

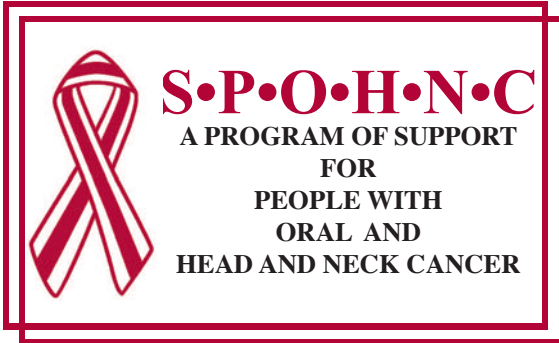
NEWS FROM S·P·O·H·N·C



VOL. 18 NO. 7

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

APRIL 2009



Integrative Medicine: Complementary Therapies in Cancer Care

BARRIE CASSILETH, MS, PHD
JYOTHIRMAI GUBILI, MS

Introduction

Head and neck cancers include malignancies of the oral cavity, oropharynx, larynx, sinuses, and the base of the skull. Approximately 35,000 people are diagnosed with head and neck cancers each year, and most are cured thanks to current treatments. But those very treatments -- surgery, radiotherapy and chemotherapy -- that extend life often result in painful, enduring symptoms that significantly reduce its quality.

Common symptoms experienced by head and neck cancer patients include chronic pain, excessive salivation, dry mouth (xerostomia), mucositis, difficulty swallowing (dysphagia and odynophagia, severe pain), and changes in speech. Understandably, these physical problems produce depression and anxiety. Studies also show that 20-50% of patients with head and neck cancers suffer from moderate to severe depression. Anxiety and depression are logical, normal reactions to such day-to-day difficulties and to persistent interference with routine life activities.

Pharmaceuticals are used to relieve some of these physical and emotional symptoms, but the limited relief they provide and the side effects they produce often outweigh their benefits. Therefore, many patients turn to complementary therapies for help. Surveys show that patients seek complementary therapies primarily for symptom relief, to help prevent recurrence, and to improve quality of life. Symptom relief and the ensuing quality of life benefits are precisely what complementary therapies offer.

What are Complementary Therapies?

Complementary therapies are used along with mainstream treatment to control symptoms, enhance well being, and contribute to overall patient and survivor care. These are non-invasive, non-pharmacologic therapies that control both physical and emotional symptoms. They do not cure cancer. They do, however, effectively provide relief from the

symptoms that head and neck patients, along with survivors of other cancers, experience every day.

Complementary therapies include massage therapies, acupuncture, music therapy, and mind-body therapies such as meditation, self-hypnosis and yoga. The term "Integrative Medicine" refers to the combination of mainstream treatments and complementary therapies backed by evidence of safety and effectiveness. There is growing recognition in cancer programs and centers nationally and internationally that not only the tumor, but also the symptoms associated with cancer and its successful treatments, must be addressed. That is the role and the goal of Integrative Medicine.

This article reviews the range of complementary therapies that are used to control symptoms during cancer treatment and thereafter. They are categorized below as Acupuncture, Massage Therapies, Mind-Body Therapies and Physical Function/Fitness and a brief section on herbal medicines.

I. ACUPUNCTURE

Acupuncture is an important component of traditional Chinese medicine (TCM). It involves the stimulation of specific points on the body with very thin, sterile, disposable needles (Figure 1). Heat, pressure, or electricity may be added to enhance the therapeutic effect.

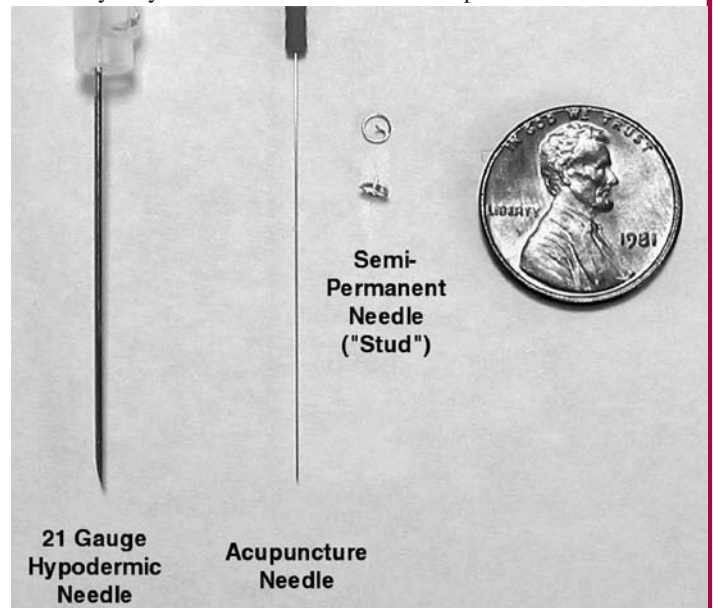


Figure 1. Acupuncture needles are much thinner than hypodermic needles. Acupuncture is safe and can be used to manage symptoms associated with cancer and cancer treatments.

According to ancient TCM philosophy, life energy or "qi" (pronounced "chee") flows through vertical energy channels in the body called "meridians." Disease was said to occur when the meridians were blocked, thus preventing the free flow of qi. Acupuncture needles

OTHER THERAPIES continued on page 2



BOARD OF DIRECTORS

Nancy E. Leupold, MA, President
James J. Sciubba, D.M.D., Ph.D., Vice President
Walter E. Boehmler, Treasurer
Maria DeMarco Begley, Esq.
Karrie Zampini, LCSW

NATIONAL EXECUTIVE DIRECTOR

Teresa G. Piropato

MEDICAL ADVISORY BOARD

David M. Brizel, MD
Duke University Medical Center
Linda K. Clarke, MS, RN, CORLN
Beebe Medical Center
David W. Eisele, MD, FACS
University of California San Francisco
Bonnie Martin-Harris, PhD, CCC-SLP
Medical University of South Carolina
Alex Keller, M.D., FACS
North Shore-LIJ Health System
Eugene N. Myers, MD., FACS
Univ. of Pittsburgh School of Medicine
David Myssiorek, MD, FACS
New York University

David G. Pfister, MD
Memorial Sloan-Kettering Cancer Center
Jed Pollack, MD
Long Island Radiation Oncology
James J. Sciubba, DMD, PhD
Greater Baltimore Medical Center
Elliot W. Strong, MD, FACS, Emeritus
Memorial Sloan-Kettering Cancer Center
Denise M. Vey Voda, MA, DDS
North Shore-LIJ Health System
Everett E. Vokes, MD
University of Chicago Medical Center
Randal S. Weber, MD, FACS
MD Anderson Cancer Center

Karrie Zampini, LCSW
Fighting Chance, Sag Harbor, NY

NEWSLETTER EDITOR

Nancy E. Leupold, MA

WEBMASTER

Barry Sebastian

*News From SPOHNC is a publication of
Support for People with Oral and Head and Neck Cancer, Inc.
Copyright ©2008-2009*

DISCLAIMER: Support for People with Oral and Head and Neck Cancer, Inc. does not endorse any treatments or products mentioned in this newsletter. Please consult your physician before using any treatments or products.

IN THIS ISSUE

Time for Sharing.....5
Tribute..... 6
What is SPOHNC.....7
Bottled Water Everywhere.....8
Focus on SPOHNC-Peabody, MA.....9

THERAPIES continued from page 1

were believed to unblock and stimulate the normal flow of qi, thereby restoring health. Acupressure, which is physical pressure on acupuncture points, is used to accomplish the same results.

The precise mechanism by which acupuncture or acupressure achieves results remains a matter of modern scientific inquiry. Stimulation of the nervous system leading to the release of endorphins or hormones is a documented explanation, and further study is underway. Modern science has located neither qi nor meridians. Acupuncture may not work as assumed by the great ancient philosopher-theorists, but the value of acupuncture is clear.

