

# BE Healthy

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Boston Public Health Commission

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## Women's Health 'I thought I was safe...'

Fifteen-year-old Jennifer Sanchez had heard about human papillomavirus — HPV — but didn't think much about the sexually transmitted virus.

What she didn't know is that by adulthood, over 80 percent of women are or have been infected with the virus at some point in their lives.

What is more alarming is that Sanchez wouldn't even have known about HPV's high infection rate unless she had attended a forum designed to make young women aware of HPV and its link to cervical cancer.

Sanchez and 22 other women from Teen Voices, a Boston-based

nonprofit girls' organization, learned a great deal about HPV after their recent visit to Brigham and Women's Hospital with Dr. JudyAnn Bigby.

"I wanted [the girls] to get engaged in a relevant health topic," said Dr. Bigby, who is the director of community health programs at Brigham and Women's. "And with African American women having a

higher rate of cervical cancer, this visit has the potential to really benefit these teens."

The HPVs are a group of over 100 types, each of which is designated by a singular number. HPVs cause warts, or papillomas, and are very common.

It is estimated that over 6 million people are infected each year in the United States. More than 50 percent of the people who have had sex will at some point have the virus, and the majority of those people will be between 15 and 25 years old.

The numbers are more troublesome for young women. Dr. Bigby pointed out that girls who begin having intercourse

before the age of 16 are twice as likely to develop HPV than those who have intercourse after age 20.

She also explained that women who have more than five sexual partners in their lifetimes are much more likely to contract HPV as well.

"I thought I was safe," said Natasha Labbe, a recent graduate of Boston Latin

School who has not been sexually active. "Why isn't there more awareness about HPV? Why did I never know about this?"

Closing the information gap is a major priority for Dr. Bigby, and, as such, the next step for the teens was the cytology lab. Cytology is the branch of biology that deals with the study of cells.

For the most part, HPVs are harmless and look worse than any real medical threat. But some HPVs, specifically HPV strains No. 16 and 18, can lead to cervical cancer. The Pap smear is one effective screening test for finding HPV.

Developed in the 1920s by Dr. George Papanicolaou, Pap smears enable doctors to detect and diagnose suspicious cells before they become cancerous. If left unchecked, the suspicious cells can turn to cancer and cancer could then invade other parts of the body.

At the time, the medical community was slow to embrace Dr. Papanicolaou's findings. But the use of Pap smears survived the initial scrutiny and its use over the years has resulted in an incredible medical feat.



A member of Teen Voices studies HPV under a microscope.

Cases of cervical cancer in the developed world have dropped from one of the top cancer killers to under two percent of all estimated cancer deaths in women in 2006.

Between 1975 and 2003 alone, the age-adjusted incidence and mortality rates for cervical cancer dropped by 200 percent for white women and over 300 percent for black women.

The key is early screenings. In many underdeveloped countries, where Pap smears and condom use are not readily available, cervical cancer remains a leading cause of death in women, causing more than 270,000 deaths annually.

The statistics in the United States are also illustrative of the importance of early diagnosis. The five-year survival rate of

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**“Why isn't there more awareness about HPV? Why did I never know about this?”**

— **Natasha Labbe**

## Breast Cancer

Ollie Cunningham took every precaution she could.

Given her family history, she knew she was at a higher risk to contract cancer. Her mother and two of her sisters had already been diagnosed with some form of the disease.

Cunningham didn't wait until she turned 40 years old to have an annual mammogram, as recommended by the American Cancer Society.

She started her testing at the age of 25 and, for the next 35 years, she was vigilant

with her self-examinations and annual screenings. She knew that mammograms could often find lumps too small to detect by hand. She also knew if cancers were found at this stage, the chances of recovery were more successful.

Last January, 60-year-old Cunningham went to her screening and received the news that she had been dreading for decades: she had a lump in her breast.

"The doctors told me I would not have found [the lump] on my own because it was so small," she recalls. "If

## Two women struggle for survival

I wasn't having regular mammograms, I might not have found it until it was at an advanced stage."

Doctors ordered an ultrasound and a biopsy that revealed that Cunningham did indeed have breast cancer.

"I was not okay," she says struggling through tears. "The first thing I thought was 'This is it. I'm going to die.' My sister died of breast cancer and this is how I thought I would die too."

Cunningham's fears were not unfounded. Cancer is the second highest cause of death in this country. Breast cancer is the most common cancer in women with a death rate second only to that for lung cancer.

