

News From

# FIGHTING CHANCE

**FEATURE**

## East Hampton Volunteer Ocean Rescue Leads Swim Against Cancer

Swim Across America Cosponsors July 2011 Swim to benefit Fighting Chance



Jim Arnold of  
EH Volunteer  
Ocean Rescue

East Hampton Volunteer Ocean Rescue or "EHVOS" are water-based humanitarians. Everything they do helps people.

They rescue people trapped offshore in a rising sea. They help people caught up in riptides and sudden storms. All part of life in a village by the sea.

Their mission is to make sure the beaches and bays of East Hampton Town remain safe – even for those who don't always take water safety as seriously as they

should. EHVOS members are part lifeguard, part coast-guard and share a team spirit reminiscent of the Navy Seals.

So when EHVOS talked to Fighting Chance two years ago about putting together a fundraising swim, it seemed like a perfect fit. After all, everything we both do for the communities of the East End is free of charge. And we both believe that community service is a honor and a privilege.

For the second year in a row, EHVOS and Swim Across America put over 120 swimmers in the water and raised tens of thousands of dollars for Fighting Chance. Neighbor helping neighbor. Thanks again.

THE EAST HAMPTON STAR  
SHINES FOR ALL

## Buoyant Day on the Bay

By Jack Graves | July 7, 2011

While the Hamptons Swim, a Swim Across America fund-raiser, is a recreational one, Rod McClave, an international-caliber triathlete and training partner of Laure l Wassner, who recently became the first woman ever to win the Montauk triathlon outright, can't help but move along swiftly. His time of 43 minutes and 31 seconds in the 5K – one of three distances swum in Gardiner's Bay Saturday morning by 126 participants who'd raised money to fight cancer – was so fast, in fact, that Gerry Oakes, a Swim Across America board member and chairman of its volunteer Nassau-Suffolk committee, was astounded, "Forty-five minutes for a 5K would be the time of a 20-year-old Olympian," Oakes said during a telephone conversation Monday evening. "A masters swimmer, somebody in good shape in his 30s or 40s, would swim a 5K in around an hour and 15 minutes."



Special Thanks . . . to Georgie Bogetti, who is only age 12 but raised \$2,500 from friends and family as part of participating in the July 2nd Swim.

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Free Cancer Counseling Center  
Serving the East End . . . Since 2002  
Helpline 631.725.4646  
[www.fightingchance.org](http://www.fightingchance.org)

**Are You Underinsured?** *Most Americans diagnosed with cancer are in some way “underinsured.” That’s because medical costs not covered by their policy are very burdensome or because the costs of certain treatments are “capped” under their policy or totally excluded from coverage.*

To find out if you are underinsured – before you begin expensive therapy—let our cancer patient navigator analyze the situation. She is familiar with most policies offered by health insurers on the East End (as well as by Medicare and Medicaid) and can give you helpful guidance that is free of charge. Call her at 631.725.4646.

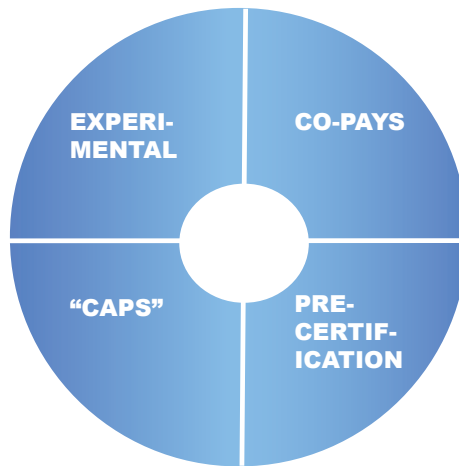
**28% of Cancer Patients... paid over 10% of family income for cancer care costs not covered by insurance. In other words, about one third of all cancer patients are under insured.**

**Common Definition.** A family would be “under insured” if more than 10% of the family’s annual after-tax income would have to be spent on out-of-pocket medical expenses (meaning not covered by their insurance policy) in the event of a catastrophic illness. Example: Both husband and wife work, and together

take home (after taxes) \$50,000 a year. They have two children. If one of them was diagnosed with cancer and the family spent \$5,000 on the cost of treatment – above and beyond costs covered by their health insurance – then this family would be viewed as underinsured.

**FOUR EXAMPLES OF INSUFFICIENT HEALTH CARE COVERAGE FOR CANCER PATIENTS**

**“Experimental.”** This term often is applied to the costs of clinical trials and other cutting edge therapies; in that case the costs are totally excluded from coverage under the policy.



**Co-pays.** Most policies require the patient to pay for part of every doctor visit and, in some cases, pay up to 20% of the bills for out-of-network treatment. These “co-pay obligations” can add up if a cancer patient’s treatment is prolonged.

