



Counseling Program for Patients to Expand With Addition of Bill Di Scipio, PhD



Bill Di Scipio on front porch of the Fighting Chance offices in Sag Harbor

Retired Professor from Einstein College of Medicine Joins Fighting Chance as Senior Clinical Advisor

Each year just over 1,000 East End residents are stricken with cancer and about 40% of them call Fighting Chance. Helping these patients and their families is why we exist.

The first thing most patients ask for is counseling. They want to see either an experienced oncology social worker or a psychologist who has practiced in a medical setting. We have both -- free of charge, of course.

With demand increasing, however, we needed to augment our counseling corps and were fortunate to attract Dr. Di Scipio shortly after he became a full-time resident of Amagansett last year.

Dr. Di Scipio may have had thoughts of semi-retirement after a distinguished 35-year career that included serving as a professor at the Einstein College of Medicine in the Bronx and faculty appointments, within the department of psychology, at several universities. Many of these years were spent teaching students the precepts of psychology within a medical setting. Given his experience, Dr. Di Scipio is uniquely equipped to provide wise counsel when medical and psycho-social issues become intertwined – which is so often the case for patients with cancer.

From the Chairman



Duncan Darrow
Chairman of the Board
Fighting Chance

Just a reminder ... this year our Summer Gala is being held for the first time at the Maidstone Club's spacious "Tennis House" in East Hampton. It can accommodate 175 guests, twice as many as attended our gala last summer. So please help make the event "Sold Out." To get tickets just call our office (631.725.4646).

Summer Gala '08
JULY 12, 2008
6:30 pm



Ticket Prices (per person):
\$1,500 \$800 \$400

The Maidstone Club's Tennis House
East Hampton, NY

Newsletters Help With Continuing Education at Fighting Chance

THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

CancerWise™

What Are the Symptoms of Chemobrain?

By Dawn Dorsey

Although "chemobrain" or "chemofog" is reported by a majority of people who receive cancer treatment, it often goes unrecognized and untreated.

Medically known as cognitive dysfunction, which means difficulty efficiently processing information, chemobrain is a legitimate, diagnosable condition that usually is covered by health insurance. It may be caused by cancer, cancer treatment or secondary medical conditions, such as anemia.

DANA-FARBER CANCER INSTITUTE

Dana-Farber Cancer Institute provides expert, compassionate care to children and adults with cancer.

Dedicated to Discovery. Committed to Care.

New study seeks answers in advanced breast cancer

by Richard Saltus

In the United States alone, the estimated number of women living with metastatic breast cancer—about 200,000—is greater than the entire population of Providence, R.I. Their disease has spread from the breast to other parts of the body, usually the bones or liver, and their long-term prognosis is limited—though some will be alive quite a few years from now.

A diagnosis of metastatic breast cancer is a heavy burden on a woman and those around her. Yet there's been surprisingly little research on the experience from the patient's point of view. A new Dana-Farber study led by Nancy Lin, MD, may change that, as well as shed light on the biology of metastatic breast cancer itself.

A diagnosis of metastatic breast cancer is being asked to undergo additional blood sampling and more invasive. The extra procedures may not affect their own care, but the women's proximity could have future benefits in improving breast cancer treatment for others.

These women will also be asked to describe how the disease and its treatment affect their quality of life—information that could improve care and support for patients like them.


—oncologists in the Women's Cancer Program who is the study's principal investigator.



LATELY@MSKCC.ORG

Screening Tool Reduces Need for Breast Biopsies

Screening for breast cancer with magnetic resonance imaging (MRI) is significantly more effective at identifying suspicious breast lesions than other existing screening methods and ultrasound. The limitation is that MRI screening is not always accurate in distinguishing between cancerous and noncancerous breast lesions—a fact that leads to a number of unnecessary and invasive biopsies. However, a recent study conducted at Memorial Sloan-Kettering Cancer Center found that combining MRI screening with a scanning tool known as magnetic resonance (MR) spectroscopy can help radiologists in diagnosing breast cancer by producing fewer false-positive results and reducing the number of avoidable biopsies.



The staff at Fighting Chance – and some of our Directors as well – have become regular readers of the many newsletters that we receive (mostly on a monthly basis). This is a useful way for us to stay informed about the rapidly changing landscape of cancer care. Depicted here are some of the publications to which we subscribe.

FRED HUTCHINSON CANCER RESEARCH CENTER

Study finds widespread vitamin and mineral use among cancer survivors, although benefits of such use remain unclear

SEATTLE – Jan. 31, 2008 – Use of vitamin and mineral supplements among cancer survivors is widespread, despite inconclusive evidence that such use is beneficial, according to a comprehensive review of scientific literature conducted by researchers at Fred Hutchinson Cancer Research Center and published Feb. 1 in the *Journal of Clinical Oncology*.

"Can vitamin and herbal supplements reduce the adverse effects of cancer treatment, decrease the risk of cancer recurrence or improve a patient's chances of survival? We don't really know. Research into these matters has been minimal," said senior author Cornelia (Nell) Ulrich, Ph.D., an associate member of the Hutchinson Center's Public Health Sciences Division. "While supplement use may be beneficial for some patients, such as those who eat a balanced diet, research suggests that certain supplements may interfere with treatment or even accelerate cancer growth."

NCI Cancer Bulletin
A Periodic Journal for Cancer Research and Practice

Herbal Therapy for Brain Cancer

Featured Clinical Trial

Phase II Randomized Study of Adjuvant Boswellia Serotina and Standard Treatment Versus Standard Treatment Alone in Patients with Newly Diagnosed or Recurrent High-Grade Gliomas (CASE-COP-7449)

See the protocol summary at <http://www.cancer.gov/clinicaltrials/CASE-COP-7449>

Principal Investigator
Dr. Gian Stupp, Cleveland Clinic Foundation

Why This Trial is Important
High-grade gliomas are among the most common and aggressive forms of adult brain cancer. Swelling of the brain (brain edema) is an often debilitating symptom of gliomas and may continue to affect patients even if the tumor is surgically removed.