Acupuncture for Pain

Randomized clinical trials largely support acupuncture for both acute pain, as in dental surgery and chronic pain, as with migraine headaches or the aftermath of head and neck cancer treatments. In one study, 90 cancer patients were randomized to receive auricular (ear) acupuncture or placebo. After two courses of treatment, pain intensity decreased by 36% among those in the acupuncture group compared to only 2% in the placebo group. Several other studies also demonstrate the benefit of acupuncture in the management of pain associated with metastatic disease. Acupuncture can also ameliorate persistent neuropathic pain following thoracotomy (incision in the chest wall), mastectomy and, of greatest relevance, persistent pain following radical neck dissection.

Acupuncture for Extreme Dry Mouth

The first line of treatment for xerostomia, or extreme dry mouth, is pilocarpine, a pharmacologic agent that many patients find marginally useful. It is also associated with unpleasant side effects. A study of 18 head and neck cancer patients showed that acupuncture treatments improved salivation in patients with pilocarpine-resistant xerostomia.

Data from our recently completed study at MSKCC confirmed the effectiveness of acupuncture for the relief of head and neck cancer symptoms. Seventy head and neck cancer patients were randomized to receive acupuncture or usual care. Significant reductions in pain, dysfunction and xerostomia were observed in the acupuncture group compared to patients in the usual care group. This study was presented at ASCO (American Society for Clinical Oncology) in May 2008, and a manuscript detailing the results is in development.

Overall, acupuncture should be considered for chronic pain following head and neck cancer treatment, particularly when pain is poorly controlled by medication or if the medication is causing unacceptable adverse effects. Acupuncture may reduce or even eliminate the amount of pain medication required to sustain comfort. It should also be tried for neck and shoulder dysfunction and xerostomia following treatment for head and neck cancer.

II. MASSAGE THERAPIES

Massage involves various techniques that touch the skin and mold underlying muscles in comforting ways. Massage therapists employ varying degrees of pressure ranging from light touch to deeper tissue pressure, depending on the individual's clinical status. Massage therapies are applied to reduce tension and pain, improve circulation and encourage relaxation. Their important physical as well as emotional benefits are documented. They are used as complementary adjuncts in the treatment of many illnesses and are especially valued by cancer patients.

In a study of 1,290 cancer patients conducted by the Integrative

THERAPIES continued on page 3

THERAPIES continued from page 2

Medicine Service at MSKCC, massage therapy was shown to reduce symptoms of nausea, fatigue and depression by approximately 50%. In a clinical trial elsewhere, 86 patients with metastatic head and neck, lung, breast and colorectal cancers were randomized to receive reflexology (foot massage) or usual care. Patients who received reflexology reported immediate decrease in pain intensity and anxiety; minimal changes were seen in the control group. Reflexology can be taught to patients and family members, providing an added benefit for cost-effective home treatment.

It is best to use a licensed, certified, cancer-trained massage therapist for safety and optimal effectiveness.

III. MIND-BODY THERAPIES

Mind-body therapies include guided imagery, hypnosis, meditation and other relaxation approaches, yoga and music therapy. These are pleasant, non-invasive techniques that have an important role in cancer care. They relieve symptoms and provide the opportunity for patients to select according to their preferences, as Mind-Body therapies are valuable across the board.

Meditation

The role of meditation in health care has been studied scientifically over the last two decades, providing evidence of its value in managing physiologic symptoms such as chronic pain, hypertension, and symptoms associated with heart disease and cancer. Practicing meditation on a regular basis also decreases generalized anxiety, wards off bouts of chronic depression, and enables patients and survivors to cope more effectively.

One of the many types of meditation, called "Mindfulness based stress reduction," was found to improve mood and sleep quality, decrease stress and blood pressure, and enhance immune function in studies of cancer patients.

Hypnosis and Self-Hypnosis

Hypnosis may be viewed as a deeper form of meditation. In the medical as opposed to the theatrical setting, self-hypnosis is taught and quickly learned. It then becomes a tool to be used whenever a stressful situation looms. It invokes deep relaxation and relief of anxiety. Hypnosis has been studied extensively and found effective against a wide range of symptoms, including acute and chronic pain, panic, phobias, pediatric emergencies, surgery,

burns, posttraumatic stress disorder (PTSD), irritable bowel syndrome (IBS), allergies, certain skin conditions and unwanted habit control.

More relevant to us, hypnosis reduces anxiety and relieves the physical and emotional components of stress in cancer patients. In the most recent and methodologically sophisticated cancer-related study, 200 breast cancer patients scheduled for surgery were randomized to a hypnosis session or a "nondirective empathic listening" control group for 15-minutes before surgery. Patients in the hypnosis group required less pain medication and reported significant reductions in pain intensity, nausea, fatigue and discomfort compared to those in the control group. Hypnosis was also cost effective and reduced length of hospital stays.

A previous study by the same research group applied a similar methodology and found that hypnosis reduces presurgical emotional distress. Ninety patients awaiting excisional breast biopsy were randomized to 15-minute pre surgery hypnosis or to empathic listening. Patients in the hypnosis group had significantly less emotional distress, anxiety and depression, and significantly increased levels of relaxation compared to the control group while awaiting their surgery.

Hypnosis was explored in 36 patients scheduled for head and neck surgery. Fifteen of those patients volunteered for hypnosis, and 21 others received usual care. Postoperative hospitalizations were significantly shorter for patients in the hypnosis group, producing cost benefits.

Several studies have reported a strong association between smoking and high risk of oral cancer. Hypnosis may be of value in smoking cessation programs, as suggested by the following study. Two hundred and eighty-six smokers were assigned to receive two 60-minute sessions of hypnosis or standard behavioral counseling. Both groups also received three follow-up calls and two months of nicotine patches. At 12 months, the quit-rate in the hypnosis group was 24% compared to 16% for counseling group.

Yoga

Yoga, a 5,000-year-old exercise regimen developed in India, involves deep breathing, movement and posture. Because research documents its value in improving physical fitness and decreasing respiratory rate and blood pressure, yoga is often part of general medical management for heart disease,

asthma, diabetes, drug addiction, acquired immunodeficiency syndrome (AIDS), migraine headaches, arthritis and cancer.

One study of Tibetan yoga involved mental techniques, controlled breathing and visualization plus low-impact physical yoga postures. This controlled study, which involved a group of patients with lymphoma, showed significantly improved sleep quality; longer sleep duration and decreased use of sleeping medication in the yoga versus the control group.

Music Therapy

Music is a powerful tool that can help calm and soothe. Music therapy is provided by professional musicians who are also trained music therapists. They are adept in dealing with the psychosocial as well as clinical issues faced by patients and family members. Music therapy is particularly effective in the palliative care setting. It offers a creative, lyrical and symbolic means of addressing existential and spiritual needs. Many major institutions offer formal music therapy programs as part of supportive care.

Several studies, including one we conducted at MSKCC, indicate that music therapy produces emotional and physiologic benefits by reducing anxiety, stress, depression and pain. In our study, 62 cancer patients undergoing autologous stem cell transplantation were randomized to receive music therapy or standard care. Anxiety, depression and total mood disturbance scores were significantly reduced in patients who received music therapy compared to those in the standard care group.

IV. PHYSICAL FUNCTION & FITNESS

It has become increasingly clear that physical activity is essential to human health. The quality and quantity of survival after a cancer diagnosis is associated with physical activity, and with the relief of many symptoms that plague patients during and after cancer treatment. Exercise and even brisk daily walking was associated with improved survival in separate studies of patients with breast, colorectal and prostate cancer. Logically, physical activity should benefit those treated for head and neck cancers as well.

