



Ovarian Cancer National Alliance

Survivors Teaching Students: Saving Women's LivesSM

*With support from the Entertainment Industry
Foundation*

An Ovarian Cancer Education Program for
Medical and Health Professional Students

Facilitator's Handbook (July 2011-Edition)



Dear Program Facilitator:

Welcome to the Ovarian Cancer National Alliance's *Survivors Teaching Students: Saving Women's LivesSM* program! You are joining an innovative and critical national effort to educate students in health professional programs on ovarian cancer. Our goal is to increase the number of health care providers who recognize the symptoms of and risk factors for ovarian cancer so that the disease is detected earlier.

As you are aware, the majority of ovarian cancer cases are not diagnosed until the disease is advanced and women's survival is compromised. The symptoms may not be recognized early enough and too often women who are at high-risk are not identified or monitored. *Survivors Teaching Students: Saving Women's Lives* brings the faces and voices of ovarian cancer survivors into the classrooms of health professional students to teach them about women's experiences with the disease. We are in a unique position to help students to become more sensitive to the symptoms of and risk factors for ovarian cancer so that when they become diagnosticians they can diagnose women sooner and save lives.

This handbook will provide you with the background and information you need to facilitate the *Survivors Teaching Students* program in your community. These materials are to be used in conjunction with training by a representative of the Ovarian Cancer National Alliance, and will aid you in implementing and maintaining your local *Survivors Teaching Students* program. If you have questions regarding the program please contact the Ovarian Cancer National Alliance at 202-331-1332.

Thank you so much for your participation and commitment. You are a valuable partner and part of a national network of dedicated individuals who share your passion. The Ovarian Cancer National Alliance commends you for your efforts.

Sincerely,

A handwritten signature in black ink that reads "Karen Orloff Kaplan". The signature is fluid and cursive, with the first and last names being more prominent.

Karen Orloff Kaplan, MSW, MPH, ScD
Chief Executive Officer
Ovarian Cancer National Alliance

Survivors Teaching Students: Saving Women's LivesSM Program **Facilitator Agreement Form**

Please complete this form and return it to Linda John or the Ovarian Cancer National Alliance representative at the time of the training.

By completing this form you agree to:

- Facilitate the *Survivors Teaching Students: Saving Women's LivesSM* program in your local community. This includes:
 - Working with the medical and health professional schools that have agreed to implement the program to schedule the presentations and follow-up on the events;
 - Coordinating your group of local ovarian cancer survivors to ensure that there are enough presenters at each event;
 - Managing the On-Site Facilitator Report and the student surveys;
 - Communicating with the Ovarian Cancer National Alliance to report information on the presentations you conduct or any changes to your local program; and,
 - Recruiting and training new presenters, as needed.
- Notify the Ovarian Cancer National Alliance if at any time you are unable to facilitate the program.
- Follow the Ovarian Cancer National Alliance's "Key Policies Regarding Medical Information" as described below.

Speakers who make presentations on ovarian cancer may offer medical information, but they must never offer medical advice. Medical information is objective and consists of facts found in approved literature. It is information available to anyone seeking general knowledge about a disease and how it is treated. Medical advice consists of comments and suggestions that personalize medical information and makes a recommendation about what the audience should do or should not do regarding medical choices. A presenter should not: recommend a particular type of surgery or other treatment; suggest where a patient should go for medical care; or offer an opinion about a doctor or facility.
- Recognize and credit *Survivors Teaching Students: Saving Women's Lives* as a program of the Ovarian Cancer National Alliance in any written or verbal descriptions of the program.
- Please be aware that not every volunteer Facilitator or Presenter will actually be asked to serve. Needs and availability are constantly changing. Selections must be made by the Ovarian Cancer National Alliance on the basis of the needs of the program, read together with the experience, fitness and appropriateness of the available volunteers, at the particular point in time. Discrimination in selection on any basis prohibited by applicable law is contrary to the Ovarian Cancer National Alliance policy and never allowed.

Name

Address

City

State

Zip Code

Telephone

Email

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Handbook Version: June 2009

The Ovarian Cancer National Alliance

The Ovarian Cancer National Alliance is a survivor-led, national umbrella organization that unites cancer activists, women's health advocates, health care providers, and researchers in the battle against ovarian cancer. The Ovarian Cancer National Alliance serves women across the country by working at the national level to increase public and professional understanding of ovarian cancer to advocate for more effective diagnostics, treatment and a cure.

Mission Statement

The Ovarian Cancer National Alliance's mission is to conquer ovarian cancer by uniting individuals and organizations in a national movement.

About the Ovarian Cancer National Alliance

In September 1997, leaders from seven ovarian cancer groups joined forces to form the Ovarian Cancer National Alliance. Their primary goal was to establish a coordinated national effort to place ovarian cancer education, policy, and research issues prominently on the agendas of national policy makers and women's health care leaders.

The founding organizations were the newsletter "Conversations!" (Texas); National Ovarian Cancer Coalition (Florida); Ovar'coming Together (Indiana); Ovarian Cancer Coalition of Greater Washington (Washington, D.C.); Ovarian Cancer Survivors Quilt Project (Virginia); Ovarian Plus International (Hawaii); and SHARE: Self-Help for Women with Breast or Ovarian Cancer (New York). Each of these has made a unique contribution to the ovarian cancer movement.

Today the Ovarian Cancer National Alliance conducts a number of programs to raise awareness of ovarian cancer; educate survivors and health professionals regarding the disease; and, advocate for multiple issues related to the disease, such as advancing research. The national office is headquartered in Washington, D.C., enabling the Ovarian Cancer National Alliance to be an integral part of the national women's health and cancer communities and providing the organization with an established and respected presence among health and policy leaders. In addition, through the Ovarian Cancer National Alliance's network of 50 partner member organizations throughout the country thus far, the organization further advances its advocacy and education efforts at the community level, and the network continues to grow.

Becoming a Partner Member

As a partner member of the Ovarian Cancer National Alliance, you gain access to valuable trainings, resources and an extensive national group of dedicated individuals who share your passion. If you or your organization is interested in learning more about becoming a partner member, please contact Lindsey Boyle (lboyle@ovariancancer.org) or Cara Tenenbaum (ctenenbaum@ovariancancer.org) by email or at 202-331-1332.

More Information

For more information and resources on ovarian cancer visit the Ovarian Cancer National Alliance's website at: www.ovariancancer.org.

Ovarian Cancer National Alliance
910 17th Street N.W., #1190, Washington, D.C. 20006
P: 202-331-1332 F: 202-331-2292

Survivors Teaching Students: Saving Women's LivesSM (STS) **Program Overview**

Background

Ovarian cancer is among the five leading cancer-related causes of death among women in the United States (U.S.) and causes more deaths than any other cancer of the female reproductive system. The majority of cases are not diagnosed until the disease is far advanced and women's survival is compromised. Symptoms may not be recognized early enough, and too often, women who are at high-risk are not identified or monitored.

To address the issue of early detection, the Ovarian Cancer National Alliance conducts the *Survivors Teaching Students: Saving Women's LivesSM (STS)* program. The goal of the program is to enhance health professional students' understanding of ovarian cancer symptoms and risk factors in order to facilitate sooner diagnosis and detection. Betty Reiser, former Program Director and long-term ovarian cancer survivor, played a leading role in its facilitation and expansion.

