

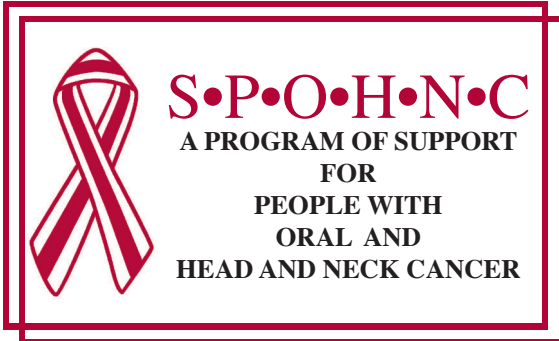
# NEWS FROM S•P•O•H•N•C



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

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## RAPID ARC RADIATION THERAPY

SHAWN H. ZIMBERG, MD

Radiation therapy is one of the most common forms of treatment for patients with cancer of the head and neck region. It is often combined with either chemotherapy or surgery, or both, and sometimes it is used as the sole form of therapy, especially in much earlier stages of disease. Although radiation therapy can destroy cancerous tissue, it can also have a detrimental effect on normal tissues. In the head and neck region specifically, there are many very sensitive tissues including the salivary glands, mucosa (the lining of the mouth and throat), brain and spinal cord, eyes and skin. If any of these organs receive too much radiation, damage can occur. So the goal for the Radiation Oncologist (a doctor whose expertise is in treating cancer with radiation) is to try to deliver radiation to the cancerous cells and not at all, or very little, to the neighboring normal tissues. Consequently, as newer cancer-fighting radiation technologies are developed, their “holy grail” is to achieve just that - allowing delivery of high doses of radiation to the cancer and target, while at the same exact time, keeping no or low doses of radiation to all normal tissues and organs.

Achieving that goal is not easy, since within the body there is not an actual or visible “line” between the bad cells and the good cells. In fact, more often than not, the tumor cells can be surrounding or speckled in and around the normal tissue, perhaps with small “rootlets” of tumor that make it very difficult to separate the normal tissues from the bad. Sometimes the size of the radiation field (or “portal”) is enlarged to encompass not only where the obvious tumor is, but also where any microscopic cells may be, such as in nearby lymph nodes. The larger the area that has to be covered by radiation, the larger the treatment portals, and in turn the more normal tissue that can be exposed to radiation. It is the exposure of normal tissues to radiation that mostly causes side

effects. So, if we could decrease the size of a radiation treatment portal, less normal tissue would be incorporated in the high dose region, and potentially far less side effects could occur. Rapid Arc Radiation Therapy is a new technology that allows the Radiation Oncologist to protect more normal tissue while targeting the cancer with an improved degree of precision.

Before a patient can get radiation therapy, he/she goes through a planning process in which the radiation treatment plan is created, much like an architect creates a set of blueprints before a general contractor can build a house. When treating cancer, the Radiation Oncologist acts as both the architect (creating a 3-dimensional view of the anatomy and model of the radiation doses) as well as the general contractor (delivering the treatments, using sophisticated delivery systems such as Rapid Arc).

First, the Radiation Oncologist must delineate the areas to treat and those areas to spare. Using sophisticated computer technologies, and with help from the radiation team, namely the physicists, dosimetrists and therapists, a treatment plan can be created which shows a 3-dimensional model of how the radiation will be deposited into the tissues. The normal organs can be “virtually” viewed on the computer, rotated, and studied so that the best plan can be created which attacks the cancer with as little harm to the normal tissues as possible. The next step is then to deliver the radiation. Technologies such as Rapid Arc (shown below) allow the Radiation Oncologist and team to deliver the radiation in an unprecedented manner.



Rapid Arc Rotating Motion with Patient

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Rapid Arc Radiation Therapy differs from other types of radiation therapy in two ways; 1) treatment time is faster than with other forms of radiation delivery technologies and 2) in many instances, it may be more flexible than other forms of radiation. Since in the head and neck region there are so many vital and important normal organs and tissues, a technology that can treat more accurately is particularly important, and decreasing time in the treatment room makes Rapid Arc more convenient.

The “rapid” part of Rapid Arc radiation is the first important aspect of this new technology. Rapid Arc Radiation Therapy can be delivered in just 75 seconds – an amount of time that nearly any type of patient, even with large throat cancers can tolerate. There is perhaps 3-4 additional minutes of setup time and verification before treatment can be given, but Rapid Arc Radiation Therapy reduces the time a patient is in the treatment room, and often in an uncomfortable immobilization mask, by often 10-15 minutes a day. Getting through a treatment in just a few minutes makes the treatment less anxiety-producing and easier to tolerate on a daily basis. Another benefit of this faster treatment further improves the patient’s quality of life and that is the overall time “savings” through the entire course of treatment. Rapid Arc Radiation Therapy may “save” a typical patient up to 10-15 minutes a day, and since many head and neck cancer patients will typically receive a 6-8 week course of therapy (5 days a week), a Rapid Arc treatment course may allow them to spend almost 10 hours less time in the radiation facility. With the difficulty of living through a cancer diagnosis, the importance of being able to maintain a more “normal” daily life schedule is vital, and Rapid Arc Radiation Therapy may improve the quality of life when one can just “drop-in” the office for this very time-efficient treatment, rather than spending an hour or more each day in a treatment facility.

Most people certainly understand that when you are aiming a radiation beam, accuracy is better than inaccuracy, but really, accuracy has many levels, and the accuracy level of different types of radiation technology can vary widely. In certain situations, even a millimeter of improvement has the possibility of making a huge difference in cure rate or in the degree of side effects. Before understanding why Rapid Arc Radiation Therapy has provided improvement in head and neck cancer treatment, it is important to learn a little about some of the other radiation technologies.

