

S•P•O•H•N•C
A PROGRAM OF SUPPORT
FOR
PEOPLE WITH
ORAL AND
HEAD AND NECK CANCER

ORAL MUCOSITIS A PAINFUL EXPERIENCE

SHARON JAMISON, R.N., CORLN

Many cancer patients, and nearly all oral and head and neck cancer patients, have been afflicted with oral mucositis at some time during their treatment. Those who have experienced its devastating effects vividly recall the symptoms. Because so much activity is carried out in the oral cavity- eating, breathing, laughing, talking, kissing, singing - anything that interferes with those activities seriously affects other bodily functions, as well as one's quality of life.

What Is Mucositis?

The lining of the mouth, throat, esophagus, and the rest of the gastrointestinal tract, is called mucus membrane, or mucosa. The mucosal lining is in a constant state of regeneration. The cells live for about five to seven days, and the entire layer is replaced by new cells every one to two weeks. Because cancer treatments, specifically chemotherapy and radiation therapy, target the fast-growing cancer cells for destruction, normal fast-growing cells of the body (like the mucosal cells) are also affected because chemotherapeutic and radioactive agents cannot differentiate between "good" and "bad" rapidly growing cells.

Why Does Mucositis Occur?

It was previously believed that the mucosal cells of the mouth and throat weren't adversely affected by chemotherapy or radiation therapy until about a week or two after initiation of treatment. Additionally, it was assumed that the damage extended only to the surface of the mucosal lining. The most recent research, however, has shown that the gastrointestinal (GI) lining is affected immediately after the initial treatment, and the process of cell damage, death, and regeneration goes much deeper than the mucosal surface.

The oral mucosa itself is made up of several layers of specialized

tissues. As mucus membrane cells that have risen to the surface layer (the epithelium) become older and eventually die, they are replaced by cells that originate in the underlying layers. When chemical or radioactive agents are introduced, both DNA and non-DNA damage to the cells occur, and the damage occurs in the deeper layers and supporting structures underlying the mucosa. A snowball effect is set into place starting below the mucosal level. Complex chemical responses and reactions occur, along with release of transcription factors (cell messengers), immediate-response genes, and pro-inflammatory cytokines. The release and activation of these genes and proteins serve to spread the message of damage and destruction within the tissues. The message becomes more widespread or "amplified" as more cells succumb and release even more destructive proteins. All of this activity is still taking place unseen to visual inspection. When observed, the epithelial (surface) mucosa still appears normal or just slightly reddened. This placid picture, however, is soon replaced by a completely different one. The integrity of the surface mucosa is breached, and exquisitely painful ulcerations appear throughout the oral cavity. It is important to remember that (especially with chemotherapeutic agents) ulcerations not only invade the oral cavity, but also the throat, esophagus and the entire GI tract. The ulcerations are breeding grounds for opportunistic bacteria, and the patient is very susceptible to systemic infection at this time. Luckily, the human body has a great healing capacity, and the process of repair immediately commences. Of course, in the severely immunocompromised patient, one whose bone marrow has been obliterated in preparation for transplantation, for example, the possibility of an overwhelming infection is always possible. Therefore, these patients must be protected by strict isolation procedures.

Advances in Treatment

Until recently, the ulceration stage of mucositis has been the target for treatment. Therapy was essentially symptom management-treatment of the ulcers and the pain caused by them. Since tissue damage begins immediately on the initial treatment day, another thought process is in force to determine how mucositis effects can be blocked at the very beginning. Therefore, research is focused at development of agents that reduce DNA strand breaks or block release of pro-inflammatory cytokines (substances that are secreted by certain cells of the immune system and have an effect on other cells) Other approaches might focus on detoxifying enzymes or growth factor agents to reduce the intensity of the destructive process. One advance in this type of targeted therapy is palifermin (Kepevance), a recombinant human keratinocyte growth factor. Administration of palifermin presently is being limited to patients undergoing autologous hematopoietic stem cell transplantation for

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COMING IN APRIL 2008

“Human Papillomavirus Infection and Oropharynx Cancer”
Robert Haddad, M.D.

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blood-based malignancies. Amifostine, used to protect salivary gland function, is also being evaluated for possible reduction of cytokines. N-acetylcysteine, an antioxidant, may be useful in suppression of an important transcription factor (a protein that attaches itself to portions of DNA and controls transfer of information). COX 2 inhibitors appear to be effective in many areas by suppression and inhibition of transcription factors and cytokines. Research is ongoing, however, and the future looks hopeful for great breakthroughs in this avenue of mucositis management.