**“Caps.”** These limit reimbursable costs related to a specific disease or cap costs over the lifetime of the policyholder. If treatment costs go over these limits, then the patient is responsible for the excess.

**Pre-certification.** This needs to be given by the primary care physician in most HMO plans and they may refuse to approve use of a specialist a patient prefers – in which case the patient must bear the cost of his or her doctor of choice.

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**FRIENDS**



**= A New Philanthropic Partnership**

We have a special note of thanks to Judi A. Desidiero - - one of our new Board members - for an idea we call a “philanthropic partnership.” From what we can tell it’s a first-of-its-kind on the East End. Judi is the founder and CEO of Town & Country Real Estate and they are making a multi-year funding commitment to Fighting Chance and will become our **Exclusive Real Estate Partners.**

Through this partnership we expect to find new ways to support cancer patients on the East End. For example, when employees of Town & Country make an individual donation to Fighting Chance - say, \$25 - it will be “matched” by T&C. Next July, when the 3rd annual Hamptons Swim Against Cancer takes place in Amagansett as a fundraiser for Fighting Chance, we expect to see an enthusiastic team of swimmers from T&C.

The T&C website - as you can imagine - gets thousands of visitors daily, and T&C will provide a link to the Fighting Chance website. Some who land on our website may need our care; some may donate; but sharing our “links” is a win-win.

## New Directors of Fighting Chance – Class of 2011

Peter has been the Rector at the Episcopal Church in Southampton for over 20 years and currently serves as Chairman of the Board of Southampton Hospital. He is married with three children.



*Rev. Peter M. Larsen*



*Judi A. Desiderio*

Judi is the founder and is Chief Executive Officer of Town & Country Real Estate, the largest real estate concern on the East End with genuinely local roots and ownership. Judi lives in East Hampton with her husband and two sons.



*Shelley McBee*

Shelley has been a businesswoman in East Hampton for over 20 years, having built her design firm - - Shelley McBee Interiors -- into one of the most widely acclaimed companies of its type on the East End.



*Perry "Chip" Duryea*

It was Chip Duryea's grandfather who started the family wholesale seafood business in Montauk in the 1920s. Chip carries on the tradition today, and has been a key contact point for newly-diagnosed cancer patients in Montauk.



*Perry B. Duryea & Son, Inc.  
Wholesale Seafood of Montauk*



*Dr. Di Scipio*

**STAFF**

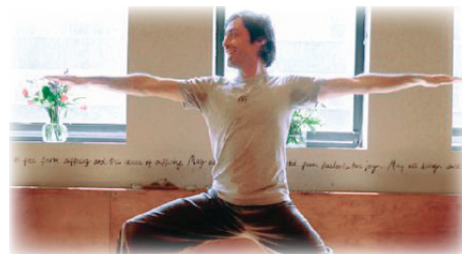
**Dr. Bill Di Scipio – of our  
Oncology Care Team –  
Oversees New Yoga Program**

Throughout the Spring, yoga teacher Eric Pettigrew often could be found at Yoga Shanti Studio, #32 Bridge Street, Sag Harbor, with a group of cancer patients from Fighting Chance.

Eric, who donates his services, had crafted a specialized course for these cancer survivors working with Dr. Bill Di Scipio -- who is a member of the Oncology Care Team at Fighting Chance

The program is free of charge, of course, and another example of how creative our staff can be in finding new ways to empower patients during their cancer journey. Thanks again to Eric and Doctor Bill.

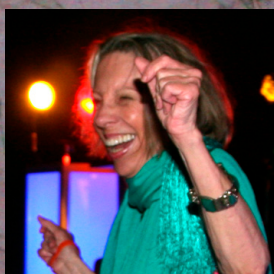
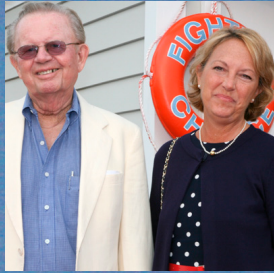
The course will continue in the fall on Thursdays at 2:30 pm at the Yogi Shanti studio. To sign up . . . call our office at 631 725.4646.



*Eric Pettigrew -- specialist in  
restorative yoga for cancer patients*



GALA 2011



Special Thanks to  
Shelley McBee, Gala Chair  
and the Maidstone Club.



## You Can Now Follow us on Facebook



Part of our mission at Fighting Chance is providing empowering information about strategies for coping with cancer -- to the patients we serve.

So when there is a new and popular way of communicating, we often form a team to study it and see if the new communication tools can be adapted to benefit our patients.

With over 750 million users, it is fair to say that "Facebook" is a communication tool that is extremely popular. So a few months ago we put together a team -- pictured below -- and they have now created a robust Facebook page for Fighting Chance. You will see the familiar "f" on our homepage . . . just click and you'll land on the Fighting Chance facebook page.



