CLAN

THE NATIONAL ASSOCIATION OF LARYNGECTOMEE CLUBS NEWSLETTER

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A WORD FROM THE EDITOR

A MEMORABLE YEAR!

Well, 2022 has been another very memorable year – though not necessarily for the right reasons! It's been a time of war, disease, increasing global warming, rising inflation and political instability. And a major change for NALC as lack of funds meant the wonderful team of Vivien and Kerry had to change from being paid employees to be volunteers. Hopefully they will have time to remain involved. NALC is so fortunate to have Malcolm and his team though, very sadly, their longest-serving member, Tony Smith, Treasurer, has just died. He will be greatly missed – not least for his good humour and smile. We include the article he wrote back in 2014 about his life.

Keep Smiling!

But it's not all doom and gloom! NALC has been given funds which will enable it to keep going – and still publishing *CLAN*! It's also got a new and lively website. So, if all else fails, you can at least snuggle-up under a duvet, under a low-energy light, and enjoy this issue of *CLAN*! And, don't forget, please do send us news on what you and your club, are doing. It would be great to have News from the Clubs once again and not just News from A Club. Happy Christmas and a Better New Year!

Ian Honeysett

Ian Honeysett (Editor)

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NALC President's Christmas Message

Tony Smith
NALC Treasurer

It is with much regret that I learned last month that Tony had passed away. It is a massive blow to us all. If NALC has been doing something then Tony has been there – for around the last 20 years!

Tony's story was unique as readers can see from the article we have chosen to reprint from *CLAN* in 2014. He was the longest serving member of our Executive Group and we relied upon him. He dispensed sound advice and gentle humour in equal amounts and always with a complete lack of ego. His focus was on the needs of laryngectomees.

I became NALC President in 2013 and ever since Tony provided me with all the support I could have wished for. Unless he was about to travel to watch a Test Match, he never declined a request for assistance! He put me to shame with his adoption of social media such as Whatsapp.

I will miss Tony very much but I am grateful I had the chance to know him.

What A Year

We are living in turbulent times with so much changing. We had Brexit and then the COVID-19 pandemic. However, I doubt many would have imagined last December what lay ahead for 2022. For the first time in my lifetime there is a war in Europe and now a cost of living crisis which is a challenge for most of us. It is so important that we support and look after each other and our affiliated support groups will be doing just that.

I send Season's Greetings to all our readers and hope you are able to spend some quality time celebrating with family and friends over Christmas and the New Year.

Malcolm Babb

3D Option for Healing

The Mayo Clinic is using 3D printing as a new option to heal the larynx after cancer or traumatic injury. David Lott, M.D., a Mayo Clinic otolaryngologist and head and neck surgeon, is an expert who can speak about a pioneering procedure using 3D bio-implants and tissue engineering to regenerate the larynx, more commonly known as the voice box.

Dr Lott also is the associate director of the Centre for Regenerative Medicine at Mayo Clinic in Arizona. The Centre supports his work as part of its objective of bringing new cures to patients with rare and complex disorders.

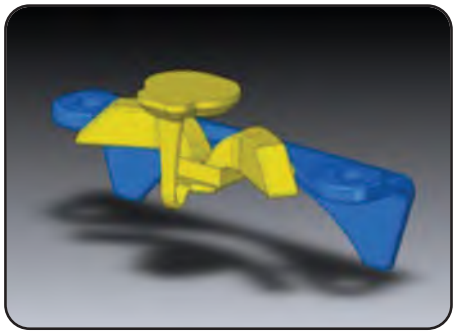
"In my lab, we've adopted a saying 'regenerating hope; restoring lives,'" says Dr Lott. "In the past, the only option was to remove the entire larynx. With new high-tech regenerative tools, now we can remove only the disease and preserve the healthy portion of the larynx. We see a lot of patients who could benefit from some level of laryngeal regeneration."

