

# HEADWAY

SINCE 2007

NEWS ON ADVANCES IN THE PREVENTION, DETECTION, AND TREATMENT OF HEAD AND NECK CANCERS

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## The unique UPMC Head and Neck Cancer Survivorship Program turns six

By Jonas T. Johnson  
*Emeritus Distinguished Service Professor, Department of Otolaryngology,  
University of Pittsburgh School of Medicine*



December 2022 marked the sixth year since the establishment of the program of Survivorship for people with cancer of the head and neck. The summer of 2016 was a busy one as Marci Nilsen, RN, PhD and Jonas Johnson, MD rushed around getting organized for a very specialized clinical program to provide specialized multidisciplinary care. The initial concept was to have one space dedicated to providing evaluation by a team including a nurse, a doctor, a dentist, a swallow therapist (speech language pathologist) and a physical therapist.

The essential backbone of this effort was to strategically employ Patient Reported Outcome Measures (PROMs) to help the provider team better understand the needs of these people. PROMs are questionnaires that have been field tested and determined to be valid in distinguishing symptoms in groups of people with similar diagnostic problems. Our initial effort included measures of quality of life, anxiety, and depression, as well as measures of swallowing and neck disability.

Dr. Catherine Palmer recommended we screen everyone who came to the clinic for hearing loss. This has proven to be very important because many people do have hearing loss and other problems with their ears. We also soon made efforts to include an expert in behavioral health and a dietician. Over time we have explored (again using PROMs) caregiver burden, health literacy, flourishing, and financial toxicity. These validated and focused PROMs help the care team better understand how we might help an individual. As a physician, I had almost always asked, "how are you?" Under most circumstances this provokes for a discussion of symptoms but it predictably fails to fully explore all facets of survivorship. The use of PROMs gives us a far more extensive understanding of "where we might look to help."

When people come to our Survivorship Clinic, the nurse reads and scores every response to the PROMs *before* we begin the patient interview. We then can begin a very structured approach toward providing help. After the nurse interview with the patient, the doctor and the nurse discuss and review both the PROMs and the interview to plan the rest of the Survivorship visit. When I examine the patient I look for recurrent cancer and I ask the patient if they want to see these other experts. So every clinic visit is tailored to the individual.

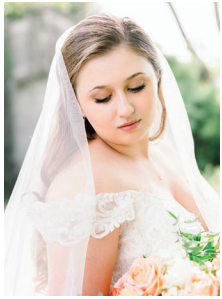
Our efforts to provide better care have also allowed us to better understand the needs of this population. Quite honestly, many of the patient needs we have identified have been underestimated by head and neck cancer care teams. Throat cancer represents

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## Love and strength with the help of Mrs. Claus Club

By Christine DeAndrea  
*Cancer Survivor*



Without a doubt, the happiest day of my life was the Fourth of July 2021, when, after eight years together, my high school sweetheart and I were married.

The following day we flew to Cancun for our honeymoon. Unfortunately, I started to feel ill and very confused. My sweet husband rushed me to the resort physician who urged us to go to the local emergency room, and lo and behold I was found to be septic with a blood born infection of unknown origin. I was put on antibiotics but continued to decline until eventually I needed airway support. The medical team transferred me to the ICU and placed me on a ventilator and into a medically induced coma. A few weeks later I awoke in Florida, as my husband and family had me medically evacuated back to the United States.

While I was finally extubated and awake again, and the infection at bay, I was completely paralyzed. After another month in the Florida hospital, I was able to be transferred to a facility back in Pittsburgh to do inpatient physical therapy rehabilitation to learn how to sit up, walk, write and just live a normal life again. I remember feeling frantic and frustrated; complications hindered my recovery and it was so difficult to do little things like get dressed or put on shoes.

I thought I would never get through physical therapy, but there was Malissa Bradfield, on the phone with me offering support. Malissa was a Mrs. Claus Club member and lived across the street from me for my entire life. She has been there for our little group of neighbors through thick and thin and truly has been like family to me for as long as I can remember. She kept reminding me that God is good and telling me that I need to be able to walk so that I can come visit her sweet little trio of dogs who frequently wait for neighbors to pass by the front yard.

