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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Notice of Opposition

Notice is hereby given that the following party opposes registration of the indicated application.

Opposer Information

Name	The Board of Regents of The University of Texas System
Granted to Date of previous extension	12/18/2019
Address	210 WEST 7TH STREET AUSTIN, TX 78701 UNITED STATES

Attorney information	Jered E. Matthysse PIRKEY BARBER PLLC 1801 EAST 6TH STREET SUITE 300 AUSTIN, TX 78702 UNITED STATES jmatthysse@pirkeybarber.com, abistline@pirkeybarber.com, eolson@pirkeybarber.com, tmcentral@pirkeybarber.com 5123225200

Applicant Information

Application No	88396578	Publication date	08/20/2019
Opposition Filing Date	12/04/2019	Opposition Period Ends	12/18/2019
Applicant	Temple University Health System, Inc. Boyer Pavilion, 9th Floor 3509 N. Broad Street Philadelphia, PA 19140 UNITED STATES		

Goods/Services Affected by Opposition

Class 044. First Use: 0 First Use In Commerce: 0
All goods and services in the class are opposed, namely: Hospital and medical services; cancer detection in the nature of cancer screening and cancer treatment services; medical evaluation of cancer; surgery; medicaltesting for diagnostic or treatment purposes; medical screening; medical imaging services

Applicant Information

Application No	88396585	Publication date	08/20/2019
Opposition Filing Date	12/04/2019	Opposition Period Ends	
Applicant	Temple University Health System, Inc. Boyer Pavilion, 9th Floor		

	3509 N. Broad Street Philadelphia, PA 19140 UNITED STATES

Goods/Services Affected by Opposition

Class 044. First Use: 0 First Use In Commerce: 0 All goods and services in the class are opposed, namely: Hospital and medical services; cancer detection in the nature of cancer screening and cancer treatment services; medical evaluation of cancer; surgery; medicaltesting for diagnostic or treatment purposes; medical screening; medical imaging services

Applicant Information

Application No	88396589	Publication date	08/06/2019
Opposition Filing Date	12/04/2019	Opposition Period Ends	
Applicant	Temple University Health System, Inc. Boyer Pavilion, 9th Floor 3509 N. Broad Street Philadelphia, PA 19140 UNITED STATES		

Goods/Services Affected by Opposition

Class 042. First Use: 0 First Use In Commerce: 0 All goods and services in the class are opposed, namely: Medical research

Applicant Information

Application No	88396599	Publication date	08/06/2019
Opposition Filing Date	12/04/2019	Opposition Period Ends	
Applicant	Temple University Health System, Inc. Boyer Pavilion, 9th Floor 3509 N. Broad Street Philadelphia, PA 19140 UNITED STATES		

Goods/Services Affected by Opposition

Class 042. First Use: 0 First Use In Commerce: 0 All goods and services in the class are opposed, namely: Medical research

Grounds for Opposition

The mark is merely descriptive	Trademark Act Section 2(e)(1)
Failure to function as a mark	Trademark Act Sections 1, 2 and 45

Attachments	Notice of Opposition.pdf(166969 bytes) Exhibits.pdf(1774973 bytes)

Signature	/JEM/
Name	Jered E. Matthysse
Date	12/04/2019

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

In Re Serial Nos. 88/396,578; 88/396,585; 88/396,589; and 88/396,599 Filed: April 22, 2019 Published: August 6, 2019 and August 20, 2019	§	Opposition No. _____
THE BOARD OF REGENTS OF THE UNIVERSITY OF TEXAS SYSTEM, Opposer, v. TEMPLE UNIVERSITY HEALTH SYSTEM, INC., Applicant.	§	

CONSOLIDATED NOTICE OF OPPOSITION

Opposer The Board of Regents of The University of Texas System ("Opposer"), a state agency with its principal place of business at 210 West 7th Street, Austin, Texas 78701, contends that it will be damaged by registration of the applications identified above, and hereby opposes same under the provisions of 15 U.S.C. § 1063. As grounds for opposition, Opposer asserts that:

1. Opposer is a Texas state agency established for the purpose of governing The University of Texas System (the "UT System"), a system of highly-regarded universities and related institutions, including The University of Texas M. D. Anderson Cancer Center ("MD Anderson"). The powers and duties of Opposer are set forth generally at Chapter 65 of the Texas Education Code. Specific authority to manage and control MD Anderson is conferred upon Opposer by Chapter 73, Subchapter C, of the Texas Education Code.

2. Established in 1941, MD Anderson is the largest freestanding cancer center in the world and one of the world's most respected centers devoted exclusively to cancer patient care,

research, education, and prevention. MD Anderson is one of the nation's original three comprehensive cancer centers designated by the National Cancer Act of 1971, and has ranked as one of the top two hospitals in cancer care every year since U.S. News & World Report began its annual "America's Best Hospitals" survey in 1990.

3. MD Anderson has treated more than one million patients since opening its doors, including more than 141,000 in 2018 alone. MD Anderson consistently ranks first in the nation in the total amount of grant funds given by the National Cancer Institute. In the previous fiscal year, MD Anderson invested more than $863 million in research and trained over 7,000 physicians, scientists, nurses, and allied health professionals.

4. Like others in the industry, Opposer believes that where a patient starts his or her cancer treatment is extremely important because early, accurate, and precise diagnoses and treatments can impact patients' overall chances of successful recoveries.

5. Opposer often uses the phrases "where you go first for treatment matters" and "where you go first matters" to convey to consumers and potential consumers the importance of selecting where a patient starts or goes for his or her treatment.

