOR SHARING

Late in the day on Wednesday, August 22, 2001, I, a 34-year-old doctor working in southern Indiana, was leaving the outpatient center on my way to my office. Only paper work stood between me, and the end of another challenging day. Just before I entered the building, one of my partners saw me and said that I had helped his patient quite a bit and he was sending him back to me for another injection. I was pleased. As I turned, I saw my wife, Linda, and her dad driving into the doctors' parking lot. He dropped her off. As she walked toward me I could see the sling holding her left arm and supporting her recent painful clavicle fracture. I was quite confused about her presence there. As we approached each other, she asked, "Are you finished?"

Despite wanting to say no because of all the office paper work I answered, "I am done seeing patients."

"The doctor called and said he faxed the biopsy results to your office," she paused, "it is not good." Her words rang in my head. She and I were still standing in the parking lot. Her father had gone home. We were alone.

"Is it cancer?" I asked, fearing the worst.

"Yes," she nodded, crying. Those words cut through me like the sharpest dagger. It was the same dagger that had been used several years earlier when the words "Mark was killed. Mark is dead." were said. Those words struck me with incredible force after Mark, my older brother, died. I felt like falling to the ground, but somehow I stood. Linda and I went inside to my office where we found the faxed pathology report on my desk. Without emotion, with my mind numb, I read aloud, "squamous cell carcinoma tumor present on all margins," were the words rolling off my cursed tongue.

I was shocked. No denial. No disbelief. I felt only anger. Some say there is a reason for everything. That was not an acceptable explanation for me. What was the reason for this? Why did Linda have to get this news? She deserved better. Would we ever have our own children? Would I make my young wife a single mother and widow? Why must I tell my parents that the only remaining child they brought into the world has a deadly cancer? Oh the pain was beyond words. I cried quietly in my office. The door was closed and the blinds were down. I wanted to hug Linda, but couldn't because of her fracture. I was angry with the doctor for faxing my personal information to the office after I specifically

had told him to only call me at home. It was a minor problem but I focused on it. It was easier than focusing on the real problem that was the tumor in me, and my uncertain future.

I drove us home since Linda could not. I was more exhausted than I ever had been. We talked about whom to tell and how. Although I am intensely private and independent, I sensed that this was bigger than any of us. I would need all the help, love, and support I could get. Besides, there are no secrets in a small town. Why fight, hide, and lie? Honesty would be my guide and damn the consequences.

To tell or not to tell was the first question. The answer was obvious for me. The first people to tell were my in-laws. I wanted to tell them. I got light-headed and sat down to express myself. No words formed. All that came out were loud uncontrollable cries. I stood and hugged my father-in-law for the first time. Linda's mom enveloped me in a warm, loving embrace that soothed my soul and made all feel well.

I made phone calls that weekend to both my parents. My mother sensed something was horribly wrong from my voice. She cried, which in turn hurt me deeply. She has suffered so much in her life, with more to come. My father stood strong and optimistic. I am sure he cried later on his own, but wanted me to be spared of further heartbreak. It was a noble and difficult gesture for a sensitive man who cries easily.

The next question was: 1) business as usual or 2) revolutionary change? The answer was not so clear. I felt like a derailed locomotive, but I wanted to get back on track and continue business as usual as much as possible. I would go to my weekend course in Memphis as scheduled. It might have been the right thing. Who knows? It at least gave me several hours alone to think. I had little interest in the course and often found my mind wandering to "Oh my God, I have cancer."

My oral surgeon referred me to a surgical oncologist. He elected to excise the tumor from the tongue and form a flap to reconstruct as much as possible. He wanted frozen sections to ensure 'negative margins' - meaning he got all the cancer out. I was eager to proceed. I figured the sooner it was out, the less likely it could spread. We would get second and third opinions later when we had more time. Surgery was on Wednesday 8/29/01 in Louisville, KY at Norton's Hospital. Linda and my mother were helpful and

supportive. I remember thinking it would have been impossible for me to do it without them. This was hard for me to admit. I was not independent and self-sufficient. I needed help with a capital "H." I needed loving prayers, good thoughts, and my home. This was going to be a long haul and I couldn't do it alone. Fortunately I wouldn't need to.

