About the National Ovarian Cancer Coalition (NOCC)

Since its inception in 1995, the National Ovarian Cancer Coalition (NOCC) has been committed to raising awareness of ovarian cancer in communities across the country through education and support. As the first and only national ovarian cancer organization with a network of local chapters located throughout the United States, NOCC has established itself as the leading advocate for patients and families coping with ovarian cancer. NOCC works to advance its mission through national awareness and survivorship programs, a comprehensive website, a toll-free information line, peer support, professional education, and publications like this one.

NOCC’s national programs include:
• The Take Early Action & Live (teal) initiative provides education and increases awareness of ovarian cancer.

• Faces of Hope provides up-to-date information, hope, and support to women with ovarian cancer, their families, friends and loved ones.

• The Run/Walk to Break the Silence on Ovarian Cancer raises awareness, celebrates survivors, and remembers those lost to the disease.

NOCC also works to promote ovarian cancer research. For more information about NOCC, visit www.ovarian.org or call 1-888-OVARIAN (1-888-682-7426).
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Finding out that you have ovarian cancer is a shock. But finding out that you’ve had a relapse can be devastating. You might even feel more depressed than you did when you were originally diagnosed, and think to yourself, “How could this be happening to me? Haven’t I been through enough already?” But recurrences happen. Months or years following treatment, some women are diagnosed again with active ovarian cancer. Some undergo treatment for a recurrence and then remain cancer free. Others go in and out of remission for years.

If your cancer has recurred, we know this is a challenging time for you and your loved ones. You’ve been down this road before but this is an entirely new journey. We encourage you to draw on the strength that helped you get through the first time. Try to stay positive, empower yourself with information, channel your strength, and most of all, remain hopeful. There are effective medical treatments for recurrent cancer. In fact, cancer is now often thought of as a chronic disease, one that you can live with for many years with a good quality of life.

The National Ovarian Cancer Coalition (NOCC) hopes this booklet will help you to make informed decisions about your treatment for recurrence and be proactive in managing your health. It is not meant to take the place of direct communication with your treatment team. However, we have tried to help by including interviews with others who have dealt with recurrent ovarian cancer. It is another tool for you to use as you face your recurrence. The more you know, the easier it will be to make decisions that are best for you.

In addition to this booklet, we encourage you to reach out to your local NOCC Chapter for support. You can also call 1-888-OVARIAN (1-888-682-7426) or visit www.ovarian.org for more information.

With support and encouragement,

National Ovarian Cancer Coalition
When Ovarian Cancer Returns

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When Ovarian Cancer Returns

Understanding Recurrence

For anyone who has had ovarian cancer, the end of treatment is not the end of fear. For months, if not years, afterwards, you worry that your cancer is back every time you feel the slightest ache or pain. No matter how long it’s been since you finished treatment, there are certain times (checkup appointments, blood tests, the moment you read something scary about cancer), when you worry more about a recurrence (known as recurrent cancer). Many women have those feelings.

Although most ovarian cancers respond well to initial chemotherapies, the disease frequently recurs. A recurrent cancer starts with cancer cells that the first treatment didn’t fully remove or destroy. It doesn’t mean that your doctor did anything wrong. Some cells might have been too minute to be seen.

If your cancer does return, it’s important to remember that no matter what, you know more about ovarian cancer than you did when you were initially diagnosed. New drugs or treatments may help you with your treatment or in managing side effects. You, your doctor, and healthcare team will focus on controlling the spread of cancer by using the most effective chemotherapy treatments available. Researchers are actively developing strategies to prolong remissions. Cancer today is considered a chronic disease, one which many people live with for many years.

How to Tell if You’ve Had a Recurrence

If you underwent surgery or chemotherapy, you’ve been followed closely by your gynecologic oncologist with frequent pelvic exams and the CA-125 blood test. A CA125 level of 35 or under is considered in the “normal” range. A decreasing level after therapy generally indicates that treatment has been effective, while an increasing level indicates tumor recurrence. Test results can vary, so small changes from one test to the next are usually not considered significant. However, if the CA125 rises consistently for a few months, particularly if there is a doubling of the previous value, you may no longer be considered to be in remission.

Platinum-Sensitive Cancer

Generally, if ovarian cancer recurs 6 months or more after the first treatment with a platinum-containing chemotherapy regimen, it is classified as platinum-sensitive disease. This means that the cancer is responsive to platinum-based chemotherapy and is likely to respond to re-treatment with the same platinum-containing therapies used after initial diagnosis.

Women with platinum sensitivity have the greatest number of potential options for second-line therapy. Relapsed platinum-sensitive ovarian cancer can be treated as a chronic disease and you may experience periods of relapse followed by periods of remission.

Platinum-Resistant Cancer

If ovarian cancer does not respond to primary treatment with a platinum agent (such as cisplatin or carboplatin), or if the cancer returns less than 6 months after completing primary chemotherapy, the cancer is considered platinum-resistant.

Women who have been diagnosed as having platinum-resistant ovarian cancer are unlikely to benefit from re-treatment with the same chemotherapy drugs that
were used before. In these cases, other types of chemotherapies will be used to control the cancer.

When starting a new treatment for recurrent ovarian cancer, it takes 2 to 4 cycles to determine if it is working. After 2 to 4 cycles your doctor should evaluate if your cancer is responding to treatment.

It is particularly important for women with platinum-resistant cancer to consider the possibility of participating in clinical trials that evaluate the benefit of treatments.

Questions to Ask Your Doctor or Nurse About Treatment Options

If you are diagnosed with recurrent cancer, your doctor will develop a treatment plan. Today, recurrent cancer often can be successfully treated, unlike 50 years ago when little could be done for a woman whose cancer had returned.

Planning treatment is quite similar to planning treatment for your primary cancer. Here are some questions to ask:

Key Considerations
- What are my treatment options?
- Which do you think would be best for me?
- Is the treatment the same or different from my last chemotherapy?
- How long will I be on this treatment?
- How soon should treatment be restarted?
- How successful is the treatment that you recommend for me?

Toxicity
- Will I have side effects? If so, how long will they last?
- How can I manage the side effects?
- Will I have to stay in the hospital?

Investigational Therapies
- Am I a candidate for a clinical trial?
- Should I consider a clinical trial?
- Will I have to pay any costs in a clinical trial?

Quality of Life
- What are the most important quality of life issues for me?
- What are the goals of the treatment?
Taking Charge with Recurrent Disease

It is difficult to learn you have recurrent cancer, but the sooner you accept the diagnosis, you can begin to educate yourself and work closely with your doctor to make important treatment decisions. The more you are involved, the more you can take back control of your life. You’ve already taken the first step by learning as much as you can about managing recurrent cancer and taking care of yourself during this challenging time. Remember there is a lot of information out there. Try to focus on gathering information from credible sources such as your healthcare team, leading cancer advocacy organizations, cancer centers, and government web sites.