CT Scan

The larynx is a delicate organ that is composed of tissue and cartilage intricately shaped to assist with breathing and speaking. Dr Lott's team takes a CT scan before surgery to precisely measure the area affected by disease or injury. Based on that scan, they bioprint a 3D scaffold shaped like the tissue that was removed. That scaffold is then implanted in the patient and covered with muscle. The bioprinting technology has the potential to regenerate cells and blood vessels, and integrate them in the scaffold, restoring natural function.

"One of the biggest challenges with the 3D implant is ensuring the cells survive long enough for the body's own blood supply to grow into that scaffold and regenerate tissue," says Dr Lott. "The second challenge is implanting an exact replica of what was removed in surgery. If the vocal cords are off even a millimetre or two, it can affect a person's ability to swallow or speak."

Dr Lott and his team have implanted several of these scaffolds in patients who've had larynx and trachea surgery. In each case, he has seen the procedure help restore their ability to speak, breathe and swallow.



Square Pegs

Before 3D printing technology, patients had limited options. One was to remove the diseased portion of the larynx and leave a gap covered by muscle. Another was to take a bone from somewhere else in the body and try to mold it to fit the larynx.

"That was kind of like trying to put a square peg in a round hole," says Dr. Lott. "It would require multiple revision surgeries. The vast majority of patients would opt instead to have their entire voice box removed as opposed to going through a prolonged reconstruction procedure."

First Ever Transplants

The partial larynx implants are laying the foundation for the first ever larynx transplants at Mayo Clinic. The United Network for Organ Sharing, or UNOS, has approved Dr Lott and his team as the first laryngeal transplantation program in the country.

"This gives us more tools in the regenerative medicine toolbox," says Dr Lott. "With tissue engineering and 3D printing, we can only regenerate a little over half of the voice box. A transplant would potentially restore or replace the entire larynx, providing new options to a subset of people who need a total laryngectomy."

Dr Lott is evaluating patients for the larynx transplant program. The best candidates are those who have damage to their larynx or have been cancer-free for at least five years.

Vivien & Kerry,
Secretary & Assistant Secretary,
wish all the readers of *Clan*
a Merry Christmas and
Happy New Year!

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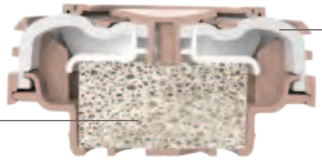

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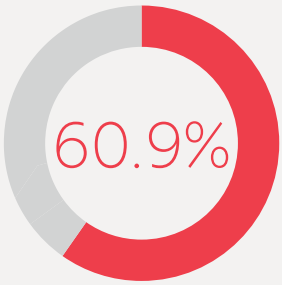

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Tony Smith: Life in a Day

The late Tony Smith wrote this account of his life back in 2014.

I was born during the second year of WW2, which meant that I had a rather interesting childhood with memories of doodle-bugs, trams, trolleybuses and trips to the seaside, mostly to Brighton by steam train and to Margate and Southend by both train and paddle steamer (The SS Royal Sovereign) down the Thames from Tower Pier. My Primary school days seemed quite enjoyable and I was quite keen on all subjects, managing to get to a grammar school, taking the 11-Plus exam on the day that King George VI died and Princess Elizabeth became Queen. You don't forget days like that! During the rest of my schooling the academic side tended to take third place to my two main interests, music and sport, especially Jazz and cricket. Not sure whether I ever actually regretted that or not later in life – I suppose everybody wants to be more knowledgeable but the joy I received out of my two main interests were possibly more beneficial, if not always financially so!

Anyway, I left school at eighteen with some GCE 'O', and 'A' levels and went straight into a 16-piece orchestra playing at the Ritz Ballroom in NW London. I'd been playing the saxophone and clarinet since I was twelve, working at various venues, some more seedy than others, throughout London. This was mostly in Soho in the evenings and weekends. This first professional job with the 16-piece band was in 1959, which, unfortunately, was near the end of what was called the Big-Band Era. Therefore my residency only lasted a year, when the band was ousted for a small 4-piece rock band to replace it.

