June 2015 Annual Meeting/Voice Institute Recap

By Wade Hampton, IAL President

The 64th Annual Meeting (AM), and 55th Voice Institute (VI), convened in Towson, Maryland. Our meeting ran from June 10-13 at the Sheraton Baltimore North. Over 200 attendees were actively participating in both the AM and the VI. We had 56 graduate students in attendance this year. The Board started Monday with committee business and met each day through Wednesday morning. Our VI kicked off Wednesday morning with over 100 eager attendees, Wednesday afternoon there was a first responders, fire department and ER room training to explain neck breather to this emergency group. Each year the IAL is now asking local emergency personnel to learn the needs of neck breathers in emergency and healthcare situations. 34 people attended, learned and enjoyed the program.

We had an interested active and curious group that came to learn and participate in a program that combined more interaction between laryngectomees, students and Speech Language Pathologists (SLP’s). Many sessions matched different groups to expand friendships and the laryngectomee knowledge base. It is gratifying to see old friends and new friends become part of the IAL community. Our clubs and their memberships provide the foundation for our strength to achieve laryngectomee rehabilitation. Every year we come away better and stronger in our resolve to help our fellow laryngectomees and caregivers.

Thursday morning we held our opening ceremony with the keynote speaker, Dr. Brian Mitchell.

Continued on page 4
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**About The IAL News**

The IAL News is published four times a year by the International Association of Laryngectomees.

Information provided by the IAL News is not intended as a substitute for professional medical help or advice, rather as an aid in understanding problems experienced by laryngectomees and the state of current medical knowledge.

A physician or other qualified healthcare provider should always be consulted for any health problem or medical condition.

The IAL does not endorse any treatment or product that may be mentioned in this publication.

Please consult your physician and/or speech language pathologist (SLP) before using any treatment or product.

The opinions expressed in the IAL News are those of the authors and may not represent the policies of the International Association of Laryngectomees.

As a U.S. charitable organization, as described in IRS 501(c)(3), the International Association is eligible to receive tax-deductible contributions in accordance with IRS 170.

**IAL Items Available**

- IAL Brochures
- IAL News order/change of address cards
- Orange Emergency Cards (English)
- Orange Emergency Window Stickers (English)
- "Laryngectomees Loving Life" DVD (35 mins) ($10 donation requested) (May also be watched on website)
- "First Steps" Available to download from the IAL website

Have a good idea or a helpful hint?

We welcome laryngectomees and caregivers to submit ideas that would be helpful for other laryngectomees.
Continued from page 1

Future plans may include taking our experience and skills into developing where laryngeal cancer is exploding. Much consideration will be given to how we can best use our limited resources. Long range planning, perhaps five years out may help provide opportunity for the IAL to stay up with the changing world we live in.

During Friday afternoon free time, we traveled down to the Inner Harbor of Baltimore. Bus transportation was courtesy of Bob Herbst and Sapp Funderburk. People split up going to the aquarium, shops, water taxi, tours, restaurants and some stayed downtown for the evening ballgame at Camden Yard. Everyone enjoyed the beautiful day and returned safely.

During the annual delegates meeting, election was held for Board of Director members. Tom Cleveland, Rodney Montaque, and Dr. Brian Mitchell were elected for 2 year terms.

In the delegates meeting, we laid out details of the 2016 meeting to be held in Dallas, Texas. During the week of June 19-26, the hotel will be the Omni Park West. We kick off the main program Thursday, but will have programs for “Visitor Training” and emergency personnel training on Wednesday. The hotel rate will be 115.00 per night which includes a breakfast for 2 people. The 2016 AM/VI program will be conducted in the hotel exclusively. This is a trial to model what the Texas Laryngectomee Association (TLA), has incorporated the last three years. We are fortunate to partner with the TLA to jointly bring the 2016 to Texas. This is the 25th Anniversary for the Texas Laryngectomee Association. It will be the 65th annual meeting for the IAL. Come one and all to help us celebrate these landmarks in our organizations! We will have an excellent staff for the Voice Institute. Our goal is to teach to the highest level while minimizing our liability risks.

The IAL has opportunity to continue the path of support and rehabilitation for our laryngectomee community. Many factors have gone into the board decisions. The board has taken up challenges going forward to lead with the support of our clubs and members. We are financially stronger this year and hope to continue forward with everyone’s support. Supporting the International Association of Laryngectomees becomes a lifelong opportunity. We all have many reasons to thank the folks that helped along our recovery path. With many diverging ideas and opinions, laryngectomees have the common bond of altered speech and neck breathing. What a unique group of special folks!