Data from randomized controlled trials demonstrate the effectiveness of physical activity in improving cancer patients' quality of life. Fatigue, which is among the most troublesome symptoms produced by radiotherapy.

THERAPIES continued on page 4

THERAPIES continued from page 3

medication, tumor-related factors and stress, can be relieved with physical activity. A survey of 59 head and neck cancer patients showed positive associations between total exercise, reduced fatigue and enhanced quality of life. A simple exercise regimen, such as brisk walking 20 minutes each day, should be adopted by survivors of head and neck cancer. At the very least, improved quality of life will be the reward.

HERBAL MEDICINE

Herbs and other botanicals are substances derived from plants. Medicinal herbal agents, also called phytomedicinals, are made from the whole plant or its leaves, stems, flowers, seeds or roots. Herbal supplements contain a single herb or a combination of several different herbs as is typical in traditional Chinese medicine, Ayurvedic medicine from India, and other time-honored healing approaches found in cultures throughout the world and over the millennia.

Many cancer patients today use herbal supplements to gain relief from symptoms associated with cancer treatments. Widely perceived by the public as “natural” and “safe,” botanicals should be viewed instead as what they are: unrefined pharmaceuticals. As such, they can have detrimental as well as positive effects. Many herbs, for example, such as ginger, ginseng, garlic and ginkgo, can cause postoperative hemorrhage because they interfere with coagulation of the blood. Other botanicals such as red clover and soy have mild estrogenic effects and may stimulate the growth of hormone-sensitive cancers.

A popular herb used for depression, St John’s Wort, lowers the activity of irinotecan, a chemotherapy drug, by almost 40%. Similarly, Astragalus, an herb commonly used as an immune stimulant in Chinese Medicine, can reverse cyclophosphamide-induced immune suppression.

As a general rule, it is best to avoid herbal medicines when on prescription medication, including chemotherapy. This principle does not pertain to culinary herbs used in cooking or sprinkled on food. It relates specifically to the much more dose-intensive herbal products sold as dietary supplements, because of the harmful potential for interactions between herbal supplements and prescription medications.

Patients should understand that herbal supplements are not viable substitutes for mainstream cancer care. They do not cure cancer.

Because reliable, frequently updated information on dietary supplements is limited, the Integrative Medicine Service at MSKCC developed and maintains a free Web site called “AboutHerbs” (<http://www.mskcc.org/aboutherbs>) for oncology professionals and the public. This site provides objective information on herbs, vitamins, dietary supplements and unproved cancer therapies. Each of 230 and growing entries includes a clinical summary and details about constituents, interactions, benefits and adverse effects.

Please note that there are many useless and even harmful “alternative therapies” falsely promoted as cancer cures or as viable treatments for use instead of surgery, chemotherapy or radiation. In fact, there are no viable “alternatives” to mainstream care.

Reliable Sources of Information on Complementary and Alternative Medicine

- Medline Plus: <http://www.nlm.nih.gov/medlineplus/druginformation.html>
- National Center for Complementary and Alternative Medicine (NCCAM): <http://nccam.nih.gov>
- Office of Complementary and Alternative Medicine (OCCAM): <http://dctd.cancer.gov/ProgramPages/OCCAM.htm>
- Quackwatch: <http://www.quackwatch.com/NIH> Office of Dietary Supplements: <http://dietary-supplements.info.nih.gov>
- U.S. Pharmacopeia: <http://www.usp.org/dietarySupplements>
- Memorial Sloan-Kettering Cancer Center, www.mskcc.org/aboutherbs

Conclusion

Complementary therapies are non-invasive, non-pharmacologic techniques that effectively manage symptoms. They offer patients under active treatment, as well as survivors, opportunities to select and participate in their own recovery.

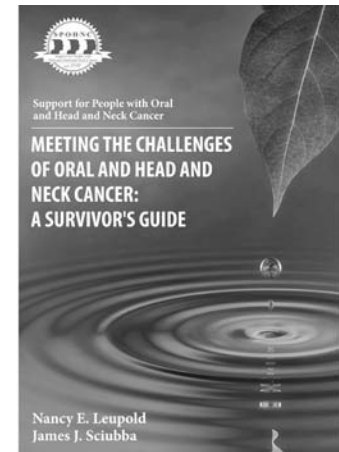
Massage, acupuncture, music therapy, meditation and other mind-body therapies, along with physical activity, were essential components of ancient traditional medical systems. Today, they play an equally important role in symptom control, as partners to the successful modern cancer therapies that enable us to address quality of life and survivorship issues.

The value of these therapies has been documented through rigorous scientific research conducted over the past few decades,

and investigations continue today. Used as complementary, adjunctive means of symptom control, they effectively relieve physical and emotional symptoms associated with contemporary cancer care, and enable moving into the future with good life quality.

Editor’s Note: Barrie R. Cassileth, MS, PhD is the Laurance S. Rockefeller Chair in Integrative Medicine, Chief of Integrative Medicine Service at The Integrative Medicine Service at Memorial Sloan-Kettering Cancer Center, New York, NY

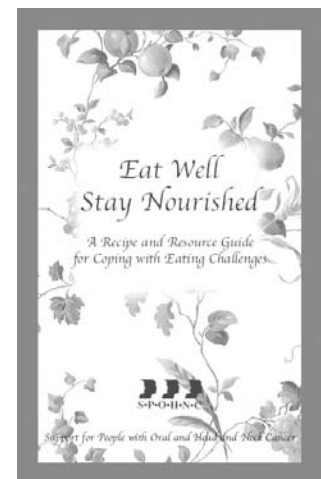
Jyothirmai Gubili, MS, is Assistant Editor, Integrative Medicine Service at The Integrative Medicine Service at Memorial Sloan-Kettering Cancer Center, New York, NY



Meeting the Challenges of Oral and Head and Neck Cancer: A Survivor's Guide

\$24.99

www.spohnc.org
10% Discount code: AP302
Also available at: www.amazon.com
www.barnesandnoble.com



Eat Well – Stay Nourished: a Recipe and Resource Guide for Coping with Eating Challenges

\$20.00

www.spohnc.org
1-800-377-0928

A TIME FOR SHARING... From stage IV (throat/neck cancer) to center stage (Fenway Park)

"You have cancer. You have a very serious, fast moving cancer and you need to do something about this immediately." These were the first words I heard upon awakening after a "routine" biopsy to determine the pathology of the lump on the left side of my neck. My response, "Do I have lymphoma." Dr. Bentley looks straight into my eyes and says, "I wish I could tell you that you have lymphoma. What you have is much more serious. It is called 'squamous cell carcinoma' and you are a very sick woman."

Given three months to live because of stage IV throat/neck cancer (August 2005), to singing the National Anthem at Fenway Park in Boston, MA just prior to a Red Sox game (July 2007), to riding my bicycle 85 miles for the Pan Mass Challenge in one day (August 2007) while personally raising over \$11,000 for children's cancer research through the Jimmy Fund - all in less than two years, I am living proof that the unexpected can be achieved.

This is a story of a woman's journey with cancer. Not just any woman, me, a dedicated health nut. My usual routine of working out at the gym three days a week, swimming on the off days, walking, riding my bike, playing golf and taking care to eat well didn't make me immune. Spirituality was at the top of my list, as I was and always will be a seeker and a person who walked closely with God. I was certain this multi-pronged, master combination would keep me in a good healthy body. I guess there are no guarantees.

It was clear to my family and me that we needed to get to Boston ASAP. A team of doctors at Mass Eye and Ear, Head and Neck Oncology Department's diagnosis was stage IV cancer on both sides of my neck, with a primary tumor on the back of my tongue. It was mid-September, 2005 and the doctors warned me, if I didn't move very quickly with treatment I would not be alive for Christmas. Originally I wanted to pursue a more alternative treatment.

