

OVARIAN CANCER: THE DISEASE THAT WHISPERS

by Marianne Connolly

It was Christmas 1992. I was in Baltimore for a routine Christmas visit with my family. My parents were in the living room of their home discussing something. That was routine. My mother had been to the doctor. That was routine. I asked her how her doctor's appointment went. "Fine," she said. That was routine. I returned to Nashville after the Christmas holiday. That was routine. The phone call from my father the next month, January 1993, was not routine.

My father called and told me that my mother had to have surgery immediately, and he asked me to return home for the surgery. I was confused and shocked and don't remember much about that conversation. I don't believe I talked to my mother during that conversation. I'm also not sure if I knew during that phone call that my mother had ovarian cancer or if I discovered that she had ovarian cancer after her surgery in January.

Ovarian cancer. What was that? How could my mother have ovarian cancer? There was no cancer in my family. Other people had cancer. My mother had never been sick. She was playing golf on a regular basis. My father had just retired, and they were about to enjoy life after dedicating their lives to raising four daughters. How did this happen? I'll tell you how it happened.

First sign. My mother saw her gynecologist in May 1992. At that time, her doctor noticed something and wanted to watch it. The doctor wanted my mother to return in December and evaluate the situation. The situation changed dramatically between May and December. Surgery had to be scheduled and per-

formed by a gynecologic oncologist in January 1993.

Second sign. My father noticed that my mother's abdomen was large and mentioned it to her. My mother dismissed my father's comment. She told my father that a woman's abdominal area enlarges as she ages.

Unfortunately, my mother was diagnosed in the late stage of ovarian cancer. For almost two years, she battled the disease. For almost two years, I had to deal with the death of my mother long distance. I remember going on a family vacation the first summer after her surgery, and I remember drugs being delivered to her while we were on vacation. I remember the phone calls from my father and the frustration in his voice at times as he coped with what was happening to my mother. He cared for her during the entire illness. I knew that I couldn't do anything for him other than listen. I remember the day my mother called me from the hospital and told me that she loved me. I always knew that she did, but she never verbalized it. I had never verbalized those words, but I did that day. After we exchanged them, I knew that she was preparing for her death. I remember asking my father what I could do for her and for him. I felt helpless. He told me that I could arrange her funeral Mass.

I remember the last time I visited my mother. I was shocked and had to leave the room. That skeleton in the hospital bed could not be my mother. During her last days, I knew that I didn't want to be there when she died. Once again, I returned to Nashville. A few days later, I received a call from my father. My mother passed away on October 27,

1994. She was 66. She was too young. She died peacefully, though. My father told me that she was praying the rosary...one of her most favorite things to do. I returned to Baltimore, and attended the funeral Mass that I had arranged. It was beautiful. It was my tribute to a woman who had nourished me physically, spiritually and emotionally. I knew that all would be well when the rainbow appeared the day my mother was buried.

It has been over seven years since my mother's death, and I am dedicated to educating and raising awareness about the deadly disease of ovarian cancer. The symptoms of ovarian cancer—particularly in the early stages—are often not acute or intense. They are not always silent. They whisper, so one must listen.

I am honored and proud to be affiliated with the Tennessee Division of the National Ovarian Cancer Coalition (NOCC). Gail Hayward, a long-term ovarian cancer survivor who was committed to educating and building awareness about ovarian cancer, founded NOCC. Headquartered in Boca Raton, Florida, the Coalition is the country's leading organization promoting awareness and education about ovarian cancer. NOCC initiated the first toll free ovarian cancer information hotline (1-888-OVARIAN), maintains the most comprehensive website for ovarian cancer support in the world (www.ovarian.org) and has built a network of many state divisions cross the U.S.

Ovarian cancer...it whispers...we must shout to get the message out. For more information about the NOCC, please contact tnnocc@comcast.net.

