



## **Back here again**

A guide for anyone with  
recurrent ovarian cancer

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Within each section of this guide is a feature called **How you might feel**.

These are written by **Dr Alison Farmer**.



*"I originally trained as a nurse and later switched to research. In 1996 I was awarded a PhD for my work on the psychological aspects of breast cancer. After working as a Teaching Fellow at the University of Southampton for a number of years, teaching psycho-oncology, I recently decided to return to nursing and now work as a Psycho-oncology Nurse Specialist, offering psychological support to people with cancer. I was diagnosed with ovarian cancer in 2001 and my experience of surgery and chemotherapy has given me valuable insight into the impact of the disease."*



## Introduction

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This guide is for you if your ovarian cancer has come back (recurrent ovarian cancer) or if the cancer did not respond to the first cancer treatment you had (first-line treatment). It focuses on your practical and emotional needs as you deal with this news. The information has been split into different coloured sections so you can pick and choose which bits you would like to read, and when.

Throughout the guide we have included tips and experiences from people who have been through what you are facing. We hope their words will help you feel you are not alone.

If there is something you would like to know about ovarian cancer that is not included in this guide, or for more information about the extra support that Target Ovarian Cancer offers, please get in touch on **020 7923 5475** or **support@targetovariancancer.org.uk**

With warmest wishes,  
From all of us at Target Ovarian Cancer



## How recurrent ovarian cancer is diagnosed

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After you finished your initial treatment for ovarian cancer you will have had regular follow-ups with your treatment team. At your clinic appointments your doctor will have asked you how you are feeling, carried out an examination and may have completed a CA125 blood test.

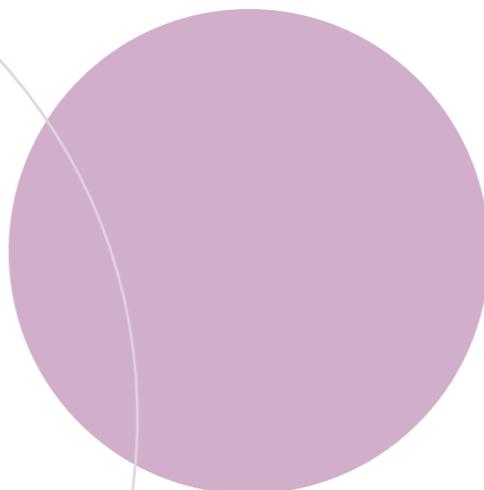
If ovarian cancer returns, there may be symptoms that are persistent and unusual for you, which may or may not be similar to those you experienced the first time. Not everyone will develop symptoms if ovarian cancer comes back.

If you had any concerning symptoms, your CA125 was higher than normal or there was an abnormal (unusual) finding on examination then your team will have arranged further tests to find out if the cancer had returned. These tests usually involve:

- blood tests, including a CA125 test
- a CT scan (which uses x-rays and a computer to create images of the inside of the body), or
- other types of scans such as an MRI, which uses strong magnetic fields and radio waves to create detailed images of the inside of the body, and is almost always needed to confirm the cancer has returned before any treatment is planned.

It may be that your treatment team also recommended a biopsy in addition to a scan to confirm whether the cancer had returned. This is when a small sample of tissue is taken so that it can be examined to see if it contains cancer.

If it is confirmed that the cancer has returned, your team will arrange a meeting with you to discuss your treatment options. There are many different treatment options including surgery and chemotherapy. Your team will look at lots of factors when recommending a particular treatment plan. Factors include where in the body the cancer has returned, the length of time since your last treatment, your health in general, and your own wishes. Your team will also be able to discuss the support available to help you through this difficult time.





## Your treatment

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Your oncologist and clinical nurse specialist (CNS) should talk with you about the treatments that are available and suitable for you, and what type of treatment you would prefer. They should also talk to you about taking part in a clinical trial – if there is one available – so you can decide if this is something that you would like to find out more about.

Treatment for recurrent ovarian cancer can include options such as:

- surgery
- chemotherapy (drugs that aim to kill cancer cells)
- targeted therapies (drugs that attack specific types of cancer cells with less harm to normal cells)
- hormonal therapy (drugs that block the amount of hormones in the body to slow down cancer growth).

Which treatment you receive will depend on what type of ovarian cancer you have, how well you responded to your original treatment, and your personal wishes. Often treatment can involve a combination of these options. Radiotherapy (where radiation is used to kill cancer cells) may also be an option, although this is not commonly used for ovarian cancer.



## Who is looking after me?

When a recurrence of ovarian cancer is diagnosed you will be looked after by a **multi-disciplinary team (MDT)** and your case should be discussed at an MDT meeting. An MDT is made up of different healthcare professionals who are specialised in treating gynaecological cancers such as ovarian cancer. It most often includes:

- Surgeons (also known as **gynaecological oncology surgeons**)
- Oncologists who organise chemotherapy (also known as **medical oncologists**)
- Gynae-oncology **clinical nurse specialists (CNS)** who have extra training to support those with gynaecological cancers such as ovarian cancer. They may also be called Macmillan nurses or key workers.
- Chemotherapy nurses who will help you through your treatment and any side effects
- Pathologists who diagnose the cancer by looking at cells under a microscope in the laboratory
- Radiologists who carry out and read scans like x-rays and CT scans.

## When does treatment for recurrent ovarian cancer start?

Treatment will usually be recommended when your team has found clear evidence of the cancer growing on scans. Sometimes your CA125 blood test may be rising without any other sign of cancer activity (no symptoms and no sign of cancer growth on your scans). It is unlikely that your team would recommend starting treatment based only on a raised CA125 level. This is because research has shown that starting chemotherapy when your CA125 levels start rising (but before you have any symptoms) does not have an effect on how successful the treatment is, and a raised level of CA125 is not enough on its own to prove that the ovarian cancer has come back. If you are in this situation it is likely that your team will monitor you closely with regular reviews and scans to ensure treatment is started promptly when it is needed.

It is also possible that there might be early signs of cancer found on your CT scan, but these may be felt to be too small to be causing you symptoms. In this situation your team may still recommend surveillance (monitoring your wellbeing) rather than starting treatment.

Waiting until you have symptoms or until there are signs of more significant tumour growth on scans can be worrying if you want to start treatment as soon as possible, but there are benefits to waiting. It means you have a longer



period between platinum-based chemotherapy treatments (carboplatin and cisplatin). This may mean you respond better to the drugs, and it reduces the chances of your body developing resistance to the treatment. Overall, it may even improve your quality of life, because if the cancer comes back again over the course of time, you will spend less time having treatment and dealing with the side effects.

It is also perfectly OK to start treatment as soon as it has been confirmed that the cancer has come back. It is important for you to talk with your CNS or oncologist about what you want to do, as you may have a particular reason for wanting to start treatment as soon as possible. For example you may be wanting to attend and be well for an important event, or it may simply be because that is what is right for you and your emotional and mental wellbeing.

## How will my response to treatment be monitored?

Once you begin treatment, it is most likely that a CA125 blood test will be used to measure and track your response to the treatment, unless you are someone whose CA125 level has never risen outside the normal range. CT scans and ultrasounds (scans that create a picture of the tissues and organs inside your body) may also be used to assess how well you are responding to treatment. Your CNS or oncologist will be able to explain your treatment plan in more detail, so make sure you ask them if you don't understand.

## Your treatment options

### Secondary debulking surgery

Surgery is an option in the management of recurrent ovarian cancer in certain circumstances. This is called **secondary debulking surgery**.

Two recent clinical trials (called DESKTOP III and SOC1) showed that, for those with a first recurrence of ovarian cancer, surgery to remove all visible cancer followed by chemotherapy was more effective in treating the cancer than chemotherapy on its own. But to benefit from a second operation there are certain criteria that need to be met.

These include:

- all visible signs of cancer being removed during your first surgery
- the cancer returning over six months after your first chemotherapy
- having no ascites (a build-up of fluid in the tummy area)
- the surgeon feeling an operation is possible and that they are able to remove all visible signs of cancer.

Specialist surgeons will be part of your MDT meeting. They will consider whether secondary debulking surgery is possible for you and you will be able to discuss the potential risks and benefits of this with them.

If your MDT does not feel that surgery is an option you can always ask for a second opinion from a different surgeon in a different MDT. Your CNS will be able to help you do this if it's something you want to explore.



