Surgeons Use Da Vinci Robot To Remove Cancers Of The Palate, Tongue, And Tonsils

Technique enables doctors to treat hard-to-reach tumors in a minimally invasive way

An incisionless robotic surgical procedure is offering patients a new option to remove certain head and neck cancer tumors without visible scarring, while preserving speech and the ability to eat.

Head and neck surgeons are now using the da Vinci surgical robot to remove hard-to-reach cancers of the throat, tongue, and tonsils in a minimally invasive way. It is called “transoral robotic surgery,” and doctors are able to access the tumor site through the mouth without having to make a large incision. They say the technique significantly reduces patients’ recovery time, helps to preserve their ability to speak and swallow normally, and produces fewer complications. Unlike traditional surgical approaches to head and neck cancer, patients are able to return to their normal lives only a few days after surgery without significant pain and disfigurement.

“Using the da Vinci robot gives us unprecedented access to the back of the throat with really good 3-D visualization—it’s like you’re standing on the patient’s tongue. We’re now able to perform intricate surgeries in a very small space with great dexterity,” says Jeffrey S. Wolf, M.D., a head-and-neck surgeon at the medical center and associate professor of otolaryngology-head and neck surgery at the University of Maryland School of Medicine.

The da Vinci surgical robot system is commonly used to treat gynecologic and prostate cancers as well as to perform heart bypass and other cardiac surgeries. The U.S. Food and Drug Administration recently approved its use to treat certain head and neck cancers: it was approved in January to remove malignant and benign tumors of the mouth, tongue, tonsils, and parts of the throat.

According to Dr. Wolf, patients who may benefit the most from robotic surgery are those with cancers at the base of the tongue or of the soft palate and tonsils who experience a recurrence after being treated with chemotherapy and radiation. He says the procedure also may be used for early-stage primary cancers that have not spread.

In a traditional “open” surgery, doctors would make a large incision and split the patient’s jaw, which would require performing a tracheotomy to alleviate breathing problems caused by swelling and also may require extensive reconstruction. Transoral robotic surgery minimizes the pain, and reducing the risk of possible nerve and tissue damage associated with large incisions. Typically, the patient would remain in the hospital for more than a week. With the robotic surgery, surgeons do not need to cut bones for access, and patients can leave the hospital in 2 to 3 days.

Some other benefits include:
- Significantly less blood loss
- No visible scarring
- Possibility of avoiding a tracheotomy
- Minimization or elimination of need for chemoradiation therapy
- Fewer complications
- Faster recovery, return to normal speech and swallowing
- Equivalent cancer control to radiation therapy

“Patients get out of the hospital much sooner, and preliminary data indicate that they swallow better and have fewer problems with speech after surgery,” Dr. Wolf says. After traditional surgery, it can take months for patients to regain their ability to swallow normally. Also, patients with early stage tonsil and base of tongue cancers may not need to receive radiation therapy following transoral robotic surgery, depending on the final tumor margins and pathological characteristics of the tumor.

During the procedure, the surgeon operates the robot while sitting at a console in the operating room. Binocular cameras provide three-dimensional images magnified 10 times greater than what can be seen by the human eye, and the surgeon has great flexibility to move the robotic arms in different directions with sophisticated hand controls. The arms have tiny tools attached to them, including a laser and cauterizing device that can be used to remove the cancer.

E. Albert Reece, M.D., Ph.D., M.B.A., vice president of medical affairs at the University of Maryland, says, “This new technique using the surgical robot offers patients with certain head and neck cancers an effective, minimally invasive treatment option that spares them from having to undergo an ‘open’ surgical procedure…
ROBOT continued from page 1

a new way to minimize possible side effects for patients.”

Cancers of the base of the tongue, throat and tonsils (the oropharynx) are often difficult to treat with surgery because of their location. Many of these cancers are caused by infection with the human papillomavirus (HPV), a sexually transmitted virus. Other risk factors are smoking and chewing tobacco and heavy alcohol use. The most common symptoms are pain, a lump in the neck and difficulty in swallowing. Patients are treated with chemotheraphy, radiation and surgery, or a combination of these therapies.

“We know that people whose cancers are HPV-positive respond much better to chemotherapy and radiation than those who are HPV-negative,” Dr. Wolf notes, adding that the exact reason for this is unclear. “About 20 percent of patients with advanced disease who are HPV-positive have a recurrence or metastasis of their cancer while the recurrence rate for advanced non-HPV-related cancers is much higher – 60 percent to 80 percent.”

Dr. Wolf says he does not expect surgery with the da Vinci robot to replace chemotherapy and radiation as a first-line treatment option for many patients with advanced disease, but it is an excellent option for some. “It’s revolutionary in that it gives us unprecedented access to the oropharynx,” he says. Dr. Wolf adds that head and neck surgeons at the medical center also plan to use the da Vinci robot to treat thyroid cancer in the near future. In robotic-assisted thyroidectomy, the incision is made in the arm pit instead of the neck to conceal it and eliminate neck scarring.

Navigating Swallowing Difficulties

An active interest in exercise science and rehabilitation was almost inevitable for Lori Burkhead, PhD, CCC-SLP, on both a personal and professional level. Dr. Burkhead, an assistant professor in the Department of Otolaryngology at the Medical College of Georgia in Augusta, is the sister of a world record holder in amateur bench press and has spent years working closely with occupational and physical therapists in rehab hospitals. She is also a Speech Pathologist and serves as Facilitator for the chapter of SPOHNC in Augusta, Georgia.

The constant exposure to exercise science eventually caused Dr. Burkhead to rethink her approach to rehabilitation of head and neck cancer patients with swallowing difficulties (dysphagia). “It baffled me that as a speech pathologist I was being asked to work on strength and to do strength training for dysphagia, yet I never received any training for that in my graduate school studies,” she said. “So I decided there was some merit in going back and learning these principles to see what may or may not apply to dysphagia.”

