HPV and Head and Neck Cancer
Sara Pai, MD, PhD, FACS

The link between human papillomavirus (HPV) infection and a subset of head and neck cancers has ushered in new opportunities for the realization of personalized medicine. This important association was initially reported back in 1998 by the Fred Hutchinson Cancer Center and further supported by a study published by our group at The Johns Hopkins Hospital in 2000. Through collaborative discussions among head and neck pathologists, molecular biologists, epidemiologists and virologists, the group recognized an emerging, distinct histologic group of tumors which were being diagnosed in a younger patient population who lacked the traditional risk factors associated with the development of head and neck cancer. Molecular testing revealed the presence of HPV DNA in the tumors and a new era emerged in the field of head and neck cancer which has changed the playing field.

**What is HPV?**

HPV is a small DNA virus that can infect the skin lining the genital tract, anus, and throat. Over 150 types of HPV have been characterized and classified into “low” and “high” risk viral types, based on their ability to cause cancer. HPV infection is not only common but it is also very contagious. It is estimated that 20 million Americans are currently infected with the virus, 1 in 49 people will get a new infection each year, and up to 75% of sexually active men and women will be infected with at least one type of HPV at some point in their lives. Most people infected with HPV do not realize that they are infected because the majority of individuals do not develop any symptoms or health problems from the infection. Approximately 90% of people are able to clear the virus from their body within two years of the initial infection. 1 out of 10 individuals are unable to clear the infection, and the virus can lie dormant in the body with low viral copy numbers maintained indefinitely or until injury or a weakened immune system is no longer able to keep an active infection at bay. It is those 10% of individuals with persistent infection who are at the greatest risk of developing HPV-related lesions and/or cancers.

**Gender differences exist in clearing HPV infection**

The number of new cases of HPV infection per year varies among age groups and by gender. One study found that the prevalence of HPV infection in a large group of women was 26.8% and increased to 44.8% in women aged 20-24. In men, a study showed that if a thousand men are followed over a two year period, on average 3.8% of them will become infected with HPV. Interestingly, while HPV infection occurs most commonly in women in their mid-20s and gradually decreases with age, the incidence of HPV infection in men is stable across all age groups.

Furthermore, in men, HPV type 16 (HPV-16) was identified as one of the viral types which is cleared from the body the most slowly, taking nearly two times longer to be cleared than any other high risk viral type. Presumably, this prolonged exposure to the virus may increase the risk of cancer development before the virus is cleared from the body. This is an interesting finding since HPV-16 accounts for over 90% of HPV-related head and neck squamous cell cancers (HPV-HNSCCs) in the United States, and this type of cancer is diagnosed more often in men as compared to women, suggesting possible gender differences in the ability to mount immune responses to clear the virus.

**HPV-HNSCC is a growing epidemic**

To date, up to 25% of all head and neck cancers are attributed to HPV infection and up to 80% of cancers located in the tonsil and base of tongue (also referred to as the oropharynx) are caused by the virus. The number one risk factor for the development of head and neck cancer is still excessive tobacco use. In fact, we observed a peak incidence of tobacco use in the 1970s with a subsequent decline thereafter. The incidence of head and neck cancer has paralleled the trends of tobacco use with a lag time of approximately 10-15 years. However, a distinct departure from this trend has been observed in oropharyngeal cancers which are increasingly being diagnosed in Caucasian men in their 50s. This increase in oropharyngeal cancers has been attributed to HPV infection. From the Surveillance, Epidemiology, and End Result (SEER) cancer registry it has been reported that the incidence of oropharyngeal cancers as a percentage of total head and neck cancers increased from 18% in 1973 to 31% in 2004, with an estimated increase of 2% per year. Based on this
IN THIS ISSUE

SPOHNC’s 20th Anniversary.................................................5
20th Anniversary Program..................................................6
20th Anniversary Registration..............................................7
20th Anniversary Journal Form..........................................8
Local Chapters of SPOHNC................................................9

COMING IN MAY 2012
“Green Laser Surgery”
Dr. Zeitels

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HPV continued from page 1

projected yearly increase, modeling studies suggest that the incidence of HPV-related head and neck cancers will outnumber HPV-related cervical cancer by 2025, which highlights the growing epidemic of HPV-related head and neck cancers.

