



GALA 2018  
Save the Date  
Saturday June 2  
Maidstone Club  
East Hampton  
TKTS \$475/per  
[click here](#)

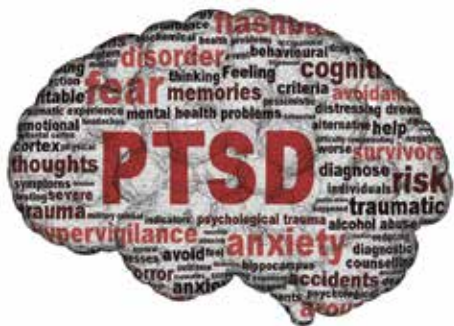


# Talk Therapy, PTSD and Cancer

## Fighting Chance: Destination for Talk Therapy

Among mental health professionals, the Fighting Chance clinic would be known as a “talk therapy shop” -- because we do not treat the shell shock of a cancer diagnosis by prescribing anti-anxiety medications. Instead, our counselors (on a weekly basis) meet in person with the individuals we are treating -- in all cases newly-diagnosed cancer patients. Those talks typically continue for at least 3 months until the patient transitions from a state of high anxiety and desperation to a sense of empowerment and hope.

The distinction between talk-based therapy and drug-based therapy has assumed increasing importance as the mental health disorder known as PTSD has become more prevalent along with a cancer-related version often called “Cancer-Based PTSD.”



## Contrasting the VA Hospital Experience

Today, many of those diagnosed with classic PTSD are returning veterans from the wars in Iraq and Afghanistan. Their anxiety and deep-seated fears usually are treated free-of-charge at a VA Hospital. The most prevalent treatment the vets receive is drug-based (such as Xanax or Valium) since VA staff usually are overworked and have little time for one-on-one counseling.

All the patients we see at Fighting Chance also suffer from a profound sense of “shell shock” and hyper-anxiety. But their condition derives from the fear of a cancer diagnosis and especially the unsettling question: “Am I going to die?” These patients display symptoms very similar to the PTSD which grips a Vet returning from a war zone, but at Fighting Chance we refer to it as “Cancer-Based PTSD.”

## The Dana-Farber Study

The idea that a cancer diagnosis can be accompanied by its own version of PTSD received a strong endorsement from a recently concluded study of cancer patients led by the Dana-Farber Cancer Center in Boston, a widely-respected bastion of cancer research. The study results were disclosed in the November 2017 edition of the journal Cancer, published by The American Cancer Society.



The Dana-Farber Study examined almost 500 adult patients with several forms of cancer who completed an “Anxiety & Depression Questionnaire” on several occasions over a four year period.

The study’s conclusion: of the 500 cancer patients, 21% suffered from PTSD, albeit a version of the disorder that was driven by the fears associated with cancer, rather than the deep-seated anxieties derived from exposure to battle-field violence.

## Distinctive Feature of Cancer-Based PTSD

While many vets with PTSD relate it to a single war zone event -- such as the roadside explosion of an IED -- the PTSD version that grips cancer patients typically is rooted in multiple experiences of deep-seated fear.

To begin with, almost every cancer patient is frightened when they hear, “You have cancer,” because they wonder if that is a death sentence.

Once patients begin treatment they are gripped by anxiety of whether it will work, and put their cancer into remission. In addition, patients are very anxious that cancer treatments (such as chemo) come with side-effects that are very difficult to cope with -- such as nausea, constant diarrhea and hair loss.



Additional anxiety confronts a cancer patient when they see the fabric of their family unit unraveling under the stress of coping with the disease, its burdensome treatments and sometimes its excruciating pain. Add to that the fear of financial instability and job insecurity.

And even when cancer is placed into remission patients have the daily anxiety of whether it will return someday.

### The DiScipio Study at Fighting Chance

The highly publicized failings of VA hospitals -- starting about 5 years ago -- also put focus on PTSD and led one of the counselors at Fighting Chance to notice how cancer patients they were seeing complained about some of the same symptoms that bedeviled vets diagnosed with PTSD.