New York, New York

There followed various band work, some summer seasons and short residencies with bands such as Geraldo and his Orchestra, plus a period on the Trans-Atlantic liners, which enabled me to spend some time in New York. Whilst there, it gave me a chance to see and hear at firsthand some of the all-time great musicians, such as Thelonius Monk, Stan Getz, John Coltrane, plus the orchestras of Duke Ellington, Woody Herman, Gerry Mulligan and Count Basie. It was a wonderful time for this type of music.

I then spent a few years touring the UK and abroad backing many stars of the Rock and Roll era and in the bands of Little Richard, Bo Diddley, Ray Charles, Jerry Lee Lewis, and the Everley Brothers, plus doing a residency for a few months in Hamburg in the early 60s, then tours with the Rolling Stones and several other bands of the time.

However, my real interest was in playing jazz music so I then concentrated on that, playing around London in various clubs and, in fact, started a club of my own in the early 70s. I enjoyed that because it enabled me to play with some of the very top American jazz musicians whom I invited to the Club when they were in England.

Mid-Life Crisis?

However, by this time I was in my midthirties and married with three children so the responsibility of earning a decent regular living had become very important, not something that comes easily in the Jazz world. So, I started a sideline in teaching people to drive, which developed quite well in a relatively short time. I can't say I enjoyed it very much but it did give me the inspiration to write a book, called *Learning to Drive*, which in 1980 was published by Hodder and Stoughton and sold reasonably well for about 20 years. This was very financially helpful in those years.

I then decided to apply for a permanent salaried job with the Civil Service as I felt the need for a reasonable steady income with plenty of security, so I became a Driving Examiner in the Department for Transport. This I did for four years until I swapped over to the mainstream Government Department, still in Transport and Environment, where I continued working on Policy Development until I retired in 2008. I had kept up my interest in music, although in the early 80s I had virtually packed up performing. Also, my interest in cricket continued until the present day, and although I am now far too old to play I continue to umpire.

Back to Umpiring

I was diagnosed with throat cancer in late 2000, when I was just coming up to sixty, which resulted in undergoing a laryngectomy at Northwick Park Hospital in Harrow in January 2001. There followed a concentrated period of radiotherapy, three times a day for three weeks and then the period of recovery and learning to talk again using a non-in-dwelling prosthesis. I managed to get back to work after six months and back to umpiring cricket in the following year.

In the years since I have become heavily involved with NALC in trying to help other laryngectomees and their carers. This involves visiting and speaking at various laryngectomee clubs, hospitals and emergency services. I am also involved with various Head and Neck Cancer bodies, such as NICE, currently sitting on the Guidance Development Group for Cancer of the Upper Aerodigestive Tract, which will publish the new guidelines in early 2016. I also sit on the London Cancer Pathway Group based at University College London Hospital.

The change of life-style following my laryngectomy only really relates to the necessity of preparations and considerations of always being equipped with emergency items. Whereas before my operation I went to appointments and functions without needing to carry anything, now I always have spare filters, tissues, a mirror, brushes, water-bottle and all the other paraphernalia required to keep me going. Mind you, it certainly is much easier now, after 13 years, than when I first ventured out in the months after the operation. Such things as clearing my throat and changing a filter I can do very quickly and surreptitiously, without attracting attention to myself.

Help

The help given to me by the Speech Therapists at Northwick Park and Mount Vernon Hospitals had been crucial to my returning to full-time employment and umpiring because they persevered in teaching me to change my valve and to use hands-free speech. This, I found, was very liberating.

I still have a deep interest in music, both classical and jazz, and try to keep reasonably fit by going on longish walks every day, when I'm not umpiring. I live with my wife, Lesley, in Harrow and have four grandchildren whom I visit quite often.

All this is fine, of course, while I stay reasonably fit and my eyesight remains good (although most batsmen and bowlers seem to think differently when I make a decision they do not approve). I realise that it can be a very different matter for a person with ill-health and impediments. This is where I think NALC can be so important by giving help and guidance to laryngectomees who are having such difficulties. With the marvellous job done by the specialists, speech therapists and nurses it can help to point people in the right direction to make their life more bearable.

