



S•P•O•H•N•C

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

THE ROLE OF THE MEDICAL ONCOLOGIST IN THE TREATMENT OF HEAD AND NECK CANCER

BHOOMI MEHROTRA, MD

The treatment of head and neck cancer patients requires a multidisciplinary approach. After the initial diagnosis of a primary tumor arising in the head and neck region is made, institutions that provide comprehensive care to such patients will commonly have the case presented at a multidisciplinary tumor board. Membership of such a tumor board is comprised of head and neck surgeons, radiologists, pathologists, radiation oncologists, medical oncologists, oral and dental surgeons, reconstructive surgeons, nutritionists, social workers and speech and swallowing therapists.

Medical oncologists are the “medical”, i.e. non-surgical specialists involved in the care of cancer patients. A medical oncologist is an internist, additionally trained in the medical subspecialty of medical oncology. This physician is knowledgeable in the prevention, causative factors, demographics, pathogenesis (development of anatomic abnormality) diagnosis, staging (to determine the extent of disease) and treatment of cancers. A medical oncologist works closely with other members of the multidisciplinary team and helps formulate the final treatment plan recommended to the patient.

Chemotherapy in the Management of Head and Neck Cancer

Often times the primary function of this physician is to administer chemotherapy. Chemotherapy is a term initially coined by

microbiologists in their search for “chemicals” that would selectively destroy bacteria. Currently, this term is used for medications (chemical substances) used in the treatment of cancers. They usually attack rapidly dividing cells to which they are exposed and since malignant cells are usually rapidly dividing cells in an uncontrolled fashion, these cells are targeted more than the normal cells in the body. The lining of the intestinal tracts, hair cells, skin cells are often also affected leading to the possible side effects of chemotherapy such as low blood counts, nausea, hair loss, dryness of skin, etc. A medical oncologist monitors and reviews the effectiveness, benefits, risks, potential adverse effects and the rationale for using chemotherapy in the management of head and neck cancer patients.

Chemotherapy is now often used in the curative treatment of locally advanced head and neck squamous cell carcinomas, nasopharyngeal cancers and lymphomas, but has a less significant role in non-squamous salivary gland tumors.

Most commonly, chemotherapy is used simultaneously with radiation therapy in the curative treatment of local advanced squamous cell cancers of the head and neck area. Chemotherapy sensitizes the cancer cells to the toxic effects of radiation therapy and therefore increases the effectiveness of radiation therapy and therefore curability of the cancer. However, the addition of chemotherapy also increases toxicity on the normal cells such as the mucus membranes of the upper airways and upper digestive tracts.

Recently, clinical trials have demonstrated an improvement in disease control outcomes when chemotherapy is added to radiation therapy in the post-operative treatment of patients who are considered at high risk of recurrence such as the presence of cancer cells in multiple neck lymph nodes or the presence of cancer cells at the margins of the surgical removal.

Chemotherapy may also be used with a curative goal as “induction” treatment (i.e. initial treatment of the cancer with chemotherapy to shrink the cancer, limiting its spread and possibly predicting the effectiveness when combined with radiation therapy). Additionally, chemotherapy may be used after completion of the combined treatment phase of chemotherapy and radiation and recovery to “consolidate” the results of the initial treatment. The use of chemotherapy in the “induction” and “consolidation” phases for head and neck cancer remains the subject of clinical trials. Furthermore, the specific combination of chemotherapy to be used in addition to the commonly used drugs such as cisplatin and 5-fluorouracil remains an area of intense investigation.

In the palliative setting, chemotherapy is often used to obtain

See ONCOLOGIST on next page



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IN THIS ISSUE

A Time for Sharing.....4
Anniversary Preliminary Program.....6
Registration Form for Anniversary Event.....7

COMING IN JUNE 2006

“Evidence Based Research in the Head and Neck Cancer Patient”
Barbara Messing, MA, CCC-SLP, et al.

ONCOLOGIST from page 1

shrinkage of the tumor to reduce the local effects of an incurable cancer. The goal of treatment in such a setting is to reduce pain, improve quality of life, but not necessarily prolong life. A medical oncologist often balances the potential benefits of such therapy versus the possible side effects and recommends chemotherapy only when the possible benefits outweigh the risks of treatment with the aim of improving the quality of life.

