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Technical progress in the treatment of head and neck cancer has led to genuine improvement in clinical results. New biologically targeted therapies promise to further personalize care. However, meaningful individualization of treatment will require precise pairing of such treatment with each patient.

The current method to communicate tumor prognosis is the American Joint Commission on Cancer (AJCC) staging system, which relies on clinical and imaging test findings to classify patients according to expected outcomes. This staging system has remained stubbornly consistent through the years despite advances in treatment, and continues to clumsily group patients with advanced head and neck cancer together as “stage IV” even though they may have varying presentations and prognoses.

A biomarker is defined as any biological tumor trait relevant to disease behavior, or to the mechanism of action and/or clinical effectiveness of a treatment. Although most cancer biomarker research has focused on genetic or protein material obtained from tumor tissue, biomarkers can also be collected from blood and saliva, or even non-invasively by imaging. Ultimately, the intent of biomarker discovery is to provide tools to detect cancer, recognize treatment response and toxicity, and predict prognosis.

Use of cancer biomarkers is already established, perhaps best exemplified by the routine use of hormone receptor and HER2 expression to direct treatment of breast cancer. Nonetheless, progress in cancer biomarker development remains gradual. This article will briefly recap recent highlights and challenges in the development of biomarkers for head and neck cancer treatment.

Human Papillomavirus

As cigarette use has declined in the U.S., there has been a gratifying decline in the incidence of oral cavity, larynx, and hypopharynx cancers. In contrast, the incidence of oropharyngeal cancer has been mysteriously increasing. Through careful epidemiological studies, the factor responsible for this phenomenon has been discovered--mucosal infection with cancer-causing strands of the human papillomavirus (HPV). Recently, D’Souza et.al. identified HPV DNA in 72% of 100 tumor samples from oropharyngeal cancer patients, and HPV infection was associated with a 33-fold increased risk of cancer.

HPV-associated oropharyngeal cancer patients are frequently non-smokers. Recent studies have consistently demonstrated that patients with HPV-associated cancers have a significantly better prognosis than patients with HPV negative disease. Within these studies, patients with HPV-negative disease had at least a 30% (absolute) lower overall and disease-free survival at 5 years. These differences are dramatic and exist despite the fact that HPV-associated cancers typically present with more advanced nodal stage, and are even more pronounced for smokers.

Given the relatively good prognosis of HPV-associated oropharyngeal cancer, infection status has become a widely accepted prognostic biomarker and is being aggressively studied as means to improve clinical trial design and to select patients for treatment. However, many questions remain. Technical detection of infection remains non-standardized. The exact relationship of HPV infection with other known biological pathways involved in head and neck cancer remains unclear. Continued HPV-specific biomarker discovery will be a priority in the coming years.

Currently, two national cooperative group trials are using HPV-positive biomarker status as a criterion to determine whether patients are eligible to enroll onto protocol. The Eastern Cooperative Oncology Group (ECOG) has opened E1308, a phase II study testing the role of induction chemotherapy followed by de-escalation of radiation dose and substitution of platinum chemotherapy with cetuximab (Erbitux, an antibody specific to EGFR). After the completion of induction chemotherapy, HPV+ patients with complete response receive dose-reduced radiation with cetuximab. Patients with less than complete response receive standard doses of radiation with concurrent cetuximab. The Radiation Therapy Oncology Group (RTOG) has more recently

Fitting Treatment to Match the Patient Developing Biomarkers For Head and Neck Cancer

David L. Schwartz, M.D.
Biomarkers continued from page 1

Opened a phase III clinical trial (RTOG 1016) directly comparing concurrent radiation/ctiplatin to concurrent radiation/cetuximab. This trial will answer whether “de-escalation” of treatment away from conventional cytopotoxic chemotherapy will result in decreased toxicity without compromising survival outcomes. There are several smaller institutional trials being conducted throughout North America and Europe to answer similar questions with varying approaches.

