Further complicating matters, these disparate twigs of science are seemingly disconnected, yet describe the same set of principles. Their own worldview, complicated with terminology and jargon that cell biology, and molecular biology. These subsets of science contain research includes a wide discipline of sciences such as biochemistry, between basic science discovery and clinical medicine. In general, basic and preventive measures. These complications due to a lack of early screening procedures most patients present with advanced stage disease. These sites are critical to the complex and vital functions of speech and swallowing. Additionally, most patients present with advanced stage disease due to a lack of early screening procedures and preventive measures. These complications drastically limit surgical options and frequently alter or destroy the patients’ ability to swallow or talk. In an attempt to preserve organ function, combination treatments such as radiation and concurrent chemotherapy are employed with significant short- and long-term complications. Even with these aggressive measures, only about 40-60% of patients are cured of their disease 3-5 years after diagnosis. These surviving patients suffer long-term quality-of-life issues such as xerostomia (chronic dry mouth), feeding tube dependency, fibrosis of the skin and esophagus, and chronic pain. Clearly, treatment must be improved, but how?

Recently, clinicians and researchers recognized a critical disconnect between basic science discovery and clinical medicine. In general, basic research includes a wide discipline of sciences such as biochemistry, cell biology, and molecular biology. These subsets of science contain their own worldview, complicated with terminology and jargon that are seemingly disconnected, yet describe the same set of principles. Further complicating matters, these disparate twigs of science are encapsulated within a single branch of science called pharmacology. This field of study allows scientists to decipher the mechanisms of cell growth and how these interact with investigational drugs for future cancer treatments. Typically, it is within this encompassing discipline that most of the important discoveries related to patient treatment are made and novel technologies are developed.

On the other hand, clinical medicine includes general, practical disciplines such as medical oncology, surgical oncology, radiation oncology, etc. In a simplified view, basic researchers focus on the theory of cancer origin and treatment by using models to understand why cancer develops and how best to eradicate it. Meanwhile, clinicians concentrate on the real-world obstacles of curing actual patients who need their expertise now. Ask any researcher, and they will tell you these disciplines often speak two separate languages and exist in two different cultures. In the most absurd sense, it is not uncommon that the same gene will be called two or three different names in the literature depending on which type of researcher wrote the article! If we cannot even settle on proper nomenclature, how will we ever share and develop complex, medical hypotheses in a coordinated fashion?

At many academic centers, these disciplines are often in two separate buildings or campuses and rarely interact. In many smaller institutes, only one discipline may exist and is limited by the lack of a basic or clinical science research counterpart. Unfortunately the problem is not limited to science and medicine. When any large organization seeks to deliver a complex, multi-disciplinary product, complications such as this need to be recognized and resolved. To alleviate this problem, a new discipline has developed within medical research: translational medicine.

Translational research is defined by the National Cancer Institute as a discipline which “transforms scientific discoveries arising from laboratory, clinical, or population studies into clinical applications to reduce cancer incidence, morbidity, and mortality”. Within this very broad definition, research can fall into a translational continuum beginning with the discovery process, such as identifying a drug target or cancer-mediating mutation, to early clinical applications, like drug library screening to inhibit the aforementioned mutation. When you find a match, the development of clinical trials, dissemination of the results, and incorporation into medical practice all constitute important cogs of the translational medicine machinery. In fact, translational researchers often have training in at least two different disciplines, and essentially serve as translators by speaking both languages and understanding both cultures. Effective translational researchers bridge two very different disciplines for all involved to see their data from a new perspective. Hopefully, this connection transforms a breakthrough discovery into a paradigm shift in patient care.

Here is an example of how research was conducted, and the subsequent ways translational research is changing medicine. Virologists
TRANSLATIONAL continued from page 1

have known that human papillomavirus (HPV) is the leading cause of cervical cancer since its detection in these tumors in 1983. At the same time, oncologists noticed a subgroup of head and neck cancer patients who never smoked or drank alcohol and suspected these patients may have biologically different cancers than the standard patient population. Unfortunately, the connection between HPV infection and head and neck cancer development was not firmly established until 2007. The key piece of the puzzle was a study showing that patients with HPV-positive disease have a 58% reduction in risk of death 3-years post-treatment compared with HPV-negative, tobacco-related cancers. This was not published until 2010. While “research as usual” slowed the initial discovery of this connection, these data are currently and rapidly being translated into clinical trials to decrease the cost of significant toxicities and treatment-related mortality in patients with HPV-positive disease. These studies have also led to added effort in improving the treatment of patients with HPV-negative, tobacco-related diseases. As a translational researcher, I have to wonder if this connection could have been made sooner. Perhaps if virologists and oncologists talked more with each other about their research findings, as they do today, 30 years would not have been required to highlight this clinical need and exploit it.

