

PROfiles

in Head and Neck Surgery

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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

At the forefront of this issue of *PROfiles* are two sections within the Department of Head and Neck Surgery whose work celebrates the optimization of outcomes possible with current techniques. Heading the Section of Speech Pathology and Audiology, Jan Lewin, Ph.D., leads her team in obtaining vital objective pre- and post-treatment measures of patients' voice quality and swallowing function. Their findings aid the physicians in therapeutic decision making, and their rehabilitative efforts speed the patient's functional recovery after treatment. In the Section of Ophthalmology, Bitá Esmaeli, M.D., and her colleagues work closely with experts across disciplines to properly diagnose and treat patients with cancer of the periorbital region. Using the latest oculoplastic surgical techniques, Dr. Esmaeli reconstructs defects of the eyelid and lacrimal drainage system, which are instrumental in maintaining vision and corneal protection. Both Drs. Esmaeli and Lewin typify our multidisciplinary treatment approach in which specialists with unique expertise are involved in the global care of the patient so that cancer control and rehabilitation are maximized.

We were honored to host Jatin P. Shah, M.D., FRCS, Chief of the Head and Neck Service at Memorial Sloan-Kettering Cancer Center, as our Distinguished Visiting Professor in January 2007. Dr. Shah explored the current treatment paradigms

for thyroid cancer, as he presented an informative lecture entitled, "Thyroid Cancer. Are We Doing Too Much or Too Little?" Dr. Shah's second lecture was titled, "Surgical Approaches to the Infratemporal Fossa."

Our second Visiting Professor, Maura Gillison, M.D., Assistant Professor of Oncology at The Johns Hopkins University School of Medicine, presented two excellent lectures in March 2007 on HPV and oropharyngeal cancer, entitled "Sexual Behavior, HPV, and an Epidemic of Oropharyngeal Cancer" and "The Epidemiology of Oral HPV Infection." The Visiting Professor program welcomes experts who provide engaging lectures on the advances in the field of head and neck clinical practice and research. All are welcome to attend.

In November 2006, we hosted Current Concepts in Head and Neck Surgery, a workshop co-sponsored by M. D. Anderson and Memorial Sloan-Kettering Cancer Center. The conference was a great success, with well over 200 attendees. The quality of the program and the excellence of the faculty from both institutions underscore our commitment to the field of head and neck oncology. In particular, I thank Ehab Y. Hanna, M.D., who engineered and



Randal S. Weber, MD,
Chairman



Distinguished Visiting Professor, Dr. Jatin P. Shah (front right), together with Chairman, Dr. Randal S. Weber (front left) and the 2006-2007 residents and fellows in the Department of Head and Neck Surgery.

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Stand and Be Heard—Speech Pathologists and Audiologists Optimize Outcomes

During the past 10 years, the Section of Speech Pathology and Audiology has steadily expanded services for patients with impaired speech and swallowing from cancer and its therapy. Section director, Jan S. Lewin, Ph.D., associate professor, leads a team of eight speech pathologists, two audiologists, and two research assistants in a cooperative effort with surgeons and dental, radiation, and medical oncologists. They provide pretreatment consultation, preventive assessments, diagnostic assessments, and rehabilitative services.

“Nobody thinks about how they talk or swallow until they can no longer do it,” said Dr. Lewin. “And then, for them, it becomes the most important aspect of care.”

Part of the Department of Head and Neck Surgery, the section has caught the attention of physicians throughout M. D. Anderson, who refer their patients with known sequelae associated with particular procedures or treatments. For instance, radiation therapy to the back of the tongue can cause problems with swallowing, and certain drug therapies can cause hearing loss. Thus, the speech pathologists may treat patients who have a swallowing dysfunction in the section’s state-of-the-art swallowing function laboratory. The audiologists may see patients with a scheduled temporal bone resection or patients in gynecologic oncology undergoing a drug therapy that may result in ototoxicity.