Epidermal Growth Factor Receptor (EGFR)

EGFR is a cell surface receptor involved in biologic pathways used by cancer cells to grow, spread, and survive treatment. EGFR signaling is elevated in up to 90% of head and neck cancers. Head and neck cancer is the first human cancer for which successful combination of selective EGFR inhibition with chemotherapy or radiotherapy has been demonstrated in randomized clinical trials. The addition of cetuximab to platinum chemotherapy signicantly prolonged progression free survival in patients with late stage disease. In the case of radiotherapy, a phase III trial (Bonner, et. al.) demonstrated improved disease control and overall survival with the addition of cetuximab to radiation.

Published trials have not yet validated a biomarker to select patients for EGFR-targeted therapy. Although one study suggested improved radiotherapy response in human tumors characterized as EGFR overexpressers, a predictive association between EGFR expression and survival following EGFR-targeted therapy has not been shown. Although recent studies suggest poor prognosis following surgery or cytopotoxic therapy in head and neck tumors with EGFR gene amplification, EGFR gene dosage has not been reproducibly correlated with protein expression.

A potentially better strategy may be to combine EGFR measures with markers of other related signaling pathways. An important example has been pilot correlation of EGFR expression with HPV infection in tumor specimens. These early studies suggest that HPV infection is inversely correlated with EGFR protein expression, and that EGFR expression status may retain prognostic importance regardless of HPV infection status.

Imaging Biomarkers

Collecting biopsies for biomarker studies is expensive and uncomfortable for patients. Imaging biomarkers do not require tissue and are an attractive alternative. Head and neck CT (CAT Scan) and MRI (Magnetic Resonance Imaging) are already incorporated into current staging. In contrast to these standard techniques, functional imaging provides snapshots of tumor and host tissue physiology. Positron emission tomography, (PET) a nuclear medicine imaging technique, produces a three-dimensional image or picture of functional processes in the body and currently serves as the workhorse for functional imaging of head and neck cancer. New combined PET/CT scanners marry biological PET data directly to anatomic information provided by CT.

FDG-PET/CT incrementally improves staging accuracy and response assessment although potentially without real benefit if
Biomarkers from page 2
performed unselectively. (FDG is a glucose molecule tagged with a small amount of radioactive element injected into the body during a PET Scan.) Adding a CT scan to the FDG-PET spatially marries tissue glucose uptake data to anatomic information provided by the CT. FDG-PET/CT incrementally improves staging accuracy and response assessment, although potentially without clinical benefit if performed unselectively.

Considerable interest has focused on FDG-PET/CT monitoring of tumor response to radiotherapy. A number of groups have found that FDG-PET post-treatment restaging provides high predictive power. Our group’s approach towards FDG-PET/CT has been to identify specific situations where FDG-PET/CT yield may be optimized. Accordingly, we have studied the utility of head and neck FDG-PET/CT in the context of other important biomarkers, particularly HPV infection. We demonstrated that FDG-PET/CT provides little value over CT alone in radiation response assessment for unselected patients with locally advanced disease. However, we also found that FDG-PET/CT can significantly improve assessment of treatment response in high-risk patients with HPV-unassociated disease.

Beyond PET/CT, new vascular imaging techniques hold great promise. Radiation can kill tumor cells indirectly through destruction of blood vessels. This indicates an opportunity to use vascular imaging to measure tumor response to radiation. Dynamic contrast enhanced-MRI (DCE-MRI) can find and measure changes in tumor blood supply. DCE-MRI acquires a “movie” of tumor blood flow before, during, and after injection of a contrast agent to compute blood delivery and vessel integrity. A number of pilot trials have demonstrated feasibility of head and neck DCE-MRI evaluation of radiotherapy response and detection of recurrent disease. More recently, DCE-MRI obtained 2 weeks after treatment was shown to predict disease control. We have imaged patients with oropharyngeal cancer with DCE-MRI performed before, during, and 6-8 weeks after treatment. We evaluated relationships between radiation dose and DCE-MRI response not only in tumors, but also in normal salivary glands. We found that DCE-MRI measurements can potentially categorize patients according to risk for parotid gland damage as early as three weeks into treatment. Additional validation will be required and is ongoing.