In all fairness, it is a difficult task to put researchers and clinicians in one room, teach them to speak the same language, and then concoct a cure for cancer. Daunting challenges exist at multiple levels. The most glaring issue is an insufficient number of translational researchers. By definition, these researchers must have expertise in at least two separate disciplines at a time when education and training systems have become increasingly specialized. Given that training for one expertise requires many years of post-graduate training and education, the investment in two fields of study sequentially is not a simple task. It requires a strong personal and institutional commitment along with a dedication to multidisciplinary training.

For example, basic scientists are not trained to think and look for a clinical application based on their research findings. How should they know the most pressing clinical needs when they do not interact with clinicians and patients? Conversely, clinicians are often not trained to formulate a rigorous research hypothesis based on their clinical observations. Even more confounding is the process of writing grants to secure research funding and scientifically prove or disprove critical questions in a directed manner. Often academic clinicians and community health providers are swamped with the day-to-day challenges associated with patient care. Ultimately, the time required to develop these complex research projects is at a premium, even if an investigator possesses a strong background in basic or clinical research. Seamless transition from the basic science bench to clinical bedside requires a well-trained interpreter in the linguistics of translational research.

A second challenge is the multi- and interdisciplinary research approach translational projects require. This means multiple people with various backgrounds must be able to work together towards a unifying goal while receiving the appropriate academic credit and incentives for doing so. Current academic credit is mostly given to principal investigators of research grants and major publications, which allow only one or two key people within the group to obtain academic credit. This system prevents broadening the scope of incentive by crediting numerous investigators or institutions involved in the research. Beyond recognition and credit, many researchers cannot sustain a career by recognition and credit, many researchers cannot sustain a career by

TRANSLATIONAL continued on page 3

funding.
Last, but not least, is the added burden to patients. The issue of finances goes beyond research funding and also includes the cost of clinical trials to patients. The most significant determinant of clinical trial participation is insurance policy coverage of the trial cost. Some insurance companies will not cover the cost of treatment if it is given within the context of a clinical trial, regardless of whether the patient would have received the exact same treatment. For this reason, it is frustrating to deal with the bureaucracy and administrative burden of insurance policies for clinical trial participation.

Furthermore, for translational researchers to confirm whether a basic science discovery is relevant for patients, all the findings need to be re-tested in tissue specimens from patients and validated through clinical trials. This often results in additional blood draws, tumor biopsy, imaging studies, and frequent doctors’ visits leading to a substantial psychosocial burden. It is stressful enough to have a life-threatening disease, and unfortunately these added confounders add undue stress which can be unbearable for patients to tolerate. I often hear from patients the desire not to be a human guinea pig, and I truly understand their feelings. However, I point out that successful translational research is only possible when everyone works together, including the most important participant: our patients.

After listing these seemingly insurmountable challenges and difficulties, why should we enter the turbulent and uncertain waters of translational research? There is only one answer. Patients are suffering and dying from this disease, and I believe translational research is the fastest approach to eliminate the suffering. The goal is to collaborate, share data and resources, and apply the composite knowledge for effective disease prevention and treatment. We hope all our efforts lead to early detection, and subsequently a rapid delivery of personalized medicine tailored for each individual with the maximum benefits and minimal toxicities in mind. I personally believe it is a noble goal for everyone touched by this disease and certainly a fight worth fighting.

Editor’s Note: Christine Chung, M.D., Associate Professor of Oncology and Director of the Head and Neck Cancer Therapeutics Program at Johns Hopkins University School of Medicine, The Sidney Kimmel Comprehensive Cancer Center in Baltimore, Maryland.