That counselor, Bill DiScipio, PhD, began to build a data base of PTSD-like conditions that were in evidence during his counseling session with cancer patients. One of the Fighting Chance Directors -- Isamettin Aral, MD -- agreed to have patients at his radiation oncology clinic also provide information about the types of anxiety they were experiencing.

Before long, Dr. DiScipio had 100 patients under long-term study for PTSD-like symptoms and concluded that Cancer-Based PTSD clearly could be seen in about 15% of this patient base; as it turned out that was not too different from the 20% finding of PTSD in cancer patients examined by Dana-Farber.

Fighting Chance is not in the business of funding academic studies, needless to say, but we also decided it would be fool-hardy to thwart the intellectual curiosity of Dr. DiScipio and we are proud of his contribution to the scholarship of what is now widely known as Cancer-Based PTSD.


### Scholarship Established in Honor of Dr. DiScipio as He Retires from Fighting Chance

It has been a Fighting Chance tradition, during each of our 15 years of community service, that we end the year with a holiday party -- sometimes just for the staff and sometimes including patients and/or volunteers.

On December 14 of 2017, the year-end party became a celebration of Dr. DiScipio's retirement from Fighting Chance and the innumerable contributions he made to the growth of our charity and patient counseling, during his 10-year tenure.



The dinner concluded with the Founder & Chairman of Fighting Chance, Duncan Darrow, announcing that the charity has established an Annual Scholarship in honor of Dr. DiScipio and to be awarded to a graduate of the local Sag Harbor high school who has displayed an abiding interest in scientific inquiry. They will be known as the "DiScipio Scholars."



A scholarship to be awarded annually to a Pierson High School graduate who has displayed an abiding interest in scientific inquiry. Established by Fighting Chance, a Sag Harbor charity, in honor of its beloved counselor, William DiScipio, PhD.

# Lighting of the Vines & Festival of Wreaths to Benefit Fighting Chance



at Wolffer Vineyard  
in Sagaponack  
December 2, 2017



Questions about cancer?  
Use our secure, dedicated  
Members Only email hot line:  
members@fightingchance.org

Other Member Benefits  
Hot Line: 631 725 4646  
Wall of Honor (on our website)  
Chairman's Bi-Annual  
Special Report to Members  
Chairman's Reception  
for Members only

Wallet-sized Membership  
Card.

2018 MEMBER



SAG HARBOR

# MEMBERSHIP



Memberships can be purchased on our  
website ([www.fightingchance.org](http://www.fightingchance.org)) or by  
calling our office (631.725.4646)

**\$75/Yr = 20¢/day**

**Affordable,  
Meaningful &  
Uniquely Beneficial**  
. . . to you and  
to your community

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## Amy Zachary, LCSW Joins Fighting Chance Counseling Staff

Fighting Chance is pleased to announce that it has hired Amy Zachary as an additional licensed mental health professional to provide counseling to newly diagnosed cancer patients seeking support from Fighting Chance.

During the past 15 years Amy has run a private counseling practice out of her base in East Hampton and for the past 5 years she has provided the leadership for a Bereavement Group, which meets weekly at Southampton Hospital.

Amy graduated from college with high honors (*magna cum laude*) and holds Masters Degrees -- one in Clinical Psychology and the other in Social Work.





# Mutation-Based Tumor Treatment

## Gene Mutation 101

Inside everyone of our cells lies a nucleus and inside the nucleus are the same 25000 genes. That package of genes is unique to you . . . and their blueprint is what grows everyone into an utterly unique individual.

Many individuals have a handful of defective or “mutated” genes and science gets a better picture of this rogue material through what is called “gene profiling” or obtaining a “genetic signature.”



Science thinks there are about 300 rogue genes that can cause cancer in some way, and you can commission an analysis of all of them for about \$6,000, or profile just a few for about \$500. But some type of gene profiling has become a very common first step when an oncologist is trying to decide upon the best treatment for someone’s cancer.

## Drug Selection and Gene Mutation

When science has a breakthrough in treating a new tumor type, for example, the new drug Keytruda is remarkably effective against lung cancer -- we still find a cohort of patients who benefit from the treatment and another group whose cancer does not go into remission. Why is that?