Dr. Burkhead found that many of the principles of strength training and exercise physiology had direct application to her work with those experiencing dysphagia. She began to use concepts from the physical therapy and exercise science literature to hone a more physiologically-based outlook on dysphagia assessment and rehabilitation.
Speech-language pathologists have a number of very effective exercises at their disposal for addressing dysphagia. However, if the exercises are not performed with the proper amount of repetition or intensity, they have little effect on improving patient outcome. Sometimes, clinicians need to push patients slightly out of their comfort zone in order to see improvements in swallowing.

"As a helping profession, we frequently don't want our patients to be in discomfort, so we don't push them hard enough," Dr. Burkhead said. "Patients end up doing a couple repetitions of different exercises that are fundamentally good but they are not done to the intensity needed to make any sort of difference. We do not know the exact number of repetitions or sets of an exercise that might be the 'magic formula'—we just need to watch the patient and push them beyond their normal capacity." This can be particularly difficult with those undergoing treatments for head and neck cancer. The treatment itself often causes pain and fatigue. It can make it hard to want to do exercises. What people need to understand is that it is during these most difficult times that one must do exercise. If one "rests" the muscles too much, then they will become rigid and weak. Exercises should be done before, during and after treatment for maximum benefit. If one waits until after treatments to begin exercise therapy, it may be too late and/or the outcomes may not be what they could have been if exercises were done earlier.

Part of the problem in ensuring effective dysphagia therapy outcomes is the limited therapy time patients have with their speech-language pathologists, often in very limited time increments. Dr. Burkhead said therapy should be reprioritized to meet the patient's greatest needs. "Dysphagia is a priority for most patients. The overwhelming majority of patients who have the ability to communicate with us indicate that they prefer to work on their swallowing rather than communication, which might surprise some people."

If swallowing is the patient's priority, then more time can set aside in therapy to focus intensely on it. When dysphagia is resolved or the patient is able to eat something safely, speech and language goals can become more prominent. In fact, many of the strengthening exercises for dysphagia can have concurrent benefits for speech.

Deconditioning has serious effects on oropharyngeal and laryngeal muscles. Muscle deconditioning sets in quickly, but early intervention can lessen its severity. Much like physical therapy interventions for sitting balance and range of motion, recovery of mouth and throat function requires early intervention as well. Speech-language pathologists can begin working on range-of-motion and gentle exercises for the mouth and throat to prevent deconditioning.

Her concern about preventing deconditioning stems from a concept in physical therapy literature known as a vicious loop. Patients who grow weak become more prone to falling. After falling once, they are more prone to fall again. They may be placed on bed rest, thus growing even weaker than before the initial fall.

Dr. Burkhead proposes that vicious loops exist in dysphagia as well. "When we put in an NG or PEG tube, patients have less opportunity to swallow," she explains. "Then they become more deconditioned and have to stay on the PEG tube longer, getting weaker as the dysphagia worsens. Hence goes the vicious loop. It's something we need to be mindful of so we can start working with patients even if they can't swallow but one food consistency or even just ice chips." Some patients get a PEG tube prior to starting chemotherapy and/or radiation. This should not be seen as an alternative to eating, but rather, a supplement to eating. If a patient is able to eat and drink anything by mouth safely, he/she should continue to do so. A speech pathologist can provide periodic evaluations throughout treatments to help determine swallowing safety. This will help maximize oral feeding ability, which may change throughout the course of treatment. What is most important is to keep using the muscles so they do not become deconditioned and exacerbate the problem.

Dr. Burkhead also cited findings in the skeletal limb literature. Studies have shown a 40 percent decrease in force-generating capacity for strength among healthy individuals after spending a week in bed. "If a healthy person is 40 percent weaker, think of how much worse that would be for the sick or the elderly. That is frequently our patient population," she said. "It's reasonable to extrapolate from the limb literature that this is likely happening in the mouth and throat."

Among the various therapy tools available to speech language pathologists, one of the most underused is surface electromyography (sEMG). This biofeedback technique enables patients to see what their muscles are doing by observing a waveform on a computer screen. A harder swallow causes the waveform to surge higher on the screen. Dr. Burkhead suggests setting a visual cue as a goal on the screen and challenging the patient to swallow hard enough for the waveform to reach the goal. "Then keep increasing that goal so the patient has to swallow harder and harder to reach it," she said.

Dr. Burkhead is developing an exercise using variations of tongue and jaw positions to increase intensity during an effortful swallow. "My theory is that if we alter the position of the jaw and tongue, we can alter the intensity of the effortful swallow and try to strengthen muscles by increasing the challenge of swallowing," she explained. Using varying body positions to increase resistance is used in other forms of exercise, such as Pilates. This exercise can be thought of as a type of "Pilates for the mouth and throat."

Exercise principles are also helpful cornerstones of swallowing assessment. "As a field, we’ve started to realize that we have to look more at endurance," Dr. Burkhead said. "We need to look at patient’s fatigue and how that affects the swallow. We need to look at pill swallowing, different textures of food, and mixed textures of food and be mindful of what the physiologic components of swallowing are. It’s not just strength; it’s speed, endurance and coordination."

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Resource

For More Information
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http://www.spohnc.org E-mail-- info@spohnc.org
On Friday, September 24, SPOHNC Chapter Facilitator Sharon Lerman, LCSW moderated a panel discussion at the North Shore-Long Island Jewish Health System’s conference “Head and Neck Cancer: Emerging Innovations.” The conference was designed for healthcare professionals interested in a multidisciplinary approach to the care of patients with oral and head and neck cancer. Lerman interviewed survivors with these cancers for the panel, and two SPOHNC members took part in this discussion where they described their experiences as long-term survivors and how they felt about peer support after treatment. Both individuals are survivors of advanced head and neck cancer and have volunteered with SPOHNC for a total of 15 years.

Lynn Gormley is an 11-year survivor of cancer of the tongue, epiglottis, and larynx who had undergone a tracheostomy this year. She was one of the members of the SPOHNC Support Group first established by SPOHNC Founder and President Nancy Leupold in 1991. Dennis Staropoli is a 9-year survivor of throat cancer who started the SPOHNC support group in Stony Brook, New York 5 years ago after experiencing the emotional impact of head and neck cancer and how it affects quality of life.

One of the questions that came up for Dennis Staropoli during the discussion was: What are the emotional problems that arise as a result of the diagnosis and treatment of head and neck cancer?