In the last decade, the typical course of radiation for head and neck cancers has usually involved a delivery technology known as IMRT, or Intensity Modulated Radiation Therapy, which evolved in the early 1990’s from another treatment known as Three Dimensional Conformal Radiation Therapy, or 3DCRT. Each of these treatments used multiple beams (sometimes up to 12 or more) to deliver the treatment toward the cancer and neighboring tissues. Each beam would enter the body from a different angle so as to divide or “spread-out” the total dose among each of these beams. If each of these beams intersect within the tumor area, the target is then able to receive the entire dose (since all the beams come from that position), while normal tissues and organs that are just in a single (or no) beam path, can be kept out of the high-dose region, hopefully only getting very little, if any, exposure. IMRT takes this one step further than 3DCRT, because it “modulates” or “shapes” the intensity

RAPID ARC continued on page 3

### RAPID ARC from page 2

of radiation at different segments within a radiation beam, so that the intersection of the beams can be much more conformal, or shaped, to the actual tumor region, and further avoid normal tissues.

There are several limitations to IMRT therapy. The first problem is that IMRT uses fixed beam angles. The most flexible way to deliver radiation is using an “arc”, or a continuous radiation beam that radiates at every angle for 360 degrees around the patient. Arc therapy forms the basis for Rapid Arc, where as fixed beams are the basis for IMRT. With IMRT the dose can only be broken up into so many multiple beams – as you add more beams to try and better break-up the dose away from normal tissues, you run into the problem that the beams begin to overlap, and one loses the very benefit you were trying to achieve in the first place. In an IMRT treatment, the radiation machine, called a Linear Accelerator, or LINAC for short, is rotated to a certain angle, then a small portion of the dose is given, then the machine is rotated to the next position, then a bit more radiation is delivered, and so on, sometimes up to the 12 or more beam angles. Rapid Arc Radiation Therapy, on the other hand, is a true arc therapy, meaning that the radiation treatment is delivered in a full arc rotation.

Using Rapid Arc Radiation Therapy (generically called VMAT, or volumetric modulated arc therapy), a more fluid and even dose distribution can be achieved, keeping more dose away from normal tissues. With this type of radiation therapy, the entire treatment is given start to finish in one single rotation of the LINAC, although in some cases, two rotations may be required. Consequently there is no concern with overlap of various fields because the radiation is meant to be given in a seamless single rotation. In fact, newer techniques using Rapid Arc technology can use multiple arcs, or even partial arcs, giving the Radiation Oncologist much more flexibility to work with when designing a treatment plan.

Another limitation with IMRT is the length of time it takes to treat a patient compared to Rapid Arc Radiation Therapy. As described above, the IMRT treatment must be delivered in multiple beams, each one is time consuming; often taking up to

5-15 minutes of actual radiation time, all the while the patient must remain still in his/her facemask. Rapid Arc Radiation Therapy is able to deliver the same exact dose of radiation in only 75 seconds, plus setup time. The exact daily dose of radiation is delivered to the cancer in both a 5-25 minute IMRT treatment as is given in a 75 second Rapid Arc Radiation Treatment plus setup time.

Rapid Arc Radiation Therapy uses a daily imaging technology to see the treatment region each day seconds before the treatment is given. The daily imaging is carried out by a built-in CT scanner called a Cone-Beam CT (“CBCT”) using an On-Board Imager (“OBI”).

Image Guided Radiation Therapy, or IGRT, is an integral part of the Rapid Arc Radiation Therapy technology. Each day, right before the treatment is delivered, robotic arms are extended from the Rapid Arc linear accelerator. The LINAC is then rotated around the patient, but instead of delivering radiation, it is actually taking a 3D image or cone-beam CT scan (CBCT), that within seconds shows the Radiation Oncologist and treating therapists exactly what the anatomy of the region looks like at that very moment. This information can then be used to “shift” the patient even millimeters if necessary (up/down, right/left, in/out, etc.) so that they are in the exact perfect position each and every day. For example, rather than trying to line-up a tumor in the throat by marks on the skin, a CBCT uses daily image guidance to align the beams to the tumor itself. This means that we can actually see the tumor shrinking each and every day, and if needed, make modifications at any time to better conform the radiation dose to the target, although this may require repeating a formal simulation.

In summary, a new era in radiation delivery accuracy and precision and speed has arrived using Rapid Arc Radiation Therapy. Using imaging technology with the On-Board Imager that creates a Cone Beam CT each day, the Radiation Oncologist has the ability to treat any region deep in the body with maximum accuracy and unprecedented precision on a daily basis. Rapid Arc Radiation Therapy provides speed that delivers a comfortable treatment for the patient, while taking out errors in movement that can occur with longer treatments, and

ensures far less radiation exposure to the normal tissues. Like a painter going from a black-and-white palette to one with multiple colors, the Radiation Oncologist, using Rapid Arc Radiation Therapy now has a new level of sophisticated tools that may help to improve cure rates and lower side effects for patients with cancers of the head and neck region, and nearly every other part of the body.

*Editor's Note: Shawn H. Zimberg, MD is the Director of Radiation Oncology at Advanced Radiation Centers of New York, the largest private Radiation Oncology practice in New York, with treatment facilities throughout the metropolitan NY area. Dr. Zimberg specializes in treating cancers of the head and neck region. For more information on Rapid Arc Radiotherapy and Dr. Zimberg's practice, see [www.AdvancedRadiationCenters.com](http://www.AdvancedRadiationCenters.com).*

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## A TIME FOR SHARING... Neck Cancer: A Physician's Personal Experience

Learning that I had hypopharyngeal cancer shook me to my core. I had to accept for the first time that I am not invincible and that life has an end. Suddenly, I was faced with the potential beginning of the end. Even though the small cancer (T1N0M0) in the retropharynx was surgically removed and I received local radiation, I was uncertain about my future. I slowly recovered from the radiation adverse effects and gradually believed that I was actually cured. However, after 20 months I had a local recurrence (T2N0M0) at a different location (right pyriform sinus). Unfortunately, my surgeons were unable to completely remove the tumor by laser after 3 attempts. At that point, I became frustrated and exhausted (emotionally and physically) and elected to undergo complete pharyngolaryngectomy with flap reconstruction at a different medical center with greater experience with this type of cancer. The tumor was completely removed, and no local or systemic spread was noted.

