

News from the Department of Head and Neck Surgery, The University of Texas M. D. Anderson Cancer Center

Mission Statement

The mission of the Department of Head and Neck Surgery is to deliver the highest possible clinical care for patients with head and neck cancer, to lead the world in head and neck oncologic research and cancer prevention, and to educate the future leaders in the field.

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Chairman's Corner

This year, we have been active in recruiting and initiating new programs. We are pleased to have recruited Dr. Amy Hessel, an outstanding clinician-educator. Dr. Hessel will see patients, assist Dr. Jeffrey N. Myers, Deputy Chair for Academic Programs, with the fellowship training program, and pursue her interest in outcomes research. Dr. Chris Holsinger is pursuing an advanced degree in clinical investigation at the Graduate School of Basic Science at The University of Texas. He will be one of the first head and neck surgeons in the United States with an in-depth education into the development of clinical trials through hypothesis development, trial design, execution, and analysis of outcome. Dr. Eduardo Diaz, Jr. was appointed Medical Director for the International Center, and Dr. Ehab Hanna has assumed the leadership of the Head and Neck Center. Dr. Hanna has already helped expand clinic staff to enable us to care for patients in an efficient and more time-effective way.

We look forward to moving to our new clinic on the 10th floor of the clinic facility in the fall of 2005. The greatly expanded space will enhance patient flow and provide a pleasing environment in the waiting areas and treatment rooms. The new center will support programmatic growth in head and neck endocrine surgery, multidisciplinary skull base surgery, and the development of a center of oral premalignancy. The department has already consolidated its research laboratories in the tan zone of the Surgical Research Building. Co-location of our labs under the direction of Dr. Gary Clayman, Director of Research, Dr. Myers, and Dr. Erich M. Sturgis has created an excellent mentoring environment for our fellows and will permit economies of scale and cost-savings through shared resources.



Randal S. Weber, MD,
Chairman

The department has initiated a Visiting Professor program, inviting outstanding clinicians and scientists to visit three times a year and share their knowledge and expertise with us. We were pleased to host Dr. Jesus Medina as our Distinguished Visiting Professor in 2004 and Dr. Eugene Myers in 2005. Dr. Jatin Shah from Memorial Sloan-Kettering Cancer Center will be our Distinguished Visiting Professor in 2006.

We held a joint retreat with the Department of Head and Neck surgery at Memorial Sloan-Kettering Cancer Center in the fall of 2004 to foster collaboration between the two programs. Through our spirit of collaboration, a joint visiting professor program was organized in which members of each department will deliver lectures in New York and Houston, respectively, on a rotational basis. The Head and Neck Cancer Workshop hosted by Memorial Sloan-Kettering in the fall will now be a jointly sponsored program between our two institutions, to begin in the fall of 2005.

The Current Concepts in the Management of Thyroid and Parathyroid Neoplasia Conference (October 5-8, 2005, in Santa Fe) chaired by Dr. Clayman will be an outstanding program with experts in thyroid and parathyroid surgery, endocrinology, diagnostic imaging, and nuclear medicine.

We will implement the Visiting Fellowship Program over the next few months in which practitioners are invited to visit for four days of intensive observership in a multidisciplinary setting. The fellowship will provide opportunities for observation in the clinic and operating room and attendance at two didactic conferences and our multidisciplinary head and neck patient disposition conference. Interested individuals may contact Mariann Crapanzano at (713) 745-2550.

We look forward in the years ahead to further development of our clinical, educational, and research programs. ■

Randal S. Weber, MD,
Hubert L. and Olive Stringer Distinguished
Professor in Cancer Research and
Chairman, Department of Head and Neck Surgery

Fellowships Expand Education and Enhance Patient Care

Head and Neck Surgery • Maxillofacial Prosthetics and Oncologic Dentistry • Speech Pathology and Audiology

To train leaders in the field of head and neck surgical oncology, with an emphasis on multidisciplinary patient care, education, research, and cancer prevention—this is the goal and underlying principle behind the head and neck surgical oncology fellowship and other educational programs in the Department of Head and Neck Surgery at M. D. Anderson Cancer Center.

