

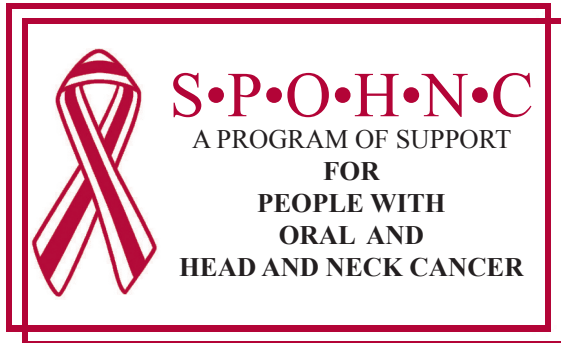
NEWS FROM S·P·O·H·N·C



VOL. 18 NO. 5

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

FEBRUARY 2009



NECK DISSECTIONS

ANDREW B. TASSLER, MD
BRUCE J. DAVIDSON, MD, FACS

Background

The majority of cancers of the head and neck arise from the lining of the mouth or throat. These cancers of the oral cavity (tongue, floor of mouth, palate), throat/pharynx (nasopharynx, base of tongue, tonsil, hypopharynx) or voice box (larynx) may metastasize to cervical lymph nodes. Lymph nodes, and the thin-walled vessels that connect them are part of the immune system, removing excess fluid and assisting in generating a response to outside insults. The lymphatic vessels bring portions of bacteria, viruses, and even cancers to the lymph nodes; in the nodes, these foreign elements are presented to immune cells and the body generates a targeted response. For example, when a child has a throat infection, the lymph nodes in his neck often become tender and swollen. The tenderness comes from the inflammation generated in response to the virus or bacteria in the lymph node; the swelling is a product of the inflammation as well as the immune cells within the lymph node growing and dividing in response to the infection.

Cancer cells may also travel through these lymphatic channels and lodge within the lymph nodes and begin to grow there (a metastatic deposit). The head and neck is rich in lymphatics, and metastatic lymph nodes from cancers of the head and neck are common. Often, cancers of the head and neck will first come to the attention of patients and physicians due to a mass in the neck caused by lymph node involvement and enlargement.

Identifying the involvement of cervical (neck) lymph nodes is important for two major reasons: treatment and prognosis. The treatment plan for a patient with head and neck cancer will need to address the lymph nodes of the neck if they are already involved in the spread of the tumor or if they are likely to become involved in the future. A physician can tell if the cancer has already spread to the

lymph nodes based on a physical exam or through imaging techniques such as CT or CAT scan, MRI, or PET scans. However, even if the lymph nodes appear normal on physical exam and imaging, certain tumors have a high likelihood of spreading to the lymph nodes. Lymph node metastases from head and neck cancers of different locations have been studied extensively and certain anatomic locations of primary tumors have a higher likelihood of lymph node involvement than others. Cancers of the pharynx (hypopharynx, base of tongue, tonsil, and nasopharynx) and the upper portion of the voice box (supraglottic larynx) can involve the lymph nodes of the neck even when the primary tumor remains fairly small. Based on this probability, physicians must maintain a high degree of suspicion for lymph node involvement for tumors of these locations regardless of the physical exam and imaging.

The involvement of neck lymph nodes with cancer cells is also important because it is the single most important prognostic factor when a patient is first diagnosed with head and neck cancer. Staging of head and neck cancers follows a system referred to as "TNM". The "T" refers to the main tumor itself and is graded on a 1 to 4 scale based on size and extent of spread into nearby structures. The "N" refers to lymph node involvement and is categorized from 0 to 3 based on the size, number, and location of the enlarged lymph nodes. The "M" stands for metastasis, or spread of the cancer, to other more distant portions of the body (lung, abdomen, brain) and is graded as either zero or 1. Based on a patient's TNM classification, the patient is given a Stage from I to IV. The presence of lymph node involvement has the greatest effect on both staging and prognosis for patients with head and neck cancer. The minimum stage a patient can receive once cervical lymph node involvement is detected is a Stage III and, in general, lymph node involvement decreases a patient's 5-year survival by about half.

History and Development

A Neck Dissection is the surgical removal of the lymph nodes of the neck to eradicate the cancer cells harbored in those nodes. The procedure can also be referred to as a "cervical lymphadenectomy". The modern history of the procedure dates back to the early 20th Century when a surgeon named George Crile first described what is today referred to as a Radical Neck Dissection. The use of the procedure for removal of cancer bearing lymph nodes was later described and developed by a surgeon named Hayes Martin in the 1940's. The original Radical Neck Dissection procedure included removal of not only the lymph nodes of the neck, but also other major structures in the neck which lie in close proximity.

During the 1960's and 70's, surgeons further developed and refined neck dissections to spare many of the other structures in the neck which would have been removed in the original procedure; moreover, modern neck dissections often remove only the lymph

NECK DISSECTIONS 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

- Teresa G. Piropato
- National Executive Director

MEDICAL ADVISORY BOARD

- | | |
|--|--|
| David M. Brizel, MD <i>Duke University Medical Center</i> | David G. Pfister, MD <i>Memorial Sloan-Kettering Cancer Center</i> |
| Linda K. Clarke, MS, RN, CORLN <i>Beebe Medical Center</i> | Jed Pollack, MD <i>Long Island Radiation Oncology</i> |
| David W. Eisele, MD, FACS <i>University of California San Francisco</i> | James J. Sciubba, DMD, PhD <i>Greater Baltimore Medical Center</i> |
| Bonnie Martin-Harris, PhD, CCC-SLP <i>Medical University of South Carolina</i> | Randal S. Weber, MD, FACS <i>MD Anderson Cancer Center</i> |
| Alex Keller, M.D., FACS <i>North Shore-LIJ Health System</i> | Elliot W. Strong, MD, FACS, Emeritus <i>Memorial Sloan-Kettering Cancer Center</i> |
| Eugene N. Myers, MD., FACS <i>Univ. of Pittsburgh School of Medicine</i> | Denise M. Vey Voda, MA, DDS <i>North Shore-LIJ Health System</i> |
| David Myssiorek, MD, FACS <i>New York University</i> | Everett E. Vokes, MD <i>University of Chicago Medical Center</i> |

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

A Time for Sharing.....4

Head and Neck Cancer News.....6

Thank You for Your Support.....7

Louis Frillmann’s Page of Remembrance.....9

Local Chapters of SPOHNC.....10

NECK DISSECTIONS continued from page 1
nodes most at risk for harboring cancerous cells and thus seek to limit the morbidity of unnecessary dissection and surgery.

While previous generations of head and neck surgeons had concerns that any removal of lymph nodes which did not include a portion of normal surrounding tissue and other nearby structures would be inadequate and would result in a likely recurrence, large reviews of patients who have undergone neck dissections that remove only the lymph nodes and spare other structures have shown this belief to be incorrect. Patient outcomes are not adversely affected by more conservative neck dissections which spare the nearby structures of the neck if they are uninvolved by tumor. However, there are clinical situations in which portions of the neck other than lymph nodes must be removed during a neck dissection for purposes of performing a safe and adequate resection of tumor. It is vital for each patient to discuss their particular case with their surgeon beforehand so that reasonable expectations can be generated.

Anatomy and Risks of Neck Dissections

The classic Radical Neck Dissection includes removal of an important nerve that is involved with motion of the shoulder and arm (the spinal accessory nerve), a major blood vessel (the internal jugular vein). and a major muscle in the neck (the sternocleidomastoid). The lymphatics of the neck are removed with these structures in one large block. Depending on the size, location, and mobility of enlarged neck nodes, the removal of these structures is sometimes necessary today and understanding the function and significance of each one is important for the patient and surgeon alike. The decision as to what structures can and will be spared is often one which is made at the time of surgery once the degree and location of lymph node involvement is appreciated. The surgeon will be able to give the patient a sense of what they are likely to find intraoperatively, but there is no substitute for direct visualization at the time of surgery.