Over the past several years I studied several alternative healing modalities and became certified in Reflexology, Sound Healing, Polarity Therapy, and completed all three levels of Reiki to become a Reiki Master. When I suggested to my doctors that I would seek treatment through these modalities they made it crystal clear that I better have a miracle. According to them, without treatment within

the next few weeks I would most likely be too sick to be alive within the next 90 days. Need I say more?

Chemotherapy along with daily radiation treatments for two and a half months would hopefully keep me alive. Two weeks later a feeding tube was surgically inserted into my stomach, and the rigorous treatments began. As the white coats predicted, I lost all ability to eat, drink, and could barely speak. It took three months before I could drink anything and, for nine months, all nutrition came by way of my feeding tube. What little voice I had would fade completely by mid-afternoon, and the most devastating aspect of this journey was my inability to sing a single note. I always had a song in my heart and most often walked around with the melody on my lips. My doctors warned me of the possibility that I might never sing again.



Early on I made a commitment to myself, my family, and my spiritual community, the more these treatments wracked my body, the more my spirit would soar. Choosing to view this as having an "opportunity" as opposed to having cancer was what, I believe, saved my life. Addressing my spiritual community at Unity On The River in Amesbury, MA one Sunday morning, I asked, "Please, if you would, do not label me as a cancer victim. I do not have cancer, I have an opportunity. Hold the 'high watch' for me and know this is my opportunity to take a closer walk with God."

Choosing to take this approach does not negate the fact that I experienced anger at my situation. I'm human and my spirituality needed to make room and allow for my personality to express itself. And it did. I bought a wiffle ball bat. When my sister Diane asked, "Why did you buy a bat? My response, "It is my anger management tool. Whenever I feel angry I am going to let my self express

the anger so I can clear myself to make more room for spirit/God to do its work of healing in me." The room I could make by clearing out old unwanted cobwebs of anger the more light could come into my being. By the same token, I was determined to work with this cancer and approach it from a very different perspective. I didn't look at this as most people do, as a "battle." I think our culture makes a huge mistake in looking at "battling" cancer as opposed to embracing it. My cancer came as a teacher and a sage. Naming this cancer PIN- an acronym for Pain In the Neck, I gave it a pen and gave it permission to teach me. The lessons were rich and enlightening and taught me something deeply critical to healing... Self Love. When we love ourselves we don't want to battle anything. When we love ourselves we allow our vibration to be in a place where we attract life at a higher frequency; a frequency that promotes healing on all levels, emotionally, mentally, physically, and spiritually. Self love is the all-time greatest healer. I decided I was going to be a miracle magnet. Whatever miracles God had for me I was ready, willing, and open to receive them.

Early on I had to make a decision to either let myself die or go through the rigors of hell to stay alive. During this discernment process I spoke to God often... "Should you choose to keep me alive, please use my life in a big way to help inspire others." There is no doubt that God was listening because on July 14th, 2007, just 22 months after my diagnosis, I sang the National Anthem before 35,000 fans at a Boston Red Sox game at Fenway Park. The exposure from just that one night touched so many and reached thousands of people. And yes, God is using my life in a big way. Weekly I am contacted to pray for and often times counsel people who are struggling with cancer. The trajectory of my life has shifted tremendously as I am now six months away from being ordained as an Interfaith Minister. I am blessed to be able to travel the country speaking and teaching workshops. I live in the moment -- continually open to what God has in store for me. Every day is a gift and each day I open this gift with a heart full of gratitude.

Denise DeSimone

Amesbury, MA

978.407.8107

denise@denisedesimone.com

www.denisedesimone.com

TRIBUTE TO NANCY LEUPOLD PRESIDENT & FOUNDER

Support for People with Oral and Head and Neck Cancer (SPOHNC)

Pouring torrential rains and strong prevailing winds did not stop members, family and friends, board members, chapter facilitators and staff members from the Long Island Chapters of Syosset and Stony Brook from coming out to honor the remarkable accomplishments of Nancy E. Leupold, President and Founder of SPOHNC. The "Surprise Tribute" took place in the conference room at North Shore LIJ Syosset Hospital,

NY on December 11, 2008. The room was filled to capacity. Everyone stood and applauded as Nancy,

touched by an outpouring of love and appreciation, entered the room. After 19 years of dedication to the development and continuity of SPOHNC, Nancy had decided to retire from her position at SPOHNC to spend more time with family.

Walter Boehmler, Treasurer of SPOHNC, opened the evening's program. He gave a detailed account of how Nancy, an oral cancer survivor, began the development of SPOHNC in 1990 which was granted a 501(C)(3) non-profit status in 1992.

"Through Nancy's extreme dedication and hard work, SPOHNC currently has 76 chapters and a National Survivor Volunteer Network of 133 volunteers. The website, receives 1,000,000 hits per year and "News from SPOHNC", published eight times a year, contains valuable articles written by healthcare professionals and lay persons, addressing critical issues for oral and head and neck cancer survivors" said Walter.

Mary Ann Caputo, SPOHNC'S Outreach Administrator, followed. She presented Nancy with a beautiful crystal vase etched with

SPOHNC's logo, "Nancy E. Leupold Founder and President "as well as the inscription, "No one is more cherished in this world than someone who lightens the burden of another". How appropriate for such an individual whose heart and passion has always been to help those "who have walked in our shoes." A second presentation from Mary Ann was a beautiful scrapbook that contained a collection of notes of appreciation written to Nancy from many people over the years..

In addition, Dennis Staropoli Chapter Facilitator, at Stony Brook, announced that chapters from different parts of the country were contributing to SPOHNC in Nancy's hon-

and far, who had worked so hard with her to make SPOHNC the success that it is today..

At the end of her remarks, Nancy introduced SPOHNC'S National Executive Director, Teri Piropatto. Teri thanked Nancy for her warm introduction and said:

"We are all deeply indebted to Nancy who has worked tirelessly to address the broad needs of oral and head and neck cancer survivors. I am pleased to share a message from, James J. Sciubba, DMD, PhD who was not able to be here this evening. Dr. Sciubba was instrumental in helping Nancy with the formation of SPOHNC and he continues to serve as SPOHNC's Vice President and Medical Advisory Board Chairman."

"Many thanks for allowing me the honor of writing a few comments in recognition of Nancy's accomplishments over the years concerning SPOHNC. To say that the organization has been her baby that she nurtured and toiled over would be

an understatement, but the analogy may be appropriate, for now this creation is mature and yet still developing."

"SPOHNC has matured to its current level largely as the result of her tireless efforts and pursuits. Nancy has mastered the tasks of fund raising, industry relationships, chapter development, patient advocacy and developments in oral and head and neck cancer better than any lay person I know. As she steps down from her current role, she leaves an organization with momentum and direction that is largely the result of her energy and vision, with the recognition of SPOHNC across the country."

"As one who has been with Nancy since the establishment of SPOHNC, I can only

- TRIBUTE continued on page 7



or. Micki Naimoli, facilitator of the New Jersey/Philadelphia chapter had organized a fundraiser for SPOHNC in Nancy's honor and had asked other chapters to participate. Dennis Staropoli helped to coordinate Micki's efforts resulting in a very successful and special tribute.

The chapters that participated in the tribute included North West, AR, Phoenix, AZ, Scottsdale, AZ, Los Angeles-UCLA, CA, San Diego, CA, Kansas City, KS, Boston, MA, Morristown, NJ, New Jersey-Philadelphia, NJ, Stony Brook, NY, Syosset, NY, Dallas, TX, Charlottesville, VA, and Madison, WI.

Nancy was enormously appreciative. She was completely surprised and overwhelmed by the turnout. She then thanked everyone, near

BOARD OF DIRECTORS ANNOUNCES NEW EXECUTIVE DIRECTOR



SPOHNC'S Board of Directors is pleased to announce the appointment of Teresa G. Piropato as Executive Director.