Recently a new class of drugs targeting the epidermal growth factor receptor is undergoing clinical investigations. Drugs in this class include erlotinib, gefitinib and cetuximab. They are being evaluated in combination with radiation therapy in lieu of chemotherapy and as single agents or in combination with chemotherapy in the treatment of advanced disease

During the active treatment phase i.e. with chemotherapy or with combined radiation and chemotherapy the medical oncologist follows the individual very closely – monitoring the efficacy and side effects of the treatment. Weight loss is not uncommon in this setting and nutrition counseling, assessment for the need of a temporary feeding tube, monitoring of fluid status such as dehydration from lack of adequate fluid intake, assessing the need for intravenous fluids, monitoring of inflammation in the area of radiation, assessing requirement for pain medications, frequent monitoring of blood counts and kidney functions are supervised by the medical oncologist.

During the post-operative radiation therapy phase, when part of the radiation area is directed at the salivary glands, the medical oncologist may recommend the use of a “radio-protectant” for protecting the function of the salivary glands, i.e. to secrete saliva. Amifostine is such a drug, which is approved by the FDA and is administered under the supervision of a medical or radiation oncologist.

Following the phase of active treatment, the medical oncologist monitors the resolution of side effects and in conjunction with other members of the multi-disciplinary team evaluates the effectiveness of the treatment and outlines the follow up treatment or surveillance schedule for the patient.

Patients with head and neck cancers are at higher risk for the development of another tumor in the airways or digestive tract, which may be detected, simultaneously with the diagnosis of head and neck cancer or at some point of time later in life. Therefore, the medical oncologists in consultation with their surgical and radiation oncologist colleagues outline a surveillance schedule for early detection of future malignancies.

Several studies have evaluated the use of “chemopreventive” agents to prevent recurrence of the head and neck cancer and to reduce the incidence of second primary tumors in the upper airways and upper digestive system. Unfortunately, no class of drugs has shown to be efficacious to achieve this aim. However, reduction of exposure to causative agents, i.e. cessation of smoking and elimination of excessive alcohol has been proven to benefit. A medical oncologist provides extensive counseling in this regard and is instrumental in making appropriate referrals to cessation programs.

See ONCOLOGIST on next page

ONCOLOGIST from page 2

The Medical Oncologist as a
Palliative Care Physician

When the medical team caring for the patient and the supportive staff along with the patient and their families accept that the goal of future treatment is not with curative intent, but rather the control of symptoms and maintaining comfort, it is often the medical oncologist who takes the lead in coordinating this difficult phase of treatment. The medical oncologist along with home or inpatient health care agencies outlines a plan for the management of symptoms such as pain, infections, breathing symptoms, bowel symptoms such as diarrhea or constipation, fatigue, loss of appetite, dryness of the mouth, anxiety, and depression to maximize and maintain optimal quality of life. A frank and up-front discussion is necessary between the patient, their supportive caregivers and the health care team regarding the goals of treatment when the intent of treatment is not curative. Issues such as identifying a health care proxy, and discussions regarding advance

directives for life supportive treatments that may prolong life, but not necessarily maintain quality of life including mechanical ventilation and cardio pulmonary resuscitation, are best discussed much in advance of their potential need.

The Medical Oncologist as a
Clinical Researcher

Major advances have been made in the last decade in the diagnostic and staging evaluation with new modalities such as PET Scans and in treatment paradigms in the management of head and neck cancers. These have only been possible due to the participation of patients in rigorous clinical trials. A medical oncologist is central in the design, conduct, analysis, publishing and practice implementation of new clinical trials. New biologic treatment options, newer chemotherapeutic strategies and their integration in the curative and palliative treatments are essential to the progress in the treatment of head and neck cancers.

In summary, a medical oncologist is an integral part of the multidisciplinary team involved in the management of head and neck cancers. This physician often serves as a liaison between the patient and the entire team in addition to providing recommendations regarding the use of chemotherapy, biologic agents, counseling regarding surveillance and prevention of new tumors and providing access to enrollment in clinical trials, when appropriate.

Editor's Note: Dr. Bhoomi Mehrotra is a Medical Oncologist and Assistant Professor of Medicine at the Long Island campus of the Albert Einstein College of Medicine. He is the Medical Director of the Joel Finkelstien Oncology Unit and has clinical interest in the management of head and neck cancer patients in conjunction with the established Head and Neck Multi-disciplinary Cancer program at Long Island Jewish Medical Center, New Hyde Park, NY.