## Chemotherapy

Most women with recurrent ovarian cancer are offered more chemotherapy either as a treatment on its own or in combination with other treatments such as surgery. The type of chemotherapy that your team recommend will depend on what treatment you've already had, when you last had treatment and how well you are.

When ovarian cancer comes back, doctors usually describe it as either **platinum-sensitive** or **platinum-resistant**. This depends on how long it has been since you last had chemotherapy containing a platinum chemotherapy (carboplatin or cisplatin). Remember, both you and the cancer are unique and your oncologist will propose using the drugs that they think will have the best impact for you as an individual.

### Chemotherapy for platinum-sensitive recurrent ovarian cancer

If it has been six months or more since your last treatment with carboplatin or cisplatin chemotherapy, the cancer is called **platinum-sensitive** – this means that there is a greater chance it will respond to more platinum-based treatments. In this case, your oncologist will suggest giving you more carboplatin. This is usually in combination with another drug, such as paclitaxel (Taxol®) or pegylated liposomal doxorubicin hydrochloride (PLDH, or Caelyx®).

Sometimes the term **partially platinum-sensitive** is used. This is when the cancer comes back between six and twelve months after your last treatment with platinum-based chemotherapy. In this situation you are still likely to be offered the same platinum-based treatments as those who are platinum-sensitive.

Some people will have **very platinum-sensitive** disease when they are diagnosed with recurrent ovarian cancer and have multiple courses of platinum-based treatment over many years. Unfortunately, it's common to develop resistance to platinum-based chemotherapy over time. This type of cancer is then called **platinum-resistant**.

*“When the new tumour developed, my surgeon said she didn't know whether she would be able to do anything for me. I'd been told five years ago that they'd never operate again. She said she'd take a look but make no promises. After the operation, she told me she had removed more than she ever thought possible.”*

*Lynette*

## Allergic reactions to carboplatin

Occasionally you can become allergic to carboplatin. Different studies have shown different rates of allergic reactions to it. We do know that the risk of having an allergic reaction to carboplatin gets higher the more treatments that you have. Reactions to it most commonly happen during the second or third cycle of chemotherapy for recurrent ovarian cancer and aren't usually severe. If this happens, it is sometimes possible to continue with carboplatin at a later date, using something called a **desensitisation regime**. This means that all future doses of carboplatin are given very slowly. To begin with, it is given at a very low dose and the dose is then gradually increased. This means that the treatment takes longer than normal (most of a day for each chemotherapy session) but that there is less chance of you having a further reaction to it. It is also sometimes possible to switch to cisplatin, which is very similar to carboplatin. But, if you have a severe allergy, it is sometimes necessary to stop platinum chemotherapy altogether.



## Chemotherapy for platinum-resistant ovarian cancer

If the cancer needs treating again within six months of your last treatment with platinum chemotherapy (either carboplatin or cisplatin) the cancer is called **platinum-resistant**. In this case, it is less likely that it will respond well to platinum chemotherapy again so different drugs are often used. These include paclitaxel (Taxol<sup>®</sup>) – usually given once a week rather than every three weeks – or pegylated liposomal doxorubicin hydrochloride (PLDH or Caelyx<sup>®</sup>). In platinum-resistant ovarian cancer, these drugs are usually given on their own.

Having bevacizumab (Avastin<sup>®</sup>) alongside chemotherapy has been shown to add benefit to those who are platinum-resistant. Bevacizumab is a type of drug called a **targeted therapy**. These drugs specifically target the things about a cancer cell that makes it different from a normal cell. At the time of this guide's publication, January 2022, it is available to some women with advanced recurrent ovarian cancer in Scotland but it is currently not available in the rest of the UK. You will be able to discuss with your team whether this is an option for you.

In some areas of the UK, your oncologist may also consider the use of other drugs including topotecan, etoposide, gemcitabine and cyclophosphamide. Your team will be able to discuss the risks and benefits of these options in more detail with you.

In recent years cancer specialists have started to find that grouping those with ovarian cancer into platinum-sensitive and platinum-resistant may be too simple. This means that those who have platinum-resistant disease may still benefit from further chemotherapy with platinum agents. Your team will discuss this with you if they think this might be a treatment option for you.

## Maintenance therapy (PARP inhibitor drugs)

Although chemotherapy for recurrent ovarian cancer can be very effective, we know that for most people the cancer will return again at some point in the future, and they will need more treatment. In some situations, a **maintenance treatment** can be given after chemotherapy. A maintenance treatment is a drug that aims to increase the amount of time that the cancer remains inactive (where the cancer stops growing). This means that you might be able to have a longer gap before needing further intensive chemotherapy.

The main group of drugs used as a maintenance treatment in those with ovarian cancer are **poly ADP-ribose polymerase (PARP) inhibitors**. These are a type of targeted (biological) therapy that results in the cancer cell being less able to repair damage in its DNA, meaning that the cancer cell will die. They are taken as a tablet and can continue to be taken for as long as they are helping.

Research has shown that if there is a good response to platinum chemotherapy for recurrent ovarian cancer, taking a PARP inhibitor afterwards can keep the cancer under control for longer than chemotherapy alone. PARP inhibitors have been shown to be especially beneficial in those who have a BRCA mutation. This is an inherited change in the BRCA1 or BRCA2 genes, which can increase the risk of some cancers, including ovarian cancer, breast cancer and prostate cancer.

For more information about genetic mutations visit [targetovariancancer.org.uk/genetics](https://targetovariancancer.org.uk/genetics)

*"I was first diagnosed in 2012 and I didn't go in for the clinical trial I was offered. I was shell-shocked and didn't understand what was happening. Since then I've become more knowledgeable and learnt so much more about the disease, and I have opted to take part in a trial. My advice to anyone considering it would be, don't be afraid – it could be the best thing for you."*

*Esther*

There are three PARP inhibitors currently in use in the UK. They are called **olaparib** (Lynparza®), **niraparib** (Zejula®) and **rucaparib** (Rubraca®).

In the UK, those who have responded well to platinum chemotherapy are eligible for a PARP inhibitor (as long as they have not already received one) but exactly which drug you are offered will depend on which nation in the UK you live in, whether you have a BRCA mutation and which medication your team think will suit you best. These tablets can be taken indefinitely (for as long as needed) and are only stopped if the side effects are too severe or there are signs that the ovarian cancer has become active again.

You may receive further platinum chemotherapy if the cancer comes back after a PARP inhibitor. However, it is unlikely that you will be given PARP inhibitors again after this chemotherapy. That's because it is not yet clear whether giving a PARP inhibitor a second time as maintenance treatment is effective. This is therefore not standard practice, although it is being investigated in clinical trials. For more information about the latest clinical trials visit [targetovariancancer.org.uk/clinicaltrials](https://targetovariancancer.org.uk/clinicaltrials) or call our specialist nurse-led support line on **020 7923 5475**

Access to different targeted drugs through the NHS changes regularly. The information above is up to date as of January 2022. Go to [targetovariancancer.org.uk/drugs](https://targetovariancancer.org.uk/drugs) or call **020 7923 5475** for the most up-to-date information on ovarian cancer drugs.

## Other treatments

### Hormone therapy

Hormone therapy, using drugs such as tamoxifen and letrozole, is best known as a treatment for breast cancer. However, it appears it can also be useful in treating some types of recurrent ovarian cancer, especially in those with a small amount of disease (low volume), whose disease is growing very slowly and in those who do not wish to receive more chemotherapy. However there have not been any large-scale clinical trials to see how hormone therapy might compare to standard treatments in ovarian cancer, and who might benefit most from such an approach.

### Surgery for control of symptoms

Surgery may also be recommended in some cases to deal with symptoms such as bowel obstruction (a blocked bowel). This may involve the creation of a stoma (where the end of the bowel is brought through an opening in the wall of the tummy). Sometimes a stent (a tube that may be put into the bowel to keep it open) may be used instead of a stoma. For more information on stomas and to order or download our guide *Ovarian cancer and stomas* visit [targetovariancancer.org.uk/stoma](https://targetovariancancer.org.uk/stoma)

## Radiotherapy

Radiotherapy (where radiation, or high-energy rays, is used to kill cancer cells) is not a standard treatment for ovarian cancer that has come back. But sometimes it can be used to control symptoms. Your oncologist will be able to speak to you about whether radiotherapy is an option for you.

