

# The IAL News



The International Association of Laryngectomees Vol. 60 No. 4 November 2015

## Viet Nam Veteran Assists Vietnamese Laryngectomees

By Larry Hammer, M.C.D



Left to right- Larry Hammer, Speech Language Pathologist; Dr. Huynh An, Chief ENT; Laryngectomee patient and wife; Ms. Dang Thi Thu Tien, therapist. After having made a presentation on the communication of Laryngectomees following surgery and demonstrating the functional use of the electrolarynx, I turn the evaluation and training over to the physician and therapist to evaluate and train the Laryngectomee. I then serve as a "coach".

Viet Nam Laryngectomee Humanitarian Project (VNLHP) made its most recent trip to Viet Nam in April 2015. Forty-three (43) electrolarynx devices (ELD) were provided to indigent Laryngectomees in Ha Noi, Da Nang City and Hue City. Actively practicing as a Speech Language Pathologist, I felt most personally rewarded by being involved with the communication rehabilitation of Laryngectomees. They are a unique and special group of people who have professionally motivated and inspired me for 36 years.

In 1975 I completed my undergraduate studies at the University of Nebraska – Lincoln. It was the year of the end of the Viet Nam War. I had served in the U.S. Marine Corps during that war during 1968 and 1969. That was when I committed to someday return to Viet Nam to use my skills as a Speech Language Pathologist to serve the Vietnamese people. I saw a significant number of people who had suffered injuries that left them with a variety of disorders related to

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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.

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# Save the Date

**IAL and TLA Combine for Annual Meeting and Voice Institute**

**Omni Hotel Park West  
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**IAL & TLA ANNUAL MEETING  
JUNE 24-26, 2016**

**IAL & TLA VOICE INSTITUTE  
June 23-26, 2016**



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**1-800-The-Omni / Hotel room rates: \$115 per night (Includes breakfast)**

The International Association of Laryngectomees (IAL), joins with the Texas Laryngectomee Associate (TLA), to bring the 65th anniversary for the IAL and the 25th anniversary of the TLA. The meeting will be held at the Omni Hotel Park West, Dallas, Texas. The hotel is large, comfortable, and located within easy driving to downtown Fort Worth and Dallas. Free shuttle service is available to and from the DFW airport. The Dallas Fort Worth Metroplex offers a wide variety of activities of interest in history, culture, and sports with a country-western flavor.

Combining the resources of the TLA (local clubs of the area) and the IAL, will give attendees the best personal and professional experience. Laryngectomees, caregivers, graduate students and professionals will all benefit; all the bases will be covered!

The Voice Institute will offer CEUs for Speech Language Pathologists and will continue to offer a unique educational opportunity for graduate students interested in working with the laryngectomee population. Students will learn from both professionals and laryngectomees. Mix and match sessions will provide individual interaction for questions and answers.

***Celebrate our organizations' histories, successes and challenges with a socially and academically packed four days.***

***YeeHaw!***

Registration forms will be available online at [www.theial.com](http://www.theial.com) starting January. Reservations for the reduced hotel room rate of \$115.00/night (breakfast included), must be made by May 23, 2016 at the Omni Park West. Be sure to tell the hotel that you are attending the IAL/TLA conference when you reserve your room so as to get the reduced rate.

**Registration fees:**

Annual Meeting Registrants: \$120 by May 23 (\$150 after May 23, 2016)

Voice Institute Registrants: \$120 by May 23 (\$150 after May 23, 2016)

Speech Language Pathologists: \$400 by May 23 (\$450 after May 23, 2016)