During my postsurgical hospital stays I was able to give my medical caretakers useful input about my symptoms that helped address issues early on. However, this became very difficult once I lost my ability to speak and could communicate only in writing. I prepared a written list of questions, but because some of my surgeons were impatient and always in a hurry, there was rarely a chance for follow-up inquiry. They rarely examined any part of my body except the surgical sites. Nonetheless, I am most grateful to all who cared for me and attempted to help me to the best of their abilities.

Although the medical care I received at all institutions was overall very good, I realized that many mistakes were being made at all levels, some minor but some potentially serious. Fortunately, I was able to abort many of them, but not all. I had to be constantly on guard, which was exhausting. Patients without a medical background are most probably unable to recognize and prevent many of these errors.

Even though my surgeons explained the procedures and their aftermath, I was unable to digest and internalize the information because I was very anxious at that time. I

wanted the cancer removed; all other issues seemed insignificant.

I faced numerous and frustrating new realities that included fluid reflux into my mouth; difficulty in swallowing solid food; inability to speak while eating; limited motion and loss of sensation in my neck and left arm; the presence of a "hole" in my neck and a severely swollen neck that looked different without the Adam's apple; repeated coughing to clear my secretions; continuous maintenance of the stoma and the tracheo-esophageal prosthesis (TEP); ordering equipment and always carrying airway supplies; the fragility of my speaking ability; learning how to speak again using the TEP and all the challenges relating to its repeated failures; difficulties being understood because of a weak voice; and often overt or discreet discrimination from others.

I had to learn and adjust to new realities and limitations and battle depression and despair. I continuously reminded myself that all of these difficulties and handicaps were worth the chance to survive a cancer diagnosis. What helped me overcome the difficult times was my wish to set an example to my children that one should not give in to adversity and do everything within one's power to fight back.

I coped with depression by gradually getting reinvolved in activities I enjoy, which include teaching, writing, and lecturing. I had the support of my family and colleagues who accepted me as I was. I was also fortunate to have a supportive local laryngectomee club, a dedicated and caring surgeon, and a supportive social worker.

I was slowly able to return to my previous routines. I started with simple challenges such as learning to take a shower without aspirating water, taking walks, and reading medical literature again, and I gradually became able to ride a bicycle and hike. One of my greatest comebacks was fulfilling my commitment to lecture at the Annual Meeting of the American Academy of Otolaryngology-Head and Neck Surgery.

Experiencing firsthand the difficulties and tribulations of a postlaryngectomy experience showed me how dependent and helpless one can be. Being unable to speak,

eat, and breathe normally while dealing with a potentially fatal illness make the patient extremely vulnerable, both physically and emotionally. In this difficult and challenging time, a proficient, competent, compassionate, and caring approach that appreciates what the patient is experiencing should be practiced.

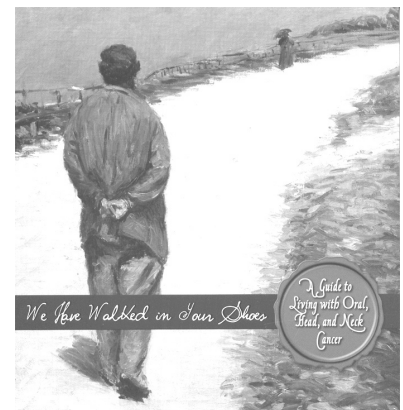
I am sharing my personal experiences in an attempt to convey to health care providers the difficulties and challenges a patient faces after being diagnosed with cancer and undergoing extensive surgical procedures. Hopefully, my experiences will encourage these professionals to better understand and to diligently and compassionately deal with their patients.

*Izhak Brook, MD, MSc*

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*Editor's Note: Dr. Brook has written another article entitled "A Piece of My Mind... Rediscovering My Voice". This article will appear in the November issue of News From SPOHNC.*

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

www.spo-hnc.org 800-377-0928.

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

## The Radiation Oncology Treatment Team

### Introduction

While you undergo radiation therapy, a team of highly trained medical professionals will be working together to make sure you receive the best care possible.

### Radiation Oncologists

Radiation oncologists are the doctors who will oversee your radiation therapy treatments. These physicians work with the other members of the radiation therapy team to develop your treatment plan and ensure that each treatment is given safely and accurately. Your radiation oncologist will also monitor your progress and adjust the treatment as necessary to make sure the radiation is hitting its target while minimizing side effects. Before, during and after your radiation therapy treatments, your radiation oncologist works closely with other cancer doctors such as medical oncologists and surgeons to maximize the radiation's effectiveness.

Radiation oncologists are the only physicians with the expertise and training to prescribe and deliver radiation therapy treatments. In addition to college and medical school, five years of additional training are required for radiation oncologists. Radiation oncologists receive extensive training in cancer medicine, in the safe use of radiation to treat disease and in managing any side effects caused by radiation. Once they pass an examination by the American Board of Radiology, radiation oncologists are board certified.

### Radiation Therapists

Radiation therapists work with radiation oncologists to administer your daily radiation treatment under the doctor's prescription and supervision. They maintain your daily treatment records and regularly check the treatment machines to make sure they are working properly.

Radiation therapists go through a two- to four-year educational program following high school or college. By passing a special examination, radiation therapists may be certified by the American Registry of Radiologic Technologists. In addition, many states require radiation therapists to be licensed. For more information on radiation therapists, contact the American Society of Radiologic Technologists at [www.asrt.org](http://www.asrt.org).