Biggest Threat to Lary Health and Safety

The title is borrowed from a couple of articles in the May and August editions of the *Newsletter* of the US-based IAL (International Association of Laryngectomees).

The articles highlighted the risk posed by a lack of awareness amongst medical professionals of the vulnerabilities of laryngectomees due to their altered breathing anatomy which can result in inappropriate treatment.

Several examples were provided of the consequences of such ignorance. A laryngectomee whose medical records stated "total neck breather" was scheduled for spinal surgery. Things went wrong when oxygen and anaesthesia were administered via the mouth and throat, and emergency procedures were needed. One doctor removed the voice prosthesis and another thought the puncture was a tear and tried to repair it. The patient was eventually transferred to another hospital which knew the appropriate protocols for laryngectomees.

NALC is aware of similar incidents in the UK, occasionally resulting in a fatality. These have included a stroke patient who developed aspiration pneumonia from a leaking valve and another who had a cardiac arrest whilst on a hospital ward. Resuscitation was carried out via the mouth and nose not via the stoma despite two doctors being present.

Protect Yourself

How can laryngectomees protect themselves from such incidents? Here are three suggestions.

ASK QUESTIONS If facing surgery or a procedure needing an anaesthetic ask how oxygen and anaesthesia will be delivered. Have the clinicians ever carried out this procedure with a laryngectomee?

BEDHEAD SIGNS The National Tracheostomy Safety Project (NTSP) recommends that tracheostomy and laryngectomy patients should be indicated on a hospital ward with a sign above their bed alerting staff to their needs. If, in hospital, you see no such sign ask why there is not such a warning.

INFORMATION LEAFLET NALC and the NTSP have published a leaflet to advise clinicians unfamiliar with laryngectomee vulnerabilities and needs. This can be downloaded from the NALC website and taken to show to relevant clinicians. For

example, some investigative procedures involve extra oxygen being delivered via a mask over the nose. Is the clinician aware this is not appropriate for a laryngectomee?

Family members and caregivers have an important role regarding the risks described above and should not hesitate to ask questions on the patients behalf.

What do donkeys send out near Christmas?

Mule-tide greetings!

A Gingerbread Man went to the doctor complaining of a sore knee.

The Doctor said, "Have you tried icing it?"!

Reykjavik Marathon

An energetic Leamington solicitor completed her first marathon in the foothills of an Icelandic volcano. Louise Hunt and husband Ian completed the Reykjavik Marathon last month, swapping the UK for Iceland after missing out on a spot in the London Marathon.

Louise, a family law specialist at Blythe Liggins Solicitors, and doctor Ian, raised £1,500 for Solihull-based cancer charity Oesophageal Patients Association.

Louise's dad Graham was diagnosed with oesophageal cancer in May and has since had a laryngectomy – a complete voice box removal – a life-changing event which means he is now learning to communicate again.

The charity has played a vital part in supporting his recovery, and Louise and Ian have already raised £1,700 for the cause – smashing their original target of £1,000.

First Joint Marathon

Louise said: "I really enjoyed it, my husband less so! It's the first marathon we've run together – we've done lots of half-marathons and decided if we didn't do a marathon now, we never would. "We applied for the London Marathon and didn't get in, so we decided to go to Reykjavik with some friends and take part in the marathon there instead. It was so windy on the coast – I can't even explain how windy it was. But I'm so glad we did our first marathon abroad, it made it even more special."

Louise said the cause was very personal following her dad's diagnosis. He can whisper and uses an electrolarynx, a medical device which is held under the chin to help him speak without a voice box. She said: "Dad's diagnosis was completely unexpected. It was a big shock – he had gone in for a standard procedure and they discovered the tumour. "Luckily it hadn't spread, which is very rare with this type of cancer. It was recommended he had a laryngectomy and also had his lymph nodes and thyroid removed."This has been completely life-changing and he is learning how to communicate again.

