

Scott Redding: Welcome to the 3Ps of Cancer Podcast where we'll discuss prevention, preparedness and progress in cancer treatments and research. Brought to you by the University of Michigan Rogel Cancer Center. I'm Scott Redding.

We're here today with ovarian cancer patient and advocate, Trisha Goodrich. Let's just dive in and meet Trisha. Welcome.

Trisha Goodrich: Thank you. Welcome. I'm happy to be here.

Scott Redding: Can you tell us a little bit about you and your journey as an ovarian cancer patient?

Trisha Goodrich: Absolutely. I was diagnosed on December 4 of 2015, and I have just been in the throes of this diagnosis and treatment since I was diagnosed. It's been quite an incredible journey, and a lot has happened in the last three years. I was initially diagnosed, went through my first bunch of chemo and my cancer marker went up pretty quickly after that. So, I had to start treatment again, so mine is platinum resistant. It's a little bit harder to treat than other ovarian cancers. So, I have just been pretty much in treatment since I have been diagnosed.

I had a brief period where I was not in treatment and my doctor had ordered an oral chemo agent that was hot off the FDA press that was supposed to be an ovarian cancer suppressant, and my insurance actually ... she ordered it six weeks before my treatment was done, the chemotherapy treatment was done with the hopes of putting me on this. My medical insurance actually denied it, and I had to go through another appeal and it got denied again. We sent it for the third appeal, but during the third appeal my cancer marker went up. I had some changes in my CT, and my cancer became unstable. So, I had to restart chemotherapy at that point in time.

They called me after my third dose of the actual chemotherapy to tell me that I was approved for the medication, but it just was too late for me. I honestly haven't been able to get off chemo since then. So, right now my current treatment is Taxol, and I go for weekly chemotherapy appointments.

Scott Redding: Can you explain a little bit more about, you mentioned that you are platinum resistant? For the lay person that maybe doesn't know-

Trisha Goodrich: Most of the first line of the chemotherapy treatments, they're platinum based chemotherapy. So, there's Cisplatin and the Taxol. Usually the platinum, which would be the Cisplatin, is my understanding ... I'm not an expert at this, but when you fail your chemo, a lot of times these women, they finish their first rounds of the treatment which is usually the Cisplatin and Taxol seems to be the first line of defense when you're first treated. If your cancer marker increases very quickly after treatment, like if it does it within six months, it's considered platinum resistant which just means that it's a little bit harder to treat. That was

my understanding that I took back from discussions with my physician and my oncologist.

Scott Redding: You talked about your diagnosis and that you currently are in treatment for the past couple of years. Did you have the typical signs and symptoms that an ovarian cancer patient would have? I know that usually it gets diagnosed a little bit later only because it's not as common of a cancer.

Trisha Goodrich: Yes, I actually did have, but where I was in my life, I was 51 years old kind of coming up on perimenopause and all of that. Now looking back after my diagnosis, I certainly had all of the classic signs and symptoms. The Michigan Ovarian Cancer Alliance, their big pitch is, "Know your body, know the signs, because there is no standardized testing that will test you for the ovarian cancer." So, I had bloating. I had pelvic and abdominal pain. You can have pelvic or abdominal pain and/or difficulty eating or feeling full quickly. I was just kind of on the bridge of that, and urinary symptoms, urgency or frequency. I was a big health nut before I got diagnosed, so I would drink tons of water all the time so the fact that I was going to the bathroom a lot, it was really easy for me to kind of blow that one off as well.

I did have them, and I kind of was contributing it to the perimenopause. I had called my doctor to get an appointment, and my doctor, my primary care doctor left the system. They put me with somebody else that couldn't see me for six months. I was like, "Well, can you get me with somebody else? Is there anybody else?" They had assigned me a new primary care doctor, but that appointment was scheduled four months from the time that I was having these signs and symptoms. I am a registered nurse of 20 years, so I think it's really important that I put it out there that this one crept right up on me.

Everyone's very well aware of what we need to do for our breasts as far as the self breast exams, the mammograms and all of that surveillance that you can do. Where ovarian cancer, it's just kind of a mystery. It's the most lethal gynecological cancer out there, and I just don't feel that we as women are as educated as we should be in the fact that our pap smears don't cover us. They don't check for ovarian cancer, they check for all of the cervical stuff. A lot of people think that you're doing the right thing, you're going to the doctor. If they're missing it with the signs, it can be a problem.

