



HEALTHY WOMAN

News from the Office of Women's Health

Illinois Department of Public Health • Rod R. Blagojevich, Governor • Eric E. Whitaker, M.D., M.P.H., Director

Cancer in Women

Fall 2004

An Overview

Cancer is the second leading cause of death in women. According to the American Cancer Society, it is estimated that 60,280 Illinois women will be diagnosed with cancer and 24,840 will die of it in 2004. The cancer mortality rate for Illinois women is 427.4, which is higher than the national rate of 419.9. In a lifetime, females have a 38.3 percent (or 1 in 3) chance of being diagnosed with an invasive cancer. The following charts show the rates of cancer morbidity and mortality in Illinois and U.S. women.

Lung Cancer, the No. 1 Cause of Cancer Mortality in Women

Though lung cancer is less common in women than breast cancer, it is the leading cause of cancer mortality in women, with a 600 percent increase in incidence from 1930 to 1997. In 2003, it was estimated that 25 percent of all cancer deaths among women were caused by lung cancer. Smoking is the main cause of lung cancer, with 85 percent to 90 percent of all lung cancer patients having smoked cigarettes at some time in their lives. Though smoking prevalence has decreased in women by 25 percent from its peak in the 1960s, nearly one-quarter of women still smoke.

Lung Cancer and Women

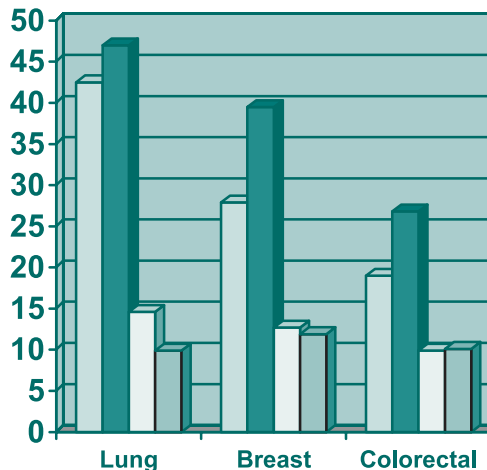
There is still some debate as to whether or not women are more susceptible to tobacco carcinogens than men. Several studies have shown a 1.5- to 2-fold risk for women in the development of lung cancer as compared to multiple cohort studies that have shown little difference between men and women. However, regardless of sex differences in the relative risk of lung cancer in smokers, lung cancer appears to be a different disease in women than in men. For instance, women smokers are much more likely than men to develop adenocarcinoma of the lung and women who have never

Cancer Incidence and Mortality Rates in Three Leading Cancers Illinois Women, 1996-2000*

	Illinois		United States	
	Incidence	Mortality	Incidence	Mortality
Lung and Bronchus	54.6	41.2	53.4	40.7
Breast	133.3	30.3	131.7	27.7
Colon & Rectum	51.6	19.5	48.9	18.0

(Sources: Cancer in North America: 1996-2000, Volume One: Incidence, Volume Three: NAACCR Combined Incidence, North American Association of Central Cancer Registries, 2003 and US Mortality Public Use Data Tapes 1960-2000, National Center for Health Statistics, Centers for Disease Control and Prevention, 2003)

Cancer Mortality Rates* of Three Leading Cancers by Ethnicity Illinois Women, 1999-2001



- Non-Hispanic White
- Non-Hispanic Black
- Hispanic
- Asian/Pacific Islander

(Source: Brett, KM, Haynes, S G, Women's Health and Mortality Chartbook. Washington, DC, DHHS Office on Women's Health. 2004.)

* Per 100,000, age-adjusted to the 2000 US standard population.