### Radiation Oncology Nurses

Radiation oncology nurses work together with your radiation oncologist and radiation therapists to care for you and your family during your radiation treatments. They will explain the possible side effects you may experience and describe how you can manage them. In addition, they assess how you are doing throughout

treatment and will help you cope with any changes you may experience. They will also provide support and counseling to you and your family.

Radiation oncology nurses are licensed registered nurses or licensed practical nurses. Many registered nurses in radiation therapy have earned additional certification in the specialty of oncology nursing, and these nurses hold the O.C.N. (Oncology Certified Nurse) designation. Advanced practice nurses, including clinical nurse specialists and nurse practitioners, have completed a master's degree program. For more information on oncology nursing, contact the Oncology Nursing Society at [www.ons.org](http://www.ons.org) or the ASTRO Nursing Committee at [www.astro.org](http://www.astro.org).

### Medical Physicists

Qualified medical physicists work directly with the radiation oncologist during treatment planning and delivery. They oversee the work of the dosimetrist and help ensure that complex treatments are properly tailored for each patient. Medical physicists are responsible for developing and directing quality control programs for equipment and procedures. Their responsibility also includes making sure the equipment works properly by taking precise measurements of the radiation beam and performing other safety tests on a regular basis.

Medical physicists follow college with additional graduate training in medical physics to receive a master's or doctoral degree. In some cases, a medical physicist will complete a one- to two-year program at a hospital after receiving a graduate degree for more training. Medical physicists are often certified by the American Board of Radiology or the American Board of Medical Physics.

For more information on medical physicists, contact the American Association of Physicists in Medicine at [www.aapm.org](http://www.aapm.org).

### Dosimetrists

Dosimetrists carefully calculate the dose of radiation prescribed by your radiation oncologist to make sure the tumor gets the prescribed dosage. Using computers, they work to develop a number of treatment plans that can best destroy the tumor while sparing normal tissue. Since treatment plans are often very complex, dosimetrists work with your radiation oncologist and medical physicist to develop a treatment plan that is right for you.

Many dosimetrists start as radiation therapists and then, with intensive training, become dosimetrists. Others are graduates of one- to two-year dosimetry training programs.

Dosimetrists are certified by the Medical Dosimetrist Certification Board.

Contact the American Association of Medical Dosimetrists at [www.medicaldosimetry.org](http://www.medicaldosimetry.org) for more information.

### Social Workers

Social workers are available to provide a variety of supportive services to you and your family. They can provide counseling to help you and your family cope with the diagnosis of cancer and with your treatment. They may also help arrange for home healthcare, transportation, financial support, emotional support and other services.

### Nutritionists/Dietitians

Nutritionists or dietitians will work with you to help you maintain a healthy diet during treatments. They will help you modify your eating plan if the side effects of treatment are affecting your appetite, help you identify what you can eat, and can provide recipes, menu suggestions and information on ready-to-use nutritional supplements. They also can address dietary issues and current developments that may affect cancer treatment outcomes.

### Dentists

Dentists may be involved in your care if you are receiving radiation for cancers of the mouth, throat or neck. Dentists may recommend that you have preventive dental work prior to radiation, and they will also help you manage the oral effects of cancer therapy such as dry mouth or tooth or denture problems. A dental hygienist may also assist in performing these services under the supervision of a dentist.

### Physical Therapists

Physical therapists use therapeutic exercises to ensure that your body functions properly while you are undergoing treatment. These exercises are used to help manage side effects, alleviate pain and keep you healthy.

### Patient Navigator

A patient navigator is a social worker, nurse or other knowledgeable individual who can assist you in finding your way within the complex healthcare system. Patient navigators know who to call and where to go so your care may be most efficiently provided.

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## SURVIVORS IN THE NEWS

### Long Island Women Making a Difference

*This column is dedicated to honoring 52 different Long Island women each year who make significant, unique and lasting contributions to their communities and workplace.*

BY BEVERLY FORTUNE



**NANCY LEUPOLD, MA  
PRESIDENT AND FOUNDER  
SUPPORT FOR PEOPLE WITH  
ORAL AND HEAD AND NECK  
CANCER (SPOHNC)**

Our senses are so fragile and easily taken for granted. The sights, smells and sounds of summer resonate with every Long Islander and remind us that we live in one of the most wonderful regions in the country. Imagine losing these gifts. Now imagine that losing them is the least of your problems.

Nancy Leupold was a teacher at the Mill Neck School for the Deaf for 18 years and had seen her share of challenges. Then fate threw her a curveball, turning Nancy from teacher into patient, survivor into advocate. Nancy was diagnosed with oral cancer in 1990 after a routine dental examination uncovered a lesion in her mouth. After surgically removing the lesion she also had to have 13 of her teeth extracted to eradicate all traces of the disease. Thankfully, she didn't require follow-up radiation treatment, which can be devastating to the gums and bones in the mouth.

For Nancy and so many others affected by this disease, it was only the beginning. Oral cancer is a very visible type of cancer that can alter your face, the most exposed part of your body. "You can't hide your head," Nancy says sadly as we sit in her small but beautifully appointed office in Locust Valley. Nancy is an articulate woman who is measured in both her words and appearance, and appropriately serious about the work that she does.

A native of the area, Nancy's reach now extends far beyond her home as she works tirelessly for those who have been affected by oral cancer. After her own ordeal she sought more answers about the disease itself and different avenues for mouth reconstruction, including implants and prosthesis. More than anything, it was guidance she looked for initially. "I asked my surgeon if there was a support group [for people with oral cancer]," Nancy remembers. And after she did some investigating, she found that there was none.