## Funding and access to standard drugs and treatment

Most women with recurrent ovarian cancer will be offered standard treatments by their oncologist. This means drugs that are licensed for treating those with ovarian cancer in the UK and approved for use within the NHS because they are clinically and cost effective. This includes the chemotherapy drugs discussed earlier.

Access to other treatments can be different depending on where you live. In England drugs are assessed by the National Institute for Health and Care Excellence (NICE). NICE decisions are also followed in Wales and Northern Ireland. In Scotland the decision is made by the Scottish Medicines Consortium (SMC).

Where drugs have promising trial results, but there is not enough clinical evidence for NICE to approve them for routine use, they can be made available on the Cancer Drugs Fund (CDF). Drugs made available on the CDF are available for two years or more to allow more time for evidence

to be gathered. After this period NICE will then reconsider if the drug should be routinely provided or not. While the CDF is only applicable in England, Wales and Northern Ireland usually make treatments available on the same basis.

*"I've been on a clinical trial for three years now, and I was the first person in the world on this particular one. I didn't know – nobody knows – what the side effects would be, but I was willing to try it. It might help others in the future and it's also helping me now. If I were royalty, I wouldn't have received better treatment and care."*

*Lynette*



## Funding and access to non-standard drugs and treatment

You may wish to ask about other ways to access different drugs, not yet licensed or approved. Sometimes oncologists prescribe drugs to treat ovarian cancer outside of clinical trials (i.e. that are not yet licensed for ovarian cancer) if they believe you may benefit. This is referred to as prescribing **off license** or **off label**.

An oncologist may also choose to prescribe a drug which is licensed but not yet approved for NHS funding. In either case the oncologist may well have to make a special application for funding for the drug. This application may or may not be accepted.

Occasionally manufacturers of the drugs in question will run a **compassionate access scheme** that you can access if you meet certain criteria. This means the drug company meets the cost. However, approaches to the drug company must be made by your oncologist.

It is important to note it can be quite stressful going through this process at a time when you are unwell. If your oncologist is reluctant or unsure about discussing other drugs, you can always ask for a second opinion. You will always need the support of an oncologist, as they have to make the applications for funding on your behalf.



## Clinical trials

Clinical trials are research studies that investigate potential new drugs, new ways of giving treatment or different types of treatments. Often studies are randomised. This means that, like tossing a coin, you'll be put into a group by chance. These groups are sometimes called the **treatment group(s)** and the **control group**. Every trial is different:

- In some trials one group will be given the new drug being tested and the control group will be given standard treatment, so that they can be compared
- In other trials, the treatment group might be given the new treatment and the control group might be given a placebo (a treatment that has no effect)
- In other trials, both groups are given the new treatment, but in different ways.

In a trial you might not always know which group you are in. But research has shown that taking part in a trial often results in better outcomes even if you do not have the drug or procedure being tested. It also shows that those hospitals which undertake medical research provide some of the best ovarian cancer treatment.

Each clinical trial has very strict criteria for who is able to join the trial to make sure that the treatment is tested thoroughly and the results are reliable. Not all cancer centres are involved in clinical trials. You should ask your oncologist what trials you might be suitable for and where (in which hospitals) the trials are happening.

You might want to ask:

- What trials are suitable for you at your local treatment centre?
- If you're willing and able to travel, what trials are available at other centres?
- What is the aim of the trial?
- What is the evidence that this new treatment might be effective?
- What are the possible risks and benefits of taking part?
- What would taking part involve?

You may also be asked to take part in research studies, for example into your wellbeing, which may involve completing surveys or being interviewed.

Remember, it is your decision whether or not to join a clinical trial or a research study. You can search all live UK ovarian cancer trials on our website

**[targetovariancancer.org.uk/clinicaltrials](https://targetovariancancer.org.uk/clinicaltrials)**





## Dealing with the news

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Being told that the ovarian cancer has come back (recurred) can be more upsetting than the original diagnosis. You may still be recovering from your treatment or you may have hoped that cancer was far behind you. Your mind may 'freeze' and it can be very difficult to take in any information. Some people experience strong emotions such as intense fear and worry. Everyone is different, but no one wants to be facing a recurrence of ovarian cancer.



*"Getting your diagnosis back can be an enormous shock. I was two years in remission and to be honest, you can get a bit complacent at your appointments after so long. I just wasn't expecting it."*

*Esther*

*"I was told I had a 50/50 chance of it coming back but you live in the hope that it won't. I was sad and disappointed."*

*Karen*

*"I knew from the beginning my cancer would never go away. I adjusted to treating it like a long-term condition in that I focused on keeping as well as possible."*

*Julia*

*"I'm very black and white. It came back, it's growing again. What can I do? Get on with it. You have to keep looking at the way ahead. You look at what you have, you look at your family and the people you love and you keep going. I'm not going to be a statistic."*

*Lynette*

It can be very difficult to take in information at this time. You may find you forget lots of the things you are told. It is always OK to ask your treatment team to explain things again. You can also ask for any details to be written down and ask for a copy of the letter that goes to your GP. You might like to think about taking a friend or family member with you to any appointments, if your hospital allows it, so that they can write down any questions that you would like to ask and the answers that you are given.

### Why has it come back?

There is no simple answer to the question of why the cancer has returned. We still don't fully understand why some cancers come back, and why some come back a long time after a person has finished treatment and others much sooner. After surgery and/or chemotherapy treatment for ovarian cancer some women have 'normal' CT or MRI scan results (scans that show the inside of your body including where the cancer is/was). They may also have a 'normal' CA125 blood test result (levels of the CA125 protein in the blood are sometimes higher than normal in women with ovarian cancer, but they can also

*"Ovarian cancer is unpredictable in every sense of the word. The diagnosis, the treatment, the future. You never know what is going to happen but I just try to get on with everything to the best of my ability."*

*Lynette*

be raised due to many other causes not related to cancer). Despite this, sometimes cancer can still come back, even years after finishing your initial (first-line) treatment. This is because CT or MRI scans and CA125 blood tests can't detect near-invisible areas of ovarian cancer that may still be in the body after treatment and that can, at some point, grow again. Research is ongoing to develop highly sensitive and more reliable ways of detecting those tiny groups of cancer cells so we can know for sure whether there is any cancer left.

It is understandably very distressing and upsetting to hear that the cancer has come back. Knowing what questions to ask and making sure that you get clear answers is important and can help you feel more in control.

## Finding information and support

Everyone will want different things from their oncologist and CNS when they find out the news that the cancer is back. Some will want as much information as possible, others will want some information but not every detail. It may be that the other people in your life seem to want to know more than you, and this can feel strange compared to what you want. Perhaps they are looking for more medical details because in some way it gives them a sense of control at a difficult time.

You may want to start treatment straight away or you may want to take some time to consider different options. In some situations, your medical team may advise you to delay treatment and you may find it hard to understand why. You can read more about this in the **Your treatment** section of this guide.



A small warning if you look for information on the internet – much of what you read about ovarian cancer can be shocking and statistics can make everything seem much worse. It is important to remember that there are lots of different types of ovarian cancer and everyone will respond in different ways to their diagnosis and treatment. Sometimes this is based on the stage and grade of the cancer (how much cancer there is and how it acts) and sometimes it is based on factors that we don't understand. You are an individual, not a statistic so be careful when looking for information online.

*"If I was to give advice to anyone, it would be to speak to your CNS, GP or oncologist about anything you're concerned about. If you're going to look online for answers, look at Target Ovarian Cancer's website, where you can get the facts."*

*Karen*

## Sharing the news

The way you find out about the cancer coming back may affect how you share this news with others. If you receive the news alone, telling other people can feel like an extra burden or challenge, especially if you are not sure how you feel or what a recurrence means for you right now. There is no right or wrong way to share your news or what you choose to share. You may wish to wait a few days, weeks or longer before you tell others. You may wish to keep the information within close family or friends. Or you may want to ask someone close to you to let others know for you.

Women we spoke to whose ovarian cancer had come back had a mix of experiences with their relatives and friends. Some had children who just wanted reassurance, others had partners who were very keen to find out more and to have detailed conversations with their oncologist and CNS. People have so many different ways of coping, those close to you will find what works for them.

Some family members may not be ready to talk at the same time as you and this can lead to difficult discussions between you. Those we spoke to said that even if their family were not the type to discuss their feelings, talking to a health professional, a counsellor or a nurse helped them feel more able to cope. It may be that encouraging them to speak to someone about their feelings would help them to understand your diagnosis and some of their own worries.