"The symptoms of this type of cancer are often masked as they cause things such as indigestion. Our hope is that if one person hears our story and goes to their GP as a result, then it has definitely been worth it." To donate to Louise and Ian's marathon fund, visit www.justgiving.com/fundraising/huntmarathon .

Saved by the Da Vinci Robot

A new type of robot surgery for head and neck cancers is boosting survival rates. Professor Michael Thick, 71, a former transplant surgeon (and Chief Clinical Officer of the NHS National Programme for IT) found a large lump (about 3cm) on the left side of his neck in 2009 and was diagnosed with oropharyngeal cancer. The following is his interview with Angela Epstein of The Daily Mail.

'It was a frightening discovery – as a doctor who'd worked on a head and neck cancer ward in the early part of my training, I had seen patients undergo radical surgery to remove tumours which caused terrible, often fatal, bleeding.

Things had moved on, but I still faced the trauma of surgery, followed by daily radiotherapy for six weeks and three rounds of chemotherapy. It took its toll on my health – the radiotherapy impacted on my lung function, I lost a lot of weight and my recovery was slow. It took over a year to return to work. When I did finally return, I hoped, of course, that I'd been cured. But I also knew there was a chance the cancer could return, as happens with up to 60 per cent of head and neck cancers.

Warning Bells

So, in 2018, when I noticed that my tongue felt painful when swallowing and that the surface felt a little uneven, warning bells rang in my head. Tests revealed a 2cm tumour which, considering the tongue base is just under 5cm, was substantial. I was terrified. Conventional tongue cancer surgery is brutal and involves splitting the jaw to reach the tumour, followed by major facial reconstruction. But then I was offered the opportunity to have a pioneering robotic procedure at the Royal Marsden Hospital in London.

Tumours in the neck or throat are often impossible for surgeons to access properly through the mouth using hand-held surgical tools. As a result, conventional open surgery means cutting through large areas of skin, muscle and bone – often resulting in a scar running from the bottom lip all the way down to the throat. But robot-assisted surgery, using the Da Vinci robot, is carried out through the open mouth – with no need for any incisions or stitches – using tiny instruments on the end of a robot's three long, thin arms. These are operated remotely by a surgeon on the other side of the room and offer a level of precision not possible with the human hand alone.

No Hesitation

As a former liver transplant surgeon, I knew of innovations in robotic surgery and its many benefits, not least the reduced recovery time and decreased chance of infection, bleeding and complications since there was no need to split the jaw or have facial reconstruction. I didn't hesitate to take up the offer, especially as it also meant not having to undergo radiotherapy or chemotherapy this time. Following a flurry of CT scans to pinpoint the exact location of the tumour, I had the operation in July 2018.

Afterwards I did have a whispery voice, and couldn't eat or drink anything for a couple of days; after a few more days I was able to go home. My wife Catherine was wonderful, making me mashed or blended foods. I was sore at first but progressed on to 'normal' food after about three months. My speech returned quickly, too, and soon I was doing public speaking again.

Now, I'm back to living a full and busy life, which includes, in my spare time, flying, sailing and bee-keeping. My only real adaptation is to never eat more than two courses – I take longer than most people to eat just because it takes time to get it all down. The radiation treatment from my first cancer caused long-term scarring and mouth dryness. But I'm cancer-free and feel fantastic. Having had both types of operation, I'm grateful for this new technology and the skill of the team. It's thanks to them I'm here today, enjoying the wonderful feeling of normality.'

La Mia Voice App

"Communication is one of Ailar's (the Italian Laryngectomy Association) main missions" said President Paolo Pisani at the presentation of Merck's 'La Mia Voce' App at the Genoa Science Festival. The application, which can be downloaded for free from the Apple Store and Google Play in several languages, is one of the technological tools to support patients who, due to head and neck cancer, have difficulty speaking.

Patients with head and neck cancer who have to undergo a total laryngectomy experience the loss of their voice, "with a significant impact from a social point of view – explains Pisani – Our patients face significant psychological problems: the backlash of the diagnosis , waiting for surgery and then the inability to communicate.

