My Personal Journey With Ovarian Cancer Treatment: Caring and Chemotherapy Tips

Kim A. Decker, PhD, RN, CNS

Six years ago, I was diagnosed with stage IIIA ovarian low malignant cell potential cancer. It was the most shocking situation I have ever experienced. I didn't realize I had any symptoms, except occasional back pain, which I attributed to starting a new workout program. I had scheduled an abdominal computerized tomography (CT) scan for recurrent microscopic hematuria, which my internist wanted to check. I was told I would hear the results in two days. Two hours after my CT scan, while I was eating ice cream and watching television, an on-call genitourinary doctor (who I did not personally know) called to tell me the good news—that I had kidney stones, thus the microscopic hematuria. However, the bad news was that I had ovarian cancer that had spread to my omentum. He said he would call my gynecologist right away. I then immediately ran down the stairs to my husband's home office to tell him the news. He and I cried as we walked in the woods with our dogs. I remember thinking I wasn't worried about him coping, but I was concerned about the effect on our children.

In addition to my immediate family, extended family, and friends, another group that was affected by my diagnosis was my undergraduate nursing students in the clinical course I was teaching. I had these same nursing students as sophomores in the nursing learning resource laboratory during a physical assessment practicum and then as seniors in community health nursing, management, and capstone. When I teach clinical courses, I include personal lessons for students, such as maintaining a safe environment in the social setting. This student cohort called me "Mother Kim" because of my caring attitude toward them; I truly feel that caring is an essential element of what we do in nursing (National League for Nursing, 2016) and in life (Sitzman & Watson, 2014). Students would share with me personal problems that we would try to solve together, and they would come to our family home to celebrate end-of-the-semester events. I believe in my students for who they are and for what they may become (Watson, 2008). I needed to tell these students about my ovarian cancer diagnosis because my surgery was scheduled during the week of their last clinical experience and I would not be there to share in their last clinical days or in their graduation ceremony from nursing school.

After this group of students learned about my new journey, I was overwhelmed with their spirit of caring. These students wanted to be notified immediately of my exact ovarian cancer cell type diagnosis and prognosis after surgery. While I was still in the hospital four days postoperation, they texted me throughout their graduation ceremony and expressed that they wished I could be there with them at the ceremony. Several of the students came to visit me an hour away at the hospital. On discharge from the hospital, this group of new graduates visited me at home; ran errands for my family and me; brought food and gifts; and sent texts, emails, and cards on a regular basis. They also helped me set up my CaringBridge® website (www.caringbridge.org). I even had one student who helped take care of our horses while my husband was away because I was not able to clean stalls and carry water buckets postsurgery.

When I was diagnosed with ovarian cancer, I wanted to fight it with all that was available. Following my debulking surgery, I enrolled in a clinical trial at a university medical center 55 miles from our home. The clinical trial encompassed IV and peritoneal chemotherapy, as well as an angiogenesis inhibitor. Although this was an effective treatment option for me, it was difficult to experience because of the harsh side effects of the chemotherapy. I needed to take an extended leave of absence from work, and, at times, I felt that I was just struggling to survive.

When I started chemotherapy and was too weak to drive, these former students would come to my home and take me to the hospital for blood draws and IV fluids. While I was still on an experimental biologic agent therapy six months postoperation, they continued to visit me at the hospital, during treatment, and at home while also sending

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