



New Indication for Niraparib

There was recently positive news on the ovarian cancer front when the Food and Drug Administration (FDA) approved niraparib – a PARP inhibitor also known as Zejula – as a first-line maintenance treatment for platinum-responsive advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer. The drug was previously approved by the FDA in 2017 for treatment of recurrent ovarian cancer.

The good news is that ovarian cancer patients do not need to have a BRCA mutation in order to receive treatment with niraparib. Additionally, they are no longer required to have experienced a recurrence before receiving the drug.

According to Audra Moran, President and CEO of the Ovarian Cancer Research Alliance, “It’s so important for patients with ovarian cancer to have treatment options, and this approval is positive news for our community. PARP inhibitors represent a major advancement in the fight against ovarian cancer, and having a new first-line maintenance option for platinum-responsive advanced ovarian cancer patients — regardless of BRCA mutation status — is especially exciting. We are determined to keep funding research and partnering with scientists who are on the frontline of finding new treatments like this one to help those impacted by this disease.”

To learn more about this approval, check out the FDA website and GlaxoSmithKline press release (4/29/2020).

One to One is devoted to the on-going support of those newly diagnosed, those in remission and those in recurrence.

100% of contributions directly benefit our group by providing activities and paying for expenses.

*Donations are gratefully accepted and can be made by check payable to **One to One Ovarian Cancer Support Group** c/o Marilyn Brozovic 4793 Alton Dr. Troy, MI 48085*

A receipt will be provided for tax purposes.

Someone once said ...

"Anybody who has ever struggled to plant his feet onto the floor in the morning knows that life can be hard; it can be stressful; it can be overwhelming. But each of those negative, less than optimal feelings immediately takes a back seat to the inspirational power of hope."

~ Shawn L. Anderson

"Even your past pain can be a blessing to someone. Hopelifters are willing to reach back and pass hope on."

~ Kathe Wunnenberg

"It's always something, to know you've done the most you could. But, don't leave off hoping, or it's of no use doing anything. Hope, hope to the last!"

~ Charles Dickens

Ovarian Cancer: *An Eight-Year Perspective*

Part 2

By Patti Pfaendtner

Triage /treaZH/

Noun the assignment of degrees of urgency to wounds or illnesses to decide the order of treatment of a large number of patients or casualties.

I was diagnosed with my fifth recurrence of ovarian cancer in November of 2019. Due to a variety of circumstances specific to my case, it took several months to begin my treatment. As I explained in my last article, this delay caused me a great deal of anxiety. Little did I know that I (and the rest of the world) were in for a level of anxiety not previously imaginable.



These days one often hears things referred to as the ‘old normal’ vs the ‘new normal.’ A new normal is a frightening concept, one which I’ve yet to hear defined. In the old normal, getting a diagnosis of cancer was pretty much perceived as the worst medical news one could receive. I’m certain there are worse things, but cancer has firmly established itself among the less informed as a death sentence. It’s the last thing one wants associated with a loved one or one’s self.

Enter the coronavirus and our new normal. A world-wide pandemic has established Covid-19, a disease caused by the coronavirus, as the new villain in town. I’m not certain that the two diseases, Covid-19 and cancer, are comparable in terms of their villainess status. I’ll leave that for the experts to figure out. I do know, however, that for the purposes of this article and with regards to my personal experience, Covid-19 comes out on top.

When my treatment finally began, I was infused with Carboplatin once every three weeks at one medical facility. Midway through my second treatment, I had an anaphylactic reaction which sent me to the ER. The decision was made that I receive the next treatment at another hospital system with a desensitization process not available at the initial system. This treatment requires an overnight stay in the ICU. I had one treatment under those parameters when the virus struck. Suddenly, the new system became a level one trauma center and they no longer had room for me. I was triaged after many phone calls inquiring what happens next. My doctors were caught up in the turmoil of the virus. Eventually my treatment was moved back to the original system and switched from Carboplatin to Cisplatin. Though the Cisplatin worked, it was a miserable substitute for the Carboplatin.

The period of time between those decisions being made about my treatment was really unsettling. I felt as though my disease was no longer a top priority. I was accustomed to the “privileges” that having the top-dog, bad-guy of diseases brought. I had always been treated with the utmost focus and attentiveness by my medical team. I don’t think I like the new normal.





PROFILE IN

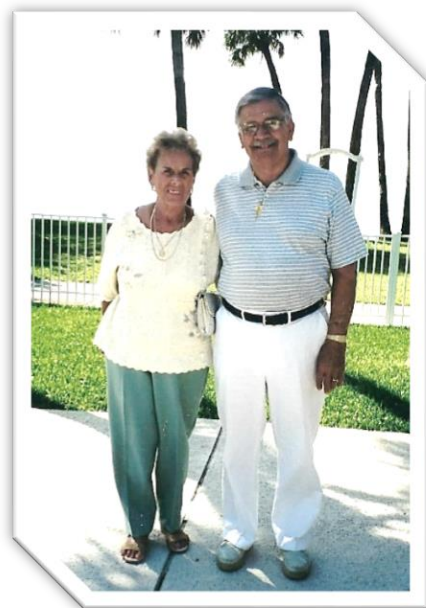
Courage



By Marcia Gurche

As a 58-year survivor, **Annie Kabsia** is our longest *One to One* survivor. Annie, who is 91 years young, was diagnosed in 1962 when she was 37 years old and a young wife and mother of two small children. At the time of her diagnosis, Annie was experiencing some urinary symptoms and menstrual irregularities. Early one morning, **Pam**, who was 5 years old at the time, and **John**, 3 years old, came into her bed and began roughhousing as children do. One of them accidentally hit her abdomen and she experienced excruciating pain. She realized then that there was something seriously wrong and she went immediately to see her doctor, who found the tumor and ultimately performed a hysterectomy at Harper Hospital in Detroit.

