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Department of Head and Neck Surgery — PROfiles
Volume 10, Issue 1 July 2016

On the cover:
Dr. Theresa Hofstede in operating room extracting a cancer patients’ teeth. Read how dental implants bring restoration to cancer survivors on page 5.

Photograph by Chris Matula

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Mission
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.
Welcome to our redesigned issue of PROfiles. In celebration of our 10 years in publication, we decided to give PROfiles a fresh new look, with a clean and modern design, more photos and additional content. Each issue of PROfiles will bring you up-to-date information on our clinical programs, educational activities and research. This issue will focus on rehabilitation.

Dental implants improve our patients’ ability to chew and enhance their cosmetic appearance, and for many of our edentulous patients, they are a high priority. You’ll learn more about our implant program in this issue of PROfiles.

RECENT RECRUITMENTS The department continues to grow in breadth and depth. We are excited to have Adegbenga O. Otun, B.D.S. who completed his fellowship in Oral Oncology and Maxillofacial Prosthetics at MD Anderson in 2014, rejoin us as an assistant professor in our Section of Oral Oncology and Maxillofacial Prosthodontics. We also welcome Richard Allen, M.D., Ph.D., FACS, who joins us as a professor in our Section of Ophthalmology. You can read more about Dr. Otun’s and Dr. Allen’s background and specialties on the New Faculty Profiles page.

INAUGURAL STIEFEL LECTURE In February we hosted our inaugural Stiefel Lecture featuring Brian O’Sullivan, M.D., FRPC, professor of Radiation Oncology from the University of Toronto at Princes Margaret Hospital. Dr. O’Sullivan is an internationally recognized radiation oncologist who delivered an excellent lecture titled, “Head and Neck Cancer Gone Viral: A quandary demanding response.” Dr. O’Sullivan discussed radiation treatment for oropharyngeal cancer and how the emergence of HPV-associated oropharyngeal cancer is changing our concepts on how we treat this unique disease. He discussed the need for better research and for the development of a new staging system. The lecture was made possible thanks to a generous donation from Charles and Daneen Stiefel, who were also in attendance. The Stiefel Lecture will be held annually and is led by Ehab Y. Hanna, M.D., FACS, who holds the Charles and Daneen Stiefel Chair in Cancer Research.

FALL CONFERENCES This November we will host the Current Concepts in Head and Neck Surgery conference — an annual event jointly sponsored by MD Anderson, Memorial-Sloan Kettering Cancer Center and The University of Toronto. Leading physicians and researchers will give in-depth reviews of the contemporary head and neck treatment strategies. The two-day, multidisciplinary conference will be of value to otolaryngologists, head and neck surgeons, radiation oncologists, medical oncologists, oral-maxillofacial surgeons, speech language pathologists and physician assistants.

This year, we are very pleased to link our Value-Based Head and Neck Cancer Care conference to the Current Concepts conference. This our second biennial Value-Based conference following our successful inaugural conference two years ago. The conference is led by Carol Lewis, M.D., MPH, and will feature nationally recognized experts on value-based care. It will provide an update on the quality movement in the U.S. and the local and national strategies for providing value-based care and quality improvement. Both conferences are eligible for CME credits.

The Value-Based Head and Neck Cancer Care conference will be Nov. 3–4, 2016 and Current Concepts in Head and Neck Surgery will follow on Nov. 5–6, 2016. Registration for both conferences is available online at mdanderson.org. I hope to see you in November.

Randal S. Weber, M.D.
Chair, Department of Head and Neck Surgery MD Anderson Cancer Center and John Brooks Williams and Elizabeth Williams Distinguished University Chair in Cancer Medicine

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Randal S. Weber, M.D.
Chair, Department of Head and Neck Surgery MD Anderson Cancer Center and John Brooks Williams and Elizabeth Williams Distinguished University Chair in Cancer Medicine
Richard Allen, M.D., Ph.D., FACS, joined our faculty in November 2015 as a professor in the Section of Ophthalmology. Dr. Allen received his medical degree and doctorate degree from Baylor College of Medicine. After completing fellowships in molecular ophthalmology and comprehensive ophthalmology at the University of Iowa in 2000, Dr. Allen joined the Department of Ophthalmology at Baylor College of Medicine where he was chief of the Ophthalmology Service at Ben Taub General Hospital. In 2002, he joined the faculty as an assistant professor in the Division of Ophthalmology at the University of New Mexico (UNM). In 2006, he completed fellowship training in oculoplastic surgery at the University of Iowa.