So I continued to push myself, and by October I finally finished physical therapy rehab and was able to walk up the steps to our apartment for the first time since our wedding. I was excited to go back to work and live together as a young married couple.

Then, just one week later, I found a painful mass in my chest the size of a golf ball which took me back to the hospital. I hadn't noticed it before because for so long I wasn't able to move my arms. Within a few days my physician had biopsied the area and confirmed that the mass was in fact cancerous. They ruled it stage 3, grade 3, triple negative, BRCA 1 + breast cancer. The phone call sort of didn't feel real. I felt so hopeless, I thought that all of this was behind me. I really believed the doctors when they told me not even two weeks before that I was fine and everything was only going to go up from here. I thought we had metaphorically made it through the tunnel and come out the other side. And there was Malissa again, reminding me that God is good and that He will give me strength and bring me through this too.

One day a lovely basket from Mrs. Claus Club appeared on my doorstep. During treatment, the fluffy socks made my foot sensitivity less noticeable, and cold hospital rooms feel more like home. The ginger candies made nauseated post-chemo car rides to and from the hospital more bearable. The knitted hats were soft on my head and covered up the baldness and made me feel pretty and girly while I was without my curls. And I never would have been able to get into the car without the port pillow...thank you to whomever took the time to be so crafty and make it (it really made all the difference in the world, allowing me to be mobile while having a port).

The care package was more than just a beautiful basket of tangible things, it helped me to remember that Matt and I were not alone in this. I cannot give thanks enough to Mrs. Claus Club for the basket, to everyone who donated to GoFundMe to get me back home, and for every prayer said for me and my family. It all means so much to me to know there were people out there praying for me, sending good vibes my way, and really rooting for me to keep on living.

Overall, I underwent six months and 18 rounds of chemotherapy, a few more ICU stays for complications relating to the chemo, a double mastectomy and

reconstructive surgeries, and more upper extremity physical therapy. Results from the final surgery have come back and I have officially been declared in remission! Recently, I adopted the newest member of the neighborhood dog pack, Eloise, and resumed working as a psychiatric physician assistant. I also became a member of the Mrs. Claus Club, and contribute in some way to the wonderful work they do.

The moral of the story is Malissa is always right, in that you can persist through anything as long as you lean on the ones that you love; God is good and will give you the strength you need; and small dogs really are the spice of life and everyone needs at least one...or six.

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## Trust

By Karen Steinmiller  
*Cancer Survivor*



For several years, God was putting a message of trusting in Him before me. Sure God, I trust in You. Then it happened. The phone call announcing the results of the

biopsy. It was breast cancer, stage 3, HR positive. Like a whirlwind, all the doctor visits were set up, surgeon, oncologist, plastic surgeon, and the port. Wait one second here; I have not even digested the thought of what this all means to me.

My thoughts were all over the place. Now what? How do I break this to my family? Trust in Him!

Before I even started all of my doctor visits and treatments, I received a visit from Jeana Watenpool from Mrs. Claus Club. She had the biggest smile that could brighten any gloomy day. I looked with amazement at the comfort basket that accompanied her. Wow, will I need all this stuff? I did!

Since the mass was over 5 cm, the decision was made to start with chemo treatments to reduce the mass size, followed by surgery, and then radiation. A&C, that rightly called red devil, will knock the socks right off your feet along with the hair on your head. Then the 12 weeks of Taxol. Trust in Him!

I also made the decision to keep working



while receiving the chemo treatments. As great as the fatigue became, I was thankful my employer allowed me to work from home during this time. It kept my mind on something other than myself. Therefore, I was either working 10 hours a day, four days a week, or sleeping. Trust in Him!

More and more chemo brought on more and more side effects, all totally explained by my oncologist. Thank you Dr. Miller, the PA, and all the nurses – I greatly appreciated Jason, the only male nurse on staff at that time. He had the strength needed to push in that syringe of red devil, kept me comfortable, and helped pass the time talking and joking around. Trust in Him!

