

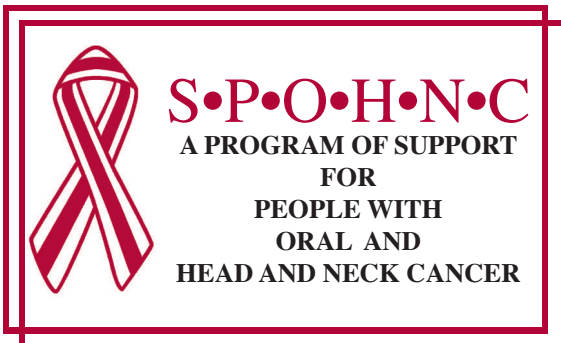
NEWS FROM S•P•O•H•N•C



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Communicating with Your Physician

ARA A. CHALIAN MD, FACS

Communicating with your physician involves three important elements. These elements include creating a relationship with your physician, developing a pattern or style of communication that works for you and your physician, and tips that make communication easier. I would like to discuss each of these elements and my perspective as a physician before closing with some tips that may help you improve your communication with your own physician.

The Physician – Patient Relationship

The physician - patient relationship plays a critical role in head and neck cancer care. I like to think of it as the foundation for every other aspect of the work that a patient and physician must do together. The relationship begins in typical fashion. As a patient or family member, you likely searched the Internet, asked many friends and other patients, and then asked your family doctor and the nurses you know “who is the best doctor for head and neck cancer?” Perhaps the physician or dentist who made the diagnosis or referred you for biopsy made a suggestion too. If you were lucky, all the suggestions point to the same person and you felt personally comfortable communicating with that physician. It all seemed too easy – the right physician for you and you felt like you could actually ask questions and get them answered!

More commonly, the suggestions of head and neck cancer specialists you received did not identify just one physician and then you and your family had to make some challenging choices. What should you look for in your physician who will treat your head and neck cancer? Should this physician be one with the best reputation, regardless of “bedside manner”? Should this physician be one who connects with you personally, reflecting all of your concerns and the impact that this cancer has on your life? Does your physician have to understand the way your cancer has affected you, suddenly threatening your life, affecting your abilities to lead your life as you wish? Should

your physician be the person who is most sensitive to your concerns about appearance and ability to function? Whether we are patients – and we all are patients at some time or another – or physicians, we have all considered these concerns in making the choice of physician for a particular condition like head and neck cancer. I am certain my patients thought about these and many other factors of which I am not aware in deciding whether I was the physician to lead their head and neck cancer treatment team. In the end, you select from among the qualified specialist physicians available to you. You and your family will select a physician based on factors that are important to you – knowledge, reputation, manner, affiliations – any factor that is important to you should be considered in this choice. You go forward from that point – talking to your physician about your cancer, your options, and your decisions. Then the journey speeds up. Treatment begins, the unexpected occurs, you need to really talk to your physician. Can you reach your physician and get the information you need?

Challenges we face in the physician – patient relationship highlight for me what makes a strong and productive connection. Together, you and your physician – the one who leads your head and neck cancer treatment team – embark on a journey that is uniquely yours while drawing on the physician’s expertise and skill. The physician – patient relationship is ultimately a connection between two human beings who must share the same goals of treating the cancer with the appropriate aim of achieving the best outcomes for the patient. Importantly, these two people must focus on understanding and preserving human dignity. Respecting the patient’s daily life and coming to understand what makes life worth living for that person is critical to my understanding of the physician – patient relationship. Nevertheless, the day-to-day decisions that reinforce dignity and respect are often difficult. Often, the choices are less than optimal or involve difficult treatment and intensive rehabilitation. Decisions may require calculated trade-offs built on the patient and physician sharing and understanding the other’s intention. It frequently takes compromise and significant communication skills for both the patient and the doctor to express themselves in a way that allows each one to understand what is most important in choosing a treatment plan or making other decisions.

Developing a Communication Style

Developing a style of communication with your physician – a pattern that works for each of you – only really happens with time. There is a range within which physician – patient relationships, and the communication that makes them work, begin. Some initial consultations are very easy – you think to yourself “This is a doctor I can talk to!”. Others are downright uncomfortable – heated words that present challenges and deliver ultimatums, of treatment choices or even timelines. You make a choice based on the factors that are important to you, what you heard in that initial consultation, and decide whether

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NEWSLETTER EDITOR

Nancy E. Leupold, MA

WEBMASTER

Barry Sebastian

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to return for the second visit. The physician – patient relationship and the communication within it is a product of time. Communication style, like the relationship, is cultivated over the course of a consultation and several follow up visits. My experience has been that it helps me to get to know the patient and I think it helps for the patient to get to know me a bit as well.

Remember that you are getting to know each other in the professional context of the physician – patient relationship. That means that your physician will know personal information about you and will not disclose most personal information about him or herself. Physicians need to maintain their professional demeanor to fulfill their role in patient care. Professional demeanor is most critical when giving bad news or developing a new plan of care. When you are most emotional, I think your physician should be able to hear and empathize with you, offering the strength that you and your family need. Empathy requires that your physician know you as a person.