This year at our annual meeting banquet we honored Mary Jane Renner. A mentor, friend, laryngectomee and good person. The banquet and toast to Mary Jane were sponsored by In Health Technologies. Live music from members of the Crests (Barry Newman and JT Carter) and Tony Talmich on the drums were enjoyed by all.

Special thanks to the vendors that supported the IAL in sponsoring breaks meals, scholarships and activities. Thanks for the clinical support during the hands on clinic. We appreciate the continuing support that facilitates the successful realization of the IAL mission. We have a special group that has the laryngectomees’ welfare at heart. Keep up the great work.

A lot goes into the AM/VI conference. Thanks to each of you for your enthusiastic participation and bringing your best to the IAL gathering. See you in Dallas, 2016.
The Emotions of Caregiving

By Caryn Melvin,

The diagnosis of cancer often comes without warning, bringing with it disbelief, fear, anxiety, worry, anger and sometimes guilt. And that is just the beginning. Cancer can also be a thief robbing you of some of your most priceless possessions: your piece of mind, your sense of invulnerability, your happiness, your financial security, and your relationships. It is one of the most devastating of catastrophic events that can happen to a family. And surviving the surgery is just the beginning of the emotional roller coaster ride. A ride you never wanted to take, a ride you wish would stop so you could get off, a ride that keeps on rolling despite your pleas to make it stop.

Many spouses find themselves in the roll of caregiver to their loved one following the surgery. A role they did not expect nor were they equipped for. Caregivers come face to face with vocabulary, procedures, sights and sounds that are unfamiliar. And they are asked to learn all of this in the midst of grief and struggle.

During this time of settling in and discovering what is expected in this new role, caregivers likely are struggling with any number of emotions. It is natural for us to label emotions as either good or bad, but they are neither. Emotions are the tools of life experience, helping us navigate our way through

Continued on page 6
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the catastrophic events of our lives. While there is
no manual for negotiating laryngectomy recovery
with your loved one, there are some strategies that
can help you along the way.

Accept how you and your loved one feels. No two people experience a situation exactly the
same. You may be experiencing anger in the same
moment your loved one appears at peace or vice versa. We do not all have to feel the same thing at
the same time.

Several emotions may be experienced to-
gether. As a caregiver you may feel anger, resent-
ment and grief, all at the same time. It’s important
to acknowledge and accept what you’re feeling. This
combination of difficult feelings does not mean that
you don’t love your family member; they simply
mean you’re human

Recognize everybody heals at different rates. Resolution comes quickly for some. Others need to
work with their emotional tools a little longer. It is
not uncommon for one spouse to “lag behind” in the
recovery process.

Know that healing is not a step-wise process. We do not work our way through anger and then go
on to conquer the next difficult emotion. Often a
feeling we thought we had worked through, will sur-
face some time later. But remember, you experi-
ence those feelings with a different level of wisdom
and understanding. Somehow, the working through
is easier the second or third time around.

In the words of Rosalyn Carter, “There are
only four kinds of people in the world. Those who
have been caregivers, those who are currently care-
givers, those who will be caregivers and those who
will need caregivers.”

I encourage you to share your thoughts on
caregiving for the Care Giver’s Corner.

I encourage you to share your thoughts on
caregiving for the Care Giver’s Corner.

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Why the thyroid matters to laryngectomees and other head and neck cancer patients  By Dr. Brian Mitchell,

What is my thyroid and why do I care? The thyroid gland is positioned just below the larynx in the mid-portion of the neck. The thyroid gland secretes hormones in the bloodstream that largely control the metabolism of the body.

How so? Imagine a car going down the highway on cruise control—this is what your thyroid is supposed to do when it’s working normally. This is called euthyroid. If it’s overactive, it’s like someone hitting the gas pedal on the car. Everything rev’s up and overworks. This is called hyperthyroidism. If it’s underactive, it’s as if the foot is let off the gas and everything starts to bog down. This is called hypothyroidism.

Often a portion or even all of the thyroid gland is removed during a laryngectomy operation. These patients become hypothyroid as a result of surgery and require replacement thyroid hormone. This is most often accomplished by a medication whose generic name is levothyroxine, although some patients will be place on alternative versions of this. Similarly, patients who have undergone radiation to the neck will often develop hypothyroidism as a side effect of the radiation. This can happen close to the time of radiation or even years later.