The Taxol had more side effects on me. Fingernails and toenails splitting and falling off, neuropathy in the hands and feet (still have today), and more fatigue, to name a few. I cannot complain about nausea, they have this down pretty good, although, the Benadryl was hard to handle. I asked if they could lessen the amount of the chemo and Benadryl. Dr. Miller agreed. The sensitivity in my hand subsided enough that I could still type and keep working. Trust in Him!

This is not something you can do alone. I was blessed to have either my sister, Donna, or my friend, Nancy, take me to all the treatments and doctor appointments. Many other friends and family either brought food, called, or sent cards to encourage me through the process. These acts of kindness were greatly appreciated. A card or phone call may seem too simple to some, but in reality, it meant more than words could express to know that someone was either praying or thinking of me. Trust in Him!

After all the chemo was completed, tests proved the mass had shrunk. It was time to plan for surgery. I could have chosen a lumpectomy, but this was not something I wanted to go through again any time soon, so the choice was to do a bilateral mastectomy. None of my family and friends could believe I would have surgery and go home the same day. Who knew I would go home like a sandwich wrap, not me. Trust in Him!

After healing from surgery, 25 radiation treatments were next on the list. The first week was not so bad, but after that, things tend to get a little cooked. Moisturizer to the rescue. After a few more weeks and near the end when the blisters start to show up, what no moisturizer. No, it is

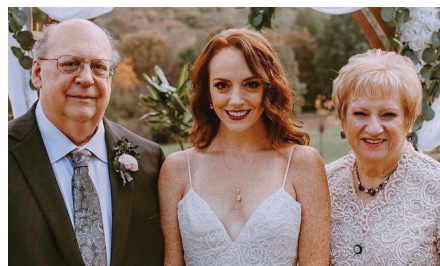
time to dry out the skin. You learn many new things going through this for sure. All is well now. I even show off my two dot tattoos, lol. Trust in Him!

I come from a very large family on my mother's side (she was one of 14). I knew of no one who had breast cancer. Never in a million years would I think that one day this would have been something that I would be facing. I never went for mammograms before my first diagnostic test. Friends kept trying to coax me into having a mammogram, but I just waved it off thinking it would never happen to me. Well, as you have been reading here, it did. I was the first. It could happen to anyone. Cancer is not picky.

Still trusting in Him!

## Finding peace after a surprise diagnosis

By Karen Rose  
*Cancer Survivor*



*Dave and Karen Rose with their daughter, Shelby Atkins, on her wedding day*

My cancer journey began in June 2021. I had a routine mammogram and expected the report that I had always received – “You are fine. Come back again next year for your annual mammogram.” Instead, I was told that there was a suspicious lump that needed to be biopsied. The biopsy went well, and I fully expected to get a report of “dense breast tissue.” I was surprised again with the report of Invasive Ductile Carcinoma. I was both estrogen and progesterone positive, and would need to wait a week to get the report back to see if I was HER2 positive or negative. I was in shock, cried for two days, and I was very fearful. Then on the third day, I suddenly received a peace that I could not explain. It seemed to feel like a blanket that covered me and I didn't ever want to leave from under that blanket. That peace never left me. When I got the call that I was HER2 positive, which was the report that I did not want to hear, I knew I was going to be OK.

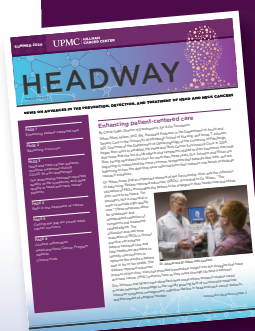
I met with a surgeon and was told that

I would probably need surgery and radiation, along with chemo and IV therapy because of the HER2 positive report. I liked the surgeon, but wanted to honor a friend's recommendation to see a surgeon who she thought was the best. I had my second opinion with this new surgeon. Although I liked the first surgeon, I REALLY liked the second one, so decided to use her for my surgery. She re-did the test from my initial biopsy, and the results were the same. I scheduled my lumpectomy and had it in August.