10 Leading Sites of New Cancer Cases and Deaths, U.S. Females, 2004 Estimates*

NEW CASES			DEATHS		
Rank	Cancer Type	Number (%)	Rank	Cancer Type	Number (%)
1	Breast	215,990 (32)	1	Lung & Bronchus	68,510 (25)
2	Lung and Bronchus	80,660 (12)	2	Breast	40,110 (15)
3	Colorectal	73,320 (11)	3	Colorectal	28,410 (10)
4	Uterine corpus	40,320 (6)	4	Ovary	16,090 (6)
5	Ovary	25,580 (4)	5	Pancreas	15,830 (6)
6	Non-Hodgkin lymphoma	25,520 (4)	6	Leukemia	10,310 (4)
7	Melanoma	25,200 (4)	7	Non-Hodgkin lymphoma	9,020 (3)
8	Thyroid	17,640 (3)	8	Uterine corpus	7,090 (3)
9	Pancreas	16,120 (2)	9	Multiple myeloma	5,640 (2)
10	Urinary bladder	15,600 (2)	10	Brain	5,490 (2)
	All sites	668,470 (100)		All sites	272,810 (100)

* Excludes basal and squamous cell skin cancers and in situ carcinoma except urinary bladder.

Note: Percentages may not total 100 percent due to rounding.

Source: American Cancer Society, Inc., Surveillance Research, 2004

smoked are more likely to develop lung cancer than men who have never smoked. Evidence is building that this could be due, in part, to estrogen signaling. Not all differences are negative for women, since studies show that women tend to have longer survival than men once they have been diagnosed with lung cancer. Genetic, metabolic and hormonal differences are all factors in the way women react to carcinogens and lung cancer.

Treatment

Once lung cancer is diagnosed, there are several treatment options, including radiation, various chemotherapies and surgery. Survival rates have improved for non-small cell lung cancer because of advances in combination radiation/chemotherapy treatment. However, small cell lung cancer (most often found in people who smoke cigarettes) is still very difficult to treat. Small cell is the most aggressive form of lung cancers, and many patients have advanced disease by the time it is diagnosed. Small cell lung cancer is responsive to both chemotherapy and radiation; yet, nearly all these patients eventually relapse and need additional treatment. There is a clear need for more effective treatments for lung cancer.

Early detection remains the key to successful therapy. Those who have a history of chronic coughing, coughing up blood, chest pain, shortness of breath, hoarseness or wheezing, on-going problems with bronchitis or pneumonia, swelling of the neck and face, loss of appetite or weight loss, or fatigue, should be evaluated by a physician as soon as possible.

Prevention

The best way to prevent lung cancer is to avoid smoking. Anyone who currently smokes should ask her health care provider to assist in finding resources to help her stop smoking. It is also important to try to avoid second-hand tobacco smoke, radon, asbestos and pollution, which can increase a person's risk of developing lung cancer. Finally, controlling other lung diseases, such as tuberculosis, can help prevent lung cancer, since there is evidence that lung cancer tends to develop in scarred areas of the lung.

Sources

1. Facts about Lung Cancer, Women's Health Beat, Illinois Department of Public Health, P.O.# 604215, January 2004.
2. Gordon, S., Lung Cancer in U.S. Women Is 'Epidemic,' Health Day News, April 13, 2004 at <www.healthfinder.gov/news>.
3. Patel, JD, Bach, PB and Kris, MG, Lung Cancer in US Women, A Contemporary Epidemic, JAMA, April 14, 2004-Vol. 291, No. 14.



Breast Cancer: Risk Factors, Detection and Treatment

According to the American Cancer Society, breast cancer is the most common cancer among women, aside from skin cancer. Breast cancer is second only to lung cancer as the leading cause of death in women. No one knows exactly what causes breast cancer, but certain risk factors for the disease have been identified.

Some risk factors, such as genetic mutations, are uncontrollable and some, such as smoking, are controllable. Having a risk factor, or even several, does not mean that a person will get breast cancer. While all women are at risk for breast cancer, the following factors may affect a woman's risk.

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First Lady Patti Blagojevich Helps Promote Breast Cancer Awareness



Speaking at Northwestern Hospital in Chicago, First Lady Patti Blagojevich joined several legislators in holding a press conference to promote National Mammography Day on October 15, 2004. Having scheduled her own yearly mammogram on that day, Mrs. Blagojevich reminded women across Illinois of the importance of early breast cancer detection and screening. Press conference participants pictured above include, from left to right: Doris Turner, chief of the Center for Minority Health Services at the Illinois Department of Public Health (IDPH); state Rep. Monique Davis, D-Chicago; state Rep. Karen May, D-Highland Park; state Rep. Lou Jones, D-Chicago; Pamela Balmer, a division chief in the IDPH Office of Women's Health; First Lady Blagojevich; Sharon Green, deputy director of the IDPH Office of Women's Health; state Rep. Mary Flowers, D-Chicago; Louanner Peters, deputy chief of staff, Office of the Governor; state Sen. Carol Ronen, D-Chicago; and state Sen. Jacqueline Collins, D-Chicago.