Program Description

STS achieves its goal by bringing ovarian cancer survivors into the classrooms of health professional students to share their stories and key information on the disease. The program is currently offered to a variety of medical and health professional students—our future diagnosticians, including medical students, nurse practitioner students, physician assistant students, and nursing students.

Below is a general description of the presentation.

- Each presentation lasts about one hour.
- Each presentation typically includes three presenters who are ovarian cancer survivors. The presentation should include women with different backgrounds and experiences, as feasible. In many cases the women who present will have been diagnosed at a late stage, but it is valuable to include women diagnosed at an early stage as well.
- At the presentation, the facilitator will provide a brief introduction and then each presenter tells her story, illustrating the difficulty of early diagnosis and what happened to her as a result. The survivor's story puts a face and voice to the disease, which is a powerful tool in increasing students' understanding.
- Students gain insights into listening to patient concerns and become sensitized to the psychosocial aspects of ovarian cancer as well as the need for early detection.
- After the presentations, a dialogue is opened between the presenters and the students to enable direct and substantive interaction.
- Students are also given a brief pre and post survey to assess their understanding of the disease and the value of the presentation. (A survey has been included in the Appendix.)
- The presentation is offered free of charge to health professional schools.

As you conduct the program in your community, certain aspects of the presentation may need to be adapted or evolve to best serve the students and schools.

Reaching Health Professional Students

Medical Students

The program was initially piloted by Betty Reiser at the University of Medicine and Dentistry of New Jersey (UMDNJ)—New Jersey Medical School in 2002. Thus far, the *STS* program has expanded into more than 50 medical schools nationwide. (A list of currently participating schools is included in the Appendix.). Presentations are typically given to third year medical students during their gynecology rotation. This is because it is the first year of their training where they interact with patients. Because of the rigorous rotation schedule, a local *STS* group will present to a new group of medical students every six to eight weeks, depending on the school.

The program has been successful in reaching medical students and continues to draw interest from medical school faculty around the country. The medical students' reactions and written evaluations have been extremely positive and reinforce the Ovarian Cancer National Alliance's belief that this unique approach can be a vital adjunct to the academic learning process.

It is the Ovarian Cancer National Alliance's goal that this program will be incorporated into every medical school in the U.S. Working with our partner member organizations and ovarian cancer advocates throughout the country, we are striving to make this a reality.

Nurse Practitioner Students

Recognizing that in today's health care system there are health professionals who work in partnership with physicians and play a leading role in delivering primary care, in 2005 the Ovarian Cancer National Alliance expanded the *STS* program to nurse practitioner programs through a pilot in New York State with the Department of Health (NYSDOH).

In most locations, the presentations to nurse practitioner students are given once per semester to the second year students in primary care or women's health specialties. Often the local *STS* group was already presenting to medical students and has added other health professional students based on their capacity. In some locations where there is no medical school, *STS* groups present only to nurse practitioner and sometimes nursing students as well.

Physician Assistant Students

In 2006-2007, through the same partnership with the NYSDOH, the Ovarian Cancer National Alliance piloted the *STS* program in physician assistant programs in New York. As a result of the pilot, our goal is to develop resources to support local *STS* groups in offering presentations to this group of health professionals in training.

Nursing Students

In 2007-2008, again with the NYSDOH, the Ovarian Cancer National Alliance began the *STS* program in nursing schools in New York. Other groups around the country have also begun to work with nursing schools, as well as physicians assistant and nurse practitioner programs.

Your Role as *STS Facilitator*

Background

The Ovarian Cancer National Alliance, in partnership with a local ovarian cancer advocate or organization, has worked with the medical, graduate nursing, physician assistant, or nursing school in your area to have the *STS* program accepted into the school's curriculum. The local contact may have even been you!

Your *STS* group may only be presenting to medical students or, because there is no local medical school, only nursing or physician assistant students. Whatever your target group of medical or health professional students, the format for the presentation and the main information you need to know to do the program is the same. Of course, the frequency and schedule of presentations will differ for each group.

Here is an outline of a typical presentation, lasting 1 hour.

- Introduction – 5 minutes
- Administer and Collect Pre-Evaluations– 5 minutes
- Presenter #1 – 7 minutes
- Presenter #2 – 7 minutes
- Presenter #3 – 7 minutes
- Question and Answers – 15-20 minutes (Note: This is flexible and may last longer depending on time.)
- Closing – 5 minutes
- Distribute Handouts and Administer Evaluations – 5 minutes

The “Introduction” and “Closing” will be conducted by you or one of the presenters who you have identified to serve as “On-Site Facilitator.” Talking points to use during the introduction and closing have been included in the “Role of On-Site Facilitator” section of this toolkit.

The *STS Facilitator*

As the “*STS Facilitator*,” you serve as the leader of your group and you are the main contact for the Ovarian Cancer National Alliance, the health professional schools and your group.

You are responsible for:

- Working with the schools to schedule the presentations and follow-up on the events;
- Coordinating your group to ensure that there are enough presenters at each event, sharing any important information with your group related to the presentation such as location, directions, etc.;
- Managing the On-Site Facilitator Report (see Appendix) and the student surveys;
- Communicating with the Ovarian Cancer National Alliance to report information on the presentations you conduct or any changes to your local program; and,
- Training new presenters, as needed.

You are the resource and contact for information or questions related to the *STS* program in your community.

Working with the Schools

If the Ovarian Cancer National Alliance was responsible for introducing the *STS* Program at your local health professional school, we will provide you with the individual who will serve as your contact at the school. You will need to call or email them to schedule the presentations. In some cases, the first presentation may have already been scheduled by the Ovarian Cancer National Alliance. If this is the case we will inform you.

Typically, we recommend that you invite the administrative contact at the school to the first presentation, if it is a medical school, or all presentations if a nursing or physician assistant program. However, this will vary greatly from school to school and you should be prepared to present to the students without an administrative contact or instructor in the classroom.

The handling of the student surveys will also vary since some schools may have their own surveys that they want the students to complete after presentations. You should still have the students complete the *STS* surveys, even if they have another provided by the school. These evaluations should then be input into the Ovarian Cancer National Alliance-*STS* data base. Email the school prior to the presentation to confirm the date and time and provide them with attachments of the pre/post evaluation and handouts so they can print the number of copies needed for their class size. Some *STS Facilitators* send a follow-up email or letter to the contact at the school and thank them for allowing your group to present, especially if it is a once per semester event.

Following this bulleted list are specific suggestions for working with the various types of schools. For all schools, the information you need to confirm when scheduling should be the same.

- A date and time of the event (Typically at the medical schools the administrative contact will provide a number of dates for the entire semester. If the presentation occurs only once per semester, you may want to get two to three possible times depending on the size of your group and how easy it will be to find women who are available to present.)
- Location, including street address, building name, and room number
- Handicapped accessibility and any special instructions for entering the handicapped accessible route (if applicable)
- Any special security procedures that need to be completed to access the location
- Where there is parking available and the cost (if applicable)
- Expected number of students
- Name of contact at the school for the presentation (if different from contact for scheduling)
- Name of contact at the school and phone number who will be available at the time before the presentation that presenters can call if they have problems finding the location (if different from above)

For Medical Schools:

The presentations will typically occur every six to eight weeks. Each school varies in how the events are scheduled, but we recommend that you contact your medical school before the start of the semester and try to schedule all of the events for the semester at that time. Again, this will vary and you may need to adapt based on what is most convenient for the school.