References

Gifts Have Been Received
In Loving Memory Of
George F. Bohley Jr.
by Nancy Burton, David & Laurie Schuh
Marthe Bookman
by Lynne & Bruce Blatt
Leslie J. Crump by Jennifer Anderson
Jill Folsom
by Patti Friedman
Georgie La Rue by Micki & Ben Naimoli
Stanley Rappaport
by Gail & Ted Fass
John Rotondo by Peter Sabatino
Anne Startz by Patti Friedman
Joy Uyz
by Rachel Boone, Kerri Money

S•P•O•H•N•C http://www.spohnc.org E-mail-- info@spohnc.org
A TIME FOR SHARING... A story of fate

My wife, Temple, and I are both cancer survivors. We have facilitated the NW Arkansas Chapter of SPOHNC since 2006. It is interesting how Fate can intervene and bring about changes that your mind never anticipated. In 1980 we not only didn’t know each other; but we were both cancer free in our mid 40’s; enjoying the good life in Los Angeles. Temple was starting a new life and career as an aggressive positive single woman after a 27 year marriage ended. I was an imaginative manufacturing engineering manager in the aerospace industry. I, like most people, took life and good health for granted.

Cancer wasn’t on my personal radar as I had no family members or close acquaintances that had been diagnosed with any type of this dreadful disease at that time. Unlike my unimagined knowledge of cancer, Temple had an older relative and a close girl friend that had to deal with the quest of surviving breast cancer.

In 1982 Temple found herself diagnosed with lobular cancer of her left breast. But I will let her relay her Fateful story.........

I remember it vividly when the surgeon who performed the lumpectomy told me he could give me a little mastectomy the next day. At 47 and now being single for the first time since I was nineteen years old, a mastectomy wasn’t in my plan for the future. I immediately searched for another option. I was fortunate to get a second opinion at the Breast Center in Van Nuys, California where I had a team of doctors working with me toward my wishes of not losing a breast.

I had fourteen lymph nodes removed under my left arm and a biopsy of my right breast as my cancer could have a mirror image. Fortunately, my lymph nodes were clear of any signs of cancer. This was followed up with twenty-five radiation treatments. After completing the radiation and two months later, I spent four days at the Breast Center with radium needles implanted in my left breast, in an isolated room, of course. These implants, that are not used any more, left me with a few scars.

I had a good attitude and great confidence that I would win this battle and continue on with my new life. I had my girl friend (who had undergone this treatment) take pictures of me during my four days with the implants. With the pictures and my positive attitude I took the opportunity to help other breast patients not only fight their cancer, but deal with depression due to the treatment and fear of the unknown they were facing.

After being released from the Breast Center I was able to carry a full load of work which helped keep me well-grounded and positive at my position of Recreational/Social Worker Director at a convalescent hospital.

During my treatment and healing process; even though I was single, I wasn’t alone as my cat, my girlfriend and sister were very supportive especially during recovery. I will always have some residual problems due to the radium needle implants; it is a treatment that never lets you totally forget your body has been infused with this life saving technology. Some consequences don’t surface for years, but I’m here today, and with God’s help I am fortunate to be cancer free for 29 years next June 18th.

And now for my side of the story. In January, 1983 I was fortunate enough to have a chance meeting with Temple, and as any astute recently divorced positive thinking bachelor would do; I asked for her phone number. As I mentioned earlier Fate usually sneaks up on you when you least expect the visit. We started dating and were getting along quite well while having a lot of fun showing each other off to our respective coworkers and friends.

Our relationship was building and Fate intervened when Temple’s rent on her apartment was increased a substantial amount. After I did a little negotiating, she decided to move in with me since we were spending most of our time together anyway.

A few years later, as our family was growing, we now had two cats; we jointly purchased a townhouse in the Chatsworth Mountains. Our life continued developing into a fun, rewarding relationship; we looked for excuses to travel, spent time with close friends and family while planning for the future. On our 10th anniversary of being a couple we were married as I was planning on taking early retirement from my career in the aerospace industry. The following year at 57 years of age in 1994 our plan was for me to retire and then continue my career in the aerospace industry as a contract engineer. I guess life was too good as Fate intervened with her plan.

I had been attempting to get rid of a sore throat and raspy cough for months when a lump appeared on my neck about the size of a robin’s egg. I went through the normal misdiagnoses that were standard in the 1980’s. I was given antibiotics for an infection possibly caused by cat scratch fever, cough medicines and after visiting several doctors with no results, I was referred to an ENT.

During my last week of work in 1994, prior to attending my retirement party, I received a call from my new ENT, whom I had seen only twice. He told me he wanted me in the office the next day to discuss the results of my biopsy. The next day the ENT informed me that I had Stage 4 squamous cell carcinoma at the base of the tongue that had spread through my jaw bone, esophagus and lymph nodes. The next statement was the show stopper; the cancer is inoperable at this time, and you have approximately a 50% chance of surviving. My only chance of survival was radiation twice a day for six weeks to reduce the cancer to a surgically feasible area.