The surgery went well, and I never even needed a Tylenol for pain. I had zero pain, and still had peace that was unexplainable. The surgeon told me my margins and lymph glands were clear. After time to heal, I was off to see my oncologist.

I went to see the oncologist to learn about the treatments. She informed me that after sending the tissue from the lump that was removed to the lab, the HER2 positive report was now HER2 negative. Therefore, I would not need the IV therapy, but would still most likely need the chemo. She said it would be determined by the numbers on a final test that she wanted to run. When the test came back, she said I did not need the chemo. This was a miracle to me! How could it have been HER2 positive after two tests, and then be HER2 negative on the third? I sobbed in her office when learning this because I was overwhelmed with gratitude to God for this unexpected report which I had never imagined could be possible!

I did have 20 radiation treatments, and I'm on estrogen-blocking pills. I also had my yearly mammogram and heard the words that I had always heard in the past – “You are fine. Come back again next year for your annual mammogram.” I am doing my happy dance for both this report AND for having the peace that passes all understanding.



For additional topics on the prevention, detection and treatment of cancer, including head and neck cancer, visit [www.hillmanresearch.upmc.edu/about/news/](http://www.hillmanresearch.upmc.edu/about/news/)

publications for archived issues of Headway.

## Trismus

By Jacklyn Berry, PT, DPT, CLT  
Women's Rehab and Men's Health  
Certified Lymphedema Therapist  
UPMC Centers for Rehab Services



Trismus is defined as limited mouth opening, measuring at 35 mm or less. Factors contributing to trismus include tumor size and location in the mouth,

surgery to the mouth or jaw, and radiation. Trismus is a common side effect after treatment of head and neck cancer, but it can be addressed with exercise and myofascial release.

### Radiation Fibrosis

On average, mouth opening range of motion decreases by 20% after radiation treatment. This is due to radiation fibrosis. Radiation causes a decrease in blood supply to tissues, leading to tissue injuries and damage, resulting in fibrotic tissues. Fibrotic tissues have less elasticity and therefore cannot stretch and function the way healthy, normal tissues do.

### Risk Factors with Trismus

Decreased mouth opening can lead to limited function with daily tasks of living such as eating, speaking, or performing oral hygiene. Many people with trismus are reluctant to engage in social situations due to their limitations. Trismus can also become more life threatening if it limits the ability to access the person's airway, perform tumor surveillance, or undergo dental procedures.

### Preventing Trismus

The best line of defense from developing trismus is to practice daily and frequent jaw exercise. You can practice opening your mouth to the widest of your ability by trying to do a big yawn. This should bring you to the desired end-range of motion. At this range, you can hold the stretch for a couple seconds and repeat multiple times a day. If you are not sure if you have trismus, it is best practice to have your mouth opening range of motion measured by a healthcare provider. If you cannot be seen by a provider quickly, you can try to fit three fingers inside of your mouth vertically. If you are unable to fit three fingers inside of your mouth, you may have trismus.

If you find that you have trismus, it is imperative that you seek the appropriate care from your physician or physical therapist.

### Seeking Care for Trismus

If you are interested in receiving physical therapy to address your trismus, ask your medical oncologist, ENT surgeon, or the Head and Neck Survivorship Clinic to send a referral for Physical Therapy. Throughout UPMC Centers for Rehab Services, there are over 18 clinics in the Western Pa. region that have physical therapists who specialize in treating patients with head and neck cancer and trismus.

### Treating Trismus

Trismus can be addressed in a physical therapy clinic with manual therapy techniques and exercise. The muscles of mastication (chewing) include the lateral and medial pterygoids, masseter, and temporalis muscles. These muscles primarily function in chewing, and resist mouth opening when restricted. Trained physical therapists can stretch and promote relaxation of these muscles by performing myofascial release intraorally. Other manual therapy techniques can be performed intraorally and along the head and neck externally to improve circulation, address muscle spasms, and reduce adhesions that can limit mouth opening. Jaw mobilizations can also be performed to address the Temporomandibular Joint (TMJ) mobility.

