

consider removal of the ovaries as a preventive measure.

WHAT ARE THE SIGNS AND SYMPTOMS OF OVARIAN CANCER?

Some symptoms may include feeling bloated; abdominal, pelvic or back pain; a feeling of fullness even after a light meal; excessive fatigue or tiredness; and frequent and/or urgent urination. One reason that ovarian cancer is usually diagnosed at a late stage is that the symptoms can be vague and sometimes ignored or overlooked by women and their health care providers. It is important that a woman see a doctor if she has these symptoms for a month or more.

IS THERE A SCREENING TEST?

High-risk women should talk to their doctors about screening for ovarian cancer. Ovaries can be examined with a pelvic ultrasound and a substance called a biomarker (CA-125) can be measured in a blood sample. However, other non-cancerous conditions also can cause an increase in CA-125, so a cancer diagnosis cannot be made from this test alone. Unfortunately, there is not yet a general screening test for women at average risk. A great deal of research is underway to identify a test for widespread use. If you have more questions regarding these or any other health issues, please consult your physician.

THE SHARE HOTLINE

The SHARE hotline is a self-help support group for women affected by breast or ovarian cancer. The dedicated individuals that work at SHARE bring women and their families and friends together with survivors to provide participants with the opportunity to receive and exchange information, support, strength and hope. SHARE provides telephone support, support groups, educational programs, and advocacy opportunities. All services are free of charge. For more information regarding SHARE, visit them on the Internet at www.sharecancersupport.org or call their toll-free hotline number at: 1-866-891-2392.

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FIND MORE INFORMATION ON THE INTERNET

New York State Health Department: www.health.ny.gov
U.S. Department of Health & Human Services: www.hhs.gov
Medicare: www.medicare.gov
Medicaid: www.medicaid.com
American Cancer Society: www.cancer.org
SHARE cancer support: www.sharecancersupport.org
Centers for Disease Control and Prevention: www.cdc.gov



Dear Friend:



NEW YORK
STATE SENATE

Few things in life are more frightening, confusing or devastating than a diagnosis of cancer. The word alone is enough to send shivers down the spines of most people, especially when it strikes close to home, either in yourself or a loved one. Yet the outlook for people with cancer is often better than ever before.

In this brochure, I provide important information about ovarian and breast cancer, along with pertinent websites and phone numbers where you can gather additional reference material as well.

As is often the case with chronic illness, education is the key to early detection in the fight against cancer. By recognizing the symptoms of breast and ovarian cancer, even when some may seem mild or inconsequential, women can seek medical attention early, if needed, thereby increasing survival rates.

I hope you find this information helpful. As always, if I can be of further assistance, please do not hesitate to contact my office.

Sincerely,

Roxanne J. Persaud
19th Senate District



ROXANNE J. PERSAUD
2nd Senate District

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A Special Report from
Roxanne J. Persaud



FACTS ABOUT BREAST AND OVARIAN CANCER

BREAST CANCER



According to the American Cancer Society, breast cancer is the most common cancer among women in the United States, other than skin cancer. It is the second leading cause of cancer death in women, after lung cancer. The good news is that the survival rate, when detected early, is 100%. In the United States alone, there are over 2.5 million breast cancer survivors which can be attributed to earlier detection and better treatment. There is no sure way to prevent breast cancer, but there are things that women can do to reduce their risks of getting the disease.

RISK FACTORS FOR BREAST CANCER

The exact causes of breast cancer are unknown, but research has shown that women with certain risk factors are more likely than others to develop breast cancer. The risk factors for breast cancer include, but are not limited to, the following:

AGE: The chance of getting breast cancer goes up as a woman gets older. Most cases of breast cancer occur in women over 60.

PERSONAL HISTORY OF BREAST CANCER: A woman who had breast cancer in one breast has an increased risk of getting cancer in her other breast.

FAMILY HISTORY: A woman's risk of breast cancer is higher if her mother, sister, or daughter had breast cancer. The risk is higher if her family member got breast cancer before age 40.

REPRODUCTIVE AND MENSTRUAL HISTORY: The older a woman is when she has her first child, the greater her chance of breast cancer, and/or beginning first menstrual period before age 12, beginning menopause after age 55, never giving birth, and/or taking menopausal hormone replacement therapy with estrogen plus progestin.

RADIATION THERAPY: If someone has had radiation to the chest before age 30, including women treated with radiation for Hodgkin's lymphoma, tuberculosis or scoliosis, this can also pose a threat.

