Sue Davies and Sheila Mahoney – both Directors of Fighting Chance – will serve as co-chairs of Gala 2014. Sue and Sheila have provided our Gala leadership for years . . . and they know the makings of a great party!

Devon Yacht Club on the beach Gardiner’s Bay in Amagansett

Tickets are $400

For tickets . . . call
Fighting Chance
631 725 4646.

Our special thanks to Town & Country Real Estate – and its CEO, Judi Desiderio – for helping to defray Gala expenses for the 5th consecutive year.
The Rise of Extended Use Anti-Cancer Medications
Counseling Model at Fighting Chance Adapts to Recent Scientific Advances

1 Changing the Way Oncologists Treat Cancer

In the context of battling cancer, what do we mean by an extended use medication? Well, there are two forms.

In some cases, extended use means that the oncologist has not been able to put cancer completely into remission, but its progression can be slowed or thwarted if the patient is willing to take an anti-cancer drug for an extended period of time – perhaps a year or more. Examples include:

TDM1 – which is for breast cancer patients who are “HER2–positive”— can slow down the progression of the cancer, but it can cost almost $100,000 a year.

Alimta or Tarceva – both approved for use about five years ago – can slow the progression of lung cancer even if the primary tumor cannot be eradicated.

In other cancer cases, the patient’s initial therapy is so successful that cancer cells cannot be detected anywhere in the patient’s system. To help lower the risk that the cancer might return – and cancer recurrences are common – an oncologist might prescribe “maintenance therapy,” which could mean low dose chemotherapy or some other form of drug. Maintenance therapy can continue for two to three years or even longer. Here are some examples:

Tamoxifen – this often is prescribed for women with a specific “signature” to their breast cancer – namely, “ER+.” For these patients, taking Tamoxifen can lower the risk of a cancer recurrence. The drug often is prescribed over a five-year period.

Anti-leukemia drugs – Over the past decade or so, doctors have been very successful, in putting several types of this blood disorder into remission. For two types of leukemia – namely, “ALL” and “AML” – a chemo regime that can last up to three years often is prescribed as a form of maintenance therapy.

2 What the Experts Think

A well-respected commentary on cancer treatment (www.cancer.net)* recently noted that although the concept of maintenance therapy is not new:

“It is becoming a more common treatment approach for many different types of cancer . . . (because) new research shows that maintenance therapy can help some patients . . . delay a recurrence or live longer.”

*“Cancer.net” is a publication of the American Society of Clinical Oncology, which was established decades ago and today has some 20,000 practicing oncologists among its membership.

3 Growing Importance of Survivorship Counseling

Since Fighting Chance was established in 2002, it has provided free-of-charge counseling to thousands of cancer patients – the majority are newly-diagnosed.

Most newly-diagnosed patients thought they never would get cancer and know almost nothing about the disease. They need to be educated about treatment options and side effects. Coping effectively with cancer requires access to a wide range of resources, and we help our patients find those resources. Most patients also have crippling emotional issues – ranging from fear of death to hyper-anxiety to profound insecurity about keeping their jobs and how to tell friends and family.

Now, however, more and more counseling at Fighting Chance is devoted to “survivorship plans.”

The most complex survivorship counseling is for patients whose cancer has not been eliminated, so they are seeking to increase their life spans through extended-use medications. Some of these patients may struggle to see themselves on a pathway to survivorship.
Then, there is another group of patients whose cancer is no longer detectable, but they are on maintenance therapy to keep it at bay. Often that means a lower-dose chemo regime, but even then, some of chemo’s side effects dog these patients. They still find a good night’s sleep a challenge. They still get bouts of nausea and even “chemo brain” that makes it hard to focus. Counseling these patients involves yet another set of issues and distinct coping strategies.

Logistical Support

4

If a patient is taking an anti-cancer medication for an extended period, he or she still needs to see the oncologist. But who will drive him to the doctor, now that he has to make the trip once a month for two years or more?

Fighting Chance can help. Actually, hardly a week goes by when one of our volunteers is not driving a cancer patient to a doctor’s appointment.

Cancer is a Journey

5

The counselors at Fighting Chance often speak of the “cancer journey” because they know that cancer is not just a one-time crisis for those just diagnosed. Beating back cancer and keeping it in remission is a battle, sometimes spawning new crises.

But at every step of the cancer journey, Fighting Chance will fight by your side.

Fighting Chance begins 2014 with Three New Directors

Louis Avvento, MD runs East End Hematology/Oncology, which has a staff of 22 and is by far the largest office treatment center for cancer patients on the East End. We have greatly admired Dr. Avvento’s work for years, and in 2013 Fighting Chance awarded him our Medal of Honor.

April Gornik is a world-class artist, who resides in Sag Harbor. Over the past five years she has demonstrated a tenacious interest in preserving the best of the village by the sea that she and her husband, artist Eric Fischl, call home.

Sheila Mahoney has been a tireless volunteer at Fighting Chance ever since she relocated to the East End seven years ago. Her husband is co-owner of “Wines by Morrell” located in the Red Horse Market in East Hampton.
As a psychiatrist for more than 30 years, I have devoted my career to helping patients, their families, and medical staff as they cope with the psychological burden of cancer and its treatment. Over the years, I pioneered ways in which counseling, psychosocial interventions and medications can reduce the distress experienced by cancer patients and their families.

Until the late 1960’s, American doctors, who learned that their patients had cancer, often were hesitant to tell the patient.

In the 1970’s, however, there was a shift in thinking, and soon thousands of patients were hearing the doctor’s grim news: “You have cancer.” Learning that news often ignited, in the patient, an overwhelming sense of fear, hyper-anxiety, and even depression. To treat these ailments a new sub-specialty was born: psycho-social counseling for cancer patients. It also goes by the name “psycho-oncology.”

The sub-specialty is often practiced by what are known as “oncology social workers” – counselors who have a working knowledge of cancer and how the disease impacts the patient on a psychological and emotional level. This type of counselor is exactly what you’ll find at Fighting Chance. But a few of the largest urban cancer centers include psychiatrist – MDs who can treat patients through therapeutic dialogue but also can prescribe drugs. “What drugs?” you may ask. That was a part of the discussion when one of the pioneers of psycho-oncology – Dr. Jimmie Holland – visited the Fighting Chance Board meeting in January 2014.

Difficulty falling asleep for example, is a common ailment cancer patients suffer while undergoing chemotherapy, and Dr. Holland explained that there are prescription drugs that serve as highly effective sleep aids, but it is important to insure that the drugs do not compromise the chemo regime.

Other patients suffer from intense anxiety and depression and there are still other drugs that can be used as an effective intervention for these conditions, Dr. Holland explained. But all such prescriptions require close communication between the psychiatrist and the patient’s oncologist.