Dr. Allen then rejoined the faculty at UNM and practiced oculoplastic surgery at Eye Associates of New Mexico. In 2009, he was appointed to associate professor in the Division of Ophthalmology at the University of New Mexico (UNM). In 2006, he completed fellowship training in oculoplastic surgery at the University of Iowa.

Dr. Allen has published extensively in scientific journals and is recognized nationally and internationally for the treatment of oculoplastic disorders. Dr. Allen’s clinical areas of focus include tumors of the eyelid, orbit and lacrimal system, and thyroid eye disease. He is also a member of MD Anderson’s Skull Base Tumor Program, working closely with head and neck surgeons and neurosurgeons.

Adegbenga O. Otun, B.D.S., joined our faculty as an assistant professor in the Section of Oral Oncology and Maxillofacial Prosthodontics in June 2016. Dr. Otun graduated from the School of Dentistry at the University of Lagos in Nigeria in 1995. Following the completion of his general practice residency, Dr. Otun worked as a general dentist before moving to London, England to work in the National Health Service system as a general dentist. In 2004, Dr. Otun began residency training in prosthetics and oral oncology at the Eastman Institute for Oral Health at the University of Rochester in New York. During his residency Dr. Otun demonstrated his proclivity for teaching by instructing fellow residents using case presentations on a wide range of prosthodontic topics. He also served as a clinical resource to residents in the Advanced Education in General Dentistry and General Practice programs.

Upon completion of his residency training, in 2007, Dr. Otun returned to England to assume the role of lead prosthetist in a multispecialty private practice. In 2014, he completed his fellowship training in maxillofacial prosthetics and oral oncology at MD Anderson Cancer Center. After completing his fellowship training Dr. Otun continued to work in private practice and served as a consultant with privileges at the Lakeshore Cancer Center in Lagos, Nigeria.

Dr. Otun has extensive experience in prosthodontics and oral oncology, and a special interest in biomechanical considerations of dental implants placed in irradiated bone.
MD Anderson’s Head and Neck Surgery Department

4 SECTIONS
• Section of Head and Neck Surgical Oncology
• Section of Ophthalmology
• Section of Oral Oncology and Maxillofacial Prosthodontics
• Section of Speech Pathology and Audiology

6 Dedicated research scientists

2 Ph.D. faculty in speech pathology and audiology, leading 11 speech therapists and two audiologists.

2,031 New patients seen in fiscal year 2015.

1 Moon Shots Program
MD Anderson’s ambitious and comprehensive action plan to accelerate the end of cancer — the HPV-Related Cancers Moon Shot project is led by Head and Neck Surgery’s Dr. Erich Sturgis.

342 Major tumor resections with complex flap reconstructive surgery in fiscal year 2015.

7 Skull base surgeons — MD Anderson is one of the few cancer centers in the U.S. and the world with neurosurgeons, head and neck surgeons and ophthalmic surgeons working together on malignant and benign skull base tumors.

1,262
PHYSICIANS
• 16 head and neck surgeons
  - 4 surgeons providing care in Houston’s Bay Area, Sugar Land and Katy suburbs
• 3 ophthalmologists
• 7 oral oncology and maxillofacial prosthodontists

No. 5 Ranking by U.S. News and World Report for ear, nose and throat care out of 738 hospitals.

BEST HOSPITALS
US NEWS
NATIONAL CANCER
2015-16

Cancer®
MD Anderson oral oncology and maxillofacial prosthodontists bring restoration to oral cancer survivors

With the popularity of dental implants, it may appear that the new-kids-on-the-block in false teeth are simply an expensive, cosmetic upgrade from traditional dentures, but for many oral cancer patients at The University of Texas MD Anderson Cancer Center, they are a necessity.