Because efforts to provide measures for mucositis prevention or reduction in severity are still essentially in the research phase, symptom management remains the primary treatment modality in use today. Specifically, measures to reduce the severity of mucositis include an oral care regimen. Oral hygiene is critical during cancer treatment. It includes thorough brushing of all tooth surfaces with a soft bristled brush at least twice a day, flossing daily, frequent oral rinses with a baking soda or salt and soda rinse, adequate hydration and avoidance of irritants such as alcohol, tobacco, acidic, spicy, salty or rough, hard foods that might scratch or irritate the tender oral mucosa. (table1)

Table 1: Oral Mucositis Nutritional Interventions

Foods to Choose	Foods to Avoid
Ice cream, milkshakes	Citric Acid (orange,grapefruit)
Custards, puddings	Chocolate
Smoothies	Alcohol
Pureed foods	Tobacco products
Baby food	Salty, spicy foods
Mashed poatoes	Hard foods, rough edged foods (chips, popcorn, crusty bread)
Macaroni and cheese	Vinegar based foods (salad dressings)
Scrambled eggs	Caffeine
Bananas, applesauce	Raw fruit
Cooked Cereals	Tomatoes, tomato sauce

The link between adequate hydration and balanced nutrition and effective healing must not be overlooked. In order for the body to repair mucosal damage, patients must be able to ingest enough protein to not only maintain tissue integrity, but also to allow for repair. Liquid nutritional supplements may be helpful to confirm adequate nutritional intake. Protein powder can be added to foods to boost protein intake. Soft and pureed foods can be more easily tolerated since chewing can be very painful. Frequent small meals- usually six per day- can be easier to handle than three large meals. Cryotherapy, or the use of an oral ice rinse, is recommended by many practitioners, especially in conjunction with some chemotherapeutic agents such as 5-florouracil bolus injection.

Coating agents can be effective for relief of pain. Gelclair® is a bioadherent oral gel that is advertised to be effective for up to seven hours if administered as directed. Most practices have some form of magic mouth rinse made up of some combination of lidocaine (topical anesthetic), diphenhydramine hydrochloride (antihistamine), and an

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antacid such as magnesium hydroxide or aluminum hydroxide and simethicone, that is prescribed for use before meals and before sleep. The mixture may provide a brief relief from painful chewing and swallowing.

There are other prescription mouthwashes available in addition to simple salt and soda rinses. Caphosol® is an electrolyte solution which moistens, lubricates and cleanses the oral mucosa. It can be used several times a day. Saforis® is L-glutamine, which is an amino acid essential to normal cell function. Research results show that mouth ulcers were reduced with a 30 second rinse and swallow three times a day. The research was limited to studies with breast cancer patients. Ongoing studies will produce additional information. (Table 2)

Table 2: Oral Mucositis Topical Treatments

Name	Advantages	Disadvantages
Salt & Soda Rinses (1 tsp. of mixture to 1 quart of water)	Inexpensive. Can be made at home.	Has to be done frequently.
Alcohol free mouthwashes	Non-prescription item. Easy to use, nondrying, antibacterial	Short-lived effect
Anesthetic/Coating Agents (Viscous lidocaine, Benadryl, Maalox)	Inexpensive, instant topical effect.	Effect is short. Has to be repeated before each meal.
Caphosol®	Patients like soothing effect. Doesn't interfere with other meds. Little to no side effects. May reduce severity of mucositis event.	Expensive. Has to be mixed just prior to use. Must refrain from oral intake for 15 minutes after use.
Gelclair®	Adheres to the oral mucosa. Covers the painful nerve endings to reduce pain. Effect can last up to 7 hours.	Expensive. Must be mixed just before use. No oral intake for an hour after use. Has licorice base. Patients either like or hate the taste.
Saforis®	Derived from L-glutamine, an essential amino acid. May reduce severity of Mucositis.	Still being tested in clinical trials. Not readily available to all cancer patients.
Adtiq® (fentanyl topical lollipop)	Provides pain relief via absorption through mucus membrane.	May be drying to mucus membrane. Dose delivered is not easily determined. Overdose may occur.

Conclusion

Oral mucositis is indeed a difficult and painful experience. There are various interventions and regimens in use today. Because the focus is changing from management to prevention, treatment of mucositis will be moving from the end result (ulceration) to intervention at initiation of treatment. The future looks brighter for those afflicted by cancer. Not only have the treatments necessary to eradicate cancer become more efficient, but side effect management is also becoming more effective.

Editor's Note: Sharon Jamison, R.N., CORLN is a Clinical Nurse at the University of Texas MD Anderson Cancer Center in the Radiation Treatment Center-Fort Bend in Richmond, Texas. Ms. Jamison has been a nurse for 36 years with 20 years experience in otorhinolaryngology and head-neck nursing, both in acute care and outpatient clinical care milieus.

Resources

Oestreicher, P. (2008). Put evidence into practice to manage oral mucositis. *ONS Connect*, January 2008.
 Peterson, D, Kramer, P., Murphy, B. (2007). Mouth pain and discomfort: All you need to know about oral mucositis. Retrieved 5/30/2007 from *CancerCare Connect* <http://www.cancerca.org/>
 Sonis, S. (April, 2004). The pathobiology of mucositis. Retrieved 08/08/2007 from *Nature Reviews Cancer* 4, pp.277-284.
 The Joanna Briggs Institute review panel (1998). Prevention and treatment of oral mucositis in cancer patients. *Best Practice*. Volume 2, issue 3.

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Adtiq® : www.actiq.com
 Caphosol® : www.cytogen.com
 Gelclair® : www.ekrtx.com
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A TIME FOR SHARING

I live on a farm out in the country, south of Indianapolis, Indiana. I am not a person who is very good at remembering dates when specific things occur. I wonder, however, if I will ever get to that point with the date August 25, 2006. That is the date that I was told that I had cancer of the tonsil that had metastasized to the base of my tongue. A tell-tale lump that had popped out on my neck right under my left ear is what sent me to the doctor initially. I went into surgery and out came my tonsil, along with multiple biopsies of the tongue. I had no symptoms that generally go with this diagnosis.