Future Directions
Because head and neck cancer treatment can be toxic, use of biomarkers to fine tune treatment for each patient is desirable. Tissue and imaging-based biomarkers promise to improve study power, reduce drug development costs, and limit futile therapy. However, these are early days in the field, and the current incremental pace of biomarker validation serves as a reminder of the complex resistance pathways available to tumor cells. Careful standardization of assays and techniques to measure each biomarker will be critical. Yet once achieved, biomarkers will likely become a mandatory component of individualized cancer care. Fortunately, there are many candidate biomarkers available for head and neck cancer, and ongoing work holds tremendous promise for patients.

Editor’s Note: David L. Schwartz, M.D. is Associate Professor and Vice Chairman in the Departments of Radiation Medicine, Otolaryngology, and Molecular Medicine at Hofstra North Shore-LIJ School of Medicine in Hempstead, NY. He is also an Investigator at the Feinstein Institute for Medical Research and Co-Director of the Center for Head and Neck Oncology at the North Shore-LIJ Health System.

References
I was first diagnosed with cancer in April of 1996. Squamous cell carcinoma of unknown primary was the diagnosis. I had felt a lump under my right ear and it had been bothersome but not painful for a while and I finally demanded to have it removed. I was not, I guess, what would be the primary candidate for such a diagnosis so originally doctors were not concerned. After all I had run many marathons and was a professional downhill skier that never smoked so why would I need to be concerned about Head or Neck cancer? Regardless, I remember that fateful day. It was Good Friday of 1996 and I received the phone call. The biopsy results of the lump were in. This was the same cancer that my father had died of in 1984 is all I knew at that time, so as far as I was concerned this was the worst news that I could possibly receive. Only 38 years old and in great shape, yet sick beyond my wildest dreams.

The next weeks were a whirlwind of tests and doctors appointments. What was the best plan of attack based on the information at hand? When the tests were done the decision was made for a full radical neck dissection. My sternocleidomastoid muscle, 105 lymph nodes my jugular vein and all the surrounding tissue were to be taken out. I remember one of the comments that my surgeon made days before the surgery. “Dave, I can’t tell you what kind of a golf swing you will have after the surgery but I believe that I will give you 40 years to work on it.” He knew exactly how to talk to me and those words helped to make the idea of the upcoming surgery seem good. I was forewarned of all the additional side effects that could manifest themselves due to the extensive nature of the surgery. My mind was ready to go forward and I remember being bound and determined to attack this with all the strength I could muster. The day after surgery I was attempting to raise my right arm just because I was warned that I may not be able to after the surgery. One of the things that I have learned about the human spirit through my experiences with cancer is that it knows no bounds. The strength of the human spirit is amazing, as well as what we can accomplish and go through with the proper mind. Having radiation treatment after this dissection was always something that I assumed would happen. Two weeks after the dissection it was time to hear the results of all the tissue biopsies. They found nothing. The doctor explained this was the best possible news that I could get. He told me that I would need no radiation at this time because he really would not know what to radiate. The decision was made to wait and see how things went. It was also suggested that the original lump may possibly have been the sight of the primary.

It seemed that I had come through this pretty good. Even though the surgery was extensive and not without side effects, the price I paid for life was worth it. I learned to overcome the lack of feeling and the occasional stiffness. I began rehab exercises for head mobility that I still do everyday 15 years later. I was determined to run more marathons and get back to downhill skiing. I was going to go back to golf also. I told my doctor that in a year I would do a one armed push-up in his office. When we left the doctor’s office my wife Jenny looked at me and asked, “have you ever been able to do a one armed push-up”? And I laughed and said “no so I guess I have my work cut out for me.” These are all part of the things that I set up for myself to keep challenging and keep pushing. A year later I did do the one armed push-up that I had never been able to do. I was playing golf. As a matter of fact I got my first hole-in-one and lowered my golf handicap over 5 points. I actually joked with my surgeon. I handed him a list of about 6 names. He asked “what is this?” I said it was a group of my friends that wanted him to give them a radical neck dissection. They told me that they are tired of getting beat by me on the golf course so they are hoping it could help their game. Of course this was all in good fun but prophetic and important all at the same time.