*"I suspected my cancer had come back around six months before it showed up on the CT scan. I suppose that gave me the time to get used to it and get my head around what was going to happen."*

*Karen*

This may help them to better support you. Being able to talk honestly about your different needs for information and support will help you to understand each other at this time. Target Ovarian Cancer's support line and your CNS can provide information about where family and friends can find more support.

It is important to look after yourself too. During this time, you may find it helpful to talk to or meet other people going through similar experiences to share how you are coping.

Target Ovarian Cancer runs digital and face-to-face support and information events across the UK for anyone with a diagnosis of ovarian cancer, family and friends. You can meet others and share your experiences. Find out more at [targetovariancancer.org.uk/supportevents](https://targetovariancancer.org.uk/supportevents)

You might also want to join our Ovarian Cancer Community on Facebook. This is a private group for anyone affected by ovarian cancer, including loved ones, to connect, share experiences and support one another. Here you can also keep in touch with Target Ovarian Cancer and experience our digital events together with your family and friends. You can also hear from clinicians and our specialist nurses to learn more about ovarian cancer. Join at [facebook.com/groups/ovariancancercommunity](https://www.facebook.com/groups/ovariancancercommunity)

You can also join our private Facebook group, In Touch, which is a safe space just for those with a diagnosis, to talk to others and share experiences. To join visit [facebook.com/groups/intouchtargetovariancancer](https://www.facebook.com/groups/intouchtargetovariancancer)

Simply making sure you have enough time for yourself will also help you to unwind and may help you to process the news.

Take a look at the **Sources of support** section of this guide for more ideas.

*"I have found that people are different the second time around. It's like they think that as you've got through it the first time, you'll cope just fine again – and it's just not always the case."*

Karen

## Coping with the reactions of others

Although you are still dealing with the news that your ovarian cancer has come back, and this may well be one of the most challenging and stressful times of your life, you may also find yourself feeling as though you need to look after other people's feelings as they come to terms with your news.

You may have found from your initial diagnosis that people around you can react in very different ways. Some people may be wary of talking about cancer with you, while others will want to talk about nothing but your diagnosis. Don't be afraid in either case to let people know when you do, or don't, want to talk. You may find that people give you labels such as 'brave' and 'strong'. They may tell you they could never cope in the way that you are. The reality is we all cope in our own way with what life throws at us. Whatever you think and feel about this, try to be kind to yourself and remember that people will respond in different ways but are likely to mean well.



It may be that those close to you find the news frightening and it may sometimes seem that they are finding it harder to cope with than you. You may be finding extra reserves of strength to face this next challenge and get through it. Maybe you are the one who wants as much information as possible, while the people supporting you want information only on a need-to-know basis. You may even find yourself feeling guilty and wanting to protect those around you from anxieties and worries. All of these feelings are understandable and there is no right or wrong way to cope.

It is not unusual to find that difficult thoughts creep into your mind and you have to find a way of dealing with them. Your family and friends may also have challenging moments, and because they do not have your diagnosis, they might feel especially powerless. This can sometimes make it hard to

talk to and understand each other. Talking about anything can be difficult when you and those close to you are upset or stressed.

Any strains in your relationships with others are, in their own way, extra challenges and can be as stressful as dealing with the cancer returning. If you are finding this particularly hard, take a deep breath. We can't control other people's reactions and emotions. You know your family and friends and their personalities, and you know what they were like before your cancer diagnosis. They will probably react based on their personality and how they feel about their own lives in relation to your diagnosis. You may be surprised, sometimes people find an inner strength that you just weren't expecting, and they may be inspired to swing into problem-solving mode to support you.





## HOW YOU MIGHT FEEL

It may have been a few months since your initial diagnosis or many years, it may have come completely out of the blue or be something you have been waiting for. Whatever your situation, it does not make it any easier to deal with the shock of hearing that the ovarian cancer has returned. You may be feeling a whole range of different emotions, such as overwhelmed, shocked or angry.

If you feel well and have no physical symptoms you may be feeling particularly frustrated at not knowing where the cancer is, or to what extent it has returned. This can lead to you

feeling helpless and out of control, which is a very common reaction.

It is normal to try to think of an explanation as to why the cancer has come back. You might find yourself blaming yourself and feel guilty that you have let friends and family down. You may feel that you didn't try hard enough, eat the right foods or think positively enough. None of these are reasons for the cancer's return, so try not to feel guilty. It is not uncommon to find that your mood flits from worry about the future to feeling hopeful and positive. These fluctuations are very common as you begin to digest the information you have been given.



*"I speak to my husband about it a lot and he's really supportive. We talk a lot about the future but we've not decided anything. I'm not even sure what it is we're supposed to be deciding, but as long as we just keep talking I'm sure we'll work it out!"*

*Andrea*





## Managing day-to-day life

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### **Asking for practical support**

Going through cancer treatment is difficult. Being advised to start treatment again is another tough challenge to your wellbeing. If you have low energy levels or other symptoms or side effects consider asking others for practical help such as running errands, going shopping, or travelling to/from appointments with you. Many people will be happy to help in this way including friends, colleagues or neighbours, and you may be surprised at where offers of support come from.

If you are part of a strong local community or faith group, you may want to ask for practical help from them during this time. You may also find that your local council offers services which can be useful, such as specific support for travelling to and from hospital. Check with your local hospital information centre, local cancer support centre or CNS to find out what services are available to you.

Macmillan Cancer Support has lots of information about practical support on their website. Search **practical help** at **macmillan.org.uk**

*"Since my treatment ended I've had a couple of times when I've broken down emotionally. It helped to get it out of my system as since then it's been the odd few tears."*

*Andrea*

## Your emotions

A recurrence of ovarian cancer can affect your mental health and emotional wellbeing as well as your body. It may take some time to come to terms with the news that the cancer has returned and this is perfectly normal. It is understandable if you have the odd 'duvet day' when you feel upset and overwhelmed. But if this is becoming more common or your emotions are feeling out of control, you may need some extra support.

When we feel upset, frightened or hopeless it can seem impossible to explain these feelings to others or to ask for help. You might feel that you shouldn't bother your CNS or GP about your feelings. But it is important to look after yourself emotionally as well as physically so do let someone know if you are struggling at this time. There is help available.

Target Ovarian Cancer's specialist nurses are here to listen to any concerns you may have and can help you to find further support. You can contact our support line Monday to Friday, 9am-5.30pm by calling **020 7923 5475**

*"I've started making plans for the future. I've decided that cancer isn't going to take over my life - it's going to fit in with what I want to do."*

*Andrea*

## Dealing with fear

Some women have described fear as the most difficult side effect of having recurrent ovarian cancer. You may be frightened about where or why the cancer has come back, or about going through treatment again. Some people are scared that cancer will shorten their life. You may find yourself thinking over your past or having regrets about things you haven't managed to do yet. It can be difficult to deal with these thoughts and the emotions that go with them and you may feel very drained.

You may be afraid that the cancer treatment will not be able to control the cancer or that you may be in a lot of pain. If these are some of your fears talk to your CNS or oncologist as soon as possible so they can help you. It is unlikely that you will experience severe pain and most pain can be controlled with regular painkillers. If you experience pain you can go through more stress and lower mood so it is important not to suffer in silence.

It is important to keep in mind that your doctors and nurses may not be able to give you concrete information about how the cancer will behave and what the outcome of your treatment might be, even if you already know a lot about the type of ovarian cancer you have. This might add to your fears. Try to remember that they are not avoiding your questions - they may genuinely not know the answer.

*"Talking to other women who have been through what you are going through can be very helpful."*

*Julia*

Some people describe coping with recurrent cancer as living in limbo (an uncertain situation you can't control). If you find you are feeling constantly restless, tense and anxious you may find it helpful to have some professional support to understand and manage your feelings.

A psychologist (a specialist who helps support mental health during a cancer diagnosis and beyond) will be able to help you with different ways to deal with difficult thoughts. Fear is a very understandable emotion, but it may be possible to reduce the amount of fear that you feel by doing something good. Examples are making contact with someone you have not spoken to in some time, or doing some of the things you have always wanted to do. Your CNS can help you understand your fears or can put you in touch with other health professionals for further support. Many people say that the intense feelings of fear

that they felt at the time of the cancer coming back do get easier to deal with over time, but there is no right or wrong way to feel.