Addressing the functional and quality of life issues brought on by speech and swallowing impairment demands that Dr. Lewin and her team exceed the traditional limits of their field. With expertise in laryngeal videostroboscopy and alaryngeal voice restoration, particularly surgical prosthetic (tracheoesophageal) voice restoration, Dr. Lewin and her staff provide diagnostic workups and help establish expectations for functional outcome. Their work helps to choose between treatments that are otherwise similar in terms of survival and cancer cure.

“Patients and physicians have a right to expect excellence,” said Dr. Lewin. “This



Dr. Jan S. Lewin discusses the results of laryngeal videostroboscopy with a patient.

service adds something that is unique, and because of that, our patients benefit.”

According to Dr. Lewin, excellence exacts the most from the tools available, using them to the fullest intent of their design. By performing laryngeal videostroboscopy—often used primarily to visualize the larynx—to evaluate changes in vibratory function, including glottic closure (the way the vocal folds come together) and symmetry of movement, Dr. Lewin and her staff add a vital component to the best care practice at M. D. Anderson. For instance, subtle changes in vibratory function that signal a specific disease process may be detected on laryngeal videostroboscopy before the unaided eye can identify them through a flexible endoscope. This better visualization and functional assessment may help physicians determine the best treatment options and anticipated functional outcome.

In what Dr. Lewin touts as perhaps the most eclectic capacity for voice restoration anywhere in the world, the section offers broad options for high-quality voice prostheses and devices, recommending that which best meets the needs and challenges of the individual patient.

“You and I both wear glasses, but I don’t wear the same prescription as you,” Dr. Lewin said, “so why would anyone ever say one prosthesis fits everybody?”

This can-do attitude and focus on excellence has not only supported the section’s growth into the multidisciplinary arena but also offered laryngectomy patients an improved quality of life. Take, for example, a patient who has undergone total laryngectomy. Not satisfied with having the patient resort to an artificial, hand-held electrolarynx, Dr. Lewin may evaluate the patient to get objective scientific measurements of voice production and sound capability from the esophagus, to determine his ability to produce sound. If the patient has the ability to produce sound but is prevented from doing so by an obstruction, she may send the patient for further workup to identify its source. Videofluoroscopy may reveal that the patient’s problem is not a stricture but rather a hypertonic segment, a spasm of the constrictor muscles, which can be medically treated. In addition, Dr. Lewin may consult with surgeons in the Department of Plastic Surgery to determine the patient’s candidacy for further surgery to recontour his stoma, enabling him to wear a special intraluminal attachment for hands-free speech production, thus avoiding the tedious and frustrating process of gluing devices to the neck. The return: hands-free, intelligible speech. Said Dr. Lewin with a smile, “People will ask if he has laryngitis from a cold, and he’ll say, ‘No, I just don’t have a voice box.’”

Oculoplastic Surgery Restores Anatomy and Function of the Eye

In times past, treatment for cancer of the periorbital region often required sacrifice of the adjacent eyeball, even when that eye was tumor free. Refinements in surgical technique have since allowed the eye to be saved in cases in which surgeons can remove the tumor with clear surgical margins. Though orbital exenteration is rarely required for cutaneous malignancies, surgery and treatment for cancer of the periorbital region often lead to defects in



Dr. Bitu Esmaeli operates on a patient.

the eyelids that, if not corrected, can threaten the very eye that was saved. Oculoplastic surgeon Bitu Esmaeli, MD, associate professor in the Section of Ophthalmology, Department of Head and Neck Surgery, works to restore the anatomy and function of patients' eyelids after cancer ablative surgery, while maintaining the structure and function of the orbit and eyeball.

With modern oculoplastic surgical techniques, an eyelid cancer that may encompass the entire upper or lower eyelid can be surgically removed without sacrifice of the eye, and the eyelid can be nicely reconstructed.