I actually ended up talking to my friends about my symptoms, that I had kind of gone through menopause. They were all like, "Oh girl, you better get used to being tired. You better get used to being bloated. Oh yeah, the pain," this, that, the other. So, it was very easy for me just to dismiss it. As a nurse, and I worked in the ER, there was no way I was going in the ER with any of these symptoms when I had a primary care doctor appointment scheduled.

I ended up at work, it was about the time we needed to get our flu shot. So, I got my flu shot. After I got my flu shot, I started getting really irregular heart rate and

I could feel palpitations and stuff like that. So, I would just let it go and it would just dissipate. On Friday, December 4 of 2015, I went to the gym. I did my workout. I did my biceps, triceps, my three two minute planks in-between for active rest, and my cardio. I went home and I was sitting there eating my breakfast, and I just started getting a really irregular heart rate. I could feel it. I could feel like I was going to puke. I felt like I had a tennis ball in my neck, like right here.

I was like, "Oh my goodness, this is how women my age present with cardiac problems." I was like, "Okay." So, I took a shower and I went to the ER. In the ER, they did the whole cardiac workup, and the day kind of went on and the resident came in with the attending. They were going to keep me over night, have cardiology check me in the morning. The resident was evaluating me, and he pressed on my neck and I was like, "Dude, next time you do that you need to warn me. I almost puked on you."

The attending, she likely saved my life, truly. She just kind of looked at me and the whole case and she said, "Something just doesn't seem right here. It's not clicking." So, she ordered some coags and she also-

Scott Redding: What does coag mean?

Trisha Goodrich: They're coagulation, so like your INR, your PT-

Scott Redding: Like blood tests?

Trisha Goodrich: Yeah. They're like blood tests as far as your clotting factors and all of that. She wanted to order that, so they ordered that and she wanted to order a CT of my chest. I was like, "Okay." They drew my blood and my coags came back, and my d-dimer was 2.5. I'm a nurse and anytime that one's elevated, you got some kind of problem. You need something done. A lot of times it is indicative that you've got some kind of clot somewhere or there are other things that it can be, but it's usually not a good indicator.

That was elevated. I looked at my friend who was in the ER with me and she worked in the cath lab at the time, and I go, "That's not good," I go, "Something's up." So, we waited for the CT. Then when that came back, they changed my CTA from just being a chest to a chest, abdomen, and pelvic. So, I went and got my CT. The cute little girl at the CT place said, "It's a really good thing you came in today. How long have you been having pain?" I was like, "Dude, I'm not here for that." She was like, "Oops." I go, "I'll just go back and wait to hear what the doctor tells me."

The physician came in, the resident came in and I remember the look on his face very clearly. I just said, "You just need to come in here, and you need to just sit down, and you just need to tell me what's going on. My d-dimer is elevated. I already know I got a problem." So, he proceeded to tell me that my entire

omentum was filled with cyst-like lesions and my ovaries didn't look very good. I was like, "Well, they don't look very good as in ... what do you mean?" He said, "Well, it's suspicious for ovarian cancer."

While I was in the ER, they ordered another study, which is one that Neoga recommends. It was a transvaginal ultrasound. One of the attendings actually came in to give me the confirmed diagnosis. Actually, it was Doctor [Lawl 00:10:10], I remember him. When I worked in the ER, he was actually one of my colleagues. So, he was very kind and very generous to me. I will always remember his compassion. He told me, he said, "Trisha, you have ovarian cancer. We're going to get you upstairs, get you admitted, and get you with the specialist that can help you with this."

Scott Redding: Your treatment journey, if you will, that you currently are still on after two and a half, three years almost, a lot of surgeries, chemotherapy, some failed options with that, what can you say that's kind of helped get you to that point of where you are now of being an advocate, and wanting to share experiences, and to be able to live life to the fullest, so to speak, in somewhat of a terminal diagnosis?