Well versed in non-profit organization management, she has served the non-profit community for three decades. Teri has provided public relations,

marketing communications and fund raising counsel for a variety of non-profits.

Teri served as the National Executive Director of the Cooley's Anemia Foundation and earlier was the first Executive Director of the New York State Grand Lodge Foundation, Order Sons of Italy in America. Formerly a member of SPOHNC's Board of Directors, Teri's professional affiliations include serving on the Board of Directors of the Women's Leadership Council, North Shore LIJ University Hospital; The Maurer Foundation for Women's Health Education; the Coalition Against Child Abuse & Neglect and the American Society of the Italian Legions of Merit.

"The opportunity to advocate for our patient population, partner with the Board, lead the staff, and build on SPOHNC'S many success will be a distinct honor," she said.

say: Thank you Nancy for allowing us to have been a part of your team and to be associated with an organization that has helped so many people in their time of need in so many ways. This tribute is most well-deserved. Enjoy the evening- -I wish I could be with you to share in this event."

Nancy was greeted individually by all those present as she asked everyone to enjoy the wonderful array of refreshments that were beautifully coordinated by Mary Ann Caputo, Mary Terese Kirtland, Christine Lantier, Dennis Staropoli and attendees from the Stony Brook and Syosset, New York chapters.

Thank you Nancy for the dedication and tireless effort for starting SPOHNC and building it into such an important national organization for the support of people with oral, head, and neck cancer. We will miss you.

We wish Nancy continued success and happiness in the coming years ahead. Nancy plans to relocate to Madison, New Jersey where she will continue to serve as SPOHNC's president and editor of "News from SPOHNC".

"WALK SPOHNC"

Saturday, May 9, 2009

For the first time, hundreds of survivors, families and friends, and healthcare professionals will gather in their local communities to help raise awareness of oral and head and neck cancer.

So please come on out and join us on Saturday, May 9, 2009, rain or shine for a SPOHNC experience like no other! Take this opportunity to spend time with survivors, families, friends, and healthcare professionals in a healthy and worthwhile activity. Walkers will be amazed at the amount of awareness, support and generosity that will be generated. Walking together creates awareness and makes a powerful public statement.

"I am so happy to be able to do this for oral and head and neck cancer survivors." remarked Micki Naimoli, facilitator of the New Jersey-Philadelphia chapter of SPOHNC. "It is a long time in coming. Other causes get widespread recognition but very few truly understand the unique difficulties encountered by our survivors."

John Groves, facilitator of the Indianapolis-North chapter added, "I am

so excited about this event and I am really looking forward to it." "Our survivors are ready to participate! Let's help support those in need," commented Mary Ann Caputo, co-facilitator of the New York-Syosset chapter.

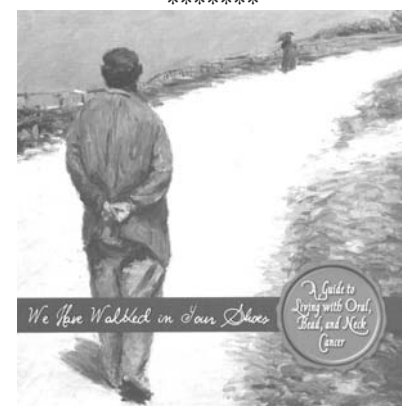
"We are moving ahead and it is exciting to see the group participating in the planning. We are keeping it (the event) simple, and are happy to join the other participating chapters," contributed Mary Moody, facilitator of the Kansas City, Kansas chapter. Dorothy Austin, co-facilitator added, "We have a great group and we love doing things like this together."

The Chapters in Phoenix and Scottsdale Arizona are walking together, are well organized and ready for the Walkathon. Like the chapters in Arizona, Stony Brook and Syosset, New York chapters will also be walking together.

Participating chapters in this first annual WALK SPOHNC include Arizona-Phoenix, Arizona-Scottsdale, Indiana-Indy-North, Kansas-Kansas City, New Jersey-Morristown, New Jersey-Philadelphia, New York-Rochester, New York-Stony Brook and New York-Syosset.

For specific WALK SPOHNC

information for your area, contact the chapter facilitator listed at the back of this newsletter or visit our web site at www.spohnc.org to download a registration form and receive further instructions. All registered participants will receive an SPOHNC Oral Head and Neck Awareness T-shirt.



***We Have Walked In Your Shoes,
A Resource Guide to Living with
Oral, Head and Neck
Cancer***

www.spohnc.org 800-377-0928.

*(This book was made possible through the
generous support of
Bristol-Myers Squibb & ImClone Systems)*

Bottled Water Everywhere: Keeping it Safe



U.S. consumers have a big thirst for bottled water, buying more than 8 billion gallons of it in 2007 alone, according to the International Bottled Water Association.

The U.S. Food and Drug Administration (FDA) regulates bottled water products, working to ensure that they're safe to drink.

FDA protects consumers of bottled water through the Federal Food, Drug, and Cosmetic Act (FD&C Act), which makes manufacturers responsible for producing safe, wholesome, and truthfully labeled food products.

There are regulations that focus specifically on bottled water, including

- "standard of identity" regulations that define different types of bottled water
- "standard of quality" regulations that set maximum levels of contaminants—including chemical, physical, microbial and radiological contaminants—allowed in bottled water
- "current good manufacturing practice" (CGMP) regulations that require bottled water to be safe and produced under sanitary conditions.

Types of Bottled Water

FDA describes bottled water as water that's intended for human consumption and sealed in bottles or other containers with no added ingredients, except that it may contain a safe and suitable antimicrobial agent. (Fluoride may also be added within the limits set by FDA.)

The agency classifies some bottled water by its origin. Here are four of those classifications:

- **Artesian well water.** This water is collected from a well that taps an aquifer—layers of porous rock, sand and earth that contain

water—which is under pressure from surrounding upper layers of rock or clay. When tapped, the pressure in the aquifer, commonly called artesian pressure, pushes the water above the level of the aquifer, sometimes to the surface. Other means may be used to help bring the water to the surface.

- **Mineral water.** This water comes from an underground source and contains at least 250 parts per million total dissolved solids. Minerals and trace elements must come from the source of the underground water. They cannot be added later.
- **Spring water.** Derived from an underground formation from which water flows naturally to the surface, this water must be collected only at the spring or through a borehole that taps the underground formation feeding the spring. If some external force is used to collect the water through a borehole, the water must have the same composition and quality as the water that naturally flows to the surface.
- **Well water.** This is water from a hole bored or drilled into the ground, which taps into an aquifer.

Bottled water may be used as an ingredient in beverages, such as diluted juices or flavored bottled waters. However, beverages labeled as containing "sparkling water," "seltzer water," "soda water," "tonic water," or "club soda" aren't included as bottled water under FDA's regulations. These beverages are instead considered to be soft drinks.

It May Be Tap Water

Some bottled water also comes from municipal sources—in other words, the tap. Municipal water is usually treated before it is bottled. Examples of water treatments include

- **Distillation.** Water is turned into a vapor, leaving minerals behind. Vapors are then condensed into water again.
- **Reverse osmosis.** Water is forced through membranes to remove minerals.
- **Absolute 1 micron filtration.** Water flows through filters that remove particles larger than one micron—.00004 inches—in size. These particles include *Cryptosporidium*, a parasitic pathogen that can cause gastrointestinal illness.

- **Ozonation.** Bottlers of all types of waters typically use ozone gas, an antimicrobial agent, instead of chlorine to disinfect the water. (Chlorine can add residual taste and odor to the water.)

Bottled water that has been treated by distillation, reverse osmosis, or another suitable process may meet standards that allow it to be labeled as "purified water."