The Social Media Team at Fighting Chance: Charlie Grubb, Deb Gillikin and Lisa Pettersson

### Web 1.0 and Web 2.0 - What's the Difference?

"Web 1.0" describes the current internet site of Fighting Chance because it is mainly "one way" - meaning it aims to inform the viewer but is not well-designed to facilitate viewer feedback or conversation.

"Web 2.0" describes the new Facebook page because it is designed to encourage viewer feedback. We look forward to what our Friends post on our new Fighting Chance facebook page and hope you will start the conversation and share your thoughts and concerns with all our "Facebook friends."

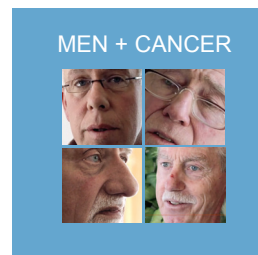
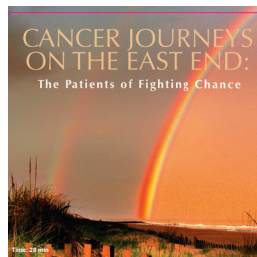
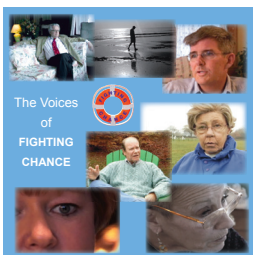
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## And Watch YouTube for Inspiring Videos from Fighting Chance



Connect to these videos, via the web site of our sister non-profit ([www.cancersimplified.org](http://www.cancersimplified.org)).

You can always learn from someone who "speaks from experience" . . . In these videos, you will hear from cancer patients in their own words . . . Words that are empowering to the newly-diagnosed and full of helpful coping strategies.



## Mark Pasmantier, M.D. – Noted Clinical Oncologist from New York Hospital – Becomes 8th Member of Medical Advisory Panel

### Q. How did Fighting Chance Select the Panel Members?

A. First of all, they are superb physicians who know about our organization and know at least one of our Directors. Second, the Panel covers the three key areas of specialization: clinical oncology, surgical oncology, and radiation oncology.

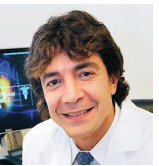
Third, our cancer patient navigator often needs to “cut red tape” at hospitals on Long Island and in New York City. So it is useful for us to know the most senior oncologists at many of these centers. For example, our panel members come from: Memorial Sloan-Kettering/NYC \* Memorial Sloan-Kettering/Commack \* Mount Sinai \* New York Hospital \* Beth Israel in NYC.

### MEET OUR PANEL MEMBERS



Philip Schulman, MD  
*Hematology Oncology*

**Dr. Schulman** specializes in hematology-oncology – diseases such as leukemia and lymphoma — and heads up the Commack, Long Island satellite facility of Memorial Sloan-Kettering. He has been head of our Panel for five years and also Honorary Chair of our summer fundraiser.



Raja Flores, MD  
*Surgical Oncology*

**Dr. Flores** primarily handles surgeries for the removal of lung cancer tumors, and has pioneered doing so with new forms of micro-surgery. He is Chief of Thoracic Surgery at The Mount Sinai Medical Center.

**Dr. Karpeh** was, for many years, Head of the Cancer Center at Stony Brook University Hospital and recently was recruited to become Chairman of the Dept. of Surgery at Beth Israel in NYC. He also serves as Associate Director of the Continuum Cancer Centers of New York His surgery focuses on tumors of the gastrointestinal system which would include colon and pancreatic cancer.



Martin Karpeh, MD  
*Surgical Oncology*

**Dr. Bach** with Memorial Sloan-Kettering in New York, is one of the leading experts in biostatistics and heads up the new Center for Health Policy Outcomes.

**Dr. Hausen** heads up North Fork Radiation Oncology and has been a Director of Fighting Chance for several years.

**Dr. Pusic** works at Memorial Sloan-Kettering, primarily with breast cancer patients, handling the reconstructive surgery that often follows a mastectomy.



Peter Bach, MD  
*Pulmonology & Biostatistics*

**Dr. Nash** is one of the most highly respected internal medicine specialists in New York and is affiliated with the New York Hospital team.

**Dr. Pasmantier** is a clinical oncologist – the type of physician from whom a patient, for example, would receive chemotherapy treatment. He is also on the faculty of Weill-Cornell Medical College, the medical school connected to New York Hospital.