Trisha Goodrich: Well, it didn't come to me easily, I can tell you that. I kind of kicked, fought, biting, kicking all the way here. I had had an appointment with my doctor. I was on a chemotherapy regimen that failed. I was asking for some restrictions for work, which were actually really silly when now I think about it. My doctor, Doctor McClean, she came in to my room and I remember her saying ... I told her I needed these restrictions. She kind of said ... and my dad was at this appointment with me, and she had told me that, "We'll talk about that." She just let me know that she's my advocate, she's here to support me, she's here to do whatever I need.

Before moving forward with giving me any work restrictions, she wanted to discuss the fact that she had concerns about the time that I had when I was free and I wasn't working because I was exhausted and managing my chemo side effects on the weekend and not spending much quality time with my family. She brought up this term of she wanted me to consider how I was spending time, and that she felt that I should be having meaningful time. I was just kind of, "Whoa, what are you talking about?" I mean, that was just a really scary term to me, because it sounds like you're winding things down. In reality, you are not winding things down, you're actually learning how to live in the moment in the midst of these unimaginable circumstances that have just kind of been reigned down upon your life and you've got to figure out what to do in the middle of it.

Scott Redding: By doing that, is there something that grabbed you that you were like ... that was your ah-ha moment, but that was like, "All right, I know exactly what I'm going to do for this meaningful time."?

Trisha Goodrich: I did. It took me a little while to get there, because after I decided that, "Okay, I will ... " She had let me know that she would write paperwork, fill out just

paperwork for me for disability that would be permanent in nature. That really threw me for a little spin too. I got with some ancillary services here within the University of Michigan that I had utilized before. Claire Castleman, she's wonderful, she's a social worker that works with oncology patients. I was discussing this next level that this disease process had taken to me, and she offered me some information about a class with a group of other cancer survivors that are terminal in nature and kind of end stages. It was about your legacy and meaningful time.

These classes I found very helpful to be united with these other brave souls that had commonalities with me. It was during these classes that I had decided that, "Hey, I'm living, man. I've got to get up, dress up, and show up every day. I might not feel like it, but let's do it." That's when I decided that I was going to make it a choice to do something positive. I decided that I always wanted an old, classic car. I decided I was going to allocate myself a classic car and go on a Route 66 adventure.

Scott Redding: Wow. Tell us a little bit about that adventure then.

Trisha Goodrich: That adventure was amazing, and it was just the foundation and the starting point of something that I never would have even imagined that it would have turned into. My son helped me allocate and find a pristine 1964 Ford Galaxy 500XL with a 390 Thunderbird. She's Pagoda Green, which actually I don't know why they call her green because she is definitely teal. She's original, and teal happens to be the ovarian cancer color for our ribbon. So, I feel like the reason it had to be a 1964 is because I was born in 1964, so I wanted to make sure that we were the same age.

It's just astounding to me that this old gal was put out into the world in a Los Angeles Ford assembly plant in 1964, and I was over here closer to the Motor City 1964 in Ypsilanti, Michigan and they've got their little Ford assembly plant there. I decided that ... I allocated her. That was the first thing I had to do.

Then I bought a huge map, like the kind that you would put on a geography teacher's pin board. I started with yarn and pins, and I mapped out going down Route 66 and I started talking to friends and family about it. It turned into this absolutely huge adventure. In addition to the Route 66, I had decided that I was going to ... because we had to turn around and come back, so I had decided that we were going to ... I Googled the 50 most beautiful sites to see in the United States of America, and I plotted the rest of the journey out that was.

I was able to get four other people to roll down Route 66 with me. We picked up travelers along the way. My son and his girlfriend ended up getting married while we were out here on this trip. It just turned into this great thing.

The big thing that I wanted to do with this journey was I partnered with MIOCA, which is the Michigan Ovarian Cancer Alliance, because I wanted to hand out

signs and symptoms cards, or pamphlets, or something as we went along the way, because she's a great conversation starter. I am registered nurse of 20 years, and my heart and my soul, a part of me will always be a nurse. It just was very important to me that I somehow intertwined the gift of my knowledge, and the gift of my nursing, and the compassion that I had for that, this disease snuck up on me.