Manual therapy techniques can be very effective with addressing trismus. However, to maintain the results you achieve through physical therapy, you must adopt a regimented stretching program for your jaw. The stretches will be assigned to you by your physical therapist. Check with your doctor or physical therapist about potential use of a stretching device to help you reach your goals. Therabite, Orastretch, or a stack of tongue depressors can be used to assist you with your stretches, but you must be cleared by your medical provider prior to use to ensure safety to your jaw and teeth.

In the head and neck cancer population, trismus is common. The deficits can impact your safety and your ability to perform activities of daily living, but with the proper care, these deficits can be addressed. If you feel that you may be experiencing trismus, reach out to your physician for a referral for a physical therapy evaluation.

## Medical mistrust

By Zainab Balogun  
University of Pittsburgh School of Medicine,  
Class of 2024



Mrs. TH had just spent the last week celebrating her sixtieth birthday when the pain she had been experiencing in her left mandible became unbearable. The

pain was one thing, but the continuous swelling was starting to disfigure her face, and she had no choice but to seek a doctor's opinion.

Mrs. TH had not seen a physician in many years due to her many unpleasant visits in the past. These minor inconveniences with various healthcare professionals culminated in resentment and mistrust toward the healthcare system, to the point that she avoided going to the hospital, except for a life-altering event. This event would prove to be a significant exception when she was referred to a head and neck cancer specialist.

Upon questioning from the specialist, Mrs. TH reported the pain started nine months ago and she had only been using over-the-counter pain killers to numb the pain till it had recently become intolerable. Further investigation of Mrs. TH's oral cavity would show a significantly ulcerated lesion on her buccal cavity with the presence of an enlarged, painless, fixed lymph node in the submandibular area, which she had failed to notice. Based on clinical, radiological, and histopathological evaluations, a diagnosis of stage 3 oral squamous cell carcinoma was made.

After the completion of extensive surgical intervention and radiotherapy, Mrs. TH was partially back to her usual physical self. She had significant side effects from the treatments and would need an intensive round of oral rehabilitation to have improved oral function. Early diagnosis of oral squamous cell carcinoma is incredibly important as it can predict a patient's health-related quality of life. Being diagnosed as stage 3 meant Mrs. TH had an increased risk of a worsened quality of life and decreased survival probability. However, the acquired mistrust of the medical system prevented her from

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## Early exercises with Speech Pathologists help cancer patients

By Sarah K. Smith, MCD, CCC-SLP  
University of Pittsburgh Medical Center  
Department of Otolaryngology



Sarah Smith with her dog, Kadiera

Head and neck cancer patients have a unique set of therapeutic needs, especially regarding their swallowing and ability to eat. Speech-Language Pathologists (SLPs) are medical professionals who

assist with the swallowing rehabilitation needs of head and neck cancer patients. Here at UPMC, SLPs are part of the Department of Otolaryngology (ENT).

The National Comprehensive Cancer Network (NCCN), an organization of leading cancer centers that publishes guidelines for cancer care, recognizes the need for speech pathology early in the diagnosis and treatment of head and neck cancers. Speech pathology is typically recommended in their guidelines from onset of diagnosis through treatment in oral, pharyngeal and laryngeal tumors. The NCCN guidelines often call on SLPs to complete a baseline swallowing evaluation, which is designed to understand how the patient is eating and drinking prior to treatment. Because some patients develop symptoms before treatment due to the size and location of the cancer, this information is helpful, as it allows SLPs to “flag” patients who are already experiencing dysphagia (i.e. trouble swallowing) and may be at risk for malnutrition, weight loss, or prolonged swallowing difficulty during and after treatment.

