

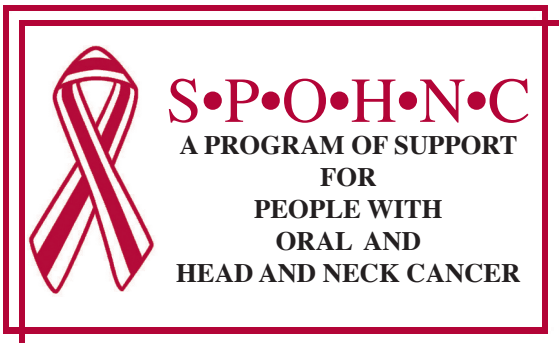
NEWS FROM S•P•O•H•N•C



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Post-Treatment Issues in the Head and Neck Cancer Patient

JAMES J. SCIUBBA, DMD, PhD

Several treatment modalities are involved in the management of oral and head and neck cancer. Early stage or limited cancers may be treated successfully with surgical excision, often with a minimal impact on function and quality of life, or when this is not feasible, radiation therapy. For limited disease, long-term results of treatment with radiation therapy offer similar cure rates to surgery. With more advanced cancers, combined treatment modalities are required, often involving surgery in association with radiation therapy. For some cancers, organ preservation therapy which includes chemotherapy and radiation treatment is the treatment of choice followed by surgical resection, if necessary.

In cases where radiation therapy is utilized as a single modality treatment or when combined with surgery and/or chemotherapy, the risk for development of a serious condition or complication known as osteoradionecrosis (ORN) must be understood. ORN, (bone death), caused by radiation, remains the single most significant complication of radiation therapy to the oral cavity and surrounding tissues and structures. While complications such as mouth soreness (mucositis), dry mouth (xerostomia) and taste loss may improve over time, the risk of developing ORN remains lifelong. Often by 6 months after radiation therapy, many patients will report initial improvement of salivation, taste function, mucous membrane soreness and swallowing function, with further improvement generally continuing gradually beyond this point. A higher incidence of such complications is associated with hyperfractionated therapy, versus single daily fractions, with one study reporting more than a doubled incidence.

The most significant possible long-term complication of radiation therapy to the jaws and head and neck however, is ORN. ORN occurs more frequently in the mandible, while patients with natural teeth have a greater chance of developing this condition. The incidence of ORN

of the mandible ranges from 2.6% to 22%, though most recent reports indicate a range of 5% to 15%. The incidence in the upper jaw (maxilla) is much lower as a result of a better degree of blood vessel supply to this bone versus the mandible (lower jaw). Time to development of osteoradionecrosis ranges from 1 to 69 months after treatment with an average time of 22 months generally accepted. The time line in its development following radiation treatment generally begins as an asymptomatic area of bone exposure that may not progress after its discovery for many weeks to years.

In other circumstances, the rate of necrosis progression can be rapid and severe leading to the need for surgical intervention and reconstruction. Symptoms will vary depending upon which area is affected. These signs and symptoms may include pain, mucous membrane ulceration, bad breath, local or spreading infection, difficulty chewing, draining abscess formation and bone fracture (pathologic fracture). In addition to the more temporary radiation-related side effects is fibrosis within the pterygoid and masseter muscles that close the jaw in routine function. If severe, this can lead to an inability to open the mouth (trismus), which in turn can impact overall quality of life, nutrition, oral hygiene and overall oral function. The total dose of radiation to tissues, beyond 66 Gray, carries a greater risk of ORN development, while increased body mass may lower the risk slightly.

Before delving further into the presentation and management of this condition a brief discussion of its development will allow a better understanding of its biology and causation.

In addition to radiotherapy killing tumor cells, the high energy delivered within the radiated fields will injure surrounding normal tissues, including bone, by way of inflammation and generation of a class of compounds known as free radicals. In addition, there is stimulation of scarring (fibrosis) by way of certain growth factors being produced secondary to prior radiation exposure. According to the generally accepted theory, as time passes, the blood supply to the soft tissues and bone also is reduced secondary to narrowing and scarring of blood vessels. This results in lower oxygen levels in radiated tissues that further adds to fibrosis or scarring within the bone marrow and an overall decrease in cellular activity in bone and surrounding tissue.

As a result of tissue injury and trauma, as with a tooth extraction or accidental injury, or more uncommonly in a spontaneous fashion, there may be an inability of the tissue to respond normally and heal properly. In time, bone cells die, the bone marrow becomes more fibrotic, and consequently less vascular, resulting in a non-vital state. Development of local infection will often produce further damage to bone, and ultimately lead to a loosening or separation of that segment of bone (sequestrum) from surrounding or adjacent healthy bone. In some circumstances, the jawbone may fracture (pathologic fracture),

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 necessitating surgical intervention in the form of removal of necrotic or dead bone and reconstruction with a titanium plate or bone graft.

In summary, a state of altered tissue oxygen levels caused by radiation-induced blood vessel scarring and narrowing leads to fewer numbers of cells in soft tissue and bone. Tissue injury, and on occasion, spontaneously irradiated bone, will not respond to surgical or incidental trauma with resultant bone death (necrosis) and secondary infection. More recently the concept of radiation-induced fibrosis or scarring within irradiated bone as the primary causative factor of this complication has been proposed, which has led to the alternative treatment suggestions discussed below.