In the past, oral cancer was referred to as "the old man's cancer" and was mostly diagnosed in those people who were heavy smokers or chewed tobacco. Within the past 10 years alone, the percentage of women diagnosed with this savage cancer has risen from 10 percent to a staggering 50 percent.

Nancy explains that most people who are diagnosed with this cancer are over the age of 50, and according to the Oral Cancer Foundation (OCF), younger people are now getting the cancer due to Human Papilloma Virus (HPV), and this group is the fastest-growing segment of the oral cancer population.

The death rate associated with this cancer is particularly high not because it is hard to discover or diagnose, but due to the cancer being routinely discovered late in its development. Often it is only discovered when the cancer has metastasized to another location, according to the OCF.

Nancy wanted to help others going through the treatment for these cancers to gain a better understanding of their illness and with the encouragement of Drs. David Wolk and James Sciubba, both affiliated with LIJ at that time, Nancy founded the first support group for people afflicted with oral, head and neck cancer, the only one of its kind in the U.S. Describing their first meeting held at LIJ in September 1991, Nancy remembers, "There were nine of us in the first group. I can still picture it. It was a beautiful coming together."

Yet for all her accomplishments, Nancy's reserved nature and humility seem to make her shun the limelight. It was Mary Ann Caputo, the Outreach Administrator of Support and future executive director for People with Oral and Head and Neck Cancer (SPOHNC), who contacted me about Nancy and described the huge support network that Nancy has put together across the U.S. in less than 10 years.

Nancy's dedication to helping others has resulted in the formation of more than 85 SPOHNC support groups nationwide. "People have finally found a support group available to them," she says proudly. "We're all affiliated and it's about people helping people."

SPOHNC (aptly pronounced "spunk") is a self-help non-profit that offers support to those afflicted and their families and helps to meet the psychosocial needs of patients. Nancy said that they don't donate money to research because they put all of their efforts into the care of those directly afflicted with the disease. SPOHNC assists in local chapter development, and in 2003 they launched a National Survivor Volunteer Network that connects survivors with survivor volunteers to provide much-needed support, encouragement and hope. "We match volunteers with newly diagnosed people. It's a buddy system. We've matched about 900 people in the last few years," Nancy says.

The groups also seek to raise awareness for the disease, which includes a self-examination card and the distribution of awareness ribbons and enamel pins. They also publish a newsletter that includes up-to-the-minute information from the healthcare community, government, medical support groups and the patients themselves.

Nancy also found that there can be a lack of cooperation from the insurance companies that cover dental work, and she became an advocate for others trying to navigate the system. She helps them get the proper dental care and treatment required to make their life as normal as possible. Nancy says that she fought with her insurance company for more than a year before they approved the dental work necessary to fix her teeth. "You have to prove it's medically necessary," she says, baffled at their reluctance to help. "[To me] it's the same thing as losing a hand.

Nancy has built a network that helps more than 10,000 people annually through phone calls, e-mails, newsletters and their website. She believes that awareness and early detection can lead to a cure, but until that happens, Nancy and her network from SPOHNC rally around each other, drawing strength from their experience and giving hope to others.

For more information go to [www.spohnc.org](http://www.spohnc.org) or call 1-800-377-0928.

This article appeared in the July 23, 2009 edition of the Long Island Press.

## Third Party Event Donates to SPOHNC

When we first heard that Walk-SPOHNC had been cancelled, our chapter decided to go ahead with a walkathon as a Third-Party Event. A Third-Party Event is an event developed by an individual or group to raise funds for a particular charity. After expenses are taken from the income derived from the event, the proceeds are donated to the selected charity. Our SPOHNC chapter in Augusta, GA had such an event on May 10! And Wow! What an event it was! This First Third-Party event was to raise funds for SPOHNC. Our chapter was very honored to support such a worthy cause and was pleased to donate \$1,716.00 to SPOHNC.

My name is Leann Dragano and I am a Co-Facilitator of the Augusta, GA support group and have been fighting Squamous Cell Carcinoma since I was 20 years old. I am now 42. I went 18 years before the first recurrence. When I was first diagnosed, I was treated with surgery and radiation and then I moved on. I thought the cancer was gone forever. The 2<sup>nd</sup> and 3<sup>rd</sup> recurrences quickly reminded me that this cancer has tenacity and often comes back with a vengeance.

After speaking with my surgeon; and with the support and great friendship from my speech pathologist, I decided to start a support group. Both to these individuals were and are doctors of mine, but more importantly, they are great friends and sources of inspiration. I needed so badly to know I was not alone and to make this disease mean something other than a cancer that had devastated my life. These two women told me that there were many others who needed to know that they, too, were not alone.

My speech pathologist heard about SPOHNC and helped me to get a chapter going at the Medical College in Augusta. We presently have four couples and I often laugh because I am the only female survivor there. I am in a room full of wonderful, caring and determined men and their wives. They, like me, are determined to go on living and fighting more for their independence and acceptance than anything else. As many of you know, we often live isolated lives due to our disfigurements, inability to communicate well, constant pain, and the inability to eat. I know that each of us has at least one of

these disabilities, if not several or all. But the men I have met come each month and share their stories with me and make me realize that I am not alone for they understand my struggles, because my struggles are their struggles, too.

Our partners come with us and share struggles that they have as caregivers, spouses and friends. They often deal with the downside of this disease, our depression, our feelings of failure, desperation and fear. We often have all these feelings at one time. What wonderful people they are to continuously deal with us. This Walkathon was for them, too. Because you see, I know for me, my husband is my backbone in this new life I have created. He is the one telling me to fight, not to give up, that he needs me here and that I can still have a wonderful life no matter what has happened to me.

In January, when I heard about this Walkathon I knew I had to do this! I had to come out and say that I am here and I can survive this cancer. It will NOT define my life, I will define my life. This cancer will not rule me, I will rule over it as long as I can! That is what this Walkathon meant to me.