(Breast Cancer continued from page 2)

Uncontrollable Risk Factors

- **Gender** – Being a woman is the main risk factor.
- **Age** – Risk increases with age.
- **Race** – White women are slightly more likely to get breast cancer than African-American women; however, due to later diagnosis, African-American women are more likely to die from the disease.
- **Family History** – Having close blood relatives with breast cancer increases risk.
- **Genetics** – Mutations in certain genes may cause breast cancer to develop.
- **Personal Medical History** – A previous diagnosis increases risk.

Controllable Risk Factors

- **Exercise** – Physical activity may lower your risk.
- **Breastfeeding** – Lowers breast cancer risk, especially if the breastfeeding lasts one and one-half years or more.

Detection

The earlier breast cancer is detected, the greater the chance that treatment will be successful. The following are the American Cancer Society and the U.S. Centers for Disease Control and Prevention recommendations for early detection in women who show no symptoms.

- **Mammogram** - Women ages 40 to 49 should have a mammogram every other year; after age 50, annually. It may be recommended that high-risk women have a mammogram more frequently.
- **Clinical Breast Exam (CBE)** - Women in their 20s and 30s should have a CBE as part of a regular exam every three years; women older than age 40, annually.
- **Breast Self-Examination (BSE)** - Women should start BSE by age 20. By performing a monthly BSE, you will learn how your breasts normally feel, and are more likely to notice any changes that take place. The best time to do a BSE is five to seven days after the start of the menstrual cycle. Those who do not have a menstrual cycle should perform BSE monthly at the same time each month.

Treatment

If diagnosed with breast cancer, it is important for you to discuss treatment options with your doctor. Each treatment option has benefits and drawback, and may cause side effects. Age, overall health and the stage of your cancer are all important factors to consider when discussing treatment options. The following is a brief list of available treatments.

- **Surgery** –Used to completely remove the tumor from the breast and sometimes to remove lymph nodes from the armpit. There are two types of surgery: lumpectomy, where only the tumor and some surrounding tissue are removed, and mastectomy, where the entire breast is removed. There are three types of mastectomy that differ in the amount of other tissue or muscle that is removed along with the breast.
- **Radiation Therapy** – Uses targeted X-rays to stop the growth and division of cancer cells. It is used with surgery to eliminate any cancer cells that may be left in the breast or surrounding area.
- **Chemotherapy** – Uses anti-cancer drugs to eliminate cancer cells.
- **Hormonal Therapies** – Can prevent cancer cells from getting the hormones (estrogen) they need to grow.
- **Breast Reconstruction** – Can help restore the look and feel of the breast after mastectomy. There are two types of reconstruction: artificial implants, such as saline, and grafting, a method that uses skin and tissue from the woman's own body.

Sources

1. About Breast Cancer, Susan G. Komen Breast Cancer Foundation at http://www.komen.org/intradoc-cgi/idc.cgi_isapi.dll?IdcService=SS_GET_PAGE&nodeId=300
2. Learn About Breast Cancer, American Cancer Society at http://www.cancer.org/docroot/lrn/lrn_0.asp
3. Mammography Rescreening Among Low-Income Women, National Breast and Cervical Cancer Early Detection Program, Centers for Disease Control and Prevention at <http://www.cdc.gov/cancer/nbccedp>

Colorectal Cancer and Women

After lung and breast cancer, colorectal cancer is the third most common form of cancer in Illinois women. African-Americans have the highest incidence of colorectal cancer among women. According to the American Cancer Society, 7,410 people in Illinois were diagnosed with colorectal cancer in 2000 and more than 2,300 Illinoisans died of the disease. The chance of a woman developing colorectal cancer is 1 in 18; 10 percent of cancer deaths in women are due to colorectal cancer. Hospitalizations of Illinois residents with a primary or secondary diagnosis of colorectal cancer were higher among females (5,833) than males (5,683) in 2003.