# Carotid Stenosis and the Head and Neck Cancer Patient

By Dr. Brian Mitchell



As most of you are likely aware, the carotid artery (you actually have one on each side of your neck) is the main artery that carries blood from the heart to the brain. In the mid portion of the neck the artery divides into an external and internal component. Essentially it makes a Y with what referred to as an internal and external carotid artery continuing upstream. The external carotid artery continues to further branch out and ultimately give blood to the various aspects of the face/mouth/throat/neck region. The internal carotid artery extends into the skull and ultimately gives blood to the brain. Carotid stenosis is a relatively common problem in the US. Stenosis refers to narrowing of the artery with plaque buildup. As the narrowing gets worse, the blood flow to the brain can be affected. At the same time, there is a risk of plaque breaking off and carrying upstream and blocking blood flow to the brain. A stroke can result when there is impairment of blood flow to the brain. We know that smoking and high cholesterol are risks for developing carotid stenosis but radiation therapy to the neck is another risk. Over the past few years, new attention has been given to screening patients who have undergone radiation to the head and neck region. This is done primarily by having an ultrasound of the neck done called a carotid artery duplex. Our center recently researched this topic and we now screen our patients at around 2

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# Quit, Don't Quit

By Elizabeth Durand, M.A., CCC-SLP



Some of you may be thinking the title of this article refers to cigarette smoking. No, it is more than that. The focus is on how we handle challenges that come at different points in our life. We all have choices when faced with difficulty or adversity. But, how to choose and what to choose is another story. Sometimes we are frozen still and unable to decide what to do. We have come to a stage of "paralysis by analysis". We have looked at the options and still don't know what to do. We think to move forward, but fear holds us back. We consider doing nothing but that does not help much either. We are locked in an "approach-avoidance" syndrome. Advancing means to risk, but not moving forward eliminates facing uncertainty or the "imaginary horrors".

How to free oneself? How to break loose and take action? Choose what will provide the most growth. Is the choice life giving? Is it something that promotes the good not only for you but others? Is it in keeping with your spiritual beliefs? Does the choice provide a sense of peace or calm?

It is hard to find stillness when from every angle "noise" blasts its way into our life. But stop we must and be quiet. In silence we will find enlightenment, wisdom and a sense of tranquility. And therein lies the answer that we fight desperately to discover.

If we think more in terms of serving others than what satisfies our needs, we will find greater joy. How can that be? For some reason the way the universe has been created we are meant to feel better and more connected by giving than

Continued on page 16

communication.

In 2000 I was invited by a physician in Viet Nam, to visit Ha Noi and learn about their lack of communication rehabilitation for Laryngectomees. I visited the National Institute of Otolaryngology in Ha Noi and found there was no therapy for Laryngectomees to learn to verbally communicate. I had taken with me 2 ELDs for the purpose of demonstrating to physicians, nurses, and Laryngectomees how a Laryngectomee could verbally communicate. It made an impact on them and me.

Upon returning to the United States, I formed the Viet Nam Laryngectomee Humanitarian Project. The purpose of the organization was to acquire, by donation, ELDs for Laryngectomees in Viet Nam. I returned to Viet Nam in 2001, 2002, and 2004 with donated ELDs that were successfully distributed to laryngectomies. In 2002 and 2004 some voice prostheses were also donated.

During the years 2005 – 2015 I suffered permanently disabling illnesses and the work of VNLHP was limited to delivery of a limited number of



Larry Hammer, M.C.D., Speech-Language Pathologist instructing Laryngectomee in use of electrolarynx device.

ELDs to Viet Nam by friends who traveled there frequently. This April, I was able to return with 43 ELD. During the years I visited VN I meet Laryngectomees who had not spoken for 25 years. Unable to verbally communicate, they lost employment and often were relegated to a life of social isolation. It was most rewarding when, during my visit this year, I found a number of laryngectomies who previously received an ELD had successfully returned to work and established themselves as socially active participants.

In February 2016, VNLHP will make the next trip. Donated ELD, Cooper Rands, voice prostheses and materials related to rehabilitation of communication disorders will be donated to hospitals in Ha Noi, Da Nang, and Hue City.

Solely dependent upon donated ELDs and financial support we invite those interested in helping, to contact this organization via email at: [www.vietnamlarynx.org](http://www.vietnamlarynx.org) ; or mail to: VNLHP C/O Larry Hammer, M.C.D., 2116 Cottontail Dr., Cedar City, UT, 84721 or call 435-586-0342. VNLHP, though not a 501 c 3 federal tax registered entity, is registered and monitored as a Not For Profit Charitable Organization with the State of Utah, Division of Consumer Protection.