Dealing with Your Emotions

Learning that your cancer has returned will stir up many emotions. You may feel angry, vulnerable, scared, or sad. It is important to be aware of your emotions and not keep them bottled up. Try to share your feelings with a family member or close friend. You may find it helpful to spend time with a spiritual advisor or other professional to discuss your feelings.

Sometimes, as women focus on treating their cancer, they ignore their emotional well-being. Caring for your emotional well-being will ensure that you are able to focus and work with your doctor to devise the best possible treatment plan. For more on dealing with your feelings, go to page 24.

Managing Depression

Many women with ovarian cancer experience some form of anxiety and/or depression following a recurrence. Common signs of depression include loss of appetite, difficulty sleeping or sleeping too much, general lack of interest in activities, inability to communicate, loss of concentration, prolonged feelings of sadness and grief, wide mood swings, loss of sex drive, and suicidal thoughts.

Let your healthcare team know if you experience any of these symptoms for longer than a two-week period. Medication and/or counseling can be very effective in treating depression. Without treatment, depression can interfere with your ability to make decisions about your medical care. Equally important, untreated depression can interfere with your ability to enjoy your family, friends, and the activities that bring you happiness. For more on depression and anxiety, turn to page 26 or go to NOCC’s website at www.ovarian.org.

Enlisting Support

Family, friends and coworkers will want to help during this difficult time. Learn how to accept the support and encouragement of your loved ones.

Though accepting emotional and practical support can be difficult for many of us, it is important to do. Allowing loved ones to offer care and support can be incredibly rewarding and healing for all involved.

“I was devastated when, after 14 months, I learned I was no longer in remission. I totally fell apart.”
—Pat, Norwich, CT

FOR MORE INFORMATION

See NOCC’s brochure “When a Loved One Has Ovarian Cancer,” for a discussion about talking with family and friends.

REMEMBER, GOOD COMMUNICATION IS ESSENTIAL

• Write down a list of specific things you need help with so people are clear about how they can help.
• Don’t be shy about telling people how you are feeling. If you need some time alone—let them know. If you need a hug, ask for one.
• Try your best to communicate clearly and directly with loved ones and your healthcare team.
• Bring a family member or friend to your medical appointments. He or she can be a second pair of ears and can take notes.
• Bring a list of questions with you to every appointment. If you don’t write them down, you might forget them.
Understanding Treatment Options

• When Should I Begin Treatment (Now or Later?)
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• Understanding Clinical Trials
Once you have been diagnosed with recurrent cancer, there are many important treatment-related issues to consider: When should treatment begin? How will the medications used affect my quality of life? Should I participate in a clinical trial?

**When Should I Begin Treatment (Now or Later?)**

Depending on whether your recurrent cancer is platinum-sensitive or platinum-resistant, you and your doctor will discuss when (or if) to begin treatment and what type of treatment might be best for you.

If you have evidence of disease based on a physical exam or radiographic evidence (e.g., CT scan), or are experiencing symptoms of disease, most doctors will immediately initiate treatment.

**Treatment Based on Rising CA-125**

There are differing viewpoints in the medical community about starting treatments for possible recurrence based on rising CA-125 levels alone. While rises in CA-125 can cause alarm and concern among many women, they do not always signify a relapse. Other conditions can cause increases in CA-125 levels. Every person and every situation is unique, so there is no single correct answer. Ask your doctor about his/her position on this subject in general and about your case, in particular. If you do not have physical or radiographic evidence of disease recurrence, speak with your doctor about whether you should start treatment based on rising CA-125 levels.

As you consider treatment for recurrent ovarian cancer, it is very important that you discuss your own and your doctor’s goals for treatment. For most women, the most important goal is to keep cancer under control in order to extend their lives. However, it is also important to talk about other important goals such as controlling disease-related symptoms, avoiding side effects of treatment and maintaining the highest possible quality of life.

**Developing an Individualized Treatment Plan**

Once you and your doctor have agreed to begin treating your recurrence, your doctor will work closely with you to develop your individualized treatment plan.

There are many treatments available for recurrent ovarian cancer. The following is a list of questions that you and your doctor can discuss as you make important treatment decisions.

- How long after your initial treatment did your disease recur?
- How many prior regimens have you had and which specific drugs have you taken?
- What side effects did you experience with your previous treatment (e.g., low blood counts, nausea and vomiting, peripheral neuropathy)?
- What symptoms are you currently experiencing?
- Do you have any stomach or bowel problems?
- What is your current level of functioning?
- What is the location and size of your current tumor?
- If the cancer is platinum-resistant, are there other drugs that it is also likely to be resistant to?
- Are you able to eat/tolerate food?
- What are your goals with regard to further treatment?
Optimizing Quality of Life
When making treatment decisions, it is important to weigh the possible benefits of treatment (i.e. remission, longer survival, etc.) with risks of treatment side effects that reduce your quality of life. Be sure to discuss issues related to quality of life with your doctor.

Should Surgery Be Considered?
While surgery is an important part of the initial diagnosis and treatment of ovarian cancer, it is unclear whether surgery benefits women after a recurrence. In most cases of recurrent disease, the cancer is not in a single mass that can easily be removed by the surgeon. However, if it has been a long time since your initial treatment, surgery may be considered, depending on where the disease is and how much disease is present. If your disease returned soon after initial treatment, surgery generally is not recommended.

Treatment for Platinum-Sensitive Ovarian Cancer
If you experience a recurrence more than 6 months after initial therapy, you are considered platinum-sensitive, and you have a number of potential options for second-line chemotherapy. Recent evidence suggests that combination therapy (combining more than one chemotherapy drug) may be superior to single-drug therapy for women with platinum-sensitive recurrent cancer. Your doctor will discuss specific treatment options with you.

Treatment for Platinum-Resistant Cancer
If you have platinum-resistant cancer, it is unlikely that you will benefit from re-treatment with a platinum-based regimen. However, there are several secondary chemotherapy drugs that can be used to treat recurrence.

Most doctors do not recommend combining more than one drug for treatment of platinum-resistant ovarian cancer, because there is no evidence that combination therapy is better than using a single drug. There is, however, evidence that combination therapy is more toxic to a woman’s body.

Some women’s cancers respond to treatment. Other women will attain “stable disease” on treatment. This means that although the cancer does not shrink significantly in size, it does not grow. When cancer is stable during a treatment and the treatment is well tolerated, most doctors will recommend continuing that treatment until the cancer begins to grow again.