You can also contact Target Ovarian Cancer's support line by calling **020 7923 5475**. Our specialist nurses are available Monday to Friday, 9am–5.30pm, to provide confidential advice and support about any aspect of ovarian cancer, including any practical or emotional concerns that you or your loved ones might have.

If you feel that you would like to have some more professional help dealing with your feelings, there are plenty of choices available. The best first step would be to ask your CNS about the services available at your local cancer centre or within your local area. Talking problems through with your CNS can be very helpful. They can help you to understand your situation better and will be able to refer you to more specialist services

if you decide this would be helpful. If you want to find a therapist yourself and you can afford to use these services privately, the sites listed in the **Sources of support** section that can help you find a registered professional.

*"Once you've slipped down that ladder it is very hard to climb back up again. But when you're down, there's always a positive light at the end of the tunnel. I was holding myself together before, I can hold myself together afterwards."*

*Lynette*

*"I've always tried to turn a negative into a positive, as hard as that may be. Sometimes I've just needed a bit of help finding that positive."*

*Karen*



## Concern for family members – genetic testing and hereditary ovarian cancer

When you have a diagnosis of ovarian cancer, it is common to worry that other family members may be at risk. In most cases, ovarian cancer is a one-off (sporadic) illness that is not related to family history. But up to 20 per cent of cases of ovarian cancer are hereditary and happen because of a genetic cause. This is a mutation (change) in one or more of your genes that is known to increase the risk of ovarian cancer.

If you've been diagnosed with non-mucinous epithelial ovarian cancer (including high-grade serous ovarian cancer, the most common type) in the UK, you should be offered access to genetic testing for mutations in your BRCA1 and BRCA2 genes, even if you have no family history of ovarian cancer. Over 90 per cent of women diagnosed with ovarian cancer have non-mucinous ovarian cancer, which means that most will fit the criteria for genetic testing. This means that genetic testing could be available even if you don't know your family history. It is likely this will be done at the time of your initial treatment. If this wasn't the case for you, you can talk to your oncologist or CNS about this.

This particular type of genetic test, which uses blood samples, is known as **germline BRCA testing**. It looks for a mutation that is inherited

from your parents and which could be passed on to your children, if you have them.

If you have a mutation in your BRCA1 or BRCA2 gene, your family members will be able to have genetic testing to find out if they also have the gene mutation. If they are found to have a mutation, they will also get information about what they can do to manage their increased risk of ovarian cancer and some other cancers, such as breast cancer and prostate cancer.

Women with a diagnosis of ovarian cancer who are found to not have the BRCA mutation during germline testing may also be offered **somatic BRCA testing**. This is where a tumour sample that was taken away either at the time of surgery or biopsy is sent for testing. Somatic testing looks only for abnormalities (unusual changes) in cancer cells. It is done to find out if a tumour has certain features

*"I have a 'new normal' now – and it's a normal I enjoy as much as possible."*

*Julia*

which suggest that the cancer is more responsive to treatment with a specific therapy. If there is a BRCA mutation found only in the tumour sample then there is no increased risk to your family members.

If you have a BRCA gene mutation found by either germline or somatic testing it may affect your treatment for ovarian cancer. There is more information about this in the **Your treatment**

section of this guide. You can also ask your oncologist for more information.

We have a lot more information in our guide *Genetic testing and hereditary ovarian cancer* available to order or download at [targetovariancancer.org.uk/guides](http://targetovariancancer.org.uk/guides) or by calling **020 7923 5475**

stroll with the dog or spending time with the people they are closest to. Some people find they have a greater appreciation of the little things in life.

One feeling consistently reported by those with ovarian cancer is that they feel isolated. Ovarian cancer is a less common cancer in comparison with breast cancer, for example. Sharing your experience with others in a similar situation can be helpful. Target Ovarian Cancer's website has details of gynae cancer support groups all over the UK or if you can't find one in your area, your CNS may be able to put you in touch with others locally. If support groups do not appeal to you there are plenty of activities you can get involved with. For more details, take a look at [targetovariancancer.org.uk/support](http://targetovariancancer.org.uk/support)



### HOW YOU MIGHT FEEL

You may feel that life will never be the same again and at this stage you can't imagine ever getting back to normal. You may find it hard to believe, but many people come to accept that cancer has become part of their lives and they continue their usual activities, despite ongoing treatment. Having a sense of normality is very important and can help you feel a little more in control.

It can be difficult balancing family and friends with the demands of the ovarian cancer and personal time, a bit like trying to keep 'all the balls in the air'. It can be very easy to put personal time at the bottom of your list of priorities so try to remember to factor in some time to do things you enjoy. Many people find that it is the simple things in life that give them most pleasure such as going for a walk somewhere green and relaxing, enjoying a



"You've got to live your life. Just go forwards. Otherwise it's wasted time. Enjoy what you have got rather than worrying about what you might not have."

*Gvonne*

## Keeping active and eating well

Keeping active and eating well can help you to cope with the demands of treatment and is an important part of being as healthy as possible.

Being as healthy as possible means eating foods that are made up of things that help your body to repair and maintain itself and to give you the energy you need. In general there is no right or wrong thing to eat as long as you maintain a healthy weight and eat a balanced diet.

If you are experiencing side effects of chemotherapy (for example feeling sick, being sick or loss of appetite), you may want to try eating small frequent meals and snacks, rather than three large meals each day. You may also find that eating cold foods helps you to avoid cooking smells which can sometimes cause people to feel sick. Eating slowly and sitting in an upright position may also help, and you may find it easier to eat at certain times of day (for example, not late at night). Nourishing drinks such as fruit smoothies and milkshakes can help you build up and maintain your weight if you're finding it hard to eat.

Being more active can help you cope with side effects such as tiredness, and can help improve your emotional wellbeing too. You may have worries about becoming active but it has been proven that doing exercise has fewer risks than being inactive. Start doing some form of gentle exercise little and often, perhaps 10 minutes every day, and gradually build up the amount that you do.

There are many ways that you can become more active that don't involve going to the gym. Walking is free: start by walking up and down your stairs more often, or walking to your local shops instead of taking the car. You can raise your legs and move your arms when watching TV or you can put on some music and dance.

*"I think it's important to keep busy. I can tell when I start thinking about it too much because I get this feeling of sadness come over me. If I want to have a little cry, I have a little cry. I try to remain as positive as I can and I find it helps to have a strong mental attitude."*

*Andrea*



## How do I find out more?

- Ask your CNS or oncologist if you want to know more about what diet and types of exercise are right for you
- Target Ovarian Cancer has a useful booklet called *Ovarian cancer, diet and nutrition* that you can download or order at [targetovariancancer.org.uk/guides](https://targetovariancancer.org.uk/guides) or by calling **020 7923 5475**

- The World Cancer Research Fund is the leading authority on the links between diet and cancer and produces a report called *Diet, Nutrition, Physical Activity and Cancer: A Global Perspective*. You can also download the booklet *Eat Well During Cancer* for recipe ideas and tips to manage side effects of treatment from [wcrf-uk.org](https://wcrf-uk.org)

## HOW YOU MIGHT FEEL

Facing a future involving lots of cancer treatments is not something that anyone looks forward to but with experience you will develop coping strategies. Set small, achievable goals, plan pleasant activities in between treatment and accept offers of help. Facing treatment again can be particularly difficult having experienced it before. You may dread the physical changes brought about by the treatment, particularly the hair loss and fatigue. The extent that you dread the treatment can depend on your experience the first time round. If you found your primary chemotherapy treatment very distressing, or hated a particular side effect, then be sure to discuss this with the doctors and nurses.

If you are the type of person who wanted information after your initial diagnosis then it is likely that you will want even more information now that the cancer has come back. It is understandable that you will want to explore every avenue and look for any new treatments that might be available. This can be time-consuming and exhausting. Always remember that you can discuss your treatment with the medical and nursing staff. It is OK to ask questions or share your opinion and experience of your treatment. It is also very common to feel you would like to explore complementary therapies at this time. This can give you a greater sense of control, but it is always wise to discuss any complementary treatments with the medical staff.





## Sources of support

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Perhaps you have already visited a cancer support centre or have used complementary therapies alongside your conventional medical treatment. Maybe you have not felt the need to access additional support but you feel now that you would benefit from some extra help. There are lots of ways to get some more support, from talking to a professional to simply chatting to someone in a similar situation online.