As we began planning for the Walkathon, Lori, our Facilitator and I struggled trying to get the word out to other people. The news media just did not want to acknowledge this cancer, because the American Cancer Society's Walk was on the same day. However, one of our chapter members knew a writer from a television station here in Augusta, and this writer came out to see us that day; more to do a story on one of our members, who had lost his wife to breast cancer, and soon found himself fighting his cancer alone. As with most cancer survivors that I have met, his story was about strength, determination and a faith that knows no bounds.

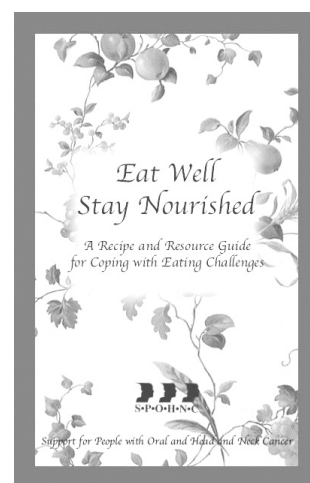
Jenny Montgomery from Channel 12 News came and spoke with us that Saturday. We were able to make contact with her and had an opportunity for a story about our group at a later date.; a more in depth story about SPOHNC and what SPOHNC is all about.

We had a great turn out the day of the Walkathon; as usual here in the South, it was HOT! But the day was gorgeous and we were determined to walk. We had T-shirts made up

for each of the walkers and we began our walk right at 10 am. As we began walking and talking together we realize how strong this simple demonstration made us. By coming together as friends, family and other cancer survivors we were able to draw upon each others strengths and gain a better understanding of how important it is to get the word out to people about this cancer and how it can be overcome! What a wonderful event this was and what a wonderful time both participants and spectators had.

*LeAnn Dragano*  
Aiken, SC

\*\*\*\*\*



***Eat Well – Stay Nourished:  
a Recipe and Resource Guide  
for Coping with Eating Challenges  
\$20.00***

*Do You Have a  
Story to Share?  
SPOHNC  
is looking for inspiring  
stories for  
"Time For Sharing".  
Help others through your  
own experiences*

## HEAD AND NECK CANCER NEWS

### Innovative Global Clinical Trial for Head & Neck Cancer Now Enrolling

#### Trial Description:

The MAINTYNANCE Study, is a randomized double-blind, placebo-controlled multicenter, Phase III study of postoperative adjuvant lapatinib or placebo and concurrent chemotherapy followed by maintenance lapatinib or placebo monotherapy in high-risk patients with resected squamous cell carcinoma of the head and neck (SCCHN) for one year.

- Had primary surgery with curative intent completed within the last 8 weeks and are now waiting to start chemotherapy and radiation;
- Had no prior or have no current cancer treatment (except primary surgical resection); and
- Are between 18 and 70 years.

#### You may be eligible for this trial if you:

- Have SCCHN of the oral cavity, oropharynx, hypopharynx, or larynx;
- Have stage II, III, or IVA cancer with no evidence of gross residual disease and high-risk factors by pathology;

#### What is lapatinib?

Lapatinib is an oral, small-molecule, dual-targeted therapy that works intracellularly to inhibit both EGFR (ErbB1) and HER2 (ErbB2). These are two proteins which are commonly found in head and neck cancer tissue.

#### Can I choose which treatment option I want to receive?

No. In order to give patients the same opportunity to receive either an investigational treatment or the current standard of care, patients are randomly assigned to each group to ensure the results are unbiased.

#### How do I find out more information about the trial?

To learn more about this study and to find out if there is a center near you, call GlaxoSmithKline Clinical Trials Call Center toll free in the US at 1-877-379-3718 or visit [ClinicalTrials.gov](http://ClinicalTrials.gov) NCT Number: NCT00424255.

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### RTOG Reports HPV Status Predicts Survival, Progression of Oropharyngeal Cancers in Largest Study to Date

**Philadelphia, PA – May 27, 2009** – The largest and most definitive study to date has found that patients with stage III or IV oropharyngeal cancer (cancers of the upper throat) whose tumors contained the human papillomavirus (HPV) have better outcomes than patients with HPV-negative disease according to new research from the Radiation Therapy Oncology Group (RTOG) that will be presented at the American Society of Clinical Oncology Annual Meeting in Orlando on May 30, 2009. RTOG, an NCI-funded national clinical trials group, is a clinical research component of the American College of Radiology (ACR).

“Our findings showed that HPV status is as strong a predictor of outcome as cancer stage for patients with oropharyngeal cancers, even after considering other factors such as age and smoking history,” said lead author Maura Gillison, M.D., Ph.D., professor of medicine, epidemiology, and otolaryngology at The Ohio State University. “We’re still not entirely sure why this is, but these data provide further evidence that HPV-positive oropharyngeal cancer is a distinct disease entity.”

Previous smaller studies have suggested

that patients with HPV-positive oropharyngeal tumors fare better than their HPV-negative counterparts. But patients with HPV-positive oropharyngeal cancer also tend to be younger, have a smaller tumor at diagnosis, and are less likely to smoke than HPV-negative patients. This is the first study large enough to consider HPV together with these other factors in patients who received the same therapy in a large clinical trial.

In the RTOG phase III clinical trial, RTOG 0129, Dr. Gillison and her colleagues compared the time it took for cancer to progress or the patient to die (progression-free survival) and overall survival between 206 patients with oropharyngeal cancer containing HPV (mostly HPV subtype 16) and 117 patients with HPV-negative cancers; all patients received a combination of radiation therapy and chemotherapy.

At two years, 87.9 percent of HPV-positive patients were still alive, compared with 65.8 percent of HPV-negative patients. Two-year progression-free survival for the groups was 71.8 percent and 50.4 percent, respectively. The incidence of second primary cancers among HPV-positive patients was less than half

that of HPV-negative patients at five years: 9.0 percent versus 18.5 percent.