As I was recovering from the surgery, I arrived at the answer to my question. It was not going to be business as usual. This was a complete paradigm shift. I left the house August 22 one person and returned another. Outwardly things were the same. Inwardly I would never be the same. I couldn't explain how I had changed, but I had and would forever be a different person. I lived one life before cancer and one life after.

I cancelled my upcoming conference in Virginia and my pain management board exam. Or rather Linda cancelled it (along with hundreds of other details she took care of without complaint). I needed to clear away my old plan to make way for the new. My choice was: give in or fight like hell. I am not one to give in. I needed to understand that canceling a conference or postponing an exam is not giving in. It simply allowed me to change my focus. That week had been scheduled for my mind. Now it was to be dedicated to my body, heart, soul, and spirit. I would cultivate the garden of me. I would focus not exclusively on the weeds (tumor), but on nourishing and supporting the garden. I would think, connect, meditate, pray, and would renew myself. Reform my being so that I would be nourished and ready to heal. I needed clarity, conviction, and wisdom to face the upcoming challenges with confidence and courage.

I continued the healing process. I started to get used to constant pain, disappointment, and suffering. I had a new desire to read existential philosophy so as to savor the meaning in suffering. The question was not why was I suffering, but how I could use suffering to improve who I am? What would my life be about? What did I want to do or be known for - if anything? Oral cancer is one of the worst cancers with an overall mortality rate of 50% at five years. There have been few treatment advances over the last 30 years. Even putting an optimistic slant on my subset of cancer, I may have a two thirds chance of being around in five years. The numbers were terrifying. Why so terrifying? I'm not afraid

of dying. I think it is that I don't know yet what I want to do with my life. I want to buy more time to figure it out. I need to clarify my life - to bring it into sharper focus - no matter its length. Maybe I'll plan one hell of a '40<sup>th</sup> birthday party. It will be a time to celebrate.

Back to the present, it is one day at a time. Reading books by survivors, learning to meditate, to savor the day, praying, journaling. Nourish my garden. I have never worked on my being this way - it is long overdue. I may learn to like it. Joseph Campbell said, "We must be willing to get rid of the life we have planned, so as to have the life that is waiting for us."

My chief concern at this time is not the meaning of life, but the meaning of my life. Does it have any? What is it? What should it be? What will it be? To work? To make money? To grow? To give? To love? To suffer? The body is amazing in its healing ability. I am slowly becoming less depressed and have less pain. I am so grateful for all I have. I am starting to imagine a long and full life ahead. Now I must define my meaning and focus like a laser.

### Recovery

While recovering I thought of ways I could improve my health. Two years later, I realize that my list has grown and that I have made substantial life changes. I learned that luck does not always favor me and that my genes may predispose me to illness. There is a great deal however that I can do for my enjoyment and good health. As long as I have done everything within my power for my health then I can rest easier in my acceptance of what may happen. I studied cancer prevention and established changes in my life. Many people know what they should be doing but do not behave in that way. I did not want to make that mistake.

My wife bought me Lance Armstrong's first autobiographical book. It detailed his overcoming cancer and his victories in the Tour de France. I could relate to his background but I lacked his athleticism or competitive spirit. I learned from his inspiring book how to adopt a fighting attitude. He stated that he would talk to the cancer and tell it, "When you looked around for a body to try to live in, you made a big mistake when you chose mine." He was determined to conquer it. He made it very clear that he would fight to the finish with everything he could. He would learn more about nutrition, rely on social supports, get multiple medical consultations, and choose the most aggressive

treatments. It helped me to stop asking, "Why me?" and to start focusing on what would be my next action step.

One can always make something positive out of what would be an otherwise horrible situation. Thankfully, I was able to turn the bad experience of cancer into many positive things.