For Nurse Practitioner, Physician Assistant, and Nursing Schools:

Since these presentations typically occur only once a semester, we recommend contacting the schools in June to schedule for the Fall semester and in November to schedule for the Winter/Spring semester.

Coordinating Your STS Group

It is your role to contact your *STS* Group with possible presentation times and make sure you have three survivors to present during the presentations to which you have committed. In addition, you will need to communicate all logistics to your group, including location, directions, etc.

If you will not be attending the presentation, you will also need to designate an “On-Site Facilitator.” Information on the role of the On-Site Facilitator can be found on page 17 of this handbook. In addition, you will need to ensure that the On-Site Facilitator has enough handouts, surveys, and any other materials you distribute at the event.

Managing the On-Site Facilitator Report and Student Surveys

If you do not serve as the On-Site Facilitator, you will need to collect the On-Site Facilitator Report and completed surveys from the woman who fulfilled this role.

You should keep a record of the *STS* presentations that your group completes which includes the date, location, and number of students reached (the On-Site Facilitator Report, included in the Appendix, is a useful outline for this) and send the evaluations to the Ovarian Cancer National Alliance after the presentation. The Ovarian Cancer National Alliance will email an electronic version and summary of the evaluations for your records.

The information on your completed *STS* events can be valuable as you do future programs or even seek funding for your activities.

Communicating with the Ovarian Cancer National Alliance

The information you collect at the local level is extremely valuable to the Ovarian Cancer National Alliance. What you do at the local level and learn about the best ways to present to these students can inform national practice and implementation of the program. We want to be able to assess the impact of the program and share the information so that it can improve health outcomes for women with ovarian cancer.

In addition, we also like to be in contact, by phone or e-mail, with all of the *STS* Programs every 6 months to learn how your program is going, troubleshoot any problems you may be having, and learn from your experiences.

Feel free to contact us if you have any questions or concerns as you are implementing the program in your community. We’d also like to hear about your successes, so please share with us!

Recruiting and Training New Presenters

As *STS Facilitator* you are responsible for training new ovarian cancer survivors to serve in your local *STS* group. The Ovarian Cancer National Alliance sponsors the initial training, but any subsequent trainings to maintain the program are your responsibility. We have provided a section on “Training New Presenters” on page 20 of this handbook that we hope will assist you. It is okay if there is someone else in your group who would prefer to lead the training, but it is your role to identify this person.

We recommend that you try to maintain a pool of at least six women who are able to serve in your group. Therefore, ongoing recruitment is a must. We recognize that volunteers make this program happen and with competing personal issues and priorities this can be a challenge. Please let us know if you have problems recruiting enough women to participate and we can try to assist you in your outreach. Major cancer centers, support groups, and gynecologic oncology offices are good locations to reach out to women. Your own physician may be an ideal contact as well. We also recommend posting notices on web-based community listservs, in newsletters and even in free community periodicals. A draft flyer for recruiting new women has been included on page 23 of this handbook.

Key Contacts

To order ovarian cancer awareness merchandise, please visit the Online Store on the Ovarian Cancer National Alliance's website at www.ovariancancer.org. **Ovarian cancer symptom cards are free for use in the STS Program**, and can be ordered from the Ovarian Cancer National Alliance by emailing ocna@ovariancancer.org.

For multiple copies of student evaluation forms, handouts (double-sided) or presentation handbooks, please contact ocna@ovariancancer.org as well.

Note: The Ovarian Cancer National Alliance can only provide these free materials for use at the *Survivors Teaching Students* presentations. You will need to order separate materials for other awareness and education events you may do. In addition, we are unable to provide free pins or other accessories.

If you have any questions related to the STS program, your presentations at current schools, adding new schools, and training new presenters, please contact:

Linda John
Program Director
3 Chalmers Blvd.
Amawalk, NY 10501
Email: ljohn@ovariancancer.org
Cell: 646-208-1767

Cara Tenenbaum
Ovarian Cancer National Alliance
910 17th Street, N.W., Suite 1190
Washington, D.C. 20006
Email: ctenenbaum@ovariancancer.org
Phone: 202-331-1332

STS Facilitator: Presentation Checklist

Task	Timeframe
<p>Contact the school to maintain a schedule of presentations; confirm:</p> <ul style="list-style-type: none"> – Date and time of the event – Location, including street address, building name, and room number – Handicapped accessibility and any special instructions for entering the handicapped accessible route (if applicable) – Any special security procedures that need to be completed to access the location – Where there is parking available and the cost (if applicable) – Expected number of students – Name of contact at the school and phone number for the presentation (if different from contact for scheduling) – Name of contact at the school and phone number who will be available at the time before the presentation that presenters can call if they have problems finding the location (if different from above) 	<p>Months or weeks before an expected presentation</p>
<p>Contact your <i>STS</i> group to recruit 3 survivors to present on proposed date</p>	<p>Weeks before an expected presentation</p>
<p>Select an On-Site Facilitator for the event (if necessary) and provide them with all relevant information (bulleted above)</p>	<p>Weeks before an expected presentation</p>
<p>Send email to presenters or call presenters to identify On-Site Facilitator and provide all relevant information (bulleted above)</p>	<p>Months or weeks before an expected presentation</p>
<p>Send reminder email or place reminder phone call to school, On-Site Facilitator (if necessary), and presenters which repeats info regarding logistics for the event. In addition, remind presenters to arrive 15 minutes before the presentation.</p>	<p>1 week before scheduled presentation</p>

<p>Email school prior to date to confirm and attach pre/post evaluations and handouts so the school can print out the number of copies needed for their class size. Provide appropriate amount of symptom cards based on expected number of students to - Any other resources (contact the Ovarian Cancer National Alliance beforehand for copies, if necessary)</p>	<p>1 week before scheduled presentation</p>
<p>Follow-up with On-Site Facilitator to determine how you will collect the On-Site Facilitator Report and completed surveys</p>	<p>1-3 days after the presentation</p>
<p>Input the completed evaluations into the Ovarian Cancer National Alliance STS data base.</p>	<p>1-3 days after the presentation</p>
<p>Send “thank you” email to contact at the school and course instructor (if appropriate; typically not necessary for medical schools)</p>	<p>1-3 days after the presentation</p>
<p>OPTIONAL: Send letter to school contact thanking them again for their participation and summarizing the number of students reached through the program</p>	<p>At the end of the semester (typically June and December)</p>

The Responsibilities of the Presenters

Each presenter has committed to sharing her story with the health professional students in the brief amount of time allotted for the *Survivors Teaching Students: Saving Women's LivesSM* (STS) presentation and emphasizing the aspects of her story that are most educational to the students.

It is not the presenters' role to provide medical advice or medical instruction. They are only responsible for accurately sharing the medical information that relates to their story. If a presenter is unsure of information related to her story, she should refer the students to the instructor for the correct information. We encourage the presenters to tell their stories from memory.

