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[Back](#)

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[Refer a Patient](#)

ABOUT US

[Our mission, vision & core values](#)

[Leadership](#)

[History](#)

[Equality, diversity & inclusion](#)

[Annual report](#)

[Give to MSK](#)



Jane McGrath, ovarian cancer survivor at MSK

Jane McGrath had been living in London for a few months back in 2002 with her four-year-old son and her husband, Doug, who was directing a movie, when she started feeling bloated. The bloating became so noticeable that two people asked her whether she was pregnant. Around this time she also developed a backache that she blamed on an unfamiliar mattress.

time, she also developed a backbone that she blamed on an unamiable mattress.

"I was very lethargic and couldn't muster up the enthusiasm to do much," recalls Jane. "It was unlike me."

Soon after returning home to New York City, Jane's family was on vacation when her niece playfully jumped into her lap. After she "spent the better part of the day reeling from the pain," Jane realized she needed to see a doctor right away.

A few days later, her ob-gyn saw something unusual during a transvaginal ultrasound, an imaging test in which an instrument with a camera is inserted into the vagina to visualize the ovaries and uterus.

"That was my first 'red flag' that something was wrong because my doctor stared at the monitor for what I deemed to be way too long," Jane remembers. To confirm her doctor's suspicions, she underwent a second scan, which revealed a growth the size of an orange on her left ovary.

## A 50-50 Chance of Ovarian Cancer

Even though the diagnosis was uncertain, Jane's ob-gyn made her an appointment at Memorial Sloan Kettering with gynecologic surgeon [Nadeem R. Abu-Rustum](#).

She explains, "My doctor said, 'If it's not cancer, then you've had surgery at a great hospital. But if it is cancer, then you'll be staged properly and have the tumor removed at the same time.'" The stage of ovarian cancer is based on how far the cancer has spread in the body, and can be determined through surgery.

During her first appointment, Jane learned that Dr. Abu-Rustum thought she had a 50-50 chance of [ovarian cancer](#), based on her previous test results.

Ovarian cancer—the second most common type of gynecologic cancer in the United States—begins in the ovaries, the female reproductive glands in which eggs are formed, or the fallopian tubes, the channels that carry eggs to the uterus. Common symptoms of the disease include bloating, pelvic or abdominal pain, difficulty eating or feeling full quickly, and urinary issues such as frequent urination and bladder pressure.

Many times women are diagnosed with later-stage disease because these symptoms are thought to indicate other conditions and are not recognized to be those of ovarian cancer.

Jane had a CT scan, and surgery was scheduled within a week of her appointment. The day before her operation, Dr. Abu-Rustum called to say that her CT scan was "highly suspicious for cancer" and that she should prepare herself not only for a cancer diagnosis but also a hysterectomy – the surgical removal of her uterus.

"At this point I was nearly 45, so Doug and I knew my chances of getting pregnant again were already slim," Jane says. "Still, hearing I had cancer and was going to need a hysterectomy felt like a double whammy."

## The Big Zipper Surgery

During surgery, an immediate analysis of Jane's tumor tissue revealed that it was cancerous. Dr. Abu-Rustum proceeded to perform a debulking operation – the standard surgery for ovarian cancer. He removed the tumor along with Jane's ovaries, uterus, lymph nodes, and all evidence of cancer that he could see.

When she woke up, with Doug and Dr. Abu-Rustum by her side, Jane learned that she had cancer and needed chemotherapy. But, with a smile on his face, Dr. Abu-Rustum said that her cancer was caught at its most treatable stage, and she was therefore very lucky.

As he explains, "Most of the time we find ovarian cancer more advanced than stage I. Jane fortunately was diagnosed early."

Jane adds, "From that moment on, I felt very confident that I could beat it. And my son was like a little carrot dangling in front of my nose – I had to get better for him."

Under the care of medical oncologist [Paul Sabbatini](#), Jane went through six rounds of combination chemotherapy with carboplatin and taxol, a standard regimen for ovarian cancer.

Because ovarian cancer can often come back after the initial treatment and remission, Jane was scared early on about having a recurrence. Despite these fears, Jane says of her oncologist, "He always put me at ease and was so calm."

“For all our patients, including Jane,” Dr. Sabbatini says, “finishing chemotherapy can be an anxious time. We try to provide confidence that if there is a recurrence, there are treatment options available – with newer and more-innovative approaches being developed all the time.”

## Finding a Way to Give Back

I think that speaking to a woman who has been through it and survived gives people a lot of hope.

Jane McGrath  
Ovarian Cancer Survivor

With her cancer in remission and feeling grateful for health, Jane has sought ways to help other women with ovarian cancer through advocacy and volunteering.

She tries to spread the message to others about the often overlooked signs of this disease, recognizing that having her symptoms evaluated early probably saved her life. Jane has volunteered since 2005 with the Ovarian Cancer National Alliance’s “Survivors Teaching Students: Saving Women’s Lives.” This national program involves ovarian cancer survivors speaking about their symptoms and medical stories to third-year medical students.

Still looking for a way to “thank everyone at Memorial Sloan Kettering who helped save my life,” Jane became a patient-to-patient volunteer at the hospital in 2010. With the help of the volunteer office, she is paired with women newly diagnosed with ovarian cancer, who talk with her about their questions and fears, which range from treatment to side effects.

“After you’ve been diagnosed, you have a million questions swirling around your head,” Jane says, “and you may not want to take up your doctor’s time – or feel comfortable asking – some of your more personal questions. I think that speaking to a woman who has been through it and survived gives people a lot of hope. It’s been a cathartic and rewarding experience for me to talk about my cancer, and I hope my story will generate a greater awareness about the disease.”

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