For the next several years I continued life almost as if nothing had happened. I was obviously aware of my survivor status but it did not consume me. My wife Jenny and I, in addition to our children Sarah and Paul, were involved every year in the local Minneapolis Relay for Life. This was our way of doing something for fund raising for all cancer. I was experiencing something that I have learned is not something that unusual. It was almost as if I didn’t feel I was worthy of the survivor status. I was seeing people involved with the Relay every year that had been through much more than me. Who was I to be worthy to walk with them in the cancer survivor lap when many had endured much more than I? I have coined this survivor guilt - maybe one of the most foolish emotions one could actually spend their time and concern with. It’s not a contest to see who has been through the most. It’s a culmination of like minds with experiences to share. Challenges, failures, success, anger, love, religious and otherwise - all a brotherhood from a survivorship and caregivers perspective coming together to help make a difference so that others may not have to endure what they have.

I continued to move forward with my life trying to carry with me the lessons learned. I was able to accomplish many things on a physical athletic level that I never dreamed possible. These accomplishments impressed the doctors. My surgeon is a man that truly cares, so even if my accomplishments could reflect well on his work, I know that was never what made him happy. It was me being able to regain a better quality of life and he played his part in making that possible for me. This is a totally different proposition.

In February of 2005 I remember just getting done with one of my Giant Slalom Amateur league ski races at our local ski hill. For no apparent reason, perhaps just chance, I felt the right side of my neck right below the radical neck incision. There was a lump there. This lump felt exactly like the cancerous lump that I had discovered 9 years previously. I was startled by this. It was a bring me back moment to the nightmare that I had endured years previously. I steadied myself mentally by reminding myself that I was in fabulous shape and that I had no side effects of a sick body. I had run a 26 mile marathon six months previously and was about to embark on another trip to the Rockies, where I would be tackling very challenging terrain. I reasoned that I had my regular check-up
through some very dark, trying times. I had my deep faith, I was able to bring myself. I was no exception to this, but managed to manifest themselves during treatment. What unique as well as the challenges that realizes that everyone’s situation is some-

one that has been through cancer treatment without delays for a variety of reasons. Any-

thing is possible and right in front of us, no matter what the obstacles. They are right in front of us if we choose to open our eyes to them. Don’t get me wrong I am not in any way suggesting that cancer should happen. I don’t wish what I and my family have been through upon anyone. What I am suggesting however, is for everyone to look inside and take in the beauty around us. My struggle with cancer has helped me to truly open my mind to those around me in a way that I never thought possible. I pray I never let this blessing go. Love, live, follow your passion.

David Hinz
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“One of the things that I have learned about the human spirit through my experiences with cancer is that it knows no bounds.”
The 10th Annual Jeffrey K. Perhach Memorial Golf Classic

It was a beautiful Autumn morning – the first of many yet to come, when we ventured to New Jersey, for the 10th Annual Jeffrey K. Perhach Memorial Golf Classic. The sun shined brightly, a crisp feeling in the air as we drove past the peaceful fields where horses grazed, on our way to the Hillsborough Golf & Country Club. Nearly 70 lifelong friends gathered for a day of golf, fellowship and even some laughs, as they raised funds for the Foundation named in memory of their best friend, Jeff.

Upon arrival, as we were greeted by Joe Infante, one of Jeff’s closest friends, we knew we were in for a very special day. We met some more of Jeff’s friends, including Foundation Board members Mark Gantner, Mark McGuire, & Art Johnson. Their wives, Gina Gantner, Jen Johnson and Carolyn Infante were also there to help with the days events, providing general logistics and support for the outing. Tournament players Steve Sabol and Troy Brisebois were responsible for the outing’s fund raising efforts. SPOHNC Executive Director, Mary Ann Caputo, joined Gina Gantner, for a spin on the golf course, treating her to Gina’s golf carting skills, greeting golfers and thanking them for their participation. At every golf hole a sign highlighted information about SPOHNC, statistics, sites of the disease, and also the symptoms to look for. The peaceful feeling in the air and the silence on the course served as a reminder of the serious undertone of the day. Jeff had lost his battle to oral, head & neck cancer 10 years prior, and his friends all decided to continue this event as they have done for the past several years, which Jeff would have loved to be a part of – a day of golf, to promote awareness of oral, head & neck cancer, and to raise funds for SPOHNC.