The otolaryngologist told me that he would refer me to the St. Francis Cancer Care Center. With this diagnosis my mind immediately went into high gear about what my options were and what my chances were. I am also the type of person who does not overanalyze how I had gotten here, why me, etc. God's plan can have some hard left turns, but it is still his plan and truly there are silver linings.

On my initial visit to the Cancer Care Center, I was told that I had Stage 3 cancer, but they felt it was curable. After the initial shock wore off, I began analyzing the situation (true to my position at work, program manager responsible for planning, risk mitigation, analyzing). I was amazed that I had cancer at all, yet alone Stage 3 cancer. I didn't even feel bad! I had just been scuba diving at Grand Cayman and upon returning home, the lump popped out on my neck. I have always believed that it is best to get to the bottom of the situation quickly, so I immediately began seeing doctors. Initial examinations didn't show any issues internally that would have led to the cancer diagnosis.

The doctors goal was to get me through 35 radiation treatments, coupled with a weekly chemo treatment. That should shrink the lump enough that it could more easily be surgically removed, along with my lymph nodes from that side of my neck. While it is my nature to be an over-achiever, I firmly resolved at this time to follow that path with whatever instructions I was given and do my part in this treatment.

The next three weeks were spent in planning my therapy, making the mask for my

treatment and having a gastric tube surgically placed. I was not given an option of waiting to see if I could maintain my weight, which in retrospect I feel was best. I was told I was getting the feeding tube. Period! After I came home from having the tube placed, I had to chuckle at myself, somewhat. I believe I could have gotten a guest shot on the next alien movie.

Before my therapy began, I also had a visit with the dentist. My standard examination and cleaning would have been in the middle of therapy, and I just couldn't imagine that happening. Along with getting my routine work done I also had the custom fluoride trays made. A new part of my daily regime was to wear the trays with fluoride daily in an effort to help protect and keep my teeth. As with all routines, you just need to plan on a time to do this (if you drive for 20 minutes or longer to work, that is a good time).

Going through the initial workups to get to the treatment portion, I realized that I was one lucky woman. The medical professionals who treated me were wonderful, caring people. They were quick to answer any question that I had and gave me information on what the experience would be like and what I could do to manage the multiple side effects that this particular cancer treatment brings about. I am a hopeless optimistic person, but their fortitude and strength to assist cancer patients on a daily basis is magnificent.

My first couple of weeks of radiation therapy were, for the most part, painful. It wasn't the actual radiation that hurt. It was trying to get myself into a position on the table and locked into the mask that was the problem. The nurses were always willing to reposition me or do whatever they could to try and make the treatment better. It just took me some time to find the proper position on the table...and to make myself relax so that I wasn't straining against the mask. That, I feel, was most important. The more relaxed you can make yourself, the better the experience will be.

After about three weeks of radiation treatment the lump on my neck began to soften up. That was good news indeed! Progress toward our end goal! It was about

this time, also, that almost everything I tried to eat tasted bad or hurt my mouth. I had developed both mucositis and a case of thrush. I began using the feeding tube more and more. The good news is that throughout treatment, I only lost one pound from what I originally weighed when I began. My nickname has always been "bird-legs", so I really couldn't stand to loose any weight. I did marvel, though, at how bad even water could taste.

I found the chemotherapy experience to be not nearly as bad as I had thought it would be. Since I had one weekly session for seven weeks, there was no need to have a port installed. Amazement struck me again by how cold I got sitting in the chemo chair on the first visit. I brought extra socks and a pair of gloves to wear on subsequent visits. Irony struck again regarding my hair. The agent they used (Erbix) did not cause me to loose my hair. However, I did looss about three inches of hair on the back of my neck and head as this area was in the radiation field.

While I live by myself I am also fortunate enough to have, as one of the chemo nurses put it, one of the most amazing support systems she had seen. My passion for life (scuba-diving, camping, kayaking) has led me to some of the best friends possible. My sweetheart, who is already retired from work, came and stayed with me during treatment. He took me back and forth each day, which was nice since it was an hour's drive each way. My wonderful friends came each week and cleaned my house. I propped myself up on the couch and watched football, feeling slightly guilty. My sweet southern mother cooked meals for all (she and my father live on the farm next door).

My treatments began in late September and were over on November 2, 2007. The otolaryngologist said that he felt I would be strong enough in mid to late December to have the surgery to remove the remains of the lump and take out the lymph nodes from that side. December 19th I went in for the surgery. That is also my granddaughter's second birthday. I took that as a good omen. Four hours later the surgery was over. The first portion was to take internal biopsies

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to ensure that the cancer was indeed gone. When the tests showed no cancer in the biopsies, the second portion of the surgery to remove the lymph nodes was done. Again, results of no cancer! I remember waking up with a terrific headache, but that was all. I was released on December 21st. YEAH!!! Home for Christmas! I even managed to go to church the Sunday after my surgery. I had God to thank for many blessings.