As a physician, I very much value knowing about my patient’s life as it helps me to gauge the impact of the cancer and its treatment on my patient as a person. Of course, I need to know what work my patient does and what social activities are important to my patient. I use that information to estimate what influence the cancer treatment will have in his or her daily life. I also want to know who supports my patient emotionally and spiritually – the social support system woven around each of us sustains us in difficult times. While many would say that this information is part of patient care more often addressed by the nurse, the social worker, and the chaplain, I believe that knowing what sustains and supports my patient helps me be a better physician.

As you and your physician come to know each other and as you share information about yourself, you will come to recognize that you and your physician generally develop patterns in your communication with one another. Each visit may begin with pleasantries that remind you and your physician that cancer has not overtaken your life. Some physicians and patients like to joke, others like to tell a family anecdote, and some patients just want a reassuring hello and a handshake or hug. Then the visit becomes more focused: you and your physician know what you need to accomplish in that visit. Some of you may find yourself waiting until after the examination to ask specific questions. Others may wait for the physician to offer information and then only ask questions to clarify. Some others may be more comfortable having a family member or friend ask questions. My advice to you would be to be sure to ask the questions you have by saying “I have some questions for you” and to avoid waiting until the visit ends before you ask. I find it challenging as a physician to answer questions as my time with the patient is winding down. You can even ask your physician what time is best during the visit to ask your questions.

Occasionally, you and your physician will have difficulty communicating. I think it is part of the pattern of communication and a product of the challenge of head and neck cancer, nevertheless, remember that your doctor can do more to care for you if they “hear” your concerns. No patient or physician is a perfect communicator in every encounter. A particular question may be hard for a patient to ask or that same question may not be something the physician can answer directly. When you encounter difficulty in asking a question or talking about a topic like how you feel about your diagnosis or treatment, try rephrasing the question or talking about how you feel in a different way.

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If you are not getting the answer to a question, try saying that you do not understand the answer or rephrasing the question. You may find that you get an answer you understand better or that the answer is one that is hard to hear and need to hear again. Above all, keep communicating with your physician and share your thoughts on communication. I treasure the moments when patients have told me how they understood our communication. They have helped me communicate more effectively with all my patients.

The Physician's Perspective on Communication

You might not be surprised to know that we, as physicians, did not talk about or study communication with patients and communication skills in Medical School in specific courses. We learned these skills by interacting with patients and learning from our mentors or role models. Some physicians are more naturally able to communicate well. These are skills perfected over time in our day-to-day interactions as physicians and as people.

Understanding the vulnerability imposed by head and neck cancer adds a powerful and unique dimension to communicating with patients. I often find myself reflecting each patient's situation and the implications of being that patient's physician for myself as a physician and the way in which I communicate with other patients. Learning to gauge the vulnerability and impact of head and neck cancer takes constant reflection – I am always seeking ways to improve my communication skills. Being a physician who specializes in head and neck cancer is a unique opportunity and tremendous privilege for me. I remind myself and my trainees and colleagues that this role is a privilege that takes hard work and pays big rewards in return. To communicate well with our patients, we need to be as much humanists as physicians.

Communication Tips

Over the more than fifteen years I have been in practice, I have found that a few concrete strategies or tips aid patient – physician communication. Here are some of my favorites:

- Keep a notebook and write down questions you have for your physician. I know it sounds simple but nothing wastes time faster in an appointment than trying to think of questions you thought about but

cannot recall in the moment.

- Bring your question notebook with you to your appointment. Let your physician know that you have questions for him or her. And then write yourself a note next to the question as a reminder about the answer you received.
- If your physician does not automatically ask you what questions you have, try saying “when would be a good time to ask my questions?” early in the appointment. As I mentioned earlier, try to avoid waiting until the end of your appointment. Your physician likely will not be able to focus fully on important questions while walking out the door.
- Sort through your questions – especially if you have many of them – to be certain you get those that are most important to you asked and answered first.
- Tell your physician if you do not understand an answer to your question. Try saying “I am sorry but I do not understand. Could you say it a different way?” or try repeating what you understand and asking if your interpretation is what your physician intended.
- I think it often helps to tell your physician why something is important to you. For example, if you ask many questions about the effects of a treatment on your voice because you enjoy singing then you should share that information to help your physician know you better as a person.
- Take a family member or close friend with you to appointments to help you ask questions if you are anxious or have difficulty asking questions. That person can also help you recall the answers to your questions and other information that your physician and others provide to you during that appointment.
- You may often hear things from friends or read something on the Internet that provokes a question you want to ask your physician. Try including the source of your information in your question: “I heard from a friend that . . .” or “I read on the internet site called . . .”. You can also print out materials to bring to your appointment but do not be surprised if your physician does not read them in detail. As physicians, we can tell a good deal about the information you bring us by the source of the information and by scanning it.
- You and your physician may decide to use e-mail for some communication. Remember that you and your physician both have to agree that e-mail will work for each of you.