MCWC Welcomes New Staff Members



Jennifer Hackett
Assistant Director for Programs

The Margaret Cuninggim Women's Center is pleased to welcome Jennifer Hackett and Vicky Basra to its staff. Jennifer Hackett replaces Hilary Forbes as the assistant director for programs; she will be designing, planning and implementing programs and collaborating with other groups on campus "to meet the needs of women." Though Jennifer is a native Nashvillian, she left the area to pursue her education—she holds a liberal arts degree in general studies, with minors in history and religious studies, from the University of Dayton. After college, Jennifer served as the director of youth programs for St. Joseph's Church in a financially poor, multi-cultural neighborhood in Los Angeles. She also served in AmeriCorps working for an urban gardening program and



Vicky Basra
Faculty/Staff Educator

implementing recycling in the MetroPark system of Dayton, Ohio. She then returned to Nashville and after earning her master's of divinity from Vanderbilt worked as a family services counselor for the YWCA until the grant that funded her position ran out. Jennifer explains that "it felt very natural to look at the Women's Center" for employment as she was "hoping to continue working in the field of women's issues." Jennifer looks forward to "aiding other women in coming to find their voices, in being able to articulate what their needs are in any situation. I'm excited about being in dialogue with the students...I'm looking forward to working with the strong staff at MCWC, and I'm so glad to be back on Vanderbilt's incredible campus."

Vicky Basra also comes to us from the Nashville YWCA where she served as community development liaison for the Domestic Violence Center; there she developed community programs and also conducted support groups both in the YW's shelter and in the community. Originally from Toronto, Canada, Vicky holds degrees in English, sociology and social work and is currently working toward an M.A. in social work. At our Center, she will serve as faculty/staff educator for the Project Safe initiative. She is eager to "work collaboratively with the MCWC staff towards a better tomorrow."

Please join us in welcoming Jennifer and Vicky; a reception will be held September 12 from 3:30 until 5:00 pm at the Women's Center. The event is free and open to the public and refreshments will be served.

Quilting Exhibit Opens at Center Gallery

The MCWC Gallery kicks off the 2002-2003 year with its first artist, Elizabeth Garlington, and her exhibit entitled "Healing Story, Healing Quilt."

Ms. Garlington, an academically trained artist, describes herself as being "drawn to art forms where the final product is unplanned and evolves with the intuitive handling of materials." She views quilting as a form of collage technique and strongly emphasizes that quilting merits definition as a fine art form. Her works are "narrative art quilts," and are inspired by "ethnic textile patterns and design motifs" with which she combines "many stories, images and narratives" from her own life and experiences.

The exhibit will open with a reception Tuesday, September 10, from 4:00 pm – 6:00 pm in the Women's Center Gallery; it will run until October 25 .

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Campus address: Franklin Building, 316 West Side Row.
Mailing address: Box 351513, Station B, Nashville, TN 37235. Phone: (615) 322-4843. Fax: (615) 343-0940.
E-mail address: womenctr@vanderbilt.edu.

Visit our web site at:
www.vanderbilt.edu/WomensCenter/womenctr.htm

Linda Manning, director
Jennifer Hackett, assistant director for programs
Sandra Harrell, coordinator for outreach and services
Vicky Basra, faculty/staff educator
Barbara Clarke, librarian
Gladys Holt, office manager
Maureen Duffy, editor (direct dial 343-4367)
Cindy Brown, cartoonist

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Missing in History: Bessie Head (1937 - 1986)

Bessie Head is one of the most powerful women's voices to emerge from postcolonial South Africa. Of mixed ancestry, she was born to an upper class, white, Scottish mother and a working-class, black, South African father. Because of the vehemently proscribed nature of her parents' interracial relationship—particularly in the context of South African race politics and apartheid of the time—Head's mother was placed in a psychiatric institution and eventually committed suicide. As a result, Head was raised in foster care until age 13, when she was sent to mission school.