A few days later the radiation oncologist sat down on a stool in front of me; his face about a foot from my face and gave me a brief dissertation of what I should be expecting from the treatment. After this close and in the face explanation of the highlights of what I should be expecting from the treatment I was about to face; he asked me if I was afraid. I told him if he was a rattlesnake, Yes, I would be afraid, but No, I’m not quite sure what I should be afraid of at this time. I just wanted him to initiate this treatment so I could be cured and get on with life. That was my first and last haughty statement about this treatment and the consequences it can leave you with.

With a good team of doctors, family and my wife/caregiver, I made it through the treatment and was cured. However, oral cancer treated with radiation twice a day for six weeks leaves you with some rather heavy baggage for the rest of your life.
In 2005 we relocated to the Ozark Mountains of Arkansas and settled into a new home. During that year I started considering the long term consequences of my cancer due to some noticeable deterioration of my lower teeth. I was concerned as some of the initial dental professionals I contacted didn’t impress me with a solid knowledge of working with oral cancer survivors that had survived maximum radiation to the jaw area. At that time I was faced with the realization that I wasn’t in California anymore where I had a large base of medical professionals.

Fate stepped in at this time with the announcement in the SPOHNC newsletter of the SPOHNC 15 Year Celebration of Life in New York. In August, 2006, Temple and I attended the conference with the hope of finding positive information about long term survival due to deterioration of the lower jaw from radiation. It was a rewarding visit listening to some of the nation’s best specialists of treatment of oral, head and neck (OHN) cancer in the nation. Additionally, meeting other survivors and facilitators of support groups was an emotional experience that compelled some thought. Again, Fate made a motion; during the flight home we decided we should initiate a SPOHNC Chapter in Arkansas.

With the help of NARTI, (North West Arkansas Radiation Therapy Institute which is now, Hope Cancer Resources) and the Washington Regional Medical Center Cancer Support Home in Fayetteville our first SPOHNC meeting was held September 23, 2006. We had three survivors and mainly spent the two hours getting to know each others story. This meeting did substantiate the need in our area for a group like SPOHNC to help new patients and other long term survivors like me that still have questions with very few answers. Today, we still have the only oral cancer support group in the state of Arkansas, and we are very entrenched in the cancer care system in our area.

Temple and I have encouraged our group to talk to as many medical/dental professionals to boost awareness of OHN cancer in Arkansas. This has been quite successful during the past few years; as we have at least five survivors that either volunteer their time at the local oncology clinic, work one-on-one with new patients or volunteer with the American Cancer Society.

During our September meeting this year Temple and I realized our group had developed into a cadre of special people joined by our common bond. We just facilitate the meetings; all of our survivors and caregivers make it a worthwhile learning experience not only for new patients we can help, but as a group helping each other. With fourteen attendees there were a lot of new stories and events to cover. We were so busy I just laid my agenda aside due to the many topics being discussed. The meeting flowed, everyone participated and there was a lot of humor and levity to fill the two hours. One of the most fulfilling unplanned results of this meeting was that the original three survivors who attended our first meeting four years ago were there that day.

Occasionally, the manager of the Cancer Support Home, where we have held all of our SPOHNC meetings, participates in the discussions. At other times, she admitted, she just wants to listen and learn about the many unique situations OHN cancer patients/survivors have to deal with.

During the November meeting we hosted several board members from the Cancer Challenge organization which is an integral part of a four county fund raising effort in NW Arkansas. The Cancer Challenge has been effective in the area for 18 years supporting many services for all cancer types. They have raised interest in cancer care and funded millions of dollars for a much needed void in an area where many patients need assistance. Their reason for attending our meeting was to obtain first hand comments on what was positive about cancer support in our area and voids that needed to be addressed. Needless to say; fourteen first hand OHN cancer survivors had a few comments.

Is NW Arkansas SPOHNC promoting OHN cancer? Yes, we have been told many times from a variety of professionals over the years we have made an impact. Are we happy we initiated the group? Yes, we feel very proud of the group and the fact that every year we know there is more awareness of OHN here.

Nobody really knows what they will have to deal with for the rest of their life after that first doctor says; “you have been diagnosed with OHN cancer.” However, Fate evidently had a plan for Temple and me long before 1980.