The spinal accessory nerve provides motor function to two large muscles of the neck: the sternocleidomastoid and the trapezius. The sternocleidomastoid muscle lies just to the side of the trachea (windpipe) on both sides of the neck and connects the base of the skull behind the ear to the sternum (breastbone) and clavicle (collar bone). Contraction of this muscle helps flex and turn the head from side to side. The role of the sternocleidomastoid muscle in neck strength and mobility is minor and removal of this muscle at neck dissection is of little functional consequence. However, the decision to remove this muscle may raise cosmetic concerns, since this muscle provides some of the soft tissue volume from the neck.

The trapezius is located further posteriorly on the neck and is important in shoulder function. When contracted, this muscle rotates and elevates the scapula (shoulder blade) and helps to raise the arm above the head. The majority of morbidity and problems associated with removal of the spinal accessory nerve concern the trapezius and its subsequent loss of function. Patients can develop weakness, pain and decreased mobility of the shoulder. Physical therapy and range of motion exercises are usually helpful in improving flexibility and recovering motor function after the procedure and are often prescribed post-operatively. Many surgeons have attempted to repair a cut spinal accessory nerve with nerve grafts which are typically taken from elsewhere in the neck. However, these repairs generally have mixed results and patients should not anticipate a complete return of function.

NECK DISSECTIONS continued on page 3

NECK DISSECTIONS from page 2

The internal jugular vein is one of the principal vessels responsible for returning blood from the brain, face and neck back to the heart. Each side of the neck contains an internal jugular vein that lies below the sternocleidomastoid muscle. If tumor containing lymph nodes are in close proximity to or have invaded the internal jugular vein, then the vein must be removed at the time of surgery to ensure an adequate resection. The removal of one internal jugular vein is well tolerated and the blood flow from that vein is rerouted back to the heart. When a bilateral neck dissection is required, effort is made to preserve one jugular vein. In the extremely rare instance where both jugular veins are removed, edema (swelling) of the head and neck will often occur and last for several weeks while collateral veins along the posterior neck dilate to handle the blood flow returning from the head and face.

When lymph nodes of the upper neck are removed, the submandibular salivary gland will also be removed. Removal of the gland is particularly important in oral cavity cancers, where it can mask metastatic lymph nodes that lie near the gland. Patients rarely report any consequences from removal of this gland.

In addition to the three major structures discussed above, the complex anatomy of the neck also contains the carotid artery and the nerves responsible for movement of the vocal cords, tongue, and the lower portion of the face. All of these structures are potentially at risk during a neck dissection or any surgical procedure in the neck. If lymph nodes involved with cancer are found to be surrounding the carotid artery on preoperative imaging, this is considered to be a sign of either inoperability or a high risk of stroke from the procedure. In such a case, preoperative tests can help predict a patient's risk for stroke, but the tests themselves carry risks of stroke and cannot guarantee an outcome should the carotid artery be removed or reconstructed.

When is a Neck Dissection Performed?

The timing of a neck dissection in the course of a patient's overall treatment for a head and neck cancer is an important topic. As radiation and medical oncology treatments continue to improve and advance, many head and neck cancers can be treated with combined therapy (radiation and chemotherapy) with equal long-term results as compared to surgery.

A common occurrence involves the

performance of a "Post-Treatment Neck Dissection". In this scenario, head and neck cancers have clinically obvious lymph node involvement at the time of presentation. The primary tumor and the lymph nodes of the neck are treated with radiation and often chemotherapy as well. At the conclusion of treatment, if the site of the primary tumor appears to have a complete response but enlargement of the lymph nodes remains, then the patient should undergo a neck dissection.

The necessity of a post-treatment neck dissection is less clear when the patient has had an excellent response to therapy and there is no clear lymph node involvement on physical exam. Many surgeons will recommend that such a patient undergo a neck dissection if the size of their lymph nodes prior to treatment was of a certain size and/or character. The determination of which patients without clinically enlarged lymph nodes after treatment require neck dissection is, however, an evolving practice. With increasing frequency, patients without obvious neck disease are being followed with both serial physical exams and PET scans in order to determine whether they have residual or recurrent cancer. Such a management strategy assumes that the patient will be available for repeated physical exams; if the long term follow up of a patient is in question, many surgeons will recommend a neck dissection.

A surgeon may also recommend that a patient undergo a neck dissection when there is no clinical evidence, either on physical exam or imaging, of lymph node involvement with cancer at the time of diagnosis. In this instance, the neck dissection is recommended because there remains a significant chance that microscopic amounts of cancer have spread to the lymph nodes and have yet to be detected by any method currently available. The so-called "Staging" neck dissection then provides useful information that guides further treatment for the patient and such a procedure is combined with the resection of the primary tumor. As an example, if a patient has a cancer of the oral tongue removed and undergoes a neck dissection at the same time, the pathological examination of the lymph nodes will determine if further treatment is necessary for the patient. If all of the lymph nodes have no evidence of tumor spread, the patient is finished with treatment and does not require radiation or chemotherapy (assuming an adequate resection of the primary tongue tumor). While

the patient has undergone a neck dissection that has revealed no cancer, he is spared further treatment and its associated morbidity. If the neck dissection revealed spread of cancer, the patient may or may not need further treatment based on the specifics of their pathology report and the recommendations of their physicians.

As mentioned in the scenario above, a neck dissection is often combined with further surgery which removes the primary tumor in the head and neck. The discussion in this article is limited to the topic of neck dissections alone in terms of anatomy, morbidity and complications. While the same issues and considerations exist for a neck dissection which is combined with another ablative procedure, the issues surrounding the resection of the primary tumor extend beyond the goals of this article.

What to Expect

For patients undergoing a neck dissection without any other associated surgical procedures, the post-operative course should be fairly straightforward. The procedure is done under general anesthesia and generally takes 3-4 hours to complete with differences stemming from the size and number of lymph nodes enlarged, the character of the lymph nodes (whether or not they are mobile), and whether or not there has been prior radiation to the neck. The skin is closed with either sutures or staples and one or more suction type drains will be placed in the patient's neck to prevent the collection of fluid and/or blood in the surgical site.

Most patients complain of some degree of pain at the surgical site, but due in part to transection of nerves providing sensation to the skin, the level of pain is easily managed. By the first post-operative day, patients typically do well with oral pain medications. Some patients report more discomfort from the sore throat caused by the breathing tube used during the procedure than from the incision itself. Patients are kept overnight in the hospital to watch for swelling or bleeding from the neck as well as problems associated with anesthesia (nausea, vomiting).