Because Cunningham's tumor was found at an early stage, she was eligible for a lumpectomy, a breast conserving surgery in which only the tumor and surrounding tissue are removed. Cunningham had her surgery at Brigham and Women's Hospital, and then completed her treatment of radiation and hormone therapy at Dana-Farber Cancer Institute.

It was not easy, but so far

it seems that the treatment has been successful. Cunningham had her first normal mammogram and is in remission.

The American Cancer Society estimates that in 2006 roughly 275,000 new breast cancers will be diagnosed in this country, and that 15 percent of all female deaths from cancer will be attributed to breast cancer.

The racial disparities are startling. While the incidence of breast cancer nationwide is 21 percent higher in white women, the death rates are 34 percent higher in black women. The statistics in Boston are similar — 95.3 percent of black women over the age of 40 report having had a mammogram compared to 91.7 percent of white women. Yet, black women had a 14 percent higher death rate from breast cancer.

The reasons for the disparity between white and black women are under investigation. A recent study published in the Journal of the American Medical Association suggested that some young black women with certain genetic traits

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### The Breast and Cervical Cancer Gap

	Breast Cancer		Cervical Cancer	
	White women	Black women	White women	Black women
Incidence Rates	146.7	116.3	6.2	13.5
Death Rates	27.7	31.0	1.8	4.5

Rates are age-adjusted to the 2000 U.S. Standard Population, per 100,000

Source: Cancer Incidence and Mortality in Massachusetts 1998-2002: Statewide Report, Center for Health Information, Statistics, Research and Evaluation, Massachusetts Department of Public Health, May 2005



**October is National Breast Cancer Awareness Month**

# Flu season will soon be here

According to the Centers for Disease Control and Prevention, flu season in the United States typically lasts from November through March, which means the time for tissues and cough drops is fast approaching. The flu is caused by viruses that infect the nose, throat and lungs, and is very contagious. Experts say that a person can spread the flu starting one day before he or she feels sick, and can continue to pass the flu virus to others for several days after symptoms start.

If you start experiencing such symptoms as a fever of 102 to 104 degrees, muscle aches, chills, severe cough, extreme weakness and fatigue, medical professionals strongly suggest seeing a doctor who can determine whether the symptoms indicate the flu or a different serious condition. If diagnosed with the flu, medical experts advise the following:

## If possible, stay home from work to prevent spreading the illness.

- Drink hot liquids to help soothe your throat and re-hydrate your body.
- Don't suppress coughs that produce mucus, and avoid eating dairy products, as they make it difficult to cough up mucus.
- Suck on lozenges or hard candy to lubricate your throat.
- To help alleviate muscle aches, check with your doctor to see if regular doses of ibuprofen (Advil, Motrin) or naproxen sodium (Aleve) are right for you.

## Also, to reduce your chances of getting the flu:

- Wash your hands often.
- Get plenty of rest.

- Avoid touching your eyes, nose, and mouth.
- Cover your mouth and nose with a tissue when coughing or sneezing.

The flu vaccine is generally available beginning in October and November though people can get flu shots anytime during winter flu season. The Centers for Disease Control and Prevention recommends that people who meet the following criteria should get the flu shot:

- People at high risk for complications from the flu, including:
  - Children aged 6–59 months
  - Pregnant women
  - People 50 years old and older
  - People of any age with certain chronic medical conditions (such as HIV, asthma, chronic cardiovascular or pulmonary conditions, those with seizure disorders or spinal cord injuries). If in doubt whether a condition of yours falls into this category, contact your physician.
  - People who live in nursing homes and other long-term care facilities.
- People who live with or care for those at high risk for complications from flu, including:
  - Persons living in the same house as those who are at high risk for complications from the flu (see above)
  - Out-of-home caregivers of children less than 6 months old (these children are too young for the vaccine) and persons living in the same house as those children
  - Healthcare workers.

## THE NEXT STEPS

### What are the next steps for the state's new Health Care Reform law?

- The Division of Insurance will develop regulations regarding the new, low-cost health insurance products.
- The recently established Quality and Cost Council and its Advisory Group will identify and implement quality and cost metrics, and launch a website.
- Health plans will develop low-cost products for sale by the Commonwealth Health Insurance Connector.

## "Before cancer I thought I was invincible."

"I thought: I'm young, I feel great, I take care of myself. Then, one morning at the gym, after I'd finished my workout and was in the shower, I actually found my own lump.