After completing her education she remained in Natal, South Africa, her birthplace, and taught for four years. She then moved to Johannesburg, and it was there that she began to write, first as a journalist for the *Golden City Post*, a black newspaper, and also as a contributor to the *Drum*, a progressive magazine. Around this time Head married and had a son, Howard. Her marriage did not last; in response to this and to the political turmoil in South Africa during the early 1960s following the Sharpsville Massacre, Head left South Africa, accepting a teaching position in bordering Botswana. There she began writing novels.

Bessie Head's work was influenced by her very specific perspective: disenfranchised, bi-racial, marginalized, woman. Though she thought of her work as highly individual, not wanting it to be categorized carelessly under the headings of "South African" or "feminist," it nonetheless offers a profound insight into the cruel and volatile sociopolitical environment as Head had experienced it.

Some of Bessie Head's works include *When Rain Clouds Gather* (1968), *Maru* (1971), and *A Question of Power* (1973). She died in 1986.

Are YOU a Feminist?

I became a committed feminist in order to save my own life. I was killing myself with an eating disorder—the empowering perspective that I gained through studying feminist theory gave me the tools I needed to develop a healthy relationship with both food and myself and heal some deep wounds caused by much of the status quo.

Anonymous, VU Graduate Student

Usually when someone asks me this question, I ask what being a feminist means to that person. If they say stereotypically negative things such as "man-hater," then I am the first to agree that I am not a feminist as they perceive one. However, I am definitely a person who believes in parity for men and women in the workplace and in the world at large; I am all for women finding their voices in places that may have previously silenced them, and I believe women's issues deserve to be looked at and addressed. Yes, I am a feminist!

Jennifer Hackett, Assistant Director for Programs, MCWC

For me feminism means humanism. It is working towards the equal treatment and opportunity of all people.

Vicky Basra, Faculty/Staff Educator, Project Safe, MCWC

I am absolutely a feminist. I am desperate to help both women and men expose and comprehend the insidious cues that surround and invade us in this patriarchal culture. These obscured cues, taken for truth, hurt us all and eradicate the possibility of a peaceful and harmonious world. Violence (sexual and otherwise), lack of intimacy and compassion, repressed emotions, division, hierarchy—these damage each one of us and reduce our individual and collective joy. Considering feminist ideals and theories as alternatives to "the way things are" and continually engaging in dialogue with each other can help us to reclaim the real pleasures of living. That's what my brand of feminism is about.

Maureen Duffy, Writer, Editor and Teacher



CAROL GILLIGAN INVESTIGATES GENDER AND LOVE

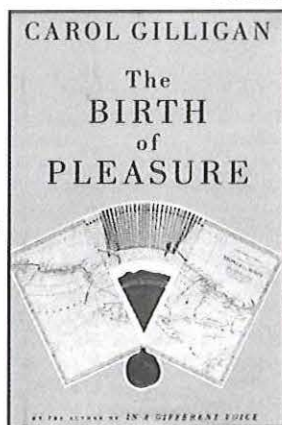
Noted psychologist Carol Gilligan has generated much interest and some controversy with the publication of her new book, *The Birth of Pleasure* (Knopf, 2002). While her best-known work, *In a Different Voice*, is a study of adolescent girls, her new volume examines love and relationships. "The trauma that is inherent in patriarchy and thus fuels its continuation is a break in relationship with women and boys on the part of both women and men. This is the story that we tell over and over again, the tragic story of love."

The writer traces heterosexual love through the ages and illustrates why couples so often disagree and part and how they can instead achieve happiness. To illustrate or prove her analysis of love and her theories about relationships, pleasure, loss and betrayal, Gilligan uses anecdotes from her own experiences and from other scientists' research, as well as many examples and tales from mythology and literature. This mixing of real and fictional individuals and of eras and cultures has understandably led to some confusion and criticism.