“I’ve been through this more than once. I know I’ll get through it again. I’m not happy about the challenge, but I know I’ll get through it.”
— Lynda, Charleston, SC

Surgery for recurrent ovarian cancer is generally not recommended unless there is clear evidence that the cancer can be removed surgically.
When Supportive Care Makes Sense
If it is unlikely that additional chemotherapy will help, or if side effects have become too difficult, some women with platinum-resistant cancer forgo chemotherapy and choose supportive care instead.

Supportive or palliative care means that an emphasis is placed on treating or preventing symptoms caused by the cancer or its treatment, rather than on treatment of the cancer itself. The overarching goal is to relieve physical and emotional suffering and to improve the quality of a woman’s life.

At one time, people thought of palliative care as a way of comforting those who were dying of cancer. But today this care is offered to all cancer patients, beginning when you are diagnosed.

Understanding Clinical Trials
For many women experiencing resistant or recurrent ovarian cancer, investigational treatments can offer new hope. Clinical trials are research studies designed to evaluate the effectiveness of new treatments. Many advances in the treatment of ovarian cancer today are a result of the information gained from previous clinical trials.

Clinical trials are conducted in most hospitals and cancer treatment centers across the U.S. To ensure the reliability of the data and the safety of participating patients, all clinical trials evaluating medications are conducted under the strict guidelines of the U.S. Food and Drug Administration (FDA).

Today, clinical trials in ovarian cancer are investigating new chemotherapy drugs, new combinations of drugs, and exciting new therapies.

There are different phases of clinical trials:

• In Phase I trials, researchers test an experimental drug or treatment in a small group of people (10-80) for the first time to evaluate its safety, determine a safe dosage range, and identify side effects.

• In Phase II trials, the experimental drug or treatment is given to a larger group of people (100-300) to test its efficacy and to further evaluate its safety. Sometimes participants are assigned to one of two treatment groups. The groups may get different doses or get the treatment in a different ways, much like what is done in Phase III trials. About one-third of experimental drugs successfully complete both Phase I and Phase II studies.

• In Phase III trials, the experimental drug or treatment is given to large groups of people (1,000-3,000) to confirm its effectiveness and benefits and to monitor possible adverse reactions. Participants are often chosen at random (called randomization) to receive either a standard treatment or the new treatment. Whenever possible, neither the doctor or the patient knows which treatment the participant is receiving. Once this phase is complete, a pharmaceutical company can request U.S. Food and Drug Administration (FDA) approval for marketing the drug.

• In Phase IV trials, post-marketing studies are conducted after the drug has been approved for consumer sale. Pharmaceutical companies determine additional information including: the drug’s long-term effectiveness, how it compares to other drugs already on the market, and its cost-effectiveness. Phase IV studies can result in a drug being taken off the market or restrictions placed on its use.
Is a Clinical Trial Right for You?
Deciding whether or not to join a clinical trial requires a lot of thought and consideration. It is a decision you should make with your doctor and your family. Some things to keep in mind include:

• A potential benefit of enrolling in a clinical trial is that participants can be among the first to receive experimental treatments before they are available on the market. It is important to remember, however, that it is not known whether these treatments are effective and they may have significant side effects.

• Another benefit is that you obtain expert medical care at leading health care facilities during the trial.

• The trial might require more of your time, including many trips to the study site, more treatments or even hospital stays.

• If you decide to enter a clinical trial, it is your right to withdraw at any time if you no longer want to be part of the study.

Questions to Ask When Considering A Clinical Trial
• What is the purpose of the study?
• Who is conducting the trial?
• What is likely to happen to me if I do or don’t participate?
• Why do researchers believe the treatment may be effective?
• What type of treatment or tests will I have to take?
• How long does the trial last?
• How might the trial affect my daily life?
• Will I have to be hospitalized? If so, for how long?
• Will my insurance cover the costs?
• Will I be reimbursed for any other expenses?
• Will my doctor be able to stay involved in my care?
• Is long-term follow-up care part of the study?

Clinical trials are open only to people who meet the very specific health and cancer-related criteria for that study. This is done to ensure that the study can answer very specific scientific questions. Therefore, you may find that you are not eligible to participate in all ovarian cancer trials.
Find Out More About Clinical Trials

The following resources will help you learn more about clinical trials, and find ovarian cancer trials that might be appropriate for you. In addition to these resources, you should discuss clinical trials with your doctor. He or she may have helpful information to offer regarding new clinical trials.

**National Ovarian Cancer Coalition**  
1-888-OVARIAN  
www.ovarian.org  
The leading ovarian cancer public information and education organization in the U.S. Help for women with ovarian cancer and their families is provided through a nationwide network of chapters, toll-free information line, comprehensive website, peer support, informational literature, and special awareness projects.

**Cancer Trials Support Unit**  
1-888-823-5923  
www.ctsu.org  
The Cancer Trials Support Unit is a project sponsored by the National Cancer Institute (NCI) to make NCI-supported trials available to physicians nationwide.

**CenterWatch**  
www.centerwatch.com  
This organization provides a variety of clinical research products and services, including listings of clinical trials seeking study volunteers and results.

**Coalition of National Cancer Cooperative Groups**  
1-877-227-8451  
www.cancertrialshelp.org  
This organization is composed of members from NCI-sponsored Cooperative Groups, the country’s leading patient advocacy organizations, and thousands of oncology and cancer research specialists. It offers a variety of programs and information for physicians, patients, and advocates designed to increase awareness of, and participation in, cancer clinical trials.

**EmergingMed**  
877-601-8601  
www.emergingmed.com  
EmergingMed offers a clinical trial matching service that helps people find appropriate clinical trials and trial sites.

**National Cancer Institute**  
1-800-4-CANCER  
www.cancer.gov  
The National Cancer Institute is the cancer-specific arm of the U.S. National Institutes of Health. Its website provides comprehensive information about all matters related to cancer including clinical trials.

**National Comprehensive Cancer Network**  
215-690-0300  
www.nccn.com/clinical-trials.html  
The National Comprehensive Cancer Network (NCCN), a not-for-profit alliance of 21 of the world’s leading cancer centers, is dedicated to improving the quality and effectiveness of care provided to patients with cancer.

“If I were talking to someone who had a recurrence, I’d tell her not to give up hope. Once you give up hope that something will be better, you lose a lot.”
Managing Treatment

- Managing Side Effects
- Complementary and Alternative Treatments
Managing Side Effects

You probably know quite a bit about ways to manage the side effects of ovarian cancer treatment. If so, some of this section may be more of a review for you. Each chemotherapy drug has its own side effect profile and side effects also vary from person to person.

