



ILLUSTRATIONS: NIGEL BUCHANAN

# THE CHOCOLATE DIARIES

**She was just 36 when diagnosed with a rare and aggressive form of ovarian cancer, but from the outset Penny Kemp had an unconventional attitude**

AS TOLD TO JOSEPHINE BROUARD

MY HUSBAND ROBERT claimed from the start that eating too much chocolate is what gave me cancer. In fact, a lot of people had an opinion about how I “got” cancer. Some suggested the tumour in my ovary was due to the implant birth control I’d used while living in the US; others that it was because I’d never fallen pregnant and thus never given my ovaries a rest; a few believed my cancer was genetic. I tended to think that Robert’s chocolate theory was as good as any. Whatever the reason, there’s no doubt that it was not chocolate but sex that drew my attention to my condition.

It was Friday, September 18, 2004. Robert and I had had a big night out to celebrate his baseball team’s success and returned home late to have what I call “coffee table sex”. I call it that because you tend to not make it to the bedroom. It’s usually the very best kind.

Unfortunately, this will now always remind me of my cancer. Our romp swiftly became very painful and remained aching so for the entire weekend. By Sunday night, my stomach had swollen alarmingly and my jeans didn't fit, and the following day I was compelled to leave work early. Three days later, I awoke in excruciating pain at four in the morning. Within the space of 35 minutes, Robert had rushed me to our nearest hospital's casualty ward, where a very young doctor diagnosed me as constipated.

I'll never forget my husband's face on hearing this: he'd endured his wife's extreme crankiness for this?

By the next morning however, fate stepped in – or, as I like to put it, I had my first “Cadbury Kiss”. You see, I'm not only a self-confessed chocoholic; I also believe that life's twists and turns are typically blessings in disguise. In the case of my cancer journey, I decided to call these blessings after my favourite chocolate.

So my first Cadbury Kiss came in the form of one of the doctors grouped en masse around my bed after a night's luckless struggle with an enema. She asked a few questions and when I mentioned my coffee-table sex transforming to unbearable pain, her ears pricked up. I was swiftly wheeled away for ultrasound tests.

It was plainly visible on the screen. Instead of its normal almond size, my right ovary was 10cm long. After barely any discussion with us, the doctors decided it required immediate removal by keyhole surgery. Robert and I were unsettled, but consoled ourselves that we had long planned to have my tubes tied.

Just three weeks later, my ovary was surgically removed and I awoke,

dazed and confused, to a haggard-looking husband and the sound of the Cartoon Network in the background. Truly helpful information didn't seem forthcoming from the hospital staff, which led the pair of us to wonder, “Is it cancer?” Robert would say, “It's not,” very definitely, and we'd leave it at that.

But it was cancer, and when the specialist told us, I fainted.

I recall coming to from the faint, only to register with disgust the fake wood panelling of the doctor's inner sanctum. It seemed to crystallise my thoughts. So far, we'd encountered nothing but the barest modicum of “bedside manners”

from him – and I was tired of it. When the doctor responded to Robert's insistent questions with a terse brush-off, I slammed my fist on his desk and yanked Robert in the direction of the exit. We were promptly charged \$50 for the ten minutes it took to transform my outlook on life. I still regret today that I didn't refuse to pay.

Robert and I walked into the street and hugged each other. Shock was setting in and we looked at each other numbly. Strolling slowly to our car, it struck us there were scores of friends and family waiting to hear from us that everything was OK.

## You see, I'm not only a self-confessed chocoholic; I also believe that life's twists and turns are typically blessings in disguise

**Right: Penny with Robert and their dog Willow, just before Penny went into hospital. “I look fine, but I was so sick and upset at the time. It's funny how deceiving a picture can be”**

**Below: Penny with mother Pauline and aunt Nanette on her second day of chemotherapy**



I called my father first. “Dad,” I said, “I've got ovarian cancer.” I could just picture his face at the other end of the line: my poor father hearing his only child had cancer. Both Robert and I registered the acute devastation in my father's terse “Oh blast”.