Temple and Jack Igleburger
tmplnjak@cox.net

***********

Gifts Have been Received
In Honor of
David Dellifield
by
Tracey Hogan
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Jenny & Mike Gunter
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Patti Friedman
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Life can throw so many curve balls. It's how you handle them that defines you as a person. Jon Sorkin, a high school Spanish teacher, musician, singer, father of two, husband, son, and friend to many saw the curve ball and hit it a mile... and then some.

In the spring of 2010, as school was getting ready to close, Jon was in the midst of test after test after test in hopes for an easy answer to his discomforts. He told no one what was going on, he just played his music and sang to distract himself from the pain and frustration of discovering that his life was soon going to take a major turn. The house Jon and his family just put an offer on was no longer the next step in their life’s journey together. The diagnosis of cancer had taken his family down a different path.

It wasn’t until the last weeks of school that Jon began to share his news. Jon began to share his plans with his colleagues as everyone was gearing up for the end of the year party, family vacations, sun and fun. Jon’s hope was to see everyone the next year. For Jon, the end of the year party suddenly became different. “It was a party!” We were drinking and I was singing and playing guitar, but it seemed more like saying good bye” Jon recalls. “I guess the one thing that stands out”

Needless to say Jon’s summer was full of hospital visits, needles, hair loss, and just plain ’ol crap. Stuff that he wishes on no one. Mid August came around and nurses introduced him to SPOHNC. Jon and his family began wearing SPOHNC bracelets to support not just him, but also others suffering from oral, head and neck cancer. It just so happened, that was the same time teachers starting coming back to school and kids soon followed. Jon was strong enough to come in to school the first couple of days and see colleagues and students. Little did he know, his blog became much more. It became a place full of hope and love for friends and family, a sharing place for others who had gone through the same trials and tribulations as Jon, and a place of community for anyone who wanted to support Jon Sorkin.

Because of Jon’s visit to school, word got around quickly about his cancer and how he was sharing his life on his blog. As the school community got connected to his blog, they were floored by his openness about his treatment, his reflections on his visit to school and the overall impact that Jon Sorkin had on our school soon came to life. The only question was, what could our community do to help?

It didn’t take long until board members from our school soon came to Jon Sorkin. Students like senior Bansry Shah wanted to “help bring his energetic spirit to our school community and show how much we support him in his battle. “This was done through the Support Sorkin project. The goal was to embrace Señor Sorkin’s positive attitude, smiles, sincerity and passion and spread it to everyone they could by selling SPOHNC bracelets. Bansry was so excited recalling the beginning of the project, “it started out as just a fundraiser, but quickly turned into something bigger… we took the school by storm!”

As we began to think about selling bracelets, I talked to SPOHNC’s Administrative Assistant Lisa Caracciola and Executive Director Mary Ann Caputo from the SPOHNC organization and worked out the details. I told them we had an energetic group of kids wanting to do something special for a teacher. They were surprised when I said we wanted to start with one thousand bracelets and see what happened.
They said to not worry; that if we didn’t sell them we could return the extras and get our money back. A week later we ordered five hundred more.

It wasn’t too long that 1500 bracelets were sold to faculty, support staff, students, parents, maintenance staff, cafeteria staff, and community members. Ali Lapping, senior board member from “Beating The Odds” was so excited about the project and felt “It was truly amazing to go around school and see students and staff all wearing the SPOHNC bracelet and showing their support.” WOW! Can you imagine having that kind of support?

Our kids were so excited! They took a chance selling SPOHNC bracelets, rallying individuals and groups to not only raise money to support the SPOHNC organization and the many people it benefits, but also enough money to send Jon and his family on a nice four-day get away. “We wanted to raise awareness about cancer, but also give the Sorkin family something to look forward to do as a family when the time was right” said Ali.

As part of the Support Sorkin project, the students wanted to do more than just raise money and send his family somewhere. They wanted to make an everlasting impact on a teacher who makes everlasting impacts on the lives of students every day he enters a classroom. They wanted Jon and his family to see, hear and feel the support that was given and shared throughout the fundraiser.

Pictures were taken of groups and individuals buying bracelets and interviews were captured as people expressed their support for Jon. “I was surprised and overwhelmed by how open and excited people were to be part of the project” said senior board member from “Beating The Odds”, Alyssa Salzstein. Selling the bracelets and making a photo album to share were important goals that the students accomplished relatively quickly. But they weren’t satisfied. Let’s go big or go home...right? So, the kids made a video that can silence a room and bring tears to anyone’s eye. “We wanted to produce a video that was uplifting and inspiring for Señor Sorkin and show him all the support he had back at school” said Alyssa. This project became more than a fundraiser. It became a message to everyone about community.