I was able to return to work on February 12, 2007 for 6 hours a day. The work I do can also be done from my home, which saved me an hour's drive each way. In April I went back to a standard 8 hour day – again from home to save me the long drive. Technology is great, huh? As long as I have a computer and a telephone, I'm good! It was nice to begin utilizing my brain more fully again. Busy minds are happy minds.

I've begun attending my local chapter of SPOHNC meetings. It is nice to talk with folks who have experienced the same

journey. Trading of tips back and forth has been invaluable. Many people I've met have not been as fortunate as I have been, thus far. I've also told the Cancer Center that if there are any new patients who they feel could benefit from talking to me as they go through treatment, I would be happy to speak with them. At this point I told myself that whether or not I could do all of the many activities I had previously enjoyed (I'm the outdoors type of girl), I would just be thankful that the tests showed the cancer was gone.

We own Standard bred race horses. One of the mares was due to foal at any time and I couldn't wait to see the little critter. Horses are one of the most beautiful animals there is. The one born in 2006 we named after my granddaughter. I also own two iron horses – Harley Davidson's, thank you! I was out riding as soon warmer weather returned. How good that felt to have the wind flying around me, sunshine on my face (with sunscreen, naturally) and a gorgeous sunset to look at.

On my last visit with the radiation oncologist he told me that I looked great – inside and out. He asked me if I had considered scuba diving again. I told him that I had planned a trip to Key Largo over Thanksgiving (2007) whether I dove or not. His opinion was that I should be able to dive, possibly to complete a checkout dive in a pool before going. I have also checked with my dive shop and there is a special valve I can purchase to put on my regulator that acts like a mini-humidifier. Dry mouth is a problem in general when you dive, so this will be a purchase I will pursue.

So, you see, life can still have many pleasures. However, these pleasures (big and small) have taken on a new meaning for me. In the past, I may have said that each day is a blessing from God, I now attach great significance to that statement.

Cheryl Snooks
Indianapolis, IN

EXECUTIVE DIRECTOR POSITION AVAILABLE

Founded in 1991, Support for People with Oral and Head and Neck Cancer (SPOHNC) is a nonprofit organization, located in Locust Valley, Long Island, New York, whose mission is to promote oral and head and neck cancer awareness and meet the needs of oral and head and neck cancer patients, their families and friends.

Our mission is carried out through the following:

- Creating awareness of oral and head and neck cancer through distribution of our awareness ribbons, wristbands, and pins.
- Communicating information through our website and newsletter.
- Helping to develop new SPOHNC chapters.
- Sustaining our National Survivor Volunteer Network with volunteers to offer information, encouragement and support to newly diagnosed patients and those patients on their journey of recovery.
- Developing new resources for our constituency and
- Developing new programs to meet the needs of our constituency.

SPOHNC is currently looking for an

Executive Director. We are seeking highly qualified applicants for this position. The successful candidate will serve as chief liaison to contributors, pharmaceutical companies and government agencies; report directly to the Board of Directors; directly supervise staff; and provide overall leadership and strategic direction to ensure maximum program effectiveness and impact. Specifically, essential job functions will include:

- Assisting with the development and implementation of the annual budget.
- Raising adequate funds to permit the organization to carry out its mission..
- Overseeing the Outreach Program : The National Survivor Volunteer Network (NSVN), Chapter Development, and Message Board.
- Development of the newsletter.
- Maintaining a working knowledge of significant developments and trends in the field of oral and head and neck cancer.

Candidates should have the following knowledge, skills, and abilities:

- Demonstrated ability to fundraise for and promote the good works of SPOHNC.

- Leadership/management role in a non-profit organization.
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This position will be available as of January 1, 2009 with a training period beginning in October, 2007.

Resiliency and Change: Keys to Managing Change Successfully

Therese McKechnie, LSCSW

How does someone handle changes in their life in a *resilient* way? What do *resilient* people have in common? Is there a way to develop more resilient attitudes and behaviors? Resiliency is described as the ability to bounce back after adversity or to be successful in coping with life when a person has experienced set backs. There are several key components involved in being resilient and handling the cards that have been dealt.

In every life there are many cards dealt. Some of these are seen as valuable and wonderful gifts. Some are tragedies and setbacks. **Resilient people do not judge their life by the cards dealt but by how they play the hand.** Some cards dealt are radically life changing and very challenging, like the cancer card. The goal of resilient people is to figure out how to best play the cards, even if it seems like a “crummy hand”. Whenever a new card is dealt it sets off an avalanche or domino effect of multiple changes. This rippling effect of a card is referred to as secondary changes. The cancer card changes many things in a person’s life. In fact – nothing is ever quite the same after a cancer diagnosis. Cancer, as it happens to an individual and a family creates a cascading flow of many changes.

