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Original article

Will we have a new ending for Irvin Yalom's novel? A medical oncologist view

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ABSTRACT

Immuno-oncology is a very popular field of medical science right now and developments on melanoma therapy have been absolutely marvelous for medical oncologists. Following these recent improvements, I remembered Irvin Yalom's novel "Schopenhauer Cure". Because the book was narrating a psychotherapist who died from malignant melanoma. I think after all current innovations including BRAF, MEK inhibitors, and check point inhibitors, the novels' 'end' would be change. It is really exciting to have scientific developments that may change the end of the story in the book even though it is published less than ten years.

1. The essay

When I first met Irvin Yalom, I was a young medical student. At that time, I was under black wings of a deep depression. The one who introduced me to Yalom's book then was my psychiatrist and professor at medical school. Yalom is a successful representor of existentialism on both psychiatry and literature being famous all over the world by his popular psychiatry novels. His first book I have read was "When Nietzsche Wept" and I was absolutely blown away. I kept asking people if they had read the book and whenever I ran into someone who had not done so yet, I coveted them because they still had the pleasure to discover the enthusiasm ahead. I read one book after another, and I am sure Irvin Yalom also contributed to the insight and life energy that I had gained when my therapy was completed.

I continued to read his new books throughout my medical career and I became a part of a different philosopher's life with each book. It was at the end of 2007 and when I was about to start my fellowship training in medical oncology that I bought "Schopenhauer Cure". This time, the author wisely embedded the story of the famous, gloomy and misanthropic philosopher Schopenhauer's life into his brilliant work. In the novel, the experienced psychotherapist Julius is diagnosed with malignant melanoma after a suspicious looking nevus is noted on his back during his routine physical exam. He is told he has roughly one year of "healthy living" left. It comes as an existential shock for Julius, who has spent years for comforting patients facing death. Now, death has taken the center of his life and the play will not end until it takes Julius with him. Julius recovers from the shock in a few days and decides to continue his daily life as things were before.

However, his mind suddenly brings back memories of Philip, with whom Julius had experienced an unsuccessful psychotherapy process years ago. He contacts with Philip and finds that much to his surprise, Philip had recovered with the philosophy of Schopenhauer. He makes a deal with Philip that Julius would include Philip in his group psychotherapy sessions to improve his social interactions, and in return, Philip would mentor Julius in Schopenhauer therapy. The novel moves graciously back and forth between the therapy lounge and 1800s Germany. Heartwarming human connections and Schopenhauer's interesting life story are intertwined throughout the book and finally as Philip is making meaningful progress in social life, his therapy group and Julius benefit from this progress as well. However, just a few days before the last session, Julius falls into a coma most probably caused by brain metastasis and dies. However, now his memories live on with Philip's new philosophical counseling group along with the nine therapy chairs he left behind.

The thing reminding me this wonderful book years after was the recent glamorous advances in the treatment of melanoma. While the life expectancy for a patient with metastatic melanoma used to

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be 6–9 months up until 2010s, the fate of the disease significantly changed with the FDA approval of vemurafenib and ipilimumab in 2011.[1,2] Both brilliant ideas were achieved. The first was the BRAF inhibitor, vemurafenib, focusing on activated BRAF mutation seen in almost half of the patients. But, the second one as an anti-CTLA4, ipilimumab, aiming to activate the T-lymphocytes which are hindered as inactive by the dark magic of the tumor or its microenvironment instead of fighting the tumor primarily ended up being more attractive to me since I have a special interest on immuno-oncology.

This second pathway paved the way for a new age for immuno-oncology. During the tumor immuno-oncology lectures of my fellowship years, I saw the marvelous order of the immune system and I said to myself, “no tumor can escape from the grasp of a well-functioning immune system!” Yet, just like any other system, the immune system has its own weak points as well and the tumor cell, with its high intelligence, finds ways to escape from its killer and can survive.

Unfortunately, the treatment methods that have been developed against the immune system, such as cytokines, vaccines, dendritic cell treatments were not very successful in clinical practice till now. The overall survival benefit with ipilimumab brought immuno-oncology under the spotlight again, and treatment target has changed from the tumor cell to the immune cell, at least for the immune responsive cancers. The ipilimumab studies has shown that the responses were sustained for over 2 years in 60% of the patients who responded to treatment and for nearly 20% of patients it was almost possible to talk about “cure” for this group of patients. The remarkable feature of vemurafenib, on the other hand, was the faster and higher response rates compared to other new treatment modalities. There have been further developments later on and new BRAF inhibitor (dabrafenib), MEK inhibitors (trametinib, cobimetinib, selumetinib), treatments that target “check points” of the immune system other than CTLA4 (anti-PD1 and anti-PDL1) have been published one after another.[3–6] The Food and Drug Administration (FDA) announced approval of PD-1 targeting agents, pembrolizumab and nivolumumab, in September and December 2014, respectively. These new drugs and combination therapies have reached more succesful results in metastatic malignant melanoma.

Moreover, the new advances have been noted for brain metastasis which has poor prognosis and having no effective systemic therapy options except local treatment methods. ‘Break MB’ study, has shown that brain metastasis may have a chance to be treated very similar to other organ metastasis with dabrafenib.[7]

All the milestones in the modern treatment of melanoma described above brings this question to the mind: Will we have a new ending for Irvin Yalom's famous book? Who knows, maybe the master of literature would have to choose another tumor with poorer survival or maybe Julius, although he had brain metastasis, would have benefited from a long and sustained response to his treatment and with this prolonged survival, he would have gently touched the lives of more people with the existential shock that fed his soul upon diagnosis. Who knows?

With hope that advances in medicine would further flourish the literature and art. With utmost respect to Master Yalom …

Disclosure

I have no financial disclosures to declare.

Conflicts of interest

No conflicts of interest to report and have no commercial or proprietary interest.

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