Delivering the Key Messages

Below are the key messages that the STS program aims to deliver. It is not expected that every presenter address each of the points listed below, but the presentation overall is a vehicle for these messages. The messages around symptoms have been bolded below as they are central to the program. As you have already learned or will learn from the training, it is important for each presenter to focus on the aspects of her story that emphasize and reinforce these messages. If certain points are not discussed, the facilitator should raise them in the discussion that takes place after the presentations.

- Ovarian cancer is the most lethal gynecologic cancer and one of the five leading causes of cancer death among women in the United States.
- The majority of women diagnosed with ovarian cancer are at advanced stages.
- Currently, there is no reliable screening test for the early detection of ovarian cancer.
- When detected sooner, the survival rates for ovarian cancer greatly improve.
- **Ovarian cancer, even in its early stages, has symptoms.**
- **Know the symptoms of ovarian cancer:**
 - **Bloating**
 - **Pelvic or abdominal pain**
 - **Difficulty eating or feeling full quickly**
 - **Urinary symptoms (urgency or frequency)**
- **Women who have these symptoms almost daily for more than a few weeks should see their doctor, preferably a gynecologist.**
- **Several other symptoms have been commonly reported by women with ovarian cancer. These symptoms include fatigue, indigestion, back pain, pain with intercourse, constipation and menstrual irregularities. However, these other symptoms are not as useful in identifying ovarian cancer because they are also found in equal frequency in women in the general population who do not have ovarian cancer.**
- If the signs and symptoms suggest ovarian cancer, a complete pelvic exam, including a recto-vaginal examination; a transvaginal ultrasound; and, a CA 125 blood test should be performed.
- If ovarian cancer is suspected, the woman must be referred to a gynecologic oncologist.

- Women with a personal or family history of ovarian, breast, or colorectal cancer may be at higher risk for ovarian cancer.
- Although the statistics around ovarian cancer outcomes are not good, remember that each woman's experience is unique. It is important to provide hope when communicating with your patients.

The Role of On-Site Facilitator

One presenter must be designated to serve as “On-Site Facilitator” for each presentation. This role may be fulfilled by you every time, but there may be times where you cannot attend a presentation. As *STS Facilitator*, it is your responsibility to make sure that one person is assigned to this role for each presentation.

There are 4 key tasks for which the On-Site Facilitator is responsible:

1. Conduct the “Introduction” and “Closing”
2. Facilitate the “Question and Answer” Session
3. Administer the Survey(s)
4. Complete the On-Site Facilitator Report

Conducting the “Introduction” and “Closing”

The “Introduction” lasts 5 minutes. Below are some suggested talking points. These are just a guide offered to assist you; we understand that you will adapt as needed.

- Hello, my name is INSERT YOUR NAME. I am joined today by INTRODUCE OTHER PRESENTERS.
- We are pleased to have the opportunity to talk with you today about a subject that has great urgency—ovarian cancer.
- We are here as part of a program called “Survivors Teaching Students: Saving Women’s Lives” that is under the auspices of the Ovarian Cancer National Alliance.
- Our goal is to increase your understanding of the symptoms of and risk factors for ovarian cancer so that the disease will be detected and diagnosed sooner.
- You may already know this, but ovarian cancer is the most lethal gynecologic cancer and one of the five leading causes of cancer death among women in the United States. Why is this the case?
- ...Because the majority of women who are diagnosed with ovarian cancer are diagnosed when the disease is at an advanced stage after the cancer has metastasized or spread. Currently, there is no screening test for the early detection of ovarian cancer.
- In addition, the overall five-year survival rate for ovarian cancer is poor—only 45%. This means that in the past, out of all women diagnosed with ovarian cancer, only 45% were alive 5 years after their diagnosis.
- However, the good news is that when the cancer is detected early, survival rates greatly improve to almost 95% for early stage disease.
- These are just some of the statistics. I am sharing this information because we want everyone to understand the challenges we face with this disease. But we are here today to share more than numbers. We are here to tell you our stories.
- You will hear three stories today. Every woman’s experience is different, but there is a consistent thread—many of us were diagnosed at a late stage. We need to change this.
- We hope that you will remember our stories and what you learn today in the future when you become diagnosticians. If you see a woman who experiences the symptoms we describe, we want you to consider ovarian cancer as a possible cause.
- In addition, we want you to understand that if ovarian cancer is suspected, women should see a gynecologic oncologist. Studies have found that women with ovarian cancer who receive care from a gynecologic oncologist have better health outcomes.
- We are counting on you for this.
- After you hear our stories, you will have the chance to ask questions.

Talking points have been provided below for the “Closing,” which should be given after all of the stories. Again, these are a guide but you should feel free to adapt them how you see appropriate.

- Thank you again for your consideration and attention today.

- We hope that we have helped you to learn more about ovarian cancer and the incredible importance of recognizing its symptoms.
- In addition, we want you to remember that if ovarian cancer is suspected, the woman should see a gynecologic oncologist. Research confirms that women who receive care from a gynecologic oncologist have better health outcomes than women who do not. Information on finding a gynecologic oncologist can be found on the Ovarian Cancer National Alliance website at www.ovariancancer.org.
- Please take a few minutes to complete the survey we are distributing. Your feedback is extremely valuable to us and helps us to ensure we are providing information that is useful to you and your peers and to understand how effective this program is. Your comments are anonymous, but we do review all the forms and take your input seriously.

Facilitating the “Question and Answer” Session

The presenters have 15 to 20 minutes to address the students’ questions. This can be complicated so it helps to have one person facilitating this portion of the presentation. Please review the “Tips for Handling Questions” on page 27 of this handbook. The On-Site Facilitator should field the questions and assign them to the appropriate presenter for responding.

You will find that the students raise a variety of topics in the Question and Answer portion of the presentation. Below is a list of discussion questions that frequently come up. This list was developed with input from *STS Facilitators* throughout the country. Your own experiences will vary, but this list has been developed to help you prepare for some of your initial presentations.

Questions that Students Frequently Ask:

- How do you want bad news told to you?
- What do women need from their doctor after they are told they have cancer?
- How do you balance the statistics (grim) with hope when you are a doctor talking to a patient?
- How did your family react?
- What kinds of support were most helpful after receiving your diagnosis?
- Did you experience depression?
- How do survivors continue to lead normal lives in spite of the challenge of the diagnosis and the trials of treatment?
- How has the diagnosis affected your self-image and sexuality?
- How important was your medical team to you during treatment?
- How bad was chemotherapy and its side effects?
- What kind of follow-up care do you continue to receive?
- What is the most important message you want us to remember after the presentation?

Additional Topics Commonly Discussed:

- The lack of a screening test for the general population and why CA 125 is not used
- The risk factors for ovarian cancer
- Genetic testing and its effect on family members
- The importance of a comprehensive pelvic exam (both vaginal and rectal) and what to do with women who do not want a pelvic exam
- Complementary therapies
- The role of the gynecologic oncologist

In addition, this portion of the presentation is also a good time to address any points that may not have been covered in the survivors’ stories. For example, if no one discussed the possible risk associated with having a personal or family history of breast, colon or ovarian cancer, this would be the appropriate time to raise it with the students.