One key in managing the cards dealt in a resilient manner is to remember **you are a change expert.** If you were to step back and take stock of your life to this point you would see thousands of changes that have occurred. Some changes were welcomed, planned and wonderful- but these changes still created the need to change and adjust. Some of the changes have not been welcomed; in fact they have been painful, hurtful and challenging. None the less - you have found a way to handle and walk through many changes throughout your life. Recognizing you are a change expert helps to give you the strength and power to know you can handle this newest card with all its rippling effects. Sometimes changes that have been dealt with in the past are minimized. A person might look back on past changes and minimize the competency it took to handle them. We only do this from the perspective

of hind sight or looking back. When we are knee deep in a change we know it is a lot to deal with. Don’t underestimate your resilient nature and the fact that you have found a way to navigate thousands of changes throughout your life.

It is important to acknowledge when a difficult card has been dealt and not minimize its impact. Resilient people do not sugar coat things or pretend all is well immediately. There is a human side to being “*slammed*” with tragic news. As humans, we have to absorb the assault of a diagnosis such as cancer. Putting on a happy face will only serve to have the emotional side of *being slammed* come out indirectly. Playing the cards dealt means that you take in the news of the cancer card. There is a grief process that unfolds. Often, a form of denial surfaces that says something like “this can’t be true”. We do this because it is such an assault to take this news in. With grief there is also anger – the “this isn’t fair” part. “Why did I get this card?” “I didn’t sign up for this and it isn’t fair”. There is also a tremendous amount of adjustment that comes with the grief process and this is often confusing and frustrating. **Resilient people allow themselves to grieve over their losses, over the hard cards dealt.** The difference between people who handle change with resiliency is that they walk through grief – they don’t pitch a tent and stay there!

We all have a *coping capacity* that has been developed. We have a range of coping that goes from coping well to not coping well. We have developed this range over the years with the cards that have been dealt and how we have managed to play the hand. We develop the coping capacity based on the need for it. When a card is dealt that takes us beyond the coping capacity we have established so far, we go from solid footing where we have the skills to deal with it - to sand – where we feel shaky and on unsure ground. This is just how change and the coping capacity works. When we are on sand we are not as sure footed. We lose balance; it is harder to walk gracefully. After awhile, and with the use of successful coping skills, we expand our coping capacity and move to

solid footing again. During this sandy time a person will question and doubt. Questions such as “Can I handle this?” “How will my life change?” “Where do I start?” are explored. “Do I have the resources?” “What will I have to give up?” are asked. Anytime we have to adjust and change there is an awkward period. Sometimes it is called a learning curve. This is the time of shaky adjustment to the new. We can feel pretty vulnerable during this time. What is happening, though, is that the coping capacity is being expanded so eventually we will have a **broader coping range** and be able to walk gracefully through these new changes.

The process of expanding the coping capacity requires a tremendous amount of stretching. If you look at people who are handling changes with resiliency they have flexibility and elasticity similar to a piece of elastic that can handle stretching. The more flexibility and give there is the easier the stretches. The more tight or taunt the elastic is the more difficult or ridge the stretch. Resilient people **work on developing flexibility** to handle the cards dealt. One key that can help with this is the practice of **studying those who are adjusting well.** These may be people whom you know personally. You may have watched them handle set backs and adversity in successful ways. There may be people you have heard about or seen in the media. Study what they are doing. What are they thinking? Where is their focus? How do they adjust to their changes?

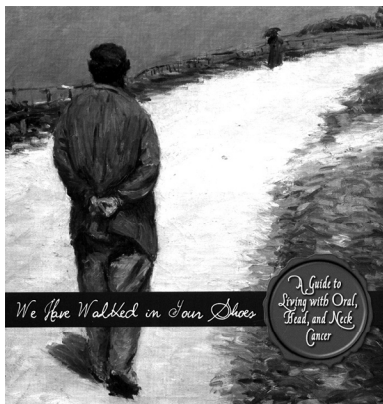
There is a term in the resiliency literature called **psychological hardiness.** People who exhibit psychological hardiness see the cards dealt as challenges instead of threats. They deal with the reality of their situation instead of staying in the shock, disbelief or denial part of early diagnosis. They also have a “take charge” attitude instead of a helpless or hopeless mind set. A wonderful line to say to oneself is to think about your situation and step back and say “This is interesting, I wonder how I will handle it? You’ll be as interested as the next person to see how you handle things! By stepping

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back and asking yourself this question, you automatically develop a perspective – of watching yourself. You automatically allow for the possibility of choice. When you ask yourself how you will handle something you are recognizing there are several ways to go about this – which will I choose?

One choice resilient people choose is to **be in charge of self-talk**. You may have heard of the term affirmations. Affirmative thinking is positive thinking or empowered thinking. It is looking at the glass as half full and seeing what is there, what is good, what can be done. Affirmations say I am capable, I am competent, I can handle this, and I will be successful. We always have a choice in thinking. It is like a fork in the road. We can choose either side of the road. Negative, overwhelmed, hopeless thinking is a path – and it is a path that has consequences. Choosing the other side of the road – the hopeful, the possibilities, and the capabilities is the resilient path.

Another key to resiliency is to **hang onto your lifesavers**. Lifesavers are what keep you afloat during turbulent waters. Lifesavers are the thoughts and behaviors that keep you going, that center you, that ground you. Lifesavers are those things that really matter most when it is all boiled down to basics. Stephen Covey in his book, *Seven Habits of Highly Effective People*, refers to a concept he calls True North. True North is always True North. It doesn't matter where you are or what you are doing – True North is True North. What is your True North? What are your deepest values and beliefs? What



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

is your life philosophy or personal creed? What really matters most? What are your priorities? Anytime life is turbulent - and a cancer diagnosis and living along side of the many changes that come with cancer - create turbulence, go back to your lifesavers. Go back and hang onto what keeps you afloat.