Dr. Huynh Ba Tan, Chief Department of Da Nang Otolaryngology and Vice Chairman of Viet Nam Society of Otolaryngology, Larry Hammer, M.C.D. (Speech Pathologist) with medical staff receiving donated educational materials and laryngectomee supplies

# Laryngectomy Clubs

By Susan Bruemmer

In 1969 the annual IAL meeting was held in Seattle, WA. Two amazing school-based speech pathologists, **Romaine Olsen** and **Alice Shaw**, attended this meeting and decided to start the **S. E. Washington Laryngectomy Club**. Gubby Guild was the first laryngectomy member and the club president for many years. There were members from as far away as Goldendale, WA, a 2 ½ hour drive! Meetings were both educational (esophageal and EL lessons) and social. Each month one member was in charge of refreshments and potlucks were held in December and June. Meetings were not held in July and August.

I got involved with the **S.E. Washington Laryngectomy Club** in 1978 as a new SLP in private practice in Richland, WA. With only textbook knowledge and a "shared" laryngectomy patient as a graduate student for experience, I had been referred my first laryngectomy patient from a local otolaryngologist, and I wanted to learn how to best help him. I found this

support group as well as annual summer Eastern Washington University workshops similar to the annual IAL meetings to get started on my road to knowledge about Laryngectomy rehabilitation. Our laryngectomy members/spouses watched my family and I grow up over the past 35 years. They were and continue to be my extended family.

We have had times when our meetings were well attended (25 members) and not so well attended (2 members). Although we thought at times that maybe we should disband our club due to low attendance, we never did because "there would always be a new laryngectomy that would need our help". There were other sup-

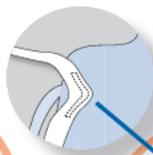


" I was a private practice speech-language pathologist in Richland, WA since 1977. Working with this population became my passion after I met my first laryngectomy patient and was introduced the S.E."Washington Laryngectomy Club in Tri-Cities"

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# First Annual Chicago Laryngectomy Symposium

By Miriam Carroll-Alfano



**Left to Right- Roger Barton, Ron Gresham, Miriam Carroll-Alfano, Roger Findley, Lewis Trammell, Jim Currie, and Ray Rose**

The First Annual All Chicago Laryngectomy Symposium was held on Tuesday May 26, 2015, hosted by Saint Xavier University's Ludden Speech and Language Clinic and Lary's Speakeasy Support Group. This free event brought together laryngectomees and their families, speech-language pathologists (SLPs) and speech-language pathology graduate students for a half day of education, information and personal stories about laryngectomy. Laryngectomees from several of the area laryngectomy support groups attended the symposium, giving the broader Chicago laryngectomy community a place to gather, share and learn.

The symposium included a series of presentations on laryngectomy-related medical topics, including laryngectomy-related respiratory issues, given by Meaghan Benjamin, M.A., CCC-SLP (Atos Medical Inc.), alaryngeal communication options, presented by Anne Lunkes, M.S., CCC-SLP (Hines VA Hospital) and swallowing difficulties after throat cancer and laryngectomy, presented by Miriam Carroll-Alfano, M.S., CCC-SLP (Saint Xavier University). Representatives from various medical vendors, including Jim Lauder (Lauder Enterprises), Miriam Campbell (Inhealth Technologies) and Meaghan Benjamin (Atos Medical Inc.) educated the audience about laryngectomy-related products and technologies that are available to assist laryngectomees in their daily living. The highlight

of the day was having several laryngectomees speak to the audience about their personal experiences. Lewis Trammell, Aaron Futterman, and Jim Currie shared their personal stories with warmth and humor.