Risk Factors

The following risk factors may lead to colorectal cancer in women:

- **Age** - Colorectal cancer is more common in people older than 65, with more than 90 percent of cases diagnosed in individuals over the age of 50.
- **Family history** - Having close blood relatives with the disease increases risk.
- **Lifestyle** - Smoking, physical inactivity, consuming high-fat and/or low-fiber diet as well as consuming a diet low in fruits and vegetables.
- **Personal history** - Uterine, ovarian or breast cancer increases a woman's chances of developing colorectal cancer. Being diagnosed with colorectal cancer once increases a woman's chances of being diagnosed a second time.
- **Polyps** - Benign growths inside the inner wall of the colon or rectum could be a precursor to colorectal cancer.
- **Ulcerative colitis**: A disease that causes inflammation of the colon lining increases risk.

How Colorectal Cancer Develops

Colorectal cancer develops from polyps or precancerous changes or growth in the lining of the digestive tract where your body stores and makes stool. Polyps occur in as many as 40 percent to 50 percent of the population and are usually benign. Over time, polyps can turn into cancer. The number and size of polyps increase with one's age, especially in patients with family history of colon polyps or cancer. Colon polyps are uncommon before age 40 and it follows that colon cancer is also uncommon before the age of 40, but increases as a person ages. While most polyps and early cancers may

not cause any symptoms, large polyps may cause some abdominal pain, altered bowel habit or bleeding.

In order to prevent death due to colon cancer, it is necessary to detect polyps or early cancers before they cause symptoms. It has been shown that the removal of polyps by colonoscopy significantly reduces the risk of getting colon cancer. Therefore, screening for polyps in people older than 50 years of age without symptoms should be done annually through fecal occult blood testing or other screening techniques if indicated.

Prevention

Regular checkups are an essential part of early detection and prevention. The family doctor can suggest ways of reducing risk for developing colorectal cancer. The following health behaviors are suggested to reduce the risk of colorectal cancer:

- Avoid high fat foods.
- Consume high fiber foods.
- Reduce the intake of alcohol.
- Eat five servings of fruits and vegetables daily.
- Quit smoking.
- Get regular exercise.
- Take dietary supplements if not getting sufficient nutrients.

Colorectal Screening

The American Cancer Society recommends screenings for women 50 years of age and older, or earlier for those with a family history of the disease. The following are screening procedures used to detect colorectal cancer in the early stages:

- **Fecal occult blood test (FOBT)** - The FOBT detects blood in the stool. It is recommended annually after the age of 50.
- **Digital rectal exam (DRE)** - A gloved finger is inserted into the rectum to check for abnormalities. This test should be done every five to 10 years in conjunction with other screening tests.
- **Sigmoidoscopy** - A lighted instrument used for the examination of the lower rectum and colon relays images that are projected on a video screen where potential abnormalities can be seen. It is recommended every five years, or more often if abnormalities are detected.
- **Colonoscopy** - During this procedure, the entire large intestine is examined with a colonoscope. The patients are usually sedated. Polyps can be removed and studied under a microscope for accurate diagnosis. If everything is normal, the procedure is repeated every 10 years.
- **Double contrast barium enema (DCBE)** - X-rays are

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(Colorectal Cancer continued from page 4)

taken of the colon and rectum. This test should be repeated every five years beginning at age 50.

Signs and Symptoms

Colorectal cancer is sometimes referred to as a symptomless disease. However, as the cancer progresses, the disease becomes symptomatic. Unfortunately, signs usually begin to appear only in advanced stages of the disease. If you experience the following symptoms, contact your doctor immediately:

- A change in bowel habits, such as diarrhea, constipation or narrowing of the stool, that lasts more than a few days
- The sensation of needing to move your bowels that does not go away after bowel movement
- Bleeding from the rectum or blood in the stool
- Stools that have mucous film on them
- Cramping, persistent gas pain, or bloating
- Decreased appetite and weight loss
- Weakness and fatigue
- Jaundice of the skin or whites of the eyes
- Vomiting

Treatment

Treatment options for colorectal cancer depend on the stage of the tumor. Surgery or removal of the cancerous tissue is the most common form of treatment for colorectal cancer and is generally successful as long as the cancer has not spread. Chemotherapy and/or radiation treatments could be given following surgery if the patient's cancer has spread to the walls of the bowel or to the lymph nodes. The most aggressive treatment requires a permanent colostomy or an opening in the abdomen for the passage of stool. This is a treatment seldom used for colon cancer, in general, and is frequently not required for rectal cancer.