I still remember an early conversation with the kids about Señor Sorkin’s love for music. They know he lives for teaching, playing his guitar and his family. It’s interesting; because I also remember a conversation with Jon about Kenny Chesney’s tune “I’m Alive.” That song became his anthem! It’s in the video and it expresses everything Jon Sorkin needed to believe in to fight through his battle.

“So damn easy to say that life’s so hard Everybody’s got their share of battle scars As for me, I’d like to thank my lucky stars That I’m alive and well.

It’d be easy to add up all the pain And all the dreams you sat and watched go up in flames Dwell on the wreckage as it smolders in the rain But not me, I’m alive.

And today you know that’s good enough for me
Breathin’ in and out’s a blessing, can’t you see?
Today’s the first day of the rest of my life
And I’m alive and well
I’m alive and well.

Stars are dancin’ on the water here tonight
It’s good for the soul when there’s not a soul in sight
This boat has caught its wind and brought me back to life
Now I’m alive and well.

And today you know that’s good enough for me
Breathing in and out’s a blessing, can’t you see?
Today’s the first day of the rest of my life
Now I’m alive and well
Yeah, I’m alive and well

(From: http://www.elyrics.net/read/k/kenny-chesney-lyrics/i_m-alive-lyrics.html)

It is music, it is lyrics, and it is teachers like Jon Sorkin that inspire people to push themselves to be better. To not take for granted the gifts we are given. The conversations I had with Jon or his wife reminded me to keep my problems in perspective. It’s easy to get caught up in times of trouble and see the worst, but as an educator I keep remembering that students are inspired by teachers like Jon Sorkin, and I need to be a positive example of what I hope for them.

Jon is continuing to fight his battles with cancer. He’s back at school teaching and doing what he loves. I’m sure he is reminded every day by his students and staff members how happy we are he is here with us. I know Bansry Shah is excited about his return and summarizes what working on the Support Sorkin project meant to her, “if I had to say one thing about this overall experience, it would be, Señor Sorkin, your story and your optimism has reminded me why I fundraise and create awareness about cancer. You’ve not only inspired me, but truly, you have inspired so many people around you it’s unbelievable! Showing our support for you is the least we can do because I can’t even imagine the amount of strength and courage it takes to battle the horrible disease of cancer. Not only are you a passionate teacher, loving father and husband, and genuine friend, but you are also my hero.”

So, as spring is on the rise a year later, so are Jon Sorkin and his family. There isn’t a curve ball or pitch he hasn’t seen. He is getting his voice back, jammin’ on his guitar and playin’ some Beatles on the piano. He keeps reminding himself that things will only get better, better, better….

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CHAPTERS OF SPOHNC

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Community Cancer Center
Waiting Room 1st Thursday 6:00 PM-7:30 PM
Catherine McCarthy, LCSW 860-444-3744
cmccarthy@lrhmosp.org

CONNECTICUT-NEW 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-wwwbh.org

DC-GEORGETOWN
Lombardi Ca Ctr/Martin Marietta Conference Rm
3rd Monday: 1:45-3:00 PM
Joanne Assarsson, MSW, LICSW  202-444-3755
assarssj@gunet.georgetown.edu

DC-WASHINGTON
Washington Hospital Center
Washington Cancer Institute
Room C1200
Last Thursday: 2:00-3:30 PM
Cynthia Clark, RD 202-877-3498
cynthiad.clark@medstar.net
Christopher Bianca, LCSW
Christopher.a.bianca@medstar.net

FLORIDA-FT MYERS
Gulf Coast Medical Center
Outpatient Rehabilitation Ctr.
5th Tuesday, 6:30-7:30 PM
Stacey Brill, MS, CCC-SLP  239-343-1645
stacey.brill@leememorial.org

FLORIDA-FTWALTonBEACH/NW FL
Call for Location
4th Thursday: 5:00 PM

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-MIAMI
The Wellness Community
3rd Wednesday: 6:00-8:00 PM
Gary Mallinchoed 305-668-5900
gmce4@yahoo.com
Russell Nansen 305-661-3915

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

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

FLORIDA-SARASOTa
The Wellness Community
2nd Tuesday: 4:00-5:00 PM
Julie O’Brien, LMHC 941-921-5539
julieobee@bellsouth.net
John Klenbaum, PhD 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
angelcancell@bellsouth.net