This event provided a unique opportunity for speech-language pathology graduate students to take their learning outside of the classroom and hear from a variety of people with first-hand knowledge of laryngectomy. This event was a great opportunity for graduate students to be with laryngectomees, family members and speech-language pathologists and help students make the connection between the classroom and the real world. Graduate student Lea Rose Morevec stated, "Attending the Laryngectomy Symposium was extremely beneficial for me as a current student and future speech-language pathologist. Not only was I able to gain clinically applicable knowledge in order to troubleshoot situations with future patients, I learned the impact that having a laryngectomy may have on one's swallowing, communication, and daily life. Learning directly from people who have had a laryngectomy was an invaluable experience that I will apply throughout my future clinical placements and career." Saint Xavier University and Lary's Speakeasy are planning next year's All Chicago Laryngectomy Symposium. If you are interested in more information, please contact Miriam Carroll-Alfano at [alfano@sxu.edu](mailto:alfano@sxu.edu).

# Dental Issues and Hyperbaric Oxygen Therapy

By, Itzhak Brook MD



Dental problems are common after exposure of the head and neck to radiation therapy.

Radiation causes reduction of blood supply to the maxillary and mandibular bones, and reduced production and

changes in the chemical composition of saliva. These induce alterations in the bacteria that colonize the mouth.

Because of these changes dental caries, and gingival and periodontal inflammation can be particularly problematic. These can be lessened by good mouth and teeth care, i.e., by cleaning, flushing, and using fluorinated toothpaste after each meal when possible. Using a special fluorinated preparation with which to gargle or apply on the gum helps in preventing dental carries. Keeping well hydrated and using saliva substitute when needed are also important.

It is advisable that patients visit their dentist for a thorough oral examination several weeks prior to initiation of radiation treatment and be examined at a regular annual or semiannual basis throughout life. Getting regular dental cleaning by a dental hygienist or a dentist are also important.

Because radiation treatment alters the blood supply to the maxillary and mandibular bones patients may be at risk of developing bone necrosis (osteoradionecrosis) at those sites. Tooth extraction, dental implants and dental disease in irradiated areas can lead to the development of osteoradionecrosis. Patients should inform their dentist about their radiation treatment prior to these procedures. Osteoradionecrosis may be prevented by admin-

istration of a series of hyperbaric oxygen therapy (HBO) before and after extraction or dental surgery. This is recommended if the involved tooth, or planned implant is in an area that had been exposed to a high dose of radiation. Consulting the radiation oncologist who delivered the radiation treatment can be helpful in determining if this is necessary.

HBO therapy involves breathing pure oxygen in a pressurized room. It is generally safe, and complications are rare. These can include: temporary nearsightedness (myopia), middle ear and inner ear injuries (including leaking fluid and eardrum rupture due to increased air pressure), organ damage caused by air pressure changes (barotrauma), and seizures as a result of oxygen toxicity.

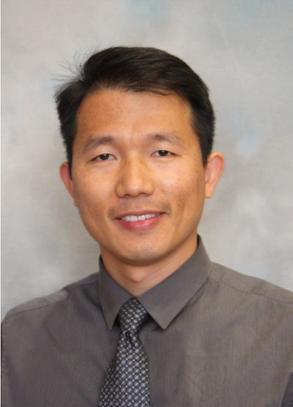
Dental prophylaxis can reduce the risk of developing dental problems leading to bone necrosis. Special fluoride treatments may help to prevent dental problems, along with brushing, flossing, and having one's teeth cleaned regularly.

Stomach acid reflux is also very common after head and neck surgery, especially in individuals who have had partial or complete laryngectomy. This can also cause dental erosion (especially of the lower jaw) and, ultimately teeth loss. These ill effects can be reduced by taking acid reducing medication, eating small amounts of food and liquid each time, not lying down right after eating, when lying down, elevating the upper part of the body with a pillow to 45 degrees.

*Itzhak Brook MD is a professor of Pediatrics and Medicine at Georgetown University School of Medicine. He is a laryngectomee and the author of "My Voice, a Physician's Personal Experience with throat cancer" and "The laryngectomee Guide"*

# Silent Speech Interface: A Potential Speech Communication Tool with Quality Voice Output for Laryngectomees

Jun Wang, Ph.D. University of Texas at Dallas



Speech communication is still an issue for laryngectomee's social life due to the poor voice quality produced by the current options for speech. This article will introduce the idea and recent advances of an under-

developed technology called silent speech interface (SSI), which will potentially enhance the laryngectomee's speech communication with quality voice output.