### Inner Changes

I hope there will be many days between now and the day I die, but I no longer take them for granted. When for example I am watching mindless TV, I ask myself, "Is this how I want to spend one of my precious remaining hours?" I then shut off the TV and chose a more fulfilling option.

Friedrich Nietzsche said, "What doesn't kill me makes me stronger." I am now healthier, stronger, more focused, and better balanced than I have ever been in my life largely because of the cancer experience. It has helped me focus on what is truly important. I made a conscious effort to spend more time with loved ones and family members and I savor those moments more than ever.

Keeping a better perspective on "crises" and stressful events at work has helped me realize that minor unexpected frustrations and disruptions are not a matter of life or death. Even threats of war and terrorism seem miniscule compared to the odds that I have already faced. I have enjoyed reconnecting with previous hobbies and interests and see writing and teaching as a creative outlet. These activities give more balance and pleasure to my life.

### Outer Changes

It is important to "know thy self." You must discover your own areas of enjoyment and talent. One of my core strengths and interests has always been learning and teaching. I reconnected with that passion by leaving my private practice and joining an academic medical center. That move has allowed me to teach, learn, and continue with my varied interests. It also gives me a sense of contribution since I am helping patients with complex problems as well as teaching a new generation of physicians who will in turn help others. This is more satisfying than just earning money.

When considering whether I should leave my thriving private practice, I read the works of Joseph Campbell. His advice to "Follow your bliss!" meant listen to your own inner voice rather than letting society or finances drive you. Eleanor Roosevelt's, "The purpose of life is to live it - to reach out eagerly and without fear for newer and richer

experience" also gave me courage.

When we needed a new car, I chose a hybrid. The purchase is aligned with my value of being a part of the planet and reducing my harmful impact on the environment. I also squander fewer of my precious moments pumping at the gas station. It is an example of how our purchases can be empowering and interwoven with the rest of our lives.

### Financial

Simplifying your financial life is worthwhile. We made it a goal to reduce or eliminate debt to minimize stress and paperwork. It has allowed us to spend more time doing things we truly enjoy. Articles recently published in the Journal of Happiness have reinforced what I had suspected - namely that those who are more materialistic end up less happy. This confirms the value of the nonmaterial choices that I have made in my life.

### Health

I want to continue to do whatever is in my power to maximize my function. I exercise on a more regular basis between three and six days per week alternating cardio and weights. It helps with pain management, sleep/wake cycle, stress management, and mood while giving me a sense of strength and capability.

As a medical doctor and former chemistry researcher, I was rigorously trained in the scientific method. After my experience as a patient, I am much less critical. I am more open-minded in allowing treatments for my self and for my patients. My new viewpoint is that unless the therapy has known and significantly harmful effects, it should be considered. Integrative medicine books such as those by Dr. Andrew Weil and Dr. Jon Kabat-Zinn surprisingly offer a wealth of knowledge and practical advice.

I get an annual physical and chest x-ray. Although the x-rays are controversial, given my increased risk of lung cancer I get them for safety's sake. There is not enough evidence that annual CAT scans would change any outcomes. In addition to my own tongue exam, I follow up with an ENT doctor and a dentist. I see a dermatologist to monitor skin cancer risks. We had our house checked for radon, which is a risk factor for lung cancer that is often overlooked (even though it is second only to smoking as its cause.)

### Diet

I have made many dietary changes. I drink several cups of green tea each day.  
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## Sexuality and Sensuality for People with a History of Head and Neck Cancer

Les Gallo-Silver, CSW-R, ACSW, & Karrie Zampini, ACSW

There are many ways to achieve a personal sense of mastery over your cancer, treatment and your life thereafter. Returning to work, school, leisure activities and family roles can help promote this personal sense of mastery. Returning or resuming sexual and sensual activities within a special relationship that is comforting and soothing nourishes your mind and your body. The expression of love by sharing physical intimacy can be an essential part of feeling adult, whole, healed and “normal”. These four feelings are the basic ingredients of a successful survivorship journey.