Good natured men (and women) wondered what the 3 ladies in suits were doing, hanging out by the 10th tee. As the day progressed though, it became apparent to all of us that they actually knew who we were, and they even knew why we were there. Joe had invited us to come and meet the group, and to see what the day was all about. As the course emptied following a great day of sportsmanship, golfers flocked to the tent for some food, beverages and conversation – with us. We spent time chatting with some of the groups, who told us stories of Jeff, and his cancer journey. We heard about his children, met his sister-in-law and brother-in-law, Dennis & Renee Lake, and we even heard about the local pub, a favorite gathering place for all the locals, that was owned by his family for so many years in the town of Manville, New Jersey. It was clear to us that this was a close knit community of friends who grew up together, and who still played together, in memory of their dear friend. They were delighted to have us join them, and listened intently as SPOHNC Founder and President, Nancy Leupold, spoke of her own cancer journey, and shared with them the story of the very beginning of SPOHNC. Mary Ann Caputo shared information about the many programs of support and encouragement that SPOHNC has to offer, in addition to a survivors courageous journey with this disease. SPOHNC encouraged everyone to have a yearly oral cancer screening. In contrast to the lightness of the day, the space was so quiet, that you could have heard a pin drop. It was clear that they took in all that was said, and learned about something that many were not aware of at all. The day had accomplished another goal – to raise awareness of oral, head and neck cancer.

Attendees applauded our efforts and were obviously impressed with all that SPOHNC has to offer. Many of them were just hearing about SPOHNC for the first time, and following our brief program, were quick to comment about how touched they were with Nancy’s story, and how impressed they were to hear about all that SPOHNC does to help the patient population that it serves. In fact, Joe wrote to us via e-mail in the days following the outing. He said “Having Nancy and yourself talk to the group really put a different perspective on our outing. It really connected our feelings for Jeff and how we are truly honoring his memory by helping others. It was yet another perfect moment on what turned out to be a perfect day.”

SPOHNC would like to congratulate the following golfers on their wins for the day.
- Longest drive was won by Kevin Foley, and Closest to the Pin and Pot of Gold were taken away by Rob Lukachyk. First place foursome, with a score of 58, was awarded to Kevin Foley, John Hodinski, Russ Smith and Chris Trepcos. In second place, with a score of 64, was the Dom Callandriello, Chris Cavazinni, Dan Fishman and Rob Phelan foursome.

On behalf of the Foundation, SPOHNC also wishes to thank the following

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businesses and individuals for their generous sponsorship and participation in the 10th Annual Jeffrey K. Perhach Memorial Golf Classic.


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Our sincere thanks to everyone who participated in the Jeffrey K. Perhach Foundation’s Golf Classic especially Joe Infante who put his best effort to make this event a memorable occasion and to keep Jeffrey’s memory alive for generations to come.

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by James & Mary Russell, Roger & Doris Thomas, Carlton & Carol White, Inzant & Linda Wilson

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During the Summer of 2011, SPOHNC and friends lost some of our dearest, long standing members.

- Joseph Bauer -
Joseph was the original facilitator of the Sarasota & Englewood, FL Chapter Support groups.

- Norma Neopolitano -
Norma was an active NSVN member for many years and was co-facilitator of the Albany, NY Chapter Support group.

We extend our sincerest condolences to their families & friends.

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HEAD AND NECK CANCER NEWS

AACR in the News - Combination HPV Diagnostic Test for Head and Neck Cancer Outperformed Other Tests

PHILADELPHIA, Oct. 3, 2011- Researchers have determined that a combination of P16 immunohistochemistry and DNA qPCR to test for viral E6 can accurately determine the oropharyngeal squamous cell carcinoma, a form of head and neck cancer, which derive from HPV16, according to a study published in Clinical Cancer Research, a journal of the American Association for Cancer Research.