Gilligan discusses the ramifications of the theory that girls and boys typically silence or conceal parts of themselves at different ages. She feels that small boys become concerned about masculinity and about intimacy and vulnerability at about the age of five and that they then begin hiding or masking their true emotions and feelings. Girls, however, feel free to express themselves until their voices

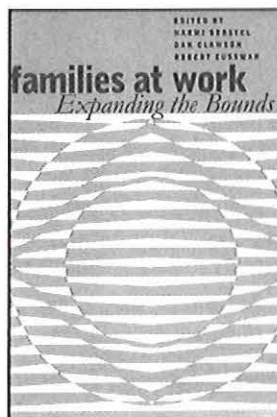
are muted at adolescence by images and expectations of femininity.

Families at Work: Expanding the Bounds (Vanderbilt University Press, 2002) is a collection of original and reprinted articles exploring the complex relationships between work and families of many types. The editors, Naomi Gerstel, Dan Clawson and



Robert Zussman, all professors of sociology at the University of Massachusetts, Amherst, remark that the phrase "families at work" was selected "to convey a more intimate connection between families and work, that a great deal of work (much of it unpaid) goes on within the household and has the family itself as its object." It also implies that families are continually evolving.

The sixteen selections are arranged in four categories, covering gender and family work, child care, community and family, and politics and the family. The contributors, most of them sociologists, discuss a variety of topics including men's perceptions of their own involvement in housework and child care; occupational segregation in fishing communities; black middle-class households; single mothers and social support; domesticity and lesbian and gay families; unions and families; and leisure activities outside the home.



Marlene LeGates, who teaches women's studies in Vancouver, has produced the comprehensive *In Their*

Time: A History of Feminism in Western Society (Routledge, 2001), which commences with the dawn of the Christian era and continues through feminism's second wave to the early 1970s. Frequently women today are unaware that many women fought for their own rights or for those of all females long before the expansion of the women's movement in the 1960s.

It is challenging for historians to study feminism prior to the nineteenth century, as the concept was not articulated until then. It is often difficult to decide when women's activism can be considered feminism; LeGates believes that women's consciousness of their own oppression determines feminist thought. The origins of female oppression can be traced both to Greco-Roman influence and to Judeo-Christian tradition.

From the earliest days some women protested or rebelled against patriarchy and female subjugation and on restrictions society placed on their activities.

LeGates discusses women who participated in the early days of the Christian church; monasticism and mystics in the Middle Ages; women, education, and art in the Renaissance; and the activities of women in Europe during and after the Protestant Reformation. Changes in Western values by the eighteenth century paved the way for modern feminist thought, which had gathered momentum by the 1820s. Within a few decades modern women's movements were evolving in western nations.



Margaret Cuninggim Women's Center

Calendar of Events

September

Tuesdays, September 3, 10, 17, 24, 30, 12:00 noon – 1:00 pm

Creative Life Planning Group.

Topic to be determined.

Thursday, September 5, 4:00 pm – 6:00 pm

New Female Faculty and Administrators Reception.

The Women's Faculty Organization and the Women's Center are cosponsoring their annual welcome reception for new female faculty members and administrators in the University and the Medical Center. Please contact Gladys Holt at 322-4843 for more information.

Monday, September 9, 5:15 pm

Book Group.

The group will be reading Amy Tan's *The Bonesetter's Daughter*. Linda Wesson will facilitate. For more information contact Elaine Goleski at 343-4701.

Tuesday, September 10, 4:00 pm – 6:00 pm

Artist Reception.

Elizabeth Garlington's exhibit, "Healing Story, Healing Quilt," opens at the Women's Center gallery. Refreshments will be served. Free and open to the public.

Tuesday, September 10

6:00 pm – 8:00 pm

Women's Center Discussion Group.

Contact Sarah Walton at

sarah.a.walton@vanderbilt.edu for more information.

Thursday, September 12, 3:30 pm – 5:00 pm

Welcome Reception.

Please join us in welcoming Jennifer Hackett and Vicky Basra to the Women's Center staff and to Project Safe. Refreshments will be served. Free and open to the public.