Dr. Gillison noted that the association between HPV and head and neck cancers is already changing the way clinical trials are designed, with investigators stratifying patients by HPV status. Other studies are being designed to assess the efficacy of the HPV vaccine for the prevention of these cancers.

“When this study began accruing patients seven years ago we had no idea that HPV status would play a critical role in predicting outcome for head and neck cancer patients,” said Walter J. Curran, Jr., M.D., the RTOG Group Chair, and the Lawrence W. Davis Professor and Chair of the Department of Radiation Oncology in the Emory School of Medicine and Chief Medical Officer of the Emory Winship Cancer Institute. “However, RTOG has made it a priority to prospectively collect material for future marker analyses and, after several small studies began to show a correlation between HPV status and outcome for head and neck cancer patients, Dr. Gillison and her team were able to quickly analyze the tumor specimens banked for this study and correlate them with outcomes data.”

## LOCAL CHAPTERS OF SPOHNC

**ARIZONA-CHANDLER**  
Cancer Center at Chandler Reg. Med. Ctr.  
1<sup>st</sup> Wednesday, 5:30 – 7:30 PM  
Monica Krise, MSW 480-728-3613  
Monica.krise@chw.edu  
Dick Snider 480-895-6019  
Rsnider326@aol.com

**ARIZONA-PHOENIX**  
Banner Desert Medical Center  
3<sup>rd</sup> Wednesday: 4:30 -6:30 PM  
Keri Winchester, MS, CCC-SLP 480-512-3627  
Dick Snider 480-895-6019  
Rsnider326@aol.com

**ARIZONA-SCOTTSDALE**  
Virginia G. Piper CA Center  
3<sup>rd</sup> Thursday: 6:30-8:30 PM  
Chris Henderson, MS, CCC-SLP  
602-312-9226  
chenderson2@shc.org  
Sandy Bates, RN  
zoomomof6@cox.net  
Les Norde 602-439-1192  
elnorday@cox.net

**ARKANSAS-NORTHWEST**  
NWA Cancer Support Home  
3<sup>rd</sup> 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  
1<sup>st</sup> Tuesday: 6:30-8:00 PM  
Pam Hoff, LCSW 310-825-6134  
phoff@mednet.ucla.edu

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

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

**CALIFORNIA-SAN DIEGO**  
4S Ranch Library  
1<sup>st</sup> Saturday, 1:00 PM  
Valerie Targia 760-751-2109  
valtargia@yahoo.com

**CALIFORNIA-SAN FRANCISCO**  
UCSF Comprehensive Cancer Ctr.  
3<sup>rd</sup> Wed., 1:00-2:30 PM, Rm. H3805  
Daphne Stuart, LCSW 415-885-7394  
[Daphne.stuart@ucsfmedctr.org](mailto:Daphne.stuart@ucsfmedctr.org)

**CALIFORNIA-SANTA MARIA**  
Marion Rehab. Center  
Every other Tues./Alternate Months  
Aundie Werner, MS, CCC/SLP  
805-739-3185  
aundiew@mail.com

**CALIFORNIA-STANFORD**  
Stanford Cancer Center  
1<sup>st</sup> 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

**CALIFORNIA-VENTURA**  
The Cancer Resource Center Of  
Community Memorial Hospital  
Kathleen Horton, 805-652-5459  
khorton@cmhhospital.org

**COLORADO-DENVER**  
Porter's Adventist Hospital  
Cottonwood Springs Conf. Rm, 1<sup>st</sup> Fl.  
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.  
3<sup>rd</sup> 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.  
3<sup>rd</sup> Monday: 12:15-1:45 PM  
Joanne Assarsson, MSW, LICSW 202-444-3755  
assarssj@gunet.georgetown.edu

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

**FLORIDA-ENGLEWOOD**  
Englewood Community Hospital  
3<sup>rd</sup> Thursday: 10:30-12:00 PM  
Joseph Bauer 941-474-0099

**FLORIDA-FT. WALTON BEACH/NW**  
Call for Location  
4<sup>th</sup> Thursday, 5:00 PM  
Ryann Ennis, MA CCC-SLP 850-863-7580  
ryann.ennis@hcahealthcare.com  
Shannon Leach, MA, CCC-SLP 850-362-9200  
shannon.leach@hcahealthcare.com

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

**FLORIDA-LECANTO**  
Robert Boissoneault Oncology Institute  
3<sup>rd</sup> Wednesday: 11:30 AM-1:00 PM  
Patrick Meadors, PhD, LMFT 352-342-1822  
pmeadors@rboi.com

**FLORIDA-MIAMI**  
The Wellness Community  
3<sup>rd</sup> Wednesday, 7:00-9:00 PM  
Gary Mallinchrodt 305-668-5900  
gme4@yahoo.com  
Russell Nansen 305-661-3915

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

**FLORIDA-NAPLES**  
NCH Healthcare System/Downtown  
1<sup>st</sup> Wednesday, 3:00-4:30 PM  
Karen Spina, MS, CCC-SLP  
239-393-4079/Karen.spina@nchmd.org

**FLORIDA-OCALA**  
Robert Boissoneault Oncology Institute  
1<sup>st</sup> Monday: 11:00 - 12:00 Noon  
Patrick Meadors, PhD, LMFT 352-342-1822  
pmeadors@rboi.com

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

**FLORIDA-WELLINGTON**  
Wellington Cancer Center  
4<sup>th</sup> Tuesday, 6:30-8:00 PM  
Catherine DeStefano, RNC,OCN 561-793-6500  
angelicaneil@bellsouth.net