It is important that the head and neck surgeon be made aware of any other medical conditions, such as high blood pressure or diabetes, so these conditions can be treated appropriately in the post-operative period. It is also important to disclose to the surgeon if the patient uses tobacco or alcohol regularly so See NECK DISSECTIONS on page 5

A TIME FOR SHARING

My name is Christine Lantier. I am a Head and Neck Cancer Survivor and I am also a nurse at Memorial Sloan-Kettering Cancer Center in New York. I have a Master's degree from Columbia University in Oncology Nursing and an Adult Nurse Practitioner Certificate. I was the recipient of the 1994 Graduate Student Award for Excellence in Oncology Nursing primarily because I wrote a paper on Oral Cancer Assessment that was accepted to be presented at the International Union Against Cancer Conference in New Delhi, India in 1995. Little did I know I would be diagnosed with this malignancy three years later. When I was thirty-four years old, I was diagnosed with Stage III Tonsillar Cancer. It was the most traumatic event of my life to date. I did not have any significant risk factors other than the fact that I drank white wine on occasion thinking it was good for my heart. I was newly married and had an eighteen month old son. I knew a lot about head and neck cancer. I had worked on the Head and Neck floor many times. I was aware that we have the reputation of being one of the top Head and Neck Cancer Centers in the world. I certainly didn't need to search for a surgeon or get a second opinion. I knew the risks related to surgery and all of the human suffering related to this disease and there was no doubt in my mind that this diagnosis was going to be an incredibly difficult ordeal.

In the spring of 1998, I underwent a right tonsillectomy and right modified radical neck dissection and seven weeks of radiation. I knew my surgeon from working at Sloan-Kettering for many years. We had a mutual admiration for each other and a professional working relationship until the day I became his patient. It then turned into the equivalent of asking your favorite next door neighbor if he could do you a big favor and save your life next Friday when he had operating room time. He became my doctor and I became his patient in every sense of the word. I was not an easy patient. He knew me, I was scared to death, he was a highly esteemed surgeon and I became a very sick woman that was stressed beyond her capacity. The nurse he knew left abruptly and she was replaced by a very vulnerable woman that was having trouble gluing it together in the setting of this diagnosis. Everyone I worked with could not believe how well I was coping; my surgeon and I knew that wasn't quite the case. He taught me a lot about how important conversations with your surgeon are and how important it is to give the patient hope and emotional support, no matter how

vulnerable they are or how far they unravel. Every day I would replay the conversations I had with him in his office in my head and they helped me get through the days and months ahead. He showed me and my husband tremendous compassion and extraordinary friendship. I will never forget how far he stretched himself personally and professionally to make sure it went the right way for me.

Radiation was hard. My Radiation Oncologist had genius level intellect and I was amazed at his ability to teach the Fellows how to take care of me while I was the patient. He was very kind to me but the fact that he was brilliant made me even more anxious. I was in a lot of pain, my mouth was really dry, and I needed a feeding tube in the middle of treatment because I became so dehydrated. I had a lot of claustrophobia and absolutely hated the mask and the tongue blade and having my head bolted down to the table for treatment. I worked with

...“I am living proof that one can fully recover from head and neck cancer and go on to live a full and happy life.”

the Social Worker on guided imagery so that I could mentally put myself on the beach every day when I arrived for treatment. That helped a lot. I went to Tahiti everyday for seven weeks. After I came home from Tahiti and started to recover I had a very common, but relatively unknown, problem with my pain medication. Many patients that take Dilaudid can not be weaned off the medication quickly or they have panic attacks. I managed to make it into that category also. I was weaned off the Dilaudid too quickly and felt like I was going to fall off a cliff at any given moment. The Pain Service was contacted and I was weaned off the medication very SLOWLY. It took months of working with the Pain Service Nurse Practitioner to get off the Dilaudid and months to be able to maintain my weight and have the feeding tube removed. It felt like forever.

I had a lot of fatigue and was unable to care for my son. He was a strapping two year old and on the go constantly. I was his mother recovering from radiation and exhausted. We were very fortunate that he is a very social child and loved

day care and playing with other children. My husband had to go to work because he used up so much of his time off taking me to radiation. As a result, I was in my home alone a lot. No matter how many friends called and came over or how much family support I had, the walls started to cave in. My husband was an absolute rock and did all he could to support me. I don't know what I would have done without him. He has a very quiet strength. When the vows of “in sickness and health” were put to the test; he was there for me one hundred percent. He gave me unlimited love and all of his compassion.

I coped much better the first year than I did the second year. The second year I was very worried about a recurrence and had a much more difficult time emotionally. I had a lot of difficulty sleeping. I was not depressed. I was extremely anxious. The day I considered throwing a chair through our picture window was the day I decided to get some professional psychiatric help. Sometimes I look through that window now, ten years later, and I am surprised I was together enough not to pick up the chair.

I bought myself a copy of *Full Catastrophe Living: Using the Wisdom of your Body and Mind to Face Stress, Pain, and Illness* by Jon Kabat-Zinn, Ph.D., the founder of the Stress Reduction Clinic at University of Massachusetts Medical Center, after researching books on stress on Amazon. In my opinion, every cancer patient should receive a copy when diagnosed. It helped me a lot. I began to practice “Mindful Meditation” daily. I was able to calm myself and began to cope much better and grew spiritually by leaps and bounds. Thich Nhat Hahn, a Zen Buddhist Monk, that was nominated for the Nobel Peace Prize, and has authored numerous books on Mindfulness, filled my house with peace and I began to heal.

I also learned a lot about my own profession. The nurses who took care of me were amazing. They respected my level of knowledge and listened and encouraged me all the way through the treatment and for hours on end after I returned to work. I wanted to go back to work so badly and to have my old life back that I would have paid the institution to let me work.

The nurses taught me so much about what it is that we do and why our profession is so important. I am so proud to work with some of the finest nurses in the country. They give me tremendous inspiration. I am also so proud to be associated with one of the finest cancer

SHARING continued on page 5

SHARING continued on page 5

centers in the world, Memorial Sloan-Kettering Cancer Center. I have been employed there for twenty-two years. I've always loved working there, I feel like I grew up there, and in many respects I did.

Returning to work was not easy and many family members did not think that was the thing to do. There was no way I would not return. I felt it was important given my level of education and diagnosis that patients see me. I do not share with every patient that I am a cancer survivor but I do share it with many patients and many of those patients have head and neck cancer. I have had many patients call me and tell me that the most honest conversation they had that helped them the most during their treatment was the conversation they had with me. Cancer patients, especially head and neck cancer patients, speak the same language.

The year I was diagnosed my fifty-two year old neighbor across the hall in my apartment building was diagnosed with leukemia and her neighbor had a sarcoma. Three years later, I learned that my thirty-six year old neighbor to my left was diagnosed with renal cell carcinoma the same year we were diagnosed. I had moved out of the building and was unaware of this. The water tanks on top of the building were changed the year we were all diagnosed and we believe the owner of the building knew there was a problem with the water. I do not believe that was a coincidence. The most likely scenario was that the tanks were old and corrosive.

Five years ago when I was considered cured of cancer, my husband and I took a Wind Jammer Cruise off the coast of Maine, with close friends and the priest who married us. My father was a bush pilot and we divided our time between Northern Maine and the Florida Keys when I was growing up. That year my husband and I decided to adopt a little girl from Russia named Olia. She has completed our family and brought us so much joy. Make no mistake; she was my five year cancer survivor, fortieth birthday present to me. She was born during the worse year of my life and we share a special bond.

At that time, I was also asked to speak with a nurse who was diagnosed with head and neck cancer and was having trouble coping. I agreed to do as much as I could to help her. We were kindred spirits. We married in our thirties, had children the same age, and had a deep love for the nursing profession. We made a pact that when she got better we would take our show on the road and help other patients diagnosed with this horrible disease. Who better than us?

Susan was never worried that her cancer would recur and I think on some level she convinced me of that too. Unfortunately, this was not to be the case. Susan's cancer recurred and she died three years ago. I was just so incredibly sad for her and her family and so sorry for my own loss as well. Her death affected me deeply. I needed her as much as she needed me. We had instant rapport and we both understood exactly what the other meant when we complained about the long term side effects of treatment or how blessed we were to be alive. She had an indomitable spirit and was the champion of causes like the Aids Epidemic and Multiple Sclerosis. I needed her to push me forward to share my story, my success and failures with dealing with this illness, and to help me run a head and neck cancer support group of our own.