I feel strongly that the attending physicians and nurses need to evaluate the emotional status of the patients and encourage them to seek support via groups like SPOHNC and CancerCare. A degree of depression is common in these patients (for obvious reasons), and the medical and radiation oncologists should always consider the need, albeit short- or long-term, for anti-depressants.

Staropoli says he was offered support while in the hospital but not in real life. “Three years after finishing treatment, I joined SPOHNC and the National Survivor Network (NSVN) in 2004. The lack of survivor support puts patients at real risk of emotional problems and cannot compare with the real life support of a one-on-one matching through SPOHNC’s National Volunteer Survivor Network (NSVN). I think that NSVN provides many of the same benefits as meeting with a support group but reduces some of the barriers that make it hard for a person to take that first step of joining a group. Another advantage of NSVN is that I get to meet and talk with people from all over the country, not just my local area. That gives me a sense that I am part of a much larger community of people who are dealing with and winning over this disease.”

He later went on to start his own chapter in Stony Brook, New York, since he saw a definite need for one. Dennis Staropoli makes some important points emphasizing the desirability and accessibility of SPOHNC support groups and the ease of joining one. “In SPOHNC support groups you can hold a real hand, cry on a real shoulder, or get a ‘real’ hug. Those who immerse themselves in support groups see such amazing benefits. You are surrounded by those who have been where you are, who have walked in your shoes, and who understand. You can feel the support and caring.”

Lynn Gormley, with different types of cancer and different perspectives, offered several common themes from advanced head and neck survivors for those healthcare professionals in attendance at the conference. Following are excerpts from her remarks.

Being unable to speak, eat, and breathe normally while dealing with a potentially fatal illness can make a patient extremely vulnerable, both physically and emotionally. What has this experience been like for you?

Learning how to deal with it is empowering. Joining SPOHNC was the best thing I did 12 years ago when I was diagnosed. The wonderful members talked me through my operation and radiation treatments and supported me all the way. I have not forgotten what food tastes like. My sense of smell has heightened to the point that sometimes it seems like I can taste food through smell. Also I focus on enjoying the social interaction with my friends and not on the fact that I can’t eat. The most problematic part of my illness has been the trach. Coughing and expelling mucus is not very feminine and can be embarrassing. Trying to deal with the change in my appearance is challenging. I learned how to crochet so that I could make chokers to cover the trach. I think the worst thing you can do is hide from the illness. The first thing I did when I found out I would need a trach 6 months ago was to reach out to a woman I knew in the group who had a trach for 9 years. She has been my rock. Every day is a challenge but I’m glad I’m here.

What helped you emotionally to deal with your illness?

I am a very spiritual person and prayer has gotten me through everything. I try to be positive and get as much information as I can to be able to deal with this illness and find the best care. I am also blessed with a wonderful supportive husband, family, and friends, but I don’t want to rely on them too much, I like to be independent and strive to deal with my illness myself.

How has your illness affected your relationship with family and friends?

I have three close girlfriends since I was 13, and we’ve been there for each other through thick and thin. My husband NS/LIJ continued on page 5
How did you adjust to living with uncertainty once diagnosed with cancer?
I pray a lot and try to learn as much about my cancer and what I can do to help myself. I also am a co-facilitator for the SPOHNC Group at Long Island Jewish Hospital, which keeps me involved.

As a cancer survivor, what events trigger your fear and anxiety and what strategies have helped you to cope?
I am very nervous when I go for check-ups or tests. I think I will always dread hearing “you have a new cancer or a recurrence.” Also, having any type of scan done is very challenging for me. I can’t lay flat since I can’t swallow my saliva. With the trach I cough a lot and at times it gets plugged and I have to remove the cannula and change it. Not easy to do when you are having a scan. I wish there was a way to do the tests when I am standing or sitting. I doubt I am the only person with this problem. I also have become a bit “germ phobic.” What is a simple cold to most people becomes pneumonia for me. I pray through all of my tests and exams and hope for the best.

What do you feel healthcare professionals should do to prepare head and neck cancer survivors for life after treatment?
I think they need to give patients a more realistic timetable for their recovery.

A lot of people come to SPOHNC when they are very worried. This emotion comes on because it is 6 weeks after radiation, they are feeling worse, and they were told they would be feeling better. Six months is much more realistic with this type of cancer.

Also, patients need to be informed to receive good dental care before they start their treatments. Many people have come to meetings having lost their teeth because they weren’t aware of the care they needed.

Another challenge for head and neck cancer is the stigma attached to it because the causes associated with it are alcohol abuse and cigarette smoking. Many survivors in our group never did either one; yet, people react to oral and head and neck cancer as if it is self-inflicted. I believe the focus should be on how challenging this cancer is to deal with.

SPOHNC Executive Director Mary Ann Caputo presented the Keynote Address at the Annual Conference. She narrated a PowerPoint Course entitled “A Journey With SPOHNC” for continuing nurse education that emphasized the multidisciplinary approach to the care of patients with head and neck cancer. The aim of her presentation was “to give healthcare professionals insight into our organization to help them with their patients as they go through their cancer journey.” She stressed the importance of partnering with an organization such as SPOHNC to help in meeting patient/survivor needs and ensuring optimal outcomes for these individuals. SPOHNC Outreach Administrator Mariana Jordan also participated in the conference.

Many thanks to the panel participants for sharing their perspectives and to Carol Morgenstern, RN, MA, OCN and Kathleen Pelc, RN, BSN, OCN for inviting SPOHNC to participate at the Oncology Nursing Conference.

SPOHNC Announces New Member to Medical Advisory Board
In August, 2010, the Board of Directors of SPOHNC elected David L. Schwartz, M.D. Vice Chair of the Department of Radiation Medicine at the Long Island Jewish Medical Center and North Shore University Hospital in Lake Success, New York to its Medical Advisory Board. As Board member James Scuibba, DMD, PhD, commented, “We are honored to welcome Dr. Schwartz to our board. His long-standing commitment to serving head and neck cancer patients by accelerating the availability of innovative medical treatments is well matched to the mission and goals of this organization. We look forward to benefiting from his vast experience, clinical perspective, and eminent leadership.”