A stunning example of the reconstructive possibilities for large defects in the lower eyelid is the tarsoconjunctival flap. In this two-step surgical procedure, the tarsus and conjunctiva of the upper eyelid are pulled down over the cornea and attached to the remnant of the lower eyelid, where the flap will form the new posterior lamella of the lower eyelid, covered with a full-thickness skin graft harvested from the excess skin from the upper eyelid. The flap remains attached to the upper eyelid for its blood supply for six to eight weeks, at which time the patient undergoes a second procedure to sever the pedicle of the flap, and the reconstructed lower eyelid is complete, with excellent functional and very reasonable cosmetic outcomes.

The integrity of such a reconstructed lower

eyelid is strong enough to withstand adjuvant postoperative radiation therapy, if necessary. Dr. Esmaeli and her radiation oncology colleagues typically wait until the tarsoconjunctival flap is separated before administering the adjuvant postoperative radiotherapy. This allows the neo-eyelid to hold a protective shield during radiotherapy. This eye shield, placed by physicians into the palpebral fissure, is made of lead or tungsten, depending on the radiation regimen required.

Familiarity with the unique anatomy and function of the eyelid and ocular adnexal structures and meticulous use of the frozen section techniques for evaluation of excision margins are critical for effective yet conservative surgery for eyelid cancer removal.

The field of oculoplastic surgery also encompasses lacrimal surgery and surgical and medical treatment of orbital tumors and maladies. Nasolacrimal duct blockage may occur as a result of idiopathic causes; in patients with cancer, it usually occurs after chemotherapy or radiation therapy or after removal of lacrimal drainage system during cancer ablative surgery. In a 2006 article published in *Journal of Clinical Oncology*, Dr. Esmaeli and colleagues reported the results of a prospective clinical trial that identified the incidence, severity, and management of canalicular and nasolacrimal duct blockage in association with the commonly used chemotherapeutic drug docetaxel.

Dr. Esmaeli and her colleagues are studying the efficacy of radioimmunotherapy (monoclonal antibody therapy with a radioactive ligand) for orbital and conjunctival lymphoma. Another clinical trial in the oculoplastic surgery service at M. D. Anderson evaluates sentinel node biopsy as a technique to detect early microscopic metastasis in patients with conjunctival melanoma and eyelid sebaceous

cell carcinoma.

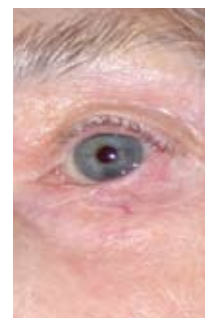
While basal cell carcinomas and squamous cell carcinomas of the eyelid are fairly common, some cancers of the eyelid and conjunctiva, such as melanomas and sebaceous cell carcinomas, are rarer and are often misdiagnosed or diagnosed only after some delay. These less common but more serious cancers require a systemic workup to help prevent errors or delays in diagnosis and a multidisciplinary treatment plan tailored to the individual patient.

Dr. Esmaeli believes that the integration of the ophthalmology program, and particularly the oculoplastic

surgery service and its related fellowship training program, into a comprehensive cancer center provides several benefits, such as the expertise developed from seeing a relatively large number of patients with rare cancers of the eyelid.

In M. D. Anderson's multidisciplinary setting, this expertise extends across disciplines, including pathology, medical oncology, radiation therapy, and surgery, to provide the highest level of care from diagnosis through treatment and reconstruction.

A second benefit: the option of reconstructive surgery for patients with more common but advanced cancers in which globe preservation is a challenge but of utmost importance for the patient's quality of life. For many patients, this means they are able to maintain the structure and function of the eye while still receiving the best chance for cancer cure.



Photographs of patient show defect in the lower eyelid resulting from cancer ablative surgery (top), tarsoconjunctival flap (middle), and postoperative view (bottom) following cancer surgery and oculoplastic reconstruction by Dr. Bitu Esmaeli.