## Target Ovarian Cancer

If you are worried about anything you have read in this guide or would like more information, get in touch with our support line. You can call us about anything to do with ovarian cancer. Our specialist nurses are here to listen. Call **020 7923 5475** (Monday to Friday from 9am–5.30pm) or visit [targetovariancancer.org.uk/supportline](https://targetovariancancer.org.uk/supportline)

Our website [targetovariancancer.org.uk](https://targetovariancancer.org.uk) brings you insights from others who have had a diagnosis of ovarian cancer and how they feel as well as more information about ovarian cancer, treatment and living well.

### Facebook groups

Join our private Ovarian Cancer Community on Facebook, a group for **anyone affected by ovarian cancer** (including loved ones) to connect, share experiences and support one another. Keep in touch with Target Ovarian Cancer and experience our digital events together with your family and friends. Hear from clinicians and our specialist nurses to learn more about ovarian cancer. Join at [facebook.com/groups/ovariancancercommunity](https://facebook.com/groups/ovariancancercommunity)

You can also join our private Facebook group, In Touch, which is a safe space **just for those with a diagnosis**, to talk to others and share experiences. Join at [facebook.com/groups/intouchtargetovariancancer](https://facebook.com/groups/intouchtargetovariancancer)

### Support events

Target Ovarian Cancer runs a programme of regular free digital and face-to-face events across the UK to support anyone living with and beyond ovarian cancer. These events offer an opportunity to meet others and provide support and information on everything from latest treatments to coping emotionally and living well with ovarian cancer. You can find out more at [targetovariancancer.org.uk/supportevents](https://targetovariancancer.org.uk/supportevents)

### Support groups

Simply being around others who understand what cancer involves can help. Some groups like to share fears and worries or arrange talks about cancer from different professionals. Some groups arrange lunches or outings, which can help to boost your spirits. Often groups are general, with members who have had different types of cancers, but there may be a group specifically for those with gynaecological cancers. Your CNS may run a support group locally or you can visit [targetovariancancer.org.uk/supportgroups](https://targetovariancancer.org.uk/supportgroups) to find a group near you.

## Online communities and telephone support

- The Macmillan Cancer Support free support line is available Monday to Friday, 9am–8pm. You can contact them on **0808 808 00 00**. This service also offers an interpretation facility in over 200 languages. Their Online Community can also give support at [community.macmillan.org.uk](https://community.macmillan.org.uk)
- Maggie’s provides online cancer support where you can access specialist advisers and meet others through online support groups. Contact your local Maggie’s centre for more information: [maggies.org](https://maggies.org)
- Samaritans are also available 24 hours per day, 365 days per year and you can talk to them about anything that is troubling you. They are available on **116 123**, free of charge, or email [jo@samaritans.org](mailto:jo@samaritans.org)

*“When I found out my cancer had come back, I joined my local cancer support centre. I have met a lovely group of ladies there and it is so nice to talk to others who understand what I am going through.”*

*Karen*

## Support centres and hospices

Many hospitals offering cancer treatment will have either their own or a charity-run cancer support centre (such as Macmillan or Maggie’s) onsite, or there may be a local cancer support centre, or hospice, nearer to your home. You might be worried about the idea of a hospice and think that they are only for people at the end of life. But, in fact, these centres can be a great source of comfort and offer a range of specialist services for all stages of cancer. These teams are also experts in supporting you with any symptoms that you might experience.

Cancer centres and hospices will have nurses or counsellors you can speak to and provide complementary therapy and exercise sessions. Some sessions may be facilitated by a health professional so that treatment questions or small concerns can easily be addressed.

Some of these centres may also be able to offer an opportunity to meet others in a similar situation. They can provide a safe environment to share experiences and gain support and understanding from each other, helping you to deal with the mixed emotions you may be feeling.

Your CNS should be able to give you details of the support centres and hospices in your area. Target Ovarian Cancer’s support line can also help you find support that is local to you. You can speak to one of our specialist nurses Monday to Friday, 9am–5.30pm, by calling **020 7923 5475**

## Complementary therapies at cancer support centres and hospices

Support centres and hospices may offer complementary therapies which some people find can be extremely beneficial. Complementary therapies 'complement' the treatments you receive in hospital; they are not alternative treatments for cancer. While none of these treatments are scientifically proven to ease the symptoms of medical treatment they can bring about a sense of wellbeing and relaxation. One-to-one or group therapies you may be offered include:

- Reflexology, a type of therapy that applies gentle pressure to the feet or hands and that can be used for relaxation or to ease tired and strained muscles. Some people who receive reflexology on their feet have reported that this helps with peripheral neuropathy (damage to the nerve endings) of the feet, which causes numbness and tingling.
- Acupuncture, which can be given prior to chemotherapy to ease symptoms of nausea and vomiting and also for pain.
- Group relaxation is a popular complementary therapy that is frequently offered by cancer support centres and can be very beneficial when you are feeling stressed or anxious. When we are anxious our brain finds it difficult to process information. We find we just can't focus or think straight and may not sleep well. Relaxation can be an effective self-help activity to help you to deal with the range of emotions you may experience and gives the body time to recover.

Although it can be daunting to first visit a support centre or a hospice, many people find this service a great comfort both during and after treatment.

Check out what your local support centre and hospice offers and try different therapies to find out which one is best for you. A professionally qualified therapist from your local cancer support centre can help you to discuss therapy options and provide reassurance and advice based on your specific situation. The relationship you have with your therapist is a key element to maximising your relaxation experience. Ask your CNS or contact Target Ovarian Cancer to find out details of your nearest cancer centre.

Target Ovarian Cancer has a useful booklet, *Ovarian cancer and complementary therapies*. You can download or order it at [targetovariancancer.org.uk/guides](http://targetovariancancer.org.uk/guides) or by calling **020 7923 5475**

## Psychological therapies

You may find it helpful to seek professional support to help you deal with your feelings and emotions. Target Ovarian Cancer has more information about all these options, which you can access at [targetovariancancer.org.uk/support](http://targetovariancancer.org.uk/support) or by calling **020 7923 5475**

**Counselling** gives you the opportunity to speak to someone about fears or difficulties. A counsellor's job is to listen and allow you to talk. Many hospitals and treatment centres offer referrals to counselling services and many cancer support centres offer free counselling services on-site. Ask your CNS, GP or local support centre for more information. If you prefer to choose private counselling, you can find a registered counsellor through the British Association of Counselling and Psychotherapy (BACP). You can visit their website [bacp.co.uk](http://bacp.co.uk) or call **01455 883 300**

**Psychological support** will look at how cancer has affected your life and wellbeing. A psychologist will be able to discuss the problems you are having and look at how they are affecting you. They can then decide what type of psychological treatment may help you. The British Psychological Society (BPS) can help you find a psychologist in your area and offer the service in different languages if English is not your first language. You can visit their website [bps.org.uk](http://bps.org.uk) or call **0116 254 9568**

- **Cognitive Behaviour Therapy (CBT)** is a very practical way of looking at emotional distress. It focuses less on the causes of your distress and more on what to do about it – how to improve your reactions to difficult situations. CBT examines how our ways of thinking can trigger difficult emotions and behaviours. The therapy then works to change behaviour by finding new ways to think about and approach problems. This is a practical therapeutic approach. The more specific a problem the more likely CBT will be able to help. Most clinical psychologists in the UK are trained in CBT and you can be referred to one through your GP. Search for therapists in your local area: [cbtregisteruk.com](http://cbtregisteruk.com)

"I've been a member of a support group at my local cancer centre for about eight years now. Women keep coming back for the social aspect of meeting as much as the support."

Lynette

**Psychotherapy** is similar to counselling but this time the therapist will try to find out where emotions or difficulties might be coming from. A therapist will help you to think about what is happening in your life now and what has happened to you in the past that might affect how you are feeling and behaving. Psychotherapy can help you to understand why you behave in certain ways and how you might change this behaviour. The UK Council for Psychotherapy has a **find a therapist** service available on their website: [psychotherapy.org.uk](http://psychotherapy.org.uk)

**Mindfulness-based therapies** help you focus on the present moment. It is recognised by the National Institute for Health and Care Excellence (NICE) to avoid repeated bouts of depression. Mindfulness is a form of non-religious meditation that can have benefits for your sense of wellbeing, help with stress and anxiety and can be practised at home. Mindfulness meditation and mindfulness-based cognitive therapy is taught and practised in the UK by applied psychologists and other registered health professionals. The Mental Health Foundation has more information about the different types of mindfulness, just search **mindfulness** at [mentalhealth.org.uk](http://mentalhealth.org.uk). Or try their mindfulness course at [bemindfulonline.com](http://bemindfulonline.com)

You can also search **mental wellbeing** at [nhs.uk](http://nhs.uk) for further information and advice on mental health.