It may be possible for you and your doctor to structure your treatment plan to avoid or minimize certain side effects. Regular communication with your treatment team is key to managing side effects. Discuss the potential side effects of each treatment you and your doctor are considering. Keep in mind that chemotherapy affects everyone differently. Following are some of the most common chemotherapy side effects and helpful tips to manage them.

Fatigue and Anemia

Fatigue is different from just feeling tired. If you feel physically, mentally, or emotionally exhausted and have difficulty concentrating or thinking clearly, you may be suffering from fatigue.

The most important thing to understand about cancer-related fatigue is that it is REAL. It is not in your head. It is the most common side effect of cancer and cancer treatment and it can have a huge impact on your quality of life. Fatigue needs to be taken seriously by you, your family and friends, and your healthcare providers.

The exact cause of cancer-related fatigue is not known, but there are many things that can contribute to it. Some of the most common causes are the cancer itself, chemotherapy or radiation used to treat the cancer, low red blood cell counts (anemia), nutritional problems, sleep problems, depression, and emotional concerns such as fear, worry, or anxiety.

If your fatigue is caused by anemia, you have fewer red blood cells to transport oxygen throughout your body. This can lead to feelings of extreme tiredness, headache, shortness of breath, and difficulty sleeping. If you feel so tired that you can't do your normal daily activities such as taking a shower, making the bed, cooking, or climbing stairs, talk to your healthcare team about anemia. They can do a simple blood test to determine if you have anemia. If so, it can be treated with medications called erythropoietic agents.

What you can do to manage cancer-related fatigue:

While you may not be able to prevent or avoid fatigue altogether, there are things you can do to help reduce your fatigue. These recommendations can be organized into 5 types of activities:

Energy Conservation: Plan, prioritize, and pace activities throughout the day. Adapt your activities based on your energy levels. Conserve energy whenever possible (e.g. using the dishwasher instead of washing dishes by hand). Take breaks whenever you feel tired.

Energy Restoration: Take time out for things you really enjoy and that make you feel good. Some activities can actually make you feel more energized. Listening to music, reading, meditation, spending time with friends and loved ones, and talking a walk in the park are some examples of activities that people have said make them feel less tired.
**Rest:** Rest and sleep are important, but too much sleep can actually make you feel more tired. The most important thing is to get good, restful sleep at night. If you feel you need to nap, take short naps or breaks rather than one long nap during the day. Short naps (less than 30 minutes) can energize you, whereas long ones may leave you feeling more fatigued and may interfere with your overnight sleep.

**Activity:** It is important to continue to do some exercise. Inactivity leads to muscle loss which increases fatigue. Walking is a great way to get exercise. Research has shown that 20-30 minutes of exercise (such as walking) 3-5 times a week can reduce feelings of cancer-related fatigue. Talk to your doctor prior to starting an exercise program to make sure there are no limitations to the kind of exercise you can do.

**Nutrition:** Good nutrition is even more important than usual when you have cancer-related fatigue. At the same time, you may have trouble eating due to fatigue, poor appetite, nausea, vomiting, or feelings of fullness. It may be helpful to eat small, frequent meals. If you are too tired to prepare food, allow someone else to cook for you or use frozen or easy to prepare foods. Talk with your nurse or doctor if you are having difficulty eating or if you are concerned about the quality of your diet. They can give you nutrition tips or arrange for you to meet with a nutritionist.

**Pain**
Cancer pain can occur as a result of tests, surgery, chemotherapy, radiation therapy, hormonal therapy, or from the tumor pressing on other tissues. However, with proper treatment most patients can get relief from cancer pain.

The most important thing is to let your doctor or nurse know if you have pain. They cannot know if you are in pain unless you tell them. Women often don’t report pain because they don’t want to bother the doctor or nurse or appear to be complaining. But your healthcare team wants and needs to know if you’re having pain. Good pain management helps you better participate in your treatment and will improve your quality of life.

Don’t be afraid to ask for pain medications if you need them. The drugs will help you stay as comfortable as possible. Sometimes, though, people are afraid to take pain medicine because they are afraid they will get addicted to it. Similar fears also prompt family members to encourage loved ones to “hold off” between doses. But people with cancer hardly ever get addicted to these drugs.

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“I try to be strong, have hope, and pray for strength. I go to church all the time and I signed up for an 8-week meditation program. It keeps me from being depressed.”
—Dianne, Sacramento, CA

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“I don’t want to go to support groups where everyone is despondent. If you go into a place of being negative, you won’t really get better.”

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Many pain medications are available to relieve your pain. These may include nonsteroidal anti-inflammatory drugs such as aspirin and ibuprofen; opioids such as codeine and morphine; antidepressants, anticonvulsants, corticosteroids, and others.
Helpful tips for controlling your pain include:

Be sure to take your pain medication as prescribed. The best way to take medicine is on a schedule (e.g., every 4 hours). Waiting until the pain returns may mean you will need to take more medicine than if you treat the pain before it becomes a problem.

• Take supplemental, or as-needed pain medicines before any activity you know will be painful. This will allow you to be active with less pain.

• Let your doctor or nurse know if you are having side effects from the pain medicines. Most side effects can easily be treated.

• Most people taking opioid medicines will develop constipation. Take a laxative and stool softener (either as separate pills or in combination) every day to prevent constipation. As the dose of the opioid increases, so must the dose of the laxative and stool softener.

• Complementary and alternative therapies (CAM) such as guided-imagery exercises, acupuncture, and massage therapy can be very helpful in addition to your pain medications. (For more on CAM, go to page 21).

• You may want to keep a pain diary to help you explain your pain to your doctor. If you do this, write down the time of day you had your pain, what you were doing when you had the pain, what it felt like, and where in the body you felt it the most.

If your pain is not well-relieved with the medicines ordered, let your doctor or nurse know as soon as possible. Many medicines are available and everyone responds differently to each medicine. You may need to try several medicines before finding the one most effective for you.

Hair Loss

If you have to undergo chemotherapy again, the chance of losing your hair again is very real. Some drugs do not cause hair loss, some cause only thinning, while others cause complete hair loss.

“Look Good...Feel Better”

is a national program dedicated to improving the self-esteem and confidence of anyone undergoing treatment for cancer. It offers complimentary “group, individual, and self-help” beauty sessions to help you with hair, makeup, and nail care. Call 1-800-395-LOOK or go to www.lookgoodfeelbetter.org for more information.

“I’ve relapsed more than once and the doctor is amazed that I still have my hair. But if I didn’t have hair, my friend said she’d write a haiku poem on my head.”