If you do decide to use e-mail, I suggest that you use it only for factual exchanges and not for any topics that are emotional. E-mail does not convey emotion well and can result in confusion and misunderstanding between you and your physician.

- Tell your physician about your feelings. Getting your questions answered is one thing but having head and neck cancer is a very emotional process. You will likely experience all sorts of emotions from frustration and anger to fear and anxiety to relief and joy. Emotions affect communication so it helps your physician to know what emotions you are feeling. You might try saying something as simple as “I am angry today so I am having a hard time with this information” or “I am so happy to hear this news”.
- Remember that communicating with your physician is a human process. Each of you will have off days and may have moments of frustration around your communication with each other. There may be times when either you or your physician might need to say “I’m sorry” and begin again. Whether you are apologizing or accepting the apology, do it with grace and encourage your physician to do the same. It happens to all of us at one moment or another. The important thing is to continue to move forward, sharing the same goal of treating your cancer and achieving the aims of the best possible outcomes for you!

In closing, thank you for this opportunity to share some of my thoughts and strategies for communicating with your physician from my perspective as one who truly enjoys the privilege of caring for people who face head and neck cancer. My relationships, as a physician, with my patients is one of the most rewarding and valuable aspects of my career. My hope for you is that you and your physician enjoy the same rewards.

Editor's Note: Ara A. Chalian MD, FACS, was trained at Indiana University and the University of Pennsylvania where he has been on faculty since 1994, as Associate Professor of Otorhinolaryngology: Head and Neck Surgery. Dr. Chalian is nationally and internationally regarded for his surgical expertise in ablative and reconstructive head and neck oncology with particular focus on complex microvascular reconstruction. His clinical research and program improvement work in safety and quality of care. His administrative and clinical roles in surgical patient safety intersect with his clinical practice and scholarly interests. Dr. Chalian extends this matrix of clinical and academic work with a particular focus on care of older adults and geriatric surgical management. Dr. Chalian has authored over 70 peer reviewed clinical and scientific papers and some 20 book chapters.

A TIME FOR SHARING

I was born and raised in Lynnfield, MA, 68 years ago. My father owned the oldest gas station in town for more than 65 years. Having spent many years helping out at that gas station, my husband and I developed a love for restoring vintage automobiles. A big part of our hobby includes traveling around the country to classic car shows - a pleasure that came to a sudden halt in December '05 after a visit to my primary care physician.

I was just going for a regular checkup. I felt great and never expected a diagnosis like this. My primary care doctor, Elysia Griswold noticed that my glands were swollen and red. After a dose of antibiotics didn't clear things up Dr. Griswold referred me to an ear, nose and throat specialist. Then Dr. Charles Liedner took one look at my throat and said "Sylvia, there's a chance you might have tonsil cancer. We need to do a biopsy right away to find out for sure." I didn't know how to react. I didn't have any symptoms.

Dr. Liedner explained that the symptoms of tonsil cancer can vary from persistent sore throat and severe ear pain to bad breath and blood in the saliva. As he examined the inside of my mouth and back of my throat he noticed a golf ball-sized tumor on one of my tonsils. After examining my ears, nose, throat and neck he was able to determine that the tumor had not spread.

Dr. Leidner then sent me to see Dr. James McIntyre, radiation oncologist of the MGH North Shore Cancer Center. Dr. McIntyre explained that I was lucky because the cancer was isolated to my tonsil and could be treated with radiation and chemotherapy. I would not need surgery. Nevertheless, he assured me that I was going to hate him for a while because the treatment and its aftermath were going to hurt. But the reality is, we became friends. The staff of the Cancer Center got me through everything.

In February '06, I started treatment of 18 single doses and 12 double doses of radiation along with three cycles of chemotherapy over the course of two months. While the treatments were indeed painful, the six months following treatment

were the really hard part.

I didn't leave the house for six months. I couldn't hear. I couldn't eat and I lost my voice. One of my greatest joys had always been cooking, so I tried hard to save up my energy for that. I would sleep for most of the day, and then get up late in the afternoon to make dinner for my husband. It was all I could do, but it was important to maintain part of my routine.

Another great joy was getting together with family, but that too involved meals. In my family, Thursdays mean dinner at my home and Sundays, taking my father-in-law out to a restaurant for dinner. Initially my restaurant "meals" were limited to tea, milk and broth, but over time I was able to add soft foods. Throughout much of the first year after treatment I was tormented by cravings for cheeseburgers.

Encouragement from family and friends proved a great help when anxiety got the better of me. My husband, Sonny was my greatest support. Jane, one of my car buddies from New Jersey, called me daily and sent many get-well cards. However, I knew that to get through the ordeal I would need additional support and would have to be armed with as much information as I could get.