Welcome to New Faculty

This year we welcomed three new clinical faculty and two new research faculty to the department. Paul W. Gidley, MD, FACS, associate professor of otology-neurotology, specializes in diseases of the ear, temporal bone, and lateral and posterior fossa. Dr. Gidley has an interest in patients with any disorder of the ear, including hearing loss, vertigo and dizziness, facial paralysis, and chronic ear infection. His talents for hearing rehabilitation include cochlear implantation and bone-anchored hearing aides, and all types of ossicular repair. Dr. Gidley has extensive experience treating patients with benign and malignant tumors of the skull base, including acoustic neuroma, glomus tumors, cholesteatoma, carcinoma of the ear canal, and other forms of cancer. Providing otologic and neuro-otologic service to patients with both benign and malignant disorders of the temporal bone, Dr. Gidley significantly enhances treatment options for patients in the Skull Base Tumor Program.



Dr. Paul W. Gidley



Dr. Michael E. Kupferman

Michael E. Kupferman, MD, assistant professor of head and neck surgery, has broad training in the management of head and neck cancer. He received specialized training in both open and endoscopic approaches to tumors of the skull base and—with a particular interest in minimally invasive skull base surgery—joined the Skull Base Tumor Program, expanding our ability to treat this group of patients. Dr. Kupferman has clinical and research interests in thyroid cancer and cutaneous malignancies. During his two-year combined clinical–research head and neck surgery fellowship at M. D. Anderson, Dr. Kupferman also studied molecular inhibitors of a specific signaling pathway pivotal to oncogenesis. His continuing basic science research will contribute significantly to our understanding of cancer biology.

Jade S. Schiffman, MD, FAAN, FAAO, professor of ophthalmology and neuro-oncology and director of neuro-ophthalmology, has dual board certification in neurology and ophthalmology and completed subspecialty training in neuro-ophthalmology. A diagnostician who specializes in diseases of the eye and nervous system, with expertise in neuro-ophthalmology, she evaluates patients with vision loss, double vision, nystagmus, eye pain, and pupillary and lid disturbances. Her interests lie in neuro-ophthalmic complications associated with cancer, including those related to paraneoplastic conditions, chemotherapy, radiation, and carcinomatous meningitis. Dr. Schiffman has served as consultant and then adjunct faculty at M. D. Anderson since 1998. She is the medical director of the Multiple Sclerosis Eye Center for Analysis, Research and Education (MS Eye Care) at the University of Houston, and will continue collaborations with Baylor College of Medicine and Texas Children's Hospital in clinical care and research for patients with multiple sclerosis.



Dr. Jade S. Schiffman

Expanding the department's research program, Sheikh M. Ismail, MS, MPhil, PhD, assistant professor, and Carlos Caulin, PhD, assistant professor, both work to unveil the mechanisms and outcomes of disease. Dr. Ismail's research interests are apoptosis, autophagy, DNA repair, prediction of radiosensitivity in normal and tumor tissue samples, and identification of biomarkers. Dr. Caulin's research focuses on dissecting molecular mechanisms of and identifying new genetic alterations involved in head and neck cancers.

Fellows PROFILE

Our several fellowship programs continue to thrive, recruiting skilled physicians, oral oncologists, and scientists with a shared vision for enhancing care for patients with cancer. Congratulations to our departmental fellows for their successful completion of the 2006–2007 fellowship year.

Chad E. Galer, MD, and Andrew G. Sikora, MD, PhD, both members of the three-year surgical oncology program, will continue their fellowship work within the department next year. Congratulations to Dr. Sikora on his promotion to clinical specialist. Mauricio A. Moreno, MD, fellow in the combined surgical oncology and microvascular surgery program, will pursue the microvascular component of the fellowship in the Department of Plastic Surgery at M. D. Anderson. Fernando Gomez-Rivera, MD, is completing a two-year clinical and research fellowship. Allison D. Lupinetti, MD, upon completing her one-year clinical fellowship, will practice otolaryngology at University ENT of Northeastern New York.

Completing the one-year maxillofacial prosthodontics and oncologic dentistry fellowship are Chad C. Taylor, DMD, who will begin private practice in Houston; Sergio M. Ortegon, DDS, MDSci, who will join the prosthodontics department at the University of Texas Dental Branch as an assistant clinical professor; and Theresa M. Hofstede, DDS, who will join our faculty as an assistant professor in the Section of Oncologic Dentistry and Prosthodontics.