**HPV-related head and neck cancers are distinct tumors**

HPV-HNSCC differs from their non-HPV-head and neck cancer counterpart in several ways. HPV-HNSCCs are localized to the tonsil and base of tongue, whereas, non-HPV-related head and neck cancers can occur anywhere in the upper aerodigestive tract. Patients diagnosed with HPV-HNSCC tend to come from a higher socioeconomic status and are well-educated. They are often 10 years younger than the average non-HPV-related head and neck cancer patient at the time of diagnosis and often have had less exposure to tobacco and alcohol use, with a portion of patients lacking any history of tobacco use. One of the most important differences between HPV-related and non-related HNSCC is the difference in treatment response of the cancers and patient survival rates. Based upon the distinct biology and pathogenesis of HPV-related head and neck cancers, improved survival rates for patients with head and neck cancer are being observed for the first time in 40 years. In a Kaplan-Meier analysis, patients with HPV-HNSCC had a better overall survival and progression-free survival than patients with non-HPV-related HNSCC. The 3-year rates of overall survival were 82.4% in the HPV-positive group and 57.1% in the HPV-negative group. While HPV status does not direct treatment recommendations at this time, HPV status does provide prognostic information to the head and neck cancer patient and, therefore, there is a strong push to have all oropharyngeal cancers tested for the presence of HPV DNA when diagnostic testing is available. Given the improved survival rates, the field is transitioning into a new phase in which the focus is not only on achieving cure but improving the quality of life of these young head and neck cancer survivors. There are several ongoing clinical trials evaluating “de-escalation” treatment protocols in the HPV-HNSCC patient population which is aimed to minimize toxicities of current treatment regimens while achieving comparable survival rates. The results from these studies will not be available for several years but represent movement towards achieving personalized medicine.

**Why are the tonsil and base of tongue so vulnerable to HPV infection?**

As stated previously, HPV-HNSCC localizes to the tonsils and base of tongue (which is also known as the lingual tonsils). The tonsil is essentially a large lymph node which serves as the first line of immune defense to foreign material before it enters the body. Based on this function, there is trafficking of immune cells from the external environment to the deeper tissue of the tonsil. To facilitate this migration of immune cells, the basement membrane of the tonsils is non-continuous and the deepest cell layer of the basement membrane is left exposed and vulnerable for HPV to infect. The tonsil also has deep crypts (crevasses) which increase its surface area by 700%. HPV-HNSCCs start in these deep crypts of the tonsils beneath the surface lining which is in stark contrast to tobacco related tonsil cancers which start on the surface of the tonsil. Based on the location of the epicenter of the tumor, it is difficult to diagnose HPV-HNSCC when the tumors are small since they start deep within the tonsil.
Prophylactic vaccines

Since the immune system is so important in controlling HPV infections and the development of associated lesions, vaccination programs against HPV have been initiated in the U.S. and other parts of the world within the past decade. There are two commercially available preventative HPV vaccines. Both vaccines incorporate the viral surface protein, L1, which self-assembles into empty viral like particles and when introduced into the body can elicit antibody responses against the viral surface proteins without the risk of being exposed to an actual infectious virus. The antibody responses triggered against L1 can then protect against new HPV infections when the person becomes exposed to the virus. The quadrivalent vaccine (Gardasil®) protects against four HPV types (Types 6, 11, 16, and 18) and was approved by the Food and Drug Administration (FDA) in June 2006 for administration to girls and women aged 9 to 26. The FDA approved the quadrivalent vaccine for boys and men between ages 9 to 26 in October 2009. The vaccine is administered at 0, 2, and 6 months, and requires all three doses to complete. The second vaccine is a bivalent vaccine (Cervarix™) which protects against the high risk viral types (Types 16 and 18) and was approved by the FDA in October 2009 for administration to girls and women ages 10 through 25 years. Clinical trials demonstrated that the bivalent vaccine induced twice the levels of antibody responses as compared to the quadrivalent vaccine to the two high risk HPV virus types. The bivalent vaccine is administered at 0, 1, and 6 months, and again requires all three doses to be considered complete. Large scale trials have evaluated the efficacy of the prophylactic quadrivalent HPV vaccine in boys and girls, and demonstrated protection against the development of anogenital lesions related to the HPV types targeted by the vaccine. Based on these studies, the Centers for Disease Control Advisory Committee on Immunization Practices recommended that both boys and girls aged 11 to 12 receive the prophylactic HPV vaccine. However, these studies did not evaluate the impact of the vaccines on oral mucosal immunity and, thus, the development of HPV-related head and neck cancers. Persistent oral HPV infection is a risk factor for the development of HPV-related oropharyngeal cancers. It is estimated that 6.9% of all men and women have existing HPV infection in the oral cavity at any given time. However, when separated by gender, it is significantly higher in men (10%) as compared to women (3.6%). Future studies need to be performed to evaluate the impact of these preventative vaccines on oral mucosal immunity.