It was important to me to get out there and educate as many people as I could about the signs any symptoms of ovarian cancer. So, they provided me with their business cards that have the ovarian cancer signs and symptoms on. Every time we stopped and people asked us what we were up to, we just started handing out the cards. I had people that told me that they had a friend that they knew that they were going to take it to. I would tell men, "Man, you need to watch out for your ladies. They're at home making it happen. These are symptoms that are very easily poo-pooed for us just because of the nature of how they come about. You just really need to be astute and watching out."

I was able to infuse them into Native American reservations. I was able to infuse them into primarily Hispanic speaking communities. I was able to get them in big cities, farm towns, small towns, one stop sign in the middle of town towns. The way that it was received, it was just amazing. We invited several people to follow our journey on Facebook through a secret page, and a lot of the people that we met along the way actually were following us as well. It just has become my journey, my purpose, my calling, and it has just really turned into this amazing, amazing thing.

Coming home, the Michigan Ovarian Cancer Alliance actually had a Wheels and Teals event, which was just last month on the 15. They had invited Lola. My car's name is Lola. She's a showgirl, and my grandson will sing the whole Copacabana song with me. So, we've got this on lockdown. They invited us to come. They asked me to be a speaker at the event to speak to the crowd about Lola being my conversation starter and spreading the awareness. Also, they asked me to partner with Michelle Shepherd when she was pitching the Wheels and Teals on Channel 7 Action News. So, I joined her there.

Then also, we were on Fox News. It's just really turned into this amazing, positive, incredible journey for us. The awareness to me is so important, because I don't understand how this can be the most lethal gynecological cancer and we are not really educated about it. To me, it's just my nursing education and saving lives just really looks different than what I ever dreamed it would be at this juncture in my life. I've made it here through a lot of prayer, a lot of personal work, a lot of faith, a lot of hope. Just to be able to see how in the midst of all of this that God can bless you, and give you a purpose, and just help you touch other lives, it's just been a beautiful journey for me.

Scott Redding:

Quick question back on that. As we started this, we were talking about how you're still in treatment. So, did you take this, I'm assuming it was about a two,

three week-

Trisha Goodrich:

It was scheduled for 21 days. Lord, prior to going on my journey, I go to chemo every week, so Doctor McClean and I came up with a plan that the week before I left, so the Tuesday before the Sunday that I left, I received a double dose of chemo. Then I woke up on Sunday morning that we were leaving, and I kept having ear pain. I felt like somebody was sticking an ice pick in my ear, of course. I woke up, drove to urgent care, closed. Drove to another urgent care, closed. Made my way to Saint Joe's ER, and I signed in, and as I was sitting there getting my vital signs I was like, "You have to got to get me out of here."

I started sobbing and I told them what I had going on. I was diagnosed with an ear infection the morning we left. I was supposed to meet my crew for breakfast at eight o'clock, so I had to let everybody know that we needed to push everything back an hour or so, so that I could get home and get my things together, and we headed out.

The double dose of chemo kept me treated for a little over two weeks rather than me just not being treated for three weeks. We ended up having to come home two days early because I wasn't feeling very well. So, I came home on Friday. I went to the walk-in clinic at the University of Michigan Briarwood and was diagnosed. I had a fever, I was tachycardic, my sat was a little bit low, and I was diagnosed with an ear sickness and respiratory infection. Got back, I missed my first dose of chemo. Then after that, everything's kind of gotten back on schedule.

Scott Redding:

So, there's a lot more than just 1964 that you've got in connection with your Lola then, because Lola had a little bit of an issue on the trip too. Didn't she?

Trisha Goodrich:

She did. She did. Lola made it to Tulsa, Oklahoma and she peaced out. She was like, "I am done with you women hooping and hollering in here, treating me like I am a road girl. I am a showgirl, and you need to get your junk out of my trunk." Where she broke down, we were 120 miles away from where my son was, because he has a military brother who is in Norman, Oklahoma. So, he and his girlfriend at the time had gone out there a couple days before us. When I was planning my trip, he told me, he said, "I need you to spend two days in Norman. Don't ask me any questions. It's a surprise," blah, blah, blah, blah, blah. I'm like, "Oh dear Lord, okay."

