



Dear Yelm Family Medicine patients,

We would like to update you on what's been going on here at Yelm Family Medicine as we respond to the COVID-19 pandemic.

- Our goal is to continue to serve the medical needs of our patients during this crisis.
- We are currently open normal business hours. We have a more limited staff in the building in an effort to keep our employees and patients as safe as possible.
- Patients with fever 100.0 or above WITH cough or shortness of breath are seen as a "parking lot visit" in their car. We have a limited ability to test for COVID-19 and are following the department of health guidelines regarding who meets criteria for testing.
- We have compartmentalized our clinic in an effort to prevent well and sick patients from being in close proximity. We are following health department recommendations for standard precautions for limiting virus exposure.
- We have instituted video visits which patients may choose to do from home. If you do not feel comfortable coming out in public, or have been advised not to by your provider, you may transition to a video visit to address medical issues that need attention at this time.

These are unprecedented times and we are working to make the necessary adjustments to provide a safe and healthy site for medical care in Yelm. We want to help take any unnecessary strain off our busy ER's and hospitals so they can focus on caring for the sickest patients.

We are open and ready to care for your non-COVID-19 medical issues. We know that despite a new virus traveling through our world, there are still broken bones, infections, lacerations, and patients with chronic illnesses that need care and guidance.

We hope everyone will get through this in good health. We encourage you to stay home and take good care of yourself and your family and loved ones.

Sincerely,

YFM Doctors and Staff

# APRIL

**Committed to your health and our community**

## Oral Cancer Awareness Month



### Understanding Oral Cancer Oral Cancer Facts

Rates of occurrence in the United States Close to 53,000 Americans will be diagnosed with oral or oropharyngeal cancer this year. It will cause over 9,750 deaths, killing roughly 1 person per hour, 24 hours per day. Of those 53,000 newly diagnosed individuals, only slightly more than half will be alive in 5 years. (Approximately 57%) This is a number which has not significantly improved in decades. (The survival number at 5 years from diagnosis was for many decades about 50%, so 57% is an improvement over the last ten years. However, this is due to the increase of HPV16 caused cancers which are more vulnerable to existing treatment modalities, conferring a significant survival

advantage. So, a change in the etiology, not improved early discovery or treatments; which are relatively unchanged from a decade ago, are not the primary cause for improvement.) The death rate for oral cancer is higher than that of cancers which we hear about routinely such as cervical cancer, Hodgkin's lymphoma, laryngeal cancer, cancer of the testes, and many others. If you expand the definition of oral and oropharyngeal cancers to include cancer of the larynx, the numbers of diagnosed cases grow to approximately 54,000 individuals and 13,500 deaths per year in the U.S. alone. Worldwide the problem is much greater, with over 450,000 new cases being found each year. Note that the world incidence numbers from the WHO, while the best available, are estimates that users should consider with caveats. Data collection and reporting in some countries is problematic in spite of

**COMMITTED TO YOUR HEALTH AND OUR COMMUNITY**



YELM FAMILY MEDICINE, PLLC

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### COVID-19: How to Keep Kids Busy and Connected

<https://www.nationwidechildrens.org/family-resources-education/700childrens/2020/03/keep-kids-busy-and-connected>



### Tips for still exercising and being healthy during Covid-19

<https://www.medstarhealth.org/medstar-blog/8-tips-for-staying-active-during-the-covid-19-pandemic/>

Please also see links below to learn more about Covid-19

[Novel Coronavirus](#)

<https://www.thurstoncountywa.gov/phss/Pages/coronavirus.aspx>

the professional efforts of the WHO to be accurate.

### [Statistics on worldwide occurrence](#)

Oral cancers are part of a group of cancers commonly referred to as head and neck cancers, and of all head and neck cancers, they comprise about 85% of that category. Brain cancer is a cancer category unto itself and is not included in the head and neck cancer group.