In Ailar we start with psychological support for patients waiting for surgery and we are present for the entire rehabilitation phase through surgical techniques, which today are implemented with the voice rhythmophonic (the ability to express oneself with the air that is swallowed and erupted by vibrating the mucous membranes of the oral cavity and pharynx), or with more innovative methods such as speech valves".

The Mayo Clinic

The head and neck cancer team at Mayo Clinic Comprehensive Cancer Centre aims to create de-intensified treatment options for select patients with HPV-associated head and neck cancer. Streamlined methods of treating patients and following their care plans after treatment have allowed the team to focus on long-term quality of life and functional outcomes.

"Ultimately our goal truly is patient-centred care," says Katharine A. Price, M.D., an oncologist for the Cancer Center in Rochester, Minnesota. "The most stressful point of a patient's care journey is the time from diagnosis until they know their treatment plan. We aim to efficiently and effectively walk them through that time."

A multidisciplinary approach

New cases of HPV oropharynx cancer have been rising for decades and represent the most common type of head and neck cancer diagnosed in the U.S. Most patients require complex multimodality decision-making and treatment. For that reason, the head and neck cancer team at Mayo Clinic implemented a multidisciplinary oropharynx cancer clinic — the first in the U.S.

"We see mainly newly diagnosed patients because that is the point in their care journey where they need the most multidisciplinary support," says Dr. Price. The clinic also sees postoperative patients to discuss the need for radiotherapy and chemotherapy after surgery, and to tailor the treatment regimen to the specific features of the patient's cancer.

Experts on the oropharynx cancer clinic team include head and neck surgeons, radiation and medical oncologists, dental specialists, and speech and swallow therapists. Patient coordination is done through a dedicated head and neck cancer nurse navigator. Most often the team evaluates patients together, providing a powerful visual experience of being treated by an integrated team. Dr. Price says the benefit of working collaboratively in this way extends beyond the patient experience. Members of the care team find the interactions invaluable in furthering head and neck cancer treatment, education and research.

DART

The collaborative nature of the oropharynx cancer clinic has facilitated advancements in head and neck cancer care and improved clinical trial accrual. One of those advancements is de-escalated adjuvant radiation therapy, also known as DART, for patients with HPV oropharynx cancer. Experts at Mayo Clinic have studied the therapy in a phase 2 and phase 3 trial, with the results indicating that in select patients the DART regimen is non-inferior to standard of care adjuvant therapy.

Standard treatment for HPV-associated oropharynx cancer has been either seven weeks of radiation therapy of 70 Gy combined with cisplatin or surgery, followed by six weeks of adjuvant radiation therapy of 60 to 66 Gy with or without cisplatin. The DART regimen treats select patients after surgery to 30 or 36 Gy over two weeks with two radiosensitizing doses of the chemotherapy docetaxel. Results of the initial clinical trial evaluating DART were published in the August 2019 issue of the Journal of Clinical Oncology, and reported a 98.7% overall survival rate at two years.

"Radiation drives most of the long-term side effects," said Dr Price. "Many of our HPV-positive patients were young and otherwise healthy. We wanted to strike a balance between cancer outcomes and quality of life."

Preliminary results of the phase 3 trial comparing DART to the standard six-week adjuvant therapy were published in the December 2021 issue of the *International Journal of Radiation Oncology – Biology – Physics*. The results reported excellent local-regional control, progression-free survival, and overall survival, particularly for patients without extranodal extension. Patients who received DART had less toxicities and improved swallowing function and quality of life when compared with the standard of care.

Cost Reduction

Dr Price and her colleagues, as well as re, recognise the importance of committing to health equity in cancer care. In its initial phase 2 trial, DART was associated with a 33% reduction in cost for radiation therapy as well as a 21% reduction in overall treatment cost for patients with oropharynx cancer. The benefit to patients of a two-week course of treatment instead of a six-week course of treatment is tremendous, especially for patients with limited social and financial resources.