## Other professional support

**Carers Trust** works to improve support, services and recognition for anyone living with the challenges of caring for a family member or friend. They give information, advice and practical support to carers and can also offer practical support to families when a parent or carer has cancer: [carers.org](http://carers.org)

**Carers UK** gives expert advice, information and support to carers: [carersuk.org](http://carersuk.org)

**COSRT** is the College of Sexual and Relationship Therapists and holds a directory of members to help you find professional support in your area: [cosrt.org.uk](http://cosrt.org.uk)



**Daisy Network** offers support to people who have experienced a premature menopause due to a medical condition or treatment. They offer information and a network of those who are willing to share their personal experiences of premature menopause: [daisynetwork.org.uk](http://daisynetwork.org.uk)

**Home Start** helps families with young children deal with whatever life throws at them. They can help to look after children or just be someone to talk to: [home-start.org.uk](http://home-start.org.uk)

**Hope Support Services** offers support to anybody age 11–25 when a close family member is diagnosed with cancer: [hopesupport.org.uk](http://hopesupport.org.uk)

**Relate** offers counselling, support and information for all relationships: [relate.org.uk](http://relate.org.uk)

### HOW YOU MIGHT FEEL

It is possible that you may be feeling a sense of loss since your diagnosis. The loss you feel may include the loss of independence. Sometimes families and friends can be a little overprotective and feel they are doing the right thing when they take over your household tasks or start running your day-to-day life. If this has happened and you would prefer to carry on with your routine as normally as possible then try to discuss your feelings with them. You can always ask your CNS to meet with you and your loved ones to help explain what you need now and what you don't want now. You can also call Target Ovarian Cancer's support line on **020 7923 5475** to talk things through together.

You may also be feeling a loss of physical, sexual or emotional closeness. There can be

many misunderstandings following a diagnosis of recurrent cancer. Your partner may feel nervous about physical contact in case it hurts you and at the same time you may feel rejected. Again, try to talk to your partner about this.

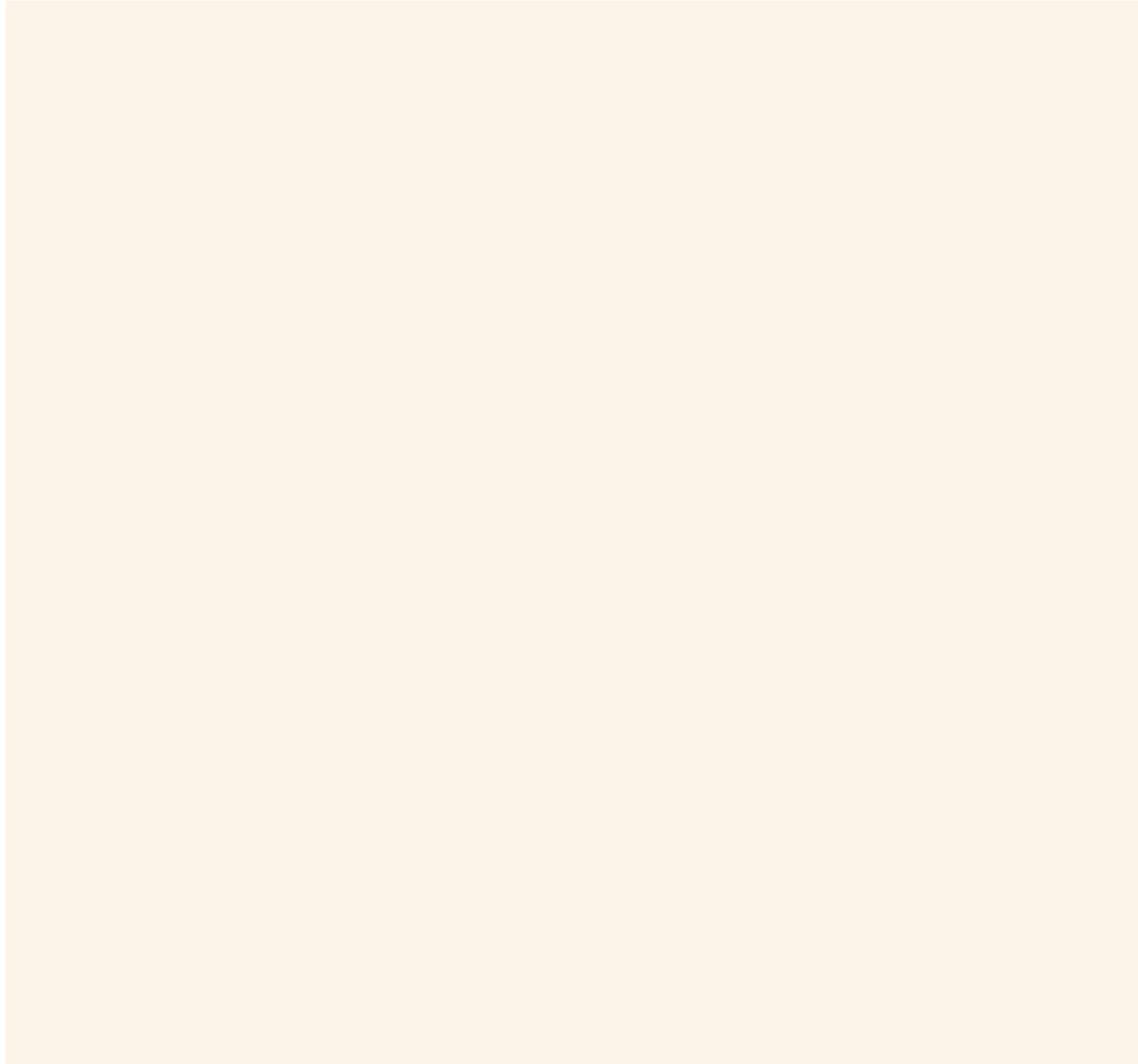
For some people there is a desire to 'put their house in order', which can mean writing a will if you did not do so before and thinking about what you want from medical treatment today and in the future. Although it can feel painful to think about doing these sorts of things, it is something we should all do whether we have cancer or not. It may feel more poignant for you doing this now, but you will hopefully feel relieved when you have made these decisions and you can get on with living your life to the full.