It’s 9 a.m. on a Tuesday and I’m informed that Theresa Hofstede, D.D.S., associate professor of oral oncology at MD Anderson has to reschedule our interview. She’s been paged to the OR to extract teeth from a patient undergoing oral cancer surgery. This is a common occurrence for Hofstede, who is also program director for the Oral Oncology and Maxillofacial Prosthetics Fellowship in Head and Neck Surgery at MD Anderson, where she performs hundreds of extractions and implants each year.

“I provide oral surgical assistance to the head and neck surgeons,” Hofstede explained when we met the following day. “One of the possible side effects of radiation therapy is osteoradionecrosis (ORN) — a deterioration or weakening of the mandible or maxilla (jawbones) — so teeth that aren’t in good shape have to be extracted before radiation treatment.”

Many oral cancer patients receive radiation treatment after their surgery. If the patients’ teeth are pulled after radiation it may cause
ORN to develop, which can lead to a jawbone fracture.

Oral cancer patient Lawrence Thomas suffered from ORN after receiving treatment for a cancerous tumor in his lower jaw.

“The radiation killed my jawbone,” said Thomas. “My MD Anderson head and neck surgeon, Dr. [Ehab] Hanna, removed my jawbone (mandibulectomy surgery) and the plastic surgeon, Dr. [Periong] Yu, made me a new jawbone from the fibula bone in my right leg (a fibula free-flap reconstruction).”

Thomas already had a complete loss of teeth prior to surgery and radiation, which limited his ability to chew solid food. In addition, his mandibulectomy and fibula free-flap reconstruction left him with an oral cavity that caused drooling, distortion of speech and difficulty swallowing. Hanna referred him to Hofstede for dental implants.

**How dental implants work**

“Dental implants are titanium screws. The screws, or implants, are placed into the jawbone, which osseointegrate into the bone,” said Hofstede. Osseointegration is the process by which the bone grows onto the implant as it heals — fusing the implant to the jawbone and locking it in place. The implant serves as a replacement for the tooth’s root.

Hofstede often installs the titanium implants during the patient’s oral cancer surgery. After the implants are inserted into the bone, she sutures the gingiva (gum tissue) over the top of the implant to allow the bone to heal. It takes approximately three to five months for the implant to heal and osseointegrate. For patients who have undergone a fibula free-flap reconstruction, it could take longer.

After surgery, many oral cancer patients are left with a hole or opening in the palate, which opens to their nasal and sinus cavities. There can also be a defect in the upper or lower jawbone. Unlike dental implants performed in a local dentist’s office, approximately 75 percent of the prosthetics made at MD Anderson include a portion of the palate (roof), floor of the mouth or jawbone, in order to replace cancerous parts of the mouth that have been surgically removed. These type of prostheses have to be facilitated by dental specialists trained in oral and maxillofacial prosthodontics, like Hofstede.

**Making a good impression makes a healthy smile**

After the implant has osseointegrated, the gingiva is opened to uncover the implant. Then an attachment, called an abutment, is placed into the implant, just above the gum line. Next, impressions are made, which are imprints of the teeth and mouth tissues. The impressions are made with a thick liquid substance called alginate, which is poured into a u-shaped (impression) tray and inserted in the patient’s mouth.

The substance quickly sets to form a solid rubber mass — the impression. The impression is then sent to the MD Anderson dental laboratory, where prosthodontic lab technicians pour gypsum, a plaster, into the impression to create a stone cast. Once the plaster dries, the cast is an exact replica of the patient’s
mouth, which can be used as a model to build the prosthesis and to create a final customized impression tray.

The prosthesis is built onto the cast to form the prosthetic base. A second impression is then made of the patient's soft tissue with the customized impression tray. Next, an acrylic-based, wax-like material is used to create the soft tissues of the mouth, such as the floor of the mouth, palate and gums. Once the prosthetic mouth tissue is formed, the teeth are inserted into the prosthesis.

The dental lab has more than a thousand different teeth to choose from, in a variety of shades, shapes and sizes, to provide the patient with a natural appearance and a functional bite. They use some of the highest grade of teeth available to ensure durability and a realistic appearance.

Driven by a passion to return cancer patients to a normal quality of life, the dental lab team works meticulously, molding and shaping the prosthesis to look and function as normal as possible — and they do. I'm blown away by how natural the prosthetic teeth look when I visit the lab. Their work is amazing.