—Lynda, Charleston, SC
The following are suggestions from other women who have gone through the experience of hair loss:

- Many women find it helpful to have their hair cut into a shorter style before they lose their hair.
- Wearing a scarf or hair net to bed will help to prevent hair from collecting all over your pillow.
- Some women prefer to shave their head when hair loss begins. This sometimes helps to minimize scalp discomfort.
- It is helpful to shop for a wig before you experience hair loss in order to be able to match your style, color, and texture as closely as possible. Others opt not to wear a wig and instead use hats or scarves.
- Still others choose not to wear any head covering at all. If you choose not to wear a head covering, it is important to use sunscreen while you are outdoors.
- If your treatment doesn’t cause hair loss, it may still be fragile and dry. Treat your hair gently—use mild shampoos, a soft hairbrush and avoid dyes, hair sprays and permanents.

Nausea and Vomiting

Nausea is feeling sick to your stomach. Vomiting is throwing up. Both can be a problem for women dealing with recurrent cancer. Nausea and vomiting are best managed by using several approaches simultaneously, tailored to the type of nausea you are experiencing. Approaches include medications, watching what you eat and drink, and CAM therapies such as relaxation, guided imagery, or acupuncture.

Acute nausea and vomiting which occurs within 24 hours of chemotherapy treatment is generally managed with anti-emetic medication. If the chemotherapy regimen is associated with significant nausea and vomiting, a prescription is given for an oral medication to be taken at home. It is important to take this medication on a regularly scheduled basis for the first 2-3 days after treatment. It should be taken regularly, even if you do not feel nauseated when it is time to take the pill. This regular dosing is done to prevent nausea from occurring.

- Relax Before Treatments—Sometimes nerves or the thought of the treatment can trigger an upset stomach.
- Avoid Greasy High-Fat Foods—Stay away from fried foods, potato chips, spicy foods, or those with strong smells. These may make nausea and vomiting worse.
- Eat and Drink Slowly—Chew food well and take small sips of fluids.
- Rest After Eating & Stay Upright—Do not lie flat for at least one hour after eating.
- Stay Hydrated—After vomiting, sip clear, cool beverages or suck on ice cubes or popsicles.
- Take Anti-Nausea Medication as Prescribed—If it is not working, talk to your doctor about changing your medication or the medication schedule.

“...I can either whine and complain or be sad or I can live the best I know how. I’ve chosen the latter.”

Controlling Anxiety Nausea

Anticipatory nausea and vomiting occurs before treatment is given. It is best treated with anti-anxiety medications given the night before and the morning of treatment.

The medication helps to ease tension and break the cycle of this type of nausea and vomiting.

Studies have found that this type of nausea and vomiting also responds well to CAM therapies.
**Constipation and Diarrhea**

During your treatment, you may experience difficulty passing stool (constipation) or you may have loose stools (diarrhea). These changes in your bowel habits can be caused by your cancer treatment, changes in your diet, certain pain medications, and/or inactivity.

**Sleep Problems**

It’s not unusual to have trouble sleeping if you are in pain, under a great deal of stress, feeling ill, or are in the hospital. You might have trouble falling asleep, staying asleep, waking up earlier than usual, or only sleeping for brief periods at a time.

If you are having sleep problems, here are some simple tips to try:

- **Make sure your room is dark, cool, and quiet.**
- **Dress in loose, soft clothing.**
- **Go to the bathroom before bed.**
- **Avoid drinking too many liquids in the evening.**
- **Eat a light, high-protein snack two hours before bedtime (such as some sliced chicken or turkey or half a peanut butter sandwich).**
- **Keep regular sleep hours.**
- **Talk with your health care team about drugs to help you sleep.**

**Mouth and Throat Problems (Mucositis)**

Chemotherapy drugs can affect the lining of your mouth, throat, and tongue and cause you to have difficulty swallowing. In addition, the tissue in your mouth can be irritated and dry, which can cause appetite loss, mouth sores, and infection.

The best way to prevent or minimize mouth sores is through good oral hygiene. Use a soft toothbrush and keep your mouth moist. On the day before chemotherapy and for 3-5 days following treatment, rinse your mouth with cool water frequently and drink plenty of cool beverages or suck on ice chips or popsicles. Avoid food that can irritate the inside of your mouth such as: hot or spicy foods, salty foods, hard or coarse foods, alcoholic beverages, acidic foods (such as tomatoes or...
citrus fruits/juices), tobacco, and mouthwashes or toothpastes that contain alcohol or hydrogen peroxide. If despite your best efforts you still develop mouth and throat problems, there are measures to help relieve your symptoms. They include:

- Choosing soft foods such as milk shakes, baby food, mashed potatoes, eggs, custards, and puddings.
- Use a salt and soda mouthwash (1 teaspoon salt and 1 teaspoon baking soda in 1 quart of water) to rinse your mouth frequently.
- Talk to your healthcare provider about topical products such as viscous lidocaine or Magic Mouthwash to provide pain relief, or medications such as Gelclair to coat the inside of your mouth.
- Talk to your doctor about systemic pain medication for relief if needed.

**Fighting Infection**

As you learned when you went through your initial treatment, many chemotherapy drugs can cause a reduction in the number of white blood cells in your body—making you more likely to develop an infection. During your treatment, even minor infections can become a problem, which is why it is important during this period of vulnerability to take special precautions to protect yourself.

- Avoid Cuts and Scrapes—Be careful when using knives, scissors, needles, and shavers. If you accidentally cut yourself, clean the wound immediately.
- Wash Hands Often—You and your family should wash hands before eating and after using the toilet and touching things in public places.
- Avoid Crowds—Go shopping or do other activities at less-crowded times of day.
- Trim Your Nails Carefully—Avoid nail biting or tearing your cuticles.
- Take a Warm Bath or Shower Daily—Pat your skin dry and use moisturizer to avoid dry skin.
- Avoid People with Colds, Coughs, Flu, or Other Contagious Illnesses.
- Drink Plenty of Fluids—This may help you avoid getting a urinary tract infection.

**Nerve and Muscle Problems**

Certain chemotherapy drugs can cause peripheral neuropathy, a nerve problem that causes you to experience tingling, burning sensations, pins and needles, loss of balance, and numbness in your hands and feet. It can make it difficult to pick things up and to use your hands for things like buttoning your shirt. If you experience these symptoms, talk to your doctor. He or she may be able to suggest ways to manage the neuropathy or may need to alter your chemotherapy drug dosage. You should be aware of treatments that are available to help minimize your

**“I do have bad days, but I don’t have woe-is-me days. I have great faith. We are here for a journey…and this is my journey.”**

—Cheryl, Norwich, CT
discomfort and strategies to help keep you safe. Medications such as non-steroidal anti-inflammatory agents (Advil, for example) can be used to treat mild discomfort. Your healthcare provider may prescribe other classes of medication such as anti-depressants (often in smaller doses than are used to treat depression) and anti-convulsants to help specifically with nerve pain.