Talking With Your Doctor by LES GALLO-SILVER, LCSW-R

Talking with your doctor is a crucial element of survivorship. But even more important than that, is developing a relationship in which your doctor listens to you. Many times survivors tell their doctor they are fine because knowing they have completed treatment often over shadows other thoughts and feelings. Survival from head and neck cancer brings with it many questions. Issues concerning saliva, the health of one's teeth, and the symmetry of one's face are just a few of the survivorship issues that need to be addressed within the atmosphere of a collaborative relation with a doctor.

Here are some helpful hints to help create you create a collaborative relationship:

◆ If you have a concern about being understood because of a change in your ability to enunciate certain words, consider writing down your questions and giving the

list to your doctor to read and comment on.

◆ Be specific about your concerns about the long term side effects of radiation and surgery. Asking a doctor a specific question such as: "my teeth seem weak and unsteady when I chew on certain foods, will that get better?", will help you obtain more direct and specific answers.

◆ Be willing to ask to see a doctor who specializes in your specific concerns. While your cancer and its treatment may have been the underlying cause for your concerns; an oncologist or internist may not be the best source of information or able to address your concerns. Often dentists, reconstructive surgeons and dermatologists may be able to help.

◆ Bring someone with you to medical appointments. It is often difficult to listen if you are concerned about the information a doctor will share with you. Give a close

family member or friend the written permission to talk with your doctor to help you remember what your doctor has shared with you.

◆ Keep in mind that oncology nurses may have a great deal of expertise in addressing treatment and treatment side effects.

◆ Consider practicing with an oncology social worker how and what you will ask the doctor. Rehearsals can help you feel more comfortable talking about issues that concern you.

Surviving cancer is wonderful and thriving after cancer is better still. Being a partner with your doctor in your own care will help you feel more in control and better able to attend to all of the non-medical aspects of your life.

Editor's Note: Les Gallo-Silver, LCSW-R is Director of Clinical Programs at CancerCare in New York City.

A TIME FOR SHARING

As I was getting ready for work on September 4, 1998 (the Friday before the Labor Day holiday weekend), I noticed some swelling on the left side of my neck. I really didn't give it too much thought but after using a flashlight to see if there was anything in my mouth that might be causing the problem, I became concerned. My left tonsil appeared very swollen.

I drove directly to Lexington Family Practice in Irmo, South Carolina. My primary doctor was not available, but a colleague of his was available to see me right away. That sounded good to me. I did not want to go through the holiday weekend wondering what was wrong, and just wanted to get some reassurance that this was not any "big deal."

When the doctor began examining me, he found a large lump in my neck. He didn't know what it was but felt we needed to check it out. He said it may be nothing more than an infection and prescribed an antibiotic to see if that would reduce the swelling. He also scheduled an MRI at the local hospital and an appointment for me to see an ear-nose-throat (ENT) specialist, Dr. W.

Following the MRI, I picked up the results to take with me to my appointment with Dr. W. The results contained a lot of medical terminology that I didn't understand, but there was one word that troubled me - "carcinoma." I looked it up in the dictionary and it said: "a malignant tumor of epithelial origin." Now I was frightened.

The doctor was very reassuring and said a biopsy of my tonsil was necessary. A biopsy was done and then sent to a pathologist. A few days later, I went back to Dr. W to find out the results. When the doctor came in, he opened my file, looked at the results and, with disappointment on his face, told me it was cancer. All I could say was "damn." When he told me I had cancer, it felt like a ton of bricks just fell on me. He recommended that we do surgery to cut the tonsil and tumor out, then follow-up with radiation treatments. I asked him to go ahead and schedule the procedures. Surgery was scheduled to take place in about two weeks.

My drive home that day seemed like an eternity. I cried and sobbed the whole way. When I got home, I tried to be as composed as possible. When I walked in the house, I told my wife, Tina, "I've got cancer," and then I broke down and started crying again. She was so supportive and comforting. She said I would be fine, and that she was not worried about it all. That was certainly encouraging; nevertheless, I was very depressed.

After I got over the initial shock, I told myself that if I became negative and felt sorry for myself, I would just be miserable and would make everyone around me miserable, too. That sure wasn't going to help the situation, so I might as well get on with a positive outlook and be as upbeat about the situation as I could.

On October 2, I had surgery to remove my tonsils and the tumor in my neck. The first thing I remember after surgery was being wheeled down the halls of the hospital to the Intensive Care Unit (ICU). Before surgery, I was told that I would be going to a private room - *what in the world was I doing in ICU?* No one could answer me, so I figured something must have gone terribly wrong. (Later I realized that Dr. W. probably told me the outcome of my surgery when I was still groggy. I sure didn't remember any of it.) It was about three hours before my wife could get in to see me. She was a wonderful sight for very sore eyes! She told me everything went fine and Dr. W. felt like he got everything. He just had to remove more tissue than he had anticipated and wanted me to spend the night in ICU so I could be monitored more closely.