Renu Hausen, MD  
*Radiation Oncology*



Andra L. Pusic, MD  
*Reconstructive Plastic Surgery*



Tom Nash, MD  
*Internal Medicine*



Mark Pasmantier, MD  
*Clinical Oncology*

### Q. How Often Do You Speak With Panel Members?

A. Our Oncology Care Team knows that they can, at any time, just pick up the phone and call a Panel Member to serve as a “sounding board” for issues that range from unexpected side effects of medication, to a recommendation for a specialist in a rare form of cancer. These talks take place many times a year and the Panel members are always available to us free of charge: they also are unfailingly polite and highly responsive. They add immeasurably to the supportive care we provide our patients.

## Explaining the Avastin Controversy

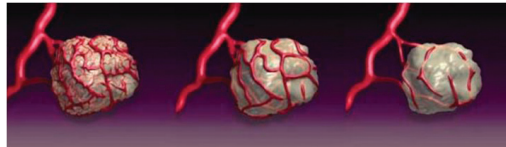
Over the past two decades the FDA has approved 10+ “novel therapies” to treat various forms of cancer. Typically the approval is only granted after the successful completion of Stage 1, Stage 2 and Stage 3 clinical trials. By Stage 3 the drug is being tested on hundreds of cancer patients so the FDA can have confidence that drug usage has no extremely serious side effects and is very effective in delaying tumor progression and/or extending a patient’s overall survival.

Avastin is probably the most widely used of the recently approved novel therapies and is especially effective against cancers of the colon and lung. The drug costs about \$90,000 per year.

In 2010 the FDA granted approval for Avastin’s use against breast cancer even though Stage 3 trials had not been completed. But the drug seemed very promising and hence the FDA relied upon its rarely used “fast track approval” process. This required the drug’s manufacturer (Genentech/Roche) to maintain data on how breast cancer patients were responding to Avastin and provide that updated information to the FDA.

When the FDA looked at this larger data set, in early 2011, it decided that the benefits from Avastin – in the case of breast cancer patients – were not nearly as compelling as they first appeared to be; therefore the FDA revoked its approval for use of the drug in treating breast cancer. This captured the media’s attention because the FDA rarely changes its mind about drug approvals and because Avastin is a “blockbuster drug” generating annual sales of about \$6 billion.

*Depiction of how Avastin attacks a cancer tumor by killing off the blood vessels that help feed it.*



*Judah Folkman, is the scientist who first advanced the theory of “Angiogenesis”, which says that one of the keys to a cancer tumor’s growth is a special factor that produces a robust expansion of the vascular system which carries blood to the tumor.*

*Avastin thwarts this process and hence is described as an “anti-angiogenesis drug”.*

**Q.** Is Avastin still approved for use in the treatment of colon and lung cancers?

**A.** Yes.

**Q.** Can a breast cancer patient still be treated with Avastin on a “off label” basis?

**A.** Probably.

**Q.** When will the cost of Avastin be paid for by a health insurer?

**A.** Almost certainly if the drug is used to treat colon or lung cancer; but coverage is less certain if the drug is used off label.

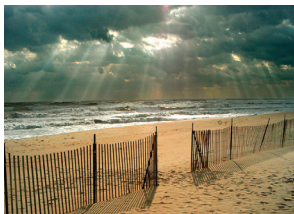




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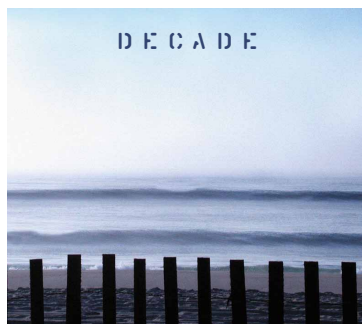


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### NAVIGATION

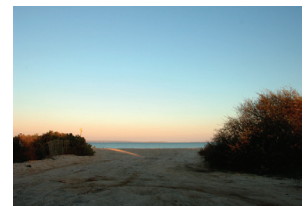
2010 Annual Report Dedicated To  
Our Patients and the East End Beauty  
That Empowers Them



FIGHTING CHANCE - 2010 ANNUAL REPORT  
APPROACHING A DECADE OF COMMUNITY SERVICE



Springs Photographer Ken Robbins  
Donates Images of Local Beaches and Bays



In just a few months - January 2012 - Fighting Chance will be ten years old. As we approach this milestone we wanted to do something in our annual report that would commemorate the cancer journeys of the patients we serve. Supporting those patients - being sure they have a fighting chance - is the reason our nonprofit exists.

One thing almost all our patients speak of is the natural

beauty of the East End as a unique source of serenity, peace of mind and empowerment. That beauty seemed like something we could all celebrate.

We were immensely fortunate that Ken Robbins - acclaimed photographer of Long Island's beaches and bays - was willing to permit us to use ten of his images in our annual report. You see some of them here, and we hope you agree that they capture the remarkable appeal of our village by the sea.