Six months ago, I was diagnosed with a pre-cancerous lip condition related to my years in the Florida Keys and or radiation. I was treated with Aldara. A medication that made my lips slough off and form new healthy tissue, it was painful, and made eating even more difficult than it already was with dry mouth. I started on an all natural full body nutritional cleansing program my brother and his wife told me about that was endorsed by a doctor that trained at John Hopkins and Memorial Sloan-Kettering Cancer Center and works at Mount Sinai Hospital in New York.

He is using the treatment to help patients who gain weight with hormonal therapy, lose weight and stay healthy. What I learned was that some of the top athletes in the world use this product line to gain lean muscle mass. It is revolutionary food technology. It is by far the best thing I have ever done for myself nutritionally.

I was never able to fully recover from the fatigue that accompanied the radiation and always had a baseline of feeling tired. It was something that I just learned to adapt to. I went to the gym, ate eggs, drank Ensure Plus and protein drinks, and tried hard to eat healthy.

This product has changed by life completely and has given me more energy and vitality than I ever dreamed possible. I don't feel tired anymore. I would never have believed this would be possible with a nutritional program. It is not available off the shelf, or I would tell you where to buy it. It is only available online through network marketing. I adapted the product line to meet my nutritional needs, a woman with dry mouth and two very sore lips. If you would like more information, please contact me at clantier@optonline.net.

I am living proof that everyone can fully

recover from head and neck cancer and go on to live a full and happy life. I have given up my fantasy of working at Bloomingdales in my next life and not having a clue where your carotid artery is. I am a head and neck cancer survivor and I am an oncology nurse and I wouldn't have it any other way right now. I am living proof that your life will never be the same and that you can use this harrowing experience to help you grow as a person, show more compassion to others, and reach out and help every cancer patient that God places in your path.

In Loving Memory of Susan Adler, RN
Chris Lantier, RN, MSN
Centerport, NY

NECK DISSECTIONS from page 5

the drains will be removed. The sutures or staples will be removed in 7-10 days (patients with a history of radiation heal more slowly) at which time the surgeon should be able to review the pathology report from the neck dissection. Based on this report and previous treatment received, the surgeon may decide that further management, such as radiation and/or chemotherapy, is appropriate.

Summary

Due to their placement in the body, head and neck cancers have a propensity to spread to the lymph nodes of the neck and any treatment plan must consider the neck nodes in addition to the primary cancer. Neck node involvement can be treated with combined chemotherapy and radiation as well as surgery; in some instances all three modalities are utilized. The surgical management of lymph node involvement includes consideration of anatomy and associated risks, timing, and indications. Since every patient is unique, good communication between the patient and surgeon is an invaluable and essential component of any head and neck cancer treatment strategy. Together, the surgeon and patient can devise a treatment plan to optimize the patient's recovery, optimally treat the disease and decrease the risk of recurrence.

Editor's Note: Andrew B. Tassler, MD, is a Senior Resident in Otolaryngology-Head and Neck Surgery at Georgetown University Medical Center.

Bruce J. Davidson, MD, FACS, is Professor and Chairman of the Department of Otolaryngology-Head and Neck Surgery at Georgetown University Medical Center and Chief of Service in Otolaryngology-Head and Neck Surgery at Georgetown University

HEAD AND NECK CANCER NEWS

Saliva Proteins Could Help Detection of Oral Cancer

PHILADELPHIA – Clinicians could detect oral squamous cell carcinoma, a form of oral cancer, using a simple test that detects proteins in saliva, according to a report in the October 1, 2008, issue of *Clinical Cancer Research*, a journal of the American Association for Cancer Research. This work was led by David T. Wong, D.M.D., D.M.Sc., professor and associate dean for research, at the University of California, Los Angeles School of Dentistry.

Previous studies have shown that saliva can be a useful diagnostic tool, but this is the first study to globally evaluate saliva protein levels from oral cancer patients. Since it is very simple to collect and process saliva fluids, the discovery of these biomarkers may lead to a useful clinical tool for noninvasive diagnosis of oral cancer in the future.

“This test is currently not available, but we are developing point-of-care microfluidic devices to detect these markers that we can use in clinical trials,” said Shen Hu, Ph.D., assistant professor of Oral Biology and Proteomics at the University of California, Los Angeles School of Dentistry.

Wong, Hu and colleagues have been working as part of the National Institute of Dental and Craniofacial Research (NIDCR)’s Human Saliva Proteome Project, which focuses on identifying and cataloguing the proteomic components of saliva in healthy subjects. This work, also supported by NIDCR, demonstrates the first translational utility of the salivary proteome for oral cancer detection.

Researchers collected saliva samples from 64 patients with oral squamous cell carcinoma and 64 healthy patients. Five candidate biomarkers were successfully validated using immunoassays: M2BP, MRP14, CD59, profilin and catalase. The presence of these biomarkers confirmed the presence of oral cancer 93 percent of the time.

“I believe a test measuring these biomarkers will come to a point of regular use in the future,” Hu said. “We have demonstrated a new approach for cancer biomarker discovery using saliva proteomics.”

Oral Rinses Used for Tracking HPV-Positive Head and Neck Cancers Hold Promise

PHILADELPHIA – October 31. A study published in the journal *Clinical Cancer Research*, a journal of the American Association for Cancer Research, validates a non-invasive screening method with future potential for detection of human papillomavirus (HPV)-positive head and neck cancers.

In the study, researchers at Johns Hopkins University used oral rinses and targeted DNA amplification to track and identify oral HPV infections in patients with HPV16-positive and negative head and neck carcinomas (HNSCC) before and after therapy.

Findings showed detection of high-risk HPV infections in patients with HPV16-positive HNSCC for up to five years after therapy, indicating a high rate of persistent infection and reaffirming the connection between high-risk types of HPV and HPV-positive head and neck cancer.

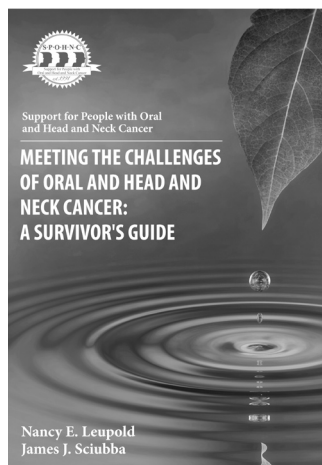
“There is no question of cause,” said the study’s co-author Maura Gillison, M.D., Ph.D. associate professor of oncology. “It has now become a question of tracking the infection over time to identify those at risk of developing HPV-positive cancer, and for those who have had it, the risk of recurrence and risk of transmission. This is the first study in which we have been able to track the disease and related oral infections for an extended period of time.”

Researchers obtained oral rinse samples from a group of 135 patients with head and neck carcinomas. Tissue analysis showed that 44 of these patients had HPV16-positive tumors. Both the tissue and oral rinse samples were genetically sequenced to specify the HPV variants in each. Patients with HPV16-positive tumors were significantly more likely to have oral HPV16 infections, with an almost ten-fold increase prior to therapy and a fourteen-fold increase after. Patients with high-risk oral HPV infections prior to therapy also had a 44-fold increase of post-treatment infection.

Findings showed no significant odds of tumor recurrence among those with post treatment infections and no association between these infections and the development of second primary tumors at two years. However, this possibility cannot be excluded as longer observation may be needed.

