

Breakthrough™

Tongue cancer patient triumphs

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A photograph of an older man with a white beard, wearing a dark blue jumpsuit, standing in a cluttered workshop. He is holding a large, dark, ribbed plastic car part, possibly a vent or grille, in front of him. The workshop has wooden cabinets, shelves with various tools and supplies, and a yellow car partially visible in the background. The lighting is somewhat dim, typical of an indoor garage.

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Dale Cosgrove

Tongue

cancer patient triumphs

Dale Cosgrove, a former competitive swimmer, has always demanded the best from himself. So, it was natural that when he was diagnosed with tongue cancer, he would demand the best medical care possible.

“I had a swollen lymph node; I thought it was a wisdom tooth,” Cosgrove says. “In August 2003, when I went in for a routine physical, my doctor saw the lump on my neck and referred me to a head and neck specialist here in Bellingham. He did a CT scan. It turned out to be a tumor at the base of my tongue.”

Cosgrove researched his options.

“I talked to family and friends who recommended that I go to a teaching hospital, because they are always on the cutting-edge of medical treatments. I looked at MD Anderson in Houston, and the University of Washington Medical Center (UWMC),” Cosgrove says. “I liked what I saw on the UW’s head and neck surgery Web site. They are ranked as one of the best in the world and they were close to home.”

He began treatments at UWMC Otolaryngology – Head and Neck Surgery Center. His case was discussed at the multidisciplinary head and neck tumor board, in which surgeons, medical oncologists, and radiation oncologists decide the best course of action.

“He had a mass on the left side of his neck and the base of the tongue,” says **Dr. Mary Austin-Seymour**, UW radiation oncologist and professor of radiation oncology. “Surgical treatment would have required the removal of the entire tongue. Without the tongue, he would have had no speech or swallowing capabilities. We decided that concomitant chemotherapy and radiation therapy would be the best course of treatment to preserve function and to cure the cancer.”

“Chemotherapy clearly improves the outcome

when used in combination with radiotherapy,” says **Dr. Renato Martins**, UW medical oncologist and assistant professor of medicine. “A number of national and international studies have shown improvement in survival and disease control with this treatment.”

From November 2003 to January 2004, Cosgrove received radiation therapy five days a week for seven weeks. In between, he was hospitalized for chemotherapy infusion.

The treatment proved successful — the primary tumor in the tongue disappeared. Surgery was later performed to remove his lymph nodes.

“When head and neck tumors spread to the lymph nodes of the neck, it is critical that the disease is eliminated from these nodes as well as the primary site,” says **Dr. Neal Futran**, UW professor and director of Otolaryngology-Head and Neck Surgery. “If enlarged lymph nodes remain, they are removed surgically to make sure there are no live cancer cells still present. Most often we are able to remove the lymph nodes only, without the associated nerves, muscles, and blood vessels. This maintains full head and neck function.”

UWMC provides a multidisciplinary team of head and neck specialists in one location. “Head and neck cancer patients require extensive care and services often not provided at other centers,” Austin-Seymour says. “In addition to surgeons and oncologists, we provide nurses and nurse practitioners, dietitians, and social workers that specialize in the care of head and neck cancer patients.”

Cosgrove is grateful for the care he received. “I can’t say enough about the expert care I received from the doctors, nurses, therapists, and receptionists who were so supportive of me, my wife, and family.”

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Dr. Mary Austin-Seymour



Dr. Renato Martins



Dr. Neal Futran