Therapeutic vaccines

In an ideal world, all young people would be vaccinated and rendered protected against subsequent HPV infection. However, a nationwide survey of 13 to 17-year old girls by the Centers for Disease Control and Prevention in 2010 found that less than half (48.7%) had received at least one dose of the three-part HPV vaccination series and of the teenagers who commenced the vaccination series, 30% did not complete the series. Therefore, although preventative HPV vaccines are available, vaccination programs are meeting challenges in their implementation. The current vaccines are not effective for treating existing infections or established HPV-related diseases. Treatment of established disease requires activation of a different type of immune response which can recognize and eliminate virus-infected cells. This can be achieved by enhancing the immune system to recognize parts of the virus expressed within the infected cell. Since the immune system is so specific in targeting cancer cells, it represents in many ways the “magic bullet” in cancer therapy because it can selectively kill the cancer cells without damaging normal cells. Such HPV therapeutic vaccines are currently experimental and being tested in clinical trials. Thus, there is no therapeutic vaccine available as a standard of treatment at this time. A therapeutic HPV vaccine is currently being evaluated in HPV-related head and neck cancers in a clinical trial at The Johns Hopkins Hospital (www.Clinicaltrials.gov; NCT 01493154).

Conclusion

The importance of the immune system as a primary defense mechanism against cancer development is highlighted in HPV-related cancers. There is no standard of care immune stimulants that can be recommended which can protect people from HPV infection or the development of related cancers. The majority of these virus-related cancers appear to occur in patients whom for the most part have existing HPV infection in the oral cavity.
HPV continued from page 3
part seem to be immunologically intact. As increasing research efforts are made toward understanding the failure of the immune system in fighting these virus-related cancers, strategies to improve immune defenses against these cancers through vaccination can be evaluated. In the near future, HPV status undoubtedly will not only provide prognostic information, but will also guide treatment decisions, which will represent a tangible example of customizing healthcare based on the individual patient and the biology of his or her tumor.

This article is dedicated to all head and neck cancer patients, who have participated in and supported all of our research endeavors to deliver personalized medicine to the next generation.

Editors Note: Sara I. Pai, MD, PhD, FACS is a head and neck surgeon with a special interest and expertise in HPV-related head and neck cancers. She has published and lectured extensively on this topic both nationally and internationally. Her PhD training was in immunology and focused on developing novel, targeted immunotherapies for HPV-related cancers. She is an Associate Professor of Otolaryngology-Head and Neck Surgery and Oncology at The Johns Hopkins School of Medicine. She has several, ongoing clinical studies focusing on HPV-related head and neck cancer patients, including a phase I HPV vaccine clinical trial.

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Take the Breaking Through Survey Today

If you haven’t already done so, please read below and take the survey, which will provide important information for a study of patients with breakthrough pain.