Laryngectomy is a surgical removal of the larynx predominantly due to the treatment of laryngeal cancer. In 2014, it was estimated about 12,630 new cases of laryngeal cancers were diagnosed in the United States (Cancer Facts and Figures 2014, American Cancer Society). After the surgery, laryngectomees lose the vocal folds (which vibrate to provide the vocal production) thus lose the ability to speak with voice.

There are currently a few speech communication options for laryngectomees including esophageal speech, tracheo-esophageal prosthesis (TEP) speech, and artificial larynx (electrolarynx) speech. Esophageal speech involves oscillation of the esophagus, which can be difficult to learn. TEP requires an additional survey to make a hole on the "wall" between trachea and esophagus, and to place a voice prosthesis (valve) to allow air to be delivered from the lungs into the esophagus. Electrolarynx is an external device that users can hold against the neck and it provides a vibration for

speech production.

Probably the common and biggest disadvantage of the options above is poor voice quality. The voice output of esophageal speech or TEP is typically lower in pitch and limited in pitch and intensity range. The voice produced by electrolarynx is "robotic" rather than natural.

SSIs may have potential to support the laryngectomee's speech communication with quality voice output. The core idea of SSI is to convert articulatory (e.g., tongue and lip movement) into synthesized speech output with relative natural voice quality or even with the user's own voice. For example, extracted from pre-surgery voice recordings, the user's voice characteristics (e.g., pitch and prosody) can be embedded in a speech synthesizer to output speech with his/her own voice.

The concept of silent speech recognition (which recognizes speech from non-audio information) might date back to as early as 1968 in Stanley Kubrick's epic science fiction film 2001: A Space Odyssey, in which an intelligent robot (HAL 9000) could understand the conversation between two astronauts by just looking at their face and lips (i.e., without hearing the sounds). The technology is called computer or automatic lip reading. However, without the information from the tongue, the primary articulator, it is extremely challenging to "decode" speech in our daily conversations. Fortunately, affordable tongue motion tracking devices have become increasingly available. The formal

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terms "silent speech interface" and "silent speech recognition" came out a few years ago.

Two core aspects of SSI are actively under development in research labs: hardware and software. The hardware is the device for non-audio articulatory information tracking. Currently used technologies include these that are based on electromagnetic motion tracking, ultrasound, and surface electromyography (detection of electric activity produced by skeletal muscles). The goal is to build a portable, affordable device for tongue movement tracking. The software component is comprised of computer algorithms that can accurately convert non-audio articulatory information to speech. Two types of approaches are under

investigation for the software part. The first is called silent speech recognition, which is to recognize the speech (text) from articulatory information and then drive a text-to-speech synthesizer for speech output. The second is called articulation-to-speech synthesis, which is to directly convert articulatory data to speech (acoustics) using statistical models.

Advances have been made on both hardware and software in the past years. For example, progress has been made in the development of portable devices based on ultrasound or wireless electromagnetic sensors; software development has been extended to speaker-independent silent speech recognition (that works for non-specific users). We expect, in the next five to ten years, an SSI will be ready for clinical trials.

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Bibliography: Moerman M, Lawson G, Andry G, Remacle M: the Belgian experience with the cyranose heat moisture exchange filter. A multicentric pilot study of 12 total laryngectomees. European Archives of Oto-Rhino-Laryngology 2003 Jul; 260(4):301-303, Luboinski B, Gehanno P, Traissac L : la protection des voies respiratoires au niveau du trachéostome chez les laryngectomisés totaux Intérêt de Cyranoose®, Nez artificiel ou E.C.H\*. Revue officielle de la Société Française d'O.R.L 1995 Nov ; 33:45-50



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The IAL board of Directors and staff appreciates every donation to the Association. Your gifts will be used to further the cause of the Laryngectomee.

The current donation program listed in the IAL Newsletter was initiated in June 2011. Prior giving was greatly appreciated but not recorded in the totals list here.