Survivors of head and neck cancer are presented with many challenges involving physical intimacy. Our faces are the most accessible and visible part of our bodies. People identify us by our voices and our faces. It is important to ultimately create a sense of yourself that includes self-acceptance and self-love. This acceptance and love cannot be in spite of your cancer and physical changes. It can be recognizing and respecting yourself as a total person. Identifying the fact that other elements of your face and other ways you communicate are valuable and actually attractive. Confidence that is based on self-love brings people towards you. It helps them to see what you see, a valuable, loving and lovable person. Often people with a history of head and neck cancer participate in support groups and individual counseling to explore these issues in order to identify and build on their inner emotional strength and help restore self-confidence. Counseling and support groups can help people develop and achieve a level of self-confidence that has more depth and is more solid than before the cancer experience.

Building on one’s strength is the foundation for a process called sexual rehabilitation. Sexual rehabilitation is a cognitive behavioral approach to helping your body to be responsive to touch and open to feelings of desire. Surgery, radiation and chemotherapy and the lingering sadness that facial changes can cause often deplete one’s emotional and physical energy. Counseling is a way to help yourself feel more in control over your personal resources. Sexual rehabilitation can help a person re-charge and attain the energy one needs to connect emotionally and

physically with a partner.

We become sexual beings in early infancy as we explore our bodies and respond to being touched. These natural behaviors are used as an anchor for people to explore how their bodies have changed and to learn what feels good, comfortable and enjoyable. Self-touching often demonstrates that a person following head and neck cancer can respond to and enjoy sexual sensations. Some times, additional stimulation is helpful in the form of using one’s own basic sexual fantasies and viewing or reading erotic materials. Feeling responsive to touch and stimulation can help to give you a sense of openness and receptiveness with your current partner and when meeting people who could be potential partners.

Self-care activities are an aspect of self-love. Managing the changes in your facial skin and lips, dry mouth, the over production of thick saliva, speech therapy, dental care and ostomy care all demonstrate a wish to connect and feel connected to others. Another aspect of self-care and self-love is one’s presentation to others. Holding your head up, making and keeping eye contact are elements of connectedness. Wearing eye catching colors that compliment your complexion and using as little black as possible in your wardrobe sends a message of approachability to others. Body posture helps others be as comfortable with you as you are with yourself.

All faces are asymmetrical. People with a history of head and neck cancer are often challenged by the changed, often pronounced asymmetry of their face following surgery and radiation. Programs such as “Look Good Feel Better” sponsored by the American Cancer Society can assist in learning how to use cosmetics to emphasize or de-emphasize certain aspects of your faces new asymmetry. The use of hats, scarves, earrings and bold eyeglass frames can also help you de-emphasize your faces’ new asymmetry. Often a fuller, more curly or dramatic hairstyle can achieve the same effects.

Partners will need you to let them know how you liked to be touched and when you want to be touched. There are ways to accommodate your physical changes so that areas that are painful to the touch can be protected. One of these ways is the practice

called “sensate focus”. Sensate focus is a series of erotic massage exercises developed by the renowned sex therapists Masters and Johnson. These exercises help partners to gradually become more physically intimate with each other while avoiding areas where you do not want to be touched.

There are many ways to physically express one’s love to another person. Kissing is often an important element in the expression of love. We tend to underestimate the power of touching someone on the shoulder, forehead, arm with affection and tenderness. Sometimes people with a history of head and neck cancer feel more comfortable expressing affection with this type of touching.

Your social worker, counselor and nurse can provide you with practical assistance and referrals to obtain more assistance with issues of physical intimacy. Cancer Care 1-800-813-HOPE and the American Cancer Society 1-800-ACS-2345 can also provide you with educational materials and information. The American Association of Sex Educators, Counselors and Therapists (AASECT) can provide you with information about trained sex therapists and educators in your community on their web site ([www.assect.org](http://www.assect.org))

Surviving cancer is both wonderful and challenging. Being able to love, receiving the love of others and making love are a joyful and beautiful part of the human experience. It is the ultimate expression of self-love to help you to be as open as possible to the opportunities to feel love in all its many forms.