"Not long after I was diagnosed, Laurie from Blue Cross called me — just out of the blue — and introduced herself as my own personal case manager. I know she had other patients she was taking care of but I felt so special.

*"I didn't know that Blue Cross would provide a personalized experience for me. And it filled me with a sense of absolute serenity. Knowing that somebody would actually say to me, 'Isabel, do you need a referral? We'll take care of it.' Or 'Do you need help with this prescription? We'll take care of it.'"*

"It was always clear to me that Laurie was concerned about my wellbeing. She had no hidden agenda. She was just letting me know that, hey, if you need Blue Cross to help you out, we're here. *And I realized that Blue Cross really wasn't just an insurance company. It was actually becoming a part of my family."*

*Isabel Pérez, 29, is a breast cancer survivor.*



MASSACHUSETTS

See Isabel's Story on [bluecrossma.com](http://bluecrossma.com)

Blue Cross and Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association.

## STRIDES AGAINST BREAST CANCER

African American females experience higher death rates from breast cancer than any other racial or ethnic group. It is also the leading cause of cancer death among Hispanic women.

This October, the American Cancer Society will be holding its 14th annual Making Strides Against Breast Cancer Walk in order to raise funds to lower these statistics. The six-mile walk to save lives starts and ends at Boston's DCR Hatch Memorial Shell. Participants are welcome to walk individually or as a team of friends, family or co-workers. The walk will be held on Sunday, October 15, 2006. Blue Cross Blue Shield of Massachusetts is a major sponsor of Making Strides, and all are welcome to join the company in the cause to raise money to fight breast cancer in Massachusetts.

To learn more about the Making Strides Walk, or to sign up, please visit <http://makingstrides.acsevents.org>.

## KNOW YOUR RIGHTS

Did you know that your health plan provides benefits for mastectomy-related services? It's required by a federal law called the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy, and elect breast reconstruction in connection with the mastectomy, then benefits are also provided for:

- reconstruction of the breast on which the mastectomy has been performed,
- surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas (swelling that sometimes occurs after treatment for breast cancer).

Consult with your physician to determine which services are right for you. To find out more information about your insurance benefits call the member service center of your health plan. If you are a Blue Cross Blue Shield of Massachusetts (BCBSMA) member, this number is on your BCBSMA ID card.

## CERVICAL CANCER

There will be approximately 9,710 new cases of invasive cervical cancer in the U.S. in 2006, according to the American Cancer Society. Cervical cancer is most prevalent among Hispanic women who develop the disease at twice the rate of non-Hispanic white women. African American women develop the disease about 50 percent more often than non-Hispanic white women. A total of about 3,700 women will die from this disease in 2006, yet medical professionals are eager to point out that, when found and treated early, cervical cancer can often be cured.

Cervical cancer affects the cervix, the lower part of a woman's uterus. It is caused primarily by certain types of sexually transmitted viruses known as HPVs (human papillomavirus).

There are three general ways to prevent this disease:

- The first is to avoid risk factors. Quitting smoking, for instance, or preventing the infection of HPV are two examples. Women of all ages can protect against HPV by having few sexual partners and not having sex with people who have had many partners. It is not always possible to identify people with HPV, as the virus does not always produce warts or other visible symptoms. Also, condoms, though useful for protecting against HIV and other diseases, do not fully protect against HPV.
- A second way is to receive the vaccine Gardasil™, which was recently approved by the Food and Drug Administration to protect against contracting certain HPVs. The vaccine works only if it is given before infection occurs. Since HPV can be transmitted through sexual intercourse, the vaccine is being marketed for girls and women age 9 to 26, before they begin having sex. People interested in the vaccine should check with their health plan to see if the vaccine will be covered by their insurance. For instance, members of Blue Cross Blue Shield of Massachusetts receive coverage for Gardasil™ as a medical benefit.
- A third way to prevent cervical cancer from becoming life threatening is to have a Pap test. This test can detect HPV and the pre-cancer cells and allow for treatment before cervical cancer develops.

# Breast & Cervical Cancer

## Questions & Answers



Elizabeth O. Garner, M.D.  
Associate Gynecologist,  
Gynecologic Oncology,  
Brigham & Women's  
Hospital

**There are many myths concerning breast cancer. What are the facts regarding the following commonly held misconceptions?**

**1. A painful lump in the breast is often the first sign of breast cancer.**

Rarely is a painful breast lump the first sign of breast cancer. Painful lumps in the breast are generally related to benign conditions. Breast cysts, which are fluid-filled lumps, are very common, especially in women over 35. These cysts often fluctuate in size with the menstrual cycle and may be quite tender. Still, any lump, painful or not, should be evaluated.