**At Fighting Chance our counselors, needless to say, are not doctors and do not make therapeutic decisions. But it is our job to remain abreast of cancer treatment breakthroughs and certainly what is occurring with Keytruda is important.**

In the case of Keytruda the answer to the mystery is a protein known as PD-L1, which the body creates from a specific gene. If that gene is defective then the patient would be viewed as “deficient” in PD-L1 and Keytruda would not be a promising drug-based treatment. About 60% of one cancer patients do not respond to Keytruda this deficiency.

On the other hand if testing shows that PD-L1 is abundant, then the cancer patient is a solid candidate for treatment with Keytruda.

## “Pan-Cancer” Therapeutics

As we see from our discussion of Keytruda the effectiveness of a cancer drug can hinge upon the presence (or absence) of a single gene. In that case perhaps the presence of other gene types might make Keytruda effective across a broad spectrum of multiple tumor types.

When a cancer drug is effective across multiple tumor types -- simply because each tumor shares the same genetic defective -- then this is known as a “pan-cancer” treatment.



**A single drug can treat multiple tumor types so long as every tumor has the same distinctive gene defect**

As it turns out the scientists behind Keytruda recently learned that a single genetic defect -- know as “MSI” -- did make multiple tumor types receptive to treatment with Keytruda.

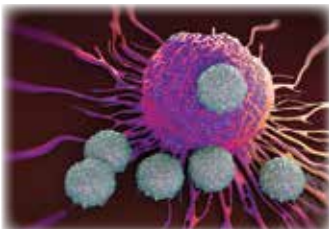
MSI was present in a subset of cells, all of which lacked the ability to repair DNA strands that were damaged in cell replication.

The insight about potential pan-cancer treatment led to clinical trials which aimed to prove that Keytruda led to cancer remission in a host of different tumors -- so long as each tumor type had the same genetic signature involving MSI.

These clinical trials were successful in proof of principle, and in May 2017 the FDA approved Keytruda to treat a wide range of cancers whose chief similarity was the same genetic defect even though the tumors were in many different parts of the body including: the colon, the bladder, the lung, the neck and the head.

### Where Does I/O Fit In?

The ability to deploy Keytruda over a broad spectrum of tumor types assumes additional importance because of the mechanism Keytruda uses to kill cancer.



*Like a gang of wolves, I/O enhanced T-cells attack a cancer cell.*

Keytruda is one of a new class of drugs -- first seen about four years ago -- that are known as immuno-oncology or "I/O." Keytruda is part of the first generation of I/O therapeutics which are injected into the cancer patient, vastly enhance the cancer-killing capability of T-Cells and then unleash those assassins on cancer cells while

disregarding the surrounding cell population which is not malignant.

Clinical trials over the past few years have shown that I/O therapeutics can lead to remission of cancer in over 50% of the patients given those drugs -- and sometimes the remission percentage is even higher.

20%

of lung cancer is diagnosed at Stage 1 among smokers who regularly get CT Scans (and usually is operable)

\$ 400,000

is the approximate cost of one treatment of CAR-T Therapy, the current "miracle drug" for cancer care.

## Cancer By The Numbers Some Hopeful and Some Sobering

33%

of Americans will be diagnosed with some type of cancer during their lifetime.

65%

of Americans whose cancer has been put into remission will survive for at least 5 more years

87%

of all cancers are diagnosed among those 50 or older

1 in 4 women

will develop breast cancer if a mother, sister or daughter has had the disease

12%

of patients get a comprehensive gene profiling before their oncologist decides on a treatment protocol



**Ladies' Night Out**

**American Hotel  
Sag Harbor**

*Save the Date*  
*Wednesday*  
*February 28th*  
*6:30 - 9pm*



This mid-winter gathering is a traditional favorite with Friends of Fighting Chance. We take over the entire American Hotel for the evening with the owner's selection of delicious wines and hors d'oeuvres.

You can expect 75+ guests and making new friendships is a sure thing, with a Silent Auction to top off the evening.

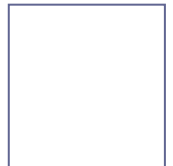


For TKT (\$75) [click here](#)

or Call the Fighting Chance office (631.725.4646)

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PO Box 1358  
Sag Harbor, NY 11963



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