The diagnosis of ORN results from analysis of the patient’s history and clinical signs and symptoms that may include pain and non-healing, exposed bone within the radiated area as a result of tooth extraction, oral surgery, or spontaneity

Generally, patients will present with an intraoral exposure of bone, usually the lower jaw, within the radiated field that may initially be asymptomatic, but usually becomes painful over time with infection that may drain within the mouth with attendant odor, tooth mobility and inflammation. At times drainage may be through the skin over the affected area of the jaw.

Treatment generally relies upon removal of the necrotic or non-vital bone, usually preceded and followed by administration of hyperbaric oxygen therapy in an effort to elevate tissue oxygen levels, which ultimately will allow healing. Any removed tissue must in turn be submitted for pathologic analysis to insure the absence of recurrent or residual tumor.

Overall management of ORN ranges from conservative and sparing, when possible, to radical removal of non-vital bone with or without adjunctive hyperbaric oxygen treatment, though the role of this form of treatment remains somewhat controversial. At times it may be possible to conservatively remove smaller segments of nonvital bone with soft tissue closure over the resultant defect. Recent studies have offered a possible medical approach to management rather than one based strictly on surgical removal of bone with subsequent surgical reconstruction. This involves the use of a drug called, pentoxifylline, a blood vessel dilator that also inhibits fibrosis (scarring) and vitamin E (tocopherol), which reduces damage induced by free radicals.

A conservative surgical approach may be used when damage is limited. In this instance local removal of non-vital bone in association with hyperbaric oxygen therapy before and following surgical debridement would be appropriate.

Hyperbaric oxygen treatment involves the delivery and breathing of pure oxygen while the patient is seated in a sealed chamber. The pressure within the chamber (2.2 atmospheres) is over twice that of room air, which in turn allows elevated blood oxygen levels to saturate the tissues, including bone marrow, with high levels of oxygen, thus allowing in-growth of new blood vessels and a restored ability of bone to heal. Treatments are delivered in two phases of approximately 90 minutes each over 20 to 30 sessions at 2.4 atmospheres or pressure prior to the planned surgery, followed by an additional 10 treatments following surgery. This varies from place to place, but most centers treat for a total of 40 sessions.

Where radical removal of non-vital and infected bone is necessary,
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as within the context of failed conservative treatment approaches, reconstruction of the defect may be accomplished by placement of a tissue graft from the leg (fibula) or elsewhere along with its blood vessels (microvascular free flap), either in conjunction with hyperbaric oxygen or not. As noted earlier, a titanium plate may be used to stabilize the section of lower jaw that requires resection.

When tooth extraction is necessary, the generally accepted treatment protocol involves the use of hyperbaric oxygen therapy, although increasingly, there are those advocating performing dental extractions in a careful and gentle fashion by oral surgeons experienced in the management of patients who had prior radiation treatment to the oral cavity and head and neck region without hyperbaric oxygen treatment.

Summary and Recommendations:

Prevention of this complication of radiation therapy is the most important approach to adopt. A reported doubling of ORN risk is associated with post-radiotherapy extractions versus extractions performed prior to radiation treatment. Removal of hopeless or infected teeth before radiation treatment begins paired with daily applications of fluoride to the remaining teeth is the mainstay of prevention.

Key to long-term success of avoiding dental problems that may lead to the development of osteoradionecrosis is routine dental care, rigorous daily oral hygiene, and dietary prudence where frequent intake of sugars and acidic foods is balanced by hygiene measures.

In addition to exercising prevention strategies, the development of newer techniques of radiation treatment and delivery by way of more precise computerized accuracy, advanced imaging, and fractionation (daily dose) protocols and reduction of radiation scatter have reduced the risk of late or long-term effects of radiotherapy on adjacent normal tissues.

Editor's Note: James J. Sciubba, DMD, PhD, was a Professor (Ret.) at The Johns Hopkins School of Medicine and is presently a Consultant at The Milton J. Dance Head & Neck Center, The Greater Baltimore Medical Center, Baltimore, MD. He is also Vice President of SPOHNC and Chairman of SPOHNC's Medical Advisory Board.

New ProCure Proton Therapy Center Celebrates Grand Opening An Important Option in Cancer Treatment Comes to Oklahoma City

The first group of what will eventually be 1,500 patients a year are being accepted for proton therapy treatment for their cancer at the new ProCure Proton Therapy Center in Oklahoma City, which celebrated its official grand opening today. Patients with head and neck, brain, central nervous system, prostate and some pediatric cancers, among others, will be treated at the new Center, the first in a network of ProCure centers to open across the country.

Patients who have been treated with proton therapy joined in a ribbon cutting along with physicians, cancer advocacy groups and VIPs from around the state. The ProCure Proton Therapy Center is only the sixth such center in operation in the United States that treats a variety of cancer tumors, and the only center to open since 2006.

"This is a great day – a day of hope and celebration – for patients with cancer," said John Cameron, Ph.D., a pioneer in particle physics and the founder of ProCure Treatment Centers, Inc. "We are dedicated to bringing this powerful cancer fighting tool to more patients and the Oklahoma City center is the first realization of our mission."

"We have been looking forward to this day and I could not be happier or more excited for our patients," said W.C. Goad, M.D., medical director of the Center and a founder of Radiation Medicine Associates, the eight-physician radiation oncology practice that joined with ProCure to bring the Center to Oklahoma. "Every aspect of the Center was designed and developed with a focus on patients and on providing exceptional patient care. We will care for and about our patients and provide them with a healing environment."

Proton therapy is an advanced form of radiation treatment for many types of cancer. Protons kill cancer cells by preventing them from dividing and growing. Patients experience fewer short- and long-term side effects with proton therapy than with traditional forms of radiation, as proton therapy causes significantly less damage to healthy tissue and vital organs.