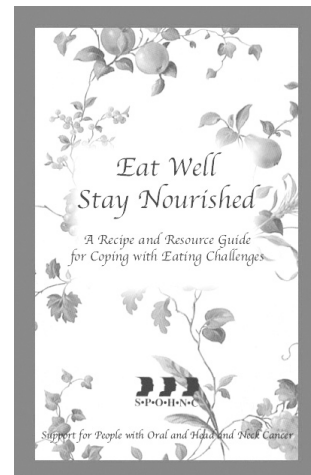
Future studies will be able to use the data and methodology to further explore the connection between HPV and head and neck cancer formation, as well as the biological factors, such as HLA type, that are involved, Gillison said.

“The big question in HPV research is centered on biological factors that cause one person to have a medical consequence from an oral HPV infection and another to be able to clear the infection without any consequences,” Gillison said.



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



*Support for People with Oral and Head and Neck Cancer, Inc.
is grateful for the generosity of its contributors. Thanks to your support, SPOHNC is able to maintain and
extend its programs of education and support to cancer survivors, their families and friends.
With sincere appreciation to all.*

LEADERS CIRCLE

Contributions of \$10,000+

Amgen Oncology
AstraZeneca Pharmaceuticals
Bristol Myers-Squibb Oncology
ImClone Systems
International Institute for Head & Neck Cancer
& Tobacco Related Diseases, Inc.
(Stimson Schantz, MD, Founder)
Laclede, Inc.
Sanofi-Aventis Pharmaceuticals

BENEFACTORS

Contributions of \$1000+

Dr. Missak Haigentz
The Randi & Clifford Lane Foundation Inc.
Leonard A. & Cora Lanyo
Karl & Nancy Leupold
Miller Realty Associates
Jeffrey K. Perhach Foundation
Siemens Caring Hands Foundation
The Simms Foundation
Wayne & Donna Smith Charitable Foundation
Borden E. Taylor, Henry Thayer & Company
George Tyson, Fay Yee

PATRONS

Contributions of \$500+

Richard & Rebecca Anderson
Lucinda Nash Dudley
Marjorie Fuerman -
Canton Jewish Community Federation
Mr./Mrs. William Gillaspie-Hargas
Richard & Debra Gonzalez
Cheryl R. LaRobardier
Donald & Elizabeth Neustadt
Dr. & Mrs. Perry M. Santos

SPONSORS

Contributions of \$100+

Lynn Aleshire, Maria Altieri, Automotive Computers & Equipment, Inc., Dalton Avery, Lynn Badger, Peter Baker, Charles Bartlett, Elwin & Elaine Beaty, Dr. Michael Beckerman, David O. Bence, Karen & Stephen Berman, Andrew Bethune, Richard & Marjorie Bode, Walter & Irene Boehmler, Esther Bowman, Jerry Brewer, Brian & Jackie Briggs, David Bunce, Jean & Francis Cashin, Uma Chandrasekaran, George S. Condos, Michael Connolly, John Conover, Carol S. Craig, James, Dalrymple, John H. Davis, William De Carion & Evelyn R. Larsen, Gabriella deLong, Maria DeMarco Begley, Esq. Ann & Richard J. Derr, James Barry Donaldson, Barbara Drew, Patricia A. Drobnek, Mark Durante, Marian Dwyer, Morris L. Eaton, Alan Elkes, Alan Evens, Michael Falvey, Burt & Noelle Faure, G. Robert Fuller, David Fynan, Lewis R. Gainfort, Marie Gale, DDS, MS, Margarita Garcia, Michael Garlick, Mary Ellen Giacobbe, Lenny Gibson, Rich & Debra Gonzalez, Julia Grabendike, Diane E. Grabo, August J. Gunthner, Jr., Carl Gustin, Robert J. Hagy, David J. Hennessey, Dr. & Mrs. Kenji W. Higuchi, David R. Hobart, Heather Hohenthal, Randall Avery Hughes, Douglas M. Hunter, Brian Hurst, Karen Isaacs, Ross F. Jones, Robert & Nina Klauber, Harry J. Knudsen, Anthony Koonen, David Koslofsky, Scott Kuzma, William F. Lane, DMD, Pat Laumann, Rod Leitch, Suzanne Leupold, Locust Valley Dentistry, PC, Philip J. Lopresti, MD, Carlos Luna, June S. MacFarlane, Jim Mayo, Vicki McDonald, Jill McGovern, Ph.D., Jon-Clayton McGowan, John McLeod, Jean Mellano, Edwin Merrell, Mr. Jan Minkler, Susan Minkowitz, MD, Pierre T. & Doreen Mitchell, Lucille M. More, Madeline S. Mullin, Charles H. & Beverly F. Mumford, Mary C. Musser, Ben & Micki Naimoli, Tetsuo & Elinor Najita, Don & Elizabeth Neustadt, Carlton Neville, Barbara Nobles, Gordon O'Brien, Arlene Orenstein, Catherine J. Oster, MD, Mr. & Mrs. John J. Pendergast, Lesley A. Perkins, MD, Mark S. Persky, MD, Teresa G. Piropatto, Wilma L. Plunkett, Marshall R. Posner, MD, Carey & Patricia Quigley, John R. & Grace A. Raducha, Don Ray, William P. Reinhardt, Arlene J. Reiter, David & Janet Reser, Residential Fences Corporation, Dan Roberg, Carmelo Romano & Maria Schmidt, Fred Rosen, David I. Rosenthal, MD, Mona Joy Roth, Nancy L. Rothwell, Richard & Karen Rutkowski, Kathryn A. & William K. Ryan, Lester J. Savit, Marlene C. Scheibl, Barry Sebastian, Alan B. Sheiner, D.D.S., Suzan Demme Singh, James Gary Smith, Michael O. Smith & Cindy L. Wilson, Tracy Smith, Dan Stack, Dennis Staropoli, Alice Steiner, John P. Stevenson, Stephanie Stringer, Ian Stuart, Jean Swanson & Brendan Leary, Regina Thylstrup, William G. Tobin, Rob Ann Tomlinson, Reed Toomey, Leanne VanMeter, Cathryn M. Waters, Randal Weber, MD, Deborah C. Wendt, Anne Wesp, Timothy Whooley, Judith Wietbrock, Carole Wilson, Jean Wilson, Frank Winnaman, Thomas D. Wurz, Frances L. Young, Karrie Zampini-Robinson