Current medical treatments for head and neck cancer often include surgeries, radiation therapy, chemotherapy, and immunotherapy. Sometimes patients benefit from a combination of therapies including a primary treatment (such as surgery), followed by an adjuvant treatment (such as chemotherapy and radiation). While these treatments are completed to help cure head and neck cancers, they often leave people with changes to their swallowing function. Some of these changes

can include stiffness and decreased mobility in the tongue, epiglottis (a cartilaginous flap that covers your airway when you swallow) and throat. When these muscles and structures become stiff, patients may feel that their food is not going down the way it should, or may see increased coughing or choking episodes while eating. A published article in 2013 by Wall et. al. cited that up to 75% of head and neck cancer patients undergoing chemotherapy or radiation experience one or more of these symptoms. In recent years, SLPs have become more involved with the swallowing rehabilitation of these patients, as they are experts in head and neck anatomy and work with the surgeons and oncologists to understand the tissue changes patients experience in response to their cancer treatment.

New research has emerged throughout the years in speech pathology demonstrating the success of a swallowing program during cancer treatment. These prophylactic or “prehab” exercises often include exercises for the throat and tongue and focus on maximizing range of motion and strength. The speech pathologists working in ENT at UPMC have had significant success in starting patients on swallowing therapy before cancer treatment. They found that patients who completed intensive swallowing exercises prior to cancer treatment had fewer instances of pneumonia and reported a better swallowing experience after treatment,

compared to those patients with a similar diagnosis, who did not exercise prior to and during therapy.

There are some factors and side effects of head and neck cancer treatment, which may limit a patient’s ability to complete prophylactic swallowing exercises. Pain and discomfort associated with dry mouth and mucositis are the most common barriers for patients trying to eat and maintain weight during cancer treatment. Other side effects include dry mouth (i.e. xerostomia), burning mouth syndrome, and lymphedema – all of which can impact a patient’s quality of life. Early swallowing exercises help to maintain muscle mass longer, helping patients swallow through some of the side effects of cancer treatments. SLPs and ENTs at UPMC work together to manage these side effects and help give patients better outcomes.

There are some variations as to who will benefit the most from prophylactic swallowing exercises. Variations in the staging of a tumor, and the intensity and type of intervention provided to cure the cancer play a role in patient swallowing outcomes. If you have recently been diagnosed with head and neck cancer and are in treatment planning, or if you are experiencing changes to your swallow after cancer, you are invited to contact the ENT department at UPMC at 412-647-2100 to schedule an evaluation with an SLP, or come for an evaluation at the UPMC Survivorship Clinic, located in the Eye and Ear Institute.

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### UPMC Head and Neck Cancer Survivorship Program turns six

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only about 4% of the entire cancer population in the United States. Accordingly, it has been relatively ignored. Our clinical efforts have attracted physician trainees and students from across the Health Sciences (such as nursing, dental, medical, and undergraduates) who have volunteered to help. Many of the patients reading this have generously given their time in participating in our research projects. These results are eventually reported to providers everywhere.

Our research data has allowed us to publish almost two dozen reports in the medical journals. These data have been presented across the nation (and internationally). Our advocacy has resulted in change as others in cancer centers across the nation (and across the

world) have begun to emulate this new model for care.

As we celebrate these six years, we continue to evolve. We have an enhanced care program for people undergoing radiation therapy. We are investing in new research programs to better understand the biology behind some of the toxic side effects we have encountered. We are exploring health literacy as we seek to better understand medical mistrust. At the end of the day we seek to provide data that will show that improved care through efforts to enhance navigation of our very complex health care system, will reduce waste, improve quality of life, and prolong survivorship for this very special group of people.

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## Medical mistrust

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visiting the doctor at a period when the oral cancer could have been detected earlier.

Unfortunately, Mrs. TH's story is not an isolated case of medical mistrust. According to the medical literature, several findings are demonstrating the prevalence of medical mistrust, particularly among minority populations. For example, several studies have shown that medical mistrust has been associated with suboptimal health behaviors such as medication nonadherence and low health care engagement, which subsequently result in a lower quality of life and increased risk of the advanced staging of different types of cancers<sup>1</sup>.

What could be the reason for said mistrust? There are several reasons unique to each patient from medical errors that influence the confidence patients have in their doctors to both the historical and modern accounts of racism that affect minority populations. In head and neck cancer (HNC) where early diagnosis is key to improved outcomes, medical mistrust serves as a significant roadblock that prevents patients from getting optimal care.