I joined the SPOHNC North of Boston chapter at the MGH North Shore Cancer Center. Our group meets the second Tuesday of every month to talk about treatments, side effects and the emotional aspects of having this disease.

At one of our meetings, the social worker, Mary Anne Macaulay, who co-facilitates our group, spoke of a *New Yorker* article she had read about Grant Achatz, a renowned Chicago chef who was diagnosed with tongue cancer. In addition to describing his ordeal with treatment, the author explained all the factors involved with taste and the enjoyment of food. The article served as inspiration for our chapter's first "Taste Competition."

Local restaurant owners and chefs were provided a copy of the article as well as information about the swallowing

difficulties experienced by head and neck cancer patients, and were then invited to participate in a taste challenge for members of our group. Five area restaurants participated in the event held on May 12, 2008. It proved a great success. Chefs learned about swallowing and taste issues faced by head and neck cancer patients, and how to prepare foods for us to enjoy. At the same time, members of our chapter discovered that dining out was still a possibility for them. They were introduced to restaurants willing to accommodate their needs.

I have continued to enjoy dining out with my family and friends. When I tell the wait staff I have a swallowing problem they will often respond, "We are here to help. Tell us what you need." My response, "More gravy or sauces; cook my vegetables a bit longer, and make sure my water glass is always full." I always ask how spicy the food is to avoid burning my throat. I also let them know that I am a slow eater. My husband and I have our favorite restaurants in the neighborhood where we have gotten to know the waiters and waitresses. Often they will come over and comment on my progress and offer their support. I once got a round of applause after completing a meal!

Cancer free for 3 ½ years now, I am now back on the road attending car shows where I have opportunities to share my story with others. I can't believe how many cancer survivors there are out there, including those with head and neck cancer. I tell them to set goals, remind them that sometimes it will be five steps forward and two back, but they should always look forward.

Sylvia Venuti
Lynnfield, MA

Editor's Note: To read the article in "The New Yorker" magazine which was published on May 12, 2008, [Google](#) "A Man of Taste". You are certain to find this story of Grant Achatz most inspiring.

UPDATE ON MEDICARE COVERAGE OF DENTAL SERVICES RELATED TO CANCER TREATMENT

In May 2007, NEWS FROM S.P.O.H.N.C. published an article discussing efforts by the Center for Medicare Advocacy, Inc., (CMA) to expand Medicare coverage of dental services required as a result of chemo-radiation treatments for oral, head and neck cancer. The Medicare statute excludes coverage for a number of routine services including dental care, and this exclusionary language has been applied broadly by the Medicare administration to deny coverage of extraordinary reconstructive work as well as routine dental care. Advocates at CMA believe a solid legal argument can be made that the agency's restrictive coverage policy is incorrect, and have had some limited success in presenting this argument.

The language of the Medicare statute states the "[no payment may be made . . . for any expenses incurred for items or services - . . . where such expenses are for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth. . . ." In its explanation of this provision, Congress said "the committee bill provides a specific exclusion of routine dental care to make clear that the services of dental surgeons covered under the bill are restricted to complex surgical procedures." Thus, Congress explicitly stated that complex dental procedures such as those often required by cancer patients treated with radiation were supposed to be covered by Medicare.

Nevertheless, the Centers for Medicare & Medicaid Services has adopted policies that allow coverage of dental procedures in only a few situations, primarily when they are "incident to and as an integral part of a covered procedure." Medicare Benefit Policy Manual (MBPM), CMS Pub. 100-02, Chap. 15, § 150. Thus, the policy manual allows payment for reconstruction of a ridge that might incidentally prepare for dentures, but only if it is done at the same time and by the same doctor as the surgical removal of a tumor. Coverage of the wiring of teeth is provided only when done in connection with the reduction of a fractured jaw, and the extraction of teeth is covered to prepare the jaw for radiation treatment of neoplastic disease. Id. An oral examination is covered prior to, and in preparation for, kidney transplantation. National Coverage Determinations Manual

(NCDM), CMS Pub. 100-03, § 260.6. Center For Medicare Advocacy attorneys believe that these generally restrictive dental coverage policies violate the intentions of Congress.

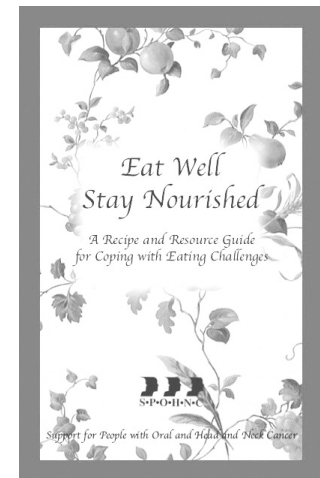
In two recent cases, Medicare beneficiaries succeeded in obtaining coverage of dental services required by radiation damage from their cancer treatment, but only after they appealed denials up to the administrative hearing stage.