Dr. Gian Stupp
Brain from the Boswellia serrata tree (framincense) has been shown in animal studies to reduce inflammation, which is a primary cause of brain edema. Additionally, laboratory studies suggest that B. serrata resin may also cause human brain cancer cells to undergo programmed cell death (apoptosis).

In this trial, patients will be randomly assigned to take an herbal preparation of B. serrata orally four times a day in conjunction with standard treatment for six months or to take standard treatment alone for six months. All patients are advised to eat a low-fat, healthy diet. Data from in vitro tests suggest that B. serrata resin may also be converted in the brain to a compound that can be converted to boswellic acid. Boswellic acid is a growth-inhibiting compound that may promote tumor cell death. Boswellic acid is also a precursor to boswellic acid, an enzyme that helps convert arachidonic acid to prostaglandins, in these patients when combined with standard treatment.

You are always free to browse through these newsletters which are in the Cancer Library & Reading Room, that are part of our Sag Harbor office.

Fighting Chance Awards Its MEDAL OF HONOR for '07 to Ben Gillikin and Karrie Robinson

Ben Gillikin – Board Member since 2002
– also Named as Vice-Chairman
of Fighting Chance



The Commemorative Plaque in our Sag Harbor office...which says the Medal of Honor is awarded to recognize those who "have made an exceptional contribution to improving the quality of care for cancer patients on the East End of Long Island."



The January Directors' Dinner. Held a few months ago and traditionally the time when the Medal of Honor is awarded. Seen here are honorees Ben Gillikin, a long-time Board member and now also Vice Chairman, and Karrie Robinson, who joined our organization in 2005 and serves as Director of our Clinical Programs.



Springtime brings daffodils to the gardens of Fighting Chance



Keynote Speaker -- Christian Nelson, Ph. D of Memorial Sloan-Kettering Cancer Center in New York City.

Over 35 Guests Attend Workshop on Side Affects of Cancer Treatments

On April 5th, Fighting Chance convened its 2nd Workshop of 2008, partnering with The Leukemia and Lymphoma Society and Southampton Hospital where the event took place. Additional workshops are planned in the coming months and have proven to be a very helpful for providing information and small group discussion.

Q & A with Bill Di Scipio, PhD New Member of our Clinical Team



Karrie Zampini Robinson, LCSW
Director of Clinical Programs,
Fighting Chance

Q. Do you find you specialize in counseling certain patient types?

A. I believe that classifying patients by diagnosis, be that medical or psychological, is only the beginning in understanding how an individual copes with the multiple psychological traumas associated with cancer. My approach to patient counseling is therefore specialized in that I choose to address psychological trauma by recognizing the strength and wisdom of the family and a social support network in dealing with the disease process.

Q. I understand that the workings of the brain are of great interest to you...why is that, and how does it affect the patients you are asked to counsel?

A. My first experience with cancer patients has highlighted the absence in our community of access to neuropsychological services in diagnosing and treating patients with cancer. Challenges to brain functioning not only affect the physical integrity of the body, but also compromise rational thinking, memory, adaptive emotional functions and interpersonal relations. Chronic or terminal diseases often create a great deal of uncertainty associated with imperfect predictive prognoses. This situation complicates the quality of life for the patient and significant others and is not necessarily addressed by the array of services necessary to treat the medical aspects of cancer and the brain.

Q. What was the focus of your PhD studies and how has that been relevant to counseling at Fighting Chance?

A. I was trained in the scientist-practitioner model of clinical psychology, both here (Queens College, CUNY) and abroad (University of London, The Maudsley Hospital). This model emphasized the integration of providing the patient with objective, efficacious treatment while contributing to cutting edge advances in scientific methodology and research.

Q. Tell us about your academic career and the aspects that you have found useful in your "2nd career" as a crisis counselor for cancer patients?

A. I have taught a wide variety of medical and forensic psychology courses at both medical and graduate school settings. As a clinical practitioner, I am both a psychologist specializing in the co-occurring psychological problems that accompany acute and chronic physical illness (Health Psychology) as well as a cancer survivor myself. My personal encounter with cancer has raised my intellectual and emotional sensitivity to the tough decisions that must be made, often at the worst possible times.

Q. Support groups and workshops have become an increasingly important part of our community outreach -- will you be getting involved in those areas?

A. Yes. Professionally-led support groups are one of the most effective means of helping an individual cope with the traumas and dilemmas of life after receiving a potentially life threatening diagnosis. I believe that support groups and public workshops provide curative factors such as conveying of information, instillation of hope, desensitization of anxiety, and learning of corrective emotional experiences. Specifically, I hope to establish one or more support groups for men living with prostate cancer.

Q. What -- in a positive sense -- are the unique attributes of Fighting Chance as compared to other components of the health care system, and you have seen much of that system in your career?

Fighting Chance is unique by following in the vision of its founder, Duncan Darrow in leveling the playing field for those of us who are struggling to find our way in a complicated and confusing medical delivery system when we are most vulnerable and unprepared for the challenges of living with cancer. A competitively based health care system and paucity of community services can leave us with less than a "fighting chance" of obtaining advice and support at a critical juncture in our lives.

Fighting Chance is a 501©(3) organization, and all contributions are fully tax-deductible. Checks can be made payable to Fighting Chance and sent to us at P.O. Box 1358, Sag Harbor, New York, 11963. Donations can also be made via credit card either on our website (www.fightingchance.org) or by calling our office at (631) 725-4646.