"To be able to have a treatment that returns people to their lives faster is huge," says Dr Price. "With DART, patients can spend less time in treatment, recover more quickly, and get back to their lives faster and with fewer side effects." Experts in the Head and Neck Cancer Centre plan to continue work in this space with upcoming clinical trials and work within the community to improve access to HPV vaccination.

What do you get when you cross a snowman with a vampire?

Frostbite!

NALC NEWS

Website

NALC's new website has been up and running for a couple of months now and the visitor numbers are growing. The comments we have received about the site have been very positive. It is very easy for patients and family members to get straight to the information they need whether information leaflets, videos or links to a range of external information and support. It also has resources for clinicians who may be unfamiliar with dealing with laryngectomees.

Apologies

Professor Martin Birchall was unfortunately indisposed on the day of our planned Zoom meeting with him as a guest speaker last October. This meeting will hopefully be rescheduled for early in 2023.

Constitution

For NALC, much has changed since 2020 when the COVID-19 pandemic arrived. This has affected the way we can hold meetings and also our ability to raise the funds needed for our work. Since September we no longer have the funds to have paid staff and will now rely upon volunteers. Holding meetings in London is impossible as we do not have the funds to cover travel expenses and will have to rely on Zoom instead. All of this means our constitution as a charitable trust needs updating to reflect our new circumstances. We aim to do this in the year ahead.

Future Plans

We have been fortunate in receiving two grants to support our work, one from Macmillan Cancer Support and another from a charitable trust that has supported us in the past. We are updating some of our information resources and these funds will make that possible.

Malcolm Babb

Chesterfield Club

Our October meeting saw a great turnout as we welcomed once again visitors from Severn Healthcare, Paula Barnes and Oliver Davies. They gave an update on the Severn range of prescription items including the latest base-plates.

Much of the time was taken up with the experience of our members of hands-free speech devices. These represent the gold standard in achieving a new voice. They have improved considerably in the past 20 years but some issues remain, including the effects of mucous and coughing on their effectiveness. As always some patients' anatomy after surgery and things like the pressure reached when using a speech valve can affect their suitability and success.

Perhaps the most important conclusion from the conversation was the need to put in the time and effort needed to learn how to get the best from these hands-free HME devices.

We have now concluded a full year of face to face meetings, after the restrictions during the pandemic and we will conclude the year with a Christmas Social during December.

One of our members has been determined not to let a laryngectomy prevent him from following his passion – supporting the England football team home and away. He is off to Qatar for the group stages and later (hopefully) to the final!

The Laryngectomee Guide (Expanded Edition)

The Laryngectomee Guide Expanded Edition 5th Edition is available now. The 325 pages *Expanded Guide* is an updated and revised edition of the original *Laryngectomee Guide*. It is three times larger than the original *Guide* and also contains information on how laryngectomees can protect themselves from COVID-19. It provides information that can assist laryngectomees and their caregivers with medical, dental and psychological issues. It contains information about side effects of radiation and chemotherapy; methods of speaking; airway, stoma, and voice prosthesis care; eating and swallowing; medical, dental and psychological concerns.

The E Book is free for download. https://bit.ly/3QGTqNa

The *Guide* is also available in Amazon at www.amazon.com/dp/B0BBJPY5P2

Itzhak Brook MD, MSc,
Georgetown University, Washington DC

Hot Coffee

Drinking hot coffee could increase the risk of throat cancer. A new study has revealed that those who enjoy the warm beverage may be five times more likely to suffer from the disease. The research found that those who drank coffee were 2.8 times more likely to have throat cancer than non-drinkers and those who take the drink hot are 5.5 times more likely to be diagnosed.

Dr Stephen Burgess, of the biostatistics unit at Cambridge University, said: "It seems to be that thermal injury is the most plausible hypothesis, and that would explain why we're seeing evidence of effect even in coffee non-drinkers who we assume would be tea drinkers.

"It would be unreasonable to say that this is telling people 'instead of coffee, you should drink tea and you'll be perfectly OK.'" Burgess added: "Avoiding drinking coffee at too high a temperature is really the conclusion."

BANG Showbiz,
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