The Procure Proton Therapy Center is affiliated with INTEGRIS Health, the largest Oklahoma-owned, not-for-profit health system in the state. INTEGRIS is opening the state-of-the-art Cancer Institute of Oklahoma adjacent to the proton therapy Center and will provide treatment and services to patients who may

need additional care while undergoing proton therapy.

"Cancer patients benefit greatly when they have treatment options and protons give us another potent weapon," said Stan Hupfeld, president/CEO of INTEGRIS Health. "We are committed to doing everything in our power to help patients fight cancer and are very pleased to be part of bringing this new option to Oklahoma and patients throughout the United States."

The need for protons is great compared to available treatment slots. An estimated 250,000 patients could benefit from proton therapy annually while only 6,000 treatment slots are available through the five centers that have been operating to date.

"This is a very important treatment and it's great to have it here in Oklahoma," said Stewart Taylor, an Oklahoma City resident who had proton therapy five years ago at a center in California. "I talk to patients who had other treatments and are dealing with side effects every day of their lives and I'm very grateful I had the chance to have proton therapy. I'm one of the lucky ones; I can go for days without even thinking about having had cancer."

"Our pledge as a company is to build proton centers until every patient with cancer who could benefit has access to this advanced treatment," said Hadley Ford, CEO of ProCure. "Oklahoma City is the first in a network of centers that we have under construction and in development. Our dream is becoming a reality." ProCure has a second center under construction in the suburbs of Chicago, scheduled to open in early 2011; and centers in development in New Jersey, south Florida and Detroit, Mich.

At the opening, Ford acknowledged energy executive and philanthropist Aubrey K. McClendon, who is co-founder, chairman and CEO of Oklahoma City-based Chesapeake Energy Corporation, and who personally provided the initial \$70 million funding for ProCure. Ford noted that McClendon had "extraordinary vision to make sure Oklahomans with cancer could receive locally the finest cancer care and treatment anywhere."

Editor's Note: Other Proton Therapy Centers are located at Loma Linda Medical University, Loma Linda, CA, Massachusetts General Hospital, Boston, MA, MD Anderson, Houston, TX, and Midwest Proton Radiotherapy Institute, Bloomington, IN

A TIME FOR SHARING... Rediscovering My Voice

I love to teach. As an infectious disease physician for more than 35 years, I have spent many hours with medical students and physicians, making rounds, discussing patients, and reviewing diagnoses. It has been so gratifying to see new and future physicians learn the art and science of medicine. When I gave my first lecture 30 years ago, I recall being self-conscious of my Israeli-inflected accent. Would I be able to hold the audience's attention and clearly explain my research? But after delivering scores of lectures, I grew to love the back-and-forth exchange with my colleagues. I became a better physician and researcher by responding to their challenging questions. Most important, I felt like I made a difference in the lives of thousands of patients by discussing my research in ear, sinus, and tonsillar infections. Now, I view lecturing as a critical component of my career, and I try to accept every opportunity I can to share my work.

Three years ago, when a bothersome sore throat led to my diagnosis of hypopharyngeal squamous cell carcinoma, I was shaken to my core. After all, I neither smoked nor drank alcohol, two major causes of this disease. But my physicians anticipated that treatment would have no lasting adverse effects and, indeed, I was able to function and to speak normally after removal of the tumor and radiation therapy.

Unfortunately, a recurrence two years later necessitated more drastic measures. After several unsuccessful operations to remove the cancer while endeavoring to salvage my voice, my surgeon told me that my best chance for a cure was a total laryngopharyngectomy: complete removal of the larynx, including the vocal cords. Speaking let alone respiration, swallowing, and coughing would be forever changed. At the time, I didn't think of what it would mean to breathe through a hole in my neck forever. Even though I might never teach, lecture, or speak in public again, I didn't hesitate. For me saving my life was more important than saving my voice.

Weeks of convalescence without being able to utter a word were, at best, supremely frustrating. And yet, like many others who have undergone this radical procedure, I

attempted to fashion a new "voice" with the help of dedicated speech pathologists and supportive fellow patients who had also undergone laryngectomy. I learned how to force air into a small prosthesis that connected my upper airway to my reconstructed throat, thus enabling it to vibrate, imitating the functions of vocal cords. But the result was disappointing—a rusty whisper that barely resembled my former voice.

Speaking became a physical challenge: I had to use my chest muscles and diaphragm to intensely force air into the prosthesis; sudden coughing was an impediment to conversation; and the speaking device easily clogged and became useless. It was difficult to express emotions or alter the intensity of my speech. My lifestyle also changed: I avoided noisy restaurants large gatherings, and many other social situations. People often hung up when I used the telephone; one person later apologized for thinking I was a prank caller.

I badly wanted to use my voice as I did before, but I had serious doubts. I wasn't sure I would ever be able to speak in public again, let alone return to teaching and lecturing.

I was both elated and terrified when I gave my first talk on respiratory tract infections some ten weeks after surgery. While having a microphone helped, I understood that my lecturing abilities would be forever limited by the quality of my voice, the need to express myself with fewer words, and the ever-present fear that a technical glitch with the prosthesis would render me speechless. I was well aware that, given the choice, organizers will usually select someone else without speaking difficulties. As depressing as this was, I felt unable to change the situation.