As I looked over at my husband sitting behind the wheel of the car, I noticed his tears beginning to flow.

In that moment, I became a woman in the same sense of the saying, “The boy becomes a man.” I knew that I could and, more importantly, would get through this. I realised that I had cancer – this thing that everyone fears – and that now I had to “get on with it”. It was a strange feeling, but a very strong one. It never occurred to me that I would die.

A few hours later, back home, Robert and I logged onto the internet in a daze and typed in “ovarian cancer”. We found an official site and right across the top of the opening page it said, “We increase awareness about the most lethal of all gynaecological cancers, promote the need for effective early detection and encourage access to the best possible care.”

My heart immediately filled with fear; I closed down the website and I've never looked at it again since. Although the site was designed for people like me, there was nothing less encouraging I could have digested just then. That's why I wrote my own tips on trying to deal with cancer (see box, right). I trust you will find them both more cheerful and more helpful.

My second most significant Cadbury Kiss was having the Royal Hospital for Women in Randwick assign Professor Michael Friedlander to my case. By the time Robert and I got to meet him, we realised that I had an extremely rare cancer and there were only a few, like Professor Friedlander, who dealt with cases like mine.

Sitting opposite him, my first thought was that he seemed very young

## CHOCETTES

### PENNY'S HINTS FOR SURVIVING CANCER



**1 Trust your intuition,** it could save your life. In my case, I knew that something was terribly wrong with me and I wasn't going to let up until I got answers that made sense. It's difficult when you're stressed to stay in tune with your body, but you must. And learn to deflect negative thoughts. I've taught myself to rid myself of a negative thought in 15 seconds flat.

**2 Become your own statistic** and don't sit around with a survival percentage figure in your head. Just know that everyone is different and that you will give 110% to help your medical team get the better of the cancer.

**3 Don't do anything radical.** Immediately dramatically changing your diet or lifestyle may cause you unnecessary stress; rather, bring about changes gradually when you feel ready for them. Eating only organic food, for example, is not going to automatically make your cancer go away – you will soon learn that what you eat over the course of treatment will depend entirely on what you can taste and keep down.

**6 Ask about a port or “port-a-cath” device.** The major advantage in having a port inserted under your skin is there becomes no need to locate a vein every time one receives chemotherapy. A special needle fits into the port, so all you feel is the stick, not the poking, prodding and false tries in your arm. Plus, medication goes right into the main blood supply so it reaches all parts of the body quickly and efficiently.

**4 Ask for help.** The more you do this, the better for everyone. Give them a task and people will jump with gratitude at the chance to help out.

**5 Get yourself a cancer folder,** file or pack for all your cancer “stuff” like expense receipts for later claims, prescriptions, general information and so on. If you can't face getting it together yourself, ask a friend to organise something for you.

**8 Remind yourself daily** that cancer is not the death sentence it used to be. Medical science has made huge strides in treating cancer and survival statistics improve dramatically every year. So be positive.

**7 Know the difference** between fatigue and being tired. If you are tired, you sleep and you feel better. But no amount of sleep will help fatigue. So my advice is that when you feel your worst, get up. Do something. Anything. And keep getting up and doing things, no matter how little, because it's your key to feeling good. After you've worn yourself out, you'll be tired. And sleep can fix that!

for someone so experienced and knowledgeable. He exuded a confidence, however, that made me feel he could save my life.

I told Professor Friedlander – who quickly became Michael to us – that I wanted to be informed only on a need-to-know basis and that I didn't wish to hear statistics on survival – I felt I was my own statistic. Michael nodded

understandingly and we quickly developed a rapport. When he asked Robert and I if we'd like a coffee break before we discussed treatment, we were shocked. Up until now, no doctor had considered that we might be suffering from information overload.

I opted to hear everything right away and my regimen for the foreseeable future promptly unfolded: three one-



**Penny's first day of chemo:**  
*"I ran a Melbourne Cup sweep in the wards and wore a fancy hat"*

week-long rounds of chemotherapy at fortnightly intervals, with all my chemo days in hospital as an in-patient (my heart sank). Radiation after that would complete the treatment.