Administering the Survey & Distributing Handouts

All students should be given the survey to complete before and after the presentation and handouts should be distributed at the end as they have valuable information and resources for the students to take with them. The On-Site Facilitator should introduce why completing the survey is important as described in the above talking points and make sure they collect all of the surveys. As *STS Facilitator*, you will handle the reporting of the information, so you will need to make sure you collect the information from the On-Site Facilitator.

Inputting the information into the STS data system

At the close of the presentation, you will need to input all pertinent information into the STS data system. Reimbursements for travel will not be approved until all information is input. Should you need help, please contact the program director for assistance.

Training New Presenters

Overview

This section aims to assist you in training women to serve as presenters for the *Survivors Teaching Students: Saving Women's LivesSM (STS)* program in your community.

Whether your trainees are beginning or advanced speakers, this section is designed to help you prepare speakers for events that they will encounter as a *STS* speaker. The Ovarian Cancer National Alliance recognizes that the needs of your trainees will vary, so let this serve as guide to be adapted, as appropriate, to best serve your own communities.

In this section you will find:

- Outline of Goals
- Key Steps for Planning and Preparation
- Suggested Agenda
- Tips for the Trainer

Goals

Our goals are to:

- Develop a pool of speakers with diverse backgrounds and experiences to execute the *STS* mission to raise awareness among health professional students regarding ovarian cancer
- Ensure speakers feel prepared and confident to deliver persuasive and successful presentations
- Promote a sense of community among *STS* speakers in your group

Key Steps for Planning and Preparation

Logistics

There are some key steps to take in planning and preparing the logistics for your training.

- Find a time that works best for everyone; you may need to be flexible with evening or weekends.
- Finding an appropriate setting is important, but depending on group size, even a living room can be a good place to hold the training. Most important is to have the event in a space where people feel comfortable and the environment is positive.
- Allow about two hours for the training (see suggested agenda on page 21 for an overview; this will vary based on the number of participants).
- If possible, provide beverages and snacks. This can add to a positive experience for attendees and promote a comfortable, interactive feeling.

Recruiting Participants

Participants in the program can be recruited from many locations. Major cancer centers, support groups, and gynecologic oncology offices are good locations to reach out to women. Your own physician may be an ideal contact as well. We also recommend posting notices on web-based community listservs, in newsletters and even in free community periodicals. A sample flyer has been included on page 23 to use in recruitment.

If feasible, you should invite women who are interested in the program to come to one of the actual presentations at the schools.

Preparing the Survivor Stories

It is mandatory that all survivor participants write down their experience with ovarian cancer—their story—and bring it with them to the meeting. This helps the survivors to get out all their thoughts and experiences and enables the trainer to assist them in honing their story to the key elements they can share in a 7-minute presentation.

This preparation can take time for the trainees, so you should give them at least two weeks to prepare their story. On page 24 a sample letter has been provided that you can send or email to the women you will be training which outlines the assignment.

Suggested Agenda

This agenda is based on a training with 6 participants. The total time will vary based on the number of participants.

Activity	Approximate Time Allotted
<p>Introduce yourself and describe your role in the local <i>STS</i> Program</p> <p>Thank everyone for coming</p> <p>Establish that everyone should feel comfortable and safe sharing their stories and no comments will be made that are judgmental in nature</p>	5 minutes
<p>Have everyone go around the room and briefly introduce themselves (if necessary)</p>	5 minutes
<p>Introduce the <i>STS</i> Program</p> <ul style="list-style-type: none"> – Using the “Presenter’s Handbook” as a guide, explain the following: <ul style="list-style-type: none"> ▪ What the Ovarian Cancer National Alliance is ▪ How the <i>STS</i> Program is conducted ▪ The role of the presenters ▪ The role of the “On-Site Facilitator” 	15 minutes
<p>Prepare the Survivor Stories</p> <ul style="list-style-type: none"> – Explain the process for preparing the stories: <ul style="list-style-type: none"> ▪ Each survivor will be asked to stand at the front of the group and read her story that she prepared ▪ The audience will then be asked to share their comments/reactions to the story, refraining from offering any feedback that might be construed as critical or judgmental ▪ The training facilitator will then provide input on which aspects of the story should be emphasized or expanded, any information that needs to be added, and any sections that should be reduced – Have each survivor stand and read her story – Provide feedback on the survivor stories 	1 hour and 30 minutes total (Approximately 15 minutes per participant; 6 participants)
<p>Closing</p> <ul style="list-style-type: none"> – Make sure you have complete contact information for each participant – Explain how you will reach out to them when scheduling presentations – Thank everyone again for coming 	5 minutes

SAMPLE Flyer to Use in Recruitment

Are you an ovarian cancer survivor?

Would you like to *share your story* to increase medical students' awareness about ovarian cancer symptoms and risk factors?

If so, become part of an innovative program called ***Survivors Teaching Students: Saving Women's LivesSM***, sponsored by the Ovarian Cancer National Alliance.

This program helps medical students understand firsthand about ovarian cancer symptoms and risk factors so that these future physicians diagnose and detect the disease sooner on. *Survivors Teaching Students: Saving Women's Lives* brings ovarian cancer survivors into the classrooms to share their stories and key information on the disease.

As a survivor presenter, you will be trained on how to share your story with the students. **A training will take place on DATE at TIME in LOCATION.**

This is a critical opportunity to teach future medical professionals about the importance of detecting and diagnosing ovarian cancer sooner. You will join hundreds of other women who speak to medical students throughout the U.S. Like them, you may find that sharing your story can not only make an impact on other women's lives, but also be an incredibly rewarding experience. **Join the Ovarian Cancer National Alliance in our mission to conquer ovarian cancer!**

If you are interested in participating in the training or learning more, please contact INSERT NAME at EMAIL or PHONE.



The Ovarian Cancer National Alliance, the nation's voice for ovarian cancer issues, is a survivor-led umbrella organization uniting activists, women's health advocates and health care professionals in the effort to increase public and professional understanding of ovarian cancer and to advocate for more effective diagnostics, treatments and a cure. www.ovariancancer.org

SAMPLE Letter to Training Participants Regarding Survivor Story

This is a sample of the kind of letter or email that can be shared with your trainees in advance of the training. You should allow at least two weeks for the women to complete their stories and share them with you.

Dear _____,

Thank you for your commitment to become a speaker in the *Survivors Teaching Students: Saving Women's LivesSM* program. You will be a part of a critical national effort to raise awareness about ovarian cancer among medical, nurse practitioner, physician assistant, and nursing students. Our ultimate goal is to increase the number of women with ovarian cancer who are diagnosed sooner because their health care providers recognize the signs and symptoms of the disease. Your participation takes us one step closer!

In preparation for our training on INSERT DATE OF TRAINING, I would like to ask you to take some time to write down your experience with ovarian cancer. An outline has been provided on the following page to guide you. The purpose of this exercise is to help you to hone your story into the brief, 7-minute presentation that is necessary for the *Survivors Teaching Students* presentation. You may find it to be a healing exercise as well. All aspects of your experience are important and, as I am sure you have already experienced, can help to educate other women and their families. Our objective for this program is to identify the key pieces of your experience that will most help the students understand why they absolutely must be aware of the symptoms of ovarian cancer to ensure sooner detection.