Thursday, September 19, 12:00 noon – 1:00 pm

Reading Sisters.

Students, staff and faculty are welcome to participate in this book group, which reads only female, African-American authors. Please bring suggestions for books. Contact Jennifer Hackett at 322-6518 or jennifer.hackett@vanderbilt.edu for more information.

How to find us . . .



The Cuninggim Center is located in the Franklin Building at 316 West Side Row.

PLEASE SAVE AND POST.

Unless otherwise stated, all programs are held at the Cuninggim Center, Franklin Building, 316 West Side Row and are open to newcomers at any time. For more information on the events listed, call 322-4843.



The Facts About Ovarian Cancer

by Marianne Connolly

HOW PREVALENT IS OVARIAN CANCER?

Ovarian cancer is a disease in which malignant or cancerous cells are found in the ovary, one of two small almond-shaped organs located on each side of the uterus that produce female hormones and store eggs or germ cells. Ovarian cancer is the fifth leading cause of new cancer cases. In women ages 35-74, ovarian cancer is the fourth leading cause of cancer-related deaths. An estimated one woman in 55 will develop ovarian cancer during her lifetime. According to the American Cancer Society, "approximately 23,400 new cases of ovarian cancer are diagnosed and 13,900 women die of ovarian cancer" each year.

WHAT IS THE GENERAL OUTLOOK FOR WOMEN DIAGNOSED WITH OVARIAN CANCER?

Because each woman diagnosed with ovarian cancer has a different profile, it is impossible to give a general prognosis. If diagnosed and treated early, when the cancer is confined to the ovary, the five-year survival rate ranges from 78 to 98 percent depending upon tumor type, and stage and grade of the cancer. Unfortunately, due to ovarian cancer's non-specific symptoms, only 24 percent of all cases are found at this early stage. Because many ovarian cancers are not detected early, the overall five-year survival rate for women with ovarian cancer is only between 35 percent and 49 percent, depending upon the type of tumor.

CAN OVARIAN CANCER BE PREVENTED?

At present, there is no known method of prevention, but some factors appear to reduce a woman's risk of developing the disease. These include:
Oral contraception: Use of oral contra-

ceptives for a total of 5 years (does not have to be continuous) can decrease the risk by as much as 60 percent; this risk reduction persists for 10 years.

Breast feeding and pregnancy: Having one or more children, particularly before age 25, decreases a woman's risk. Breast feeding also offers some reduction in risk.

Tubal ligation: This surgical procedure, in which the fallopian tubes are tied to prevent pregnancy, reduces the risk of developing ovarian cancer by about 33 percent. Its use as a risk reduction strategy may be appropriate for high-risk individuals.

Hysterectomy: A woman should not have a hysterectomy exclusively to avoid ovarian cancer, but if one is being performed for valid medical reasons and she has a family history of ovarian or breast cancer or is over age forty, she should discuss concurrent ovary removal with her physician. Hysterectomy also has been demonstrated to reduce the risk of developing ovarian cancer.

Prophylactic oophorectomy: Oophorectomy is the surgical removal of one or both ovaries. Only recommended for certain high-risk patients, the operation eliminates the risk of ovarian cancer, but not the risk for a less common cancer called primary peritoneal carcinoma. This cancer is similar to ovarian cancer in spread, presentation and treatment. Discussion with your physician is necessary to determine your individual risk and options for prophylactic surgery.

IS OVARIAN CANCER HEREDITARY?

A woman can inherit an increased risk for ovarian cancer from either her mother or father's side of her family, particularly if a "first degree" relative

(mother, sister or daughter) has or has had ovarian, breast or colon cancer. Furthermore, women with a strong family history of ovarian cancer are more likely to develop the disease at an early age (younger than 50). Women of Ashkenazi (Eastern European) Jewish descent are also at greater risk if they have an affected family member.

WHAT ARE SOME POTENTIAL SIGNS OF OVARIAN CANCER?