There are some things you can do if you are suffering from a neuropathy:

• Take your pain medications. Most work best if they are taken before the pain gets bad.
• Don’t drink alcohol. It may make the neuropathy worse.
• Allow yourself extra time to do things.
• If the neuropathy is in your feet, sit down as much as possible, even while brushing your teeth.
• Talk with your doctor or healthcare team about the problems you are having. They might be able to come up with ways to help you feel better.

Safety is an important issue when your sense of feeling is impaired. Important safety measures include:

• Wear sturdy, non-slip shoes and use care when walking.
• Be careful when bathing. Use non-skid bathmats and use warm (not hot) water. Consider using a shower chair and hand rails.
• Use potholders to prevent burns when cooking.
• Be careful when you use a knife, scissors, or any other sharp objects.
• Wear gloves when doing household chores.
• Use hand rails to prevent falls on stairways.
• If you drive, make sure that you can feel the gas and brake pedals with your foot; if not, have someone else drive you where you need to go.

Skin Irritation
Chemotherapy drugs can cause rashes, itching, peeling skin, and can cause your skin to be more sensitive to the sun. Cracked and irritated skin can be more prone to infection, so it is important to take care of your skin during your treatment.

Protect the skin—Try to keep skin from becoming dry, chapped, or sunburned. Use hypoallergenic moisturizer and sunscreen with SPF15 rating or above and avoid excessive scratching. Do not use lotions, powder, or deodorants with perfumes as they can increase the potential for irritation.

Nutrition
One of the most important things you can do for yourself as you undergo treatment for recurrent ovarian cancer is to eat healthfully. But treatment may make you lose your appetite. During the course of your treatment, your doctor may refer you to a nutritionist. This specialist can help design a good nutrition plan that you can follow easily.

• Maintain a Well-Balanced Diet—If you feel nauseated, eat plain carbohydrate foods such as toast, pretzels, crackers, cream of wheat, noodles or white rice. Eat high-nutrient foods like cheese, lean meats, cereal, milk, and eggs.

“"I was at my office when I learned I was no longer in remission. I went out to the parking lot and cried. And then I went back to work.”
• **Eat Smaller, More Frequent Meals**—Eat smaller portions more often throughout the day. If you have decreased appetite, keep favorite foods on hand to help you eat more.

• **Snack Between Meals**—Have a high-protein diet supplement or milkshake to add calories and nutrients.

• **Plan Meals**—Decide your menus in advance and freeze extra meals to simplify your cooking schedule. If you often feel tired, buy foods that need little or no work to prepare. Packaged puddings, gelatin desserts, boxed juices, and frozen entrees are some examples.

• **Make Eating Enjoyable**—Dine with family or friends, play music, or set a mood with candles.

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**Complementary and Alternative Treatments**

Some women with ovarian cancer often turn toward the whole-body approach that complementary and alternative medicine (CAM) therapies provide to enhance their fight against the disease, as well as to relieve stress and minimize side effects. CAM therapies are a diverse range of practices and products that are used in conjunction with traditional medicine.

Many people are confused about the differences between "complementary" and "alternative" medicine, often referred to by the acronym CAM. "Complementary medicine" refers to the use of CAM together with conventional medicine, such as using ginger syrup to prevent nausea during chemotherapy. "Alternative medicine" refers to the use of CAM in place of conventional medicine. Many medical experts prefer to use the more contemporary term "integrative medicine" (also called integrated medicine). According to the National Center for Complementary and Alternative Medicine, integrative medicine refers to a practice that "combines both conventional and CAM treatments for which there is evidence of safety and effectiveness."

Many women have tried and benefited from the following CAM therapies. You might want to speak with other women with cancer or your healthcare team to see which therapies they feel are most helpful or might work best for you and your lifestyle. Also talk with your healthcare team before you try any of them to make sure they won’t interfere with your cancer treatment.

• **Acupuncture** is a centuries-old Chinese technique that involves the insertion of small needles just below the surface of the skin. It is used to relieve acute and chronic pain, help treat nausea, and alleviate hot flashes and other side effects of cancer drugs.

• **Aromatherapy** is the use of essential oils from flowers, herbs, and trees to promote health and well being.

• **Biofeedback** is a method that uses a special machine to help you learn how to control certain body functions such as heart rate, skin temperature, or blood pressure.

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**Exercise**

While it may be the last thing on your mind when you have cancer, exercise (if approved by your doctor) can help you gain energy, build and maintain strength, boost the immune system, and relax your mind. Even a small amount of exercise can be beneficial.

Clear all exercise with your doctor before starting. Discuss what type/level of exercise is appropriate for you.

Consider low-impact activities. Walking, stretching and yoga are gentle ways to get back into exercise, raise your heart rate, and regain strength.
• **Dietary supplements** include vitamins, minerals, herbs and botanicals that are sold as natural alternatives to pharmaceuticals.

• **Imagery** is imagining details of a safe, comfortable place, or a positive experience to feel more relaxed, which can lower blood pressure and help promote healing.

• **Massage therapy** involves manipulating the body’s muscles and soft tissue through gentle rubbing, kneading, and patting. There are many different types of massage to ease pain and support healing. You should consult with your doctor or nurse before going for this treatment since massage is not recommended for some kinds of cancer.

• **Meditation** is focused, conscious breathing or repetition of certain words to relax the mind and body.

• **Qigong** (chee-GUNG) is a type of Chinese medicine that combines movement, meditation, and breathing to enhance the flow of qi (an ancient term given to what is believed to be vital energy) in the body, improve blood circulation and enhance immune function.

• **Reiki** (ray-kee) is an ancient Japanese healing method based on the idea that there is a universal energy that supports the body’s healing abilities. A practitioner places his/her hands just above your body with the goal of facilitating a healing response.

• **Yoga and Tai Chi** involve postures, movements, and breathing exercises to strengthen and heal the body, mind, and spirit.


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“I enjoy life. I get pleasure watching the squirrels and birds outside my window. Sure, I get tired from chemo. But I stay positive. I laugh every day.”

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Also recommended:
The National Center for Complementary and Alternative Medicine (NCCAM) website at the National Institutes of Health provides valuable information about CAM: www.nccam.nih.gov
Managing Your Emotions

• Recognizing When You are Stressed Out
• Managing Anxiety
• What About Support Groups?
• Managing Depression and Sadness
• Making the Most of Sexuality and Intimacy
• End of Life Concerns
Dealing with the recurrence of a serious illness like ovarian cancer is extremely stressful. Everyone experiences stress differently, but some common responses to stress include headaches, jaw clenching, teeth grinding, neck or back ache, dizziness, pain, heartburn, dry mouth, difficulty concentrating and making decisions, increased or decreased appetite, frequent crying spells, frustration, and irritability.