It’s important to have your thyroid checked regularly if you have undergone either a laryngectomy or radiation to the neck. I recommend checking this annually. The main labs are a TSH level and a T4 level. The TSH measures the message from the brain to the thyroid essentially telling it to make more hormone. T4 is the actual hormone made by the gland. If the gland is not producing hormone correctly (hypothyroidism), the TSH level will go up—it’s telling the gland to work harder. At the same time, if the TSH is up, the T4 would usually be low. Vice versa, an overactive gland would have a high T4 and a low TSH.

These numbers can be confusing if patients are told their thyroid function is low but the labs show a high TSH. Remember, the TSH comes from the brain, the T4 is coming from the gland. There are numerous other levels associated with the thyroid gland that can be measured but primarily the TSH/T4 levels are the primary ones that warrant monitoring for our members. For those already on replacement, the intention is to keep the TSH/T4 levels in normal range, this helps physicians adjust the dosing properly for patients.

How we came up with the idea to offer a class on emergency actions for Laryngectomees at the Spokane IAL annual meeting in 2013.

By Susan Bruemmer

Informing first responders about the needs of a laryngectomee in an emergency situation developed over the years as our club members continued to hear stories about fellow laryngectomee members having oxygen administered by mouth rather than by stoma. Our club members tried contacting the otolaryngologists/hospitals/fire departments about the locations of laryngectomees in our geographic area as well as the anatomical differences in laryngectomees. Still incorrect measures continued to occur in our area. When our local club, the South-eastern Washington Laryngectomee Club, was chosen as local host for the annual IAL meeting/Voice Institute in Spokane, WA in 2013, we brainstormed with local Spokane ENT, Brian Mitchell, Spokane County EMS Services Coordinator, Ray Tansey, Providence Regional Cancer Center all of whom had great input into how to instruct first responders about the differences between tracheotomy and laryngectomy patients. We had many meetings trying to coordinate the information to be presented, how to disseminate the information to the attendees (handouts and/or online access, flash drive) and how to pay for the handouts and advertising for the course. Providence Regional Medical Center graciously donated the handouts and advertising flyers as well as videotaping of the course that is now part of the medical library for all Providence hospitals for their staff to access.

Our hope to spread the word all over the country is being fulfilled as each annual IAL meeting is using our template to inform first responders about the special needs of laryngectomees in emergency situations.
Detecting and Successfully Treating a Major Second Cancer - Lung Cancer
by David Blevins

(1) Were you a smoker?

(2) Did you smoke at least one pack of cigarettes a day for 30 years (or the equivalent: 2 packs a day for 15 years, etc.)?

(3) Are you age 55-80?

(4) Did you stop smoking less than 15 years ago?

If you answered yes to all four questions above then you should be talking to your doctor about getting a low dose CT scan once every year.

This is now the recommendation of the U.S. Preventative Services Task Force (USPSTF) and repeated in the prestigious medical journal *Annals of Internal Medicine*. The recommendation is based on a series of unprecedented large clinical experimental trials the Task Force has conducted. These trials showed that the benefits of getting an annual CT scan outweighed the risks for those who answered yes to the four questions above.

In other situations (such as some types of routine prostate exams for most men) the benefits of screening may not outweigh the risks such as false positive results leading to expensive further testing, medical treatments, and side effects.

If you fit into this category of former smokers you are at risk for developing lung cancer even if you quit smoking 15 years ago. The reason is that as a smoker you exposed a number of parts of your anatomy to the cancer causing chemicals in cigarette smoke. And a second primary cancer can emerge long after you have been declared cured of your larynx cancer. These new cancer sites can be in your tongue, lips, lungs, esophagus (feeding tube), nose and sinuses, kidney, cervix, bladder, pancreas, stomach, ovary, colon/rectum, and others.

The key to surviving lung cancer (and many other cancers) is the earliest possible detection of the tumor. This is a major problem with lung cancer because it often develops to higher stage levels before it shows symptoms such as shortness of breath, a cough that does not go away, weight loss and loss of appetite, infections such as bronchitis and pneumonia that don't go away or keep coming back, or coughing up blood.