Survival rates

When detected early, colorectal cancer is also one of the most curable forms of cancer. More than 90 percent of patients can be cured, but early detection is the key. Once the cancer has spread to the nearby organs or lymph node, the rate drops to 66 percent over five years. If the cancer metastasizes, or spreads to other parts of the body remote from the primary tumor, the five-year survival rate drops to a mere 9 percent. Screening and early detection are extremely important for the survival rate of colorectal cancer in women.

For more information about the three leading cancers or other cancers, please contact

American Cancer Society
800-ACS-2345 (1-800-227-2345)
www.cancer.org

American Lung Association
800-586-4872

American Lung Association of Illinois-Iowa
800-LUNG-USA (217-787-5864)

Cancer Research & Prevention Foundation
800-227-2732
www.preventcancer.org

National Cancer Institute
800-4CANCER (800-422-6237)
TTY: 1-800-332-8615
www.cancer.gov

National Heart, Lung, and Blood Institute
301- 592-8573
www.nhlbi.nih.gov

National Women's Health Resource Center
877-986-9472
www.healthywomen.org

Susan G. Komen Breast Cancer Foundation
800 I'M AWARE (800-462-9273)
www.komen.org

Women's Cancer Network
312-578-1439
www.wcn.org

Y-Me National Breast Cancer Organization
1-800-221-2141 (English) or 1-800-986-9505 (Spanish)
www.yme.org

Sources

1. Illinois Cancer Fact and Figures, 2004. American Cancer Society.
2. Illinois Department of Public Health, Illinois State Cancer Registry, January 2003.
3. National Cancer Institute, U.S. National Institutes of Health website: www.cancer.gov.
4. Women's Cancer Network, the Gynecologic Cancer Foundation and Cancer Source for Women and Their Families Web Site: www.wcn.org



New Publication

A resource guide published by the Governor's Office of Women's Affairs is a comprehensive directory for many programs and services offered to women throughout Illinois. This free publication can be ordered by contacting the Women's Health-Line at 1-888-522-1282 (TTY, hearing impaired use only, 1-800-547-0466).

Governor Announces 2005 Women's Health Grants

Gov. Rod R. Blagojevich recently announced more than \$2 million in grant awards for women's health education and research projects to be conducted in fiscal year 2005.

Women's Health Initiative grants totaling \$1.5 million were awarded to local health departments and other non-profit organizations. The grants fund educational programs focusing on cardiovascular disease, osteoporosis, menopause and eating disorders. A total of 72 grants were funded. Ten other grants totaling \$585,500 were awarded to universities through the Penny Severns Breast and Cervical Cancer Research Fund. These grants fund research projects investigating causes, prevention and treatment for breast and cervical cancer.



Ruth Ann Carpenter (standing left), a trainer with the Cooper Institute of Dallas, Texas, and Sarah O'Connor-Bennett (standing right), grants administrator in IDPH's Office of Women's Health, train grantees Julie Bickle (sitting left) and Carol Erickson (sitting right) of the Heart Smart for Women Program during a workshop held August 24-25, 2004, in Springfield.

The fiscal year 2005 grantees are listed below.