Previously, Dr. Schwartz was Assistant Professor of the Department of Radiation Oncology, and an Adjunct Assistant Professor in the Department of Experimental Diagnostic Imaging, at the University of Texas M.D. Anderson Cancer Center in Houston where he served over the last 5 years. Prior to that, Dr. Schwartz was Assistant Professor of Radiation Oncology at University of Washington in Seattle.

Dr. Schwartz is board certified in Radiation Oncology and specializes in the treatment of head and neck cancers and general radiation oncology. He is active as a clinician, teacher, and researcher at North Shore University/Long Island Jewish (NSLIJ), the Feinstein Institute, and Hofstra Medical School in New York.

Dr. Schwartz serves as a key member of the head and neck clinical and research team within the NSLIJ Cancer Institute, and holds a dual appointment in the Department of Otolaryngology. In addition to head and neck cancer treatment, he pursues clinical services for lung cancer, prostate cancer, and stereotactic radiosurgery. His research interests in head and neck cancer and gastrointestinal cancers are individualized “adaptive” radiotherapy for head and neck cancer, as well as FDG-PET cancer imaging in the phase II to phase IV settings.
It was a beautiful, sunny, hot Texas day for the Second Annual Skate4SPOHNC event on Sunday, September 19, 2010. As you entered the T.W. Richardson Gove Park – Campion Trail where the event was being held, signs were placed along the paths highlighting the many sponsors who contributed so generously to Rick Agee’s efforts.

This year’s event was to honor recently retired Founder & President of SPOHNC, Nancy Leupold. Rick Agee, a two-time oral cancer survivor, once again skated 50 miles in recognition of Nancy’s legacy to increase awareness of oral and head and neck cancer and support SPOHNC’s many programs and educational materials. Rick’s mission is to facilitate the journey of oral, head, and neck cancer patients by removing transition barriers between disease diagnosis and survivorship. It also addresses the basic element of early diagnosis and seeks to broaden the participation in oral screenings and SPOHNC outreach services, particularly for underrepresented groups.

Rick’s determination started as the sun rose and he finished skateboarding sometime in the early afternoon. SPOHNC’s Executive Director, Mary Ann Caputo, was thankful to be able to attend, and was overwhelmed by everyone’s participation and support. “This event is helping to raise awareness of this disease, which will help to reach those who are desperately seeking SPOHNC’s support. The outpouring of love and camaraderie here today helps these patients in their cancer journey. It is truly remarkable.”

Texas Two-Step
The inline skating organization “Pegasus Flyers” joined in, making every effort to skate alongside Rick to help raise awareness. Together they were also joined by close to 200 runners, walkers, and bikers who were there to encourage and help Rick in his commitment to continue SPOHNC’s mission and support those who have been affected by this devastating disease. Throughout the day, everyone enjoyed a real down home meal of “Texas Barbecue,” which included brisket, hamburgers and hot dogs, homemade chili and chicken soup, and an overabundance of delicious desserts. The very talented rock n’ roll group “Cornerstone” entertained throughout the day, joined by tonsil cancer survivor Sara Pray who sang tunes from the past.

Free yoga classes were offered, and a masseuse donated individual massages. Those individuals who contributed to SPOHNC received t-shirts from Rick and numerous prizes donated from various sponsors. Trophies were awarded to those who placed in first, second, and third place.

By having such an event to raise awareness, it also raises awareness of early detection, and the risk factors associated with this disease. Baylor College of Dentistry donated an air-conditioned Winnebago for the event, and everyone could participate in a free oral cancer screening by the Fight Oral Cancer Foundation. SPOHNC’s mission is twofold. Not only is it our goal to raise awareness of this disease; it’s essential for everyone to seek oral cancer screenings for early detection.

Everyone’s contribution helped Rick to make his second go-around a perfect event! Rick’s tireless efforts and his multitude of family and friends benefited in making Skate4SPOHNC 2010 another huge success!

One man can definitely make a difference!

SPOHNC greatly appreciates the generous donations received through Skate4SPOHNC

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One man can definitely make a difference!
A TIME FOR SHARING.....

I am not a Head and Neck Cancer Survivor, but I am a member of that community because I have worked as a CMA (Certified Medical Assistant) in oral and head and neck cancer for 9 years. I wanted to share with you how touched I have been by articles in your newsletters. When I was interviewing for my job, I thought I just would be working in an Ear Nose and Throat (ENT) clinic. But when I sat down with one of the doctors, he said to me, “Stephanie, you will be working with head and neck cancer patients.

“These patients really become a big part of us because we establish a relationship with them for years. When they celebrate 5 years free from cancer, it can mean that they will live in relatively good health.”

I got the job and that is where my story begins. The first 4 years were really about establishing a relationship with the patient and their families. I LOVED IT. I especially had such love for the elderly with a new diagnosed case of squamous cell carcinoma (SCC), or as the patients call it, “PIN or pain in the neck.” Our University is not a small place, so for me, my goal in the beginning was to make them as comfortable as I could.

Saying Hello

I will give you the scenario. Patients go to their primary care physician for a sore throat and pain in the ear. The physician will sometimes put them on antibiotics and see them back if it does resolve because he thinks, “Maybe its viral.” Some other physicians will send the patient to a local ENT and this usually is when the ball starts rolling. The patient gets referred for a CT scan that shows these results: “swollen lymph node, mass on tongue, tonsil, retromolar trigone...” The list goes on. When the diagnosis comes back, it is “cannot rule out SCC,” or some other findings related to SCC.

If the area can be felt or is visible, the local ENT will then sometimes take a biopsy of the area and if the results show positive for SCC, the patient comes to us. The relationship begins for me on Tuesdays, when we see our new patients. My schedule will show NEW PATIENT (their name and who referred them). It will say

• NEW PATIENT
• SCC TONGUE 54-year-old male or 73-year-old female
• Patient to hand carry disc (CT)

The patient can live 1 hour or 9 hours or more away and is usually driven up with a ton of moral support in the way of sons, daughters, wife, mother, father, a good friend. Some come by bus or cab with no support or even a home. They check in at the front desk and are given a questionnaire or it may have been mailed to them. I call their name in the waiting room and right away I look at the face for their reaction, the demeanor, and the support that is with them. They mostly look scared and concerned.