Dear Friends of SPOHNC,

Many individuals with oral, head and neck cancers experience constant, background pain related to their cancer. On top of this background pain, many also experience brief, intense and sudden flares of pain called breakthrough pain in cancer (BTPc). Even though BTPc can have an extremely debilitating effect on an individual’s quality of life, it continues to be a poorly understood and highly under-diagnosed condition. In light of this, Support for People with Oral, Head and Neck Cancer (SPOHNC) is joining forces with other cancer advocacy groups to support a new educational campaign called Breaking Through: Voices of Breakthrough Pain in Cancer Patients. An integral part of this campaign is a nationwide survey to better understand patient experiences with BTPc. Since many of you may have experienced BTPc, we urge you to participate in this survey and support SPOHNC in this important initiative. Please also encourage and direct members of your support groups to take this survey. Your collective insights will be valuable in identifying barriers that deter people from discussing pain with their oncologists and developing educational programs.

To participate in the survey, visit our website at www.spohnc.org, or go to https://www.visioncriticalsurveys.com/skin/breakingthrough/SPOHNC.html. Thank You.

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2012 Taste Events

SPOHNC has designated April as Awareness Month for Oral, Head & Neck Cancer across the United States. Many SPOHNC Chapters are planning their Taste/Awareness Events for 2012.

This year’s list already includes the Chicago, IL Chapters (Chicago, Evanston/Highland Park & Maywood), Des Moines, IA, Kansas City, KS, Long Branch, NJ, Danvers, MA, the Long Island, NY Chapters (Northshore/LIJ Health Systems - New Hyde Park, Syosset, Stony Brook Univ. Hospital), Rochester, NY, Cleveland, OH, York, PA, and Nashville, TN.

Hosting an event promotes awareness of Oral, Head & Neck Cancer, and fosters camaraderie and the chance to share a meal with family and friends. To find out how to host an event with your chapter, contact SPOHNC today!
It was Friday, August 18th 2006. The weather was perfect! The New York LaGuardia Airport Marriott was ready! Guest speakers were arriving! Exhibitors were preparing to set up, and survivors and their families, friends and healthcare professionals from all across the country, were making their way to SPOHNC’s 15th Anniversary Conference and Celebration of Life. No one really knew what to expect, as this was the first Conference and Celebration of Life that SPOHNC had organized. Even SPOHNC’s conference coordinators were not sure how the event would go. But they did know from speaking with survivors and chapter facilitators that when survivors and their loved ones come together, the environment is soon filled with camaraderie and warmth. A very special energy is generated.

Beginning on Friday evening, August 10th and extending through Sunday noon, August 12th, 2012, SPOHNC will once again host an event – this time, to commemorate its 20th Anniversary and Celebration of Life. We are looking forward to seeing survivors, family members and friends representing the 108 chapters of SPOHNC from across the United States. Healthcare professionals from various medical fields will also be present, many of who will give presentations on topics of great interest to head and neck cancer patients and healthcare professionals as well.

A new addition to this year’s event will be a dinner reception, followed by entertainment featuring The Electric Dudes, voted by Long Islanders as the best band on Long Island. Adding to the evening’s festivities, you will be entertained by comedian and survivor, Stewie Stone, who has been headlined in Las Vegas, Atlantic City, New York and other major cities. Born and raised in Brooklyn, NY, Stewie has performed before audiences throughout the world in every type of venue, and has established himself as a comedic entertainer of note.

The event will conclude on Sunday with a lavish Banquet Buffet Breakfast, followed by a presentation concerning Medically Necessary Dental Care, a crucial topic for oral, head & neck cancer patients and survivors. Immediately following, will be a commentary about SPOHNC, “How Far We’ve Come in 20 Years” by Dr. James J. Sciubba, Vice President of SPOHNC. The morning’s program will conclude with a special recognition program for SPOHNC volunteers and all oral and head and neck cancer survivors.

At the conclusion of the 15th Anniversary Conference and Celebration of Life, people were asked to comment on the weekend event. Comments we heard, and are excited to share, included, “wonderful weekend”, “The entire event was extraordinary; the range of information, excellent”, “Overall excellent program.”

