Mary Lynne Barber is no stranger to ovarian cancer. Her mother was diagnosed with stage IV ovarian cancer in her seventies and died from the disease six months later. After her mother’s death, Mary Lynne’s gynecologist ordered a CA 125 test, a blood test that measures the amount of the protein CA 125, which is found in greater concentration in tumor cells, particularly ovarian cancer cells. A higher level can indicate the presence of cancer, but there can also be several other causes. Mary Lynne’s CA 125 test was normal.

Unfortunately, two-thirds of women with ovarian cancer are diagnosed with advanced disease, meaning the cancer has spread beyond their ovaries. With over 20,000 women diagnosed in the U.S. every year, it is no surprise that ovarian cancer is the fifth leading cause of cancer death.

Ten years following the loss of her mother, Mary Lynne, now approaching middle-age, visited a health fair and was drawn to a display on ovarian cancer. “I stopped to look at the literature,” Mary Lynne recalled. “I was surprised when the representative told me that, due to my being at high-risk for the disease, I should be monitored every year. I had been going to the same medical practice for 15 years and except for my first CA 125 test, I had had no further monitoring. The woman at the booth looked at me with her big blue eyes and said: ‘Please go to your doctor and have the tests done.’ Little did I know how that advice would change my life.”

Upon Mary Lynne’s insistence, her doctor ordered a transvaginal ultrasound, which revealed a mass in her abdomen. A follow-up CA 125 test was also done, but this time the results were not normal; her levels were well outside the normal range. She felt a dark cloud of fear overshadow her and was immediately scheduled for a biopsy of her ovaries. The short procedure evolved into a full hysterectomy and after a 9-hour operation, she was told they had found cancer and decided to remove it immediately.

“At that point, I decided to take things into my own hands,” Mary Lynne said. “I was determined to change doctors. But this time, I did not let fear push me into making a hasty decision. I started my own investigation and did my homework. I contacted two doctors I knew at church. Both came up with the same recommendation. I decided to follow their recommendation and made an appointment to see Dr. Alessandro Santin, a gynecologic oncologist at Smilow Cancer Hospital.”

Alessandro Santin, MD, Professor of Obstetrics, Gynecology, & Reproductive Sciences and co-chief of the section of Gynecologic Oncology, specializes in the care of women with gynecologic malignancies and has done extensive research into ovarian cancer. He explained that in general, most women are diagnosed with ovarian cancer after complaining of persistent abdominal pain, but there are no clear warning signs for a patient or doctor to indicate something serious is wrong. Usually a CT scan is ordered and if a mass is found, surgery is scheduled to determine a specific diagnosis.

“Mary Lynne is very fortunate. Despite difficult odds, she is doing well with no evidence of disease. We now have the knowledge we need to continue monitoring her and hopefully prevent any further recurrences,” said Dr. Santin. Dr. Santin believes Mary Lynne’s success is due in part to the individualized treatment plan she received. She was identified as a candidate for Intraperitoneal (IP) Chemotherapy and received chemotherapy in two ways, intravenously and also through a port placed directly into her abdomen. Dr. Santin commented that this method has been shown to improve survival for women with minimal disease left at the site of origin and that do not have distant metastases.

“There is evidence that if the same chemotherapy is delivered two ways, one close to where the tumor was diagnosed, there is a significant survival advantage compared to those who receive it only intravenously,” said Dr. Santin. “Thankfully Mary Lynne was able to receive IP chemotherapy and it’s amazing to see how well she is doing today. She is truly a fighter.”

Soon after her treatment, Mary Lynne did have a...
Mary Lynne is very fortunate. Despite difficult odds, she is doing well.

recurrence in her lymph nodes, but the nodes have since been removed and she continues to be closely monitored. “Dr. Santin is a world-class doctor,” said Mary Lynne. “He is very meticulous, very careful about his surgery and treatments. And in addition to being a skilled doctor, he knows how to interact with and care for his patients. For instance, he is supportive of my changing my diet and looking at other remedies, such as supplements, that complement his medical protocols.”

Dr. Santin explained that women like Mary Lynne who are at high-risk due to a family history of disease or the discovery of a gene such as BRCA, should be followed very closely. Due to the extensive genetic testing that is being done today, it’s known that 10-15% of ovarian cancers are genetically predisposed. Mary Lynne still wonders why she developed cancer in her fifties. “Both my grandmothers lived to be over 100 and my mother was in her seventies when her cancer was discovered,” she said. “I had three traumatic experiences before my diagnosis, my dear father died, I lost my job, and my husband and I divorced. I think all that trauma, and how I dealt with it, cost me my health.”

Today, Mary Lynne is enjoying living her life to the fullest with her three adult children, her beautiful grandchildren, and her career, using her information technology background and experience to work as a technical high school trade instructor. She has also gone back to college to obtain her teacher certification.

Her most important advice to other cancer patients: “Be your own best advocate. Listen to that little voice inside you. Especially when you know you have choices. Ask questions. Do your own investigation. Let your faith not fear guide your decision making. Stand your ground. And don’t allow yourself to be rushed into making a decision.”