It is essential that you write your story and bring it with you to the training. You will be asked to read your story aloud to the other training participants. Please do not feel pressure to write something that will be published, just keep it to your own words and use simple language. Working with your story will be a key component of the training so it is mandatory that you do this. Feel free to contact me if you have any questions at INSERT PHONE NUMBER.

I will see you on INSERT DATE OF TRAINING at INSERT TIME AND LOCATION OF TRAINING. INSERT ANY SPECIAL DIRECTIONS TO THE TRAINING.

Sincerely,

Suggested Outline for Your Story

- Introduce yourself: name, a few personal facts that you feel comfortable sharing (e.g., current age, age at time of diagnosis, occupation, marital status, children)

- Describe what steps you went through in being diagnosed
 - Personal circumstances just prior to onset of symptoms
 - Description of symptoms
 - Sequence of development of symptoms
 - Actions taken in response to symptoms and physician's response
 - Whether you saw a gynecologic oncologist
 - How the ovarian cancer was diagnosed
 - How the diagnosis was given to you by your physician

- Discuss what happened after diagnosis (keep this very brief)
 - Recommended treatment
 - Selected treatment
 - Outcome

- Talk about where you are now in your experience with ovarian cancer

Tips and Resources for Presenters

Ovarian cancer survivors have an unfortunate, yet unique, perspective that enables them to bring awareness to others. A survivor “story” can be an influential tool in educating the general public and medical providers in your community on ovarian cancer. This section provides tips and resources on harnessing the power of the survivor story to raise awareness of the disease.

This section offers the following content to help participants in the *STS* Program in being an effective presenter.

- Criteria for an Effective Story
- Key Policies Regarding Medical Information
- Tips for Handling Questions
- Tips for Reducing Nervousness
- Assessing Your Performance

Criteria for an Effective Story

The following are general criteria to keep in mind to deliver an effective story.

- Use your own words
- Present information that is medically accurate
- Conclude with an explicit message to the audience which reiterates the key messages around symptoms, risk factors, key steps in diagnosis, and seeking the care of a gynecologic oncologist
- Use plain language and, if necessary, define medical terms concisely

Key Policies Regarding Medical Information

Speakers who make presentations on ovarian cancer may offer medical information, but they must never offer medical advice.

Medical Information is objective and consists of facts found in approved literature. It is information available to anyone seeking general knowledge about a disease and how it is treated.

Medical Advice consists of comments and suggestions that personalize medical information and makes a recommendation about what the audience should do or should not do regarding medical choices.

A presenter should not:

- Recommend a particular type of surgery or other treatment.
- Suggest where a patient should go for medical care.
 - Note: The Ovarian Cancer National Alliance recommends that all women who are suspected of having ovarian cancer or diagnosed with ovarian cancer seek the care of a gynecologic oncologist. However, the Ovarian Cancer National Alliance does not recommend specific physicians. Women should be referred to the Gynecologic Cancer Foundation (www.wcn.org or 800-444-4441) to search their database to find a listing of gynecologic oncologists in their area.
- Offer an opinion about a doctor or facility.
 - Note: Names of physicians or facilities should not be used in the presentations.

Tips for Handling Questions

1. Once you complete the presentations, give the students a few minutes before you start to raise questions. They may need a moment to collect their thoughts and formulate the questions.

2. When a question is asked, repeat the question, if necessary, so that everyone in the audience hears it.
3. If you are not sure you understand the question, or if the student has prefaced the question with a long introduction, paraphrase the question and get confirmation from the student. (For example, “I want to be sure I understand your question. Are you saying . . .?”)
4. Answer the question as simply and briefly as possible. If you know that the answer to the question is contained in the handouts, reinforce that the handouts contain more details.
5. If only one student has questions, try to use the questions to open up a larger discussion with the group.
6. If the question includes a request for advice or medical instruction, respond as follows: “I am not qualified to offer an opinion about a specific situation. However, I can say . . .” and answer the question in general terms, if appropriate, or refer them to an appropriate resource such as their instructor.
7. If many people raise their hands at once, try to respond to the first one you see.
8. Select questioners from all parts of the room.
9. Monitor the time. When you wish to end the Question and Answer period, say “We have time for one more question.”
10. Thank the audience for their interest and express your willingness to remain after the presentation to answer any remaining questions.

Tips for Reducing Nervousness

Before the Presentation:

- Acknowledge fear
- Manage fear
- Visualize a positive experience
- Know your material well
- Know the audience
- Know the setting
- Practice, practice, practice!

At the Presentation:

- Pause before beginning
- Take a deep breath and smile
- Pick out friendly or interested audience members and look at them to begin

Assessing Your Performance

When you complete a presentation, it is helpful to ask yourself the following questions to help improve each future presentation you make.

- Was I well-prepared for the presentation?
- What were the audience's main concerns? How did I respond to those concerns?
- Did I provide all the needed information and at the appropriate times?
- Did I avoid giving medical advice?
- Did the audience appear to be comfortable with me?
- Did I respond to questions adequately?
- Did I keep within my time limit?
- What would I do differently next time?
- What satisfaction did I receive from making this presentation?

In addition, you can assess your performance using the checklist below. This should also help in identifying what areas may need improvement in future presentations.

Content

- ___ Introduced self briefly and appropriately
- ___ Included your motivation
- ___ Body of story contained the recommended information, as appropriate
 - ___ Symptoms
 - ___ Risk factors
 - ___ Early diagnosis and survival
 - ___ Key steps in diagnosis and treatment
 - ___ Referral to gynecologic oncologist
- ___ Concluding remarks were concise and strong
- ___ Presentation was medically accurate

Behavior

- ___ Appeared relaxed and confident
- ___ Maintained eye contact with audience
- ___ Avoided distracting gestures

Voice

- ___ Spoke so everyone could hear
- ___ Spoke words clearly
- ___ Varied speed and pitch
- ___ Used pauses rather than non-words

Appendix



Survivors Teaching Students: Saving Women's Lives An Ovarian Cancer Presentation

Pre-Evaluation

Date:
Name of School: Circle: Medical/ Nursing/PA

(Circle any/All that apply)

1. In general, I have a basic understanding of ovarian cancer including:

A. Risk factors	True/False
B. Signs and symptoms	True/False
C. Diagnostic protocols	True/False

2. Women are screened regularly for ovarian cancer
True/False

3. A family history of which of the following is important in considering ovarian cancer risk

a. Breast cancer	True/False
b. Ovarian cancer	True/False
c. Uterine cancer	True/False
d. Colon cancer	True/False
e. Lung cancer	True/False

4. A personal history of which of the following is important considering ovarian cancer risk

a. Breast cancer	True/False
b. Infertility	True/False
c. Cervical cancer	True/False
d. Birth control pill use	True/False

5. If I suspect a patient has ovarian cancer I would refer her to

a. A gynecologist	True/False
b. An oncologist	True/False
c. A gynecologic oncologist	True/False