“Thank you for making this a great event.”
“Insightful and informative presentations.”
“Thank you for every moment of a memorable weekend.” “Program was well done. Trip from California was worth it!” And a final comment that sums it all up. “Perhaps the best thing about the weekend was being in a group of a couple hundred people who knew exactly what it meant to have head and neck cancer. We all shared similar concerns, side effects, histories, fears, emotional traumas, and social inhibitions. Yes, we know what it feels like to be stared at; to have phantom pains; to have dental problems; to have a stiff neck (literally); to have DRY MOUTH; to have swallowing problems; to take forever to finish a meal; and on and on. These are things we learn to live with every day. But, to be in a room with hundreds of others who can identify with how that feels, and what it means... well, ... I found it to be quite moving. It was indeed a wonderful event.”

On the following pages you will find information about the upcoming 20th Anniversary Conference and Celebration of Life. We have included a Preliminary Program for the weekend, a Registration Form, and a Journal Ad Form for your consideration. These forms will soon be on our web site as well, but in the meantime, please tear out or copy the Registration Form and Journal Ad Form that you would like to submit and follow the instructions on each page.

Join Us and Celebrate on August 10-12, 2012
SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER (SPOHNC)
20TH ANNIVERSARY CONFERENCE AND CELEBRATION OF LIFE
NEW YORK LAGUARDIA AIRPORT MARRIOTT HOTEL
AUGUST 10-12, 2012

FRIDAY, AUGUST 10, 2012
SPOHNC Registration/Information
4:00 PM – 7:00 PM

SATURDAY, AUGUST 11, 2012
SPOHNC Registration/Information
7:30 AM – 10:00 AM

CONTINENTAL BREAKFAST
7:30 AM – 8:40 AM

Opening Remarks
8:45 AM
Nancy E. Leupold, Survivor, President and Founder of SPOHNC
Support for People with Oral and Head and Neck Cancer
James J. Sciubba, DMD, PhD, Moderator
Vice President of SPOHNC

Guest Honoree, Gene Monahan
Survivor, Retired NY Yankee Head Athletic Trainer

New Treatments for Head and Neck Cancer
Dennis Kraus, MD, Head and Neck Surgeon
Memorial Sloan-Kettering Cancer Center

Christine Chung, MD, Medical Oncologist
Sidney Kimmel Comprehensive Cancer Center-Johns Hopkins

Refreshment Break with Exhibitors

David Brizel, MD, Radiation Oncologist
Duke University Cancer Institute

The Role of a Patient Navigator
Joanne Stein, RN, Nurse Navigator
Fox Chase Cancer Center

BUFFET LUNCH

Key Note Presentation:
Self Love…The All Time Greatest Healer
Denise DeSimone,
Survivor, Author and Inspirational Speaker

Clinical Trials for Head and Neck Cancer
Bettie Steinberg, PhD, Researcher, Investigator
North Shore/LIJ Health System

Refreshment Break with Exhibitors

SUNDAY, AUGUST 12, 2012
SPOHNC Registration/Information
7:30 AM – 9:00 AM

Opening Remarks
8:30 AM
Nancy Leupold, Survivor,
President & Founder of SPOHNC

How Far Have We Come in 20 Years
James J. Sciubba, DMD, PhD
Vice President of SPOHNC

Medically Necessary Dental Care

Salute to Volunteers, Making a Difference
Mary Ann Caputo,
Executive Director of SPOHNC

Salute to Survivors
All Survivors of Oral and Head and Neck Cancer
Mary Ann Caputo,
Executive Director of SPOHNC

Closing Remarks
Nancy E. Leupold, Survivor
President & Founder, SPOHNC
New York LaGuardia Airport Marriott, Elmhurst, NY
Conference and Celebration of Life
Registration Form

Name: Last                                First

Name as it will appear on nametag

Street Address

City                                              State             Zip

Home Phone                                     Work Phone

Fax Number                                  E-mail

REGISTRATION FEES for Conference and Celebration
(All meals and Grand Reception included)

□ Survivor                                  No Fee
□ Guests                                    $85.00
□ Health Care Professionals                $85.00
□ Corporate Attendee                       $85.00
□ Other                                     $85.00

REGISTRATION FEES for Celebration of Life only

□ Survivor                                  No Fee
□ Guests                                    $25.00

GUESTS (Please print clearly; Add another sheet, if needed)
1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________

TOTAL REGISTRATION FEES, IF ANY $  __________

□ Check (Payable to SPOHNC) □ Credit Card
□ MasterCard   □ Visa
Credit card number: ____________________________
Expiration date:_______________ CSV Code________

Cardholder Signature

Cardholder name (please print)

Billing address if different from registrant

Payment must accompany registration form. Please mail
completed form to: SPOHNC, P.O. Box 53, Locust Valley,
NY 11560 or Fax to (516) 671-8794, or call 1-800-377-
0928.