Did I mention that the drive to our facility can cause someone to want to turn around and go home? Our university is located on a huge windy hill with tons of buildings once you reach the top. Then you have to figure out what building, where to park, and what floor do I go to? I always tease the patient and say, “How was your drive?” And the patient will say, “Well, she drove,” pointing to his wife.” And I will say, “Okay, I will take her blood pressure first.” I find this icebreaker makes them laugh.

I didn’t always do introductions this way and this is how I learned. I used to say to the patient, “How are you.” I found out very quickly that you do not ask a newly diagnosed head and neck cancer patient how they are. Because one time, a patient responded to me, “I’m dying of cancer. How are you?” It really put me in his shoes. I never ask a new patient that anymore.

So the patient is in the room; I take their vital signs and I enter their meds. I ask a few questions. Then the patient will ask me, “Is this a good doctor?” My response to this question is, “Whoever sent you here, they knew what they were doing and you should thank them. You will be fine now that you are here.” I find this response eases them and the family sitting next to them, too.

Warm Thoughts of You

I started to build a relationship with patients. I knew their families. I talked with them and cried with them. I celebrated their first day free from radiation and chemo with them. I shared their 1-year, 2-year, 3-year, 4-year, and sometimes 9-year anniversaries with them. I got excited with them if they gained 2 lbs, if their trachs came out, if they no longer needed feeding tubes; if they had a grandbaby, got married, got to go on a trip, and got to HAVE A LIFE. Then I started getting invited to funerals, and one family even asked me to speak at their loved one’s service. They in turn would ask ME how my family was, how my vacation was. They said they missed me if I was not there. Some of the older men told me they love to come to OHSU to see my smile. WOW! I was touching these peoples’ hearts, they were asking about ME. I had one gentleman say “How was your husbands race?” Did he win?” after I hadn’t seen him in months. WOW! He remembered that about me.

A GIFT EVERY DAY

A quote from the SPOHNC newsletter ended with, “Everyday is a gift and each day I open this gift with a heart full of gratitude.” I am so grateful for my job, and for the doctors I work with. I am grateful for cancer, as it has let me work and touch people in a way that I believe is a legacy for me. I don’t have cancer, but I too live with it every day of my life. Some people will say their favorite day of the week is Saturday or Sunday. My favorite is Tuesday, when I am doing what I do best helping even more people with head and neck cancer. Then I get to go home to my family to kiss and hug them every night.

I don’t know what prompted me to write, but I think it is what was said, “Our culture makes a huge mistake in looking at ‘battling’ cancer as opposed to embracing it.” Thank you for sharing your articles and stories; it does not just help those with the disease, but those who work with it as well. I love what I do!

Stephanie Lathrom, CMA, Department of Otolaryngology/Head and Neck Surgery, Oregon Health Science, University Portland, Oregon
RESEARCH OPPORTUNITY
Understanding the Impact of Communication Disorders on Daily Communication Activities

Who is doing the research?
Researchers at the University of Washington – Departments of Rehabilitation Medicine and Speech and Hearing Sciences

What is the research about?
We want to learn more about how medical conditions and communication disorders affect communication in everyday life activities. We are developing a questionnaire to be used in research and in speech clinics. The information you share will be used to develop this questionnaire

Who can participate?
• Adults who have been diagnosed with Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis (MS), or any type of head and neck cancer (larynx [voice box], tongue, throat, mouth) at least 3 months ago
• Adults age 18 years or older who speak, read and write English. We seek racial and ethnic diversity. Minorities are strongly encouraged to participate
• Individuals who live at home or other community setting such as assisted living (nursing home residents are not eligible)
• Individuals must use speech as their primary communication method. You may use writing or augmentative devices to help you communicate at times. Individuals with a laryngectomy may use any speech method (electrolarynx, TEP, esophageal speech)
• It does not matter what kind of treatments you have had for your medical condition

What will I be asked to do?
• You will be asked to fill out a set of questionnaires. The main questionnaire asks about the impact of your condition on daily communication activities (e.g. Making phone calls; Talking to clerks in stores). Other questionnaires ask about other symptoms related to your medical condition; your quality of life; and demographic information (e.g. age, medical history).
• You may fill out these questionnaires at home on your own schedule
• You may fill out these questionnaires online, OR on paper forms that we will send you. Please let us know if you want web or paper questionnaires when you contact us.

What else should I know?
• Participants will receive $20 (choice of payment by check or Amazon.com gift card) for completing the questionnaires
• We anticipate that it will take you about one hour to finish the questionnaires. You may work at your own pace and take breaks as you need
• Your participation is voluntary. You are free to stop your participation any time. Your participation is NOT related to medical care you may be receiving at any healthcare facility. Your participation is NOT related to your involvement in any support or advocacy groups

How do I learn more or sign up to participate?
Use the contact method you prefer below:
• More information is on our website: http://staff.washington.edu/cbaylor/
• Email: commpart@u.washington.edu (Please remember we cannot guarantee the confidentiality of information sent over email)
• Phone: 206-221-3563 (leave voicemail)
• Mail: Tanya Eadie, Dept. of Speech and Hearing Sciences, 1417 NE 42nd St., University of Washington, Seattle, WA 98105
Carolyn Baylor, Dept. Rehabilitation Medicine, UW, Box 356490, Seattle WA 98195

THIS RESEARCH IS BEING FUNDED BY
THE NATIONAL INSTITUTES OF HEALTH (NIH)
CHAPTERS OF SPOHNC

ARIZONA-CHANDLER
Cancer Center at Chandler Reg. Med. Ctr.
1st. Wednesday, 5:30 – 7:30 PM
Monica Krise, MSW 480-728-3613
monica.krise@chw.edu
Dick Snider (ret.) 480-895-6019
rsnider326@aol.com

ARIZONA-PHONES
Banner Desert Medical Center
3rd. Wednesday: 4:30-6:30 PM
Keri Winchester, MS, CCC-SLP 480-512-3627
Keri.Winchester@bannerhealth.com
Dick Snider (ret.) 480-895-6019
rsnider326@aol.com
Bette Denlinger, RN beneden@cox.net