Recognizing When You Are Stressed Out
Too much stress can lead to more serious health problems. Learn to recognize signs of stress in yourself and contact your healthcare professional if you experience the following on a regular basis:

- Denial about the disease and its effect on you and your family.
- Anger directed at your loved ones.
- Social withdrawal from friends and activities that once brought you pleasure.
- Anxiety about facing each day and the future.
- Depression and feeling unable to cope.
- Exhaustion making it impossible to complete necessary tasks of the day.
- Sleeplessness caused by constant concern and worry.
- Lack of concentration making it difficult to perform usual daily tasks.

Managing Anxiety
Anxiety can happen to anyone, but women facing recurrent ovarian cancer may get anxious more easily than others. Anxiety and fear are common and normal feelings when coping with a life-threatening illness.

Some signs of anxiety:
- Feeling uneasy and tense.
- Feelings of restlessness, uncertainty, and dread.
- Sweating a lot.
- Having a rapid heart rate or feeling your heart pounding in your chest.
- Having a knot in your stomach.

In addition, some people experience shakiness or have difficulty falling asleep. Sometimes individuals become overly fearful and no longer cope well with day-to-day life.

Ways to Cope
No two people experience anxiety in the same way. Here are some tips other people have found helpful:

- Try to identify what triggers your anxiety.
- List coping strategies that have helped in the past.
- Talk with others about your anxiety. Consider attending a support group.
- Increase pleasurable distracting activities such as listening to favorite music.
- Use relaxation techniques such as controlled breathing or guided imagery (picture a pleasant scene in your mind).
- Be around others as much as possible, if this is relaxing.
• Use prayer or other types of spiritual support, such as meditation.
• Talk with your doctor or nurse about prescribing medicine to help reduce your anxiety.
• Express feelings and concerns to others.
• Limit your caffeine by decreasing your intake of coffee, tea, cola, highly-caffeinated beverages, and chocolate.
• Consider asking your doctor for a counseling referral.

What About Support Groups?
You may have heard about support groups in your area for women with ovarian cancer. In a support group, you can talk about your feelings and what you are going through. Support groups can meet in person, on the phone, or over the Internet.

If you think you might be interested in a support group, ask the healthcare team at your cancer care center, hospital, or oncology group if it offers one. Or call a nearby cancer center or university hospital and ask if there is a support group in your community. Some people like phone support groups or want to try one on the Internet. Online support groups are especially good if you are experiencing side effects from therapy or have difficulty leaving your home. They also allow you to be more anonymous, which may help you be more candid about your feelings and fears. If you think you might be interested in a support group, here are some options:

American Cancer Society: The American Cancer Society offers the Cancer Survivors Network and information on local support programs. Call 1-800-ACS-2345 (1-800-227-2345) to speak to an information specialist.

Cancer Care: A national nonprofit that offers free online and telephone support groups for anyone affected by cancer. Cancer Care also offers face-to-face support groups for those living in the New York Tri-State area. All the support groups are led by professional oncology social workers. To learn more, call 1-800-813-4673 or go to www.cancercare.org.

Cancer Hope Network: A nonprofit that provides free and confidential one-on-one support to cancer patients and their families. It also offers a social network where you can exchange experiences and share thoughts. Call 1-800-552-4366 or go to www.cancershopenetwork.org.

Cancer Support Community (formerly Gilda’s Club Worldwide and The Wellness Community): This nonprofit offers a variety of free online support groups for people with cancer and their loved ones. Call 1-888-793-9355 or go to www.thewellnesscommunity.org.

Your local chapter of the NOCC can also provide you with tremendous support. To learn if there is a chapter in your community go to www.ovarian.org.

I have been blessed with family, friends, doctors, and nurses who have been a real support to me. We rally around and for each other. Their support has been very important to me.”
Managing Depression and Sadness
Understandably, you may feel sad if you have to deal with recurrent ovarian cancer. Depression is sadness that happens in response to an event or due to changes in your body chemistry. It is sadness that is greater than normal, lasts two weeks or more, and greatly impacts your daily life.

Recognizing Depression and Sadness
Many women describe depression as the darkest time of their life. Many report crying for long periods of time or many times each day, as well as problems with sleep (either sleeping all day or not getting enough sleep). Others describe problems with eating (too much or not enough), feeling hopeless, helpless, worthless or, even feeling like they want to hurt themselves. People may have trouble experiencing any pleasure or interest in daily life and they may not want to talk to family or friends.

The Causes of Depression and Sadness
Depression can occur as a result of specific events, such as recurrent ovarian cancer. It also can be caused by medications, fatigue, or from chemical changes in the brain. Generally, most people can cope with general short-term feelings of depression. But if it lasts more than two weeks, talk to your doctor for possible counseling or medication.

Family Members and Friends Can Help. Ask them to:
• Stay with you (if you live alone) so that you are not by yourself.
• Talk with you about what you’re going through.
• Do fun things with you.
• Sit with you during difficult times. Just having someone there is enough.
• Help you with your daily needs until you are able to do these on your own.
• Help you with relaxation exercises.
• Help you with situations that you find stressful, such as going to your doctor visits or helping with household chores.
• Notify your doctor or nurse for you when needed.

Making the Most of Sexuality and Intimacy
When coping with recurrent cancer, sex and intimacy may be the last thing on your mind due to cancer side effects or the stress of dealing with recurrent disease. Feeling self-conscious about the way you look, or feeling stressed out by your diagnosis of recurrent cancer and your treatment may also affect your sexuality. For some women, though, the closeness that sexuality and intimacy can bring may be just what they want.

Women with ovarian cancer often have to learn to cope with serious, long-term sexual problems that can include decreased libido, vaginal dryness, and pain during intercourse. These problems can arise from multiple causes, including surgical or treatment-related menopause, disturbed body image, and increased psychological distress.

It may be awkward to bring up, however, it is extremely important for you and your partner to communicate openly with each other about sexuality and intimacy during this difficult time. It is important to discuss your desires and fears and talk about ways to satisfy these needs in a way that is comfortable for.
both of you. Remember to be patient, stay connected, and only do what you are comfortable doing.

**Communicate**—Talk to your partner about your needs and limits. Address each other’s fears. An important part of recovery is to try resuming sex when you feel ready.

**Explore Non-Sexual Intimacy**—Hugging, cuddling, kissing, and holding hands can be a satisfying addition or alternative to sex.

**Rest and Plan**—Rest before and after sexual activity and plan sexual activity during times when you think you have the most energy.

**Use Lubricants**—Hormonal changes can result in your vagina being drier than usual. Watersoluble, unscented lubricants can help.