6. List three symptoms, which, if persistent, would lead you to consider ovarian cancer.



Survivors Teaching Students: Saving Women's Lives
An Ovarian Cancer Presentation
Post-Evaluation

Date:	
Name of School:	Circle: Medical/ Nursing/PA

(Circle any/All that apply)

7. In general, I have a basic understanding of ovarian cancer including:
 - A. Risk factors True/False
 - B. Signs and symptoms True/False
 - C. Diagnostic protocols True/False
8. Women are screened regularly for ovarian cancer True/False
9. A family history of which of the following is important in considering ovarian cancer risk
 - f. Breast cancer True/False
 - g. Ovarian cancer True/False
 - h. Uterine cancer True/False
 - i. Colon cancer True/False
 - j. Lung cancer True/False
10. A personal history of which of the following is important considering ovarian cancer risk
 - e. Breast cancer True/False
 - f. Infertility True/False
 - g. Cervical cancer True/False
 - h. Birth control pill use True/False
11. If I suspect a patient has ovarian cancer I would refer her to
 - d. A gynecologist True/False
 - e. An oncologist True/False
 - f. A gynecologic oncologist True/False
12. List three symptoms, which, if persistent, would lead you to consider ovarian cancer.
13. How has the presentation changed the way you think about ovarian cancer?
14. Would you consider this form of experiential learning an effective method of learning more about ovarian cancer or another condition?
15. How can the presentation be more effective in conveying survivors' experiences, the importance of the symptoms or difficulties in diagnosis.

Survivors Teaching Students: Saving Women's LivesSM **Ovarian Cancer Information and Resources**

The Ovarian Cancer National Alliance is a nonprofit national umbrella organization that unites cancer activists, women's health advocates, health care providers, and researchers in the battle against ovarian cancer. *Survivors Teaching Students: Saving Women's LivesSM* is a signature program of the Ovarian Cancer National Alliance that educates students about ovarian cancer during their health professional education.

The goal of the program is to increase the number of health care providers who recognize the symptoms of and risk factors for ovarian cancer so that the disease is detected earlier. This handout aims to address questions you may have as a result of the *Survivors Teaching Students* presentation and offers resources you can consult for further information. For more information on the Ovarian Cancer National Alliance, visit: www.ovariancancer.org.

Key Information on Ovarian Cancer

- Ovarian cancer is the most lethal gynecologic cancer and one of the five leading causes of cancer death among women in the United States.
- Each year, approximately 22,000 women are diagnosed with ovarian cancer in the United States and about 15,000 American women die from the disease.
- The majority of cases – 81% – are not diagnosed until the disease is advanced and a woman's survival is significantly compromised.
- Currently, there is no reliable screening test for the early detection of ovarian cancer.

Ovarian Cancer Symptoms

Ovarian cancer causes symptoms, even in its early stages.

The symptoms of ovarian cancer are:

- Bloating
- Pelvic or abdominal pain
- Difficulty eating or feeling full quickly
- Urinary symptoms (urgency or frequency)

Other symptoms can include fatigue, indigestion, back pain, pain with intercourse, constipation and menstrual irregularities. If a woman experiences any of these symptoms for more than a few weeks and they are unusual for her, she should see a gynecologist to receive a pelvic examination, transvaginal ultrasound and a CA 125 blood test.

Symptom Diary and Practice Guidance

There is a packet of tools that women can use to pursue answers to their concerns that the symptoms they are experiencing may be evidence of ovarian cancer.

The **first tool** is a personal Symptom Diary, developed by the Ovarian Cancer National Alliance, which can be used to track persistency of symptoms over time that may indicate the possibility of ovarian cancer. The **second tool** is an Interim Practice Guidance that outlines important steps your doctor may take to evaluate whether your symptoms may be ovarian cancer.

This very important information should be shared publicly to help women with ovarian cancer get diagnosed sooner. You can download the packet by visiting www.ovariancancer.org/diary.

Ovarian Cancer Risk Factors

Every woman is at risk for ovarian cancer at any age; however, the following factors may increase a woman's risk:

- a personal or family history of breast, colon or ovarian cancer

- increasing age
- nullparity

Factors associated with a decreased risk of ovarian cancer include:

- using oral contraceptives
- having and breastfeeding children
- having a bilateral tubal ligation or hysterectomy
- having a prophylactic oophorectomy

Ovarian Cancer Statistics

For information on ovarian cancer incidence and survival rates in the United States, visit the National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results (SEER) Program website at <http://seer.cancer.gov>.

Ovarian Cancer Diagnosis and Screening

The National Cancer Institute (NCI) also has a comprehensive section on ovarian cancer with resources for health care professionals at www.cancer.gov/cancertopics/types/ovarian.

Genetics of Ovarian Cancer

The National Cancer Institute (NCI) comprehensive cancer database, PDQ®, features an in-depth resource for health professionals “Genetics and Breast and Ovarian Cancer (PDQ®)” available at:

<http://www.cancer.gov/cancertopics/pdq/genetics/breast-and-ovarian/healthprofessional>.

In addition to genetics, this resource also addresses the other risk factors for the disease.

To find resources for patients and families who may have a genetic risk for ovarian cancer, visit the *FORCE: Facing Our Risk of Cancer Empowered* website at www.facingourrisk.org. *FORCE* is a national non-profit organization that offers education and support for women with an increased risk of breast or ovarian cancer due to a family history and/or genetic status. *FORCE* can help those concerned about their family history and possible genetic status find a cancer genetic counselor in their area. In addition, NCI’s Cancer Genetic Services Directory at www.cancer.gov/search/geneticsservices lists genetics professionals by city and state.

Standard Treatment for Ovarian Cancer

The National Comprehensive Cancer Network, an alliance of 19 of the world’s leading cancer centers, develops, updates, and disseminates a complete library of clinical practice guidelines. The specific treatment guidelines for each cancer type are available on their website at www.nccn.org, search “ovarian cancer.”

Gynecologic Oncologists

Any woman who is suspected of having ovarian cancer should be referred to a gynecologic oncologist. The Society of Gynecologic Oncologists (SGO) is the national medical specialty society of physicians who are trained in the comprehensive management of women with malignancies of the reproductive tract and is the leading organization of gynecologic oncologists in the United States. A public education resource of SGO is the Women’s Cancer Network website, www.wcn.org, which features a “Find a Doctor” link that enables you to search the SGO membership for specialists in your area by zip code.

Continuing Education and Professional Development in Oncology

The Association of Physician Assistants in Oncology (APAO) is a non-profit specialty organization affiliated with the American Academy of Physician Assistants that consists of physician assistants working in the field of oncology. For more information, visit the APAO website at www.apao.cc.