Brent R. Hayek, MD, and Adam Y. Hsu, MD, are completing the first year of the two-year ophthalmic plastic and reconstructive surgery fellowship program and will continue through the second year during 2007–2008. Congratulations to Dr. Hsu on his promotion to clinical specialist and to all of our fellows for an outstanding year.

Head and Neck Health PROfiles

Speech, Swallowing, and Hearing

Most of us take for granted our ability to speak, hear, and swallow. But for patients with head and neck cancer and those undergoing certain treatments for other cancers, the risk of impairment to these crucial functions is very real. Scheduling a visit with a speech pathologist and audiologist for evaluation before treatment and then continuing that relationship throughout the treatment process can help reduce the damaging effects of treatment, restore function, and minimize long-term disability.

Speech

The larynx, or voice box, is the mechanical center for human speech. Located deep in the throat atop the trachea (windpipe), the larynx houses the vocal cords. Speech is formed as air from the lungs is pushed out of the trachea, vibrating the vocal cords as it passes through them, and then into the mouth for the production of words and sentences.

Cancer of the larynx may be treated with surgery, radiation therapy, or chemotherapy. Some patients receive a combination of these therapies. In some cases, the surgeon may remove all of the larynx in an operation known as a total laryngectomy. When the entire larynx is removed, the surgeon makes a new airway through an opening in the front of the neck (a stoma). Patients must then learn to speak in an entirely new way because they no longer have vocal cords to produce sound.

How a Speech Pathologist Can Help

Speech pathologists help patients regain their ability to speak without a larynx, often with tracheoesophageal voice restoration. This type of speech production depends on the use of a small prosthesis that is placed between the trachea and the esophagus (the eating tube). During speech production, air from the lungs moves through the prosthesis into the mouth for word production similar to the way speech was produced before surgery. With training from a speech pathologist who is experienced in this method of tracheoesophageal speech, the new voice can sound almost normal.

Hearing

A number of drugs used to treat patients with cancer—including some chemotherapy drugs and some antibiotics—can be toxic to the inner ear and cause hearing loss. This is known as ototoxicity. Ototoxic hearing loss typically begins in the higher sound frequencies, above the range typically used for speech, and then progresses to lower sound frequencies, eventually interfering with the patient's ability to hear and interpret normal speech. Symptoms of hearing loss may be noticed after one course of treatment or may take days or months to become apparent. For this reason, it is important that patients be evaluated by an audiologist before treatment, to determine the patients' baseline hearing levels, and then undergo testing throughout and following the completion of treatment.

How an Audiologist Can Help

Properly credentialed audiologists examine patients with use of highly specialized auditory assessments. By identifying hearing loss in its early stages, audiologists may help to prevent disabling loss of hearing and work with physicians in developing the best treatment and rehabilitative plan for the patient.

Swallowing

Swallowing is a complex process that involves the mouth, pharynx (throat), larynx, and esophagus. In the mouth, food is chewed, and then muscles contract to help move the food through the pharynx into the esophagus down to the stomach, while the larynx prevents the food from going down the trachea (windpipe). Radiation therapy, chemotherapy, and surgery to the mouth, larynx, or pharynx, as well as nerve injury after surgery or trauma, can lead to difficulty swallowing (also known as dysphagia). Swallowing disorders that go untreated may cause aspiration (choking), pneumonia (an infection in the lungs), or severe weight loss.

How a Speech Pathologist Can Help

Patients and their families should be evaluated and counseled about possible changes in swallowing before treatment by qualified speech pathologists. Evaluation should include the use of objective assessments such as a modified barium swallow study or a fiberoptic endoscopic evaluation of swallowing to determine the appropriate therapy to both avoid and treat such swallowing problems.

Helpful Websites

American Cancer Society, www.cancer.org
American Speech-Hearing-Language Association,
www.asha.org
American Academy of Audiology,
www.audiology.org

International Association of Laryngectomees,
www.larynxlink.org
Texas Speech-Hearing-Language Association,
www.txsha.org

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Hats Off...