ARIZONA-PHONES
Comprehensive Cancer Ctr.
St. Joseph’s Hospital and Medical Ctr.
1st., Tuesday: 5:30-7:30 PM Suite 650
Mary Schneider, Director 602-406-3882
1st. Tuesday: 5:30-7:30 PM
Suite 650
St. Joseph’s Hospital and Medical Ctr.
Dick Snider, MD (ret.) 480-895-6019
rsnider326@aol.com

S. POHNC
http://www.sphonic.org
E-mail – info@sphonic.org

FLORIDA-FT MYERS
Gulf Coast Medical Center
Outpatient Rehabilitation Ctr.
4th Tuesday, 3:00-4:00 PM
Stacey Brill, MS, CCC-SLP 239-343-1645
stacey.brill@leeemorial.org

FLORIDA-FTWALTONBEACH/NW FL
Call for Location
4th Thursday: 5:00 PM
Ryann Ennis, MA CCC-SLP 850-863-8275
rennis@whitewilson.com
Shannon Leach, MA, CCC-SLP 850-362-9200
sleachslp@yahoo.com

FLORIDA-GAINESVILLE
Winn Dixie Hope Lodge
2nd Monday: 6:00-7:00 PM
Monica Grey LCSW, LMT 352-222-8126
No calls after 9pm
monica.grey@cox.net

FLORIDA-LECANTO
Robert Boissonnault 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: 6:00-8:00 PM
Gary Mallinchiprd 305-668-5900
gcme4@yahoo.com
Russell Nansen 305-661-3915

FLORIDA-OCALA
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-SARASOTA
The Wellness Community
2nd. Tuesday: 5:30 PM
Julie O’Brien, LMHC 941-921-5539
julieoeb@verizon.net
John Kleinbaum, PhD 941-921-5539
hope@wellness-swfl.org

FLORIDA-WELLINGTON
Wellington Cancer Center
4th. Tuesday: 6:30-8:00 PM
Catherine DeStefano, RNC, OCN
St. Joseph’s Hospital
941-921-5539
St. Joseph’s Hospital (Bldg. C)
St. Joseph’s Hospital
941-921-5539

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
CHAPTERS OF SPOHNC

GEORGIA-AUGUSTA
MCG Health Children’s Medical Center
Family Resource Center
1st, Tuesday: 6:00-7:30 PM
Lori M. Burkhed, PhD, CCC-SLP
706-721-6100
lburkhed@mco.edu
Leann Dragano draganal@bellsouth.net

ILLINOIS-CHICAGO
Duchossois Ctr. for Advanced Medicine
4th Tuesday: 1:00 PM
Mary Herbert 773-834-7326
thesthereseberniger@mainegeneral.org

ILLINOIS-MAYWOOD
The Cardinal Bernard Cancer Ctr.
3rd Wednesday: 6:00-7:00 PM
Laura Morrell, LCSW  708-327-2042
lmorrell@lumc.edu

INDIANA-INDY-NORTH
Marion County Public Library
Lawrence Branch
Last Tuesday: 7:00-9:00 PM
Janice Leak, MSN, APRN-BC, AOCN
317-782-6704
janice.leak@gsfhs.org

INDIANA-INDY-SOUTH
St. Francis Education Center
1st, Thursday: 7:00 PM
Carrie Eriksen, LCSW, 248-964-3430
CEriksen@beaumonthospitals.com

INDIANA-FORT WAYNE
Lutheran Cancer Resource Ctr Ste 109
3rd Wednesday: 4:00-5:00 PM
Susan Berghoff, RN, OCN
Snichastory, RD  260-435-7959
sbthereseberniger@mainegeneral.org

INDIANA-TERRE HAUTE
Hux Cancer Center
3rd Tuesday: 4:30 PM
Mary Ryan, SP  812-234-9584
maryryan2@juno.com

IOWA-DES MOINES
Iowa Methodist Medical Center
Suite 450
1st, Wednesday: 5:30 PM
Jennifer Witt, RN, BSN, OCN
Stoddard Care Coordinator 515-241-3399
wwitt@ihs.org

KANSAS-KANSAS CITY
Univ. of Kansas Hospital
2nd & 4th Wednesdays: 4:00 - 5:00 PM
Mary Moody, LMSW
913-588-3630
mmyood@kumc.edu

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

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

MARYLAND-BALTIMORE-GBCM
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@gbcm.org

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

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

MASSACHUSETTS-DANVERS
MGH Northshore Cancer Ctr.
2nd Tuesday: 5:30-6:30 PM
Mary Anne Macaulay, LCSW  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@hfhs.org

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

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

MINNESOTA-MINNEAPOLIS
Hennepin/Southdale Library
1st, Monday: 7:00-9:00 PM
Colleen M. Enzrezi 652-545-0200
river3jkv@aol.com
Charles Bartlett 612-220-5449

MISSOURI-COLUMBIA/MID-MO
Missouri-Columbia Medical Center
5th, Wednesday: 5:30-7:00 PM
Laura M. Neal, MSW, MPH, LCSW  573-884-1509
nealmln@health.missouri.edu

MISSOURI-ST. LOUIS
St. Louis University Hospital Cancer Center
4th Friday: 10:00 AM - 12:00 noon
Deborah S. Manne, MSN, RDH, RN, OCN
314-577-8880;
mannefd@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
doug.stiner@bhdeconness.org
Wendy Gwinnor, LCSW 406-585-5070
gwinnor@bhdeconness.org

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

NEW JERSEY-BAY HEAD
Mount Sinai Medical Center
3rd Thursday: 2:00-4:00 PM
Jackie Mojica 212-844-8775
jmojica@chpnet.org

NEW JERSEY-MANHATTAN
Mount Sinai Medical Center
3rd, Tuesday: 3:00 PM
Stephanie Eisenman, LMSW
212-241-7902
stephanie.eisenman@mountsinai.org