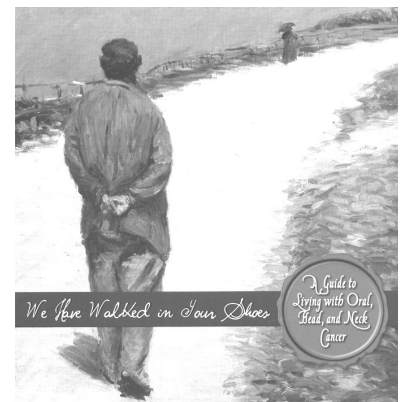
Recently, as it happened, I discovered an expertise in an area where my impaired speech is an asset rather than a handicap. Several months ago I was asked to give a lecture about my personal experience with throat cancer. In the audience were the surgeons of tomorrow as well as my fellow patients who had had their larynxes removed. No longer the detached researcher, I spoke as a patient with a potentially fatal illness and described the challenges I face every

day. I talked about how my impairment made me extremely vulnerable and how the compassion, empathy, and concern of treating nurses, speech therapists, and physicians could make a positive contribution to their patients' recovery.

The applause I received at the end of my talk was not for the quality of my voice but for the content of my words. The surgeons were grateful to hear what issues are important to those under their care. They told me they felt inspired to meet a patient who has recovered to the extent of being able to present a lecture again. The patients who had undergone my procedure not only benefited from hearing my story, but realized that their own experiences and feelings are shared by others.

Since that time, I have been asked to give similar talks to local and national conferences of medical practitioners and to individuals who have undergone laryngectomy. My new audiences are eager to hear from a physician who has been "on the other side." Most of all, I feel invigorated by the positive responses to my presentations. I have finally found a new mission that turned my weakness into strength and where a whisper has the impact of a shout.

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HEAD AND NECK CANCER NEWS

New Reconstruction Method Makes Speaking, Eating Possible After Tonsil Cancer Surgery U-M Study Shows

Ann Arbor - A new technique for reconstructing the palate after surgery for tonsil cancer maintained patients' ability to speak clearly and eat most foods, a new study shows.



Douglas Chepeha, M.D. S.S.P.H.

The technique, developed at the University of Michigan Comprehensive Cancer Center, is described in the September *Archives of Otolaryngology - Head & Neck Surgery*.

"This is the area that triggers swallowing, that separates the mouth from the nasal cavity. It affects speech and eating - typically, patients have difficulty eating when they have this kind of tumor and undergo surgery. We can remove the cancer, but there are major quality of life issues," says study author Douglas Chepeha, M.D., M.S.P.H., associate professor of otolaryngology head and neck surgery and director of the microvascular program at the University of Michigan Health System.

Tonsil cancer develops in the back of the throat, which means surgery could include parts of the palate, the tongue, and the jaw. Traditional reconstruction efforts have meant taking a large, round piece of tissue to plug the hole left when the tumor is removed. But this impairs the way the palate and tongue function, and does not restore the complex components of the throat that allow a person to speak and swallow.

With the new technique, surgeons first create a tube from the remaining palate by attaching the palate to the back part of the throat, next to where the tumor was removed. This tube separates the mouth from the nasal cavity and closes during swallowing, allowing patients to eat and speak.

Then the surgeons sew up the defect in the base of the tongue to separate the tongue from the rest of the reconstruction. This ensures that the tongue can move, which improves swallowing and speech. The shape of the remaining defect is irregular, so a template is designed for using transplanted tissue to fill in any other holes left by the surgery.

The tissue used in the reconstruction is a transplant from the arm or another part of the patient's own body. L-shaped patterns, similar to dress patterns, help the surgeon determine the size and shape of the skin

tissue they'll remove for transplant.

The study followed 25 patients with tonsil cancer. Patients were grouped based on how much of their palate was removed during surgery: less than half or more than half. The patients were followed for an average of five years after the surgery.

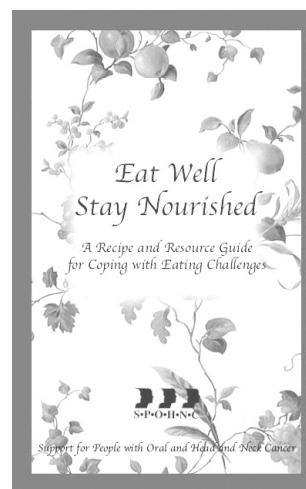
Both groups reported few problems with speech. Patients who had more than half their palate removed were more limited in what they could eat and reported some restrictions to eating out in public. Emotional scores were high for both groups, suggesting overall satisfaction with their lives.

"In particular, patients who have less than half their palate removed do very well with this reconstruction. We're trying to make sure the remaining tongue and palate they have really work. Our goal is to get patients eating in public and back to work," Chepeha says.

The number of tonsil cancers diagnosed has increased in recent years due to HPV, or human papillomavirus, the virus that is also linked to cervical cancer.

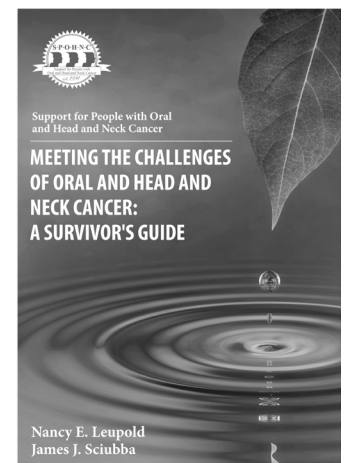
Cancer statistics: 12,610 Americans will be diagnosed with throat cancer this year and 2,230 will die from the disease, according to the National Cancer Institute. The tonsils are one of three locations in which throat cancer occurs.