Headed by Jeffrey N. Myers, MD, PhD, Deputy Chair for Academic Programs and Fellowship Program Director, departmental fellowships are specially tailored to each fellow's interests and professional goals, providing a one-year clinical fellowship with an optional one or two years of laboratory- or public health-based research. Funding for these positions is provided by the National Institutes of Health (NIH) and institutional grants.

At the core of the department's training programs are the multidisciplinary approach to patient care and an emphasis on education. Fellows work with not only head and neck surgeons but also experts in related disciplines, such as medical oncology, radiation oncology, plastic surgery, radiology, speech pathology, and maxillofacial prosthodontics.

Nowhere is this approach better exemplified than with the Combined Surgical Oncology and Microvascular Surgery Fellowship. Participants spend the first year of training in the Department of Head and Neck Surgery and the second in the Department of Plastic Surgery, which emphasizes microvascular and head and neck reconstructive surgery. And it is hoped that those who complete the program will build upon their M. D. Anderson experience to help establish liaisons between disciplines in other settings.

The advanced head and neck surgical oncology fellowship is further enhanced by M. D. Anderson's Skull Base Tumor Program, directed by Ehab Y. Hanna, MD, Vice Chair for Clinical Affairs, in concert with Franco DeMonte, MD, of

the Department of Neurosurgery. Head and neck surgery fellows rotate through the Skull Base Tumor Program, where they learn a variety of skull base surgical techniques, including both open and minimally invasive approaches. State-of-the-art minimally invasive approaches are endoscopic sinus surgery and neuroendoscopy. Both are aided by image-guidance, in which preoperative CT scans of the patient's skull base and tumor help guide the surgeon during surgery. In the near future, intraoperative MRI at M. D. Anderson will provide real-time imaging for skull base surgeons during the operation. Because the advantages provided to fellows who rotate through the Skull Base Tumor Program are so many, a separate, dedicated skull base surgery fellowship is currently being planned.



Dr. Randal S. Weber, Chairman of the Department of Head and Neck Surgery, and a head and neck surgery fellow operate on a patient.

Physician-scientists can structure their fellowship to support their research interests. Fellows may work for one or two years in one of the department's research laboratories, headed by Dr. Myers, Gary L. Clayman, DMD, MD, Director of Research and Deputy Head for the Division of Surgery, Erich M. Sturgis, MD,

MPH, who holds a joint appointment in the Department of Epidemiology, and Ann M. Gillenwater, MD. Fellows also have the option of working in a lab in another department at M. D. Anderson to advance their research interests in another discipline.

The success of this program is marked by that of its former fellows.

"The physician-scientist model has been my career roadmap, which has given me a great path to follow," said Paul M. Spring, MD, MS, assistant professor of surgery at University of Kentucky and former head and neck surgery fellow.

The department's educational opportunities extend to residents as well. Through the Alando J. Ballantyne, MD, Distinguished Fellowship Program for Residents, senior residents in surgical specialties at other institutions rotate through the department in a three-month block. Here, they receive an exceptional surgical experience in a multidisciplinary setting, interacting with experts from different disciplines to provide the best patient care.

In another program for residents, held in collaboration with Baylor College of Medicine, qualified Baylor otolaryngology residents can dedicate 18 to 24 months of their residency to research at M. D. Anderson. Funded by the NIH, this program allows residents to participate in lab-based research under the mentorship of physician-scientists.

Also central to the department's training programs is a focus on education. Fellows and residents are trained not only in patient care and research, but also as physician-educators, attending departmental lectures, core curriculum series, and inpatient rounds with departmental staff. The head and neck surgery fellowships are in compliance with standards of the American Committee on Graduate Medical Education.

"This highlights the importance of education," said Dr. Myers. "Not only training physicians in patient care, but also developing the next generation of surgeons, scientists, and physician-scientists." ■

One of just twelve maxillofacial prosthetics training programs in the United States accredited by the Commission on Dental Accreditation of the American Dental Association (ADA), the one-year Fellowship Program in Maxillofacial Prosthetics and Oncologic Dentistry at M. D. Anderson provides advanced training in one of the country's largest cancer centers.