In one case, the beneficiary had been denied extensive restorative dental services by his Medicare managed care plan. His family physician, dentist, and oncologist all wrote letters stating that his dental care was not routine, but was an extension of his cancer treatment and was needed to correct related, ongoing nutritional deficient managed care plan because they were incident to and an integral part of his covered cancer treatment.

In the second case, the Medicare managed care plan voluntarily agreed to cover extractions of infected teeth which had been damaged by radiation treatments that the beneficiary's physicians said were medically necessary. However, this agreement came only at the administrative hearing, coverage of the extractions having been denied by the managed care plan initially and at earlier stages of appeal. It was probably helpful that the beneficiary submitted a written memorandum to the ALJ setting out the legal bases for coverage of such extraordinary, medically related dental care.

Medicare beneficiaries have filed a lawsuit in federal district court in Phoenix, Arizona, challenging the Medicare policies restricting coverage of non-routine dental services. This case, Fournier v. Johnson, No. CV 08-2300-PHX-ROS, asks the court to hold that the Medicare exclusion of dental services does not apply to extraordinary, medically related dental services that are not routine. The two named plaintiffs in the lawsuit seek to represent a nationwide class of Medicare beneficiaries denied Medicare coverage of extraordinary, medically related services often needed by cancer survivors. At this point the case is just getting started.

More information is available from
Center For Medicare Advocacy
Sally Hart, <shart@vanosteen.com.>

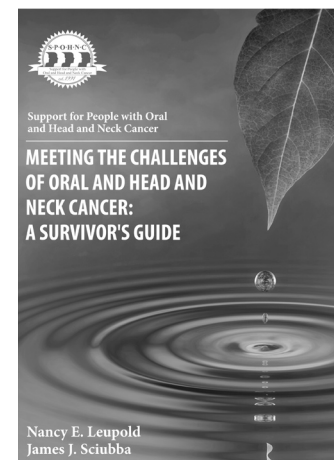


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Cheng Receives Grant To Explore Possible Saliva Test For Oral Cancer

By Amber K. Thomas

Dr. Yi-Shing Lisa Cheng, associate professor in diagnostic sciences at Texas A&M Health Science Center Baylor College of Dentistry, has received a grant from the National Institutes of Health to explore using saliva as an early detection method in a high-risk group for oral cancer.

Her grant project, titled "Salivary biomarkers for oral cancer in lichen planus patients," will receive more than \$380,000 over the next two years from the NIH's National Institute of Dental and Craniofacial Research. The funding is coming through the American Recovery and Reinvestment Act, the economic stimulus package passed by Congress in February.

"The project was inspired by my personal experience of seeing the suffering of lichen planus patients in the Stomatology Center over the past nine years," Cheng says, referring to HSC-BCD's specialized clinic that focuses on unusual and debilitating diseases of the mouth, one of only three such specialty centers nationwide.

Oral lichen planus is an uncomfortable and chronic condition characterized by lesions that form in the mouth and on the skin. The cause of the disease is unknown and, so far, no cure has been found. It can only be managed, usually by treating with steroids, when the symptoms flare up. Once patients are diagnosed with lichen planus, Cheng says, they are advised to get check-ups at least once a year for the rest of their lives because oral lichen planus increases their risk of developing oral cancer. Furthermore, the lesions from oral lichen planus themselves sometimes resemble precancerous lesions.

"Currently the only way to determine whether a lesion is cancerous is through a painful biopsy," says Cheng. "Therefore, lichen planus patients often need to endure repeated oral biopsies in the effort to catch any malignancy in its beginning stages."

Witnessing patients in this cycle of inflammation and biopsies made Cheng curious if a non-invasive method could determine the early stages of oral cancer for these patients. Her hoped-for solution is to measure biomarkers present in saliva.

Biomarkers are molecules in the body that are indicators of a particular physical or pathological process. Biomarkers can be measured and used in medicine to evaluate if a disease is

progressing or if a treatment is working. Currently the published medical literature shows that more than 22 possible salivary biomarkers for oral cancer have been identified in research studies. Most of them are proteins and nucleic acids.

Cheng will investigate the feasibility of using biomarkers for early cancer detection in oral lichen planus patients. Her project, which started in May, is composed of three stages. First, saliva samples will be collected from oral cancer patients before and after treatment, and the levels of possible biomarkers will be measured both times. These levels will then be compared to those present in oral lichen planus patients with no history of oral cancer, specifically to determine if the biomarkers have already become elevated due to oral lichen planus. If these biomarkers are not elevated, then Cheng's idea of using them to detect early development of oral cancer may be feasible. It will be tested in the third phase, which will measure the biomarkers in the saliva of oral lichen planus patients who already are known to have precancerous mouth lesions, to see if their biomarker levels have indeed increased as would be predicted.