# Caregiver's Corner: Advice from the Pros

By Caryn F. Melvin, PhD CCC-SLP, CPC



The Merriam-Webster dictionary defines professional as, "relating to a job that requires special education, training, or skill". Caregiving requires that and much more. It demands twenty four hour availability, dedication beyond measure and there are no sick days or vacation time. Most "Pros" in whatever field with which they are involved, likely chose their job. For caregivers it is a choice-less choice. "Pros" understand the rules and expectations of their job, better than most. Caregivers are often confused about the rules and expectations. Being a "Pro" in business, the arts or sports, means a lifetime of learning, honing skills and improving techniques. Caregivers do not have that luxury. And yet the Caregiver needs to jump into their role with minimal advance notice and become the "Pro" immediately.

In my work I am privileged to sit with caregivers, seasoned and those just thrust into the role, and listen to their stories and concerns. Recently, I was with a group of caregivers and I asked them what piece of advice they would give to those who are new to caregiving. I received many wonderful answers. Each answer could be placed into one of three general categories, humor, hope, and information.

Keeping a sense of humor was a common theme and all caregivers agreed laughter was the best medicine. Being able to laugh with each other when life does not go as planned is important to surviving this journey. Research has shown that humor and laughter can reduce stress, control pain, improve our immune system and promote healing. When I asked the group the question, "What advice would you give a new caregiver?" I received a thundering response of "RUN!". The response was met with laughter and although the advice was not "serious", the humor of it and

the laughter was healing for all in the room at that moment.

Hope was another common theme. The caregivers I spoke with wanted those new to the role to understand, "It always gets better" and "You will get back to your life". Hope can often be found by looking forward to planned events, like a vacation, a wedding or another type of gathering with friends and loved ones. Hope can also be found in the sharing of others' stories of survival, and through spiritual, religious or philosophical beliefs.

The group was adamant about a newcomer receiving Information about obtaining medical supplies and reimbursement. All agreed they did not know to ask those types of questions in the beginning and that they would have been less frustrated had they not needed to be an accountant and negotiator in addition to a caregiver.

So where does the new caregiver find a 'Pro' to guide them? The good news is they are everywhere and unlike a "Pro" in other professions, they are more than willing to share their wisdom and knowledge. Attending a conference, such as the International Association of Laryngectomees Annual Meeting or a regional or state meeting is a great place to start. Your local laryngectomy support group is a great first step.

For those of you who have been in the role of caregiver I invite you to share your story, your caregiving tips and wisdom with us here in the Caregiver's Corner.



# THE TRAVELING CAREGIVER

By Noel Best

Since my wife's laryngectomy, in 1999, we have travelled the world. We have gone by plane, ship, train and car. There is no reason why you should not travel. Before each trip, my wife goes over all her supplies to ensure she has all extra supplies she will require when we travel. If you are worried about the extra weight when traveling by plane, most airlines do not charge for medical supplies you carry with you.

In all of our trips to Europe, Africa, the Middle East, and the Caribbean, the security and Customs people have always been very helpful. We have never been questioned about any of the medical supplies we carry with us.

We have found that traveling by car is probably the worst way to travel; it may sound strange but when traveling in the car you have dust, sun, air conditioning to put up with, etc. We have just finished a 5000 mile trip through Quebec, Labrador, Newfoundland, Nova Scotia, New Brunswick and back home. This trip consisted of three weeks of driving in some of the most desolate parts of Canada. We drove over 2000 miles on gravel roads during this trip; you can imagine the amount of dust and dirt you have to put up with. The scenery was well worth the time and travel to see; the people along the way were warm and welcoming. We try and stay at Bed & Breakfast whenever we travel by car. We find these places offer a warm welcome, and some good stories about the history and the people living around there.

We also spend three months every year in Mexico where the weather is a constant 85°F during the day and dropping to 68°F at night. My wife finds the humidity from the ocean helps her breathing, though sometimes the heat tires her out and she needs a siesta in the afternoon. We have had no problems obtaining any medicines that run out on our trip. We just go to the local pharmacy with the name and the dose of the drug and

they will sell us the drug without a prescription. We have found the medical system in Mexico excellent.