Once the prosthesis is complete, it simply attaches, or snaps, onto the abutment, providing the patient with a healthy smile and the ability to eat, drink and speak clearly.

Dental implants can be used to replace a single missing tooth or a full arch (all teeth in the upper and/or lower jaw). Thomas required a full arch in his lower jaw.

A patient's perspective

"Dr. Hofstede saw me every day while my prosthetic teeth were being made,” said Thomas, who had his implants installed last June. A series of adjustments are often made to perfect the fit and function for the patient.

"The personal attention I received was wonderful. Dr. Hofstede's young doctor [Alex Won, D.D.S.] worked with me all day to get the fit just right. People think MD Anderson is huge and disconnected, but that's not true — they treat you like family. They even gave me a follow-up call after I got home to make sure the implants were working OK," said Thomas.

Thomas explained that the implants have improved his speech. "It has improved my ability to eat by 100 percent,” he said. Although he did have a partial denture by a general dentist some years before, he explained that the implants have

75 percent of the prosthetics made at MD Anderson include a portion of the palate

Dr. Hofstede inserting patient's prosthesis.
a much better fit. “They are so patient with you, they get them to fit perfectly,” he said.

“The maintenance is easy,” said Thomas. “I only take them out at night to brush and clean them, and then I snap them back in. I can hear them snap into place.”

When I ask Thomas for any disadvantages to the implants, he cannot name one. “The appearance is very natural,” he said. “It’s wonderful and awesome.”

Thomas was so happy with the care he received from Hofstede and the dental clinic that he stopped by the clinic to say “hello” and give Hofstede a hug during a November follow-up visit with his head and neck surgeon.

For oral cancer patients, like Thomas, who have gone through surgery then radiation and/or chemotherapy treatment, dental implants are a major milestone on their road to recovery. They give them the ability to communicate clearly, eat solid foods and simply smile again with confidence.

“I always felt there was a team of experts working together to affect my cure and to help get me back to living a pretty normal life … and the team, a very supportive wife and I did it,” said Thomas.

Hofstede is part of a team of seven oral oncology and maxillofacial prosthodontists, who deal with some of the most complex cases of oral loss and reconstruction at MD Anderson’s Head and Neck Center.

“People think MD Anderson is huge and disconnected, but that’s not true — they treat you like family.”

— Cancer survivor, Lawrence Thomas
Several physicians participating in the various fellowship tracks offered by the department of Head and Neck Surgery have successfully completed their training. Each year the department examines more than 2,000 new patients with head and neck tumors, providing fellows with a wealth of clinical experience. The fellows also have an opportunity to pursue training in translational and basic science research.

Completing the one-year clinical track in the Advanced Head and Neck Surgical Oncology Fellowship (AHNS), Vlad Sandulache, M.D., Ph.D., will join Baylor College of Medicine as an assistant professor in their Department of Otolaryngology – Head and Neck Surgery. In addition to his surgical practice, Dr. Sandulache will also be involved in active laboratory research.

Harold Heah, M.B.B.S., from Singapore, will complete the one-year AHNS Fellowship clinical track in August. Upon completion he will practice at the Singapore General Hospital Department of Otolaryngology. In addition, he will hold a post-graduate teaching position with SingHealth Duke – NUS Head and Neck Center and a clinical faculty position at the National University of Singapore Department of Otolaryngology, Head and Neck Surgery.

Natalie Silver, M.D., completed the two-year AHNS Fellowship track, which provides one year of laboratory experience and one year of clinical training. Dr. Silver will join the University of Florida as an assistant professor in their Department of Otolaryngology – Head and Neck Surgery. In addition to her surgical practice, she will also conduct laboratory research.

Steven Chinn, M.D., completed the Advanced Head and Neck Surgical Oncology and Reconstruction Fellowship, a joint program between the departments of Head and Neck Surgery and Plastic Surgery. Dr. Chinn will be an assistant professor in the Department of Otolaryngology – Head and Neck Surgery’s Division of Head and Neck Reconstructive Surgery at the University of Michigan. He will practice both head and neck oncologic surgery and reconstructive surgery, in addition to conducting translational research.