MAMMOGRAPHY

A mammogram is an X-ray of the breast tissue. A "screening" mammogram is one that is done when you do not have any symptoms. A mammogram can find a lump up to two years before it would be large enough to be felt. It is important to know that a mammogram, like most medical tests, is not fool-proof. Therefore, it is important to still perform breast self-examination as well as obtain regular mammograms.

New York State and Federal Law require mammogram providers to meet certain standards. To ensure your mammogram is of good quality and interpreted properly, you should:

- Ask when the facility was last **inspected** by the New York State or New York City Department of Health.
- Choose a facility that performs a **high number of mammograms**.
- Make sure the doctor who reads the mammogram has a lot of **experience with mammography**.
- Have the **results** of the mammogram **sent in writing** to your doctor.

The American Cancer Society recommends that every woman have a baseline mammogram by age 40, and a screening mammography every year thereafter. However, every woman should consult her doctor about this issue.

INSURANCE COVERAGE FOR MAMMOGRAPHY

New York State law requires most insurance companies to pay for mammograms. The Women's Health Law requires insurance companies to pay for an initial baseline mammogram for women between the ages of 35 and 39, and annual mammograms for women age 40 and up, or more frequently upon a doctor's recommendation. Women who have difficulty meeting costs of breast exams can check their eligibility for free screenings through the Cancer Services Program Partnerships. This Program provides low-income, uninsured or under-insured women with annual comprehensive screening examinations and follow-up services. For more information, visit the State Health Department on the Internet at www.health.ny.gov.

Medicaid is both a state and federally administered program. If you receive health benefits under the State's Medicaid program, Medicaid does pay for the screening mammograms.

Medicare is a federally operated health insurance program for persons 65 years of age or older and persons with certain disabilities. All women with Medicare age 40 and older can get a screening mammogram every 12 months. Medicare also pays for one baseline mammogram for women with Medicare between ages 35 and 39.

For more information visit: www.medicare.gov or call the Social Security Administration at 1-800-MEDICARE.

PHYSICAL BREAST EXAMINATION

If you are over age 40, you should have a physical breast exam performed every year by your physician or other trained health professional. If you are between the ages of 20 and 40, this should be done once every three years. All women should do monthly breast self-examinations (BSE). Ask your health professional to instruct you and provide you with information on BSE.

OVARIAN CANCER

Information provided by the New York State Health Department www.health.ny.gov.

WHAT SHOULD PEOPLE KNOW ABOUT OVARIAN CANCER?

Ovarian cancer is a malignant tumor that begins in one or both of the ovaries. One in every 55 women develops ovarian cancer. More than 80% of the cases are diagnosed in an advanced stage when treatment may be less successful. While the prognosis for early stage ovarian cancer is excellent, early stage diagnosis is made more difficult because there is no general population screening test for ovarian cancer at this time.

WHO GETS OVARIAN CANCER?

Any female can develop ovarian cancer, but it is most likely to occur in women over the age of 55. In New York State, approximately 1,500 women are diagnosed with ovarian cancer annually and more than 1,000 die from the disease – making it the fifth most common cause of cancer death among women. Women of all races and ethnic backgrounds develop ovarian cancer.

WHAT CAUSES OVARIAN CANCER?

The exact causes of ovarian cancer are not known. However, there are some factors that appear to increase the chance of developing this disease, which may include:

- Being over the age of 40;
- Women who have never been pregnant;
- Women who are identified with a specific mutation in a gene called BRCA1 or BRCA2;
- Women whose mothers, sisters or daughters have had ovarian cancer, although most affected women do not have a family history of ovarian cancer;
- Women with a history of ovarian, breast, uterine or colon cancer on either side of her family; and
- Women with a personal history of breast, uterine or colon cancer.

WHAT CAN BE DONE TO REDUCE MY CHANCES OF GETTING OVARIAN CANCER?

Pregnancy and childbirth decrease the risk of ovarian cancer. All women, regardless of their risk, should have regular recto-vaginal pelvic examinations throughout their lives. Women should talk to their doctors about oral contraceptives, as numerous studies suggest that birth control pills, when taken for five years or more, reduce the risk of ovarian cancer by as much as 60%. Some experts believe that risk can be reduced by not using a powder containing talc around the vaginal area and consuming a low-fat diet. Women considered at high risk due to personal or family history should consult regularly with a specialist and discuss strategies for prevention and early detection. Women at high risk who have consulted their families may