**Talk to Someone**
In some cases, it’s helpful to speak to a counselor or therapist to help you deal with emotional issues and sexual problems associated with your treatment and recovery. The American Association of Sexuality Educators Counselors and Therapists (www.aasect.org) can assist with identifying a credentialed sex therapy professional in your area. There are several excellent self-help resources on the topic of sexual function for women with ovarian cancer.

*Ovarian Cancer: Sexuality and Intimacy* is available for free by contacting NOCC at 1-888-OVARIAN or www.ovarian.org.

*Sexuality for the Woman With Cancer* is available for free from the American Cancer Society by calling 1-800-227-2345. Also available for free from ACS is *Couples Confronting Cancer: Keeping Your Relationship Strong*.

*Sexuality and Fertility After Cancer* by Leslie R. Schover, Ph.D. (John Wiley & Sons, 1997) also is an excellent resource.

**End of Life Concerns**
Women are living longer thanks to new treatments and your medical team will work with you to plan a sequence of treatments to fight your cancer. However, a recurrence of ovarian cancer usually generates concerns about the end of life.

Although talking with your loved ones about the specific medical care you might want is upsetting, it can protect your family from having to make decisions about what you want done if you are unable to speak for yourself. Usually, once the subject is discussed everyone feels a sense of relief.

**Making Your Wishes Known**
An advanced directive is a signed written document that lets your family and doctors know what choices you would want them to make if you are too ill to communicate or are unconscious. It is your voice when you can’t speak for yourself. The two major types of directives are a living will and a durable power of attorney for health care.

**COPING WITH DEPRESSION AND SADNESS**
Every person uses different approaches when they are depressed and sad. Following are tips other people have found helpful:

- Try controlled breathing and relaxation exercises; these help release mood-enhancing substances from the brain.
- Express your feelings through journal writing or creative expression (dance, cooking, exercise, painting, or music).
- Avoid alcohol consumption; it can make you feel more depressed.
- Try to get enough sleep at night; avoid napping during the day.
- Go outdoors and walk in natural settings, such as gardens or parks.
- Try meditation or massage.
- Try to identify something that brings you pleasure every day.
- Be with other people as much as possible, if this helps you relax.
- Participate in regular, routine exercise (for example, walking for 20 minutes, 3-5 times per week). Exercise has been shown to improve mood and well-being.
- Join a support group.
- Make an appointment with your doctor and tell him/her exactly how you feel and that you need help.
- Make a list of all the medications you take; show this to your doctor or nurse. Some medicines may have to be stopped or changed.
- Make an appointment with a counselor, spiritual advisor, or psychologist.
- If medicines have been ordered for your depression, take them as directed.
Living Will
A living will is a document that explains your wishes for medical care when you cannot make your own decisions. Before your living will can guide medical decision-making, two physicians must certify that you are unable to make medical decisions and you are in a condition described in your state's living will law (such as “permanent unconsciousness”). It is important to have this discussion with your family members and make a living will while you are healthy, so no one has to make a tough decision for you when you cannot.

Durable Power of Attorney for Health Care
You also can identify and name someone you trust to make medical decisions for you. This is called the durable healthcare power of attorney or healthcare proxy. The person you appoint is called your agent. Depending on where you live, this person may be able to make medical decisions for you at any time you are unable to do so. In other states, this person can only make decisions for the patient at the end of her life. Your agent does not have to be an attorney; most people choose a close family member or friend.

Do Not Resuscitate
A Do Not Resuscitate or DNR order can be part of your advance directive. In this situation, you request that you not be put on a breathing machine if you stop breathing and that you do not receive cardiopulmonary resuscitation (CPR) if your heart stops beating. Once this decision is made, your doctor places a DNR order in your chart. This order usually must be renewed on subsequent hospitalizations.

People often are reluctant to discuss this issue with their physician as they feel DNR means they will no longer receive appropriate medical care. This is not the case. The DNR only means that when you die, when your heart stops beating and/or you stop breathing, extraordinary measures such as CPR and being placed on a ventilator (breathing machine) will not be done. Any and all other measures to sustain life will be continued.

As with advance directives, a DNR order gives you control in what could be a very difficult situation for your family. It ensures that your wishes are respected.

Considering Hospice
If you decide that you no longer wish to receive chemotherapy or other therapies to treat the cancer, focus shifts to making sure that you are as comfortable as possible and that symptoms such as nausea or pain are effectively managed. Quality of life is the highest priority.

Hospice care focuses on meeting physical, emotional, and spiritual needs, while fostering the highest quality of life possible. Hospice care is provided by a specially-trained team that includes physicians, nurses, social workers, pastoral care workers, and volunteers who are experts in end-of-life care. Hospices employ experts in medical, emotional support and spiritual care.

Hospice can take place in a special hospice facility, a hospital, or in the home. The goal of hospice is to support you and keep you comfortable during this time. In addition to helping you, hospice also provides a great service to your loved ones.

If and when you are ready to explore hospice, speak with your doctor, nurse or someone from your cancer center. They can refer you to hospice care in your community.

You can get a copy of an advance directive form from a hospital, an attorney, a library, or an organization that advocates for people facing end of life concerns. You can also get information from Last Acts Partnership, a non-profit organization that provides information on state-specific advance directives and forms. Last Acts Partnership can be contacted at 1-800-989-9455 or www.lastactspartnership.org.

It is important to create these documents now. You can revise or modify them at any time. If you think of an advance directive as an ongoing dialogue with your loved ones and healthcare team, you will be able to change it as needed to fit with what is going on in your life.
Guiding Words

We know it’s tough to have to go through treatment for cancer again.

We hope that the knowledge and understanding you may have gained by reading this guide gives you strength to face recurrent ovarian cancer.

This guide provides a lot of information and we hope it is a helpful reference. But remember, this is only a place to start. Ask questions. Communicate openly and often with your doctors and nurses. Search for reliable information on the Internet. If you’d like more information on how to find support, contact NOCC to be connected with a local chapter.

As always, if you have any questions, feel free to contact us at 1-888-OVARIAN (1-888-682-7426) or visit our website, www.ovarian.org. If we can’t answer your question, we will direct you to someone who can.

Our parting words to you...
Be kind to yourself. Treasure every day. Live life to the fullest.

Sincerely,
The National Ovarian Cancer Coalition
We're here for you

If there’s anything we can do to help you deal with the challenges of ovarian cancer, please call 1-888-OVARIAN (1-888-682-7426) or 214-273-4200. To find your local NOCC chapter, go to our website at www.ovarian.org

National Ovarian Cancer Coalition
2501 Oak Lawn Avenue, Suite 435
Dallas, TX 75219
1-888-OVARIAN (1-888-682-7426) or 214-273-4200
www.ovarian.org

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