

# New Voice News

New Voice Club of Broward County

Serving the tri-county area

[www.newvoiceclub.org](http://www.newvoiceclub.org)

April 2005

Mike Rosenkranz, Editor



## Main Meetings Held at the Margate Community Center

6199 NW 10th Street, Margate, FL

4 Blks N of Atlantic Blvd

12:00

1:00

2 Blks W of 441 (St. Rd 7)

Rap Sessions Meeting & Program  
Refreshments after Meeting



## Who We Are

The New Voice Club of Broward is a laryngectomy support group, run by the participants with the guidance and help of several professionals. We are affiliated with the IAL and the FLA, work closely with the UM/Sylvester Comprehensive Cancer Center at Deerfield Beach, and are active in the fund-raising efforts of the American Cancer Society. We meet to provide support for people who have similar problems. Our main purpose is to share and learn from each other. We offer our services throughout the tri-county area of Miami-Dade, Broward and Palm Beach. These services include pre and post-op visitations, a loaner closet for those in need of a speech aid or similar supplies, understanding support from those who have been there/done that, a website and a monthly Newsletter. Every year, our members speak to thousands of children, young people and adults on the dangers of tobacco. We gather four times every month; one main meeting and three additional meetings hosted by professionals. We work with SLP students at our main meeting to educate them to the needs of the laryngectomy community. Our meetings are casual and friendly with informal discussions about problems and solutions. To those seeking answers, we provide suggestions based on our experience and the knowledge of our professionals. We welcome all survivors of laryngeal or head and neck cancer, and their families, caregivers and friends.

New telephone number, email or mailing address? Email the change to [smike24@comcast.net](mailto:smike24@comcast.net) or call Mike Rosenkranz at 954-236-0980

We have mentioned what we do for the American Cancer Society. However, we would be remiss if we did not explain that what we do for them is a very small repayment for what they do for us. We are most grateful for the financial support of the local chapter of the American Cancer Society for covering the costs of printing and mailing our newsletter. Without them, there would truly be no newsletter.

## Plantation Relay for Life

### Mark Your Calendar! It's Here Again!

We expect a heavy turnout from the NVC for this ACS fund-raising event at **Plantation's Central Park on Friday, April 8<sup>th</sup>**. Registration starts at 4: opening ceremony at 6. The survivors' lap is at 6:30 followed by the survivors' dinner. Bring your family and friends. Stay for the luminaria ceremony. For info, ask Carl, Earl or Mike.

## Atos Medical

**Brandon Whitesides**, Southeast Regional Sales Manager for **Atos Medical**, will be the guest speaker at our April 24<sup>th</sup> meeting. Brandon will present several new and exciting product updates, and will allow time for general and/or specific questions about **Atos Medical** and its products. Our thanks to Pat Hopping for arranging the visit.

NEXT  
MEETING  
Sunday  
April 24th  
2005

President

Carl Kilmer

(954) 472-0865

[Carlkilmer@bellsouth.net](mailto:Carlkilmer@bellsouth.net)

1st Vice President

Warren Goodman

(561) 737-9122

2nd Vice President

(854) 792-0832

Pat Hopping

Secretary:

Dottie Kilmer

(954) 472-0865

Treasurer:

Lenny Weinstein

1427 E Hillsboro Bv 529

Deerfield Bch, FL 33441

(954) 427-7043

Visitations & Liaison:

Earl Mogk

141 Eleuthera Dr

Dania Beach, FL 33004

(954) 929-0136

Directors:

Sidney Gellman

Earl Mogk

Bill Romanello

Mike Rosenkranz

Patty Sewell



## CLUB NEWS

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**Sunshine:** **Pat Hopping's** surgery for removal of a throat tumor is on hold while consulting docs agree on a course of treatment for that tumor and a stage one tumor on his lung. His hip surgery has been postponed.. **Bob Kranz** is back in the hospital in intensive care. As of this writing, no other details are available.

**Pascale's meeting:** The meeting was very productive, with a lively and informative discussion on the best way to inform the medical community of our pre-op and post-op visitation program. Present were **Pat and Mary Hopping, Lenny Weinstein, Bill Romanello, Gary Morey, Carl Kilmer, Al Smith and Mike Rosenkranz.** The discussion was the result of our finding two new laryngectomees who were unaware of the existence of our very active support group. They were floundering until, by luck, they stumbled upon us. Our goal is to make every medical office dealing with laryngectomees aware of the **New Voice Club** and its support services.