In this setting, fellows are provided hands-on learning in the management, treatment, and rehabilitation of patients whose cancer or cancer therapy has affected their oral-facial structures. Fellows practice oncologic dentistry—which comprises oral pathology, oral medicine, maxillofacial prosthetics, and general dentistry—in a multidisciplinary setting, closely interacting with radiation oncologists, medical oncologists, and other specialists at M. D. Anderson who treat patients with cancer. This interdisciplinary approach provides not only complete care for the patients but also simultaneously broad and intensive training for the fellows.

The fellowship program furthers the department's objective of training and educating leaders in all aspects of head and neck oncologic care. Directed by Jack W. Martin, DDS, MS, it is offered by the Section of Oncologic Dentistry and Prosthodontics. This unique discipline within the Department of Head and Neck Surgery is divided into four subsections, each related to different aspects of cancer therapy: radiation therapy, chemotherapy, intraoral rehabilitation, and facial prosthetics. Fellows rotate through all sections, gaining an extensive understanding of the effects of cancer and its treatment and maximizing the learning experience.

Fellows learn treatment planning and the effects and mechanisms of different therapies, as well as how to fabricate intraoral and extraoral prostheses. Also studied are the psychosocial challenges faced by patients with facial defects.

In step with the institution's



Dr. Jack W. Martin, chief of the Section of Oncologic Dentistry and Prosthodontics, discusses a mandibular prosthesis with dental fellows Dr. Mario Ganddini and Dr. Ioli Artopoulos.

multidisciplinary approach, fellows in the maxillofacial prosthetics and head and neck surgery programs also have the opportunity to observe one to three days in the department's Section of Speech Pathology and Audiology, directed by Jan S. Lewin, PhD. Dr. Lewin and her staff work with patients to correct or minimize difficulties with speech, voice, and swallowing that often result from head and neck cancer and its treatment.

Patients treated for cancer of the head and neck often endure profound functional changes resulting from loss of speech and swallowing function. According to Dr. Lewin, the rotation through Speech Pathology and Audiology serves both the patients and the fellows, who learn the comprehensive effects of cancer treatment and better understand the patients' functional ability after treatment.

"We provide total rehabilitation, not just insofar as [restoring] teeth or speech, but understanding how they interface to totally rehabilitate the patient," Dr. Lewin said.

In fact, the head and neck surgeons, the dental oncologists, and the speech pathologists and audiologists in the department work in concert, often acting as back-up to one another in the complete treatment of the patient and the restoration of each patient's anatomic and social

function.

In furtherance of the efforts to rehabilitate patients who have undergone treatment for head and neck cancer, the department offers a clinical internship in speech pathology and audiology. The program targets speech pathologists and audiologists who have obtained their master's degree. Successful completion of the clinical program under the supervision of a licensed speech pathologist or audiologist in the department and under the direction of Dr. Lewin takes participants one step closer to obtaining a Certificate of Clinical Competence and applying for a license to practice independently.

For the patients, the program offers an additional level of expertise in their overall care, taking the patients from diagnosis and surgery, through treatment, and then into rehabilitation to restore function and improve quality of life.



Dr. Jan S. Lewin, director of the Section of Speech Pathology and Audiology, examines a patient.

"All disciplines work together with the different services" to help the patients, said Dr. Lewin. "This is unique to M. D. Anderson, which embodies the true nature of multidisciplinary collaboration and intervention." ■

We recently welcomed to our department the Section of Ophthalmology, which offers a one-year fellowship in ophthalmologic plastic and reconstructive surgery. Look for more information about the ophthalmology program and fellowship in coming issues.

Head and Neck Surgery Welcomes Staff

Practitioner and medical educator **Amy C. Hessel, MD**, joined the Department of Head and Neck Surgery in 2005 as an assistant professor. Dr. Hessel is no stranger to the department, having completed a clinical fellowship here in 2000 and having worked as a consultant since 2002.

During the last five years, Dr. Hessel has practiced head and neck surgery and otolaryngology at The University of Texas Medical School (UT) and cared for patients with head and neck cancer at Lyndon B. Johnson General Hospital (LBJ). She will remain in charge of head and neck cancer care at LBJ.