6. Others in the healthcare industry also use the same or similar phrases to convey this basic message to consumers. The following are just a few examples of such widespread use:

a. City of Hope: "Where you get your cancer care matters" (**Exhibit A**).

b. The Seattle Cancer Care Alliance: "Where you receive cancer care matters" (**Exhibit B**).

c. Samaritan Health Services: "Where you receive cancer care matters" (**Exhibit C**).

d. The University of Chicago: “Where you begin your cancer journey matters” (**Exhibit D**).

e. Stanford Health Care: “Where you start your care matters” (**Exhibit E**).

f. The University of Kansas Cancer Center: “Where you get your cancer care matters” (**Exhibit F**).

g. The Dana-Farber/Brigham and Women’s Cancer Center: “when it comes to cancer, it matters where you start” (**Exhibit G**).

h. The Atlantic Health System: “Where you go for cancer care matters” (**Exhibit H**).

i. Roswell Park Comprehensive Cancer Center: “It Matters Where You Receive Your Cancer Care” (**Exhibit I**).

7. As these examples demonstrate, it is common for healthcare providers to convey the message that where a patient starts or goes for his or her cancer care matters to the patient’s recovery.

8. Additionally, as these examples demonstrate, consumers are accustomed to seeing such messages delivered by many different providers.

9. Applicant Temple Health University System, Inc. (“Applicant”) is a Pennsylvania non-profit corporation with its principal place of business at Boyer Pavilion, 9th Floor, 3509 N. Broad Street, Philadelphia, Pennsylvania 19140.

10. Applicant has applied to register the informational phrase “where you start your cancer care matters” in connection with “hospital and medical services; cancer detection in the nature of cancer screening and cancer treatment services; medical evaluation of cancer; surgery; medical testing for diagnostic or treatment purposes; medical screening; medical imaging

services" in Class 44 (Ser. No. 88/396,585) and "medical research" in Class 42 (Ser. No. 88/396,599).

11. Applicant has also applied to register the informational phrase "where you start matters" in connection with "hospital and medical services; cancer detection in the nature of cancer screening and cancer treatment services; medical evaluation of cancer; surgery; medical testing for diagnostic or treatment purposes; medical screening; medical imaging services" in Class 44 (Ser. No. 88/396,578) and "medical research" in Class 42 (Ser. No. 88/396,589).

12. The applications referenced in paragraphs 10 and 11 are hereinafter referred to collectively as "the Applications."

13. "Where you start matters" and "where you start your cancer care matters" merely convey an informational message about Applicant's services and do not distinguish Applicant's services from those of others.

14. "Where you start matters," "where you start your cancer care matters," and similar phrases are commonly used in the healthcare industry to convey the message that where a patient starts or goes for his or her care matters to his or her recovery.

15. As such, the informational phrases "where you start your cancer care matters" and "where you start matters" will not be readily perceived by the relevant consumers as identifying and distinguishing a single source or origin for Applicant's services.

16. The informational phrases "where you start your cancer care matters" and "where you start matters" are recognized, commonly used phrases describing the importance of selecting a quality treatment provider.

17. The informational phrases “where you start your cancer care matters” and “where you start matters” fail to function as trademarks. Registration of the alleged marks shown in the Applications should therefore be refused under 15 U.S.C. §§ 1051-1053, 1127.

18. The informational phrases “where you start your cancer care matters” and “where you start matters” have not become distinctive of Applicant’s services.

19. Registration of the alleged marks shown in the Applications should therefore also be refused under 15 U.S.C. § 1052(e)(1).

20. Opposer offers services identical to those listed in the Applications.

21. Opposer and other third parties in the industry have a present and prospective right to use the informational phrases “where you start matters,” “where you start your cancer care matters,” and similar phrases descriptively in their businesses.

22. Opposer will be damaged by issuance of the subject Applications because it purports to give Applicant prima facie evidence of the *exclusive* right to use the informational phrases “where you start matters” and “where you start your cancer care matters” in connection with Applicant’s services. This is inconsistent with Opposer’s right to use those phrases in connection with its services.

WHEREFORE, Opposer prays that Ser. Nos. 88/396,578, 88/396,585, 88/396,589, and 88/396,599 be rejected, and registration of the marks therein be refused.

This Notice of Opposition is being filed electronically, along with the filing fee required by 37 C.F.R. § 2.6(a)(17). The Commissioner is authorized to draw on the Deposit Account of Pirkey Barber PLLC, Account No. 50-3924/UTMD062, if there is any problem with the processing of the electronically submitted fee.

Respectfully submitted,

Date: December 4, 2019

/Jered E. Matthysse/

Jered E. Matthysse
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1801 East Sixth Street, Suite 300
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(512) 322-5200

ATTORNEYS FOR OPPOSER

EXHIBIT A

How to Choose Your Cancer Care Team (w/VIDEO)

Patient Care

By Denise Heady | September 16, 2016

Where you get your cancer care matters. And choosing the right care team could be the key to survival.

Comprehensive cancer centers, such as City of Hope, provide multidisciplinary care to patients, bringing together a broad array of expertise from multiple disciplines – all under one roof.

Teams of medical oncologists, surgical oncologists and radiation oncologists work together to make sure patients get the best care using the most recent technology and research available.

This is "your (medical) squad" that will help you decide which treatment plan is right for you.

On a recent segment of "**KTLA 5 Morning News**," City of Hope neurosurgeon and scientist Rahul Jandial, M.D., Ph.D., discusses how a cancer team works and the rights you have as a patient to choose the best treatment plan possible.

Click here to watch Jandial discuss other popular health topics on his regular "KTLA 5 Morning News" segment.

Jandial can also be reached on social media here: Facebook, Twitter, Instagram and @realdrjandial on Snapchat.

****

If you are looking for a second opinion or consultation about your treatment, request an appointment online or contact us at 800-826-HOPE. Please visit Making Your First Appointment for more information.

Related Stories

Cancer insights: Cancer patients are superhuman

June 5, 2017 | By Rahul Jandial, M.D., Ph.D.

In the past seven years at City of Hope, I've had the privilege of providing care for many patients with cancer. Quite simply, they are the real superhumans. Please allow me to offer four examples for your consideration, from my personal insight.

Read More

Patient Care

Three questions to ask your doctor when diagnosed with cancer

September 7, 2016 | By Denise Heady

City of Hope neurosurgeon and scientist Rahul Jandial, M.D., Ph.D., shares three questions that are essential to ask when first diagnosed and why he wishes more patients would ask them.