Additional authors: Assuntina Sacco; Vanessa Erickson, M.D.; Teresa Lyden; Marc Haxer; Jeffrey Moyer, M.D.; Theodoros Teknos, M.D.; Mark Prince, M.D.; Avraham Eisbruch, M.D.; Carol Bradford, M.D.; and Gregory Wolf, M.D.



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SKATE4SPOHNC, 100K WITH A LITTLE HELP FROM HIS FRIENDS

By Larry Menkhoff, Arlington, TX

Dateline: 20 September 2009. Place: Irving, Texas.

It was dark at 6:00 in the morning. The sun was more than an hour from rising above the tree line running by the river. An owl hooted in the distance. The stars were brilliant in the brisk morning air and the camp fire was kindled with mesquite charcoal.



No, this is not the opening of some cheap western novel; but it was the beginning of the wonderful story of a daunting challenge and a test of physical endurance. It

demonstrates how an individual can make a difference; an individual with a little help from family and friends can make a very big difference.

In our story, that individual is Rick Agee, a relatively new member of the SPOHNC chapter in Dallas-Irving. Rick was diagnosed with squamous cell carcinoma of the tongue in October of 1997. He had two surgeries to remove a "small lesion." Everything was fine until 2007 when he had a recurrence that required radiation therapy and then another recurrence in December of 2008. Once again he was treated with surgery and has been cancer free since that time.



In February of this year, Rick joined the SPOHNC Dallas-Irving chapter. He felt that being part of the chapter changed and enriched his life in a way that he never expected. He was deeply grateful and wanted to give back to the organization that had given so much to him. Consequently, he decided he would like to do something to show his appreciation of SPOHNC and came up with a remarkable idea and dedicated himself to a remarkable feat. Rick created a plan for a SPOHNC fund raiser which included him grinding out 100 kilometers on his inline skates (that's a little better than sixty miles, folks)!

Would he do it? Could he do it? There were doubters, but there were also believers; enough believers to surround him with support and encouragement at every turn. As the clock struck 7:00 AM, on Sunday morning, September 20th, Rick took off on his well-measured course. He would attempt to skate seven laps of nine miles each on the Champion Trails from Richardson Grove Park in Irving, Texas, a suburb of Dallas. At sixty-three miles, that would better his goal of 100K.



On each lap, skaters, bikers, runners and walkers would join in or drop off as Rick soldiered past the pavilion base camp for the event. The pavilion was buzzing with activity from the very early morning with volunteers hanging the banners, serving up coffee and muffins,

icing down the water bottles, preparing the food to feed the masses, and cheering Rick on as he passed by on each lap.

Joining us for the day was Mrs. International 2009, Armaiti Shahidi Fitzgerald. Arma is also the Founder and President of the Fight Oral Cancer Foundation (www.FightOralCancer.org) located in Plano, Texas. She graciously posed for pictures with eager attendees while assisting her husband, Dr. Lee Fitzgerald, DDS, who generously offered his services for free oral cancer screenings.

Dr. Fitzgerald carefully screened numerous attendees, volunteers and participants. Among those screened, he discovered five suspicious spots on various individuals and encouraged them to seek further diagnosis from their personal doctors.



In addition to the oral cancer screenings, Cathy Seigel of Dallas Zen Massage was in attendance giving free upper body massages to all comers. She also relieved a lot of post exertion stress for several of the marathon participants. Her services were truly appreciated.

The SPOHNC efforts were extremely well supported by the Pegasus Flyers Inline Skate Group. Their skaters rallied in large numbers to support this fund raiser for SPOHNC. Members of this fine organization paced Rick as he skated while offering encouragement and driving him ever onward. They were a great spiritual motivation for Rick and their presence was a big key to his success.

Pegasus member Jeff Hess was involved in the very early planning of this event and participated at all levels, helping to insure a successful outcome. His tireless services were greatly appreciated. Jeff even suited up and skated a couple laps with Rick to further exhibit his strong support for the event and organization.



Rick received invaluable assistance from inline skating coach Phil Cassassa who helped prepare Rick for the marathon skate with exercises, skating tips and other assistance which aided Rick in his quest.

Lovingly referred to as "Uncle Phil", he actually donned his skates and protective gear to roll with Rick for over 40 miles.

Rick was also shadowed by a two-time cancer survivor and member of the Pegasus Flyers, Doug Darrel. Doug was a great inspiration to Rick as the two skated stride for stride throughout the event.

Medical monitoring was available from paramedic Tim Mock. Tim arrived with his medical kit early in the morning and remained throughout the day treating blisters, scrapes and scratches. His services were greatly appreciated by his "clients" that day.

Volunteers from the Dallas-Irving SPOHNC chapter worked

throughout the event along with numerous other volunteers supplying food preparation, keeping the water bottles iced down, photography, counting laps, logging in participants and visitors, and all the many other duties required for a successful event of this nature.



Throughout the event, numerous SPOHNC members, most with their families, came and went as their schedules permitted. All ensured they were there during one of Rick's passes to offer him their encouragement and best wishes.

After the coffee and muffins in the morning, lunch consisted of Angus beef burgers cooked over mesquite charcoal, BBQ ribs, chopped BBQ beef, chicken & rice soup, hot dogs, cookies and all the accompaniments. Rick's brother, Kerry, served the effort as chef du jour and was assisted by Mike Williams and SPOHNC member, Larry Menkhoff. An untold number of folks enjoyed the fine food dished up by the cooking team. There was no charge for any of the food or drinks as much of it was donated.