**Penny's meeting:** **Lenny Weinstein, Mike Rosenkranz and Carl Kilmer** were the only representatives of the NVC at this discussion. Although Florida ranks second in the nation in the incidence of new cancers, we rank only twenty-first in funding for cancer research. The ACS is spearheading a drive to increase Florida funding by five million dollars over the next five years. House bill #1233 and Senate bill #1872 are now before the Legislature to address this issue. Please help fight for this increase by asking your State Representative and Senator to co-sponsor and vote in favor of passing these bills. Time is running out. Please call now.

**Lynn's meeting:** Topics discussed included reflux, regaining sense of smell, and strongly advising those who have had radiation (or not), to have their doctors listen to their carotid arteries during their checkups. Those present included **Lenny Weinstein, Eugene Pinard, Doris Littlefield, Florence/Paul Margolis, Carl Kilmer, Gary Morey, Tony/Judith Russo, Seymour Platt, Frank Recca, and Mike Rosenkranz.**

**NVC at FAU:** **Lynn Carrier** presented an overview of the laryngectomy surgery to **Professor Jose Lozano's** class of graduate SLPs. **Lenny Weinstein, Gary Morey and Mike Rosenkranz** demonstrated the different methods of alaryngeal speech and answered a stream of questions from the students. This was a successful evening, and the start of an interactive, mutually rewarding relationship between our group and FAU.

**Margate Meeting:** **Bonnie Emerson** was our guest speaker, representing Griffin Labs. After renewing old acquaintances, she demonstrated the differences between the Servox and the Trutone, and showed how, with enough practice, we could put inflection back into our speech. Bonnie also demonstrated the Teli-Talk which is distributed by the FTRI. Our Holiday Party this year will be on December 4<sup>th</sup>. Present were **Carl/Dottie Kilmer, Lenny Weinstein, Mike Rosenkranz, Pat Hopping, Jim Kimling, Al/Gloria Smith, Warren/Flori Goodman, Wini Mogk, Howard/Dian Grabowski, Leon Essebag, Mollie Rapchik John Mitchell, Ralph Friedman, Micki Lindenbaum, Eugene Pinard, Mae Gerstenblith, Linda Weiss, Joe Saliba, Helen Mcgiff, Gerald/Ingrid Shapiro and Al Kreisler.**

**Jim Lauder** has donated two new Servoxes to our loaner closet to replace irreparably damaged ones. Thanks, Jim.



April Birthdays



2nd Bob Kranz	16th Leon Essebag
3rd John Belviso	19th Gloria Smith
4th Bill Cavanaugh	20th Trena Blosser
6th Max Brown	21st Elaine Brown
8th Bob Thomas	22nd Sol Resnik
9th Rhuthi Marshall	27th George Fowler
14th Wini Mogk	27th Micki Lindenbaum

Happy Birthday to All

### UP-COMING EVENTS

? **FREE SPEECH THERAPY (1st Wednesday)**

*(Coffee)* with **Pascale Bourne** *(Donuts)*

**Florida Medical Center - Auditorium**  
**5000 W Oakland Park Blvd**

**Next Meeting - Wednesday April 6th**  
**10:30 – 11:30 a.m.**

**More information: (954) 735-6000 Ext 5307**

? **FREE SPEECH THERAPY (3rd Thursday)**

*(coffee)* With **Lynn Carrier, CCC-SLP** *(cookies)*

**Boca Raton Community Hospital**  
**DAVIS THERAPY CENTER**

**OAKS PLAZA - Glades Road at 13th Street**  
**Next Meeting - Thursday, April 21st**  
**10:30 – 11.30 a.m.**

**More information: (561) 955-5100 Ext 7430**

### UM/Sylvester/Deerfield

? **Tuesday, April 12th noon-1:00 p.m.**

**New Developments in the Treatment**  
**of Head and Neck Cancers**

**W. Jarrard Goodwin, M.D., F.A.C.S.**  
Director, UM/Sylvester  
Professor of Otolaryngology

? **Tuesday, April 12th 1:30-3:00 p.m.**

**Mort Silverblatt Head and Neck**  
**Cancer Support Group**

**Facilitated by Penny Fisher MS RN CORLN**  
**Topic: Taking Care of Yourself**

? **Tuesday April 26th, 12:30-1:30 p.m.**

**Neurological Implications of Cancer**  
**Deborah Heros, M.D. Co-Leader**  
**Neurological Cancer Site Disease Group**  
Director, Neuro-Oncology