Ensuring Quality and Safety

Federal quality standards for bottled water were first adopted in 1973. They were based on U.S. Public Health Service standards for drinking water set in 1962.

The 1974 Safe Drinking Water Act gave regulatory oversight of public drinking water (tap water) to the U.S. Environmental Protection Agency (EPA). FDA subsequently took responsibility, under the FD&C Act, for ensuring that the quality standards for bottled water are compatible with EPA standards for tap water.

Now each time the EPA establishes a standard for a contaminant, FDA either adopts it for bottled water or finds that the standard isn't necessary for bottled water.

In some cases, standards for bottled water and tap water differ. For example, because lead can leach from pipes as water travels from water utilities to home faucets, EPA has set its limit for lead in tap water at 15 parts per billion (ppb). For bottled water, for which lead pipes aren't used, the lead limit is set at 5 ppb.

For bottled water production, bottlers must follow the CGMP regulations put in place and enforced by FDA. Water must be sampled, analyzed, and found to be safe and sanitary. These regulations also require proper plant and equipment design, bottling procedures, and recordkeeping.

In addition, FDA oversees inspections of bottling plants. The agency inspects bottled water plants under its general food safety program and has states perform some plant inspections under contract. (Some states also require bottled water firms to be licensed annually.)

For More Information

FDA Center for Food Safety and Applied Nutrition Bottled Water Regulations
www.cfsan.fda.gov/~lrd/bot-h2o.html

LOCAL CHAPTERS OF SPOHNC

FOCUS ON SPOHNC - PEABODY, MA

Over the course of seven months in '05, staff of the North Shore Cancer Center took notice of the increasing number of head and neck cancer patients presenting for treatment. It was clear to all that a coordinated response to the unique needs of this patient population was indicated. Staff members, including the chief of radiation therapy, nurses from the Center's radiation and medical oncology departments, dietitians and the social worker, along with the speech and language pathologists from North Shore Medical Center and nearby Beverly Hospital began meeting to formulate a multi-disciplinary approach to care for our head and neck patients.

This multi-disciplinary team set out to learn best practices in the treatment of head and neck cancer, disseminate this information to staff center-wide and implement a coordinated plan of care. The importance of speech and language intervention early on in the treatment process was highlighted, and a team effort between these therapists and the dietitians was forged.

It was also clear to our team that increased psychological and emotional support not only for patients, but also for their

family members, was crucial for getting patients through their very intensive treatment regimen. With this understanding our first head and neck cancer support group took shape.

Initially our group was designed to be a time limited psycho-educational program. Topics including understanding the disease process, radiation and chemotherapy and their side effects, good nutrition, rehabilitation and psychosocial aspects of care were discussed over the course of this five week program.

We were privileged to host SPOHNC's founder, Nancy Leupold, as one of our first guest speakers. Her willingness to share her own story of triumph over the disease inspired all attendees.

During an open discussion at the conclusion of the program, patients and family members let us know that they wanted the meetings to continue. Thus SPOHNC PEABODY was born.

SPOHNC-PEABODY-MA continues to meet on a monthly basis, adhering to the education/support model fostered by the national organization.

Guest speakers have addressed topics including: HPV and the onset of head and neck cancer; advances in surgical intervention; and strategies for addressing loss of taste from treatment, among others.

We are excited about our schedule of events for the year ahead. Members of our group will be creating a memorial quilt that will be displayed in our new facility when the North Shore Cancer Center merges with Massachusetts General Hospital in June, '09. And we will be sponsoring our first "Taste Off" in May '09. Inspired by the recent New Yorker article about chef Grant Achatz of Chicago, a tongue cancer survivor, our SPOHNC chapter has begun contacting area chefs to challenge them to create dishes that will awaken taste buds and can be easily swallowed by persons dealing with the side effects of radiation therapy. Our goal is to continue to educate, support and create moments of enjoyment for our committed SPOHNC members.

For more information, please contact:
Mary Anne Macaulay, LICSW
978-573-5318
mmacaulay@partners.org

ARIZONA-PHOENIX
Banner Desert Medical Center
3rd Wednesday: 4:30 -6:30 PM
Keri Winchester, MS CCC-SLP 480-512-3627
Bette Denlinger, MA, RN 480-838-5194
beneden@cox.net
Dick Snider 480-895-6019
Rsnider326@aolcom

ARIZONA-SCOTTSDALE
Virginia G. Piper CA Center
3rd. Thursday: 6:30-8:30 PM
Bette Denlinger, MA, RN 480-838-5194
beneden@cox.net
Chris Henderson, MS, CCC-SLP 602-312-9226
chenderson2@shc.org
Sandy Bates, RN zoomomof6@cox.net
Les Norde 602-439-1192
elnorday@cox.net

ARKANSAS-NORTHWEST
NWA Cancer Support Home
3rd. Saturday: 10:00 AM-12:00 PM
Jack Igleburger 479-876-1051/586-4807
tmplnjak@cox.net

CALIFORNIA-LOS ANGELES-UCLA
UCLA Med. Pla., Rad/Onc. Conf. Rm. B-265
1st Tuesday: 6:30-8:00 PM
Pam Hoff, LCSW 310-825-6134
phoff@mednet.ucla.edu

CALIFORNIA-ORANGE-UCI
Chao Family Comprehensive CA. Ctr.
1st. Monday: 6:30-8:00 PM
Jennifer Higgins, MSW 714-456-5235
jhiggins@uci.edu

CALIFORNIA-PASO ROBLES
The Wellness Community
1st Tuesday: 6:00 PM
Kenda Kellawan 805-238-4411
kenda.kellawan@wellnesscommunityhope.org

CALIFORNIA-SAN DIEGO
Valerie Targia 760-751-2109
valtargia@yahoo.com

CALIFORNIA-STANFORD
Stanford Cancer Center
1st Tuesday: 4:00 - 5:30 PM
Jan Porter, LCSW 650-725-4765
jporter@stanfordmed.org
Ann Kearney, MA, CCC-SLP 650-736-0469
akearney@ohns.stanford.edu

COLORADO-DENVER
Porter's Adventist Hospital
Last Tuesday: 6:30-8:00 PM
Jeanne Currey 303-778-5832
jeannecurrey@centura.org

CONNECTICUT-NORWICH
William W. Backus Hospital
Medical Office Building, MOB Conf. Rm.
3rd. Tuesday, 5:00-6:00 PM
Darlene Young, RN, OCN 860-892-2777
dayoung@wwbh.org
Kathy Gernhard, RN, OCN 860-892-2777
kgernhard@wwbh.org

DC-WASHINGTON
Lombardi Cancer Center
3rd Monday: 12:15-1:45 PM
Joanne Assarsson, MSW, LICSW 202-444-3755
assarssj@gunet.georgetown.edu

FLORIDA-BOCA RATON
Boca Raton Community Hospital
1st Tuesday: 4:00-5:00 PM
Laura Moon, MSW 561-955-5897
lmoon@brch.com

FLORIDA-ENGLEWOOD
Englewood Community Hospital
3rd. Thursday: 10:30-12:00 PM
Joseph Bauer 941-474-0099

FLORIDA-FT. WALTON BEACH/NW
Call for Location
4th. Thursday, 5:00 PM
Ryann Ennis, MA CCC-SLP 850-863-7580
ryann.ennis@hcahealthcare.com
Shanon Leach, MA, CCC-SLP 850-863-7580
shannon.leach@hcahealthcare.com

LOCAL CHAPTERS OF SPOHNC

FLORIDA-GAINESVILLE
Winn Dixie Hope Lodge
2nd Monday: 6:00-7:00 PM
Carol Glavin, MSW, LCSW 352-371-8695
cflavin@cox.net
No calls after 9:00 PM, please