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

**GEORGIA-ATLANTA-EMORY**  
Winship CA Institute (Bldg. C)  
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  
1<sup>st</sup> Tuesday, 6:00-7:30 PM  
Lori M. Burkhead, PhD, CCC-SLP  
706-721-6100  
lburkhead@mcg.edu  
Leann Dragano  
draganole@bellsouth.net

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

## LOCAL CHAPTERS OF SPOHNC

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

**ILLINOIS-MAYWOOD**  
The Cardinal Bernardin Cancer Ctr.  
3<sup>rd</sup>. 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  
1<sup>st</sup>. Thursday: 7:00 PM  
Janice Leak, MSN, APRN-BC, AOCN  
317-782-6704  
Janice.Leak@ssfhs.org

**INDIANA-TERRE HAUTE**  
Hux Cancer Center  
3<sup>rd</sup> Tuesday, 4:30 PM  
Mary Ryan, SP 812-234-9584  
Maryryan2@juno.com

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

**KANSAS-KANSAS CITY**  
Univ. of Kansas Hospital  
2<sup>nd</sup> & 4<sup>th</sup> 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  
3<sup>rd</sup> Wednesday: 4:00 PM  
Krystal K. Sauceman, RN  
225-572-7943  
survivorbr@yahoo.com

**MAINE-AUGUSTA/CENTRAL**  
Harold Alfond Center for Cancer Care  
Therese Berniger, SLP-CCC  
207-872-4051  
therese.berniger@mainegeneral.org

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

**MARYLAND-BALTIMORE-JHMI**  
Johns Hopkins – Greenspring Station  
2<sup>nd</sup>. 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.: 6:00-7:30 PM  
Valerie Hope Goldstein 617-731-1703  
Fernval@aol.com

**MASSACHUSETTS-DANVERS**  
MGH Northshore Cancer Ctr.  
2<sup>nd</sup> Tuesday: 5:30-6:30 PM  
Mary Anne Macaulay, LICSW 978-882-6002  
mmacaulay@partners.org

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

**MICHIGAN-ST. JOSEPH**  
Lakeland Healthcare  
1<sup>st</sup>. 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  
4<sup>th</sup> Thursday: 6:30 PM  
Carrie Eriksen, LCS, 248-964-3430  
CEriksen@beaumont-hospitals.com

**MINNESOTA-MINNEAPOLIS**  
Hennepin/Southdale Library  
1<sup>st</sup>. Monday: 7:00-9:00 PM  
Colleen M. Endrizzi 952-545-0200  
rivers3jvk@aol.com  
Charles Bartlett 612-220-5449

**MISSOURI-COLUMBIA/MID-MO**  
Ellis Fishel Cancer Center  
2<sup>nd</sup>. Wednesday, 5:30-7:00 PM  
Laura M. Neal, MSW, MPH, LCSW  
573-884-1509  
neallm@health.missouri.edu

**MISSOURI-ST. LOUIS**  
St. Louis University Cancer Center  
4<sup>th</sup> 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  
3<sup>rd</sup>. 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

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

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

**NEW JERSEY-LONG BRANCH**  
Leon Hess Cancer Center  
The Goldsmith Wellness Center  
2<sup>nd</sup> 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  
3<sup>rd</sup> 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  
1<sup>st</sup> Wednesday: 9:30-11:00 AM  
Micki Naimoli 856-722-5574  
Tracy Lautenbach, MSW, LVSW 215-662-6193  
lautenbach@xrt.upenn.edu  
Mia Benson Smith, MS 215-662-4641  
mia.bensonsmith@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**  
Anita Bryan, 505-681-1971  
Anitabeach2@yahoo.com

**NEW YORK-ALBANY**  
Gilda's Club  
3<sup>rd</sup> Thursday: 7:00-9:00 PM  
Joseph Ciccarella 618-882-9742  
jccicarella001@nycap.rr.com  
Norma Neapolitano 518-683-9518  
nneapolitano@nycap.rr.com

**NEW YORK-BUFFALO**  
Roswell Park Cancer Institute  
3<sup>rd</sup> Tuesday: 4:30-6:00 PM  
Amy Sumbum, SLP 716-845-4947  
amy.sumbum@roswellpark.org  
Jim Smaldino 716-845-4472  
James.smaldino@roswellpark.org

**NEW YORK-MANHATTAN**  
Beth Israel Head and Neck Institute  
4<sup>th</sup> Tuesday: 1:30-3:30 PM  
Jackie Mojica 212-844-8775  
jmojica@chnpnet.org

## LOCAL CHAPTERS OF SPOHNC

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, RN 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-ASHVILLE  
Call for additional information  
Kathleen Godwin 828-692-6174  
kgodwin@mchsi.com

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

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

NORTH CAROLINA  
HENDERSONVILLE/WNC  
Pardee Health Education Center  
2nd. Tuesday 5:00- 6:30 PM  
Kathleen Godwin 828-692-6174  
kgodwin@mchsi.com

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

OHIO-LIMA  
St. Rita's Regional Cancer Ctr.  
The Allison Rad/Onc. Ctr.  
Holly Metzger, LMSW 419-996-5606  
Linda Glorioso 419-996-5616  
ldglorioso@health-partners.org

OHIO-DAYTON  
The Chapel Room  
One Elizabeth Place  
2nd Monday: 6:00-8:00 PM  
Hank Deneski 937-832-2677  
wohnc@earthlink.net

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

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

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

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

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

TENNESSEE-CHATTANOOGA  
Memorial Hospital  
1st. Monday, 4:00-5:30 PM  
Jeanna Richelson 423-894-9215  
Jeanna1255@aol.com

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

TEXAS-McALLEN  
Rio Grande Regional Hospital  
3rd. Tuesday, 6:00 PM  
Stephanie Leal, MA, CCC, SLP  
Cheryl Lopez, MS, CCC, SLP 956-632-6426

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

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

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