Samar A. Jasser, BS, recently promoted to Laboratory Manager, was honored as a clinical educator for her significant contribution to the M. D. Anderson School of Health Sciences. Ms. Jasser worked with Peter Hu, MS, program director of the Molecular Genetics Technology Program, to put together a curriculum for his students for a one-week rotation in Dr. Myers' lab. The program was such a success that ten students instead of five have been accepted for the next year.

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Ehab Y. Hanna, MD, has been appointed as the new Editor in Chief for *Head & Neck, Journal for the Sciences and Specialties of the Head and Neck*. Dr. Hanna is the journal's fourth Editor.

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Stella Kim, MD, was appointed Director of Clinical Research for the Section of Ophthalmology. In this role, Dr. Kim will oversee protocol compliance with federal and institutional guidelines for human research and coordination of research support staff. Dr. Kim also received the M. D. Anderson Translational Institutional Research Grant for her Murine Ocular GVHD project.

...

Michael E. Kupferman, MD, received the Young Investigator Award, bestowed by the American Head and Neck Society/American Academy of Otolaryngology—Head & Neck Surgery Foundation, for which he was recognized at the AHNS meeting in Chicago.

...

Jeffrey N. Myers, MD, PhD, has been promoted to professor in the Department of Head and Neck Surgery.

...

Erich M. Sturgis, MD, MPH, has been named to the editorial board of *The Laryngoscope*, Official Journal of the Triological Society, and *ENToday*, The News Center for Otolaryngologic Care, an official publication of the Triological Society. Dr. Sturgis was also recently elected to the Executive Committee of the American Radium Society.

...

Randal S. Weber, MD, has been appointed to the Board of Directors for the American Board of Otolaryngology (ABOto). The ABOto establishes the standards for Board certification for otolaryngologists—head and neck surgeons, administers examinations, issues certifications to qualified candidates, and then helps ensure maintenance of certification.

Employee Recognition Awards

Each quarter, employees in the Department of Head and Neck Surgery are nominated by coworkers to receive special recognition for their service to one another, to patients, and to the department. In addition, awards are given to employees who submit a process-improvement idea adopted within the department. Silver Star winners receive a \$25 gift certificate for going above and beyond to assist others, and Gold Star winners receive a \$50 gift card for designing a performance improvement idea that is adopted within the department. We congratulate this year's winners for a job well done!

The winners of the silver star award in March 2007: Beth DeGracia, Research Nurse; Shirley Taylor, Supervisor, Research Nurse; Mei Zhao, Sr Research Assistant; Kimberly Gonzalez, Receptionist; and in December 2006: Kim DeVaughn, Grant Program Coordinator; Fiona Wan, Sr Coordinator, Research Data; Maher Younes, MD, Research Investigator. Recipients of the gold star process-improvement award in March 2007: Maher Younes, MD, Wei-Han Kan, Data Analyst; and in December 2006: Kelli Brown Cottingham, Administrative Assistant; Samar Jasser, Lab Coordinator (now Lab Manager); Dianna Roberts, PhD, Sr Statistical Analyst; Wei-Han Kan.

Chairman *(continued from page 1)*

presided over an outstanding curriculum. With great anticipation, we look forward to this year's conference, which will be held November 10–11, 2007, at Memorial Sloan-Kettering Cancer Center in New York City.

Also on the calendar is the 2nd Current Concepts in the Management of Thyroid and Parathyroid Neoplasms, to be held October 17-20, 2007, in Santa Fe, New Mexico. Last year's conference was well attended and received very positive reviews.

Our Visiting Fellowship Program for practicing surgeons opened its first session with great enthusiasm in March 2007. The program is open to otolaryngologists and surgeons with an interest in neoplasms of the head and neck and offers up to 25.5 AMA PRA Category 1 CME credits. For information on the

program, visit our website at www.mdanderson.org/Departments/headandneck/ and click on "Conferences and Seminars," or contact Sonia Hennessy at shennes@mdanderson.org.