Please register early: Attendance is limited

HOTEL INFORMATION
New York LaGuardia Airport Marriott

The New York LaGuardia Airport Marriott is conveniently
located directly across from LaGuardia Airport and minutes
away from Midtown Manhattan. Discounted room rates of
$139.00 single or double have been secured for SPOHNC
attendees. To make a reservation call (718) 565-8900 or (800)
882-1043 and mention that you are attending the SPOHNC
20th Anniversary. Please note that you should make your hotel
reservations early to assure accommodations. SPOHNC has
blocked an appropriate number of rooms, but it does not
guarantee that rooms will be available after July 27, 2012.

Reservations made after this date will be accepted on a
space available basis and may not be at the group rate. All
reservations must be guaranteed by a credit card or check for
the first night’s deposit.

TRAVEL INFORMATION
United Airlines will offer discounted rates for those attending
SPOHNC’s Anniversary Conference and Celebration of Life.
Reservations and ticketing is available via
www.united.com. Please enter both your Z-code ZM89 and
Agreement code 271414 (without a space) in the Offer
Code Box. You can also call United at 1-800-468-7022.

Parking is available at the hotel at a cost of $10.00 per day for
overnight guests or $7.00 per car daily rate. Shuttle Service by
Marriott is available from LaGuardia Airport to the hotel every
15 minutes. Taxis are available as well.
INFORMATION:

Date __________________________ Signature __________________________
Name ____________________________________________ Phone _______________
Address ____________________________ Town __________________________ State _____ Zip _____
Email Address ______________________________ Fax # __________________________

Please check appropriate box!

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☐ QUARTER Page (5 X 1.75) ...............$75

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Certain colors on business cards do not reproduce well. We will re-typeset if necessary.
Not responsible for accuracy of copy from handwritten messages. PLEASE PRINT CLEARLY

Deadline, June 15, 2012. Please make checks payable to SPOHNC.
P.O. Box 53, Locust Valley, New York, 11560-0053 – Phone: 800-377-0928 – Fax: 516-671-8794
CHAPTERS OF SPOHNC

NEW YORK-STONY BROOK
Ambulatory Care Pavilion
1st Wednesday: 6:45-8:15 PM
Dennis Staropoli 631-682-7103
den.star@hotmail.com

NEW YORK-SYOSSET
NSLIJ-Syosset Hospital
2nd Thursday: 7:30-9:00 PM
Alice Steiner 516-764-1571
asteiner28@aol.com

NEW YORK-WESTCHESTER
White Plains Hospital Cancer Center
2nd Thursday: 7:00 PM
Mark Tenzer 914-584-6151
tenzer1@optonline.net

NORTH CAROLINA-ASHVILLE
Call for additional information
Kathleen Godwin 828-692-6174
kateyes92@aol.com

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

NORTH CAROLINA-CHARLOTTE
Blumenthal Cancer Center
2nd & 4th Thursday: 1:30-3:00 PM
Meg Turner 704-355-7283
meg.turner@uchealth.com

OHIO-CINCINNATI
Call for date and location
Deborah Heim, MSN, ANPBC, AOCNP
513-858-4794
deborah.heim@uchealth.com

OHIO-CELEBRALD
Cleveland Clinic at Fairview Hospital
2nd Thursday: 4:00 PM
Gwen Paul, LSW 216-476-7241
gwpaull@cf.org

OHIO-DAYTON
The Medical Center at Elizabeth Place
One Elizabeth Pl. West Lobby - The Chapel Room
2nd Monday: 6:00-8:00 PM
Hank Deneski 937-832-2677
hankdeneski@earthlink.net

