



Diagnosis

Emotional Impact

Treatment/Side Effects

Survivorship

Patient Stories

Terese Lasser - Unlikely Pioneer

No one saw Terese Lasser as a future activist when she first showed up for a biopsy at a Manhattan hospital in 1952.

The surgeon told her that the lump in her breast was probably benign. But once she was under anesthesia for the biopsy, traces of cancer were found and the surgeon decided to perform a “Halsted” radical mastectomy. Both of her breasts were removed, along with most of her lymph nodes and muscles in the chest wall.

Terese woke up expecting the doctor to have used the medical equivalent of a BB gun. Instead the surgeon attacked with a bazooka.

Shell Shock

In the days after her surgery, it seems likely that Terese was bewildered by what took place and in the dark about the path ahead. In other words, she was in shell shock.

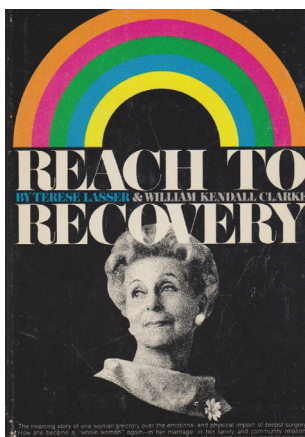
Not unexpectedly, Terese asked the hospital to provide her with a psychiatrist for counseling.

The gist of the oncologist’s response was: *“We Cure Tumors ... not Traumas.”*

Before long, Terese had started work on changing the standard of care for breast cancer surgery. She figured that the easiest way to provide counseling to someone just emerging from a mastectomy was for that counselor to be someone who had already had the surgery. Thus was born “peer-to-peer” counseling.

Birth of the Peer-to-Peer Model

Patient and counselor would be “peers” - one an avid listener and learner, and the other passionate about sharing lessons from her own firsthand experience of surgery, recovery and survivorship.



An inspiring story of a woman's emotional and physical recovery from breast cancer.

Partnership with the American Cancer Society

The counseling model Terese was advocating took off like a comet and America saw scores of affinity groups spring up, all connecting the patient, just out of the mastectomy recovery room, with a seasoned survivor of the procedure.

In 1969 the American Cancer Society (ACS) acted to adopt Terese’s program, now known as “Reach to Recovery.”

The ACS, then, used its marketing muscle to promote the program overseas and today it’s being used in over 100 countries.

The Fighting Chance Model of Talk Therapy

Reach to Recovery counseling has a very specific focus: it is only for breast cancer patients and mainly concerned with one surgical procedure: a mastectomy. Counselors are fellow survivors of breast cancer surgery.

In contrast, Fighting Chance offers counseling for patients with any and all types of cancer, and we do so at a dedicated clinic in Sag Harbor.

The discussions are not between two cancer patients, but rather between one patient and a staff therapist who is trained and licensed as an oncology social worker.

The therapist develops a diagnosis of what is most troubling to the patient and then guides the discussion towards coping strategies.

Remember . . .



Fighting Chance has offices in Sag Harbor and at the Phillips Family Cancer Center in Southampton.

For more details, or information please call 631.725.4646
Visit our website at www.fightingchance.org