## Laryngectomees and Depression

“We have the results back from your biopsy, Mr. Lawrence. Unfortunately, it is what we suspected. You have what is called a ‘type two squamous cell carcinoma’ . . . a cancer . . . on your left vocal cord.” It is not uncommon for these or similar words to trigger powerful emotions in laryngectomees and their families. And among these are certainly anxiety and depression. And we may add to those initial emotions as time goes on in a grieving process over the losses caused by our becoming laryngectomees (see “Stages & Phases of Grief”).

We all differ to the extent that these emotions have a serious impact on our lives, for how long, and whether we require professional medical help to get through them. But depression is common in laryngectomees as it is in other cancer patients. According to research, depression is common even when a cancer is in remission or even cured. The good news is that depression is fairly easily treated in 3/4s of all who have it through the use of antidepressant medications, counseling, and even just the passage of time in mild cases.

### **Cancer equals death**

Despite the many advances in medicine and the actual picture of cancer and the number of people who are now cured, many of us still immediately associate the word “cancer” with death. And many of us do not deal well and easily with the idea of the end of our lives. Facing death is likely to trigger powerful emotional responses.

### **Many potential losses**

In addition to the threat of death, becoming a laryngectomee also represents many other challenges. Some of these threats, challenges and losses include: (1) Physical recovery. The laryngectomy operation is major surgery even when it is not complicated by the spread of cancer beyond the original site. There is some pain and the healing process is measured more in months and even years than in days and weeks. In addition to loss of voice, we lose the sense of smell, taste and sensation in our necks (at least temporarily). (2) Economic/ vocational. We may fear losing our jobs or being forced on to welfare. The cost of treatment for the uninsured or underinsured can also be financially catastrophic. (3) Loss of identity. Losing a job or being forced into early retirement can contribute to a sense of loss of personal worth and identity. Also, for some, their particular voice was among the things they thought helped made them who they were. (4) disfigurement and acceptance by others. You may wonder if anyone will find you attractive again, and how others will accept your appearance or anything else about you which is conspicu-

ous. Will others think of you as “handicapped” or a “freak”? Do you yourself now think of yourself in these ways? Will friends and family feel differently about you and treat you differently, or even reject you? (5) Communication. We lose the ability to communicate initially, and then often have subsequent problems being understood. And many of us can no longer “compete” on an equal footing in verbal exchanges since we are easily drowned out. We often communicate less because it has become more difficult. We also lose the ability to fully communicate emotionally through laughing or crying. (6) Loss of confidence. We typically have to wait years to find out if we are cancer-free from the original cancer, but also often worry about a new cancer. (7) and others such as doing the things we used to do: sing, water activities, blowing your nose, dressing as we wish, taking a shower without concern, etc.

### **Diagnosing depression**

Depression frequently goes undiagnosed and untreated (studies have shown that primary care physicians fail to diagnose at least half of their depressed patients, particularly the elderly). Since emotional reactions including depression are experienced by most people who are diagnosed with cancer, a diagnosis of “clinical depression” is made based on criteria such as how long the symptoms are lasting and how much they interfere with your normal life activities.

Written questionnaires are often used to initially screen for depression. An example of one asks for a yes or no response to ten questions: Over the past two weeks have you experienced (1) feelings of sadness and/or irritability? (2) loss of interest or pleasure in activities once enjoyed? (3) changes in weight or appetite? (4) changes in sleeping pattern? (5) feeling guilty? (6) inability to concentrate, remember things, or make decisions? (7) fatigue or loss of energy? (8) noticeable restlessness or decreased activity? (9) feeling hopeless, or worthless? (10) thoughts of suicide or death? With this questionnaire from the National Mental Health Association answering “yes” to 5 or more questions or “yes” to number 10 (for which you need to seek immediate help) are strongly suggestive of “clinical depression” for which further professional diagnosis is needed. No questionnaire is adequate to make a diagnosis, but may indicate the need to seek help for further diagnosis and treatment. Since many of these symptoms mimic other diseases (see especially hypothyroidism below), these need to be ruled out by a physician.