FLORIDA-LECANTO
Robert Boissoneault Oncology Institute
3rd Wednesday: 11:30 AM-1:00 PM
Patrick Meadors, MS 352-342-1822
pmeadors@rboi.com

FLORIDA-MIAMI
The Wellness Community
3rd Wednesday, 7:00-9:00 PM
Gary Mallinchrodt 305-668-5900
gcme4@yahoo.com
Russell Nansen 305-661-3915

FLORIDA-MIAMI
UM/Sylvester at Deerfield Beach, Ste.100
2nd Tuesday: 1:30 PM-3:00 PM
Penny Fisher, MS, RN, CORLN 305-243-4952
pfisher@med.miami.edu

FLORIDA-OCALA
Robert Boissoneault Oncology Institute
1st Monday: 11:00 - 12:00 Noon
Patrick Meadors 352-342-1822
pmeadors@rboi.com

FLORIDA-SARASOTA
The Wellness Community
2nd Thursday: 5:30 PM
Julie O'Brien, LMHC 941-921-5539
julieobee@verizon.net
John Kleinbaum, Ph.D 941-921-5539
hope@wellness-swfl.org

FLORIDA-WELLINGTON
Wellington Cancer Center
4th Tuesday, 6:30-8:00 PM
Catherine DeStefano, RNC,OCN 561-793-6500
angelicaneil@bellsouth.nett

GEORGIA-ATLANTA
St. Joseph's Hospital
2nd Monday: 6:30-8:00 PM
John Sandidge 678-843-5585
jsandidge@sjha.org

GEORGIA-ATLANTA-EMORY
Winship CA Institute (Bldg. G)
Last Monday: 6:30-7:30 PM
Arlene S. Kehir, RN 404-778-2369
Arlene.Kehir@emoryhealthcare.org

GEORGIA-AUGUSTA
MCGHealth Children's Medical Center
Family Resource Center
1st Tuesday, 6:00-7:30 PM
Lori M. Burkhead, PhD, CCC-SLP
706-721-6100 lburkhead@mcg.edu
Leann Dragano
draganole@bellsouth.net

ILLINOIS-CHICAGO
Duchossois Ctr.for Advanced Medicine
4th Tuesday, 1:00 PM
Mary Herbert 773-834-7326
mherbert@medicine.bsd.uchicago.edu

ILLINOIS-EVANSTON/HIGHLAND PARK
NorthShore University Health System
Call for location
2nd Monday, 6:00-8:00 PM
Sabina Omercajic, MS, CCRP 847-570-1066
somercajic@northshore.org

ILLINOIS-MAYWOOD
The Cardinal Bernardin Cancer Ctr.
3rd Wednesday, 6:00-7:00 PM
Laura Morrell, LCSW 708-327-2142
lmorrell@lumc.edu

INDIANA-INDY-NORTH
Marion County Public Library
Lawrence Branch
Last Tuesday: 7:00-9:00 PM
John Groves 317-872-6674
Jgroves14@comcast.net

INDIANA-INDY-SOUTH
St. Francis Education Center
1st Thursday: 7:00 PM
Janice Leak, MSN, APRN-BC, AOCN
317-782-6704 Janice.Leak@ssfhs.org

INDIANA-TERRE HAUTE
Hux Cancer Center
3rd Monday, 11:00 AM
Mary Ryan, SP 812-234-9584
Maryryan2@juno.com

IOWA-DES MOINES
Medical Oncology Hematology Assoc.
J. Stoddard Cancer Ctr., Suite 450
1st Wednesday, 5:30 PM
Jennifer Witt, RN 515-282-2921

KANSAS-KANSAS CITY
Univ. of Kansas Hospital
2nd & 4th Wednesdays: 4:00 - 5:00 PM
Mary Moody, LMSW 913-588-3630
mmoody@kumc.edu
Dorothy Austin, RN, OCN 913-588-6576
daustin@kumc.edu

LOUISIANA-BATON ROUGE
Cancer Services of Greater Baton Rouge
3rd Wednesday: 4:00 PM
Krystal K. Sauceman, RN 225-572-7943
survivorbr@yahoo.com

MARYLAND-BALTIMORE-GBMC
Milton J. Dance Head & Neck Center
Physicians Pavilion East Conf. Ctr.
3rd Tuesday, 7:00 PM
Dorothy Gold, LCSW-C, OCW-C
443-849-2980 dgold@gbmc.org

MARYLAND-BALTIMORE-JHMI
Johns Hopkins - Greenspring Station
2nd Wednesday: 7:00-8:30 PM
Kim Webster 410-955-1176
Kwebste@jhmi.edu
Dwayne Arehart 717-615-7464
darehart@dejazzd.com

MASSACHUSETTS-BOSTON
Massachusetts General Hospital,
One Tuesday each mo.: 6:30-8:00 PM
Valerie Hope Goldstein 617-731-1703
Fernval@aol.com

MASSACHUSETTS-PEABODY
North Shore Cancer Center
2nd Tuesday: 5:30-6:30 PM
Mary Anne Macaulay, LICSW 978-573-5318
mmacaulay@partners.org

MICHIGAN-DETROIT
Henry Ford Hospital
Josephine Ford Cancer Ctr. Rm. 2038D
1st Wednesday: 11:30 AM
Amy Orwig, MSW 313-916-7578
aorwig1@hfhs.org

MICHIGAN-ST. JOSEPH
Lakeland Healthcare
1st Monday, 5:00-6:00 PM
Jennifer Christopher, MA, CCC-SLP
269-428-2799
jchristopher@lakelandregional.org

MICHIGAN-TROY
Beaumont Hospital
Wilson Cancer Resource Center
4th Thursday: 6:30 PM
Carrie Eriksen, LMSW, 248-964-3430
CEriksen@eaumonthospitals.com

MINNESOTA-MINNEAPOLIS
Ridgedale Hennepin Area Library
1st Monday: 7:00-9:00 PM
Colleen M. Endrizzi 952-545-0200
rivers3jvk@aol.com
Charles Bartlett 952-461-2324

MISSOURI-ST. LOUIS
St. Louis University Cancer Center
4th Friday: 10:00 AM - 12:00 noon
Deborah S. Manne, MSN, RDH, RN, OCN
314-577-8880; mannedt@slu.edu
Cathy Turcotte, RN, MSN 314-268-7051
turcotte@slu.edu

MONTANA-BOZEMAN
Bozeman Deaconess Hospital
3rd Thursday: 12:00 Noon-1:00 PM
Doug Stiner 406-586-0828
nancydoug@theglobal.net
Wendy Gwinner, LCSW 406-585-5070
wggwinner@bdh-boz.com

NEBRASKA-OMAHA
Methodist Cancer Center
1st Friday: 3:00 PM.
Susan Stensland 402-559-4420
sstensland@nebraskamed.com

NEBRASKA-OMAHA
Nebraska Medical Center
3rd Tuesday: 12:00 noon
Susan Stensland 402-559-4420
sstensland@nebraskamed.com

NEW JERSEY-LONG BRANCH
Leon Hess Cancer Center
The Goldsmith Wellness Center
2nd Thursday: 7:00-8:00 PM
Becky Kopke, RN, BSN, OCN 732-923-6473
BKopke@SBHCS.com
Anita M. Pfisterer, MSW, LSW 732-923-6961
ampfisterer@aol.com

LOCAL CHAPTERS OF SPOHNC

NEW JERSEY-MORRISTOWN
Morristown Memorial Hospital
3rd Wednesday: 1:30 PM
Edie Boschen, RN, APN-c, OCN 973-971-4144
Edie.Boschen@atlantichhealth.org
Catherine Owens, LCSW, OSW-C 973-971-5169
Catherine.Owens@atlantichhealth.org