Amanda Agee, Rick's niece, along with Amie & Emilie Klein and Chrissy Jewell set up a water station to insure each of the skaters, bikers, runners and walkers were well hydrated in the Texas heat. They were greatly appreciated by the participants.

So in the end, did Rick accomplish his goal? You're darned right he did! Rick completed his 100K about 7 hours after he started. He only took breaks upon lap completions to hydrate, change shirts and then back to the grind. To say he was tired would be an understatement. Moreover, he made a strong statement through his tenacity, endurance and his purposeful determination to complete the ambitious undertaking.

Following the event, revelry was convened at K's Old Fashion



Hamburgers in Dallas. Usually closed on weekends, K's opened this day for the purpose of hosting the SKATE4SPOHNC after event party. The event drew upwards of 100 people, all hungry for one of K's delicious

offerings. The major prize drawings of donated gifts and services were held during this event. Among the numerous items awarded were a set of K2 Inline Skates, a Telos Fitness Center membership, a series of treatments at Preston Royal Acupuncture, Oak Ridge and Twin Creeks golf packages, numerous gift certificates and even a SPOHNC ribbon tattoo won by Carl Skoogland.

Other Financial Sponsors and Prize Donors for the event included ADS Sports Eyewear, Agee Brothers, All American Press, the State Fair of Texas, Bruce Miller Nurseries, Biggerstaff Construction Co., Brookhaven Country Club, Brunelli Family Dentistry, Bruce Barbash Center for Dental Solutions, Canyon Creek Country Club, Club Schmitz, Cooper Aerobics Center, Crawford Supply, Chambers Nursery, Carol's Cards and Gifts, Dallas Eurocars, Dr. Lee Fitzgerald, Design Maintenance Construction, Edwin L. Cox, Fight Oral Cancer Foundation, Floratech

Wholesale Nursery, Gardeners in Community Development, Harold Duncan, Ph.D., Jamba Juice, Jim & Cristy Bellinghausen, Joe's Pizza & Subs, K2 Sports, Plan B, Professional Nutrition Therapists, Rockwall Signs and Wraps, Rollerblade, Rosemeade Market & Greenhouse, Skin & Beyond, Southwest Wholesale Nursery, Starbucks Coffee, Stone River Landscape, Strong Travel Services, Tupinamba Mexican Food Supreme, Two Men and A Truck, Tsada Yoga, Traeger Grill, and Wire Hare Designs. Sincere thanks are extended to one and all.

The Dallas Morning News ran an article announcing the SKATE4SPOHNC event two days before it was held. This helped the organization to get the word out and was most likely responsible for some of the participants and attendees that day. It was very supportive of the event and was good coverage for SPOHNC as well.

The day of the event was covered by local television media and was featured on the evening news in Dallas, Fort Worth and the surrounding metropolitan area. This was good exposure for SPOHNC and hopefully it will lead to increased awareness of our mission and interest in our local chapters.

Financially, the event was a success far beyond Rick's initial expectations. Donations were received from numerous businesses, individuals and groups. Those contributing at the \$400.00 level and up included Steve Taber of Southwest Wholesale Nursery, Andrew and Jan Haynes who is also an oral cancer survivor, Frank and Carol Sanker as well as Brent and Crystal Railsback. In all, 273 families donated directly to the event, while others sent their generous contributions to SPOHNC headquarters.



Rick enjoyed the FULL support of his family for this challenge. Various family members including Rick's wife, Kim, and sister-in-law, Janie, were very instrumental from the initial planning through execution of the event. Rick's son, Taylor, was a huge help on the web site design www.skate4spohnc.com and his mother, brother, sister and aunt were in attendance and actively involved. We all know how important our family support is and Rick certainly enjoyed it in huge helpings on this occasion.

In the final tally, the SKATE4SPOHNC-2009 event netted more than \$12,400 from this fund raising event. This money will be donated to SPOHNC Headquarters and used for the operation and general use of SPOHNC's national headquarters for raising awareness of oral, head and neck cancer and funding the Outreach Program which provides information, support, encouragement and hope to cancer patients.

When asked whether he intended to make this an annual event, Rick suggested we ask that question of him some time later. Knowing Rick as we do, we strongly suspect we'll see a repeat event next year.

On behalf of the Dallas-Irving chapter of SPOHNC, we want to thank all the volunteers, participants, donors and supporters of the SKATE4SPOHNC-2009 event. Not only was it a very successful program, but we heightened the awareness of Oral, Head and Neck Cancer in a way that will be memorable for a lot of people for a long time.

Cheap western novel.....I don't think so.

The Benefits of Exercise for Cancer Patients and Survivors

By: Debbie Hughes

In the past, people receiving a cancer diagnosis were told to get plenty of rest in order to stay strong and fight the cancer. Today, people living with cancer are advised to get out, get moving, and get fit in order to fight their diagnosis. Research has shown that cancer patients can and should exercise. Exercise has been shown to improve the quality of life for people living with cancer, turning cancer patients into survivors.

Strength for Life is a not-for-profit organization dedicated to assisting cancer patients and survivors reclaim their life by providing them with FREE exercise classes. Each group session is led by a Certified Cancer Exercise Specialist who has the knowledge and experience to safely train persons who are in cancer related treatment or have recently ended treatment. Classes consist of aerobic conditioning, progressive strength training, range of motion exercises, and flexibility/stretching moves. In addition, the program educates cancer patients and the public on the benefits of exercise in reducing the risk of certain cancers, improving survivorship and enhancing functional activities.