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Patient Care

Blood cancers: The basics you should know

April 8, 2016 | By Denise Heady

On a recent segment of "KTLA 5 morning news," City of Hope neurosurgeon and scientist Rahul Jandial, M.D., Ph.D., discussed how City of Hope is pioneering the treatment of blood cancers through bone marrow transplantation.

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Research | Patient Care

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I assumed my breast cancer risk was average ... I was wrong

October 22, 2019 | By Samantha Bonar

I'd always assumed my breast cancer risk was average. After my mom's diagnosis significantly changed my risk profile, I

Daughter's bedside concerts launch singing career

October 18, 2019 | By Malcolm Bedell

When Chris Baez was first diagnosed with Stage 4 colon cancer in 2013, he didn't expect that one of his strongest sources of support and inspiration would come from the familiar voice of his daughter. Or that that those bedside concerts would spawn a successful singing career.

Read More

Patient Care | Community

City of Hope provides cancer support se

October 15, 2019 | By Zen Vuong

sought genetic counseling and testing at City of Hope.

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Patient Care

City of Hope is partnering with Amazon to prov services to the company's employees in the U.S by oncology nurses, specialized support for cor plan review.

Read More

Patient Care

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About City of Hope | Locations | Newsroom | Community Outreach

EXHIBIT B

Where you receive cancer care matters

Dealing with a new cancer diagnosis can be overwhelming. Choosing the right place to receive your care is important. At Seattle Cancer Care Alliance, we want to help alleviate confusion and anxiety by clearly explaining your options.

Important facts about care at SCCA

One of the nation's top-ranked cancer centers — *U.S. News and World Report* has consistently ranked SCCA as a top cancer hospital, and the National Cancer Institute (NCI) has designated SCCA as one of only 49 Comprehensive Cancer Centers in the country — and the only one in Washington state.

Higher survival rates for nearly every kind of cancer — Patients come from around the world to receive their care at SCCA because our people are pioneers in the prevention, treatment and cure of cancer. We combine leading-edge research with exceptional clinical care to offer the best chance of success.

More state-of-the-art therapies than any other medical center in Washington state — Excellent cancer care is our sole focus. We offer more state-of-the-art therapies than any other medical center in the state of Washington.

Specialized treatment plans for your particular cancer — A talented and compassionate multi-disciplinary team of specialists works together to create a comprehensive and integrated treatment plan designed specifically for you.

More groundbreaking clinical trials than any other medical center in the Northwest — SCCA has over 300 active clinical trials, or research studies, with more than 125 new clinical trials initiated every year. These trials lead directly to improvements in cancer care by assessing the potential of hopeful new treatments.

Commitment to your mental, physical and spiritual well-being — Our care teams include nutritionists, social workers, therapists and natural medicine specialists who will work side-by-side with you and your loved ones to ensure your quality of life is the best it can be before, during and after treatment.

Unique collaboration of people from three world-class institutions — SCCA was created to bring together the skilled doctors, nurses and scientists of Fred Hutchinson Cancer Research Center, UW Medicine and Seattle Children's in a unique clinical setting. Our providers conduct advanced research, which enables them to develop cutting-edge treatment plans.

Where you receive your cancer care matters.
We would be happy to arrange an appointment
to discuss the best treatment plan for you.

SCCA Locations

South Lake Union

SCCA Issaquah

SCCA Peninsula

UW Medical Center

EvergreenHealth

UW Medicine's Northwest Hospital

SCCA Proton Therapy Center

Seattle Children's

Seattle Cancer Care Alliance
825 Eastlake Ave. E
PO Box 19023
Seattle, WA 98109-1023

Patient Educational Email Invitation Exposes Patient Information

Seattle Cancer Care Alliance is proud to be an Equal Opportunity and VEVRAA Employer. We are committed to cultivating a workplace in which diverse perspectives and experiences are welcomed and respected. We do not discriminate on the basis of race, color, religion, creed, ancestry, national origin, sex, age disability, marital or veteran status, sexual orientation, gender identity, political ideology, or membership in any other legally protected class. We are an Affirmative Action employer. We encourage individuals with diverse backgrounds to apply and desire priority referrals of protected veterans. Read EEO is the Law poster **here**.

EXHIBIT C

Feature Article

Where You Receive Cancer Care Matters

September 22, 2017

SHARE

Being diagnosed with cancer can be a frozen moment in time. A free fall where all you hear is a roar of panic in your ears.

You know you want to receive good cancer care, the best cancer care. But what goes into high-quality cancer care?

At Samaritan, cancer care encompasses not just the medical process, but a philosophy focused on patient safety, clinical excellence, emotional support and financial impact.

Cancer treatment is technical, advanced and ever-changing. Physicians at the best cancer treatment centers are committed to staying informed of the latest evidence-based research and following national guidelines in their approach to care. That means finding a cancer center that is nationally accredited, with board-certified physicians and surgeons.

"The accreditation and board certifications are all pointing toward the quality of care," said Brad Betz, director of Samaritan Radiation Oncology. "They hold cancer centers to technical and safety standards to ensure high-quality care."

Accreditation also ensures the cancer center offers a wide range of services using a multidisciplinary team approach, as well as access to clinical trials and follow-up care into survivorship.

Samaritan's comprehensive approach means providing supportive services that can help make a difficult time a little bit easier. Support groups, integrative medicine, transportation, nutrition counseling and prescription assistance are all part of the package. And for out-of-town patients, access to an on-campus guest house like the Mario Pastega House can mean one less worry during lengthy treatment.

Local care has a lot of advantages, especially when Samaritan promotes team-based care.

"Our physicians meet weekly to discuss difficult cases," said Tana Riley, who manages the program's medical oncology services. "To get everyone in a room across all specialties — pathology, radiology, radiation oncology, medical oncology, surgery and research — to talk about treatment options is a tremendous benefit for our patients, especially for rare or difficult cancers."

At the heart of any good cancer program is a staff that genuinely cares about its patients. As a non-profit entity, Samaritan is filled with employees who show up to work every day eager to help others.