NEW YORK-BUFFALO
Roswell Park Cancer Institute
3rd Tuesday: 4:30-6:00 PM
Amy Sunbrum, SLP 716-845-4947
amy.sunbrum@roswellpark.org
Jim Smaldino 716-845-4472
james.smaldino@roswellpark.org

NEW YORK-BUFFALO
Mount Sinai Medical Center
3rd, Tuesday: 3:00 PM
Stephanie Eisenman, LMSW
212-241-7902
stephanie.eisenman@mountsinai.org

NEW YORK-MANHATTAN
NYU Clinical Cancer Center, 11th flr
1st, 2nd, and 3rd Thursday: 2:00 PM
Carole Wind Mitchell, RN 212-731-6002
carole.mitchell@nyumc.org
Christine Nolan, LCSW 212-731-5414
christine.nolan@nyumc.org

NEW YORK-MANHATTAN
NYU Langone Health Systems
Hearing and Speech Conf Rm, LL
Sharon Lerner, LCSW 718-470-8964
Lynn Gormley 516-628-1219 / 516-314-8897
lgormleyl@optonline.net

SPOHNC
P.O. Box 53
Locust Valley, NY 11560-0053
1-800-377-0928
<table>
<thead>
<tr>
<th>Chapter Number</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New York-Rochester</td>
<td>Strong Memorial Hospital, Luellen Resource Center, Pat. Res. Ctr. 1st. Thursday: 4:30-6:00 PM Sandra E. Sabatka, LMSW 585-276-4529 <a href="mailto:Sandra_Sabatka@URMC.Rochester.edu">Sandra_Sabatka@URMC.Rochester.edu</a></td>
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<tr>
<td>2</td>
<td>New York-Stony Brook</td>
<td>Ambulatory Care Pavilion 1st. Wednesday: 7:30-9:00 PM Dennis Staropoli 631-682-7105 <a href="mailto:dden.star@hotmail.com">dden.star@hotmail.com</a></td>
</tr>
<tr>
<td>3</td>
<td>New York-Syracuse</td>
<td>NSLIJ-Syracuse Hospital 2nd. Thursday: 7:30-9:00 PM Christine Lanter 631-757-7905 <a href="mailto:clanter@optonline.net">clanter@optonline.net</a> Mary Ann Caputo 516-759-5333 <a href="mailto:mary.ann.caputo@sponenthealth.org">mary.ann.caputo@sponenthealth.org</a></td>
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<tr>
<td>4</td>
<td>North Carolina-Asheville</td>
<td>Call for additional information Kathleen Godwin 828-692-6174 <a href="mailto:kgodwin@mornissbb.net">kgodwin@mornissbb.net</a></td>
</tr>
<tr>
<td>5</td>
<td>North Carolina-Chapel Hill/Durham</td>
<td>Comorpicia House 3rd. Wednesday: 6:00 PM Dave Gould 919-493-8168 <a href="mailto:dave.gould@da.org">dave.gould@da.org</a></td>
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<tr>
<td>6</td>
<td>North Carolina-Charlotte</td>
<td>Blumenthal Cancer Center 2nd. &amp; 4th. Thursday: 1:30-3:00 PM Meg Turner 704-355-7283 <a href="mailto:meg.turner@carolinashealthcare.org">meg.turner@carolinashealthcare.org</a> Terri Painchaud 704-364-7283 <a href="mailto:Terri.Painchaud@carolina.com">Terri.Painchaud@carolina.com</a></td>
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<tr>
<td>7</td>
<td>Ohio-Cleveland</td>
<td>Cleveland Clinic Fairview Hospital 2nd. Thursday: 4:00 PM Tom Wurz 440-243-6220 <a href="mailto:roc8@hotmail.com">roc8@hotmail.com</a> Gwen Paull, LJSW 216-476-7241 <a href="mailto:gwen.paull@fairviewhospital.org">gwen.paull@fairviewhospital.org</a></td>
</tr>
<tr>
<td>8</td>
<td>Ohio-Dayton</td>
<td>The Chapel Room One Elizabeth Place Hank Deneski 937-832-2677 2nd. Monday: 6:00-8:00 PM <a href="mailto:hdeneski@mindspring.com">hdeneski@mindspring.com</a></td>
</tr>
<tr>
<td>9</td>
<td>Ohio-Lima</td>
<td>St. Rita’s Regional Cancer Ctr. Allison Rad/Onc. Ctr. Garden Conf Rm 3rd. Tuesday of even month: 5:00 PM Holly Metzger, LMSW 419-996-5606 <a href="mailto:hjmetzer@healthpartners.org">hjmetzer@healthpartners.org</a> Linda Glorioso 419-996-5616 <a href="mailto:ldglorioso@health-partners.org">ldglorioso@health-partners.org</a></td>
</tr>
<tr>
<td>10</td>
<td>Oklahoma-Tulsa</td>
<td>Hardesty Public Library 1st. Tuesday: 6:30 PM Christine B. Griffin, RN 918-261-8858 <a href="mailto:Beritgriffin@cox.net">Beritgriffin@cox.net</a></td>
</tr>
<tr>
<td>11</td>
<td>Oregon-Medford</td>
<td>Providence Medical Center 2nd. Friday: 12:00-1:30 PM Richard Boucher 650-269-8323 <a href="mailto:richard.boucher@hp.com">richard.boucher@hp.com</a></td>
</tr>
<tr>
<td>12</td>
<td>Oregon-The Willamette Valley</td>
<td>Samaritan Reg Ca Ctr Library 2nd. Wednesday: 5:00-6:30 pm Lisa Nielsen 541-757-9882 <a href="mailto:HNCSurvivor@comcast.net">HNCSurvivor@comcast.net</a></td>
</tr>
<tr>
<td>13</td>
<td>Pennsylvania-Harrisburg</td>
<td>Health South Lab 3rd. Tues: 6:30 PM Joseph F. Brelsford 717-774-8370 <a href="mailto:Jbre3fords1@mmm.com">Jbre3fords1@mmm.com</a></td>
</tr>
<tr>
<td>14</td>
<td>Pennsylvania-Monroeville</td>
<td>Inter Community Cancer Center Last Friday of month: 3:00 - 4:00 PM Beth Madrishin 412-856-7740 <a href="mailto:bmadrish@wpahs.org">bmadrish@wpahs.org</a></td>