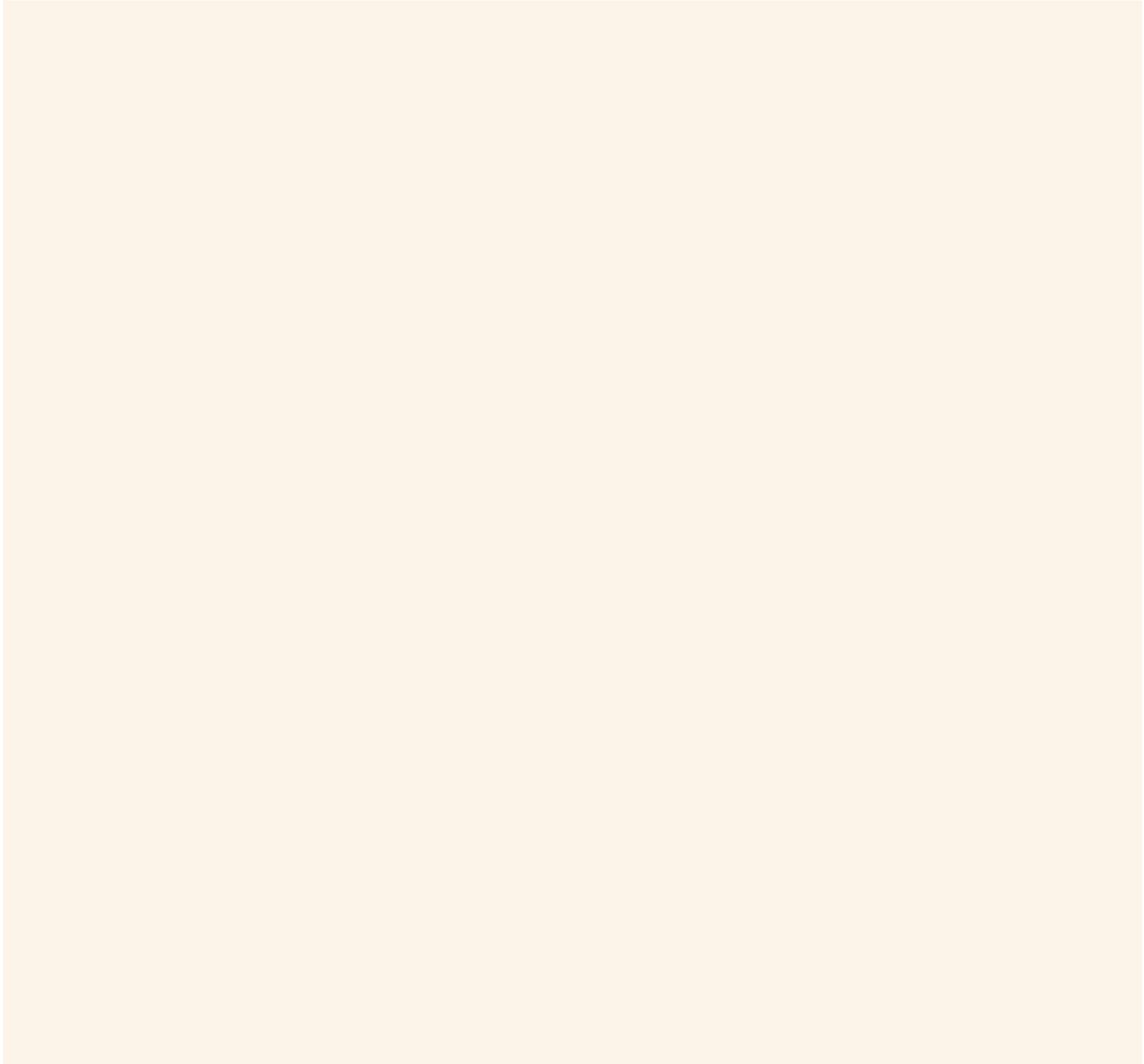
## Notes

### Useful contacts

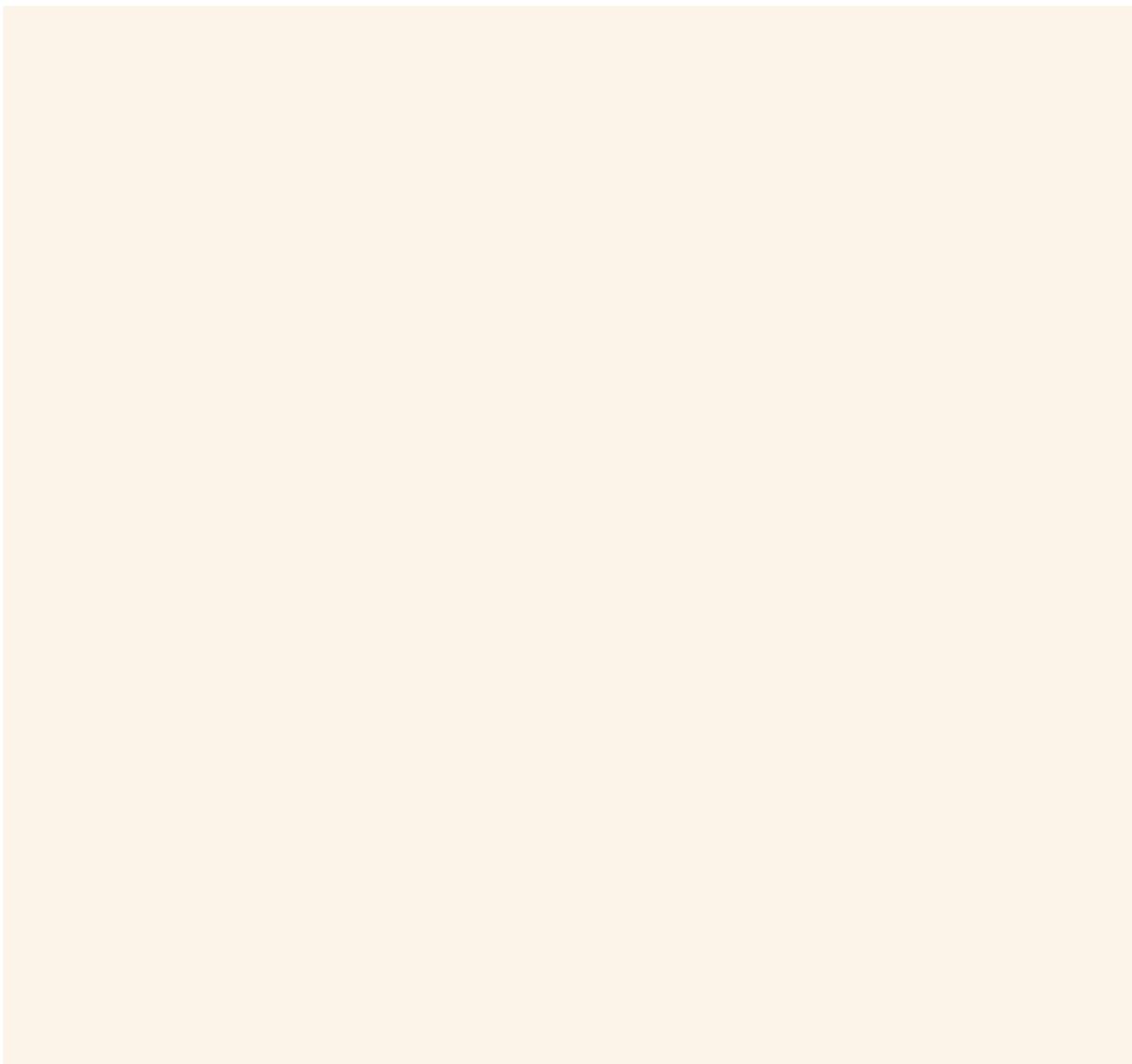
You can use this space to record useful contacts such as your clinical nurse specialist etc.



Questions I want to ask



## My next steps



## About Target Ovarian Cancer

Target Ovarian Cancer is the UK's leading ovarian cancer charity. We work to:

- improve early diagnosis
- fund life-saving research
- provide much-needed support to anyone with ovarian cancer.

We're the only charity fighting ovarian cancer on all three of these fronts, across all four nations of the UK. Ovarian cancer can be devastating. But there is hope – Target Ovarian Cancer. We work with people affected by ovarian cancer and health professionals to ensure we target the areas that matter most for those living with ovarian cancer.

All our publications and information are subject to an information production system that ensures quality and impartiality. All our publications are

peer reviewed by experts in their field, health professionals and those affected by ovarian cancer. You can find details of the people who reviewed this booklet inside the front cover.

We hope that you have found this publication useful. If you have any comments or suggestions, please get in touch.

To access our list of references for this publication please contact us directly.

We make every effort to ensure that the information we provide is accurate. If you are concerned about your health, you should consult your doctor. Target Ovarian Cancer cannot accept liability for any loss or damage resulting from any inaccuracy in this information or third-party information on websites to which we link.

## Our commitment to diversity, equity and inclusion

Target Ovarian Cancer is committed to embedding diversity, equity and inclusion into every area of the charity. We have embarked on a programme of work to make sure we're reaching and representing everyone who needs us, actively looking at how we can make sure our support reaches everyone affected by ovarian cancer, and that it reflects the communities we serve. Through this work we are

taking time to learn more and think carefully about the needs of, and challenges faced by, people we currently support, and those that we could support. You can find out more about our immediate plans on our website at [targetovariancancer.org.uk/equity](https://targetovariancancer.org.uk/equity) and if you'd like any more information please email us at [info@targetovariancancer.org.uk](mailto:info@targetovariancancer.org.uk)

Our nurse-led support line is here for anyone affected by ovarian cancer – if you have a diagnosis, or if you're a family member or a friend supporting someone living with ovarian cancer.

We're open from 9am–5.30pm,  
Monday to Friday.

Call us on **020 7923 5475**

More information and support for anyone affected by ovarian cancer can be found at **[targetovariancancer.org.uk](https://targetovariancancer.org.uk)**

 Support line: 020 7923 5475

 [info@targetovariancancer.org.uk](mailto:info@targetovariancancer.org.uk)

 [targetovariancancer.org.uk](https://targetovariancancer.org.uk)

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