Alicia Estrella, D.M.D., Angela Wong, D.M.D., and Byung Lee, D.D.S., completed the Oral Oncology and Maxillofacial Prosthetics Fellowship. Dr. Estrella is joining a private prosthodontics practice in Madison, Wisconsin; Dr. Wong will return to Alberta, Canada and Dr. Lee will join Baylor Scott White in Temple, Texas.

Congratulations and farewell to all of our fellows. We greatly appreciate their hard work and dedication and wish them much success. For more information on our fellowship programs, email us at headandnecksurgery@mdanderson.org.
“It may sound strange, but we try not to do surgery,” says head and neck surgeon Ann Gillenwater, M.D., at The University of Texas MD Anderson Cancer Center.

Gillenwater, a professor and the director of the Oral Cancer Prevention Clinic, recently biopsied patient Susan Henke’s tongue for a cancer evaluation. Henke has leukoplakia — a white area or spot in the oral cavity with a 25 percent chance of being cancerous or precancerous — and this isn’t her first time with the condition.

“My oral surgeon excised portions of my tongue each time the leukoplakia occurred,” says Henke. Frustrated by the repeated surgeries and discomfort, Henke saw other oral surgeons for second opinions and they were unsure of how to handle her case.

She explained her dilemma to her general practitioner and was referred to MD Anderson.

“She had been cut on seven times before she came to see me a few years ago,” says Gillenwater. Since Henke has been under Gillenwater’s care she hasn’t had one surgery.

“Some physicians opt to simply surgically remove the [suspicious] tissue,” says Gillenwater. “However, I try to preserve as much of the patient’s mouth as possible, by fully evaluating the lesions for cancer instead of simply excising it.” This prevents unnecessary discomfort and pain for the patient.

At the Oral Cancer Prevention Clinic in the Head and Neck Surgery Department, Gillenwater sees patients with a high risk for developing oral cancer, such as tobacco users, people with leukoplakia, erythroplakia, erythroleukoplakia and those with a history of oral cancer. Those suffering from immunosuppression, lichen planus or graft vs. host disease are also at risk and evaluated.

“Gillenwater and her team have equipment that other doctors don’t have,” says Henke. The clinic uses advanced screening devices that emit a visible blue light into the oral cavity, which excites the oral tissue and causes it to fluoresce, allowing abnormal tissues to be seen.

“It allows us to pick up abnormalities that we can’t see with the naked eye,” Gillenwater explains.

Gillenwater and Rice University engineers are also developing tools to objectify what the optical devices show, so physicians don’t have to rely as much on their experience at recognizing the lesions with the naked eye.

The new device can calculate a red/green ratio for the lesions, which translates to a high-cancer risk or low-cancer risk reading. The results are quantitative and objective measures that allow for better patient surveillance. “We’re getting good results,” says Gillenwater.

They’ve also created a microscope that calculates the cells’ nuclear cytoplasmic ratio (NC ratio), an identifier for cancer, in seven seconds. It also provides an objective measurement and a green light or red light (normal cell versus abnormal cell) reading.

This reduces the patient’s wait time for a diagnosis and provides more accurate and quantitative results.

Patients can also participate in clinical trials to help determine precursors for premalignant lesions. Epidemiological studies evaluate the patient’s lifestyle habits and biomarkers from oral specimens and blood samples help to uncover unidentified risk factors.

A chemopreventative study to investigate a new immunotherapy drug can prevent high risk patients from developing oral cancer.

“I’m passionate about the work that I do, because I’m catching cancer before it becomes debilitating,” says Gillenwater. “Early detection is key.”

Gillenwater has been on faculty at MD Anderson for more than 20 years and published extensively on her research findings and work. She screens hundreds of patients each year for premalignant lesions and is currently accepting new patient referrals.


New DNA methylation markers and global DNA hypomethylation are associated with oral cancer.


Schmeier KM, Sturgis EM. Comment: Expanding the benefits of HPV vaccination to boys and men. Lancer 2016 Apr 30; 387:1798-99.


Carlos Caulin, Ph.D., was awarded two grants to fund studies on the generation and characterization of mouse models for salivary adenoid cystic carcinoma (ACC). The research team will receive $50,000 from MD Anderson's Center for Genetics and Genomics and $140,000 from the Adenoid Cystic Carcinoma Research Foundation.