Dr. Hessel has broad experience treating otolaryngology patients, including those



Dr. Amy C. Hessel brings to the department broad experience in both education and practice.

with swallowing dysfunction. Expanding on this knowledge, she plans to investigate the effects of cancer treatment on swallowing, specifically in patients with tumors of the oropharynx. She is also interested in vocal rehabilitation of patients

who have undergone cancer therapy to the larynx.

Dr. Hessel has been active in medical education. While at UT, she taught several medical school courses, including problem-based learning and anatomy; she is a preceptor for physical diagnosis, and she continues to help UT residents with treatment planning. Her educational endeavors are a perfect match for our department, as further evidenced by her role as resident and fellow educator in both the clinic and operating room. As associate fellowship director, Dr. Hessel will take an active role in the department's fellowship and resident training programs.

State-of-the-Art Options for Management of Intraocular Tumors

Radiation treatment directed with ultra-precision to concentrate the therapy on tumor tissue while minimizing risk to surrounding structures—for physicians in the Section of Ophthalmology, Department of Head and Neck Surgery, at M. D. Anderson, this promise of proton beam radiation therapy at the institution's new Proton Therapy Center (slated to open in 2006) opens a new chapter in the treatment of patients with intraocular tumors.

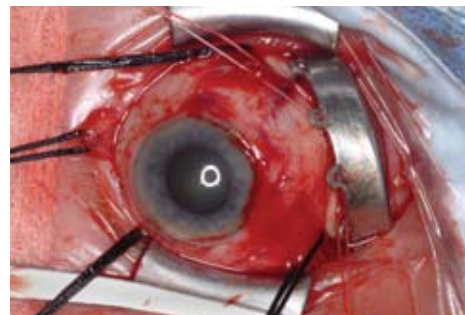
Proton beam radiation therapy will provide **Dan S. Gombos, MD**, assistant professor, and his colleagues in the Section of Ophthalmology, **Bita Esmaeli, MD**, and **Stella K. Kim, MD**, the most diverse and advanced treatment options available to better tailor therapy to each patient.

Treating primary intraocular tumors while preserving eye function has long presented challenges for ophthalmologists. A standard technique used increasingly for delivering radiation therapy to the small, delicate eye is the ocular plaque, a small radioactive disk that is surgically sewn to the eye, where it stays for up to a week as it delivers treatment. The active element in the radioactive plaque commonly used in the United States is iodine.

Another type of radioactive plaque, which is widely used in Europe and now available at M. D. Anderson, is made with ruthenium. According to Dr. Gombos, the ruthenium plaque is effective for some smaller tumors. It provides a different type of radiation and is less likely to produce toxic side effects.

Proton beam radiation therapy is delivered to the eye without use of radioactive plaques. Instead, proton

In addition to caring for patients and teaching, Dr. Hessel enjoys daily exercise (especially running or swimming) and “slowly renovating” her house with her husband, Michael. They have two children, a son (age four and a half) and a daughter (age two). The entire family likes vacationing in warm, sunny places along a lake or ocean. ■



Radioactive plaque is surgically sewn to the eye during treatment for an intraocular malignancy.

beams are intricately directed to the tumor in a complex system that involves a multidisciplinary team of specialists, including an ophthalmologist, physicist, and radiation oncologist. The result is delivery of protons to a very tight field, minimizing scatter to surrounding structures in both the eye and the brain.

Proton beam radiation therapy is also promising for the treatment of young patients who have retinoblastoma, an intraocular tumor that typically occurs in children. Although this tumor is very radiosensitive and thus curable with external beam radiation therapy, external beam exposes anatomic structures near the tumor to radiation and can induce second tumors. The increased precision of proton beam radiation therapy means a very defined area of radiation, less scatter of particles, and potentially less risk of radiation-induced tumors later in life.

The development of proton beam radiation therapy for intraocular tumors at M. D. Anderson will distinguish the institution as the only service in the United States to offer iodine plaques, ruthenium plaques, and proton beam therapy, said Dr. Gombos. And the location of the Proton Therapy Center within blocks of the clinic and hospital enhances the collaboration between experts from different disciplines in the treatment of patients.

