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HOUSE RESOLUTION

WHEREAS, Breast cancer is among the most commonly diagnosed types of cancer and is the second leading cause of cancer death among women in the United States; and

WHEREAS, Approximately 281,550 women will be diagnosed with breast cancer, and nearly 43,600 will die with this malignancy in 2021; and

WHEREAS, Triple Negative Breast Cancer is one of many forms of breast cancer and accounts for approximately 15-30% of all diagnosed invasive breast cancer cases in the United States; and

WHEREAS, Of the new breast cancer cases diagnosed in 2019 in the United States, more than 53,700 were Triple Negative Breast Cancer with higher prevalence among younger women, Black and Hispanic women, women with type 2 diabetes or carrying excess weight in the abdomen area, and those with BRCA1 mutations; and

WHEREAS, Due to its aggressive behavior, Triple Negative Breast Cancer grows quickly and is more likely to have spread at the time it is found and more likely to return after treatment than other types of breast cancer; and

1           WHEREAS, People diagnosed with metastatic Triple Negative  
2 Breast Cancer have a less than 30% chance of surviving past  
3 five years; and

4           WHEREAS, Triple Negative Breast Cancer cells do not  
5 contain and are considered negative for the three key  
6 receptors that medicines typically target in other types of  
7 breast cancers; therefore, there are limited treatment options  
8 that can be used to treat this type of cancer; and

9           WHEREAS, Patients with an early diagnosis can often be  
10 treated with chemotherapy, radiation, and surgery; however,  
11 the limited therapies available that specifically address the  
12 management of Triple Negative Breast Cancer have made treating  
13 this disease a challenge for clinicians; and

14           WHEREAS, Recent innovations in targeted therapies have  
15 fueled advances in the fight against Triple Negative Breast  
16 Cancer; and

17           WHEREAS, Studies have shown that Triple Negative Breast  
18 Cancer disease-specific mortality rates are often higher if  
19 patients have Medicaid or Medicare or are lower socio-economic  
20 status, and compared with non-Hispanic white women, Black  
21 women are 48% less likely to receive guideline adherent care

1 and have an approximate two-fold higher mortality incidence,  
2 resulting in a disproportionately higher risk of death from  
3 Triple Negative Breast Cancer; and

4 WHEREAS, Advances in breast cancer screening and treatment  
5 over the last few decades have reduced the overall breast  
6 cancer mortality rate, yet the disproportionate impact of  
7 Triple Negative Breast Cancer on racial and ethnic minority  
8 communities raises the need for consideration of the  
9 underlying determinants driving the disparities; and

10 WHEREAS, It is necessary to promote Triple Negative Breast  
11 Cancer education, to raise awareness about the disease-related  
12 disparities, and to tackle inequities within the health care  
13 delivery, such as inadequate access to screening, diagnostic  
14 testing, and care, to improve early detection and survival;  
15 therefore, be it

16 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE  
17 HUNDRED SECOND GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that  
18 we declare March 3, 2022 as Triple Negative Breast Cancer  
19 Awareness Day in the State of Illinois and the month of March  
20 2022 as Triple Negative Breast Cancer Awareness Month; and be  
21 it further

22 RESOLVED, That we support legislation to reduce Triple

1 Negative Breast Cancer disparities in early detection and  
2 survival by improving education and awareness through health  
3 promotion initiatives targeting underserved communities  
4 disproportionately impacted, by ensuring equitable access to  
5 and the affordability of breast cancer screening, genetic  
6 counseling, and diagnostic testing, by promoting cultural  
7 sensitivity and workforce diversity policies in health care  
8 provider training, and by guaranteeing timely patient access  
9 to clinically appropriate treatment options identified in the  
10 National Comprehensive Cancer Network (NCCN) guidelines; and  
11 be it further

12 RESOLVED, That additional legislative provisions should be  
13 examined to safeguard affordable, continuous, and equitable  
14 patient access to Triple Negative Breast Cancer related care,  
15 services, and medicines along the entire continuum of care.