**2. Mammograms cause cancer.**

There is some controversial evidence regarding the possible cancer-causing effects of radiation on breast tissue. Most experts would, however, agree that the benefits of mammography outweigh this extremely low potential risk.

**3. A woman has little or no risk of breast cancer if there is no family history of breast cancer.**

Most breast cancers are so-called sporadic cancers, and occur in women with no family history of breast cancer.

**4. Women with large breasts have a greater risk of breast cancer.**

Studies have shown that overweight women, particularly those with excessive amounts of fat around their waists, have a higher risk of developing breast cancer. Most studies agree that while breast size itself is not a major risk factor, breast density may be important.

**The new vaccine for cervical cancer is exciting news for women.**

**1. When will Gardasil™ be available and what are you recommending to your patients?**

Gardasil™ is available now, but not as of yet through any vaccination programs. Practitioners may order the vaccination from Merck. The vaccine is sold only to licensed medical providers. I am advising patients 26 and under that getting the vaccine now is reasonable, although cost may be an issue. I do not at this time recommend the vaccine for women over 26.

**2. Will women still need to get Pap smears once they have received the vaccine?**

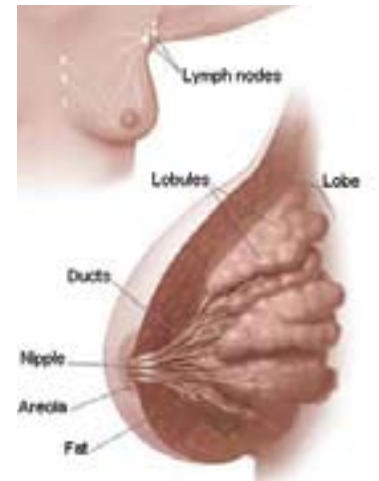
Vaccination against HPV is not intended to replace regular Pap smear screening. I advise patients that the long-term effectiveness of the vaccine is not yet known, and for now, Pap smear screening should be continued. Young girls who are vaccinated should begin screening according to published recommendations.

## BREAST CANCER Signs and Symptoms

Although a new lump or mass is the most common sign of breast cancer, in inflammatory breast cancer, a rare and aggressive form of cancer, the breast appears infected, and often, no lump is present. Symptoms of breast cancer may include

- ◆ A lump in the breast or armpit
- ◆ Pain in the nipple
- ◆ Discharge from the nipple
- ◆ Turning inward or flattening of the nipple
- ◆ A change in the size or shape of the breast
- ◆ Swelling, warmth, and redness of the breast with pitting of the skin (like the skin of an orange)
- ◆ A bruise or rash on the breast
- ◆ Persistent itching
- ◆ Thickened areas of skin
- ◆ Change in color of the skin around the nipple

Sources: National Cancer Institute, "What You Need to Know about Breast Cancer," Sept. 2005, MD Anderson Cancer Center, "CancerWise," August 2006



Source: National Cancer Institute

The female breast contains lobes, which are made up of smaller sacs called lobules in which milk is produced. Thin tubes called ducts carry the milk from the lobules to the nipple when a woman is breastfeeding. The breast also contains vessels that carry clear fluid or lymph to small, round organs called lymph nodes.

Most breast cancers begin in the ducts or lobules. When breast cancer spreads, it travels through the lymph nodes to other organs — usually the bones, liver, lungs, and brain.

\* For interactive instructions in BSE visit the Susan G. Komen Breast Cancer Foundation at [www.komen.org](http://www.komen.org) or call (800) 462-9273

## Breast Cancer Screening 101

### Early detection increases the success of treatment

- Start yearly mammograms (x-ray of the breast) at age 40
- Start yearly clinical breast exams at age 40 (every 3 years beginning at age 20)
- Perform breast self-examinations (BSE) to become familiar with how your breasts normally feel in order to detect changes\*
- Talk with your doctor about the benefits of earlier screening if you are at high risk

Source: American Cancer Society

Healing the racial divide in health care

## Dr. Bigby's mission: help Boston babies reach their first birthday.

It's shocking. In the US — and in Boston — babies born to black women with college degrees are substantially more likely to die before their first birthdays than babies born to white women with less than a high school education.