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

OKLAHOMA-TULSA
Hardesly Public Library
1st Tuesday: 6:30 PM
Christine B. Griffin, RN 918-261-8858
Bertgriffin22a@att.net

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

PENNSYLVANIA- DUNMORE
Northeast Radiation Oncology Center
Last Thursday of the month: 5:30-7:00 PM
Kathryn Cramer LMSW, CCHT
570-881-6247 scsocco@workregional@aol.com

PENNSYLVANIA- HARRISBURG
Health South Lab
3rd Tuesday: 6:30 PM
Joseph F. Brelsford 717-774-8370
jbrelsford1@mms.com

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

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

PENNSYLVANIA-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

PENNSYLVANIA-YORK
Apple Hill Medical Center
2nd Wednesday: 5:00 PM
Dianne S. Hollinger, RN, CACC-SLP 717-812-5880
dhollinger@wellspan.org

PENNSYLVANIA- YORK
Memorial Hospital
1st Monday: 4:15-5:30 PM
Jeanna Richelson 423-894-9215

PENNSYLVANIA- THE UPSTATE
44 W. Avondale Dr.
1st Sunday: 2:00pm-3:30pm
dmcelwain@wellspan.org

SOUTH CAROLINA-OF THE UPSTATE
14 W. Avondale Dr.
1st Saturday: 10:00 AM

TEXAS-DALLAS
Baylor Irving-Coppell Medical Center
2nd Monday: 10:00 AM
Dan Stack 972-373-9599/danstack@att.com

TEXAS- DALLAS
The New Ctrcena Center, Suite 200
2nd Tuesday: 11:00 AM-1:00 PM
Jack Mitchell 972-346-4297
jcmitchell5225@aol.com

TEXAS- FORT WORTH
Baylor All Saints Hosp - Joan Katz Conf Room
2nd Wednesday: 3:30-5:00 PM
Mary Hathcoat, LMSW 817-838-4866
marla.hathcoat@moncrief.com

TEXAS- HOUSTON/TOMBALL
Tomball Regional Hospital
TBA

TEXAS-MACALEN
Rio Grande Regional Hospital
3rd Tuesday: 6:00 PM
Stephanie Leal, MA, CCC-SLP
SAL1275@aol.com
Cheryl Lopez, MS, CCC, SLP
956-652-6426

TEXAS- PLANO
Regional Medical Center at Plano
4th Tuesday: 6:00-8:00 PM
Polly Candela, RN, MS 214-820-2608
Polly.Candela@baylorhealth.com
Emily J. Gentry, RN 214-820-2608

VIRGINIA-CHARLOTTESVILLE
Dept. of Forestry Building, Suite 800
Last Thursday of month: 11:30-1:00 PM
Viikki Bravo 434-982-4091, vsb4n@virginia.edu
Gordon Putnam, M. Div. MA, Gp4d@virginia.edu

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

VIRGINIA- NORFOLK
Sentara Norfolk General Hospital
3rd Monday: 7:00 PM
Cynthia Gilliam 757-770-4190
beachdolphin@aol.com

VIRGINIA- RICHMOND
Massey Cancer Ctr. Thalhimer Room
2nd and 3rd Wednesday: 2:00-3:30 PM
Karen Mullin, MSW 804-828-1066
kmullin@mcvh-vcu.com
Kathryn Hamilton
hamiltonkw@vcu.edu

WASHINGTON- SEATTLE
Evergreen Hospital Medical Center Rad/Onc Conf Rm 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
3rd Thursday: 6:00-7:30 PM
Susan (Sam) Vetto, BSN, RN, BC
206-341-1720 susan.vetto@vcu.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, C, 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. N3, 3rd Floor
2nd Tuesday: 12:00 - 1:00PM
Mary Brawley, MACCC-SLP 414-805-5635
mary.brawley@froedterthealth.org
**SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER INC.**

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**SPOHNC** has designated **APRIL** as **Oral & Head & Neck Awareness Month**

April 22nd - 28th is the official week.

**HOST OR ATTEND A TASTE EVENT**