</tr>
<tr>
<td>15</td>
<td>Pennsylvania-Philadelphia</td>
<td>Penn Med Perelman Ctr Advanced Med 1 W. Pavilion Pt % Fam Conf Rm 1st. Wednesday: 9:30-11:00 AM Mikiy Naimi 856-722-5574 Tracy Lautenbach 215-662-6193 <a href="mailto:lautenbach@uphs.upenn.edu">lautenbach@uphs.upenn.edu</a> Mia Benson Smith, MS 215-662-4641 <a href="mailto:mia.bensonsmith@uphs.upenn.edu">mia.bensonsmith@uphs.upenn.edu</a></td>
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<tr>
<td>16</td>
<td>Pennsylvania-York</td>
<td>Apple Hill Medical Center 2nd. Tuesday: 5:00 PM Dianne S. Hollinger, MA, CCC-SLP 717-851-2601 <a href="mailto:dhollinger@wellspan.org">dhollinger@wellspan.org</a> Diane McElwain, RN, OCN, M.Ed 717-741-8100 <a href="mailto:dmeelwain@wellspan.org">dmeelwain@wellspan.org</a></td>
</tr>
<tr>
<td>17</td>
<td>Tennessee-Chattanooga</td>
<td>Memorial Hospital 1st. Monday: 4:00-5:30 PM Jeanna Richelson 423-894-9215 <a href="mailto:Jeanna1255@aol.com">Jeanna1255@aol.com</a></td>
</tr>
<tr>
<td>18</td>
<td>Texas-Dallas</td>
<td>Baylor Irving-Dallas Medical Center 2nd. Saturday: 10:00 AM Dan Stack 972-373-9599 <a href="mailto:danstack@aol.com">danstack@aol.com</a></td>
</tr>
<tr>
<td>19</td>
<td>Texas-Dallas</td>
<td>Cervico At SAMMONS Cancer Ctr. 2nd. Tuesday: 11:00 AM-12:30 PM Jack Mitchell 972-496-6561 <a href="mailto:jackmitchell5225@aol.com">jackmitchell5225@aol.com</a></td>
</tr>
<tr>
<td>20</td>
<td>Texas-Fort Worth</td>
<td>Moncrief Cancer Resources 2nd. Wednesday: 3:30-5:00 PM Marla Hathcoat, LMSW 817-838-4866 <a href="mailto:marla.hathcoat@moncrief.com">marla.hathcoat@moncrief.com</a></td>
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<tr>
<td>21</td>
<td>Texas-Houston/Tomball</td>
<td>Tomball Regional Hospital 2nd. Tuesday: 12:00 Noon-1:30 PM Lynda Tustin, RN 281-401-5900 <a href="mailto:ltustin@tomballhospital.org">ltustin@tomballhospital.org</a></td>
</tr>
<tr>
<td>22</td>
<td>Virginia-Charlottesville</td>
<td>Dept. of Forestry Building, Suite 800 Last Thursday of month: 11:30-1:00 PM Vikki Bravo 434-982-4091 <a href="mailto:vsb4n@virginia.edu">vsb4n@virginia.edu</a></td>
</tr>
<tr>
<td>23</td>
<td>Virginia-Fairfax</td>
<td>Inova Fairfax Hospital Radiation/Oncology 2nd. Wednesday: 5:30-7:00 PM Corinne Cook, LCSW 703-776-2813 <a href="mailto:Corinne.cook@inova.com">Corinne.cook@inova.com</a></td>
</tr>
<tr>
<td>24</td>
<td>Virginia-Norfolk</td>
<td>Sentara Norfolk General Hospital 3rd. Monday: 7:00 PM Helen Grathwohl 757-487-2624 <a href="mailto:agrath3004@aol.com">agrath3004@aol.com</a></td>
</tr>
<tr>
<td>25</td>
<td>Washington-Seattle</td>
<td>Evergreen Hospital Medical Center Radi/Onc Conf Rm Green 1-245 2nd Wednesday: 6:30-8:00 PM Kile Jackson 425-788-6562 <a href="mailto:kile.jackson@hotmail.com">kile.jackson@hotmail.com</a></td>
</tr>
<tr>
<td>26</td>
<td>Washington-Seattle</td>
<td>Swedish Med Ctr. 1 E. Conf Rm 3rd. Thursday: 6:00-7:30 PM Susan (Sam) Vetto, BSN, RN, BC 206-341-1720 <a href="mailto:susan.vetto@vmmc.org">susan.vetto@vmmc.org</a> Joanne Fenn, MS, CCC-SLP 206-215-1770 <a href="mailto:joanne.fenn@swedish.org">joanne.fenn@swedish.org</a></td>
</tr>
<tr>
<td>27</td>
<td>Wisconsin-Madison</td>
<td>Univ. of Wisconsin Hospital ENT Ctr. 2nd. 1st. Wednesday: 11:30-1:00 PM Rachael Kammer, MS, CCC, SLP 608-263-4896 <a href="mailto:Kammer@wisc.edu">Kammer@wisc.edu</a> Peggy Wiederholt, RN 608-265-3044 <a href="mailto:wiederholt@humonc.wisc.edu">wiederholt@humonc.wisc.edu</a></td>
</tr>
<tr>
<td>28</td>
<td>Wisconsin-Milwaukee</td>
<td>Medical College of Wisconsin Conference Rm. J, Rm. 1010 2nd. Wednesday: 4:30-5:30 PM Tammy Wigginton, MS, CCC/SLP 414-805-5662 <a href="mailto:twigginton@mcw.edu">twigginton@mcw.edu</a></td>
</tr>
</tbody>
</table>
SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER
P.O. BOX 53
LOCUST VALLEY, NY 11560-0053

SPOHNC Needs Your Help

We hope you look forward to receiving our newsletter as a useful source of information about Oral, Head, and Neck Cancer. Please help us better understand your needs by completing our survey below.

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YES or NO

I would prefer to receive the newsletter by email through my computer

YES or NO

(Please provide current email address.)

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Call: 1-800-377-0928

Or send an email:

info@spohnc.org

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