The treatment that followed the surgery was far worse than anything she could have imagined. She was hospitalized for one month and during that time she was basically kept in isolation while she received IV infusions of “Gold Dust Radiation.” No one was allowed to enter her room unless they were gowned in hazmat-type suits and she wasn’t allowed to have any visitors. The days were long with no television or even radio allowed. Her husband stood outside her door and visited from the hallway, but she wasn’t allowed to see her children during that time. She was given morphine for the pain and when she was discharged at the end of the month, she was addicted to the morphine. Once again, she wasn’t able to see her children. Annie says her husband, **John**, was a “saint” and even though he had to go to work early she kept him up late each night as she talked and cried and fought the withdrawal symptoms. They did get through it and life returned to normal. It was a wonderful day when their family was eventually reunited.




Annie grew up in Highland Park, where she was one of four children. (FUN FACT: One of their playmates in the neighborhood was the famous singer, Jackie Wilson.) Annie and John met by a fluke when Annie attended the wedding of an old friend from high school. As she was getting ready to leave the wedding, John showed up with a few of his friends. Although it was one of the other friends who actually asked Annie out, she really had eyes for John and vice versa. They eventually got together, and the rest is history, as they say. John ultimately retired from a trucking company where he worked as a general manager. Annie worked in the accounting department at Chrysler where she retired after thirty years. Sadly, John passed away in 2009 after 59 years of marriage. Annie says their life together was a wonderful one.

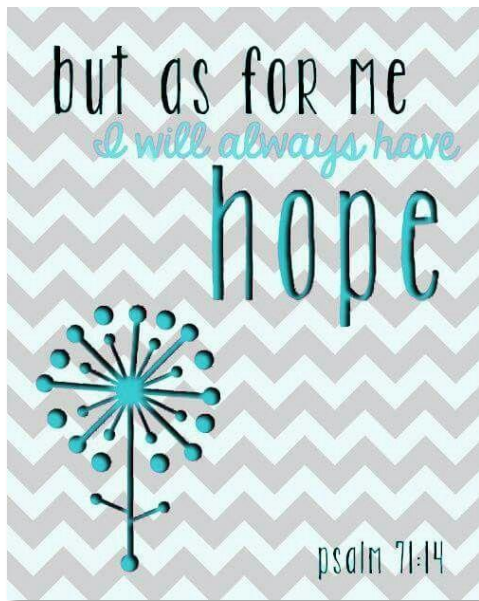
The Kabsias moved from Detroit to Farmington when the children were in elementary school. They bought a home where she lived until just recently. The home had a beautiful 20’ x 40’ in-ground swimming pool which was the center point for many hours of fun and numerous parties for family and friends over the years. Annie never did learn to swim but she had a great floating chair and she could float with the best of them!

Annie also liked to cook and bake. She especially enjoyed making stuffed cabbage and pasta and her specialty was English Muffin Bread, which she gave as Christmas gifts each year. She is happy to report that her daughter, Pam, has taken over making it and does a great job.

(Cont. 'd on next page)

Early on, Annie and John invested in a condo in Hutchinson, Florida, which is about 40 miles north of West Palm Beach. Over the years they made many memories there with friends and family. They spent every November through May there after they retired and loved the company they had, especially their children and grandchildren. Pam has one daughter, **Sara** (29) and their son John, who is married to **Mary**, has a daughter, **Kalynn** (29) and a son, **Cody** (27). Annie received the best birthday gift of all last October when Kalynn presented her with her first great-grandchild, **Maeve**, who is now eight months old. Kalynn is anxious to begin making new and wonderful memories with Maeve in Hutchinson.

Annie is a delightful and energetic woman who is full of life. It is amazing and inspiring to hear from such a long-time survivor who experienced a unique treatment for ovarian cancer so many years ago. Unfortunately, her family has endured more than their share of cancer. In addition to Annie, Pam has had uterine and breast cancer and John is currently undergoing treatment for prostate cancer. They are strong like their mother, however, and will undoubtedly persevere and be as positive and resilient as Annie. 



HAPPY SURVIVORSary

Bridget Smith	17 yrs!
Virginia Marrow	13
Betty Chernenko	12
Irene Kearney	11
Lori Pittenger	10
Joline Bowdich	10
Margaret Huang	7
Kim Belhorn	6
Gail DePodesta	5
Sue Petrusha	2
Dana McCarius	1

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Please join us for our ZOOM meetings on the second and fourth Thursdays each month.

An email will be sent to everyone two weeks prior to each video support group meeting asking if you would like to participate. A separate email with a link will be sent to those who reply two days prior to the meeting.

If your SURVIVORSary is missing, we did not receive an updated form from you. Please visit our One to One website for the form or contact Marilyn Brozovic via email: brozovicm87@gmail.com

Newsletter information is presented in summary form, is general in nature and provided for informational purposes only. It is not intended in any way to be a substitute for professional medical advice, diagnosis or treatment.

Objectives of support group:

- ✦ Provide a forum for ovarian cancer patients to address concerns;
- ✦ Support each other through initial treatment phase, during potential recurrence, and with issues related to long term survival;
- ✦ Establish core group of survivors willing to visit newly diagnosed patients;
- ✦ Increase awareness of ovarian cancer, including its symptoms and risk factors, in the hope of achieving earlier detection and treatment.