“There is huge potential for the patient,” said Dr. Gombos, “for one center to be able to say, ‘Regardless of where the tumor is in your eye, we will find the best modality to address that tumor and hopefully minimize your long-term risks.’” ■

Head and Neck Health Issues

Skin cancer is the most common cancer in the United States.

More new cases of skin cancer are diagnosed each year than all other cancers combined, and the incidence continues to rise. Of the three types of skin cancer—basal cell carcinoma, squamous cell carcinoma (both nonmelanoma skin cancers), and melanoma—melanoma is the least common and by far the most deadly. But even as the deaths from this disease increase, nonmelanoma skin cancer, and even melanoma if diagnosed and treated early, is curable.

What can you do to help protect yourself and your children against skin cancer? First, know the risk factors and take action to minimize their effects. Second, recognize the signs and symptoms of skin cancer, check your skin regularly, and see your doctor if you notice any suspicious marks or changes. Third, be vigilant!

RISK FACTORS

Several factors influence a person's risk for skin cancer. Knowing the main factors can help you minimize your risk.

1 Exposure to Ultraviolet Radiation.

Exposure to ultraviolet (UV) radiation, such as from sunlight or tanning beds, damages the skin and can lead to cancer.

2 Skin Type.

Fair complexion, freckling skin, green or blue eyes, blond or red hair, and inability to tan increase the risk for skin cancer. While we cannot change our natural skin type or eye color, individuals with these physical

characteristics can be especially vigilant about avoiding other risk factors.

3 Unusual Moles.

Unusual moles on the skin are risk factors for melanoma, the most aggressive and deadly type of skin cancer.

4 Family History and Genetics.

Skin cancers are influenced by not only environmental factors but also our genetic makeup. Familial cancer syndromes, though rare, are known to exist with all three skin cancer types.

5 Actinic Keratosis.

Actinic keratosis, a skin condition that may appear as patches of rough or scaly skin, can develop into nonmelanoma skin cancer. Consult your physician if you notice any changes on your skin.

6 Arsenic Exposure.

Exposure to arsenic, a chemical that is used to kill weeds and pests and is in some cancer therapies, increases the risk for skin cancer.

7 Welding.

Welding arcs can expose unprotected welders to artificial UV radiation, increasing their risk for both melanoma and nonmelanoma skin cancers.

WHAT YOU CAN DO

Despite the many risk factors for both nonmelanoma skin cancer and melanoma, following some simple tips can help to lessen your chance of developing skin cancer.

Tip~ Stay out of the sun as much as possible, especially between 10:00 a.m. and 3:00 p.m. Because exposure early in life (for example, childhood and adolescent sunburns) and cumulative exposure (multiple exposures over a long period) both increase risk, it is important to protect babies and children from the sun's harmful effects.

Tip~ Do not use tanning beds, which work by emitting harmful UV radiation and damage skin.

Tip~ Use sunscreen that protects against both UVA and UVB rays and that has a sun protection factor (SPF) of at least 15.

Tip~ Wear protective clothing, including a broad-rimmed hat, tightly woven fabrics, and sunglasses that protect against UV rays.

Tip~ Check your skin regularly, and report any changes or irregularities to your doctor. If you have a history of skin cancer, especially melanoma, see your dermatologist yearly for a full-body skin examination. ■

SIGNS OF SKIN CANCER

differ between nonmelanoma skin cancer and melanoma. Consult your doctor if you see changes in your skin.