Benefits of Exercise for Common Treatment Related Side Effects
Scientific research has proven that exercising during treatment greatly reduces fatigue, one of the most common and distressing side effects experienced by cancer patients. Anywhere from 60%-100% of people living with cancer experience fatigue at some time during or after treatment. Patients have described their fatigue as an overwhelming or unusual whole body tiredness not easily relieved. Over time this profound feeling can lead to a decline in physical functioning. In one recent study, patients who engaged in an exercise program reported a significant reduction in treatment-related fatigue and indicated that as exercise duration increased, the intensity of fatigue decreased.

Lymphedema, caused by excessive fluid, is an ongoing problem for some patients who have had lymph nodes removed or damaged during treatment. Known triggers are infection, injury, repetitive motion, air travel, insect bites, vigorous massage and being overweight. Rebounding, a form of exercise in which the

participant compresses, jumps or jogs on a mini trampoline has proven to be especially beneficial for lymph movement. Rebounding is based on the principle that bouncing creates excess G (gravitational) forces on the body and hence stimulates lymphatic flow. The enhanced flow strengthens the body's ability to fight infections and keep itself healthy. The effects of rebounding are immediate; it is possible to affect the lymph drainage within minutes. Another way to effectively move lymphatic fluid is by muscular contraction. The pumping action of the muscles when they are contracted promotes movement of lymphatic fluid through the body resulting in enhanced flow.

Although a majority of Americans suffer from back pain, the symptoms are magnified during cancer. Some surgeries performed to remove malignant tumors sever muscle bands and connective tissue, resulting in decreased range of motion, tightness and scar tissue. Exercise is extremely beneficial in increasing range of motion, improving scar tissue, and restoring functional capacity to a level that is sufficient for carrying out daily living activities.

Further benefits of exercise include reduced incidence of nausea (by as much as 50%), depression and anxiety, improved quality of life, higher tolerance to chemotherapy, and a decreased risk for osteoporosis.

All of the benefits indicated can be accomplished with as little as 10 minutes a day of exercise. There are many more benefits not mentioned and with each study done, proof is mounting that exercising during treatment is a must. Not only is exercise beneficial during treatment, but also it greatly increases survival post treatment. In 2005, JAMA stated that breast cancer survivors who exercised 3 to 5 hours a week decreased mortality rates by 50%. Further research suggests that for every 11 pounds a woman gains after being diagnosed with breast cancer the chances of disease related death increase by 14%. As you can see, maintaining an active lifestyle and healthy weight is essential for persons with or recovering from cancer.

Prior to Starting an Exercise Program

Before engaging in an exercise program, medical clearance is necessary. After receiving

the doctor's permission, a health history questionnaire and quality of life survey should be completed. With this information, the fitness specialist can formulate an exercise prescription designed especially for the individual. All programs should start out slow and progress at a pace that fits the client's lifestyle.

Strength for Life was formed in memory of Evelyn Knapp, co-founder of the Personal Training Institute. Evelyn spent a lifetime promoting exercise and proper nutrition to thousands. Her knowledge, motivation and dedication helped inspire countless individuals to engage in a healthier lifestyle. After being diagnosed with breast cancer, Evelyn continued exercising throughout treatment. She would say it gave her a feeling of control in an uncontrollable situation. From there she made a new commitment to promote exercise for cancer patients so they too would experience the benefits. In 2005 Evelyn's passing ended her battle with cancer. Her mission, however, was not forgotten and **Strength for Life** was born to make her vision a reality.

Debbie Hughes and Jacqui Errico, founders of **Strength for Life**, are Certified Cancer Exercise Specialists with many years' experience in the fitness industry. In addition to free exercise classes for people living with cancer, they are available for educational seminars. For more information or to donate, please visit our contact page at www.strengthforlifeny.org or e-mail us at strengthforlife@optonline.net

Editor's Note: Jacqui has spent the last 10 years in the health and fitness industry. She is certified as a Cancer Wellness Specialist by Medical Health and Fitness; certified as a Health Fitness Instructor/Personal Fitness Trainer from Hofstra University and the Academy of Applied Personal Training Education. Presently, Jacqui's focus is to raise awareness of the importance of exercise for cancer survivorship and promote regular physical activity as an essential therapy for those diagnosed with cancer.

Debbie Hughes' interest in fitness and nutrition led her to her first personal training job over 10 years ago. She became a Certified Cancer Exercise Specialist after her mentor lost her battle with breast cancer. It has become her personal mission to promote the amazing benefits of exercise for those diagnosed with cancer and to keep the memory of her friend alive.

LOCAL 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 480-895-6019
Rsnider326@aol.com

ARIZONA-PHOENIX
Banner Desert Medical Center
3rd Wednesday: 4:30 -6:30 PM
Keri Winchester, MS, CCC-SLP 480-512-3627
Bette Denlinger, MA, RN 480-838-5194
beneden@cox.net
Dick Snider 480-895-6019
Rsnider326@aol.com

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

ARKANSAS-NORTHWEST
NWA Cancer Support Home
3rd. Saturday: 10:00 AM-12:00 PM
Jack Igleburger 479-876-1051/586-4807
tmplnjak@cox.net

CALIFORNIA-LOS ANGELES-UCLA
UCLA Med. Pla., Rad/Onc
Conf. Rm. B-265
1st Tuesday: 6:30-8:00 PM
Pam Hoff, LCSW 310-825-6134
phoff@mednet.ucla.edu