During surgery, Dr. W. also removed eleven lymph nodes from my neck and shoulder. The tonsils, the tumor in my neck and lymph nodes were all sent to pathology for analysis. The results: the left tonsil, the tumor and five of the lymph nodes were positive for cancer.

I was released from the hospital after a week, but had to be readmitted the following week for a couple of days because a *fistula* developed in my neck from the surgery. A feeding tube was put in through my nose; I

was sent home and received only liquid nourishment through the feeding tube for ten days. During this time, the fistula healed and I was able to eat again. The next step was to go through radiation therapy, which would not occur for another couple of months allowing time for the surgery to heal.

About three weeks after surgery, I was back at work. However, I didn't have the strength to work a full day. I would work up until I felt tired and then I would go home. But, hey, I was back having a real life again! I thought that was pretty cool.

Soon it was time for my initial visit with the radiation oncologist. He examined me and said he still felt a lymph node in my shoulder that had cancer in it. I asked him how he knew? He said "because it feels like it has rocks in it." I figured he knew a whole lot more about this stuff than I did. He said radiation treatments should take care of it, but now radiation therapy was of greater importance and not just to be given as a precaution.

I began my radiation treatments and after about four weeks the radiation oncologist examined me and told me that the radiation had "zapped" the cancer in the lymph node in my shoulder. Altogether I went through 7-8 weeks of radiation treatments to my neck and throat area. It only took about fifteen minutes a day so I was in-and-out quickly. I got to be good friends with the radiation oncology staff. They are wonderful people. I actually looked forward to my daily visits. Most of it wasn't too difficult, but the last two weeks got rough. My throat hurt so badly that I really had a very difficult time eating. The good news was I had been about 30 pounds over weight, but this very painful method of dieting allowed me to lose the excess weight, and I was now a slim and trim 150 lbs. The radiation did major damage to my salivary glands - my mouth was so dry. Dr. W. originally told me that my mouth would feel like sawdust. Boy, he sure was right! However, this has improved over time.

The painful effects of radiation subsided after a few weeks, and I really felt great again. As a matter of fact, I wanted to maintain my "fighting" weight, so I joined

a local gym and got on an exercise regimen of three to four mornings a week. After a few months, I felt better than I had in years, and I certainly looked a whole lot better, too! It was also a good excuse to get new clothes to fit my new body. I continued my routine exercise program and went through regular follow-up visits with my doctors. Every check-up showed me cancer-free - until after about three years, that is.

After viewing one of the routine chest x-rays, my radiation oncologist noticed a spot on my right lung. He said we needed to check it out and ordered a CT scan. Not to bore you with a bunch of details, it turned out I had developed a malignant tumor in the bottom lobe of my right lung. I also had a PET scan, which is a procedure that introduces isotopes into your bloodstream so a scan can detect any potential cancer spots. It showed another spot in between my two lungs. I subsequently went through surgery in December of 2001 to remove the bottom lobe of my right lung. The surgeon, also removed a group of lymph nodes

between my lungs where the PET scan showed a potential problem. Pathology results showed both the tumor in the lower lobe of my lung and one of the lymph nodes tested positive for cancer. I felt, "well here we go again!"

Of course I became depressed again for a brief period of time, then I made my mind up to be upbeat and positive, just as I had done three years earlier. I went through chemotherapy and radiation at the same time. Now that's not a very pleasant experience! Thank goodness for good doctors, some very good painkillers and a lot of support from my wife, family, friends and co-workers. By the way I've done an overwhelming amount of praying to God over the past six years asking for help and strength and he has answered every one. That's some powerful stuff! I've gone another three years since being diagnosed with lung cancer. The follow-up exams and CT scans continue to show me as cancer-free.

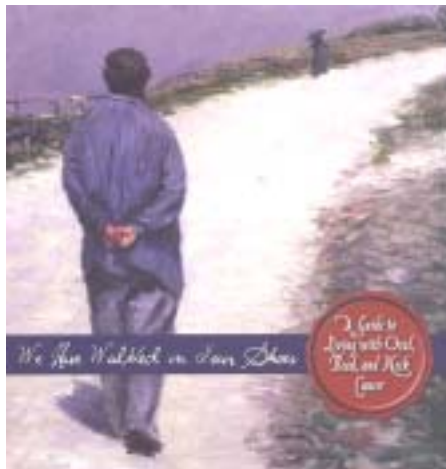
If it happens again, it will just happen and I'll deal with it the same way. A positive attitude, get good medical attention and pray a lot.