**Historically the death rate associated with this cancer is particularly high not because it is hard to discover or diagnose, but due to the cancer being routinely discovered late in its development.** Today, (2019) that statement is still true, as there is no comprehensive program in the US to opportunistically screen for the disease, and without that late-stage discovery is more common. Another obstacle to early discovery (and resulting better outcomes) is the advent of a virus, HPV16, contributing more to the incidence rate of oral cancers, particularly in the posterior part of the mouth (the oropharynx, the tonsils, the base of tongue areas) which many times does not produce visible lesions or discolorations that have historically been the early warning signs of the disease process in the anterior (front) of the mouth.

Often oral cancer is only discovered when the cancer has metastasized to another location, most likely the lymph nodes of the neck. Prognosis at this stage of discovery is significantly worse than when it is caught in a localized intraoral area. Besides the metastasis, at these later stages, the primary tumor has had time to invade deep into local structures.

Oral cancer is particularly dangerous because in its early stages it may not be noticed by the patient, as it can frequently prosper without producing pain or symptoms they might readily recognize, and because it has a high risk of producing second, primary tumors. This means that patients who survive a first encounter with the disease, have up to a 20 times higher risk of developing a second cancer. This heightened risk factor can last for 5 to 10 years after the first occurrence. There are several types of oral cancers, but around 90% are squamous cell carcinomas. The other far less common oral cancers are ACC and MEC cancers which by comparison are relatively rare, but highly deadly as the depth of knowledge about them is far less than SCC. It is estimated that approximately \$3.2 billion is spent in the United States each year on

treatment of head and neck cancers. (2010 numbers)

### Discovery / Diagnosis



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- [Brush biopsy / cytology](#)
- [Biopsy](#)
- [Diagnostic Imaging](#)
- [Diagnosis](#)
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- [Getting a second opinion](#)

### Treatment



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- [Palliative Care](#)
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### Emotional Aspects

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- [Coping with it all](#)
- [The Mind / Body Connection](#)
- [Treatment and their impact](#)
- [Working together](#)
- [Family and friends](#)
- [Survivors – Now What?](#)
- [The Last Taboo](#)
- [Patterns of grieving](#)

After a definitive diagnosis has been made and the cancer has been staged, treatment may begin. Treatment of oral cancers is ideally a multidisciplinary approach involving the efforts of surgeons, radiation oncologists, chemotherapy oncologists, dental practitioners, nutritionists, and rehabilitation and restorative specialists. The actual curative treatment modalities are usually surgery and radiation, with chemotherapy added to decrease

the possibility of metastasis, to sensitize the malignant cells to radiation, or for those patients who have confirmed distant metastasis of the disease.

### More on the metastasis of cancer

Prior to the commencement of curative treatment, it is likely that other oral health needs will be addressed. The purpose is to decrease the likelihood of developing post therapeutic complications. Teeth with poor prognosis from periodontal problems, caries, etc. may be extracted. This avoidance of post radiotherapy surgery is important as it can sometimes induce osteonecrosis, a condition which can develop when tissue damaged by radiation exposes the underlying bone. The bone, which has lost its ability to efficiently repair itself due to reduced blood supply, again from radiation exposure, yields a chronic and difficult to treat situation. A thorough prophylaxis, or cleaning will likely be done as well.

<https://oralcancerfoundation.org/wp-content/uploads/2016/03/cancercare-team-brochure.pdf>

Whether a patient has surgery, radiation and surgery, or radiation, surgery, and chemotherapy, is dependent on the stage of development of the cancer. Each case is individual. More about [radiation therapy](#), [surgery](#), and [chemotherapy](#)

Patients with cancers treated in their early stages, may have little in the way of post treatment disfigurement. For those whose cancer is caught at a later stage, the results of surgical removal of the disease may require reconstruction of portions of their oral cavity or facial features. There may be adjunctive therapy required to assist in speech, chewing of foods, the problems associated with the lack of salivary function, as well as the fabrication of dental or facial prostheses.

April is...