Standard chest x-rays have been shown to be significantly less effective in finding lung cancer than CT scans. The American Cancer Society recommends that the yearly CT Scans only be done at medical facilities that have the right type of CT scan equipment and be done at a facility that has experience in low dose scans for lung cancer screening and has also has a team of specialists who can provide appropriate care and follow-up of patients with abnormal scan results. I am very fortunate to live in a region where this quality of care is readily available.

About 85 percent of lung cancers occur in smokers or former smokers, and nearly 90 percent of people who get lung cancer die of the disease. The high fatality rate explains why this relatively uncommon cancer accounts for 160,000 deaths in the United States each year—more than breast, prostate, and colon cancers combined.

The task force calculated that 14 percent of
these lung cancer deaths could be prevented if everyone who was eligible had annual screening, saving a potential 22,400 lives each year, according to the recommendation published in the Annals of Internal Medicine.

Talk to your ENT or family physician to review the risks and benefits for you.

My Personal Lung Cancer Experience

by David Blevins

The medical profession took a long time to reach the recommendation that certain categories of individuals at risk for lung cancer should have annual low dose CT scans. Ironically, I had been writing about this issue for a number of years in various newsletters as the weighing of the risks versus benefits shifted over time.

My lung cancer was not detected until I was coughing up blood in greater amounts than what we laryngectomyes often get when our tracheas dry out, crack and bleed. It took still longer to get the diagnosis and to begin treatment. My primary care physician ordered a chest x-ray and a referral to a pulmonologist (lung specialist). He said the x-ray did not reveal any problems and went on to say that I was not at risk for lung cancer since I had quit smoking in 1997.

It was not until a CT scan was finally ordered that my tumor was found. And by the time the tumor and the upper lung were surgically removed and a biopsy done, the tumor was at stage IIIIB (the next to the highest). The five year survival rate for even a level I lung cancer is just 50-50, so my odds were and are far worse. But so far I have beaten the odds and my last PET scan was clear following chemo and radiation. I am in at least remission from lung cancer, although there are no guarantees. I wait for my next scan.

My personal experiences have added urgency for me to get the word out to those at risk for lung cancer since it is not rare for a laryngectomye’s second cancer to be lung cancer.

Club Member Took Advice and it Paid Off!

Member of the Tidewater Lost Chord Club in Virginia, Frank O’Brien, is especially glad he attends club meetings and reads the club newsletter! The 2014 November newsletter included an article that included the recommendation that people who were at higher risk for developing lung or other tobacco-related cancers get a low dose CT Scan each year.

This recommendation was also discussed at several club meetings. It was of particular interest since another club member’s lung cancer had only been discovered because he was coughing up significant amounts of blood.

Frank asked his ENT (Ear, Nose and Throat) doctor if he would order a low dose CT Scan. He did and it indicated an early stage lung cancer in his left lung. Because it was found early Frank will be treated with radiation alone, and has the highest possibility of a complete cure (and without side-effects because of the use of the newest radiation technology).

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Five Year Survival Rates\(^1\) for Lung Cancer by Stage*

<table>
<thead>
<tr>
<th>Stage</th>
<th>Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1 (A,B)</td>
<td>45-49%</td>
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<tr>
<td>Stage 2 (A,B)</td>
<td>30-31%</td>
</tr>
<tr>
<td>Stage 3 (A,B)</td>
<td>5-14%</td>
</tr>
<tr>
<td>Stage 4</td>
<td>1%</td>
</tr>
</tbody>
</table>

* The percentage of people who are still living five years after detection. Surviving 5 years without a recurrence is considered to be a cure for that cancer.

(Source: National Cancer Institute)
Dr. James C. Shanks Master Clinician Award
Jeffrey P. Searl, Ph.D., CCC-SLP

One of the most significant contributions within the professional field of Speech-Language Pathology comes in the form of serving those who have lost their ability to communicate and working toward the goal of their total rehabilitation. However, few individuals are able to meet this goal in all areas that impact such contributions, namely, clinical education, research productivity in the form of publications and presentations, and service to the profession. Our next award recipient is a clinician-scientist who has demonstrated a clear and exemplary commitment to students and professionals, as well as the larger laryngectomee community. The goals set by this individual have always been driven by a desire to make things better for all involved. But what is perhaps even more important in this context is the achievement of these objectives has been done with open-mindedness and respect for others. Few meet the level of contributions that our next awardee has achieved in a relatively short period of time. Over more than 10 years, this individual has continuously contributed to the IAL in multiple capacities with a desire to improve the larger clinical mission of the IAL. He is uniformly admired and respected by his peers and laryngectomies.