"It's always amazing to me that cancer patients, with everything they go through, will come to the end of their treatment and bring you cookies and give you a hug," said Betz. "It really speaks to the excellent staff we have that patients can be so touched by their time here."

The Samaritan Cancer Program is accredited by the Commission on Cancer, the American College of Radiology and the National Accreditation Program for Breast Cancers. To learn more, visit ***samhealth.org/Cancer****.*

Samaritan Health Services

EXHIBIT D

AT THE FOREFRONT UChicagoMedicine

At the Forefront Live: Where you begin your cancer journey matters

October 25, 2019

Written By
Tim Brown

Video Transcript

A cancer diagnosis means a lot of big decisions, one of them being where one decides to receive care. It's essential to find a cancer center that office options and access to multiple treatments. Coming up on At the Forefront Live, we will talk to Dr. Everett Vokes and Dr. Elizabeth Blair. We'll also spotlight the story of world renowned Chef Grant Achatz, who chose UChicago Medicine for tongue cancer care, after being told by other institutions that his option was the removal of most of his tongue. We'll also take your questions live, so this is your chance to ask an expert. That's coming up now on At the Forefront Live.

[MUSIC PLAYING]

And welcome now to At the Forefront Live. We want to remind our viewers that we will take your questions for our experts over the next half hour. But please remember that today's program is not designed to take the place of a visit with your physician. First, let's learn a little bit about our two guests. We have Dr. Everett Vokes and Dr. Elizabeth Blair. And Dr. Vokes, if you can start us off and just

tell us a little bit about yourself and what you do here at UChicago Medicine.

Well, thank you very much. I'm Everett Vokes. I'm chairman of the Department of Medicine. But more than that I'm an oncologist, medical oncologist. So I specialize in the treatment of patients usually with advanced head and neck or lung cancer and focusing on the use of chemotherapy and newer treatments. Because on targeted therapies, when they're very small, usually tablets, that can be taken, very specifically for the context of personalized medicine, and then immunotherapies, which have recently entered the field and are making big impact in both of these kinds of diseases.

Dr. Blair?

Thank you very much. I'm Elizabeth Blair. I'm actually a surgeon. My specialty is otorhinolaryngology, head, neck, surgery. And I am a professor in the Department of Surgery here at the University of Chicago. My primary area of focus is benign and malignant tumors of the head and neck, both of the salivary glands, oral cavity, throat, and thyroid, as well as skin cancers.

Specifically, today we're talking about oral cavity and throat cancers that, in some settings, surgery is the first line of therapy, and in other settings, it is part of multidisciplinary treatment. And I think that's a lot of what we do here. And some of what we'll be talking about today is the role of multiple disciplines, surgery, oncology, and radiation, in terms of tailoring very specifically for each patient and the kind of treatment that

they get.

You know, Dr. Blair it's interesting. You mentioned the multiple disciplines working together. And Dr. Vokes, I know this is something that you very truly believe in. And when you see patients, it's a team approach . When a patient comes to UChicago Medicine, they don't just see one doctor and go home. They'll work with an entire team eventually that develops that care plan. Why is that so important, and how does that work?

So go back a little bit to what Dr. Blair just said. So we're talking about head and neck cancer. So more concretely, what that means is it's the tongue. It's the voice box. It's structures that we need in everyday life for talking, for eating, for breathing. And when those structures are affected by disease, there's a lot at stake. First of all, if a cancer is left uncontrolled, eventually it can lead to a fatal outcome. So they can be deadly cancers if not treated in time.

But more importantly, traditionally, if treated, say, predominantly with surgery, then very large functional defects can occur. And you can see that most evidently, if the voice box is removed, well, then the voice box is removed. Similar, if the tongue is removed, a patient can live. But the tongue is so vital to many of the things we do in everyday life, that removing it should really just be considered as a last step.

And that's where really teamwork comes in and the interaction between the specialties. So if surgery alone can cure, but does so at a very high price, then can we use other

modalities-- radiation, chemotherapy, or some of these newer therapies, I mentioned at the beginning, to ameliorate the impact of surgery, either not do surgery or do less surgery? And vice versa, sometimes surgery can allow to do less radiation, which also-- and chemotherapy can have long-term side effects.

So what we specialize in at the University of Chicago is that every patient is seen by all of us. And that's not just radiation, medical, oncology, and surgery. It also includes review of the specimen by pathologists. Patients need to be seen by dentists. There's nutritional support. There's sometimes swallowing needs that get evaluated and primary care. All of those impact on the patient's journey here at the University of Chicago. And we are set up to arrange for all of that right from the beginning.

And Dr. Blair, you told me something the other day when we were talking, and I thought this was fascinating. You said that there was a mentor that you had worked with at one point in time that told you, that as a surgeon, you had to check your ego at times. And I think that's really interesting. And it was really kind of touching when you said that, in my opinion, because it does show the teamwork, and it shows how you all work together so well.

Well, I think that one of the things that's important to recognize is that physicians take what they do very seriously. What we do is a very-- we're very blessed and very privileged, is the right word, to be able to talk to patients and take care of patients they come to us with

their problems. And we try to make those problems better, ameliorate the concerns that they have, and treat them. And as a surgeon, it's a very intimate relationship. We actually operate on patients. Or we make a decision that we're not going to operate on a-- maybe that it's not best treated with surgery.

But it's very personal, and so we take it very, very seriously. And we want to do the best job that we can. But the longer you practice, the more you realize what you're really good at and where the limitations, not just personally, but even of the specialty in certain kinds of diseases. And history has shown that different treatments have gone in and out of favor over the last 100 years.

But the reality is, is that the way that we get new knowledge is in looking at clinical trials, is suspending our personal biases and trying to be more objective in how we treat patients. Unfortunately, less than 2% of head and neck cancer patients are treated in clinical trials. The majority of people are treated close to home in the communities. And if you don't get information from clinical trials in terms of being very objective about the patient care, then it's hard to gain new knowledge and understand nuances of the disease that can perhaps lead to better outcomes.