By our interdisciplinary clinical efforts, research, and educational forums, we continue to further our mission and promote the highest levels of patient care. Our success in this endeavor would not be possible without our outstanding faculty and the distinguished professionals in the field who work with us to bring the latest advances to our patients.

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

Save the Dates!
Department of Head and Neck Surgery
Calendar of Events

September 20–21, 2007

Helmuth Goepfert Distinguished Visiting Professor: William I. Wei, FRCS.

October 17–20, 2007

2nd Current Concepts in the Management of Thyroid and Parathyroid Neoplasms. Santa Fe, NM.

November 10–11, 2007

Current Concepts in Head and Neck Surgery 2007. Co-sponsored by

M. D. Anderson and Memorial Sloan-Kettering Cancer Center. Location: Memorial Sloan-Kettering Cancer Center, New York, NY.

January 22–23, 2008

Visiting Professor: Robert L. Ferris, MD, PhD.

February 5–6, 2008

Visiting Professor: Claudio R. Cernea, MD.

Visiting Fellowship Program Head and Neck Surgery

A Four-day Intensive Study of the Multidisciplinary Management of Patients with Head and Neck Cancer

Directors: Randal S. Weber, MD, Ehab Y. Hanna, MD, Eduardo M. Diaz Jr, MD

Designed for the practicing surgeon with a significant interest in neoplasms of the head and neck.

Approved for a maximum of 25.50 AMA PRA Category 1 Credits.™

For scheduling and other information, contact Sonia Hennessy. Phone: 713-792-6920; Email: shennes@mdanderson.org

*How
to Help*

Our head and neck surgery team continuously strives to improve treatment and outcomes for our patients. If you are interested in supporting our research efforts through a donation, visit our website at www.mdanderson.org/Departments/headandneck, and click on How to Help, or contact the Development Office at 713-792-3450 or 800-525-5841.

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

Randal S. Weber, MD, Chairman

Skin cancer, salivary gland tumors, thyroid, parathyroid

Carlos Caulin, PhD

Molecular mechanisms of and genetic alterations in head and neck cancer

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 and eyelid tumors, oculoplastic surgery

Mitchell J. Frederick, PhD

Angiogenesis, chemotaxis, transcription factors, proteinase inhibitors

Paul W. Gidley, MD

Ear, temporal bone, lateral and posterior fossa

Ann M. Gillenwater, MD

Oral cavity, thyroid, salivary gland, skin

Dan Gombos, MD

Ocular oncology

F. Christopher Holsinger, MD

Larynx, tonsil, thyroid cancer, salivary gland

Ehab Y. Hanna, MD

Skull base, orbit, thyroid, salivary glands

Amy C. Hessel, MD

Oral cavity, larynx, pharynx, salivary gland, thyroid

Sheikh Ismail, MS, MPhil, PhD

Apoptosis, autophagy, DNA repair, radiosensitivity, biomarkers

Rhonda F. Jacob, DDS, MS

Oral/craniofacial rehabilitation and endosteal implants

Arumugam Jayakumar, PhD

Proteinases, proteinase inhibitors

Stella K. Kim, MD

Conjunctival malignancies, lymphoma, ocular GVHD, cataracts

Michael E. Kupferman, MD

Skull base, thyroid, skin, salivary gland

Jan S. Lewin, PhD

Voice and swallowing rehabilitation/restoration

Guojun Li, MD, PhD, MSc

Molecular and clinical epidemiology, chemoprevention

Jack W. Martin, DDS, MS

Oral rehabilitation/restoration, oral premalignant lesions

Jeffrey N. Myers, MD, PhD

Oral cavity, melanoma

Jade S. Schiffman, MD

Eye, nervous system

Erich M. Sturgis, MD, MPH

Head and neck sarcomas

Béla B. Toth, MS, DDS

Polymicrobial oral infection, effects of cancer therapy, chemoprevention, mucositis, osteonecrosis of jaws

Xiangwei Wu, PhD

p53, NF-kappa B

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