Dr. James C. Shanks Master Clinician Award
Susan Reeves, M.S., CCC-SLP

Susan received both her Bachelor’s and Master’s degrees from Southwest Texas State University in San Marcos, Texas. She attended her first IAL meeting and Voice Institute in Seattle, WA in 1989 and was immediately ‘hooked’ on this unique population. She was devoted to gaining the needed experience to serve this underserved laryngectomee population in West Texas! She repeatedly attended and became involved with the IAL, serving frequently as lecturer and offering therapy at the VI. Later as Texas established its state Laryngectomee Association (TLA) she served on the planning committee and lecture staff since 1991. In 2008, Susan joined the IAL as the Executive Director, the title changing to Administrative Manager in 2011, a job Susan continues today. Susan’s commitment to this population and to laryngectomee rehabilitation has been exemplary.

Shirley Salmon Award of Clinical Excellence 2015
Kim Almand received her Master’s Degree from Vanderbilt University in 1998. She has worked with individuals with head and neck cancer since that time. Currently she works in Knoxville, TX at Otolaryngology Center of East Tennessee. Kim has been involved with the IAL since 1998, working closely with Dr. Ed Stone in those earlier years. Kim currently is The Voice Points column editor for Web Whisperers. Kim in an innovative, thoughtful speech pathologist with an excellent skill set. More importantly she is the glue that holds the VI program together. She is so organized! She is so kind with a big heart!
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June 2015
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✓ Same Griffin Quality
Dorothy Warren is a Commercial pilot with Instrument and Multi-Engine Ratings. She also is a Basic, Advanced and Link Trainer Grounds School Instructor.

Dorothy grew up on a family farm in Akron Ohio. Four years after marrying Chuck, a pilot, she earned her private license on July 7, 1955 as a birthday present from her husband. He was her instructor for the license and all other ratings except the Link Instructor, which she earned at Spartan School of Aeronautics in Tulsa, Oklahoma.

Dorothy joined the Ninety-Nines, an International organization of women pilots in 1958 and still enjoys being very active. An air race for women only, The All Women’s Transcontinental Air Race (AWTAR), that flew approximately 2500 miles from the West Coast to the East Coast, was nick named the ‘Angel Derby’. Dorothy flew her first Powder Puff Derby in 1961, the Angel Derby in 1967 and six more Powder Puffs before they were discontinued in 1977.

Dorothy held the offices of Secretary and Chairman at chapter level, Secretary and Governor at section level, chairman of Dallas Doll Derby for eight years and served on other committees. She has been awarded the Jimmie Kolp Trophy in 1974, “For outstanding devotion to her fellow 99’s and the International Organization of women Pilots”. June 21, 2008, Dorothy was inducted into the ‘International Forest of Friendship’ (along with her husband Chuck) in Atcheson, Kansas near the Amelia Earhart home, for exceptional contributions to aviation. Dorothy and her husband worked together for 55 years until his death (five days after their 55 year anniversary). They owned a flight school and Air Charter business at Addison Airport.

It was the middle of 2000 when doctors found a lesion in her mouth that was cancer and necessitated surgery on her soft

Continued on Page 17
Many Thanks to our sponsors who made the Annual Meeting and Voice Institute possible.

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# International Association of Laryngectomees

## Statement of Revenue & Expense

For the Twelve Months Ended December 31, 2014

<table>
<thead>
<tr>
<th>Revenues</th>
<th><strong>Annual Meeting Income</strong></th>
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<tbody>
<tr>
<td></td>
<td>Annual Meeting Registrations: 10,800</td>
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<td>Voice Institute Registrations: 16,630</td>
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<td>Vendor Sponsorship: 29,780</td>
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<td>Auxiliary Raffle, 50/50—net: 1,931</td>
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<td><strong>Total</strong>: 59,141</td>
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<td><strong>General Fund Income</strong></td>
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<td>Club Dues: 4,335</td>
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<td>Contributions: 8,941</td>
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<td></td>
<td>Interest Income: 168</td>
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<td>Newsletter Advertising: 28,580</td>
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<td>Scholarship Grant: 1,500</td>
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<td><strong>Total</strong>: 43,524</td>
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<td><strong>Total Revenues</strong></td>
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<table>
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<th>Expenses</th>
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<tr>
<td></td>
<td>AHSA Fees: 1,700</td>
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<tr>
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<td>Board and Planning Expenses - net: 2,801</td>
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<td>Bank &amp; PayPal Fees: 3,270</td>
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<td>Hotel Expenses: 21,691</td>
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<td>Voice Institute Scholarships: 800</td>
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<td>Webmaster Fees: 5,039</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>94,637</strong></td>
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**Total Revenues in Excess of Expenses**: **8,028**
Image-guided radiotherapy for laryngeal and pharyngeal sparing in head and neck cancer patients
By Dr. Namphong Nguyen