Alicia Estrella, D.M.D., Oral Oncology and Maxillofacial Prosthetics Fellow, won third place at the Star of the South 2016 Dental Convention for her scientific poster titled, “Surgical Reconstruction of an Acquired Nasal Defect: A Case Report.”

Dan S. Gombos, M.D., was recognized as an honored alumnus and lecturer at the University of Pennsylvania's Department of Ophthalmology 142nd anniversary in April.

Ehab Y. Hanna, M.D. was awarded the 2016 Jack and Beverly Randall Prize for Excellence in Cancer Treatment at the MD Anderson President's Recognition for Faculty Excellence event, by MD Anderson President Ronald A. DePinho. The award honors researchers or clinicians who demonstrate uncommon foresight and ingenuity as well as dedication to excellence in cancer care.

Stephen Y. Lai, M.D., Ph.D., was awarded an NIH National Institute of Dental and Craniofacial Research R01 grant to use dynamic contrast-enhanced magnetic resonance imaging (DCE-MRI) to establish objective clinical outcome measures for mandibular osteoradionecrosis (ORN). The $2.8 million grant is for a five-year study.

Randal S. Weber, M.D., was recognized as a Faculty Excellence Honoree at the MD Anderson President's Recognition for Faculty Excellence event. In addition, Dr. Weber completed his six-year term on The Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committee for Otolaryngology.
Faculty and Areas of Interest

Randal S. Weber, MD
Chair
Skin cancer, salivary gland tumors, thyroid, parathyroid

Richard Allen, MD, PhD
Oculoplastic surgery

Ruth Aponte-Wesson, DDS
Oral and facial rehabilitation

Richard C. Cardoso, DDS, MS
Oral morbidities of cancer Therapy

Carlos Caulin, PhD
Molecular mechanisms of and genetic alterations in head and neck cancer

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

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

Gary I. Clayman, DMD, MD
Thyroid, parathyroid

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

Paul W. Gidley, MD
Ear, temporal bone, lateral and posterior skull base

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

Dan Gombos, MD
Ocular oncology

Neil Gross, MD
Robotic surgery (TORS), oropharynx cancer, skin cancer

Ehab Y. Hanna, MD
Skull base, orbit, thyroid, salivary glands

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

Theresa M. Hofstede, DDS
Maxillofacial prosthodontics, implant rehabilitation, radiation-induced xerostomia

Katherine A. Hutcheson, PhD
Swallowing, late effects, survivorship, alaryngeal voice restoration

Michael E. Kupferman, MD
Skull base, thyroid, skin, salivary glands

Stephen Y. Lai, MD, PhD
Salivary gland, larynx, thyroid/parathyroid, oral cavity

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

Carol M. Lewis, MD, MPH
Skin cancer and melanoma, cancer of the oral cavity, pharynx and larynx, thyroid

Guojun Li, MD, PhD, MSc
Molecular and clinical Epidemiology

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

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

Abdullah A. Osman, PhD
Molecular mechanisms of drug resistance and tumor metastasis in oral cancer

Adegbenga O. Otun, BDS
Maxillofacial prosthodontics, implant rehabilitation

Curtis Pickering, PhD
Integrated translational and functional genomics of head and neck cancer

Kristen B. Pytynia, MD, MPH
Thyroid, epidemiology

Erich M. Sturgis, MD, MPH
Thyroid cancer, sarcomas

Shirley Y. Su, MD
Skull base, skin, thyroid, salivary gland

Cynthia Tung, MD
Cornea/anterior segment and external ocular diseases

Alexander Won, DDS
Maxillofacial prosthodontics, implant rehabilitation

Mark Zaferes, MD
Salivary gland tumors, melanoma, thyroid and parathyroid

Ge Zhou, PhD, MS
Mechanisms of oncogenesis of head and neck cancer, P53 mutation gain-of-function

The 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, then contact the MD Anderson Development Office at 713-792-3450 or 800-525-5841. Please specify that you would like to direct your donation to head and neck surgery.

You may also visit MD Anderson's Development Office website at https://www.mdanderson.org/gifts