GEORGIA-ATLANTA-Emory
Winship CA Institute (Bldg. C)
1st Thursday: 4:30-5:30 PM
Arlene Kehir, RN  404-778-2369
Arlene.Kehir@emoryhealthcare.org

GEORGIA-AUGUSTA
MCg Health Children’s Medical Center
Family Resource Center
1st Tuesday: 6:30-7:30 PM
Lori M. Burkhead, PhD, CCC-SLP  706-721-6100
lburkehead@mcg.edu

GEORGIA-Atlanta
MCg Health Children’s Medical Center
Family Resource Center
1st Tuesday: 6:30-7:30 PM
Lori M. Burkhead, PhD, CCC-SLP  706-721-6100
lburkehead@mcg.edu

SPOHNC
http://www.spohnc.org

E-mail-- info@spohnc.org
CHAPTERS OF SPOHNC

NEW YORK-ROCHESTER
Strong Memorial Hospital
1st Thursday: 4:30-6:00 PM
Sandra Sabatka, LMSW 585-276-4529
Sandra_Sabatka@URMC.Rochester.edu

NEW YORK-STONY BROOK
Ammbulatory Care Pavilion
1st Wednesday: 7:30-9:00 PM
Dennis Starpoli 631-682-7103
den.star@stonybrook.edu

NEW YORK-SYOSSET
NSLJI-Syosset Hospital
2nd Thursday: 5:00-6:00 PM
Christine Lantier 631-757-7905
clantier@optonline.net
Mary Ann Caputo 516-759-5333
maryann.caputo@sphnc.org

NEW YORK-WESTCHESTER
White Plains Hospital Cancer Center
2nd & 4th Thursday: 1:30-3:00 PM
Gwen Paull, LISW 216-476-7241
gwen.paull@fairviewhospital.org
Mary Ann Caputo 516-759-5333
maryann.caputo@sphnc.org

NORTH CAROLINA-CHARLOTTE
Blumenthal Cancer Center
3rd Tuesday of even month: 5:00 PM
White Plains Hospital Cancer Center

NORTH CAROLINA-ASHVILLE
 ostat.com
2nd & 4th Thursday: 1:30-3:00 PM
Gwen Paull, LISW 216-476-7241
gwen.paull@fairviewhospital.org
Mary Ann Caputo 516-759-5333
maryann.caputo@sphnc.org

NORTH CAROLINA-CHARLOTTE
Blumenthal Cancer Center
2nd & 4th Thursday: 1:30-3:00 PM
Gwen Paull, LISW 216-476-7241
gwen.paull@fairviewhospital.org
Mary Ann Caputo 516-759-5333
maryann.caputo@sphnc.org

NORTH CAROLINA-ASHVILLE
Call for additional information
Kathleen Godwin 828-692-6174
kgodwin@morrisbb.net

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

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3rd Wednesday: 6:00 PM
Dave Gould 919-493-8168
dave.gould@dia.org

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dave.gould@dia.org

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3rd Wednesday: 6:00 PM
Dave Gould 919-493-8168
dave.gould@dia.org

NORTH CAROLINA-HENDERSONVILLE/WNC
Pardee Health Ed. Ctr. Blue Ridge Mall
2nd Tuesday: 5:00-6:30 PM
Kathleen Godwin 828-692-6174
kgodwin@nchsi.net

OHIO-CLEVELAND
Cleveland Clinic at Fairview Hospital
2nd Thursday: 4:00 PM
Tom Wurz 440-243-6220
rtothemail.com
Gwen Paul, LSSW 216-476-7241
gwen.paul@fairviewhospital.org

OHIO-DAYTON
The Chapel Room One Elizabeth Place
2nd Monday: 6:00-8:00 PM
Hdeneski@mindspring.com

OHIO-LIMA
St. Rita’s Regional Cancer Ctr.
Allison Rad/Onc. Ctr. Garden Conf Rm
3rd Tuesday of event: 5:00 PM
Holly Metzger, LMSW 419-996-5606
hmetzger@health-partners.org
Linda Glorioso 419-996-5616
lglorioso@health-partners.org

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

OREGON-MEDFORD
Providence Medical Center
2nd Friday: 12:00-1:30 PM
Richard Boucher 503-269-8323
richard.boucher@hp.com

OREGON-THE WILLAMETTE VALLEY
Samartian Reg Ctr Ctr Library
2nd Tuesday: 5:00:00 PM
Lisa Nielsen 541-757-9882
HNCsurvivor@comcast.net