DONORS

Contributions Of \$50+

Donna & Steve Alpers, Janet Anderson, Olivia Avent, Richard B. Baker, Alan Barrish, Charles Baumgartner, Karen & Stephen Berman, John F. Biagio, Samuel Bishop, Nan & Lawrie Bloom, Ralph Bloom III, Richard & Marjorie Bode, George Bogen, Geraldine Bowditch, Jerry Brewer, Jeffery M. Brown, MD, Aletha Burge, John Bye, Jean Callahan, Bruce Campbell, MD, Barbara Carr, Bill & Anne Marie Carter, Molly Casey, John G. Conover, Nevin & Ronda Cooper, Joseph Crandley, Douglas Crook, Bill & Cathy D'Anza, Debra C. Darby, Dorothy Darrah, Kent E. Davis, Patrick A Day, Anthony J. Della Piana, Ellen D. Desper, Len DiCarro-Extreme Edge Inc., Ralli Dimitrius, Rebecca S. Dresser, Barbara Drew, Eileen T. Dunnington, Mark L. Durante, Barry R. Elson, Teri Elworthy, Maureen Erickson, Kevin Fallon, Craig H. Farr, Eduardo Ferreira, Robert J. Finn, Bill Fleming, Sal Focone, Greg Fragola, Lawrence France, Rosa & Tom Fulton, Raymond Gambale, The Gannett Foundation, Ronald E. & Jan B. Geib, Tessa Goldsmith, Jerry R. Grace, John Grace, Theresa Hamel, Valerie Hamel, Caryn Healy, Sarah Heyder, S. J. Hines, H.R. Hodge, Jan Holady, Rick Hollingsworth, Jr., Charlene Holt, Paul & Vicki Hough, David Isenber, Robert & Barbara Jackson, David L. Kabat, Michael & Lynn Kasatkin, Evelyn C. Kelley, Wilma Kelsey, Kenneth Kessin, Mark Kilmartin, John M. Kim, DMD, Margaret G. Kitselman, Roxanne Kleinschmitz, Cheryl Koliha-Brandt, Douglas Kramer, Kevin A. Kucker, Kathleen Kuniej-Cooper, Christine Lantier, Gene Lasater, Jean & Charles W. Lavers, III, Carl Lawrence, Peg Lehto, Teresa M. Lewis, Bruce Lindgren, Ed & Ann Linkh, Betty Linville, Mary Jane Lippert, Glenn W. Losel, Ann P. Luther, Arlene Lynn, MA Eye & Ear Associates, Inc., Thomas Magill, Marianne C. Maloy, Laszlo Zeke & Maria Lanzeritsch, Steve Marquess, Roy Marshall, Linda Martin, Sandra J. Maurizio, Ronald McDaniel, Thomas & Kathy McGreal, Kathleen McRae, Robert & Patti Meerschaert, Joe & Grace Miller, Martha A. Miller, James L. Minter, Carol Moble, David Mohan, Gregory Moore, John Munce, Junior & Frances Nakayama, Cathy Nazeer, Sarah Barnett Nemeth, Carlton F. Neville, Mary-Anne G. Olsen, Ruth Opatz, Catherine Owens, Amy Parry, Beverly A. & Richard M. Pastorino, Lawrence B. Pate, Thomas & Francoise Pate, Peggy C. Payne, J. Wray Pearce, Barbara Platt, Eustace T. Pliakas, Gregory T. Powell, William & Verna Pray, Eleanor Rader, Ronny Raines, John L. Reeves II, PhD, Gerald Redman, Reformed Protestant Dutch Church of NY, Robin A. & Robert E. Reid, Dale Reusch, Ted & Laurie Reuter, Kerry M. Richards, Stephen Richardson, Marsh Rifkin, Louis A. Rizzo, Odessa Roberts, Kimberly Ross, Charles J. & Krystal Schingeck, David & Karen Simon, Herb Smith, Marvin Sparrow, Chris Staszak, Sam Stevens, Sheila Studint, Ronald A. Surgeon, Linda Swalling, Susan M. Swartz, Eric Swenson, Janyne M. Swireck, Grace Tanaka, Jim Tholen, Marco Tufo, Charles Valicenti, DDS, C.P. vonHake, DO, SC, Colin Wearing, Bruce Weddle, Marie Wegel, W.E. White, Mike Wixom, Nyla A. Wright, Grace Wynhausen, Roberta Yazwinski, Sal & Neri Zagari, Elaine Zamora, Tim Zemens, Edward F. Zilcoski.

BOOSTERS

Anonymous, Clayton Abernathy, T. Morris Adger, Anna Alvarez, Cynthia A. Ambriz-Gasser, Gay T. Anderson, Marilyn J. Anderson, Victor Arnel, Marlin Bair, Wayne Baker, Jan Baldwin, Camille Bamford, Bruce M. Barbash, DDS, Michael Barber, Stephen Barry, Thomas Bartowick, Francine & John Basuino, Roger Baumgarten, Suzanne Beatty, George E. Bednar, Paul Beranek, James B. & Susan G. Berghoff, Howard Berman, Nicholas Biase, Joseph E. & Janice D. Biggs, Adele R. & Elizabeth Biowitt, Sandra Black, Rene Blanton, Kevin J. Bluett, Sr., Barbara Bogsted, Francesco & Maria Bonavita, Charles Bonini, Virginia Bonwich, Diane K. Boyd, Dan & Margaret Boyle, Marcus & Consuelo Brewer, Julia Lynn Brown, Kaj Brown, Curt Brown, Emily Burkoski, Timothy Butkus,