Cardiovascular Disease – Heart Smart for Teens

Alivio Medical Center, Chicago
Country Club Hills School District 160, Country Club Hills
Crawford County Health Department, Robinson
DeWitt-Piatt Bi-County Health Department, Clinton
East Side Health District, East St. Louis
Henry County Health Department, Kewanee
Logan County Health Department, Lincoln
Madison County Health Department, Wood River
Pike County Health Department, Pittsfield
Southern Illinois University-Family Practice Residency Program, Springfield
St. Clair County Health Department, Belleville
Tazewell County Health Department, Tremont
Will County Health Department, Joliet
Whiteside County Health Department, Rock Falls
Woodford County Health Department, Eureka

Cardiovascular Disease – Heart Smart for Women

Adams County Health Department, Quincy
Bureau County Health Department, Princeton
Catholic Health Partners-Programa CIELO, Chicago
Champaign County Public Health District, Champaign

Clay County Health Department, Carlyle
Community Health, Chicago
Decatur Memorial Hospital, Decatur
Family Focus Inc., Chicago
Franklin-Williamson Bi-County Health Department, Marion
Ingalls Home Care Inc., Harvey
Jackson County Health Department, Murphysboro
Kankakee County Health Department, Kankakee
Knox County Health Department, Galesburg
Lewis and Clark Community College, Godfrey
Livingston County Health Department, Pontiac
Marshall County Health Department, Lacon
McLean County Health Department, Bloomington
Memorial Hospital of Chester, Chester
Menard County Health Department, Petersburg
Mercer County Health Department, Aledo
Midwest Heart Foundation, Lombard
OSF-St. Francis Medical Center, Peoria
PrimeCare Community Health Inc., Chicago
Sarah Bush Lincoln Health Foundation, Mattoon
Springfield Urban League, Springfield
University of Illinois Extension, Tazewell County Unit, Tazewell
Midwest Latino Health Research, Training and Policy Center, Chicago
Wabash County Health Department, Mt. Carmel
Winnebago County Health Department, Rockford
YMCA of McDonough County, Macomb

Eating Disorders

Marion County Health Department, Salem
National Association of Anorexia Nervosa and Associated Disorders, Highland Park

Menopause

Asian Human Services, Chicago
Bond County Health Department, Greenville
Fulton County Health Department, Canton
Hancock County Health Department, Carthage
Howard Brown Health Center, Chicago
Illinois State University, Normal
Jasper County Health Department, Newton
Jersey County Health Department, Jerseyville
Kendall County Department of Health and Services, Yorkville
Macoupin County Health Department, Carlinville
McHenry County Health Department, Woodstock
Sangamon County Department of Public Health, Springfield
Washington County Health Department, Nashville

Osteoporosis – Building Better Bones Education and Screening

Chinese American Service League, Chicago
Clinton County Health Department, Carlyle
Coalition of Limited English Speaking Elderly-CLESE, Chicago
Council for Jewish Elderly, Chicago
Kane County Health Department, Aurora
Lake County Health Department, Waukegan
McDonough District Hospital, Macomb
Research and Education Foundation of the Michael Reese Medical Staff, Chicago
Peoria City/County Health Department, Peoria
Salem Township Hospital, Salem
Vietnamese Association of Illinois, Chicago

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Osteoporosis Provider Education

Foundation for Sarcoidosis Research, Chicago

Penny Severns Breast and Cervical Cancer 2005 grantees

Laimonis A. Laimins, Northwestern University, Chicago
 William W. Baldyga, Dr. PH, University of Illinois at Chicago
 Caroline Le Poole, Ph.D, Loyola University at Chicago
 Andrea Doughty, Ph.D, University of Illinois College of Medicine at Rockford
 John C. Roeske, University of Chicago
 Robert Wayne Chesnut, Eastern Illinois University
 Guoxing Zheng, University of Illinois at Rockford
 Edward P. Cohen, M.D., University of Illinois at Chicago
 Ozlem Yildez, Ph.D, University of Chicago
 Linghu Nie, University of Chicago

Illinois Breast and Cervical Cancer Program Celebrates 10th Anniversary

July 2005 will mark the 10th anniversary of the Illinois Breast and Cervical Cancer Program (IBCCP). IBCCP, a cooperative agreement between the U.S. Centers for Disease Control and Prevention and the Illinois Department of Public Health, Office of Women's Health, is a comprehensive breast and cervical cancer screening and detection program available to low-income women ages 35 to 64 who are not receiving services through Medicare Part B and have no health insurance. During the first year, 504 women in three counties were provided with free breast and cervical cancer screening services. Between 1996 and 2000, the program expanded to cover approximately half of Illinois' 102 counties. Additional funding in fiscal year 2000 allowed the program to expand statewide.