Throughout her career, JudyAnn Bigby, MD, has led efforts to reduce infant mortality and improve the health of all Bostonians, especially black and low-income women.

As Director of Community Health Programs at Brigham and Women's Hospital (BWH), she has championed hospital- and community-based programs that use home visits, case management and other supports to improve care for at-risk pregnant women and their babies.

Now she is leading a broader \$3.7 million effort at BWH that tackles infant mortality and other health care disparities including heart disease, HIV/AIDS, care for patients with severe mental illness, and violence prevention among young men.

A baby born to a black woman is two to four times more likely to die in its first year as babies born to mothers of other racial and ethnic groups, and are more likely to be born at very low birth-weight, (less than 3.3 pounds).



These findings are in line with a national Institute of Medicine study that revealed striking inequality across the country in health and health care among patients of color.

Fortunately, in Boston, black infant mortality has declined significantly compared to 20 years ago, due to the efforts of health care providers; city, state and federal agencies; and dedicated community groups. But the infant mortality racial gap persists —

black babies and their mothers are still in jeopardy

Dr. Bigby believes, "You can't reduce infant mortality and low birth-weight babies by concentrating on women only when they are pregnant."

That means recognizing that the overall health of low-income women is seriously eroded by factors such as lack of health insurance and access to routine health care, diseases such as anemia, asthma and diabetes, and environmental factors like unstable housing, access to healthy affordable food, domestic violence, and stress.

"Nine months is not enough time to get women healthy," Dr. Bigby says. "We must improve the health of women throughout their lives. That's the right thing to do."

More information at Boston Public Health Commission at [www.bphc.org](http://www.bphc.org)

## BREAST CANCER RISK FACTORS

A risk factor is a characteristic that increases a woman's chance of getting breast cancer. Having one or more risk factors is not a guarantee that you will get the disease. In fact, many women with multiple risk factors never get breast cancer. However, having no identifiable risk factor other than gender or age does not make a woman immune to breast cancer. Some of the major risk factors are:

### Age

A woman's risk of breast cancer increases with age. Almost 80% of women diagnosed with breast cancer are older than 50.

### Genes

Gene mutations, especially in genes BRCA1 and BRCA2, account for almost 10% of breast cancer cases.

### Family history

Having a mother, sister, or daughter with breast cancer doubles a woman's risk for the disease.

### Personal history

A woman with breast cancer has a greater chance of developing cancer in the other breast or at a different location in the same breast.

### Benign breast disease

Certain breast changes, non-cancerous conditions in which cells look abnormal and are increased in number, increase a woman's breast cancer risk.

The important issue is to know your personal risk factors and maintain a schedule of regular screenings to detect breast cancer in its early stage.

**For additional risk factors and information, please refer to the American Cancer Society at [www.cancer.org](http://www.cancer.org), or call 1-800-ACS-2345.**

BRIGHAM AND WOMEN'S HOSPITAL

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A charitable non-profit organization

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cervical cancer is more than 92 percent if found early, and decreases to roughly 17 percent if it spreads to distant organs.

But even with early screenings, a racial disparity persists. In Boston, for instance, a slightly larger percentage of black women report having had Pap smears than whites, but the mortality rate from cervical cancer in blacks is more than twice that in whites.

The reasons for the disparity remain unclear. On this particular day, however, Dr. Bigby was trying to teach the basics.

“What happens with the Pap smear samples after they are taken are a big mystery to most people,” said Dr. Bigby. “We wanted to show the girls, step-by-step, what happens and how we detect HPV.”

The teens saw where the samples are stored, how potentially abnormal samples are screened by computers and how technicians can recognize the difference between normal cells and abnormal, HPV infected cells.

The teens also looked at abnormal Pap smear samples with the help of Cytology Technician Janet Cronin.

“Infected cells have much larger nuclei than normal cells,” Cronin explained. According to Cronin and Dr. Bigby, the increased activity within the nuclei can be due to various infections, cellular repair processes or it can be a simple abnormality that corrects itself.

Sometimes, however, the increased nuclear activity can indicate that the cell is more rapidly dividing and thus replacing normal cells. This is called dysplasia and is considered a pre-malignant change. HPV is one of the main causes of dysplasia, which can become cervical cancer.