“This has immediate clinical applications as we consider recruitment to clinical trials designed to de-escalate the intensity of therapy based on HPV status” said lead researcher Andrew Schache, D.D.S., M.D., research fellow and surgeon at the University of Liverpool.

Schache said that the attention surrounding HPV, particularly in the last several years, has given rise to a number of diagnostic tests, but the evaluation of these tests has lagged behind.

For the current study, Schache and colleagues evaluated eight possible combinations of known diagnostic tests on 108 cases of HPV16 derived oropharyngeal squamous cell carcinoma. They used viral gene expression as the standard marker. “Viral gene expression has 100 percent specificity and sensitivity, but it requires very high quality tissue that is often not available,” said Schache. After evaluating the tests, they found that a combination of DNA qPCR and P16 immunohistochemistry had 97 percent sensitivity, a measure of accurate positive tests, and 94 percent specificity, a measure of accurate negative tests. Both of these assays are commercially available in proprietary and generic forms, Schache said, so the combination test could be administered.

“Getting the diagnosis right is extremely important because cases like this may receive less aggressive therapy based on a positive test. You do not want to withhold treatment from a more aggressive case,” he said. The study was funded by a Wellcome Trust Grant, a U.K. philanthropy devoted to biomedical research.

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Laura Morrell, LCSW 708-327-2042 lmorrell@lumc.edu

INDIANA-FORT WAYNE
Lutheran Cancer Resource Ctr Ste 109 3rd Wednesday: 4:30-5:00 PM
Susan Berghoff, RN, OCN
Mischa Story, RD 260-435-7959 lh.crc@lutheran-hosp.com

INDIANA-INDY-NORTH
Marion County Public Library Lawrence Branch
Last Monday: 6:00-8:00 PM
John Groves 317-872-6674 jgroves14@comcast.net

INDIANA-Terre Haute
Hux Cancer Center 3rd Tuesday: 4:30 PM
Mary Ryan, SP 812-535-2587 Maryryan2@juno.com

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

KANSAS-KANSAS CITY
Univ. of Kansas Hospital 2nd & 4th Wednesdays: 4:00 - 5:00 PM
Mary Moody, LMSW 913-588-3630
Marymoody@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
Ester Sachse 225-927-2273 eascbse@cancerservices.org

MAINE-AUGUSTA/CENTRAL
Harold Alfond Center for Cancer Care Therese Berninger, 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, OCMC 443-849-2980 dgold@gbmc.org

MARYLAND-Baltimore-JHMI
Johns Hopkins – Greenpring Station 2nd Wednesday: 7:00-8:30 PM
Kim Webster 410-955-1176 Kwebste@jhmi.edu
Dwayne Arenhart 717-615-7464 darehart@dejaused.com

MASSACHUSETTS-BOSTON
Massachusetts General Hospital One Tuesday every other month: 6:30-8:00 PM
Valerie Hope Goldstein 617-726-0651 vgoldstein@partners.org

MASSACHUSETTS-Cape Cod
Fallmouth Hosp-Clark Cancer Center Rad/Onc Conference Room 3rd Thursday 2:00 - 3:30 PM
Jeffrey A. Gaudet, LICSW, OSW-C 508-862-7571 jgaudet@capecodhealth.org

MASSACHUSETTS-Danvers
MGH North Shore Cancer Ctr. 2nd Tuesday: 5:30-6:30 PM
Mary Anne Macaulay, LCSW 978-882-6002 mmacaulay@partners.org

MICHIGAN-ST. JOSEPH
Lakeland Healthcare 1st Monday, 5:00-6:00 PM
Lisa Sutton MA, CCC-SP 269-482-2799, x2997 lsutton@lakelandregional.org

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

MINNESOTA-MINNEAPOLIS
Hennepin/Southdale Library 1st Monday: 6:45-9:00 PM
Colleen M. Endrizzi 952-545-0200
rivers3yjk@aol.com
Charles Bartlett 612-220-5449