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### Educational Resources

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SHARING continued from page 6

Although the results are not definitive there are multiple studies showing a relationship between green tea and reduced oral cancer rates. There is good laboratory, animal, and theoretical evidence that support the benefits of highly potent antioxidants (e.g. the polyphenol EGCG) in green tea.

I met with a physician at the MD Anderson Cancer Center. He recommended I avoid hot, spicy, or cold foods. He felt that the temperature and chemical irritation could begin the process that may eventually lead to abnormal cells. I have taken that advice to heart and have nearly eliminated cold items such as ice cream as well as spices. I have found the latter particularly difficult because I enjoy trying different ethnic restaurants. Many cultures incorporate hot spices into their dishes and they may be so used to them that they no longer consider them hot.

In large quantities over long periods, alcohol is an important risk factor for head and neck cancer. No studies show harm from small, infrequent exposures. Many doctors feel it is ok to drink an occasional glass of wine with dinner for example. On the other hand, alcohol is a known carcinogen and keeping with my decision to do all that is within my power to maintain my health I felt it appropriate to stop drinking it altogether.

Although some believe a vegetarian diet will significantly reduce cancer mortality, I found no convincing supportive data. Still, I have eliminated red meat and reduced other meats from my diet. I increased my fruits and vegetables per day (by for e.g. drinking V-8 at breakfast) to increase my dietary exposure to vitamins and antioxidants. I eat more vegetables that are cruciferous and those with high carotenoid levels. I also decreased my sugar intake since squamous cell

carcinoma thrives in a sugary environment. Researchers at the University of Louisville found people who chew cinnamon sticks, routinely ate cinnamon, or who used certain toothpastes had higher rates of leukoplakia and dysplasia. Cinnamon apparently causes local irritation. I have eliminated cinnamon rolls and other items that have obvious cinnamon on the outside. I was unable to eliminated cinnamon since it is so pervasive in food.

Supplements

I have not found a supplement that has the perfect combination for me so I take them separately. I take a daily multivitamin as every adult American should do. I used to take beta-carotene. Some studies show a reduced risk of cancer in those whose diets are rich in carotenoids. There is little evidence that taking beta-carotene supplements will cause similar benefits. There are some data showing an increased lung cancer risk. After reviewing the literature, I decided against taking beta-carotene supplements.

The physician at MD Anderson recommended I take 400-800 IU of vitamin E per day. I also take vitamin C, which is available in inexpensive 500 mg tablets. Previous researchers advocated for larger doses of vitamin C (several thousand milligrams per day). However: recent studies have shown that the body cannot use more than 100 or 200 mg at a time. In addition, I take selenium 200 mcg per day. There are trials that show up to a 50% reduction in cancer mortality. Selenium is an important and often overlooked mineral.

Sharing

I am now more generous. I enjoy helping family members in need and donating to charities

such as SPOHNC. It is rewarding to know that they use the money effectively to help others.

Faith

I know the importance of my faith and spirituality. It gives meaning and depth to my day. In the morning, I open the door and look at the rising sun. While taking in a deep breath of fresh air I think, "This is the day The Lord hath made. Rejoice and be glad in it." I could not have survived my cancer experience without my faith. I was truly convinced of the power of prayer.

Inner Tranquility

Many would find a meditation practice helpful. It takes only 10-30 minutes per day and gives one an inner strength and serenity that lingers through the day. This process stimulates the parasympathetic nervous system that counters the rest of our hectic adrenaline-driven life. I recommend Herbert Benson's book, The Relaxation Response for more information.

I have greater appreciation for the deeper and helpful aspects of life with less attachment to particular circumstances and material possessions. Life is richer and I cherish the moments more. I continue a sense of mindfulness that has arisen out of my emphasis on health, healing, clarity of values, spiritual belief, and my meditation practice. I have signed up for a commitment to complete a master's degree. This schooling will last beyond the year that could have been my last. The plan, the goal, and the hope inspire me to go on.

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