Potential ovarian cancer symptoms include vague, but persistent gastrointestinal upsets such as gas, nausea and indigestion; frequency and/or urgency of urination in absence of an infection; unexplained weight gain or weight loss; pelvic and/or abdominal swelling, bloating and/or feeling of fullness; ongoing unusual fatigue; and unexplained changes in bowel habits.

WHAT ARE SOME RISK FACTORS FOR OVARIAN CANCER?

Risk factors include genetic predisposition; personal or family history of breast, ovarian or colon cancers; increasing age; and undesired infertility. Use of high dose estrogen for long periods without progesterone may also be a risk factor. However, it is important to recognize that ALL women are at risk for this insidious disease. Symptoms may be extremely vague, yet they may increase over time. Early detection increases survival rate. And please remember that a Pap smear DOES NOT detect ovarian cancer.

WHAT ARE SOME DIAGNOSTIC TESTS THAT CAN BE USED TO DETECT OVARIAN CANCER?

No consistently reliable, accurate screening test to detect ovarian cancer exists. As emphasized above, the Pap test does not detect ovarian cancer.

The following tests are available: annual vaginal exam for women age 18 and above and annual rectovaginal exam for women age 35 and above; transvaginal sonography for women, especially those at high risk or with an abnormal pelvic examination; blood test to determine if the level of a tumor marker called CA-125 has increased in the blood for women at high risk or with an abnormal examination. The significance of the marker in postmenopausal women is greater than in premenopausal women. Additionally, this test is not definitive because some non-cancerous diseases of the ovaries also increase the CA-125 levels, and some ovarian cancers may not produce enough CA-125 levels to cause a positive test. If any of these tests are positive, consultation with a gynecological oncologist should be considered. CT or X-rays may be performed, and/or samples of fluid from the abdomen or tissue from the ovaries may be collected for testing.

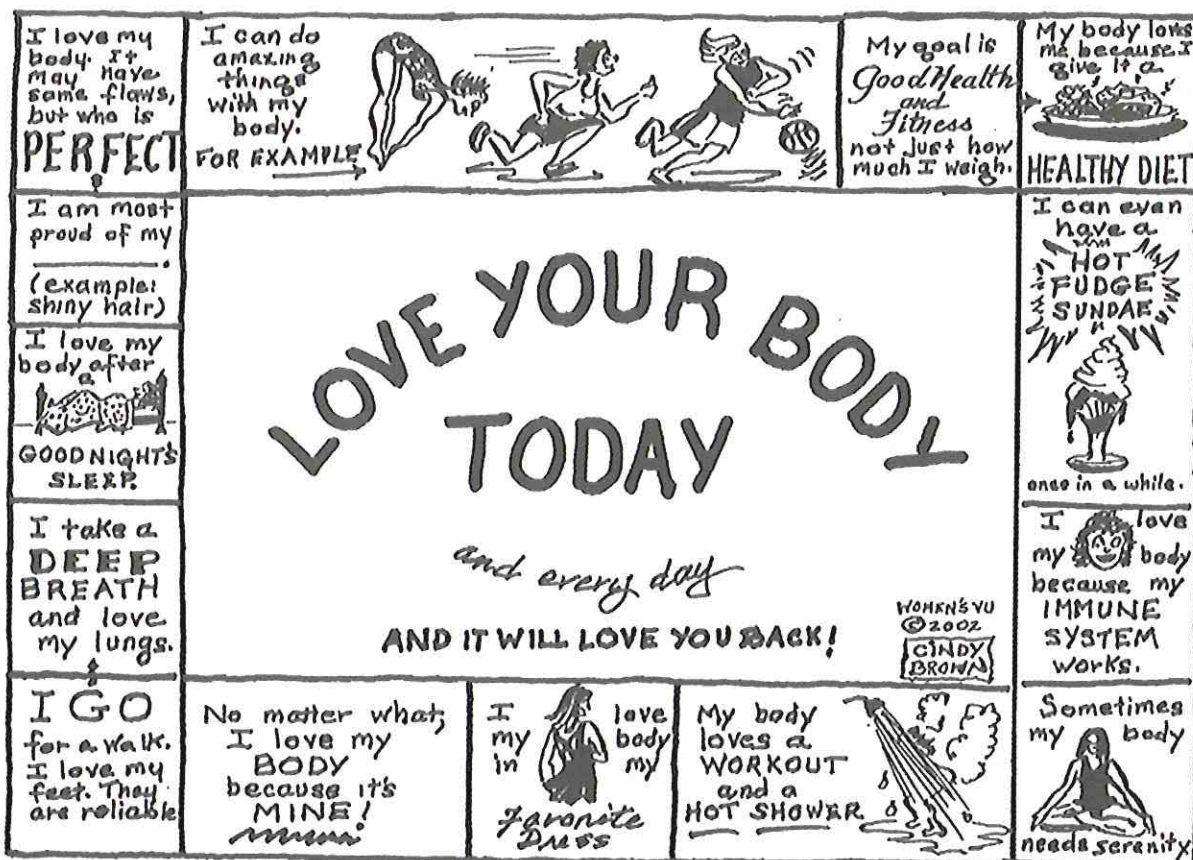
WHAT ARE THE TREATMENT OPTIONS FOR OVARIAN CANCER?