Cheng will lead a team of researchers on the project, including co-investigator Dr. Terry Rees, director of the college's Stomatology Center. The project also includes, as a consultant, Dr. David Wong, who is associate dean for research at the UCLA School of Dentistry and a prominent research leader in the field of salivary diagnostics; and biostatistician Dr. Huey-Shys Chen, associate professor at the University of Medicine & Dentistry of New Jersey, who will do the statistical analyses for the study. Patients will be recruited for the study mainly with the help of Dallas-Fort Worth area surgeons.

The Oral Cancer Foundation, along with the non-profit group Support for People with Oral and Head and Neck Cancer, also will assist by posting information about the study on their Web sites and in their member newsletters.

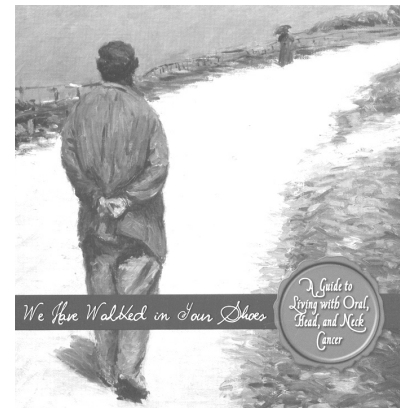
"Receiving this grant is great news," Cheng says. "We've been working on the design and proposal for this project for two years, and I'm glad we can finally begin to work on the actual research."

Cheng joined HSC-BCD in 2002. In addition to her research and clinical work at the

Stomatology Center, she teaches oral pathology to students in dentistry, dental hygiene and the graduate level programs in diagnostic sciences and biomedical sciences. Cheng earned a dental degree from Kaohsiung Medical University's School of Dentistry in Taiwan. She holds a Ph.D. and a master's degree in biomedical sciences from Baylor University in Waco, Texas.

Founded in 1905, Baylor College of Dentistry in Dallas is a college of the Texas A&M Health Science Center. HSC-BCD is a nationally recognized center for oral health sciences education, research, specialized patient care and continuing dental education. The HSC serves the state as a distributed, statewide health science center that is present in communities throughout Texas.

Amber K. Thomas is communications specialist at Baylor College of Dentistry in Dallas, a component of The Texas A&M University System Health Science Center. Thomas received a bachelor's degree in journalism from Oklahoma State University in 2000 and has worked in higher education communications for five years.



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HEAD AND NECK CANCER NEWS

HPV Infection May Be Linked to Poor Head and Neck Cancer Survival Rates in African Americans

PHILADELPHIA – A groundbreaking study in Cancer Prevention Research, a journal of the American Association for Cancer Research, suggests that having the human papillomavirus (HPV) improves survival in squamous cell carcinoma of the head and neck. Furthermore, African Americans had far less HPV infection than whites, which led to worse survival.

“There is currently no consensus on why blacks fare worse with squamous cell carcinoma of the head and neck than whites, but this is the first clue that it may be biologic rather than related to issues of access, insurance or provider attitudes,” said senior author Kevin Cullen, M.D., director of the University of Maryland

Marlene and Stewart Greenebaum Cancer Center and professor of medicine at the University of Maryland School of Medicine.

Cullen’s research showed that median overall survival was more than threefold higher for whites (70.6 months) than for African Americans (20.9 months) who were treated with chemotherapy and radiation. When the researchers examined patients by HPV status, they found that HPV-negative patients had a median survival of 26.6 months, while the survival rate for HPV-positive patients could not be calculated because most were still alive.

Overall, 4 percent of African American patients and 34 percent of white patients were HPV positive. Cullen said

the survival difference was entirely due to HPV status, as survival rates were similar among HPV-negative patients.

Scott Lippman, M.D., chair of the Department of Clinical Cancer Prevention at the University of Texas M. D. Anderson Cancer Center and editor-in-chief of Cancer Prevention Research called the study “practice changing.”

“Squamous cell carcinoma of the head and neck is one of the fastest growing cancers, and this study gives us a new way to assess prognosis for our patients,” said Lippman.

The American Association for Cancer Research

SURVIVORS IN THE SPOTLIGHT

When the SPOHNC Walk-a-thon was announced, members of the Kansas City Chapter of SPOHNC saw it as a great opportunity to get the word



out. We were on board!!

A committee was put together and parks were explored and debated as to their central, accessible locations. Ideas were generated about what the day would look like and how we would promote it. A park was finally selected and



secured. That was about the time it seemed that trying to make Walk-SPOHNC 2009 the first national event was premature.

However, there was just too much enthusiasm in our group to give it up.

Even though we recog-



nized we needed to wait until next year to promote a community event the members decided



to hold a social event for our group and their families. One group member had a friend



donate hotdogs/buns and the rest of the group provided dishes for a potluck meal. The walking trail was around a lake and the day was beautiful. It was a wonderful event!

About 30 people attended with relationships deepening among survivors and families as they shared the common thread of support for one another.

Mary Moody, Facilitator

Skate4spohnc



On September 20, 2009, Rick Agee will don his in-line skates and skate 100 kilometers in an attempt to bring attention to a disease that he has come to know personally.