NEW JERSEY-PHILADELPHIA
University of Pennsylvania Hospital
1st Wednesday: 9:30-11:00 AM
Micki Naimoli 856-722-5574
Stefanie Washburn 215-615-0536
Stefanie.washburn@uphs.upenn.edu

NEW JERSEY-TOMS RIVER
Community Medical Center
Last Thursday: 3:00 PM
Sherry Laniado, MSW, LCSW 732-557-8270
slaniado@sbhcs.co

NEW MEXICO-ALBUQUERQUE
Anita Bryan, 505-681-1971
Anitabeach2@yahoo.com

NEW YORK-ALBANY
Gilda's Club 3rd Thursday: 7:00-9:00 PM
Joseph Ciccarelli 618-882-9742
jccicarelli001@nycap.rr.com
Norma Neapolitano 518-683-9518
nneapolitano@nycap.rr.com

NEW YORK-BUFFALO
Roswell Park Cancer Institute
3rd Tuesday: 4:30-6:00 PM
Amy Sumbtrum, SLP 716-845-4947
amy.sumbtrum@roswellpark.org
John Smaldino 716-845-4472
James.smaldino@roswellpark.org

NEW YORK-MANHATTAN
Beth Israel Head and Neck Institute
4th Tuesday: 1:30-3:30 PM
Jackie Mojica 212-844-8775
jmojica@chpnet.org

NEW YORK-MANHATTAN
Mount Sinai Medical Center
Third Tuesday, 3:00 PM
Stephanie Eisenman, LMSW 212-241-7962
stephanie.eisenman@mountsinai.org

NEW YORK-MANHATTAN
NYU Clinical Cancer Center, 11th Floor
1st Tuesday: 2:00 PM
Carol Wind Mitchell, RN 212-731-6002
carol.mitchell@nyumc.org

NEW YORK-ROCHESTER
Strong Memorial Hospital
Luellen Resource Center, Patient Res. Ctr.
1st Thursday: 4:30-6:00 PM
Sandra E. Sabatka, LMSW 585-276-4529
Sandra_Sabatka@URMC.Rochester.edu

NEW YORK-STONY BROOK
Ambulatory Care Pavilion
1st Wednesday: 7:30-9:00 PM
Dennis Staropoli 631-682-7103
den.star@hotmail.com

NEW YORK-SYOSSET
NSLIJ-Syosset Hospital
2nd Thursday: 7:30-9:00 PM
Christine Lantier 631-757-7905
clantier@optonline.net
Mary Ann Caputo 516-759-5333
mary.ann.caputo@sponc.org

NEW YORK-WESTCHESTER
White Plains Hospital Cancer Center
2nd Thursday: 7:00 PM
Mark Tenzer 914-328-2072
tenzer1@optonline.net

NORTH CAROLINA-CHARLOTTE
Blumenthal Cancer Center
2nd & 4th Thursday: 1:30-3:00 PM
Meg Turner 704-355-7283
meg.Turner@carolinashhealthcare.org
Terri Painchaud 704-364-7119
Trappi6@yahoo.com

NORTH CAROLINA-CHAPEL HILL
Cornucopia House
3rd Wednesday, 6:00 PM
Dave Gould 919-493-8168
dave.gould@da.org

OHIO-CLEVELAND
Cleveland Clinic at Fairview Hospital
2nd Thursday, 4:00 PM
Tom Wurz 440-243-6220
roe8@hotmail.com
Gwen Paull, LISW 216-476-7241
gwenpaull@fairviewhospital.org

OHIO-KETTERING
Kettering Medical Center
2nd Monday: 2:00-3:00 PM
Rae Norrod, MS, RN, AOCN, CNS
937-395-8115
Rae.Norrod@khnetwork.org
Hank Deneski: wohnc@earthlink.net

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

OREGON-MEDFORD
Providence Medical Center
2nd Friday: 12:00-1:30 PM
Richard Boucher 650-269-8323
richard.boucher@hp.com

PENNSYLVANIA-HARRISBURG
Health South Lab
3rd Tues: 6:30 PM
Joseph F. Brelsford 717-774-8370
Jfbrelsford1@mmm.com

PENNSYLVANIA-MONROEVILLE
Inter Community Cancer Center
Last Friday of the month: 3:00 - 4:00 PM
Beth Madrishin 412-856-7740
bmrادish@wpahs.org

PENNSYLVANIA-YORK
Apple Hill Medical Center
2nd Wednesday, 5:00 PM
Dianne S. Hollinger, MA, CCC-SLP
717-851-2601
Dhollinger@wellspring.org
Diane McElwain, RN, OCN, M.Ed 717-741-8100
dmcelwain@wellspring.org

TEXAS-DALLAS
Baylor Irving-Coppell Medical Center
2nd Saturday: 10:00 AM
Dan Stack 972-373-9599
danstack@aol.com

TEXAS-DALLAS
Cvetko Ctr. at Sammons Cancer Ctr.
2nd Tuesday: 11:00 AM-12:30 PM
Jack Mitchell 972-496-6561
jackmitchell5225@aol.com

TEXAS-PLANO
Regional Medical Center at Plano
1st Tuesday, 6:00-8:00 PM
Polly Candela, RN, MS 214-820-2608
Polly.Candela@baylorhealth.edu
Emily J. Gentry, RN 214-820-2608

TEXAS-FORT WORTH
Moncrief Cancer Resources
2nd Wednesday: 3:30-5:00 PM
Valerie Oxford, MSSW
817-927-6364/838-4863
Valerie.Oxford@moncrief.com

TEXAS-HOUSTON/TOMBALL
Tomball Regional Hospital
2nd Thursday: 12:00 Noon-1:30 PM
Lynda Tustin, RN 281-401-5900
ltustin@tomballhospital.org

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

VIRGINIA-FAIRFAX
Inova Fairfax Hospital,
Radiation/Oncology
2nd Wednesday: 5:30-7:00 PM
Corinne Cook, LCSW
703-776-2813
Corinne.cook@inova.com

VIRGINIA-NORFOLK
Sentara Norfolk General Hospital
3rd Monday: 7:00 PM
Helen Grathwohl 757-487-2624
agrath3004@aol.com

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

WISCONSIN-MILWAUKEE
Medical College of Wisconsin
Conference Rm. J, Rm. 1010
3rd Thursday: 12:00-1:00 PM
Tammy Wigginton, MS, CCC/SLP
414-805-5662
wiggint@mcw.edu

to become a member and to make a contribution by credit card or order on line at www.sponhnc.org

Call 1-800-377-0928

- Patron, \$500+ Benefactor, \$1,000+ Founder, \$5,000+
- Booster, \$15+ Donor, \$50+ Sponsor, \$100+
- Leaders Circle, \$10,000+

- \$25.00 individual \$30.00 family
- \$30.00 Foreign (US Currency)

ANNUAL MEMBERSHIP

(includes subscription to *News From SPOHNC*)

Name _____ Phone (_____) _____

Address _____

Address _____

City _____ State _____ Zip _____

Please Check: Survivor _____ Friend _____ Health Professional (Specialty) _____

_____ Returning member _____

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

MEMBERSHIP APPLICATION

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



SUPPORT FOR PEOPLE WITH
 ORAL AND HEAD AND NECK CANCER
 P. O. BOX 53
 LOCUST VALLEY, NY 11560-0053

NON-PROFIT
 ORGANIZATION
 U.S. POSTAGE
 PAID
 LOCUST VALLEY, NY
 PERMIT NO. 28

Helping to Raise Awareness of
 Oral and Head and Neck Cancer

AWARENESS RIBBONS

 1-9 pins: \$6.50 each
 10 or more pins: \$6.00 each
 includes shipping and handling

AWARENESS WRISTBANDS

 **5 for \$11.00**
 includes shipping
 and handling