That was a perfect segue, because we were talking the other day about somebody who is very well known in the Chicago area, and actually throughout the United States and the world, Grant Achatz, a check. He's a wonderful chef. And we have a video story about him. I want to go and play that and then chat about

that. Because to me, that really just solidifies what both of you are talking about, this team approach, this willingness to try new things, and how important it is. So let's play the video, and then we'll come back and chat about it.

[VIDEO PLAYBACK]

[MUSIC PLAYING]

- I noticed a small white dot on the side of my tongue. And they said, oh, you're young. You've just had your first child. You're working 16 hours a day in a high stress environment. Eating and swallowing was very difficult. And it became very clear that there was something more sinister going on than just stress.

In the beginning, I was met with a very antiquated approach. There was nothing creative going on. It seemed incredibly barbaric to me.

[MUSIC PLAYING]

- I got a call from the team there and talked to them briefly on the phone, found the clinical trial, read about it, and said, this is exactly what I was looking for. And Grant said, no, I'm done. We made that decision. It was very difficult decision, and I'm done. And I said, like, one more.

- And we sat in a room with Dr. Vokes and Dr. Haraf, Dr. Blair. And first of all, I was surprised, because I had been to about four major institutions prior to going to the University of Chicago, and only met with one doctor each

time. And here we were in this room with the team, with three doctors, each in their own specialty, but clearly working together.

- I still don't understand how surgeons say, the only thing we can do is cut your tongue off. We have to cut your tongue off, first step-- cut your tongue out. And I go, why should that be the first step? Why should you sacrifice that important organ, not only for Grant, who is a chef and needs it for his culinary abilities, but for an average guy, that wants to talk or kiss his wife?

- And so at no point here do we rule out surgery. We have brilliant surgeons. But it is not what we want to do first. And so what we already had experience with at the time was to start out with chemotherapy, to try and tame this tumor, to take the inflammation down, to take the size down, and then go in with chemotherapy and radiation.

- So we were concerned at the time, that even though we gave the patient chemo and radiation therapy, if it came back in a lymph node or maybe was 90% gone in the lymph node, if it re-grew, it would be much harder to treat.

- Years and years and years later, it really helped me become a better chef, engendering the spirit of teamwork, allowing us to grow, take wonderful ideas from other members in the team and implement them into our programs. So really, that individualistic approach, it never gets you far. You have to work as a team in order to succeed. And again, it's the same in the restaurant. I feel

strongly it's the same in the medical profession.

- Well, I think the reentry into normalcy takes a long time. It's a very mentally challenging experience to go through. But I mean, he's got tons of advocates. And it's been great.

- There was a lot of obviously anxiety about, not only was I going to live or die, but was I going to be able to continue my life's passion? And now all that's dispelled. I've been doing what I love to do for the 12 years since treatment. And I think the restaurant, me as a person, me as a chef, are better than ever.

[END PLAYBACK]

So nice work-- yeah, it's a pretty neat story, because it shows, again, the, first of all, the importance of a second opinion. He got several second opinions. I guess you were about the fifth opinion. But it's a good thing he came here, because at one point, he had told us that he had given up. And he came and saw you.

Yeah.

That's pretty neat. And again, I think the other interesting thing about that-- Dr. Vokes, if you can talk about this a little bit-- it was a different look at a problem that other hospitals said would only be solved one way. And you looked at it a little bit different way. And this was about a dozen years ago, and we still do it that way now, right?

So I, too, have had mentors. And what I

learned early on from medical oncologists, but also radiation oncologists, is that there really are two goals. When we treat somebody with head and neck cancer, and the disease has not spread to the lungs or bones or liver-- so if it's confined to the upper parts of the body, then we want to cure that patient.

And then we want to do that with a second goal in mind. We refer to that as organ preservation-- so the larynx, the tongue, and others. And that can be viewed simply anatomically. Is it still there or not? But it can also be viewed functionally. So is it working? And of course, it working is, in the end, what we want most.

So for the larynx, this was answered, by and large, long ago, and is now a standard of care or should be standard of care, that patients with larynx cancer should be primarily treated with chemotherapy and radiation, that surgery would be used if needed, if those modalities didn't work. For tongue, for some reason, this has not been studied and addressed in the same way, even though you would think it is much more necessary to do or equally necessary to do. But we always said-- like I did in the video before-- that surgery is never excluded. It may be needed, but it isn't the first thing.

So before going there, can we use radiation and chemotherapy to try and address this problem and work with the surgeon to then make sure it has actually gone? So the surgeon helps us establish the diagnosis, outline exactly where it is, and then, at the time of completion of chemotherapy and

radiation, make sure it is all gone. Sometimes that involves removal of the lymph nodes. Sometimes that's not necessary. Because we know with very good radiographic evidence whether or not that becomes necessary. But that is that very refined teamwork. It's that multiple time steps of the patient's course at the beginning, during treatment, and at the end of treatment, and then, of course, in follow-up.

And Dr. Blair, as Dr. Vokes just mentioned, it's a combination of treatments oftentimes. And in this case, in Grant's situation, you did remove his lymph nodes. Is that correct?

It is. And I think we should clarify that the cases that we're talking about are advanced head and neck cancer, stage III and stage IV disease. And so in earlier stage disease, where people have just a primary lesion, no involvement of the lymph nodes, depending on the site, radiation alone or surgery allowing are still the mainstays of treatment. You don't need to get chemotherapy. So the kinds of things that we're talking about are, by the time that it's already spread to the lymph nodes, is usually how we define advanced head and neck cancer.

But surgery-- if the operation I would offer someone upfront for their disease is the same that I would offer if the chemo and radiation failed, then I usually find that it's feasible and reasonable to give a patient a chance at, at least, seeing if they can maintain their primary organ and functions.

And this happened 12 years ago with Grant,

but this is still fairly commonplace today, isn't that correct, Dr. Vokes, where some centers are still surgery first with the tongue or removing at least part of the tongue?