In August of 2007, Rick was diagnosed with squamous cell carcinoma on the right side of the tongue. Under the care of an oncologist and micro-plastic surgeon, he had the tumor removed, with the hope of eliminating the cancer. Since that time, he has had two additional tumors in the same area, resulting in two subsequent surgeries plus six weeks of radiation treatment in between. He is currently cancer free and hopes to stay that way.

They say there is a silver lining inside every dark cloud and Rick says the silver lining for him, was SPOHNC. Visit Rick’s web site at www.skate4spohnc.org.

Support for People with Oral, Head and Neck Cancer: University of Wisconsin Chapter

“Heads Up” became the official name of the oral, head and neck cancer support group at the University of Wisconsin (UW) Hospital and Clinics, Carbone Comprehensive Cancer Center, in February of 2005. We were in the planning stages at that time, and preparing for our first official meeting held in April of that year. We felt the name not only suggested the site of cancer, but also represented our group’s positive outlook.

Peggy Wiederholt was beginning her second year as the UW head and neck oncology nurse coordinator for radiation oncology, medical oncology, and otolaryngology-head and neck surgery when we began this initiative. Rachael Kammer was in her third year as a speech pathologist at the UW specializing in swallow rehabilitation. Rachael already had valuable experience as the facilitator of a support group for laryngectomy patients while Peggy’s experience dealing with cancer within her family was a driving force for her involvement. Both had many years of professional health care experience, recognized the tremendous need for a support group within the beloved head and neck cancer (HNC) patient population, and were determined to make it happen!

An advisory group was created initially to gather information and share ideas about the needs of HNC patients. The group consisted of representatives from the head and neck multidisciplinary team, including oncology nurses, speech pathologists, a social worker, and physicians from radiation oncology, medical oncology, and head and neck surgery. Rachael and Peggy then became the professional co-facilitators for the support group, but decided that it was important to also team up with patient facilitators. Marshall Flax and Bev Palmer were two HNC survivors who immediately stepped up to the plate. Their input was critical in order to prioritize what would be most important to patients as we set goals and planned meetings. By sharing their personal stories and giving their time, they helped to jump-start the group. Most importantly, their strength and courage in fighting against their disease and their determination to raise awareness for head and neck cancer was and continues to be truly inspiring.

Attendance was small at first, but grew over time as we found ways to publicize our new group and develop a plan that suited

us. From the beginning, we decided that the number of attendees was not important. We knew that whoever came to a meeting was there because they wanted or needed support. We met during the lunch hour on the first Wednesday of each month for an hour and a half, and have done so ever since.

Heads Up participants agreed that the group would choose activities to pursue and proceed with guidance from the facilitators. Our group designated that the first 30 minutes of the meeting would focus on open discussion among attendees to introduce and welcome new members, share information, and ask each other questions. Attendees include veteran survivors as well as those who are newly diagnosed or undergoing treatment. Family or friends are also invited. Conversations often revolve around how to cope with the side effects of HNC treatment such as dry mouth and altered taste. Good news about reaching a special two, three or five-year cancer-free anniversary is celebrated, as well as fears about a new suspicious finding. More time is allocated as needed. The meetings are generally very positive and uplifting, providing support and encouragement to those in attendance.

Following open discussion, the remainder of a meeting is dedicated to interacting with an invited speaker. A 12-month calendar is prepared at the beginning of the year with selected topics recommended and approved by the group. These topics are very diverse.

We are fortunate to have a dedicated and dynamic Heads Up support group. In the spring of 2007, the group initiated a week of activities for Oral, Head and Neck Cancer Awareness Week (OHNCAW). Events included daily water tasting with different brands and flavors of water, a raffle, and a silent auction with beautiful artwork and jewelry items created by HNC survivors. The media helped advertise the events by covering a story on paintings at the auction created by three most unusual artists...chimpanzees from our local zoo, compliments of their handler who is a HNC survivor.

A bonus was the opportunity to meet the chimp artists and have the artwork signed at the zoo! A great event for all!

There were other featured events during OHNCAW as well. For example, a nutritionist prepared delicious samples of

easy to swallow foods, new flavors of nutritional supplements were available to taste, pharmacy students were on hand to provide guidance on medication questions, and the Center for Tobacco Research provided smoking cessation information. A HNC family member even made two beautiful quilts that were presented to HNC patients who were hospitalized during the week of festivities.

Although all of the events helped raise HNC awareness, the highlight of OHNCAW week for our Heads Up group is a free oral screening in our Otolaryngology Clinic. Attendance the first year was small, but it set the stage for a very successful oral screening during OHNCAW in 2008 with more than 100 people screened in just over 2 hours. In addition to the screening, participants who smoked were counseled on tobacco cessation. Our “Heads Up” support group members were present at a table during the oral screenings to stimulate public awareness, distribute information, and answer questions about HNC.