MISSOURI-ST. LOUIS
St. Louis University Cancer Center 3rd Wednesday: 12:00 Noon-1:00 PM
Deborah S. Minne, 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: 4:30 PM
Doug Siner 406-586-0828
WGwinner@bdh-boz.com

NEBRASKA-OMAHA
Methodist Cancer Center Meets Quarterly
Susan Stensland  402-559-4420 sstensland@nebraskamed.com

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Susan Stensland  402-559-4420 sstensland@nebraskamed.com

NEW JERSEY-Long Branch
NYU Clinical Cancer Center, 11th flr 3rd Thursday: 2:00-4:00 PM
Jackie Mojica 212-844-8775 jmojica@chpnet.org

NEW JERSEY-MORRISTOWN
The Goldsmith Wellness Center 1st and 3rd Thursday: 2:00 PM
Becky Kopke, RN, BSN, OCN 732-923-6473 BkKopke@SBHCS.com
Anita M. Pfisterer, MSW, LSW 732-923-6961
ampfisterer@aol.com

NEW JERSEY-Princeton, UMC
Catherine Owens@atlantichealth.org

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

NEW JERSEY-SOMERVILLE
Steeplechase Cancer Center 3rd Wednesday: 6:00-7:30 PM
Kelly Harth, MSW, RYT-300 908-343-8247 kharth161@comcast.net

NEW JERSEY-SPARTA
Sparta Cancer Center-Suite 250 1st Friday, 1:30-3:00 PM
Nina Sullivan, RN, BSN OCN 973-729-7001 scexams@hotmail.com
Kathryn Cramer, LMSW 570-504-7200 sccsocwork@hotmail.com

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

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

NEW YORK-ALBANY
ACS Hope Club 3rd Thursday: 7:00-9:00 PM
Kathy Rosbrook 518-758-1333 okroz@aol.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 Smallldino 716-845-4472 james.smaldino@roswellpark.org

NEW YORK-MANHATTAN
Beth Israel Head and Neck Institute 4th Thursday: 2:00-4:00 PM
Jackie Mojica 212-844-8775 jmojica@chpnet.org

NEW YORK-MANHATTAN
Mount Sinai Medical Center 3rd Tuesday: 3:00 PM
Margot Wankof, LMSW 212-241-7962 margot.wankof@mounitsinai.org

NEW YORK-MANHATTAN
NYU Clinical Cancer Center, 11th flr 1st and 3rd Thursday: 2:00 PM
Christine Nolan, LCSW 212-731-5141 christine.nolan@nyumc.org

NEW YORK-New Hyde Park
North Shore-LIJ Health System Hearing and Speech Conf Rm. LL 3rd Thursday: 6:30 PM - 8:00 PM
Sharon Lerman, LCSW 718-470-8964 Lynn Gormley 516-628-1219 / 516-314-8897 lgormley1@optonline.net

NEW YORK-ROCHESTER
Strong Memorial Hospital Luellen Resource Center, Pat. Res. Ctr. 1st Thursday: 4:30-6:00 PM
Sandra Sabatka@URMC.Rochester.edu

NEW YORK-Stony Brook
Ambulatory Care Pavilion 1st Wednesday: 6:45-8:15 PM
Dennis Staropoli 631-682-7103 den.star@hotmail.com
CHAPTERS OF SPOHNC

NEW YORK-YOSSET
NSLIJ-Syosset Hospital
2nd Thursday: 7:30-9:00 PM
Alice Steiner
516-316-9171
dralicesteiner@verizon.net
Madelyn Harper-Walsh
516-753-0923
harperm@msdirect.com

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@morrisbb.net

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

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

OHIO-DAYTON
The Chapel Room  One Elizabeth Place
Hank Deneski 937-832-2677
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 even month: 5:00 PM
Holly Metzger, LMSW 419-996-5606
hmjmetzger@health-partners.org
Linda Glorioso 419-996-5616
lglorioso@health-partners.org

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

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

OREGON-THE WILLAMETTE VALLEY
Samaritan Reg CA Ctr Library
2nd Wednesday: 5:00-6:30 pm
Lisa Nielsen 541-750-9882
HNCsurvivor@comcast.net