I think it is still very much something that is unique to our program. And where we are probably a little more advanced from 12 years ago is that interaction between the team has gotten even better. And we're now cautiously bringing in new treatment modalities-- so immunotherapies and other ways to, for one, even improve further on the results, if we can, and for, two, to maybe use less radiation even and chemotherapy. So those are trade-offs we're currently trying to figure out a little bit more.

Can we talk about some of the new treatments? You're mentioning them now, that there's some of the target treatments, in particular, that I think are very exciting. And again, I think this is one of the advantages we have here as an academic medical center and a research institution.

So that's correct. The targeted therapies-- not so much in head and neck cancer. So usually, with those we mean specific mutations that can be targeted usually with a pill. And that doesn't apply as much as we would have hoped for to a head and neck cancer. It's very frequently used in other tumor types. But we've made a lot of progress and continue to investigate very intensively right now the use of immunotherapies.

And those are still usually given IV. The idea there is that these treatments don't directly

attack the tumor the way chemotherapy does or radiation, but they stimulate the immune system and allow the immune system to now recognize the tumor as foreign, so that your own immune system can come in and kill the tumor. And when these treatments work, they really work surprisingly well. And we've benefited greatly here at the University of Chicago, from an in-depth team of really basic investigators, who have led the way in discovering some of these compounds.

We do have a question from a viewer that I'd like one of you to answer, if you can. How effective is the HPV vaccine against head and neck cancer?

So it is, in itself, not a treatment. So it is incredibly important to use in prevention. So I think young boys and girls should now be immunized with HPV. And it will prevent their susceptibility later in life for cervical cancer and head and neck cancer and some others. So it is important.

Once patients have been exposed-- and most of us do get exposed at some point in life-- it's not a treatment. So it couldn't be used at that point. There may be other ways to use the virus for immunization processes in the future, but that's very investigational. But the classic HPV vaccine is not what we would use therapeutically.

Dr. Blair, how do people know when to get a second opinion? And what should they look for when they decide to get a second opinion?

So I think there are two times in which it's

critical to get a second opinion. One is if you have a lesion in your mouth or throat, or voice changes, or a lump in your neck, and you go to see somebody, and it isn't getting better. And you're given some antibiotics, and you're sent home, and this goes on for longer than a month, probably you need a second opinion, so that the area can be examined. And it may be a second opinion from an ear, nose and throat doctor, to examine you and make sure there's something that they can see with their telescopes that can't be seen by a regular doctor in the office.

And then, this other time to get a second opinion is, when you have a diagnosis of cancer, and they recommend a treatment, and it's important to realize that head and neck cancer is not the most common cancer in the United States. It is in some other countries, like India. But here, not everybody has an equal amount of experience with it. They may see a lot more of breast cancer and colon cancer and lung cancers. And so it is good to get a second opinion, and it's good to get that from a place or an institution where they do a lot of it.

And so that ends up, for me, being the bulk of my-- a high percentage of my practice are those kinds of patients. But if I was in general practice in the community, I might not do that many cases in a single year. So that experience of seeing lots of different patients with similar types of diseases, but that present in different ways, means that they bring each of those experiences with them, when they see you as a patient. So you build-- you learn something from every patient that you have.

And so if we do that thing that you have all the time, then we're going to have at least a pretty broad and in-depth understanding of the disease process. And it's just a second opinion, so that doesn't commit you to go anywhere. But it helps to get you smarter about it and recognize what all your options are.

You know, it's interesting you mention that, because Dr. Haraf actually said this the other day when we spoke. And he mentioned that if you go to a community hospital, for example, they'll take the book off the shelf, and they'll have kind of a general idea of maybe how to treat that specific head and neck cancer. Where as he and you do this all the time, and they'll know very specifically, or you'll know very specifically, what to do each time. And he said just there's such a tremendous advantage to that. And it's quantity, and it's research, and it's very important. So if you have questions, or if you have those specific types of cancer, it's a good place to come. An academic medical center is a good idea.

Yeah I would echo that. I think that our colleagues in the community do a terrific job, and I think, for many of the common tumors, for sure, and even a head and neck cancer at times. But the idea that volume matters, that's really supported by outcomes data in general. So there is a certain threshold where the reflexes are just better if the patients come in larger numbers, and the team is ready.

I agree with everything about the second opinion. I think there are two key times. One is

at the beginning, before treatment starts, so that no commitment to a specific pathway is made yet-- say, surgery first or some other approach. So do it right before starting treatment. And then sometimes, should things go wrong later, or the tumor comes back, or a treatment stops working, then that is the second time point to look and get an opinion.

Good. Can we talk a little bit about clinical trials? It was interesting, Dr. Blair-- I think you mentioned a moment ago that there aren't a lot of clinical trials with head and neck. And can explain why that is?

Well, clinical trials take a tremendous amount of resources and time and expertise. And so they're not easy to do. And so you don't see them in a lot of places. And then you have to have enough patients with a particular disease process to be able to actually get through it in a reasonable amount of time. If you only see five patients a year, it's hard to accrue your numbers for that clinical trial, in general.

So I think that it's easy for someone to be treating a disease and just keep doing it the same way that they always do it, adding in new things they learn every year. But it takes a tremendous amount of time and commitment from the team to put together a clinical trial and to get it approved by an institutional review board, to get it funded, and then to be able to actually implement and execute it consistently. But that's really where you get new information.

And so they tend to really mostly be in large academic medical centers. And then, certainly,

every large academic medical center has different departments with strengths that-- everyone in the country that is in an academic medical center will have some departments who have lots of clinical trials and some that have less. But it helps to force you to be objective. It helps to force you to make-- to really know the literature and to-- in this case, when you do multidisciplinary, it requires coordination, conversation, challenging each other, and trying to really make yourself at the best possible questions that you want to answer and the best way to implement those answers. It's really the cutting edge of treatment.

And Dr. Vokes, again, that's another advantage here with clinical trials. We see a lot of those here at UChicago Medicine.