Outside of our scheduled events, support group survivors have volunteered to mentor others who are recently diagnosed, which has had a tremendous positive impact on patients who are struggling to make a treatment decision. Friendships have also blossomed when one support group member invited members to a complimentary suite at a University of Wisconsin football game over the past two years. Times like this allow everyone to forget about their illness, share in fun and laughter and enjoy just being together.

Just a few months after starting “Heads Up”, Marshall wrote a heartfelt note that described the importance of a support group for him and his wife, Lisa. His words are echoed each month by HNC patients, survivors, and family members, and capture the essence of why support groups like Heads Up are so important.

“I just wanted to tell you (again) how much I appreciate the support group for those of us who have, or had, head and neck cancer. The group is of tremendous value to me (Lisa and I worked our vacation schedule around it!) and I believe that many, many more people could benefit from these meetings”.

LOCAL CHAPTERS OF SPOHNC

ARIZONA-CHANDLER
Cancer Ctr, Chandler Regional Medical Center
1875 W. Frye Road
1st Wed. 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
3rd 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
3rd 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
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
4S Ranch Library
1st Saturday, 1:00 PM
Valerie Targia 760-751-2109
valtargia@yahoo.com

CALIFORNIA-SAN FRANCISCO
UCSF Comprehensive Cancer Ctr.
3rd Wed., 1:00-2:30 PM, Rm. H3805
Daphne Stuart, LCSW 415-885-7394
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
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

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, 1st. 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.
3rd Tuesday, 5:00-6:00 PM
Darlene Young, RN, OCN 860-892-2777
dayoung@wwbh.org
Kathy Gernhard, RN, OCN 860-892-2777
kgernhard@wwbh.org

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

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

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

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

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

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

FLORIDA-MIAMI
The Wellness Community
3rd 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
2nd 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
1st Wednesday, 3:00-4:30 PM
Karen Spina, MS, CCC-SLP 239-393-4079
Karen.spina@nchmd.org

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

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

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

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

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

LOCAL CHAPTERS OF SPOHNC

ILLINOIS-CHICAGO

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

ILLINOIS-EVANSTON/HIGHLAND PARK

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

ILLINOIS-MAYWOOD

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

INDIANA-INDY-NORTH

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

INDIANA-INDY-SOUTH

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

INDIANA-TERRE HAUTE

Hux Cancer Center
Call for information
Mary Ryan, SP 812-234-9584
Maryryan2@juno.com

IOWA-DES MOINES

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

KANSAS-KANSAS CITY

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

LOUISIANA-BATON ROUGE

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

MARYLAND-BALTIMORE-GBMC

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

MARYLAND-BALTIMORE-JHMI

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

MASSACHUSETTS-BOSTON

Massachusetts General Hospital,
One Tuesday each month 6:00-7:30 PM
Valerie Hope Goldstein 617-731-1703
Femval@aol.com

MASSACHUSETTS-DANVERS

MGH North Shore Cancer Center
2nd 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
1st Wednesday: 11:30 AM
Amy Orwig, MSW 313-916-7578
aorwig1@fhfs.org

MICHIGAN-ST. JOSEPH

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

MICHIGAN-TROY

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

MINNESOTA-MINNEAPOLIS

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

MISSOURI-ST. LOUIS

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

MONTANA-BOZEMAN

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

NEBRASKA-OMAHA

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

NEBRASKA-OMAHA

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

NEW JERSEY-LONG BRANCH

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

NEW JERSEY-MORRISTOWN

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

NEW JERSEY-PHILADELPHIA

University of Pennsylvania Hospital
1st Wednesday: 9:30-11:00 AM
Micki Naimoli 856-722-5574
Tracy Lautenbach, MSW, LCSW 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.co

NEW MEXICO-ALBUQUERQUE

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

NEW YORK-ALBANY

Gilda's Club
3rd Thursday: 7:00-9:00 PM
Joseph Ciccarelli 618-882-9742
jciccarelli001@nycap.rr.com
Norma Neapolitano 518-683-9518
nneapolitano@nycap.rr.com

NEW YORK-BUFFALO

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

NEW YORK-MANHATTAN

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

NEW YORK-MANHATTAN

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

LOCAL CHAPTERS OF SPOHNC

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

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

NORTH CAROLINA-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 Hospital/Comp. Cancer Ctr.
 2nd Wednesday, 5:00- 6:30 PM
 Kathleen Godwin 828-692-6174
 kgodwin@mchsi.com

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

OHIO-LIMA
 St. Rita's Reg. 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
 Hank Deneski: wohnc@earthlink.net

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

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

PENNSYLVANIA-HARRISBURG
 Health South Lab
 3rd Tues: 6:30 PM
 Joseph F. Brelsford 717-774-8370
 jfbrelsford1@mmm.com

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

PENNSYLVANIA-YORK
 Apple Hill Medical Center
 2nd Wednesday, 5:00 PM
 Dianne S. Hollinger, MA, CCC-SLP
 717-851-2601
 Dhollinger@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

WISCONSIN-MILWAUKEE
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