Survivors Teaching Students: Saving Women's LivesSM
An Ovarian Cancer Education Program for Medical Students

Medical Schools Participating throughout the United States
2011

The program is implemented in a total 98 of medical schools

Alabama

1. University of Alabama School of Medicine
2. Calhoun Community College, Nursing Program
3. University of Alabama in Huntsville, School of Nursing

California

4. University of California College of Medicine, Irvine
5. University of California School of Medicine, Davis
6. University of California School of Medicine, San Diego
7. Stanford University School of Medicine
8. Touro University of Osteopathic Medicine, Vallejo*
9. Azusa Pacific

Colorado

10. University of Colorado Health Sciences Center and School of Medicine, Denver

Connecticut

11. Yale University School of Medicine
12. University of Connecticut School of Medicine

District of Columbia

13. George Washington University School of Medicine and Health Sciences
14. Georgetown University School of Medicine
15. Howard University College of Medicine

Florida

16. Florida State University College of Medicine
17. FSU Medical School Association
18. Florida State University of Tallahassee
19. Nova South Eastern Tallahassee Florida
20. University of Miami School of Medicine
21. University of Florida, Gainesville Florida

Georgia

22. Emory University School of Medicine
23. Morehouse School of Medicine

Hawaii

24. University of Hawaii, School of Nursing and Dental Hygiene

Kentucky

25. University of Kentucky College of Medicine
26. University of Louisville School of Medicine

Louisiana

27. Louisiana State University Medical School

Maryland

28. Johns Hopkins University School of Medicine

Massachusetts

29. Boston University School of Medicine
30. University of Massachusetts Medical School
31. Tufts University School of Medicine

Minnesota

32. University of Minnesota Medical School

Michigan

33. Michigan State University College of Human Medicine
34. Michigan State University School of Medicine
35. Michigan State School of Nursing
36. Michigan State School of Osteopathy
37. Wayne State University School of Medicine
38. V.A. Hospital Detroit

Missouri

39. St. Louis University School of Medicine
40. St. Louis Nurse Practitioner Program
41. Washington University in St. Louis School of Medicine
42. St. Mary's Health Center
43. St. John Health System (Providence Park Hospital)

New Jersey

44. University of Medicine and Dentistry of New Jersey (UMDNJ), New Jersey Medical School
45. University of Medicine and Dentistry of New Jersey (UMDNJ), School of Osteopathic Medicine*

New Mexico

46. University of New Mexico School of Medicine

New York

47. Albany Medical College
48. Albert Einstein College of Medicine of Yeshiva University
49. Columbia University College of Physicians and Surgeons
50. Weill Medical College of Cornell University
Weill Cornell Medical College in Qatar
51. Mount Sinai School of Medicine
52. New York Medical College
53. New York University School of Medicine
54. State University of New York (SUNY) Downstate Medical Center College of Medicine
55. State University of New York (SUNY) Upstate Medical University
56. Stony Brook University Health Sciences Center School of Medicine

- 57. SUNY, University at Buffalo, School of Medicine & Biomedical Science
- 58. University of Rochester School of Medicine & Dentistry
- 59. The Sophie Davis School of Biomedical Education
- 60. Charles B. Wang Health Center
- 61. College of Staten Island
- 62. Maria College

North Carolina

- 63. Duke University School of Medicine
- 64. University of North Carolina at Chapel Hill School of Medicine
- 65. Wake Forest University School of Medicine

Ohio

- 66. Wright State University, Boonshoft School of Medicine
- 67. Miami Valley Career Technology Center

Oklahoma

- 68. Oklahoma State University Center for Health Sciences*
- 69. University of Oklahoma College of Medicine, Tulsa

Oregon

- 70. Oregon Health & Science University School of Medicine
- 71. Pacific University
- 72. Linfield College

Pennsylvania

- 73. Drexel University College of Medicine
- 74. Jefferson Medical College of Thomas Jefferson University
- 75. University of Pennsylvania School of Medicine
- 76. Philadelphia College of Osteopathic Medicine*

South Carolina

- 77. Medical University of South Carolina
- 78. University of South Carolina School of Medicine

Texas

- 79. Baylor College of Medicine, Houston
- 80. University of Texas Medical School, Houston
- 81. University of Texas Medical School, San Antonio
- 82. University of Texas Southwestern Medical School, Dallas
- 83. University of Texas Southwestern OB/GYN Residency, Dallas
- 84. University of North Texas Health Science Center (UNTHSC), Texas College of Osteopathic Medicine, Fort Worth*
- 85. John Peter Smith Hospital, UNTHSC OB/GYN Residency, Fort Worth*
- 86. Plaza Medical Center, UNTHSC, Internal Medicine Residency, Fort Worth*
- 87. Truett Hospital, Baylor University Medical Center, OB/GYN Residents, Dallas
- 88. Roberts Hospital, Baylor University Medical Center, Internal Medicine Residency, Dallas
- 89. Baylor Medical Center, Family Practice Residency, Garland

Virginia

- 90. Virginia Commonwealth University School of Medicine
- 91. Medical College of Virginia

Washington

- 92. University of Washington School of Medicine
- 93. Everett Community College
- 94. Seattle University
- 95. Gonzaga University
- 96. Bastyr University (Natural Medicine)

West Virginia

- 97. Joan C. Edwards Marshall University School of Medicine

Wisconsin

- 98. University of Wisconsin School of Medicine and Public Health

* Indicates school accredited by the American Association of Colleges of Osteopathic Medicine.

For a current list of schools, please visit www.ovariancancer.org/STS

Nursing, Advanced Nursing & Physician Assistant Programs

Participating throughout the United States

Updated June 2011

The program is implemented in a total 40 of physician's assistant programs and nursing school.

California

- 1) Azusa Pacific University, San Diego CA

Florida

- 2) Florida A&M College of Nursing
- 3) Florida State University College of Nursing
- 4) Nova Southeastern University Physicians Assistant Program
- 5) University of South Florida Nursing
- 6) University of Tampa School of Nursing
- 7) University of Central Florida School of Nursing
- 8) Barry University, Physician Assistants and Nurse Practitioner Program (Pinellas Park)
- 9) Barry University, Physician Assistants and Nurse Practitioner Program (Miami Shores)

New York

- 10) Adelphi University Nursing Program
- 11) CCNY Physician Assistant Program
- 12) College of Staten Island Nurse Practitioner Program
- 13) Columbia University Nurse Practitioner Program
- 14) Daemen College Physician Assistant Program
- 15) D'Youville College Physician Assistant Program
- 16) D'Youville College of Nursing
- 17) Hunter College CUNY Nurse Practitioner Program
- 18) LeMoyne College Physician Assistant Program
- 19) Long Island University Physician Assistant Program
- 20) Long Island University College of Nursing
- 21) Maria College of Nursing
- 22) Mercy College Physician Assistant Program
- 23) New York University College of Nursing
- 24) Pace College of Nursing
- 25) Pace University/Lenox Hill Hospital Physician Assistant Program
- 26) Rochester Institute of Technology Physician Assistant Program
- 27) Russell Sage Nursing School
- 28) Stony Brook University Physician Assistant Program
- 29) St. John Fisher College Nurse Practitioner Program
- 30) SUNY Brockport College of Nursing
- 31) SUNY Buffalo College of Nursing
- 32) SUNY Downstate College of Nursing
- 33) Touro College Physician Assistant Program
- 34) University of Rochester College of Nursing
- 35) Wagner College Physician Assistant Program
- 36) Wagner College Nurse Practitioner Program

Missouri

37) University of Missouri, Nurse Practitioner Program

Oregon

38) Oregon Health and Science University, School of Nursing

39) University of Portland, School of Nursing

Washington

40) Washington State University, Nurse Practitioner (Vancouver)