For the most part, cancer of the cervix develops very slowly. Located near the lower part of the uterus, the cervix is part of a woman’s reproductive system and, during pregnancy, closes to keep the fetus in the uterus and opens to allow the infant to be born.

“I was very impressed by the girls’ ability to understand the complexities of HPV and its connection to cervical cancer,” said Dr. Bigby. “The questions they had while looking in the microscopes showed that they could really connect this to the big picture.”

This big picture connection was clearly demonstrated when the teens discussed the HPV vaccine, Gardasil™, a revolutionary new drug that is scheduled to be widely available later this year.

Approved in June 2006 by the Food and Drug Administration, Gardasil™ is designed to prevent the spread of the HPV strains that are responsible for 70 percent of all cervical cancers, namely HPV strains 16 and 18. It will also protect against HPV strains 6 and 11, which are responsible for 90 percent of genital warts.

Provisional federal guidelines recommend that the vaccine be given to females aged 11 to 12, or even as young as 9. Women aged 13 to 26 who have not received the vaccine should receive “catch up” vaccinations. To be most effective, the vaccine should be given to a person before becoming sexually active.

Gardasil’s three-shot regimen, administered over a six-month period, will cost about \$360.

The last stop on the teen’s tour was a colposcopy room to learn about pelvic exams and how samples are collected.

Dr. Roxane Gardner talked the girls through the process,

## MAMMOGRAMS (No or low cost)

Call Dana-Farber Cancer Institute at (617) 632-1974 to pre-register

Date	Institution	Address
10/17	Whittier Street Health Center	1125 Tremont Street, Roxbury
10/18	Martha Eliot Health Center	75 Bickford Street, Jamaica Plain
10/19	Neponset Health Center	398 Neponset Avenue, Dorchester
10/21	Tabernacle Baptist Church	575 American Legion Hwy., Roslindale
10/24	Geiger-Gibson Health Center	250 Mount Vernon Street, Dorchester
10/26	Dimock Community Health Center	55 Dimock Street, Roxbury
10/31	Mattapan Community Health Center	1425 Blue Hill Avenue, Mattapan
11/2	Greater Roslindale Medical & Dental Center	4199 Washington Street, Roslindale
11/6	Bowdoin Street Health Center	200 Bowdoin Street, Dorchester

Subject to change. Please call to confirm times and dates. Additional listings are available at [www.bannerbehealthy.com](http://www.bannerbehealthy.com).

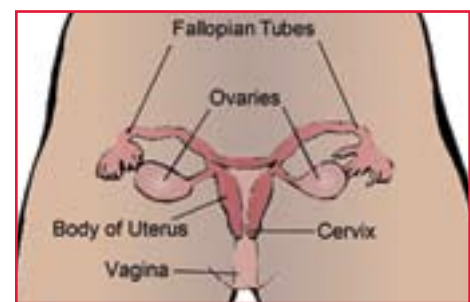
using pictures and the tools (speculum, spatula and brush) to simulate an actual pelvic exam and Pap smear.

“I have a better understanding of what happens in a pelvic exam,” said Sanchez. “It’s less scary for me now and [the doctor] really explained the importance of getting it done.”

Sanchez has already done her part to help share the information and break the cycle of ignorance. “As soon as I got home I got on the phone and told my friend ‘You might not even know you have [HPV]. You should get tested.’”

### NO INSURANCE? NO DOCTOR? NO PROBLEM!

- **Mayor’s Health Line**  
(800) 847-0710 • (617) 534-5050
- **Women’s Health Network**  
(Sponsored by The Massachusetts Department of Public Health)  
(877) 414-4447
- **ENCORE PLUS**  
(Sponsored by the YWCA Boston)  
(617) 585-5473



Source: American Cancer Society

The cervix, the lower part of the uterus or womb, is part of the female reproductive system. It connects the upper part of the uterus where a baby develops to the vagina or birth canal. During pregnancy the cervix remains tightly closed to hold the baby inside, but dilates or opens during childbirth to allow the baby to pass through.