OREGON-PORTLAND
Regional Medical Center at Plaino
2nd Tuesday: 6:30-8:00 PM
Polly Candela, RN, MS 214-820-2608
Polly.Candela@baylorhealth.edu
Emily J. Gentry, RN
214-820-2608

PENNNSYLVANIA-ASHVILLE
Kathleen Godwin  828-692-6174
kgodwin@morrisbb.net

PENNNSYLVANIA-CLEVELAND
Dianne S. Hollinger, MA, CCC-SLP
2nd Wednesday: 5:00 PM
Diane McElwain, RN, OCN, M.Ed
717-851-2601
dmcelwain@wellspan.org

PENNNSYLVANIA-CHERRY HILL
Sharon St. Joseph’s Hospital
1st Tuesday: 6:00-8:00 PM
Cherry St. Joseph’s Hospital
1st Tuesday: 6:00-8:00 PM

PENNNSYLVANIA-DENMORE
Northeast Radiation Oncology Center
Last Thursday of the month 5:30-7:00PM
Kathryn Cranmer LMSW, CCHT
570-881-6247 – scscowork@hotmail.com

PENNNSYLVANIA-HARRISBURG
Health South Lab
3rd Tuesday: 6:30 PM
Joseph F. Brelsford 717-774-8370
Jbrelsfordl1@mmcm.com

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

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

PENNNSYLVANIA-PHILADELPHIA
Penn Med Perelman Ctr Advanced Med
1 W. Pavilion Pl  Fam Conf Rm
1st Wednesday: 9:30-11:00 AM
Micki Naimoli 856-722-5574
Tracy Lautenbach 215-662-6193
tautenbach@uphs.upenn.edu

PENNNSYLVANIA-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

TENNESSE CHATTANOOGA
Inter Community Cancer Center
2nd Wednesday: 5:00 PM
Jack Mitchell 972-346-4297
Jackmitchell5225@aol.com

TENNESSEE-CHATTANOOGA
Gilda’s Club Nashville
20th St Conf Rm
1st Tuesday: 6:30-8:00 PM
Sasha van der Schyff
206-215-1770
sashavd@swedish.org

TENNESSEE-NASHVILLE
Comcast Center Suite 300
1st Tuesday: 6:00-8:00 PM
Maria Hackett, LMSW 615-822-4921
mhc4@vanderbilt.edu

TEXAS-FORT WORTH
Ayala All Saints Hosp.- Joan Katz Conf. Room
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
Shelly Norris Peper, RN 281-401-5900
speerer@tomballhospital.org

TEXAS-McALLEN
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
Last Thursday of month: 11:30-1:00 PM
Vikki Bravo 434-982-4091, vsb4n@virginia.edu
Gordon Putnam, M. Dva, M, P4d@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 Thursday: 7:00 PM
Cynthia Gilliam 757-770-4190
beachdolphin@aol.com

WASHINGTON-SEATTLE
Evergreen Hospital Medical Center
Radi/Onc Conf Rm Green 1-245
2nd Wednesday: 6:30-8:00 PM
Kile Jackson 425-788-6562
kilejackson@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@vmmc.org

WASHINGTON-SEATTLE
Medical College of Wisconsin
ENT Clinic Rm. G3/206
Susan (Sam) Vetto, BSN, RN, BC
206-341-1720 susan.vetto@vmmc.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@urgery.wisc.edu

WISCONSIN-MILWAUKEE
Medical College of Wisconsin
Conference Rm, N, 3rd Floor
2nd Tuesday: 12:00 -1:00PM
Mary Brawley, MACCC-SLP
414-805-5635
mary.brawley@froedterhealth.org
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Please Check:  • Survivor  • Friend  • Health Professional (Specialty)

First time member:  • Returning member:  

NAME______________________________________________________________Phone (________)__________________________

ADDRESS_________________________________________________Email Address________________________________________

ADDRESS____________________________________________________________________________________________________

City_________________________________________State________________Zip________________________

Please Check:   Survivor ____Friend  ____Health Professional (Specialty)  _______________________________________________

First time member__________  Returning member________

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

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