Self-calming thoughts are a trademark of resilient people. When change occurs the automatic tendency is to generate anxious thoughts. People with resilient patterns will move in and begin self-calming thinking. A way to know what you find as calming is to think about what you might say to an anxious friend or family member. Generally there is a set of reassuring, hopeful, encouraging, supportive and warm thoughts that you send out to anxious people you care about. These are calming thoughts and when you use them for yourself you can begin to self-calm.

A final key that resilient people use for coping with life is to **look towards the stars**. They keep their focus on what is next, what is ahead and think of possibilities. This isn't to say they are not dealing with the situation at hand and coping with the daily here and now things. They just understand that life is a journey and that there is more ahead, more to come and they assume they will handle it well.

Editor's Note: Therese McKechnie, LCSW currently works out of a private practice setting where she offers counseling for individuals, couples and families. Areas of specialization include grief and loss, addictions and co-dependency, family life stresses and transitions, caring for aging relatives, parenting and personal growth areas.

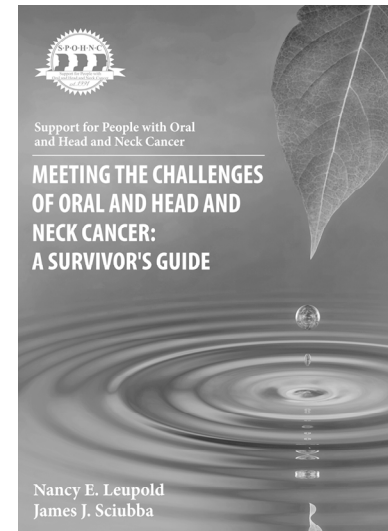
This book contains basic information about oral and head and neck cancer and provides resources for patients and families. It is not intended to replace any information and or recommendations made by health care professionals. It is designed to help you get the answers you need. It summarizes the most common advice on living with oral and head and neck cancer, provides you with resources if you want more information, and offers practical tips as well as weekly and monthly calendars to help you track your treatment. This book is free.

Visit www.spoync.org to order.

For large orders, please call
1-800-377-0928.

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

COMING IN APRIL 2008



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

takes a deliberately different stance and approach from other "survivor guides," in that it concentrates on helping the individual who has completed treatment and is now on the road to recovery. Furthermore, it is unique by attempting to meet the challenges of oral and head and neck cancer with specific information in the form of lists and tables. The editors enlist the help of expert physicians and other healthcare providers from major medical institutions in the United States who aim to provide answers to questions - from coping with side-effects, through clinical trials, to insurance issues.

Contents include: Foreword, Introduction to Challenges, Meeting the Challenges of Treatment Planning and Surgery, Radiation Therapy, Chemotherapy, Good Oral Care in the Management of Head and Neck Cancer, Targeted Therapies and Skin Care, Communication and Swallowing Disorders, Good Nutrition, Insurance Issues, Clinical Trials, Products, Therapies, and Survivor Input for Meeting the Challenges of Side Effects of Treatment, Resources, Appendix, and Index.

NOTICE ABOUT DONATIONS

The full amount of all donations is tax deductible. Membership dues, which includes a subscription to *News From SPOHNC*, our national newsletter, is not tax deductible.

THANK YOU.

“SWISH-AND-SPIT” TEST ACCURATE FOR CANCER

January 1, 2008, Johns Hopkins Kimmel Cancer Center: A morning gargle could someday be more than a breath freshener - it could spot head and neck cancer, say scientists at Johns Hopkins. Their new study of a mouth rinse that captures genetic signatures common to the disease holds promise for screening those at high risk, including heavy smokers and alcohol drinkers.

Lead investigator Joseph Califano, M.D., says his group at both Hopkins' Department of Otolaryngology - Head and Neck Surgery and at the Kimmel Cancer Center asked 211 head and neck cancer patients and 527 individuals without cancers of the mouth, larynx or pharynx to brush the inside of their mouths, then rinse and gargle with a salt solution. The researchers collected the rinsed saliva and filtered out cells thought to contain one or more of 21 bits of chemically altered genes common only to head and neck cancers. Tumor and blood samples also were collected.

The cellular mishaps occur when small molecules called methyl groups clamp on to the DNA ladder structure of a gene. In the grip of too many methyl groups, these genes can incorrectly switch on or off in a process called hypermethylation. “Mass-methylation” of particular genes can lead to cancer, the researchers say. Methylation mistakes in other genes could be triggered simply by aging and amount to no more than fine lines and wrinkles.

“The challenge is to predict which hypermethylated genes are most specific to

cancer,” says Califano. And because every cancer process involves a unique genetic fingerprint, combining several gene signatures for the disease rather than using single ones may identify a larger percentage of cancer patients.

Califano and his colleagues* report in the Jan. 1 issue of *Clinical Cancer Research* noted that of 21 hypermethylated genes, seven of them were the best predictors of cancer within cell-laden saliva. Of the seven best, he tested panels of three to five genes on saliva rinses.