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Samartian Reg Ctr Ctr Library
2nd Tuesday: 5:00:00 PM
Lisa Nielsen 541-757-9882
HNCsurvivor@comcast.net

PENNNSYLVANIA-HARRISBURG
Health South Lab 3rd Tues: 6:30 PM
Joseph F. Breifslord 717-774-8370
JBreifslord@mmcm.com

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

PENNNSYLVANIA-NEW CASTLE
UPMC Jameson Cancer Center
Medical Arts Bldg Suite 104
3rd Wednesday: 6:00-7:30 PM
Jeannie Williams, Patient Navigator
Becky Rainville, RN
724-656-5870

PENNNSYLVANIA-PHILADELPHIA
Penn Med Perelman Ctr Advanced Med
1 W. Pavilion Pt Fam Conf Rm
1st Wednesday: 9:30-11:00 AM
Micki Naimoli 856-722-5574
Tracy Lautenbach
215-662-6193
lautenbach@uphs.upenn.edu
Mia Benson Smith, MS 215-662-4641
mia.bensonsmith@uphs.upenn.edu

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

TENNESSEE-CHATTANOOGA
Ctvtko Ctr. at Sammons Cancer Ctr.
2nd Tuesday: 11:00 AM-12:30 PM
Jack Mitchell 972-346-4297
jackmitchell5225@aol.com

TEXAS-DALLAS
Baylor Irving-Coppell Medical Center
2nd Saturday: 10:00 AM
Dun Stack 972-373-9599
dunstack@aol.com

TEXAS-DALLAS
Ctvtko Ctr. at Sammons Cancer Ctr.
2nd Tuesday: 11:00 AM-12:30 PM
Jack Mitchell 972-346-4297
jackmitchell5225@aol.com

TEXAS-FORT WORTH
Moncrief Cancer Resource Center
2nd Wednesday: 3:30-5:00 PM
Marla Hathcoat, LMSW 817-838-4866
marla.hathcoat@moncrief.com

TEXAS-HOUSTON/TOMBALL
Tomball Regional Hospital
2nd Tuesday: 12:00 Noon-1:30 PM
Lynda Tustin, RN
214-401-5900
ltustin@tomballhospital.org

TEXAS-MACALLEN
Rio Grande Regional Hospital
3rd Tuesday: 6:00 PM
Stephanie Leal, MA,CCC,SLP
SAL1275@aol.com
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
2nd Monday: 7:00 PM
Vikki Bravo 434-982-4091
vb4n@virginia.edu

VIRGINIA-FAIRFAX
Inova Fairfax Hospital Radiation/Oncology
2nd Wednesday: 12:00-1:30 PM
Corinne Cook, LCCS
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

WASHINGTON-SEATTLE
Evergreen Hospital Medical Center
Rad/ORC Conf Room Green 1-245
2nd Wednesday: 6:30-8:00 PM
Kile Jackson
425-788-6562
kile.jackson@hotmail.com

WASHINGTON-SEATTLE
Swedish Med Ctr. 1 E Conf Rm
2nd Thursday: 6:00-7:30 PM
Susan (Sam) Vetto, BSN, RN, BC
206-341-7240
svetto@vmc.org
Joanne Fenn, MS, CCC-SLP
206-215-1770
joanne.fenn@swedish.org

WISCONSIN-MADISON
Univ. of Wisconsin Hospital
ENT Clinic Rm. G3/206
1st Wednesday: 11:30-1:00 PM
Rachael Kammer, MS, CCC, SLP
608-263-4896
Kammer@surgery.wisc.edu
Peggy Wiederholt, RN
608-265-3044
wiederholt@humonc.wisc.edu

WISCONSIN-MILWAUKEE
Medical College of Wisconsin
Conference Rm. J, Rm. 1010
2nd Thursday: 4:30-5:30 PM
Tammy Wigginton, MS, CCC-SLP
414-805-5662
twiginton@mcw.edu

WISCONSIN-MILWAUKEE
Medical College of Wisconsin
Conference Rm. J, Rm. 1010
2nd Thursday: 4:30-5:30 PM
Tammy Wigginton, MS, CCC-SLP
414-805-5662
twiginton@mcw.edu
Membership Application

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

We Want to Hear From You.

Do you have a story that you would like to share with others. Perhaps one that could help someone through his or her cancer journey?

Chris Leonardis is waiting to hear from you. Please contact her at c.leonardis@spohnc.org or Call 1-800-377-0928, opt 4.

We look forward to sharing your story with our readers.

THANK YOU