Thomas & Susan Byers, Judith M Cadel, Kathy Carlise, Suzanne S. Carlson, Nancy B. Carroll, Charles Carswell, Karen Caruso, Frederick & Anne Case, Betty Cek, Slobodan Cetkovic, Elaine Charlesworth, Lawrence J. Clausen, Terry & Dianne Clendenin, Melissa A. Cochilla, Shneen Coldiron, Martin D. Cole, Patricia Coleman, Robert E. Colen, Marie & John Conneally, Ernest & Joyce M. Cooper, Howard W. Covington, Jr., Jill M. Cox, Dennis Coy, Jr., R.W. & J.L. Coyne, Jason Crosby, Norm Crosby, Kathleen Cunningham, Ralph A. Cuomo, Florence Curto, Pastor Joan Daily, Carrie Daly, Melissa Dannelet, Eric L. Davis, Ghislayne de la Fonchais, Melissa Delemo, Hank & Lil Deneski, Len Dicarro, Maggie L. Dowling, Patrick Downing, Walter & Jean Doyle, Robert A. Edmisson, Thomas Eich, Antonia R. Eisenstein, Frances Eldi, David J. Ernesti, Mary Falzone, John E. Fantasia, DDS, Debi Fidler, Marshall Flax, Ken & Julie Flesher, Nancy Fletcher, Norah Flynn, Lynn Folkman, Richard L. Fortune, Barb & Terry Fox, Barbara Fox, Gregg Fox, Ralph Friedman, Sandra Fuggini, John Fulton, Mia & Keith Gardner, Patricia Gawron, Bob & Winnie Gedan, Gary Gelhar, Sonja Gersten, John D. & Patricia A. Gilchrest, Sherry Gilreath, Gregory Gion, Terri L. Gollinger, Richard A & Diane L. Gorton, DM Gowdy, Jr, Gary & Linda Graff, Dr. John J. Graff, George Gray, Miriam Grodberg, Gregg & Cynthia Gutowski, Frances Guzzardo, Elizabeth Hafez, Brenda Hardisty, Steven S. Hare, Charles V. & Nancy C. Harrison, Mary Haungs, Craig & Dona Hazen, Chris Henderson, Stuart & Clydora Hippler, Kenneth R. Hofrichter, Kenneth & Lynda Holler, Beckie J. Hood, P. Lynn Houck, Dorothy M. Huebener, Santa Inzerillo, David Isenberg, John Jenkins, Sidney Jenkins, Cheryl J. Johnson, John T. Jones, Edward & Barbara Jordan, Lucille Jordan, Lars Jorgensen, Karen Joyce, Dr. & Mrs. Edward Kahan, Linda Kampf, Madeleine Kane, Joseph Kania, Karl Kaplan, Marion Kasak, Rafe Katkin, Charles Kearns, Karla Keenan, Elly Kelnar, Martin Kemp, Donald & Brenda Kenn, Jeffrey Kennison, Ellen Kenny-Aull, Lorelei & Sean Kilbane, Michael King, Eugene & Georgiana Kirsch, Bernice K. Klaben, PhD, Steven Klimas, Charles Knolls, Kathryn V. Koch, Kathleen Koch, Thomas Kuchinic, Richard Lanzer, Patricia M. Lee, Linda D. Legendre, Linda A. Lehr, Robert Lehr, Lauretta Licandro, Barry Lightner, Nancy Listiak, Vincent LoFranco, Randy Long, Glenn Losel, Marsha L. & Thomas E. Love, Bruce K. & Joan E. MacFarlane, Cynthia L. & Raymond P. Mackey III, Patricia Macy, Kaia Mahlke, Frank Mancusi, Jr., Gina Mangiapane, Eileen Marotta, Eileen & Louis Marotta, John & Bernice Marshall, Donna J. Martin, Rosanne Martini, Carolyn Martocchia, Marilyn Massey, James F. Massey, Edward J. Mazour, Carol McClain, Shirley McDonald, Patricia McGinley, John McGrane, Thomas & Mary McGuire, James & Brenda McIlvaine, Patti Meerschaert, Pier Minotti, Tamara Minotti, Jeff Minton, Johelen Miranda, John Mjoseph, Angie Moench, John P. Monahan, John P. & Gayle Monahan, Jr., Theresa Mooers, Larry D. Mooney, Debra C. Moore, Caryl Morris, Stewart Morse, William & Jane Mouzavires, James E. Mulvaney, Robert Myers, Rick & Beth Mylor, Russell Nansen, Kristi Napoleon, Marlene F. Nickolai, Pamela Niehaus, Al Neilson, Karen Nocita, Melvin P. & Beverly V. Nelson, Mel & Jackie Nunnally, Jr., Nyman Associates, Debra O'Brien, Mike & Michelle O'Brien, Paul Ofstedal, Gary & Bobbie Oliver, Gary Olsen, Joyce Ornelas, Kelly O'Rourke, Denton Ortman, Stephen A. Ott, William E. Paul, J. Wray Pearce, William C. Pennington, Randall Pink, Morton Pollowitz, Priscilla Poole, Sally A. & Michael J. Powers, Marie T. Prete, Suzanne C. Psyk, Judy Racs, Loreen A. Radke, Janice Raftery, Suzanne Rague, Ron & Anita Ramsey, Natalie Reeves, Heather Rhodes, Maurice & Jo Ann Richelson, William Ridley, Regina Rivello, Robert Rivkin, Elisa Rizzo, William Robsky, Wes Rogers, Edward Romanofsky, Louis L. Rosen, Maurice Rosen, Ruth Rosen, Susan B. Rosenthal-Jay, John A. Rossi, Craig Roth, Patricia Rotunno, Janine & Michael Rowe, Melissa Ruff, Richard & Gail Ruggiero, Jerry Lee Runyon, Dr. William Ryan, Kevin M. Ryan, Sister Mary Ryan, S.P., Beth Sagerstrand, Annette & John Shatjian, Frances L. Scalissi, Donald & Donna Schneider, Nancy C. Scholes, Daniel Schroeder, Cathy A. Sellitto, Jody Senf, Robert & Mary Ellen Sher, James & Marilyn Sherman, Delton D. Shilling, Charles Short, Vincent Sicurella, Salvatore T. Siggia, Diana Silberman, Sandra L. Smith, Cheryl Snooks, Ward G. Spear, William E. Spruit, Linda A. Stachowiak, Robert E. Steiner, Edward Stern, Rob Stewart, Linda Stickley, Steven Streckel, Thomas Streets, Patrick & Jean Sullivan, Joan S. Sumner, Janice E. Swirles, Carl Szuter, Susan Tanguay, John & Linda Territo, Richar Theyerl, Sandra Goodson, Patrick & Georgann E. Tierney, Deborah Tingen, Paul & Dottie Trueax, Marco Tufo, Kawal Ulanday, Raphael Urciolo, John A. Van Slyke, Kay Vandivier, Dan Vaughan, Paula Vernon, Kathleen A. Vervan, Kay L. Walker, Lynne Walther, Shirley Ware, Elaine M. Warneck, Diane Wasserman, Halle Weingarten, Coral H. Weston, Jerry L. & Shirley J. White, K.W. White, Sr., Robert Wiederhorn, Janet Wilder, Josephine Wilson, Daniel Wiseman, Harry Witczak, James J. Woeppel, Patricia G. Wood, Frances L. Young, Harold Lee Young, Richard Young, Frank J. & Margaret L. Zadell, Frank Zadell, Melanie Zatti, Tim Zemens

MEMBERS OF SPOHNC'S LEADERS CIRCLE

Amgen is a leading human therapeutics company in the biotechnology industry. For more than 25 years, the company has tapped the power of scientific discovery and innovation to advance the practice of medicine.

*AstraZeneca is a major international healthcare business engaged in the research, development, manufacture and marketing of prescription pharmaceuticals and the supply of healthcare services. It is one of the world's leading pharmaceutical companies with healthcare sales in the areas of gastrointestinal, cardiovascular, neuroscience, respiratory, oncology and infection products.
Web site: www.astrazeneca-us.com.*

*Bristol-Myers Squibb Oncology is a pharmaceutical and related health care products company whose mission is to extend and enhance human life by providing the highest quality health care products and services.
Web site: www.bms.com*

*ImClone Systems, Inc. is a biopharmaceutical company dedicated to developing breakthrough biologic medicines in the area of oncology.
Web site: www.imclone.com*

*The International Institute for Head & Neck Cancer & Tobacco Related Diseases, Inc. is a private foundation created to advance the treatment and care of patients with head and neck cancer. It has been in existence for the last 10 years and has contributed to research and patient support in several countries.
Stimson Schantz, MD, Founder and Director Contact: sschantz@nyee.edu*

*Laclede, Inc. provides products for dry mouth relief and oral care. It is an important resource on the web for salivary research, oral health information and innovative products.
Web site: www.laclede.com*

*Sanofi-Aventis is the world's third largest pharmaceutical company, ranking number one in Europe. Backed by a world-class R&D organization, sanofi-aventis is developing leading positions in seven major therapeutic areas: cardiovascular, thrombosis, oncology, metabolic diseases, central nervous system, internal medicine and vaccines.
Web site: www.sanofi-aventis.com*

CORPORATE SPONSORS OF SPOHNC'S WEB SITE

*Align Pharmaceuticals is a specialty pharmaceutical company focused on providing supportive care solutions for symptom and side effect management in small patient populations.
Web site: www.alignpharma.com*

*As a worldwide ENT (Ear, Nose and Throat) company Atos Medical offers high quality innovative products within laryngology, otology, rhinology and also oral and maxillofacial rehabilitation.
Web Site: www.atosmedical.com*

*Laclede, Inc. provides products for dry mouth relief and oral care. It is an important resource on the web for salivary research, oral health information and innovative products.
Web site: www.laclede.com*



*Louis W. Frillmann's
2008 Page of Remembrance
in Loving Memory of*



Bernie Adler by
Lynne, Bruce, Dara, and Josh Blatt

Pete Andress by Lawrence B. Pate

Annie W. Asensio
by
Kimberly Clark Foundation,
Larry Menkhoff, Lawrence B. Pate

Vince P. Angelo
by
Nancy Nye

Bernie Baumoehl by Gail & Ted Fass

Gary L. Brosam by Dearborn Partners LLC

Kim Brown by JenniBrown

Eva Davis by Susan J. Capek

Margaret Priscilla DeJesus
by
Miguel A. DeJesus & Family

Thomas C. Desmond
by Steven & Elaine Kanchuga

Craig Dickerson by Sandra Howe

Barry Einsidler
by
Michael Alessi, Roseanne & Bob Alessi,
Nancy & Jim Beckmann, Cathy Birk, Jan Collier,
Frank & Cheryl Fischetti, Joane Mayglothling,
Sharon & Alan Reed, Chris & Paula Wiener

