

## Everyone has a story: talking about mental health

*Caring for cancer patients – COMPASS's Ekaterina Malievskaia speaks to Manish Agrawal, medical oncologist and co-director of Aquilino Cancer Center*

This episode is all about caring for cancer patients, which includes their mental as well as their physical health. [Ekaterina \(Katya\) Malievskaia](#), Chief Innovation Officer and Co-founder, COMPASS Pathways, is joined by [Manish Agrawal](#), medical oncologist and co-director of clinical research at [Aquilino Cancer Center](#) in Maryland. Aquilino Cancer Center is an outpatient community centre dedicated to whole person cancer care. Its Center for Healing is conducting an FDA-approved clinical trial in psilocybin therapy for cancer patients with depression.

[0:32] Katya, who is also a physician, explains that she and Manish met three years ago and quickly discovered how similarly they thought about transformative treatments for mental health issues.

[01:07] Manish talks about his journey into oncology. In college he wanted to study philosophy, but his father dissuaded him, so he studied engineering and then medicine. He explains that his interest in philosophy and psychology never went away, so he picked a residency in Georgetown that allowed him to do a Master's in philosophy. He then went to the National Institutes of Health (NIH) and did a Fellowship in oncology and bioethics. As he looks back, he says, there's been this theme of wondering what else is going on in people's lives, which is probably what drew him to oncology – when you have cancer, you often start to think about some of life's most profound and complex questions.

[02:15] Katya comments that often clinicians focus solely on the physical aspects of patient care, taking care of the diseases that have "hard endpoints": it's easy to measure the size of a tumour, for instance, but it's much harder to measure psychological or existential distress in patients who are facing death. She thinks that physicians shy away from providing psychological support for patients with terminal illnesses.

[03:04] Manish agrees that physicians are less skilled in psychological support. As an oncologist, he felt personally affected by not being able to address this huge aspect of his patients' lives.

[04:35] Katya says that it's remarkable that in the 21<sup>st</sup> century, though huge progress has been made in the majority of medical specialties, there has been very little innovation in the way we support patients with psychological distress. She asks Manish how he became interested in psychedelics for cancer patients.

[05:00] Manish says that he was intrigued by literature that suggested that psychedelics could directly address the distress and depression that cancer patients face.

[05:45] Manish explains that Aquilino Cancer Center had space for all kinds of physical treatments for cancer patients, but no dedicated space in which to address patients' emotional wellbeing. He wanted to create a healing space in which to conduct psychedelic research, where cancer patients could see that their emotional suffering was taken seriously. This led him to build the Center for Healing. Manish explains that one of the

fundress was the husband of a patient who had died from cancer. They built the Center for Healing during the COVID-19 pandemic, despite a number of obstacles.

[07:04] Manish talks about the clinical trial that he is conducting at the Center for Healing, which looks at the safety and efficacy of psilocybin therapy in cancer patients with depression. He explains that the study is the first of its kind to be conducted with group preparation and simultaneous administration, which means that patients prepare for the session together and psilocybin is given to multiple patients at the same time. Patients are then supported one-on-one by individual therapists throughout their psilocybin session. Afterwards, they come together again to talk about their experiences, which is known as group integration. Manish says that they allowed patients with different stages of cancer to take part in the trial: as well as the end-of-life distress in patients with more advanced cancer, there is also a lot of suffering in patients with earlier stage cancer. The commonality was depression.

[08:22] Manish says that conducting the study has been “incredible” and the results have been very powerful. One participant commented that having been treated for three cancers, this was the first time anyone had talked to her about how it had impacted her. Manish tells the story of how psilocybin therapy allowed a patient who was really grappling with dying to reach a sense of peace and acceptance about it.

[10:44] Katya observes that the patients who take part in the study have a common denominator: all of a sudden, their existential threat has become a very real, constant foreground. She asks Manish about the benefits and drawbacks of the group model.

[11:35] Manish says that he was blown away by the effectiveness of the group aspect of the study. The integration sessions allow patients to share their stories and form a deep connection with each other. Even after the study ended, several of the participants still meet every month to continue to integrate and support each other. Manish explains that patients often express things in the group sessions that they may not have articulated even to themselves, and to have another person receive it without judgement is profoundly therapeutic.

[13:18] Katya asks whether the impact of the treatment was different for patients with early-stage cancer, versus those with terminal cancer.

[13:30] Manish says that something that not many people realise is that cancer patients continue to suffer for a long time after they have finished treatment, sometimes never assimilating back into life. He has been really impressed with the impact that psilocybin therapy is having on patients who have been cured of their cancer. Manish recalls a gentleman who had been treated for lymphoma many years ago. Psilocybin therapy allowed him to process how much the cancer had changed his life and put it in the past, in a way he wasn't able to before. Another participant had a very early-stage cancer and had been paralysed by fear; psilocybin therapy allowed her to make the decision to have lifesaving surgery.

[15:27] Katya says that after taking psilocybin, patients often report that their relationship with their symptoms has changed. They have a newfound sense of agency that means they are able to change their behavioural and emotional cognitive patterns in ways that are more adaptive.

[16:30] Katya asks Manish how he thinks the psilocybin therapy affects patients' families and friends.

[16:47] Manish says that caregivers suffer greatly and patients receiving psilocybin therapy can be of enormous benefit to them. He shares a story of how one of the participants learnt that his relationship with his mother had changed as a result of his cancer, and following the study he spoke to his mother about wanting their relationship to return to how it was previously. Manish tells Katya that as well as conducting psychedelic research, the Center also provides a lot of support for caregivers. If you don't address the entire ecosystem, he says, then you're not optimising the conditions for patients to heal.

[18:15] Manish says that he's become intrigued with Viktor Frankl's book, "Man's Search for Meaning", which suggests that whatever happens to you, you have a choice in your attitude towards it. Manish believes that psilocybin therapy allows patients to take a step back and potentially choose to have a different attitude towards life and their cancer.

[19:53] Katya says that it must be really gratifying for clinicians to see such positive results from the trial.

[20:08] Manish talks about what he calls the "collusion of denial" over the distress and depression that cancer patients face. It's easier for everyone involved - patients, families, oncologists, institutions, and payors - to pretend that this distress doesn't exist. Manish realised that walking away from his patients' emotional suffering not only hurts them, but him as well.

[22:39] Katya agrees that it's important that clinicians don't feel powerless in the face of their patients' suffering. She asks Manish what comes next, and what lessons have been learned.

[22:54] Manish says that they've learned that the distress of cancer patients is deeper and more real than they initially imagined. And secondly, they've learned that psilocybin therapy is effective. As an oncologist for more than 20 years, he's never had anything in his toolbox that looks this promising. A more rigorous study needs to be conducted in conjunction with regulators and payors, and they need to determine the exact patient population.

[23:50] Katya asks what Manish thinks about the legalisation and decriminalisation of psilocybin.

[24:11] Manish says that his patients are ordinary people who will only access care through the medical system, as that's what they know and trust. They wouldn't access psilocybin therapy through any other centre or route that hadn't been approved in this way. He says he feels very fortunate to be at this time in history and to be working on something so deeply impactful.

[25:08] Katya ends the episode by thanking Manish for sharing his story. Many people will have been inspired by his dedication and care for patients.

*The Healing Center at the Aquilino Cancer Center was developed by a team of people and organisations, including COMPASS Pathways. COMPASS has also provided support, funding, and training for the ongoing psilocybin therapy study of depression in cancer.*