In fiscal year 2004, the IBCCP was able to provide breast and cervical cancer screening services to nearly 19,000 Illinois women. In the year 2005, IBCCP will exceed this number. The program works through 26 lead agencies and 1,600 providers who perform screening and diagnostic services.

As a result of the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 and the state's Public Act 92-47, IBCCP is now able to refer women diagnosed with breast or cervical cancer, or a precancerous cervical condition, who need treatment to the Illinois Department of Public Aid for Medicaid benefits. Women are no longer alone in their fight against cancer.

Cervical Cancer Team Meeting Held

In 2003, the U.S. Centers for Disease Control and Prevention (CDC), along with the National Cancer Institute (NCI) identified counties in several states, including Illinois, that had high cervical cancer death rates. In Illinois, counties identified with high cervical cancer death rates were Bond, Clinton, Franklin, Marion, Rock Island and Williamson.

Subsequently, a cervical cancer team was formed in Illinois. The group includes representatives from the American Cancer Society; Illinois Department of Public Health, Breast and Cervical Cancer Program; National Cancer Institute; Southern Illinois University School of Medicine; and University of Illinois Extension.

One of the team members, Dr. L. Stewart Massad, is a nationally recognized author of the American Society for Colposcopy and Cervical Pathology guidelines, which are the rules that drive the practice of cervical screenings. An early decision by the group was to involve various community stakeholders, a move critical to effecting change. On October 6, 2004, community leaders were brought together for a training session held at Southern Illinois University School of Medicine in Springfield. The training focused on ways these leaders can help to educate women in their communities about cervical cancer and on the importance of annual screenings in identifying new cases of cervical cancer.



Community partners from the Rock Island area came together to discuss strategies and receive training on ways to reduce cervical cancer deaths in their community. Partner organizations included: Community Health Care, Rock Island County Health Department, Trinity Medical Center, United Neighbors, Inc. and the University of Illinois Extension Services. Pictured front row, left to right: Debra Gaskin, Shirley McLemore and Shirley Jones. Standing, left to right: Angela Keesy, Drucilla Johnson, Brenda Shimp, Judy Trimble, Sharon McFarlin, Karen Metcalf, Cheryl Reidenourer and Carolene Robinson. (Not pictured: Janice Kisner.)

Legislative Update

New Law Addresses Osteoporosis

On August 2, 2004, Gov. Rod R. Blagojevich signed Senate Bill 2744 into law. The new law requires insurers and HMOs to cover tests and treatment for osteoporosis, the debilitating disease that causes brittle bones. Osteoporosis often leads to hip and vertebral fractures, causing many to need long-term care in a nursing home. Complications of hip fracture lead to death in approximately one of every four cases. Since early detection and treatment can reverse bone loss and prevent fractures, this legislation should lead to significant improvement in citizens' later years in life. **(Public Act 93-0853)**

Task Force on Cervical Cancer Elimination Mandated

On August 19, 2004, Governor Blagojevich signed Senate Bill 2424 to create the Task Force on Cervical Cancer Elimination within the Illinois Department of Public Health. The task force will examine the prevalence and burden of cervical cancer, raise public awareness concerning the causes and nature of cervical cancer, identify prevention and control strategies and technologies and perform other functions. The group also will develop a statewide comprehensive cervical cancer prevention plan and make annual reports. Upon submission of a final report on April 1, 2009, the task force will expire. **(Public Act 93-0956)**

New Law Creates Illinois Cancer Patient Protection Act

On August 23, 2004, Governor Blagojevich signed Senate Bill 2339 into law. The new Illinois Cancer Patient Protection Act requires health plans to continue coverage for cancer patients electing to participate in clinical trials. It protects those who fear they will lose health insurance coverage if they participate in clinical trials and allows them to access cutting edge treatments. **(Public Act 93-1000)**

Healthy Woman newsletter is published quarterly by the ILLINOIS DEPARTMENT OF PUBLIC HEALTH. Story ideas, suggestions and comments are welcome and should be forwarded to Lisa Keeler, editor, Illinois Department of Public Health, Office of Women's Health, 535 W. Jefferson St., Springfield, IL 62761; or call 217-524-6088.

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