Rebecca Vivian Fishman by Joanne Fishman

Jeff Froid by Lazara Paz

Isadore Garcia by Alice Peters

Al Giannotti
by
John & Deb Grove, SPOHNC Indy North

Tim Gregg
by
Aquilyn T. Maggio
Jon & Jeanne Tefft Tarter

Roy Gross by Donita Gross

Stephanie Guerra by Gail & Ted Fass

Frances Grace Harris by Paula & David Hubbard

Elizabeth "Liz" Hernandez
by
Barbara L. Broseker,
Bravo Ad Sales Group/NBC Universal
Joanne Clark, Maddie Ferrante,
Mindy Gray, Rebecca Herrera, Susan Malfa,
Stephen & Kathleen Puntar, Pamela A. Ricciardi,
Debbie Reicnig
Nick Spain & Your Friends at
NBC Detroit Sales Office
Salina & William Tom, Maryann Wuebber

Sidney Horowitz
by
Gail & Ted Fass

Roger Jonsson
by
David & Diane Bangerter
Ed & Susan Bouton, Julia & Kent Buckley-Ess
Mr. & Mrs. Virgil L. Collins, Carmen Cúva,
David E. & Marly S. Fast, Patty Lee
Lucille J. Lindh, Lesley Mongelluzzi & Family
Denise J. & Thomas Noland, Jenell Phillips
Gary & Mary Presler

Ed Kaneko
by
Jim & Cori Crismon, Grace Fuery,
Amelia & Arthur Grabowski,
Antoinette Green, Ted & Kate Gregory,
May Hamamoto, Gary & Amy Kawamura,
Shawn Kelly, Edwin & Frances Kurata,
James & Judith Kzeski, Cecelia Lee Landman,
Ronald Lau, Airma, Kelly & Max LeGere,
Glenis D. Linas, Mr. & Mrs. Barry Luck,
Richard B. Mendoza, John & Shirley Moynihan,
Suzanne Nagami, Roy & Gail Nagaoka, R. Oda,
Rich & Beth Pascual, Puspa Ramachandran,
Laura Reiley, Janet Robinson,
Wilfredo & Marcelina Romano,
John & Doris Rowe, Luena & Yogi Sharma,
Charlene Simpson, George & Sheila Sims,
Shirley Titterington, John & Betsy Trevennen,
James Trueman, Maurice & Joan Vanauken,
Julita S. Winberg, Eunice Woo-Wong

Donald L. Kaufman
by
Peg Lehto

Barry Landers
by
Bruce I Cahan, Miriam and Allen Caine,
Sharon Caine, Gary Delson, Randy Kline,
Merryl Landers & Barry Richie,
Fred & Andi Novin, Susan & Jim Robinson,
Joel Wahrhaftig, Charles Yudis

Leonard Lanyo
by
Nancy E. Leupold
Mary Ann Caputo

Dr. James Lewis
by
Larry Menkhoff, Lawrence B. Pate

Jonathan B. Loden
by
Bryan Loden & the Jonathan B. Loden
Foundation

Robert V. Lopez
by
Dorothy Bartolotto & Family
Robert & Carole Boisits, Arline C. Dooley
Tracey S. Gerez, Charles Valacenti, DDS,
Dorothy Lopez, Vincent & Lauie Lopez
Steven & Concetta Mallardi, Moller Property
Management Corporation, Bill & Judy Noto
Judy & Brian O'Connor, Sal Russo,
Palma Sumcizk, Barbara Tucker

Bill Luecke
by
Kathleen G. Paczosa

Elaine Mills by Donald W. Harvey
Anne Lorraine Moore by Kimberly Moore

Marjorie Nobles by Susane Dean
June Ouder Kirk by Jim & Jean Lynch

Ted Pacheco by Bette Denlinger

Arnold Pastel by Denise Pastel

Kent Roudebush
by
Jame & Susan Berghoff, Mary & Mike Veth

Michael Russo, Sr.
by
Paul J. & Frances Boits,
Bernice & Raymond Cohen, Lori Cohen,
Robin D. Cohen, Dennis & Constance Caruso,
Jo Ann Eisinger, Joan Esposito,
Mr. & Mrs. Thomas J. Fuccillo, Joseph Fulco,
Laura L. Kakos, Alina Kerson, Trustee,
The Kerson Family Family Trust,
Anthony Lomonica,
(The Pump Team at Cornell),
Massapequa Federation of Teachers,
Massapequa H.S. Sunshine Club,
Mark & Karen Pedisich,
Cindy Pucci BAE Systems,
Dr. & Mrs. Michael Schaf Frank.,
Patrick D. Strouse, Rachael & Gregg Vignona,
Vignona, Sorbara Construction Corporation

Charles Santo by Dorothy Santo

Verne Shaw by Matthew Butterfield

Charles James Schingeck
by
B & J Trucking Service, Inc.,
Marty & Douglas Bennett,
Norm & Valerie Brecheisen,
Dermod Truck Sales, Inc., Gerri Muroski,
Peggy & Michael Powers,
Justin & Rhianna Walworth

Leonard Schwartz by Meryl Landers

Margaret L. Sheehan by Pat Boquist

Bruce Strasser by Patricia M. Strasser

Orrin G. Sumner by Joan S. Sumner

Ernie Thomas by Lawrence B. Pate

Melvin Wahrhaftig
by
Mrs. Lynne Blatt & Family
Merryl Landers & Barry Ritchie

Victor E. William, Jr. by Jean W. Prevost

Mona Wright by Virginia & Paul Levee



CHAPTERS OF SPOHNC

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

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

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. Pl., 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 760-751-2100
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
Shanon Leach, MA, CCC-SLP 850-362-9200
shanon.leach@hcahealthcare.com
Ryann Ennis, MA CCC-SLP 850-863-7580
ryann.ennis@hcahealthcare.com

FLORIDA-GAINESVILLE
Winn Dixie Hope Lodge
2nd Monday: 6:00-7:00 PM
Carol Glavin, MSW, LCSW 352-371-8695
cglavin@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 Mallinchrout 305-668-5900
gme4@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
Rhana Bazzini 941-922-3610 rhana@att.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.net

GEORGIA-ATLANTA
St. Joseph's Hospital
2nd Monday: 6:30-8:00 PM
John Sandidge 678-843-5585 sandidge@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 Draganano 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-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
Fernal@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 Erikson, LCS, 248-964-3430
CEriksen@beaumont-hospitals.com

MORE CHAPTERS OF SPOHNC

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

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 Sumbum, SLP 716-845-4947
amy.sumbum@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@spohnc.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@carolinashealthcare.org
Terri Painchaud 704-364-7119
Trappi6@yahoo.com

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

OHIO-COLUMBUS
The James Cancer Hospital &
Solove Research Institute
1st. Monday: 3:30-5:30 PM
Vicki Heinke, LISW 614-293-7042
Vicki.Heinke@osumc.edu

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
bmrashin@wpahs.org

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

TEXAS-DALLAS
Baylor Irving-Coppell Medical Center
2nd Saturday: 10:00 AM
Dan Stack 972-373-9599
danrstack@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-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 or twiggint@mcw.edu

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

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

Membership includes subscription to eight issues of *News From SPOHNC*

Name _____ Phone (_____) _____

Address _____ Email Address _____

Address _____

City _____ State _____ Zip _____

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

First time member _____ Returning member _____

ANNUAL MEMBERSHIP

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

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

CONTRIBUTIONS

Call 1-800-377-0928
to become a member and make a contribution by credit card or order on line at www.spoync.org

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



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

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