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

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

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

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

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

CALIFORNIA-STANFORD
Stanford Cancer Center
1st Tuesday: 4:00 - 5:30 PM
Jan Porter, LCSW 650-725-4765
jporter@stanfordmed.org
Ann Kearney, MA, CCC-SLP 650-736-0469
akearney@ohns.stanford.edu

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

COLORADO-DENVER
Porter's Adventist Hospital
Cottonwood Springs Conf. Rm, 1st. Fl.
Last Tuesday: 6:30-8:00 PM
Jeanne Currey 303-778-5832
jeannecurrey@centura.org

CONNECTICUT-NORWICH
William W. Backus Hospital
Medical Office Building, MOB Conf. Rm.
3rd. Tuesday, 5:00-6:00 PM
Darlene Young, RN, OCN 860-892-2777
dayoung@wwbh.org
Kathy Gernhard, RN, OCN 860-892-2777
kgernhard@wwbh.org

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

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

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

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

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

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

The Wellness Community
3rd Wednesday, 7:00-9:00 PM
Gary Mallinchrodt 305-668-5900
geme4@yahoo.com
Russell Nansen 305-661-3915

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

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

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

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

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

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

GEORGIA-ATLANTA-EMORY
Winship CA Institute (Bldg. C)
Last Monday: 6:30-7:30 PM
Arlene S. Kehir, RN 404-778-2369
Arlene.Kehir@emoryhealthcare.org

GEORGIA-AUGUSTA
MCGHealth Children's Medical Center
Family Resource Center
1st. Tuesday, 6:00-7:30 PM
Lori M. Burkhead, PhD, CCC-SLP
706-721-6100
lburkhead@mcg.edu
Leann Dragan
draganole@bellsouth.net

ILLINOIS-CHICAGO
Duchossois Ctr.for Advanced Medicine
4th Tuesday, 1:00 PM
Mary Herbert 773-834-7326
mherbert@medicine.bsd.uchicago.edu
IL-EVANSTON/HIGHLAND PARK

LOCAL CHAPTERS OF SPOHNC

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

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

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

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

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

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

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

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

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

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

MARYLAND-BALTIMORE-JHMI

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

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

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

MICHIGAN-DETROIT
Henry Ford Hospital
Josephine Ford Cancer Ctr. Rm. 2038D
1st Wednesday: 11:30 AM
Amy Orwig, MSW 313-916-7578
aorwig1@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, LCS, 248-964-3430
CEriksen@beaumont-hospitals.com

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

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

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

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

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

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

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

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

NEW JERSEY-PHILADELPHIA
University of Pennsylvania Hospital
1st Wednesday: 9:30-11:00 AM
Micki Naimoli 856-722-5574
Tracy Lautenbach 215-662-6193
lautenbach@xrt.upenn.edu
Mia Benson Smith, MS 215-662-4641
mia.bensonsmith@uphs.upenn.edu

NEW JERSEY-TOMS RIVER
Community Medical Center
Last Thursday: 3:00 PM
Sherry Laniado, MSW, LCSW 732-557-8270
slaniado@sbhcs.co

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

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

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

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

LOCAL CHAPTERS OF SPOHNC

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

NEW YORK-MANHATTAN
NYU Clinical Cancer Center, 11th Floor
1st Tuesday: 2:00 PM
Carol Wind Mitchell, RN 212-731-6002
carol.mitchell@nyumc.org

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

NEW YORK-STONY BROOK
Ambulatory Care Pavilion
1st. Wednesday: 7:30-9:00 PM
Dennis Staropoli 631-682-7103
den.star@hotmail.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TENNESSEE-CHATTANOOGA
Memorial Hospital
1st. Monday, 4:00-5:30 PM
Jeanna Richelson 423-894-921
Jeanna1255@aol.com

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

TEXAS-DALLAS
Cvetko Ctr. at Sammons Cancer Ctr.
2nd Tuesday: 11:00 AM-12:30 PM
Jack Mitchell 972-496-6561
jackmitchell5225@aol.com

TEXAS-FORT WORTH
Moncrief Cancer Resources
2nd Wednesday: 3:30-5:00 PM
Valerie Oxford, MSSW
817-927-6364/838-4863
Valerie.Oxford@moncrief.com

TEXAS-HOUSTON/TOMBALL
Tomball Regional Hospital
2nd. Thursday: 12:00 Noon-1:30 PM
Lynda Tustin, RN 281-401-5900
ltustin@tomballhospital.org

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

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

VIRGINIA-CHARLOTTESVILLE
Dept. of Forestry Building, Suite 800
Last Thursday: 11:30-1:00 PM
Vikki Bravo 434-982-4091
vsb4n@virginia.edu

VIRGINIA-FAIRFAX
Inova Fairfax Hospital,
Radiation/Oncology
2nd Wednesday: 5:30-7:00 PM
Corinne Cook, LCSW 703-776-2813
Corinne.cook@inova.com

VIRGINIA-NORFOLK
Sentara Norfolk General Hospital
3rd. Monday: 7:00 PM
Helen Grathwohl 757-487-2624
agrath3004@aol.com

WASHINGTON-SEATTLE
Evergreen Hospital Medical Center
Call for Additional Information
Kile Jackson 425-788-6562
kilejackson@hotmail.com

WASHINGTON-SEATTLE
Virginia Mason Cancer Institute
Call for Additional Information
Susan (Sam) Vetto, BSN, RN, BC
susan.vetto@ymmc.org
Joanne Fenn, MS, CCC-SLP 206-341-1720

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
3rd. Thursday: 12:00-1:00 PM
Tammy Wigginton, MS, CCC/SLP 414-805-5662
twiggint@mcw.edu

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