Difficulty swallowing, aspiration into the lungs, and chronic hoarseness of the voice are frequently observed following head and neck cancer irradiation because of damage to the pharyngeal muscles and voice box. These complications decrease patient quality of life and in the case of aspiration, may result in death from pneumonia. Recently, a new technique of radiotherapy, image-guided radiotherapy (IGRT), allows radiation oncologists to target the cancer with precision while sparing the normal organs at the same time. Every day, before treatment, an imaging study (frequently a CT scan), is performed to ensure that the radiation treatment is performed accurately. As a result, less normal tissue is irradiated in the planning target volume. For patients with non-laryngeal and non-hypopharyngeal cancers, IGRT decreases significantly the radiation dose to the pharyngeal muscles and the voice box compared to the conventional radiotherapy technique. Preliminary results are very promising with significantly less risk of aspiration and hoarseness with this new radiotherapy technique, potentially improving patient quality of life. Even elderly head and neck cancer patients (70-year-old or older) tolerate chemotherapy and radiotherapy as well as younger patients when treated with IGRT for locally advanced disease. The International Geriatric Radiotherapy Group (http://www.igrg.org), an international research organization, is planning to conduct prospective studies in elderly cancer patients to assess the impact of IGRT on patient quality of life. If confirmed through prospective studies, IGRT may bring new hope to all cancer patients because of the potential for cure with less risk for long-term complications.
More information can be found in these research articles:


Effectiveness of image-guided radiotherapy for laryngeal sparing in head and neck cancer Oral Oncology 46 (2010) 283–286

Survivor's Story—Continued from page 14

Dorothy was determined to regain her normal, active, familiar life and she did, although it took several years.

After surviving her husband Chuck’s death from a massive stroke in 2007, she found herself facing another cancer in June 2010. This trauma was a laryngectomy on July 2, 2010 this time without husband and son. After having to write ‘EVERYTHING’ for several discouraging days, she saw the surgeon to receive her prosthesis. She put her thumb over the stoma and ‘talked’. Hearing herself triggered the thought,” If I can still talk, I can do anything”. The next day Sally North (a seasoned Laryngectomee trained visitor) came to invite Dorothy to join “The Lost Chord of Dallas” and that became a wonderful experience; meeting others who had the same surgery and were getting on with their lives. She is now Treasurer of the Dallas chapter and visits hospitals encouraging new laryngectomees patients.

Dorothy will be 84 years young on September 25, 2015 and truly enjoys life, all her friends and doing the same things she always did before the laryngectomy (and more!).
Attention All Newsletter Readers!

Dear IAL Newsletter Readers:

The IAL office has been in the process of updating our newsletter mailing list. We are asking that you respond to us in order to remain on the mailing list to continue receiving the newsletter. The mailing list will be amended for the August IAL Newsletter.

The bottom half of this page is a form for you to fill out. If we receive the information back by mail, that means that you would still like to remain on the list and receive the newsletter. You may also respond and let us know that you’d like to stay on the mailing list by emailing our office at office@theial.com. If you choose to send an email message, please include all the information found on the form below. You can still see and read and download the IAL Newsletter from the website even if you decide not to remain on the mailing list.

The IAL appreciates your support to continue its service. We are proud of our 64 year history of aiding in the rehabilitation of laryngectomees. All of the work being done is for the laryngectomee community, its supporters, professionals and care givers. If you have any questions, feel free to call our office at 866-425-3678.

Please fill out the form below to continue receiving the IAL Newsletter through the mail.

Mail to: The IAL 925B Peachtree St. NE Suite 316 Atlanta, Georgia 30309-3918

Or email to: office@theial.com

I am a: Laryngectomee Speech Language Pathologist Physician Caregiver

[ ] [ ] [ ] [ ]

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