Nonmelanoma Skin Cancer

- A sore on the skin that does not heal
- An area of the skin that is:
 - Small, raised, smooth, shiny, waxy
 - Small, raised, and red or reddish-brown
 - Flat, rough, red or brown, and scaly
 - Scaly, bleeding, or crusty
 - Scar-like and firm

ABCDs of Melanoma Detection

- In moles or pigmented spots:
- **A**symmetry. One half unlike the other
 - **B**order irregularity. Scalloped or poorly defined borders
 - **C**olor varied. Different coloring or shading within same mole/spot
 - **D**iameter. Size >6 mm (0.42 inches), or any increase in size

Helpful Websites

American Academy of Dermatology, www.aad.org
 American Cancer Society, www.cancer.org
 American Academy of Otolaryngology, www.entnet.org
 Melanoma.com, www.melanoma.com
 National Cancer Institute, www.cancer.gov
 The Skin Cancer Foundation, www.skincancer.org

This insert is provided as a service of the Department of Head and Neck Surgery, The University of Texas M. D. Anderson Cancer Center, and may be copied for distribution to patients and the general public for health promotion, cancer prevention, and patient education.

Recent Publications

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Alumni and Fellows

With great pride, we congratulate our fellows on the successful completion of the 2004–2005 year. Some will remain at M. D. Anderson through the end of a two- or three-year fellowship; others will take lessons learned into new settings.

Where will they go? Ioli-Ioanna Artopoulou, DDS, MS, was accepted to the PhD program at the University of Athens, Greece, and will work part-time in private practice while completing her doctorate. Mario R. Ganddini, DDS, looks forward to returning to Guatemala City, Guatemala, to join his father’s prosthodontics practice. Kenneth A. Newkirk, MD, will assume the position of assistant professor at Georgetown University Hospital in Washington, DC. Bryan A. Williams, DDS, will resume private practice in Detroit and hopes to join the faculty at the University of Michigan Hospital and School of Dentistry. William J. Harb, MD, will complete one year of training in Pittsburgh before he returns to practice surgical oncology in Tennessee.

Dr. Brian Moore, who just completed the second year of the combined head and neck surgical oncology and microvascular surgery fellowship, will be assigned to the United States Air Force 81st Surgical Operations Squadron in Biloxi, Mississippi. He also has appointments at the Biloxi VA Hospital and Tulane University



The 2004–2005 dental and head and neck surgery fellows, from left to right: (top row) Mario R. Ganddini, DDS, Iola-Ioanna Artopoulou, DDS, MS, Bryan A. Williams, DDS; (bottom row) Thomas D. Shellenberger, MD, DMD, William Harb, MD, Seungwon Kim, MD, Kenneth A. Newkirk, MD, Christopher Klem, MD, and Michael Kupferman, MD. Not pictured: Dominick I. Golio, MD, fellow in Ophthalmologic Plastic and Reconstructive Surgery.

Hospital and Clinic in New Orleans.

Four fellows will remain at M. D. Anderson. After one year in our department, Christopher Klem, MD, will move to the Department of Plastic Surgery for his second year of the combined head and neck surgical oncology and microvascular surgery fellowship. Michael E.

Kupferman, MD, just completed one year in research and will work in the clinical track of his fellowship next year. Seungwon Kim, MD, and Thomas D. Shellenberger, MD, DMD, have completed two years of research training and will continue with a final year of clinical training in 2005–2006.

Dr. Kim recently won the AHNS Pilot Award from the American Head and Neck Society and the Allando J. Balantine Award for best grant application. Also, Dr. Shellenberger is the first-place winner of the Bristol-Myers Squibb Award in Clinical/Translational Research and winner of the ASCO Young Investigator Award and the Byers Award for best paper at the American Head and Neck Society annual meeting.

We wish all of our fellows the best in the coming year! ■

Hats Off...

F. Christopher Holsinger, MD, was accepted into the MS/PhD Program in Patient-Oriented Biological Research at The University of Texas Graduate School of Biomedical Sciences. Dr. Holsinger has worked diligently to achieve this appointment. He will be the first head and neck surgeon in the country to obtain an advanced degree in clinical investigation.

Jeffrey N. Myers, MD, PhD, has received the Julie and Ben Rogers Award for Excellence 2004 in the Area of Patient Care. This award is bestowed each year upon one M. D. Anderson staff member who demonstrates an exemplary commitment to the institution’s mission “to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research, and prevention, and through education.”