## CERVICAL CANCER

### Screening 101

#### SIGNS AND SYMPTOMS

- ◆ Abnormal vaginal bleeding (between periods, after sex, after menopause)
- ◆ Increased vaginal discharge
- ◆ Pain in the pelvis
- ◆ Pain during sex

Source: “What You Need to Know about Cancer of the Cervix,” National Cancer Institute, Dec. 2004

#### RISK FACTORS

- Human papillomaviruses (HPV)
- Lack of regular Pap tests
- HIV
- Age — cervical cancer is more common in women over the age of 40
- Sexual history — sex at a young age; sex with multiple partners; sex with a man who has had multiple partners
- Smoking

- Get screened before you have symptoms
- Begin yearly Pap tests about 3 years after your first sexual intercourse, or when you reach 21, whichever is first
- Continue yearly Pap tests unless advised differently by your physician

Source: American Cancer Society, Cancer Facts and Figures 2006, Atlanta: American Cancer Society, 2006

### Cunningham *continued from page 1*

are more prone than white women to develop a type of tumor that is more deadly and harder to treat. Similar types of breast cancer have been found in young women in Africa.

Another study indicated that obesity in post-menopausal women could be a risk factor in developing breast cancer. The findings showed that the addition of just five pounds could increase the risk, and that those who gained 55 pounds since the age of 18 were 45 percent more likely to develop breast cancer than those who maintained their weight. On a positive note, postmenopausal women who lost weight reduced their risk of cancer.

The results of the second study indicate that life style may play a role in the risk of breast cancer. Obesity has been linked to high blood pressure, high cholesterol, diabetes, and other related illnesses.

In 2004, the death rate for black women in Massachusetts for stroke was 35 percent higher than that for white women; 83 percent higher for diabetes, and 200 percent higher for kidney disease. Obesity is a contributing factor to all these illnesses.

By all accounts, many women are too busy with the health of others or the daily stresses of life to worry about their own health. Such was the case with Venatia Jones, 46.

She readily admits that she ignored her own health to care for her ailing

mother and teenaged son. But neglecting one’s health is never a good thing.

Jones discovered a small lump in her breast while getting dressed one day, and was urged by her family to go to the doctor. Jones, who was laid off from her job five months earlier, was terrified about being diagnosed with breast cancer without having health insurance.

She now was forced to make a choice—her breast or her life.

“When the doctor called and told me I had cancer, I was worried about what I would do,” she says. “I was very sad and very angry. I am a woman of color who has worked since the age of 14, and now, when I have no insurance, I have cancer.”

Jones became connected to the Women’s Health Network, a state and federally funded program that offers free screening and diagnostic testing for breast and cervical cancer for uninsured women, and assists in enrollment in MassHealth for those who qualify.

Soon after, she underwent a mastectomy of her right breast and also had several

lymph nodes removed, as the cancer had spread.

“I didn’t think it was a big deal to have a mastectomy,” explains Jones. “I didn’t see a need for [my breast] — I had no babies to feed and had no problem choosing my life over my breast.”

Jones later discovered that she had

both of the genes associated with breast and ovarian cancer (BRCA1 and BRCA2), and underwent additional surgery, radiation, and chemotherapy to prevent the spread of the disease.

But Jones underestimated the emotional connection that she, as a woman, had to her breast. Her self-

esteem plummeted, but she eventually reached a turning point.

Wanting to move on with her life, Jones decided not to get reconstruction surgery and instead, focused her energy on connecting with other women who are dealing with breast cancer.

“Culturally, we [black women] are the strong ones — we put our own health on the back burner,” says the Roxbury resident. “I know many women who are

suffering and don’t even tell their families. Fear is a big part of this and that is why support groups are so important.”

Jones is a part of the Spirit Wise Sisters support group, sponsored by the YWCA for African-American breast cancer survivors, as well as REACH 2010. She also volunteers with One to One, a group run out of Dana-Farber that connects volunteers to patients with similar diagnoses to their own, to answer questions and help prevent the isolation that occurs with many cancer patients.

“I tell people ‘Don’t sit in your house and think that you have no choices. You can go to the hospital you want to go to. You can have access to good care. You just need to know how to get connected.’”

Based on her experience, Cunningham took that advice a step further.

Since January, Cunningham has been volunteering with Boston’s REACH 2010 Coalition (Racial and Ethnic Approach to Community Health), an organization that promotes screening, education and access to care for black women in regards to breast and cervical cancer.

She has also been featured in the Pink and Black campaign, sponsored by the Boston Public Health Commission, to bring awareness of breast cancer to the black community.

“I still cry, but it’s okay,” she says. “I am reaching out to people and this is going to be my journey — to support other sisters who are afraid to get help.”

“The first thing I thought was ‘This is it. I’m going to die.’ My sister died of breast cancer and this is how I thought I would die too.”

— Ollie Cunningham