Yeah, look, it's our culture. University of Chicago is all about innovation and inquiry. And it's really a medical institution that is on the campus of the university. So this is the culture we breathe every day as we walk here. And in cancer, of course, there is a mission to come to a better place. Because the treatment that we have is simply not good enough and even now, is not good enough.

So we need better outcomes. We need less side effects. And for that, we need innovation. And how do we do that? Well, there's lab work. And many of us do that, and many of our colleagues do that. But then, that work gets translated into new treatments. And that is done through the mechanism of clinical trials. We treat close to 1,000 patients every year on a clinical trial and have, over the years,

made many, many seminal discoveries that way.

It's exciting stuff. And again, we have true physician scientists here, as you all are, and that, I think, again is one of the strengths of an institution like UChicago Medicine. We're out of time. That 30 minutes went very quickly. You guys were great. Thank you very much for doing this.

Thanks for having us.

That's all the time we have for the program today. If you need more information about UChicago Medicine, you can check out our website at uchicagomedicine.org. Also, remember to check out our Facebook page for future programs and helpful health information. If you would like an appointment, you can give us a call at 888-824-0200. Thanks again for being with us today, and I hope you have a wonderful week.

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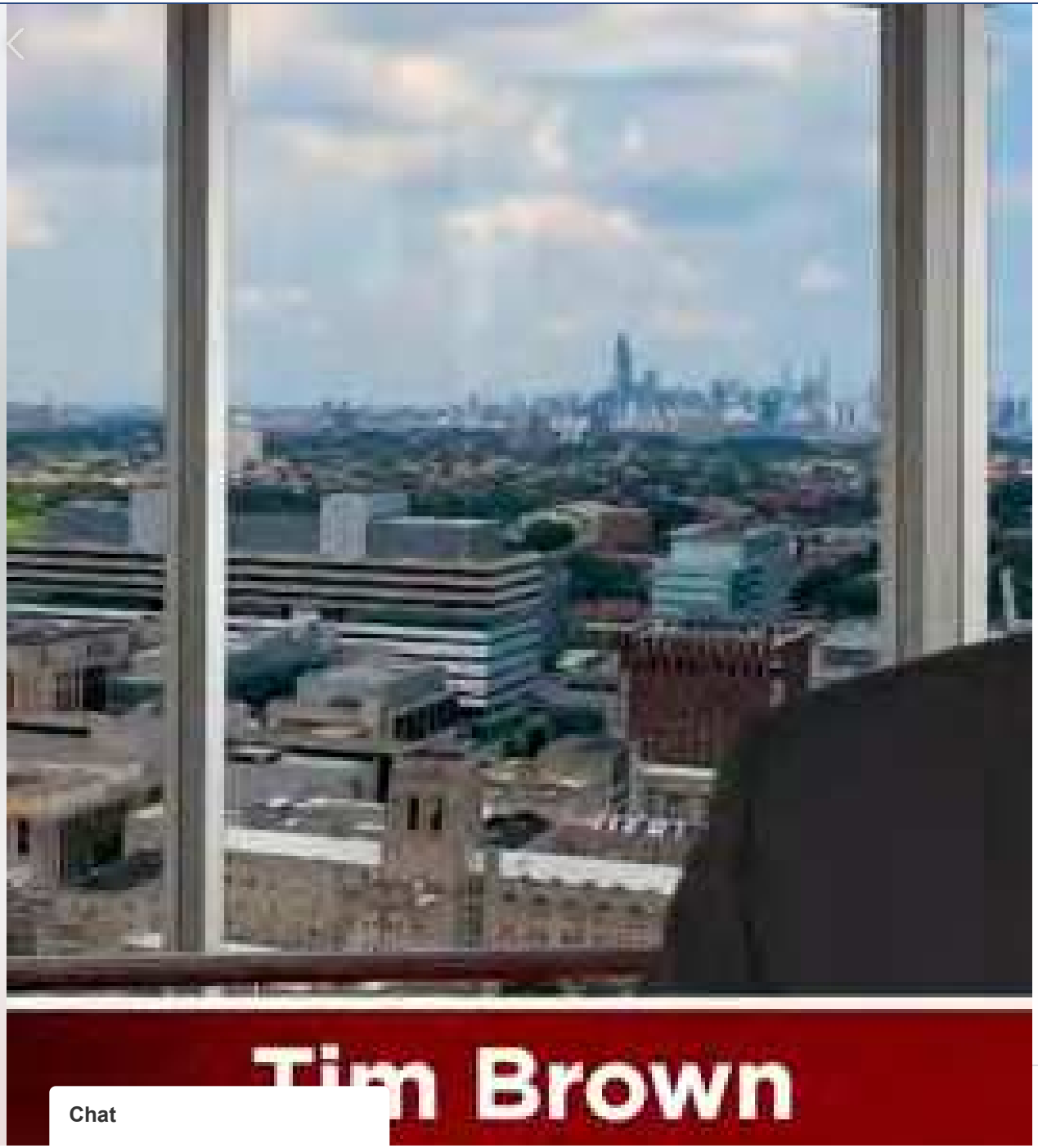