Women should always discuss treatment options with a physician because optimal treatment varies depending on the stage of disease, the woman's age and the overall condition of her health. There are three main types of treatment for ovarian cancer. Surgery to remove the cancerous growth is the primary method for diagnosis and therapy for ovarian cancer. A qualified gynecologic oncologist should perform surgery. A referral list of gynecologic oncologists is available by calling the Gynecologic Cancer Foundation at 1-800-444-4441; NOCC also provides one on its website at www.ovarian.org. Chemotherapy, usually used as a follow-up treatment to surgery, relies on the use of drugs that travel through the bloodstream to kill cancerous cells both in and outside of the ovaries. Radiation therapy is rarely used in the treatment of ovarian cancer in the United States.

Ovarian Cancer...It Whispers...So Listen!!

THE NATIONAL ORGANIZATION FOR WOMEN IS SPONSORING ITS ANNUAL LOVE YOUR BODY DAY ON OCTOBER 16.

TO CELEBRATE THIS SPECIAL DAY, CHECK OUT WWW.NOW.ORG FOR IDEAS AND WATCH FOR UPCOMING EVENTS ON CAMPUS.



A N N O U N C E M E N T S

BETTER DECISIONS

Looking for short-term, rewarding volunteer work? Women are needed for Better Decisions, an eight-week program that teaches decision-making and life-planning skills to inmates at the Tennessee Prison for Women. Volunteer training is scheduled to begin in early September. Please call Kathy Masulis at 832-8327 for more information.

WOMEN AND POWER

Middle Tennessee State University will hold an interdisciplinary conference, "Women and Power: Reclaiming Faith—Socially, Spiritually, Artistically," from February 27 through March 1, 2003. Feminist poet, playwright, essayist and teacher Cherríe Moraga will deliver the keynote address. Proposals for panels and presentations will be accepted until October 31. For more information contact Elyce Rae Helford at 898-5910 or via email at womenst@mtsu.edu.

WOMEN IN HIGHER EDUCATION CONFERENCE

MCWC has scholarships available for students wishing to attend the "Women in Higher Education" annual conference at MTSU, October 10-11. The theme of this year's conference is "Collaborative Leadership: Networking, Mentoring and Modeling." For more information regarding scholarships contact Jennifer Hackett at 322-6518 or jennifer.hackett@vanderbilt.edu.



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Mail to the Women's Center, Vanderbilt University,
Box 351513 Station B, Nashville, TN 37235

Margaret Cuninggim Women's Center
Vanderbilt University
316 West Side Row
Box 351513, Station B
Nashville, TN 37235

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