One panel correctly identified 66 out of 154 patients (42.9 percent) with the disease, and accurately ruled out the disease in 203 of 248 healthy subjects (81.9 percent).

Califano's team used a different set of seven hypermethylated genes among blood samples as well. Although the blood test was more accurate than the saliva test at detecting cancer in patients with the disease (34 out of 37), there was a trade-off in the number of healthy individuals it spotted (53 of 173).

“Few tests can be perfect 100 percent of the time in identifying both normal and cancerous cells,” says Califano. “Because head and neck cancers are not widespread, it makes more sense to screen those at high risk and to focus on a test's ability to accurately rule out healthy people.”

Califano notes that tests designed for broader populations, like PSA, focus on identifying a widespread disease in large numbers of people.

A saliva test, Califano says, is easy to do, painless and cheap, capturing cells from

a wide area of the mouth. Some head and neck tumors do not shed genetic material into the blood, making the saliva test a better bet.

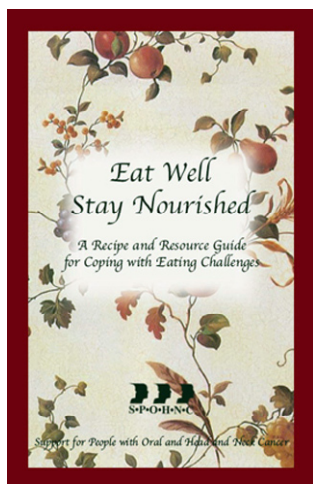
The Johns Hopkins investigators said more studies are needed to refine the test by uncovering additional hypermethylated genes that play a role, and to automate the test before multi-institutional clinical trials can begin. One of the first clinical uses for such a test could be to detect recurrence in current head and neck cancer patients.

There are nearly 50,000 cases of head and neck cancer diagnosed in the United States annually. Most are found when the disease has spread, and less than a year after diagnosis, many recur. Causes include heavy tobacco and alcohol use. Other head and neck cancers are caused by the sexually transmitted human papillomavirus.

The study was funded by the Damon Runyon Cancer Research Foundation, the Flight Attendant Medical Research Institute, the National Institute of Dental and Craniofacial Research, and National Cancer Institute.

Additional participants in the research include Andre Lopes Carvalho, Carmen Jeronimo, Michael M. Kim, Rui Henrique, Zhe Zhang, Mohammad O. Hoque, Steve Chang, Mariana Brait, Chetan S. Nayak, Wei-Wen Jiang, Quia Claybourne, Yutaka Tokumaru, Juna Lee, David Goldenberg, Elizabeth Garrett-Mayer, Steven Goodman, Chul-so Moon, Wayne Koch, William H. Westra, and David Sidransky of Johns Hopkins.,

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



SPOHNC'S resource guide and cookbook of more than 200 pages provides support and encouragement to people with eating challenges. This book contains special pages of information about swallowing problems and nutrition, cancer journeys of survivors, and suggestions and “Tips from the Pros” (SPOHNC's members and head and neck cancer survivors).

This recipe and resource guide is certain to be a valuable asset to oral and head and neck cancer patients as well as caregivers and health care professionals involved in their care. The cost of this guide is \$17.50 plus \$2.50 for shipping and handling. To order, call 1-800-377-0928 or order online at www.spo-hnc.org.

Visit SPOHNC at www.spo-hnc.org and See What's New

News From SPOHNC is a newsletter for cancer survivors, family, friends and health care professionals. Timely articles help to increase awareness of the many ongoing issues related to oral and head and neck cancer while offering information, support and encouragement.

Past issues of *News From SPOHNC* are now available in PDF format on our Web site. Click on the date of the article to link to the PDF file for the corresponding issue of the newsletter. The time needed to open the newsletter will depend on your internet connection. Categories of topics include: Diagnosis and Management, Oral Care, Nutrition, Therapies, Rehabilitation, Emotional Support, Insurance Issues, and Additional Resources.

LOCAL CHAPTERS OF SPOHNC

FOCUS ON SPOHNC - Rochester, NY

The idea for SPOHNC-Rochester, N.Y. was driven by the needs of survivors and their families to have a forum in which to connect with others. Upon contacting SPOHNC, we discovered that there were no groups in Upstate New York. With encouragement from Dr. Yuhchayou Chen, Medical Director of Radiation Oncology, the group has been a collaborative effort between Darlene Harmor, M.S., R.N., N.P and Sandra Sabatka, LMSW. The Department of Radiation Oncology has graciously provided meeting space, resources and assistance with speakers.

Our first meeting was held on April 6, 2006. We had no idea what to expect and were amazed when 43 people were in attendance! This reinforced our idea that a local SPOHNC chapter had been long overdue. Our mailing list has increased to 93 people. Twenty-two of our participants reside outside of Monroe County with attendance averaging 15-20 members monthly.

Our mission is to provide a safe and supportive environment for survivors and

their families to meet and discuss their concerns, as well as share resources. We meet the first Thursday of every month from 4:00 P.M. until 6:00 P.M. At the beginning members connect with each other while enjoying refreshments, followed by formal group sharing, a guest speaker and a question and answer period.