My life today is wonderful and very fulfilling. I've got a wonderful, supportive wife, two very spoiled miniature schnauzers and a good job. I sing and ring hand bells in my local church choir and play guitar in a 60's band. Who could ask for more?

One thing I learned from my health challenges and facing the possibility of death is how to put things in proper perspective; to know what is and isn't important. I no longer dwell or fret over things beyond my control. Maintaining a positive attitude can help just as much as all the surgical and medical treatments you may get - it's very important to know that you need both.

My suggestions to others is get regular check-ups, keep moving forward with a positive attitude, pray a lot and just enjoy life. And, as Jimmy Stewart said in the movie; *It's a wonderful life!* Take time to help others through their struggles - they might just need *your* help to make it through their cancer journey!

Jimmy Anderson
Chapin, SC



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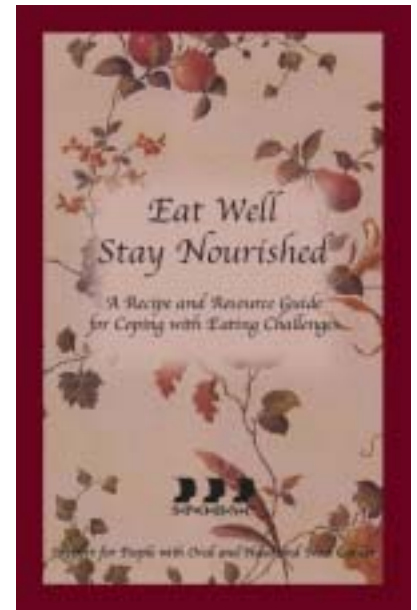
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**SUPPORT FOR PEOPLE WITH
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15TH ANNIVERSARY CONFERENCE AND CELEBRATION OF LIFE
MARRIOTT LAGUARDIA HOTEL, NY
August 19-20, 2006
PRELIMINARY PROGRAM**



FRIDAY, AUGUST 18, 2006

SPOHNC Registration/Information

4:00 PM-7:00 PM

SATURDAY, AUGUST 19, 2006

SPOHNC Registration/Information

7:30-10:00 AM

CONTINENTAL BREAKFAST

Opening Remarks

8:45 AM

Nancy E. Leupold, Survivor, President and
Founder of Support for People with
Oral and Head and Neck Cancer
(SPOHNC)

Swallowing Therapies

William J. Ravich, M.D., Clinical Director,
The Swallowing Center, Johns Hopkins Medicine
Dorothy Villano, M.A., CCC-SLP
Diane Saulle, M.S., CCC-CLP
Hearing and Speech Center: North Shore
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**Acupuncture Treatment For Dry Mouth in Head
and Neck Cancer Patients**

Richard C. Niemtzw, M.D., Ph.D., MPH,
Colonel, USAF, MC, Director, Acupuncture Clinic Malcolm
Grow Medical Center Andrews Air Force Base

Refreshment Break with Exhibitors

**Mind/Body Medicine: Keys to Survivorship for Cancer
Patients**

Ann Webster, PhD, Director of Mind/Body Programs for
Cancer and HIV+/AIDS; Mind/Body Medical Institute, MA

BUFFET LUNCH

Advances in Treatments for Head and Neck Cancer

David I. Rosenthal, M.D. Director, Head and Neck Transla-
tional Research, Department of Radiation Oncology, M. D.
Anderson Cancer Center
Marshall Posner, M.D. Director, Head and Neck Oncology
Program, Dana-Farber Cancer Institute
Adam S. Jacobson, MD, Dept. of Otolaryngology
Mt. Sinai Medical Center, NY, NY

Key Note Presentation:

Finding Strength From Adversity

Eva Grayzel, survivor and inspirational speaker.