### **Hypothyroidism and Depression**

One potential cause of depression in laryngectomees is hypothyroidism. Laryngectomees are more prone to a lessened thyroid gland output than the general popu-

lation. One study reported that as many as 60% of laryngectomees will develop the problem compared to 2-3% of the general population. The reason is damage caused to the thyroid gland by radiation treatments or the laryngectomy surgery itself. The diagnosis of hypothyroidism is made with a simple blood test, but most family physicians and a surprisingly large percentage of ENT MDs are unaware that laryngectomees are prone to thyroid problems. And the symptoms of hypothyroidism are so varied and shared with many other diseases that we may have to ask our doctors to perform the blood test as part of our routine physical exams. The treatment usually involves taking an inexpensive hormone replacement pill daily such as Synthroid or Levoxyl.

### **Treating depression**

Depression is readily treatable with medications, counseling, or a combination of both. A number of very effective and non-habit forming medications are currently available including SRIs (serotonin reuptake inhibitors), such as Prozac, Zoloft, and Paxil; MAOIs (monoamine oxidase inhibitors), such as Nardil, Parnate, Marplan; TSAs (tricyclic antidepressants), such as Tofranil, Norpramin, and Elavil; and others. There are a number of approaches used in counseling for depression. Self-help groups are beneficial. "Talking" therapies, such as cognitive-behavior therapy provided by psychologists or psychiatrists, have also been proven effective. See your family physician, psychiatrist or psychologist for diagnosis, referral, and/or treatment.

### **Stages or Phases of Grief**

In 1969 Psychiatrist Elizabeth Kubler-Ross described a five stage process she believed people go through in grieving their own terminal illnesses, the death of a loved one, or other serious

loss. And for many, becoming a laryngectomee represents one or more losses we must work through. The stages are not actually rigid, and we can continue to return to earlier ones, go through them in a different order, and may skip some entirely. It is also possible to become stuck in an early stage and never reach full acceptance of our losses as laryngectomees. More contemporary researchers on loss and grief have different numbers of phases, describe different ones, and even state that they do not occur in any particular order and that it is all individual, etc. However, we can still see many of Kubler-Ross' concepts at work in our own reactions and among those of new laryngectomees.

### **Shock and Denial.**

"This isn't happening. It is a bad dream and I will wake up and things will be like they were." Denial can be dangerous and lead us to refuse or delay treatment. This stage usually does not last long, but can be seen later in a continuing desire to somehow turn back the clock. After the laryngectomy we may continue in denial with the fu-

tile hope that we may somehow get our old voice back. This emotion is exploited by some artificial larynx suppliers who claim they can restore a "natural voice" (laryngectomees may interpret this as their old voice), and those who see voice box transplantation as a way to regain their old voice.

### **Anger**

"Why is this happening to me? It's not fair." We may also become angry with our healthcare professionals for not finding the cancer earlier. We may think we could have avoided the treatments, surgery and loss if they had caught it sooner. We might get angry at the tobacco companies about lying about the addictive nature of their product. We can also direct that anger towards ourselves. "How could you have been so stupid as to continue smoking?"

### **Bargaining**

"God. If you will only let this radiation work and save my voice I will never smoke again." "If You just give me back my voice I will be a better person." One can also bargain with oneself or others.

**Depression.** "I don't care anymore." "What's the purpose of living like this?" The kind of depression Kubler-Ross meant is not the same thing as "clinical depression" which requires professional help to get through; but is something less intense, of a shorter duration, and less disruptive of other life activities.

There are often intense feelings of sadness and despair. Seeking professional help at this stage (or earlier) may be necessary to preserve life as well as speed recovery.

### **Acceptance.**

This is the desirable goal of the grieving process. You accept your loss and spend more time thinking about the future than the past. You focus on what you still have and less on what you lost. You may conclude that you are better off than many, and that you have cheated death. You may come to feel that you have been given a second chance at life, that each day is a "bonus" and you should make the most out of each. But even though acceptance may dominate our thinking, we may periodically return to some of the other feelings. It is just that they no longer dominate our thinking or have long term negative effects on how we are living our lives.

*Reprinted from the May 2002*

*IAL Newsletter*

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**In three words I can sum up everything  
I've learned about life:**

**It goes on.**

**Robert Frost**

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