We both have had extensive dental work done in Mexico; including crowns, bridges, and implants. The work is excellent and is about ¼ the cost in Canada or USA. We have had the dental work checked back in Canada by our own dentist who fully approved the work performed by the Mexican Dentist.

Before leaving on your vacation or trip always check to make sure you have the following:

Out of Country and out of State or Province Health Insurance Coverage.

Adequate supplies for your Stoma care and TEP, etc.

These supplies may not be available when you travel. (Example: we were traveling in Texas and wanted Saline but an Rx was required. In Canada we can buy this over the counter.)

Make sure you have all your medications in their original containers and a complete copy of your prescriptions.

Check that your passport is valid; some countries will not allow you in if your passport expires in less than 6 months. Also check to see if a visa is required to enter the countries you are visiting.

Check and see if there are any support groups for Larys in the country you are going.

Check with the airline about bringing medical equipment with you.

Last but not least go out and enjoy traveling! There is really no excuse why you can't.

HAPPY TRAILS TO YOU, AND WE HOPE YOU HAVE FOUND THIS HELPFUL IN YOUR TRAVELS.

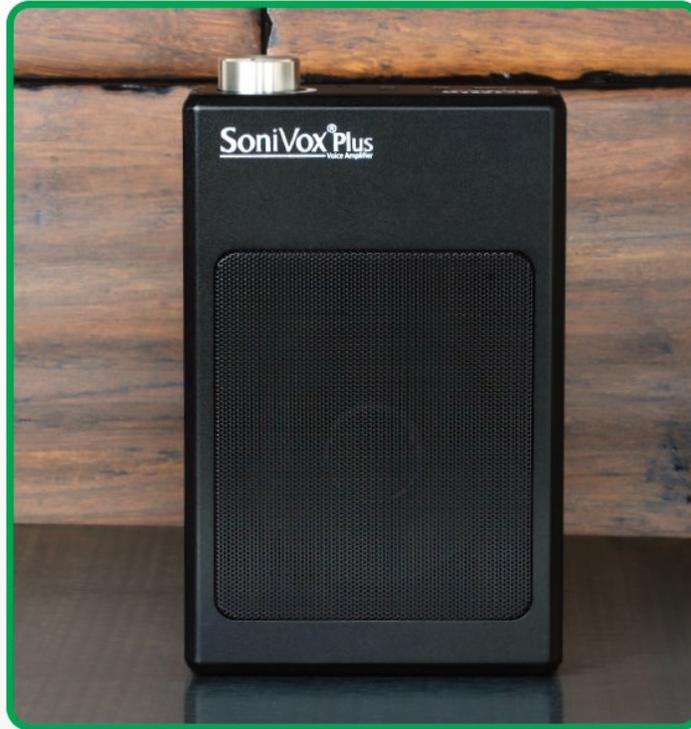
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years following radiation. There's no standard yet as to when to screen people after radiation, but it's a reasonable thing for most prior radiation patients to be aware of, particularly if they also have risk factors of tobacco exposure or high cholesterol. When stenosis is present, its graded based on how narrow things are. Milder narrowing is usually treated medically with aspirin and a class of cholesterol medications called "statins". More severe stenosis can require some form of invasive treatment like surgery on the neck called a carotid endarterectomy to remove the "clogged" portion, or stents may be used similar to those in the coronary arteries. Many of you may have already had carotid artery imaging studies but in the event you haven't, it's not a bad idea to bring up with your providers. Risks for stenosis will be different with each patient based on their past history and level of radiation exposure.

port groups in our state back in 1978 including Seattle, Yakima, and Spokane. Through the years, these clubs disbanded but our club in southeastern Washington survived. Seattle has recently restarted a club under the guidance of **Ron Mattoon**. Spokane briefly had a restart of their club under the guidance of **Ed Chapman**, president of our club, and myself. There is no longer a support group in Yakima, WA.

The **S. E. Washington Layngectomee Club** provides pre-op and post-op counseling through our group members and myself when referred by their physician or through the Tri-Cities Cancer Center. We have a Loan Closet with various donated laryngectomee supplies, which we can offer to new laryngectomees. I think the best thing about our club is the social contact...we help each other and strive to help the next person who becomes a laryngectomee!

receiving. We have heard the adage, "The world does not just revolve around you." And although that basic fact is true, we often times dismiss it. Our problems, worries, concerns are the ones that we tell ourselves matter the most.