To move forward and enhance the trust of patients, medical providers must accept responsibility for past wrongs and work hard to correct current injustices in healthcare. In the realm of head and neck cancer, it is highly important for providers to engage patients in honest conversations about medical mistrust – the past negative experiences faced by patients – and work with them to re-instill that trust. By getting educated in patients' experiences, we can fill the gap in knowledge and further create interventions that help reduce healthcare disparities, such that a case like that of Mrs. TH would be a rarity.

### REFERENCE:

<sup>1</sup>Bogart LM, Ojikutu BO, Tyagi K, Klein DJ, Mutchler MG, Dong L, Lawrence SJ, Thomas DR, Kellman S. COVID-19 Related Medical Mistrust, Health Impacts, and Potential Vaccine Hesitancy Among Black Americans Living With HIV. *J Acquir Immune Defic Syndr.* 2021 Feb 1;86(2):200-207. doi: 10.1097/QAI.0000000000002570. PMID: 33196555; PMCID: PMC7808278.

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## Support groups

- A support group primarily for head and neck cancer patients, family members, and caregivers meets each month at UPMC Cancer Center, Upper St. Clair, 200 Oxford Drive, Suite 500, Bethel Park, Pa. For more information, call 412-622-1212.
- **Let's Talk Laryngectomy Support Group** – Meetings are held monthly at Forbes Regional Hospital, 2570 Haymaker Road, Monroeville, Pa. Contact Rich Boguszewski at [rbogos@gmail.com](mailto:rbogos@gmail.com) or Dan Evans at [djevans222d@gmail.com](mailto:djevans222d@gmail.com).

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### Head and Neck Oncology

#### Eye & Ear Institute

203 Lothrop St., Ste. 300  
Pittsburgh, PA 15213  
412-647-2100

### Head and Neck Cancer Program UPMC Hillman Cancer Center

5150 Centre Ave.  
Pittsburgh, PA 15232  
412-647-2811

### Robert L. Ferris, MD, PhD

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Associate Vice-Chancellor for  
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Co-Director, Tumor Microenvironment Center  
Professor of Otolaryngology, of Immunology,  
and of Radiation Oncology

### Christine A. Platania

Head and Neck SPORE  
Grant Administrator

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## Contact information

American Cancer Society.....	1-800-227-2345
Assistance with Coping.....	412-623-5888
Cancer Bridges.....	412-338-1919
Cancer Information and Referral Services .....	412-647-2811
Clinical Trials.....	412-864-1728 or 412-864-3759
Eye & Ear Foundation .....	412-383-8756
Face2Face Healing.....	1-844-323-4325
Family Care Giver Education and Support .....	412-623-2867
Gumberg Family Library .....	412-623-4733
Head and Neck Cancer Support Group.....	412-622-1212
Heart and Hands Ministry .....	724-935-3636
Hopwood Library at UPMC Shadyside .....	412-623-2620
Hyperbaric Oxygen Treatment .....	412-647-7480
Mrs. Claus Club of North Hills.....	412-992-7339
Pain and Supportive Care.....	412-692-4724
Prostate Cancer Support Group .....	412-647-1062
Satchels of Caring Foundation.....	412-841-1289
Swallowing Disorders Center	
UPMC Eye & Ear Institute (Oakland).....	412-647-6461
UPMC Shadyside.....	412-621-0123
UPMC Division of Sleep Surgery	
Mercy.....	412-232-3687
Monroeville .....	412-374-1260
American Cancer Society website.....	<a href="http://www.cancer.org">www.cancer.org</a>
Head and Neck Cancer Program website.....	<a href="http://UPMCHillman.com/headandneck">UPMCHillman.com/headandneck</a>

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## Head and Neck Cancer Program website

Looking for more information about patient services, current research, clinical trials, news and events, and other valuable information pertaining to head and neck cancers? Check out the website for the Head and Neck Program of UPMC Hillman Cancer Center at [UPMCHillman.com/headandneck](http://UPMCHillman.com/headandneck).

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## Clinical trials

For more information about head and neck clinical trials, contact Amy at 412-864-1728 or Denise at 412-864-3759.