I call my son, and he told us, he said, "Whatever you do, don't stop in Tulsa, Oklahoma because it's not a real good place to end up." So, I call him in the morning and I said, "Hey, we're broke down." He was like, "Where you at?" I'm like, "We're in Tulsa." Then I won't tell you what I heard in the background, but it ended up that I had a plan, I had a solid Plan B heading out on the road. I knew that if anything happened, even if it was a tiny, little thing, I wasn't leaving her where she was.

The timeframe, we didn't have the luxury of lingering very long. So, I said I will dedicate four hours to this. So, I had a plan. We had her towed to where my son was, and that was ... I mean, just the whole day, just the way everything worked out, it's like I was blessed all the way but, Lord, it was little bit crazy. We ended up having to rent a vehicle from ... because we had other people coming, so we were going to need another car anyways. We ended up having to get to the Tulsa Airport. So, I took my first Uber ride to the Tulsa Airport to get my Hertz Rent-a-Car.

I called my AAA girl, and she made all kinds of stuff happen. We were supposed to be picking up a Nissan passenger, and we would have had to deal with another something when we got to Vegas but I was like, "Let's just get on the road and get going." Well, we get there, one thing happens after another. They had rented the last Nissan passenger and they didn't have anything similar, but the gentleman's name was Tom. He was the sweetest man, I'll never forget him. He goes, "But I got something that I think will work for you."

He had a 13 passenger cargo van, and he gave it to us for the same price. So, I went back, got my people, got Lola on her way to where she needed to be, but the bottom line is that she, the van, became Trudy on Duty. That's what we named her. Trudy on Duty, we ended up getting an array of washable magic markers, and we took the Michigan Ovarian Cancer Alliance cards and we wrote the signs and symptoms that are on the card and the actions that you should take on the back of the van and on each side of the van. It was just amazing.

We had people taking pictures of it, reading it. Then that became our conversation starter as we were on the road. It was just really cool. I can tell you that my dad, growing up he had 495 rules and five of them might have been about something else, but the rest of them were about how you were supposed to take care of your car. So, he got a glimpse of what we had done on Facebook and he sent my sister Debbie, my older sister Debbie, he didn't bother me, but he sent her a text and he said, "Debbie, call me. It's urgent."

We were like, "What the heck's going on?" So, we call him and he's like, "Are those markers going to come off? Are those markers going to be washable off?" So, we almost gave my dad a heart attack writing on the car out there. It was awesome. It was awesome. It didn't rain the whole time we were there. I think they finally washed up when we ended up in Deadwood. It was the first time it rained, and that was like July 4. We left on June 17, and we just had beautiful weather. So, yeah, Lola peaced out.

Scott Redding: But you're back together.

Trisha Goodrich: But we're back together, absolutely.

Scott Redding: I mean, with your trip and continuing with the Wheels and Teals and everything, you are a very strong advocate for the signs and symptoms and knowing what's



going on with ovarian cancer. As we kind of wrap up, what is one thing that you really kind of want people to know out there to know about not only you but also about ovarian cancer?

Trisha Goodrich: It's a scary diagnosis. Your journey is going to be your own journey. Don't let the statistics define you, because there's that tiny little statistic over there that is so full of hope. Just learning how to get out of the cancer defining you and giving into what it can do to you, because I've learned and I have been ... I wake up every day to live. I don't wake up waiting for this disease to take my life, because you know what, there will be a day but it's not today. Even then, it's like there's nothing to say that whatever ends up being the end of my life is actually going to be the cancer. I mean, it could be totally something else.

So, I just say, you don't feel good. I know you're tired. I know, I know, I know, but if you just get up, and you decide that you're going to live today, and you participate in life, you don't know what tomorrow will bring for you and you don't know the insurmountable joy and opportunity that's out there for you to make a difference in somebody else's life to be that light that they needed. You just don't know.

Scott Redding: Great. I think those are great words to end on. Thank you.

Trisha Goodrich: Thank you so much.

Scott Redding: Thank you for listening, and tell us what you think of this podcast by rating and reviewing us. If you have suggestions for additional topics, you can send them to [cancercenter@med.umich.edu](mailto:cancercenter@med.umich.edu) or message us on Twitter at [UMRogelCancer](https://twitter.com/UMRogelCancer). You can continue to explore The 3Ps of Cancer by visiting [RogelCancerCenter.org](http://RogelCancerCenter.org).