It is challenging at best to try to think about others when one's own life appears to be in a state of chaos. It may even seem to be an absurd solution to a problem. But, when we take the focus off ourselves, there is a certain liberating factor that enters almost mysteriously into the picture. The size of the problem begins to diminish and becomes in some inexplicable way more manageable. Hidden resources come to our aid. We find we are not alone. This in and of itself is a huge comfort.

What is one way to find some joy and to be the difference that makes a difference? Participate in the local Lost Chord Club or be a Volunteer Visitor for those undergoing a laryngectomy. Think not solely what the organization or opportunity will give you, but what you can give to someone seeking hope and an encouraging word. Give to others and assuredly you will be rewarded bountifully more than your heart can imagine.

Position, power, good looks, or money don't level the playing field as much as perseverance. So stand tall, don't quit. Persevere, and you will come closer to becoming that remarkable person you were destined to be. The prize in life goes to those who persevere. You may be closer to attaining the winner's cup for a life well lived than you ever dreamed possible.

# 2016 Stanford/Harvard TEP Course

On behalf of the Department of Otolaryngology at Stanford University, I'm thrilled to announce that our annual Stanford/Harvard TEP course has been set for March 11th and 12th, 2016.

Please tell your local SLP. This is one you should not miss.

This year we are having a special dedication to Dr. Mark Singer and his contributions to alaryngeal speech. As part of this dedication, our faculty line-up is outstanding, including the following guest and local MD's: Mark Singer, Dan Deschler, Ed Damrose, Rob Jackler, Quyhn-Thu Le, Nancy Fischbein, and Gary Roberts. In addition, we will have the following SLP leaders in the field: Carla Gress, Glenn Bunting, Margaret Coffey, Andrew Palmer and Meaghan Kane.

This is a 2 day course. The first day will focus on Head and Neck Cancer, with topics such as e-cigarettes, current trends in CA treatment, and the new laryngectomy patient. The second day is a "hands-on" day with close to 50 volunteers/laryngectomees for prosthesis changing and problem solving. This course is designed to give participants exposure to all products available to this population.

Please contact me with any questions.

Ann Kearney, MA, CCC-SLP, BCS-S  
Department of Otolaryngology  
Stanford University  
[AKearney@ohns.stanford.edu](mailto:AKearney@ohns.stanford.edu)

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\*\*Calling all Dr. Mark Singer patients. We are having a special dedication to Dr. Singer for his contributions to the field of alaryngeal speech. Please contact me if you are willing to share a story or want to give thanks.

Ann Kearney, MA, CCC-SLP, BCS-S  
Department of Otolaryngology  
Stanford University  
[AKearney@ohns.stanford.edu](mailto:AKearney@ohns.stanford.edu)

# Attention All IAL Clubs!

As 2015 comes to a close, we would like to remind clubs that 2016 IAL club dues are due on January 1, 2016. The IAL values and respects your club dues as a recognition of the continued support for our laryngectomee community. Laryngectomees and caregivers provide the backbone of support to help in laryngectomee recovery. Club meetings and local support always helps in our recovery process. The strength of support for laryngectomees lies with meetings and clubs that share face-to-face contact with each other.

The club dues received by the IAL help to update our website on a continuing basis ([www.theial.com](http://www.theial.com)). We have updated our club contacts and will continue to change contact information as your clubs inform us. Changes of contact people, meeting location, meeting dates and any other changes for your club will be updated upon notification. We strive to make sure the listings are accurate.

Invoices for club dues will be sent to our member clubs shortly. Dues range from \$25 for the 1 to 10 member clubs to \$175 for the largest clubs. These dues insure contact information will be part of the IAL national statewide contact system.

We wish all clubs, laryngectomees and caregivers a safe meaningful holiday season. Your support, personal health and your recovery matter to us.

The IAL  
925B Peachtree St. NE Suite 316  
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# Attention All Newsletter Readers!

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