## Head and Neck Cancer — A Growing Concern by Jamie Talan



Volunteer firefighter Al Statton is back to putting out fires after undergoing treatment for tongue cancer.

The first sign of trouble appeared in Helene Mangones's mirror. At age 59, the Baldwin resident was staring at a flap of skin on the bottom of her tongue. Al Statton of Greenlawn thought he had an unrelenting ear infection — and so did his doctors, who prescribed antibiotics for months before they discovered a tumor that wrapped around his jugular vein and carotid artery. He was also in his late 50s.

Ms. Mangones and Mr. Statton are among the growing number of people diagnosed with tumors of the tongue, head and neck. While no one knows why incidence of these cancers is on the rise, researchers have identified at least one new culprit. The human papillomavirus, or HPV, appears to increase cancer growth in the back of the throat, including the tonsils and the base of the tongue.

While neither Ms. Mangones nor Mr. Statton had HPV, between 4,000 and 5,000 men and women in the United States are diagnosed with HPV-associated oropharyngeal cancers each year. Other cancers of the head and neck — tumors of the oral cavity, larynx, pharynx, salivary glands and nose and nasal passages — represent 3 percent of all cancers in the country.

These numbers have been climbing steadily for two decades. The reasons are many, according to Douglas Frank, MD, director of the North Shore-LIJ Cancer Institute's Center for Head and Neck Oncology. Tobacco and alcohol use top the list, but genetics, other unknown environmental factors and known contributors, such as HPV, are at play. Still, patients like Ms. Mangones have never smoked, drink only in moderation and have no evidence of HPV in their cancer cells.

Dr. Frank has assembled 40 health professionals to manage every aspect of patient care. Located at the Center for Head and Neck Oncology at LIJ Medical Center, the team conducts research, including the collection and maintenance of a head and neck tissue bank, clinical trials and an imaging study to compare the benefits of

fluorodeoxyglucose-positron emission tomography (FDG-PET) and computed tomography (CT) in assessing standardized uptake values that help determine tumor size. They also offer treatment protocols designed specifically for HPV-positive patients.

## TAKING COMFORT IN TEAMWORK

Ms. Mangones arrived at the Center for Head and Neck Oncology in March 2009 for a biopsy. Physicians initially believed the piece of tissue on the bottom of her tongue was a pyogenic granuloma. However, on the day of Ms. Mangones's scheduled outpatient appointment to have the growth removed, life took an unexpected turn when she was diagnosed with tongue cancer.

Ms. Mangones was admitted to the hospital and prepped for surgery with a tracheotomy. Two weeks later, she returned for an eighthour procedure to remove the tumor and

reconstruct her tongue with tissue excised from her cheeks. A week after her 36 sessions of radiation ended, Ms. Mangones returned to work as director of human resources at a tax preparation company in New York City.

"I wasn't seen by just my doctor; he was part of the team," she said of her care. "I was never concerned I would fall through the cracks. Everyone was amazing."

## **RESPONDING TO THE CALL OF DUTY**

By the time Mr. Statton was referred to the center, his cancer had spread beyond his tongue into the lymph nodes on the right side of his neck. Mr. Statton had smoked for decades, although he had not picked up a cigarette in four years. He spent 30 years in the Army and worked closely with chemicals. For the last two decades, he had also volunteered as a firefighter, responding to more than 8,500 calls.

Mr. Statton underwent an intensive course of radiotherapy and chemotherapy. This was accompanied by five surgeries, including two to reattach the retinas in both eyes that were damaged from a rare reaction to chemotherapy.

Both patients had a difficult time eating while fighting their tongue cancer because radiation treatment destroyed taste receptors in their mouths. Mr. Statton focused on one goal during his road to recovery: getting strong enough to return to firefighting. Last September, he turned on his beeper and waited for the first alarm. It was music to his ears.

Learn about your options.
For more information about the Center for Head and Neck Oncology, call 718-470-7552 or visit the North Shore-LIJ Cancer Institute Web site at NorthShoreLIJ.com/cancer.