Michael wanted me to start chemotherapy the very next day. He also arranged for me to have a port inserted to accommodate the many needles that would be required over the forthcoming months. I agreed and left his consulting rooms for an immediate blood test.

En route, we walked through the chemotherapy room. There I saw about a dozen women in recliner chairs getting treatment. Knowing that I'd soon be one of them, I froze in my tracks.

Things got grimmer on my first day as an in-patient, when Michael came by and asked to see my CAT scans. He picked them up at reception and within minutes I was whisked back into his office, where we all could not contain our disbelief.

My "weeping tumour" had grown back fully – and then some

– in just 14 days. I now had a new 10cm-long tumour in my pelvis and a 4cm-long tumour in my lymph node. This was not good news.

Michael suggested we go out for a few hours while he consulted with his colleagues about the best course of action; with bravado, my husband and I headed to a nearby beachside pub and ordered hamburgers and beers. I have yet to find a situation where I lose my appetite.

When I asked the waitress for my hamburger with an egg on the side, she informed me that they couldn't do it. I almost jumped over the counter and yelled, "I'm about to die, just give me what I asked for!"

How do you explain to others what it feels like to deal with the spectre of death? I couldn't. I just ate the hamburger sans egg, gazed with longing at the rolling waves and downed my beer.

The next day, November 2, was Melbourne Cup Day. It also happened to be the first day of my



**Robert's baseball team, the Jannali Comets, all shaved their heads to raise money for Penny**

## My colleagues never complained when I arrived for work looking stranger by the day. Bandannas, slippers, latex gloves – no-one batted an eyelid

chemotherapy, but I couldn't accept this bald, frightening fact. I did the only thing I knew how: I got a newspaper and ran a Melbourne Cup sweep. I'd been running them for years at my office – now I'd get the nurses and patients to join in. As I traversed the length and breadth of the oncology wards, I got to know every nurse, warden and hospital staffer by name. Most staff participated in the sweep, but no patients did. As I whirled around the wards smiling and cracking jokes, there was a running commentary going on in my head: *I am not sick. I am strong and will run around this ward being annoyingly funny and talkative. I will never lie down on a bed and be "sick"*.

And I can honestly say that I never did – not even after five days straight of chemotherapy drugs being pumped through my system.

"Cancer fatigue is a crushing, all-encompassing, incapacitating fatigue that is indescribable other than to say that it is completely draining." That's what the cancer literature tells you – and it's spot-on.

But in spite of this, I would get up in the morning and go to work almost every day. This, I believe, was the key to my success. However, my colleagues at Pollard Productions, an entertainment rigging company, must share the credit in this regard.

At work, I was one woman in a sea of men. I typically referred to my male colleagues, regardless of age or rank, as "the boys". Not once did the boys make me feel guilty about the fact that I was not doing my job as I once did. They showed nothing but support when I would call to say I wasn't going to make it in that day. It was more fun to go to

# OVARIAN CANCER

**THOUGH LESS COMMON** than breast cancer, ovarian cancer causes proportionately more fatalities because the disease is typically less easy to diagnose – and hence is usually discovered at a more advanced stage. Survival rates are significantly enhanced if it is detected early, but in Australia, a woman dies of ovarian cancer every ten hours.

Symptoms to look out for include vague abdominal pain or pressure; sudden abdominal swelling, weight gain or bloating; persistent changes in bowel or bladder patterns; low backache or cramps; abnormal vaginal bleeding; pain during intercourse; and inexplicable weight loss. A conclusive diagnosis usually cannot be made until the ovary tissue is examined under a microscope following a biopsy or surgery.

There are four kinds of ovarian cancer, but nine in ten cases are epithelial ovarian cancers, where cancer cells typically cover the surface of the ovary. When diagnosing the type and grade of ovarian cancer, it is important to establish if the cancer has spread beyond the ovaries – this determines if recurrence is likely after surgery or treatment.