Refreshment Break with Exhibitors

Medicare Coverage for Dental Care

Sally Hart, Esq., attorney with the Arizona Center For
Disability Law, in Tucson, AZ; consulting counsel to the
Center For Medicare Advocacy, Willimantic, CT

SPOHNC'S ANNIVERSARY RECEPTION

6:30 PM

All survivors, guests, speakers,
healthcare professionals

SUNDAY, AUGUST 20, 2006

SPOHNC Registration/Information

7:30 AM-9:00 AM

"CELEBRATION OF LIFE"

8:30 AM-12:30 PM

Opening Remarks

Nancy Leupold, Survivor,
President & Founder of SPOHNC

BUFFET BREAKFAST

Survivor Panel

Bette Denlinger, AZ Dan Stack, TX
Micki Naimoli, NJ Leonard Lanyo, NY

How Far Have We Come in 15 Years

James J. Sciubba, DMD. PhD, Director of Dental
and Oral Medicine, Johns Hopkins Medicine;
Vice President of SPOHNC

**Guest Of Honor: One of America's Favorite
Funny Men**

Norm Crosby, survivor and comedian

Salute to Survivors

All survivors of oral and head and neck cancer

Closing Remarks

12:00 noon
Nancy E. Leupold, Survivor

15th Anniversary Conference and Celebration

August 19-20, 2006

NY Marriott LaGuardia Hotel, Elmhurst, NY

Conference and Celebration of Life Registration Form

Please mail completed form to SPOHNC, P.O. Box 53, Locust Valley, NY 11560

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Please register early: Attendance is limited

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Reservations made after this date will be accepted on a space available basis and may not be at the group rate. All reservations must be guaranteed by a credit card or check for the first night's deposit.

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 Jackie Mojica
 Fran Tazella, RN
 Anita Bryan
 Sherry Laniado, MSW, LCSW
 Micki Naimoli
 Howard Sakolsky
 Susan Stensland
 Meg Turner
 Carol Murphy, LCSW
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 Suzanne Frantz, RN, CNOR
 Amy Orwig, MSW
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 Virgil Holdridge
 Michele Francis, LCSW
 Valerie D. Targia
 Jennifer Higgins, MSW
 Sabah Gasim, LCSW
 Bette Denlinger, MA, RN
 Kerri Winchester, MS, CCC, SLP

WISCONSIN-MADISON
 VIRGINIA-FAIRFAX-Heads Up!
 VIRGINIA-CHARLOTTESVILLE
 TEXAS-HOUSTON/TOMBALL
 TEXAS-DALLAS
 TEXAS-DALLAS
 PENNSYLVANIA-PITTSBURGH-UPMC
 OHIO-COLUMBUS
 PENNSYLVANIA-HARRISBURG
 NEW YORK-WESTCHESTER
 NEW YORK-SYOSSET
 NEW YORK-ROCHESTER
 NEW YORK-MANHATTAN
 NEW YORK-LONG ISLAND EAST
 NEW MEXICO-ALBUQUERQUE
 NEW JERSEY-TOMS RIVER
 NEW JERSEY-PENNSYLVANIA
 NEW JERSEY-MORRISTOWN
 NEBRASKA-OMAHA
 NORTH CAROLINA-CHARLOTTE
 MISSOURI-ST LOUIS (new)
 MINNESOTA-MINNEAPOLIS (new)
 MICHIGAN-TROY
 MICHIGAN-DETROIT-HFHHS
 MASSACHUSETTS-BOSTON
 MARYLAND-BALTIMORE-JHMI
 INDIANA-INDIANAPOLIS
 ILLINOIS-MAYWOOD
 ILLINOIS-CHICAGO
 GEORGIA-ATLANTA-Emory
 GEORGIA-ATLANTA, GA
 FLORIDA-PALM BEACH
 FLORIDA-MIAMI-Mort Silverblatt Head and Neck
 FLORIDA-MIAMI
 FLORIDA-GAINESVILLE
 FLORIDA-BOYNTON BEACH
 FLORIDA-BOCA RATON
 DC-WASHINGTON-LCC
 COLORADO-DENVER
 CALIFORNIA-SAN FRANCISCO-UCSF
 CALIFORNIA-SAN DIEGO
 CALIFORNIA-ORANGE-UCI
 CALIFORNIA-LOS ANGELES-UCLA
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SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER (SPOHNC)



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SATURDAY, AUGUST 19, 2006
Registration: 7:30 AM
Program Begins at 8:45AM

SUNDAY, AUGUST 20, 2006
“Celebration of Life”
Registration: 7:30 AM
Program: 8:30 AM-12:30 PM
NY Marriott LaGuardia Hotel

**Conference/Celebration
 Program & Registration Form
 available at www.spohnc.org
 or call
 1-800-377-0928**