IRESSA Study Underway

We recently activated a phase II CTEP/NCI trial investigating the use of ZD 1839 (IRESSA) in improving outcome of patients with advanced squamous cell carcinoma of the skin. We plan to determine early progression rates during ZD1839 induction followed by feasibility of induction and concomitant ZD 1839. Patients may have previous surgical intervention with residual or recurrent

Stick Your Neck Out Award

Congratulations to our department members who won the “Celebrate Solutions” gold medal for the FirstMatch Program, a new patient screening tool for clinical protocols. Recognized by both the department and the Division of Surgery, team members include the data management group: Dianna Roberts, Senior Statistical Analyst, Xuewei Chen, Data Systems Coordinator, and Yanxia Guo, Data Systems Coordinator; and all who helped design and create the program: Adriana Babiak-Vazquez, Grant Program Manager, Alice Benson, Research Nurse, Evelyn Copelin, Sr Research Data Coordinator, Kim DeVaughn, Grant Program Coordinator, Leslie Matson, PA, Judy Moore, Coordinator Clinical Care, Mary Jo Necessito Reyes, Research Nurse, AJ Sarabia, Research Nurse, and Shirley Taylor, Research Nurse Supervisor.



*Are you an alumnus of the
Department of Head and Neck Surgery?
If so, please help keep our
information current.*

Just complete the form below and return it to us at:
Department of Head and Neck Surgery,
The University of Texas M. D. Anderson Cancer Center,
1515 Holcombe Blvd., Unit 441, Houston, TX 77030

Name _____

Title _____

Affiliation _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____

E-mail _____

Recent Awards/Honors _____

Family Information _____

**M. D. Anderson Cancer Center
Department of Head and Neck Surgery
Staff and Areas of Interest**

Randal S. Weber, MD, Chairman
Melanoma, thyroid, parathyroid

Mark S. Chambers, DMD, MS
Xerostomia, osteoradionecrosis, mucositis

Gary L. Clayman, DMD, MD
Thyroid, parathyroid

Eduardo M. Diaz, Jr, MD
Larynx, salivary gland, thyroid, skin and melanoma

Bitá Esmaeli, MD
Ocular adnexa, orbital conjunctival malignancies lymphoma, ocular GVH cataracts and eyelid tumors, periocular reconstruction

Mitchell J. Frederick, PhD
Angiogenesis, chemotaxis, transcription factors, proteinase inhibitors

Ann M. Gillenwater, MD
Oral cavity, thyroid, salivary gland, skin

Dan Gombos, MD
Intraocular tumors, retinoblastoma

F. Christopher Holsinger, MD
Larynx, tonsil, thyroid cancer, salivary gland

Ehab Y. Hanna, MD
Skull base, orbit

Amy C. Hessel, MD
Oral cavity, larynx, pharynx, salivary gland, thyroid

Rhonda F. Jacob, DDS, MS
Oral rehabilitation and endosteal implants, xerostomia

Arumugam Jayakumar, PhD
Proteins, headpin, and LEKTI in head and neck tumors

Stella K. Kim, MD
Ophthalmology

James C. Lemon, DDS
Craniofacial rehabilitation

Jan S. Lewin, PhD
Voice and swallowing rehabilitation/restoration

Jack W. Martin, DDS, MS
Oral rehabilitation/restoration, oral premalignant lesions

Jeffrey N. Myers, MD, PhD
Oral cavity, melanoma

Erich M. Sturgis, MD, MPH
Head and neck sarcomas

Kelley L. Tomsett, DDS, MS
Craniofacial rehabilitation

Béla B. Toth, MS, DDS
Polymicrobial oral infection, effects of cancer therapy, chemoprevention, mucositis

**1st Annual Current Concepts in the
Management of Thyroid & Parathyroid
Neoplasms Conference**

October 5–8, 2005, Santa Fe, New Mexico

Chaired by Gary L. Clayman, DMD, MD, Randal S. Weber, MD,
and Steven I. Sherman, MD

For information, phone 713-745-0432 or email ctierney@mdanderson.org.

Register online at
www.mdanderson.org/conferences

ON THE MOVE

Coming Fall 2005

The Head and Neck Cancer Center moves to a newly designed, larger space—10th floor Rose Zone.

Head and Neck research laboratories consolidate into a common area in the tan zone.

Details to come . . .

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