To support ovarian cancer research, or for more information, visit the Ovarian Cancer Research Foundation on [www.ocrf.com.au](http://www.ocrf.com.au) or call 1300 682 742.



On Monday, December 6, 2004, I had a scan after two rounds of chemo to see if it was working. Michael warned me that the scan results would be the most frightening thing I would have to face, but he explained that we all needed to know if the treatment was going in the right direction. I tried to remain positive, but there was a part of me that prepared to hear the words, “You are riddled with cancer.”

When we were called in, Michael had the biggest smile on his face. The chemo was working. The tumours were shrinking, and not just a little bit – by a lot. The tears flowed freely. I knew now that I was going to live, and this time I really, really knew.

In fact, it took quite a while – over six months, in fact, of five intensive rounds of chemo followed by searing, all-pervading radiation, the subsequent onset of menopause and hormone replacement therapy to make me human again – before I could even begin to enjoy either sex or chocolate again. But I did – and I’m happy to say that I still do.

Also, the music is back. While I was undergoing treatment, any kind of music felt invasive and far too emotional. I just wanted to survive. But after my fourth round of chemotherapy, I went to a Missy Higgins concert and became filled with the sound of music.

Driving home, I realised I’d come a long way since that day of fainting in the doctor’s office when the “big C” was diagnosed. From that moment on, I began hitting my own high Cs, and more than two years later, too humble to say the word “remission”, the professor and I are hopeful nonetheless that those fast-growing tumours won’t be coming back. +

work whether I was feeling sick or not. They were so encouraging that I took off only two sick days in total. My colleagues would wait patiently as I took a full 30 minutes to climb the stairs to my office. At lunchtime, we’d typically sit together in the sun, eat our sandwiches and have a laugh. But now that I was sick, I mentioned that I could no longer sit outside because sun and chemo were a bad combination.

The next week, they dragged me outside and – lo! – someone had put up a shadecloth over our lunch bench. Then the boys would ask me what I felt like eating and before I knew it, I was eating a yummy Vegemite sandwich or marinated lamb chops with rosemary and vegetables. Who said guys can’t cook?

My colleagues even changed the date of the Christmas party to a date and time that fitted in with my chemo routine. They never complained when I arrived for work looking stranger by the day.

Bandannas, slippers, latex gloves – no-one batted an eyelid; instead everyone just wanted to know how they could lighten my load. The guys at work

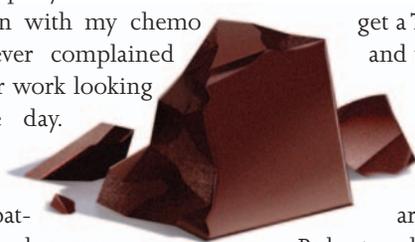
weren’t just a Cadbury Kiss – they made up an entire box of chocolates!

Robert, of course, was my 24/7 rock, while my parents demonstrated daily the extent of their love for their only daughter. I also had my “Steel Magnolias” – a wide group of strong, sympathetic and ever-present women friends who kept up my spirits and who could weep and laugh along with me at any given moment.

And down at our local pub, where Robert and I would flee for a beer and the camaraderie, the microphone came out and someone announced that they were shaving heads in the beer garden to raise money for me. Everyone stood up and went off to shave their head.

The money that was raised by them and Robert’s baseball team enabled me to take time off work for treatment, to get a TV in my hospital room, and to buy medications. The fundraising meant that a great number of people in our community were walking around with naked heads.

Robert and I couldn’t believe how good it was to see these compassionate comrades everywhere.



*Do you have a compelling true story to tell? We pay up to \$500 for original and previously unpublished material accepted for Health Lives. Submissions should be kept under 1000 words. Write to Health Lives Editor, HealthSmart, GPO Box 5030, Sydney, NSW 2001 or e-mail [lives@healthsmartmagazine.com.au](mailto:lives@healthsmartmagazine.com.au).*