Members suggest speakers and also give presentations about their own experiences. During recent survivor and caregiver panels, they shared their own experiences and what helped them cope with their diagnosis, treatment and long-term side effects. Their stories offered hope and reassurance to those newly diagnosed or currently undergoing treatment that they too might experience a disease free survival. As part of a university setting we have invited experts to lead discussions on topics such as emotional wellness, dental issues, nutrition, survivorship, late effects of treatment, stress reduction, cardiac health, physical therapy, concentration, hearing loss and hyperbaric oxygen therapy.

A recent survey of the members revealed

the following feedback about some benefits of their participation.

- The people are friendly and open.
- I've learned that this cancer is survivable.
- I don't feel alone anymore with my throat cancer.
- The support group has been very supportive and accepting of all my feelings even the negative ones.
- They give me encouragement even when I was discouraged.
- There is a lot of love here and it's very healing!
- Talking to other people who have been through this is a big help!

In April 2008 we will celebrate our second anniversary! We also look forward to our move into the newly constructed Wilmot Cancer Center scheduled to open in May 2008. This will provide us with a larger resource room in which to hold our meetings in a state of the art cancer facility.

For more information contact Sandra Sabatka: (585) 275-4631 or Sandra_Sabatka@URMC.Rochester.edu>

ARIZONA-PHOENIX
Banner Desert Medical Center
3rd Wednesday: 4:30 -6:30 PM
Keri Winchester, MS, CCC-SLP 480-512-5604
Keri.Winchester@bannerhealth.com

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

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 Thursday: 6:30-8:00 PM
Virgil Holdridge 303-798-3041
virgil126@juno.com
Jeanie Curry 303-778-5832

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
Ft. Walton Beach Medical Center
3rd Wednesday: 4:00 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

FLORIDA-GAINESVILLE
Winn Dixie Hope Lodge
2nd Monday: 6:00-7:00 PM
Carol Glavin, MSW, LCSW 352-371-8695
cflglavin@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
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
Marty Mash
mashmarty@hotmail.com

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

FLORIDA-ORLANDO
MD Anderson Cancer Center
2nd Thursday: 2:00 - 3:00 PM
Dana Nolon, MS, LMHC, NCC
321-841-6087

FLORIDA-SARASOTA
The Wellness Community
2nd. Thursday: 5:30 PM
Joseph Bauer 941-474-0099
John Kleinbaum, Ph.D 941-921-5539
hope@wellness-swfl.org

GEORGIA-ATLANTA
St. Joseph's Hospital
2nd Monday: 6:30-8:00 PM
John Sandidge 404-851-5585
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

ILLINOIS-CHICAGO
Duchossois Ctr.for Advanced Medicine
2nd & 4th Tuesdays
Mary Herbert 773-834-7326
mherbert@medicine.bsd.uchicago.edu

ILLINOIS-MAYWOOD
The Cardinal Bernardin Cancer Ctr.
3rd. Wednesday alternate mo.: 6:00-7:00 PM
Marilyn Myles 708-327-2061
mmyles@lumc.edu

INDIANA-INDY-NORTH
Marion County Public Library
Lawrence Branch
3rd. 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

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: 12:00 noon
Krystal K. Saucedman, RN 225-572-7943
survivorbr@yahoo.com

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-TROY
Wilson Cancer Resource Center
4th Thursday: 6:30 PM
Carrie Erikson, LCS, 248-964-3430
CErikson@beaumont-hospitals.com
Mary Plotz, LCS, 248-964-3430
mplotz@beaumont-hospitals.com

MINNESOTA-MINNEAPOLIS
Ridgedale Hennepin Area Library
4th Monday: 7:00-9:00 PM
Colleen M. Endrizzi 952-545-0200
rivers3jvk@aol.com
Charles Bartlett 952-461-2324

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
wgwinner@bdh-boz.com

MISSOURI-ST. LOUIS
St. Louis University Cancer Center
4th Friday: 10:00 AM - 12:00 noon
Deborah S. Mann, RDH, RN, MSN, OCN
314-577-8880; mandedt@slu.edu
Cathy Turcotte, RN, MSN 314268-7051
turcotte@slu.edu

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

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 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.com

NEW MEXICO-ALBUQUERQUE
Christ Unity Church
3rd Friday: 4:30-5:30 PM
Anita Bryan 505-681-1971
anitabeach2@yahoo.com

NEW YORK-ALBANY
Gilda's Club
3rd Thursday: 7:00-9:00 PM
Joseph Ciccarella 618-882-9742
jciccarella001@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 Sumbrum, SLP 716-845-4947
amy.sumbrum@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
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
1st Thursday: 4:00-5:30 PM
Sandra E. Sabatka, LMSW 585-275-4631
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
Nancy Leupold 516-759-5333
nleupold@spohnc.org

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

OHIO-CLEVELAND
Cleveland Clinic at Fairview Hospital
Tom Wurz 440-243-6220
TomRoe8@adelphia.net
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-MECHANICSBURG
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

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
Travis Maxwell 214-820-2608
travism@BaylorHealth.edu

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: 12:00 Noon-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
3^{re} 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

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