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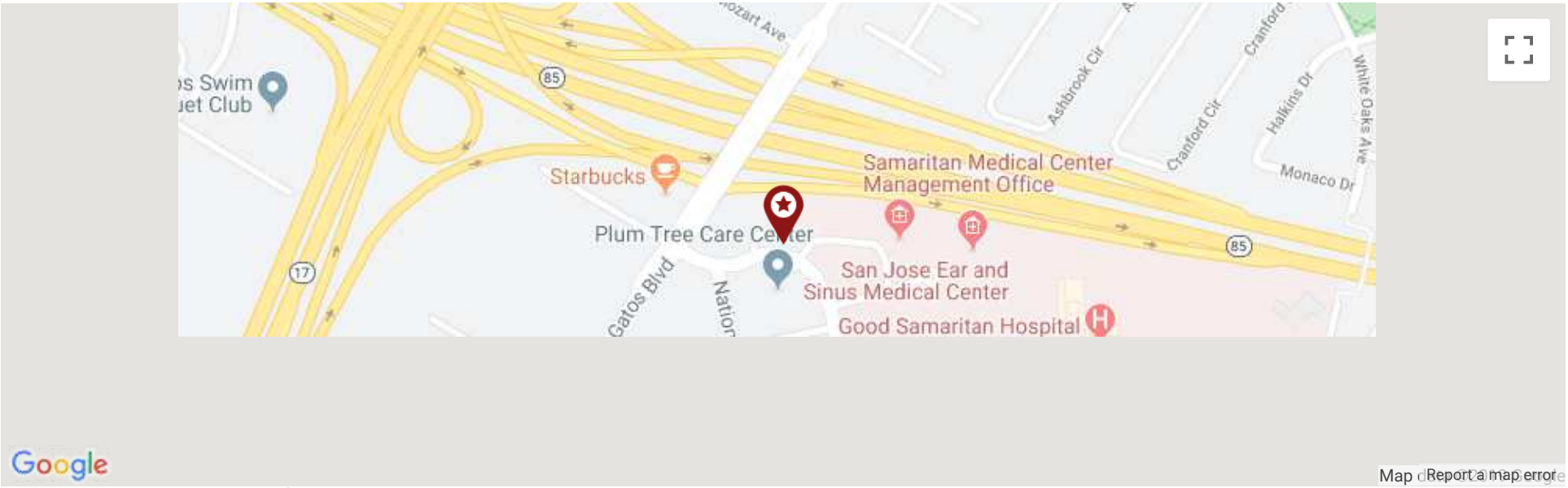

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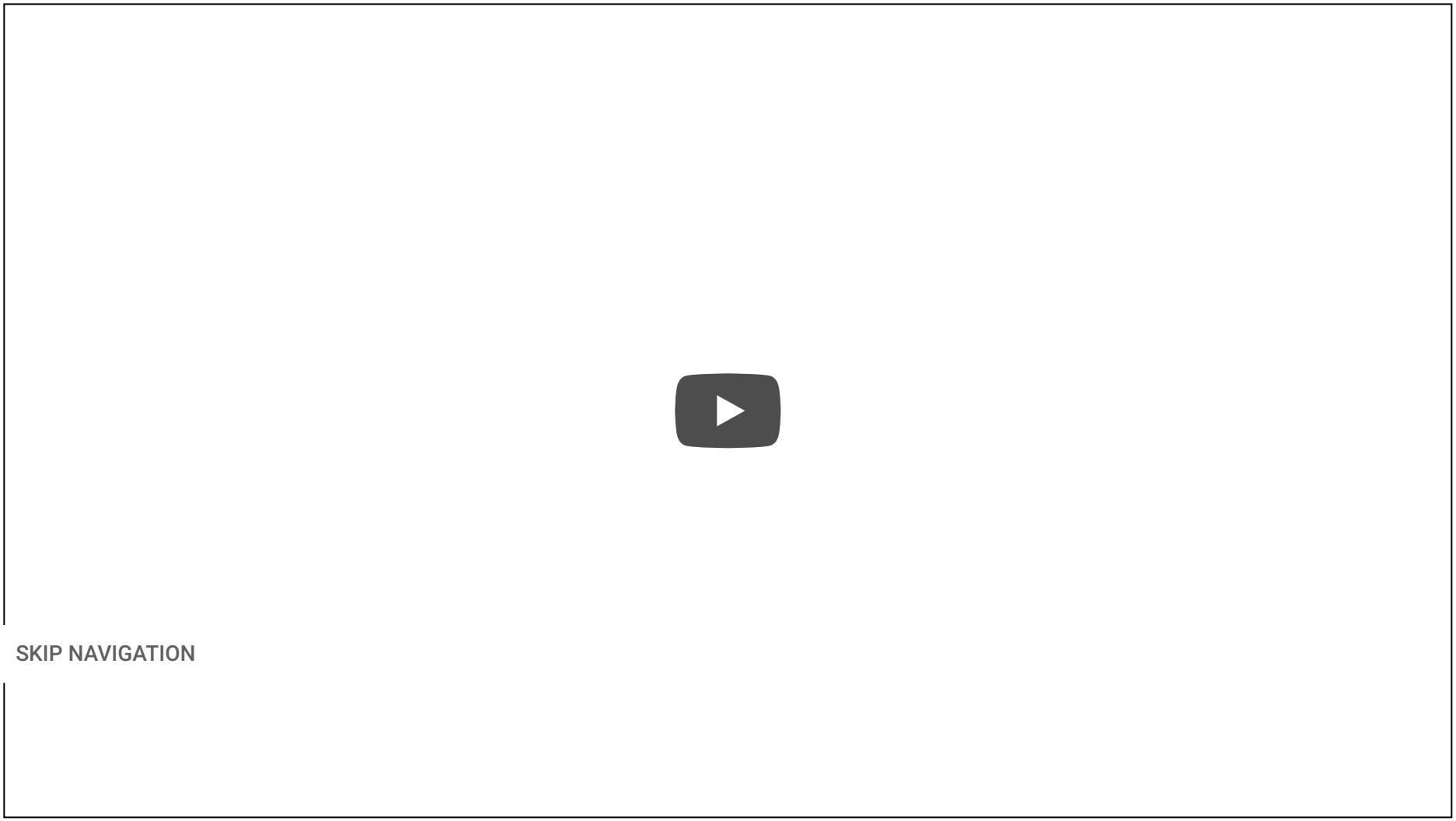

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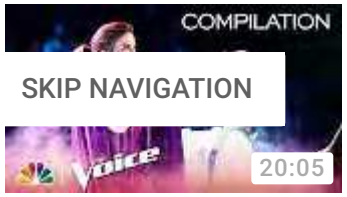

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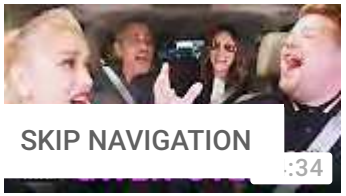

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