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SENATE RESOLUTION

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

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WHEREAS, Approximately 297,790 women will be diagnosed with breast cancer, and more than 43,000 will die with this malignancy in 2023; and

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WHEREAS, Triple-Negative Breast Cancer (TNBC) is one of many forms of breast cancer and accounts for approximately 15 to 20% of all diagnosed invasive breast cancer cases in the United States; and

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WHEREAS, In 2019, more than 53,700 new breast cancer cases in the United States were diagnosed as TNBC, 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

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WHEREAS, Due to its aggressive behavior, TNBC grows quickly, is more likely to have spread at the time it is found, and is more likely to come back after treatment than other types of breast cancer; and

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1           WHEREAS, People diagnosed with metastatic TNBC have a less  
2 than 30% chance of surviving past five years; and

3           WHEREAS, TNBC cells do not contain, or are "negative for",  
4 three key receptors that medicines typically target in other  
5 types of breast cancer; therefore, limited treatment options  
6 that can be used to treat the cancer; and

7           WHEREAS, Patients with an early diagnosis can often be  
8 treated with chemotherapy, radiation, and surgery; however,  
9 the limited therapies available, which specifically address  
10 the management of TNBC, have made treating this disease a  
11 challenge for clinicians; and

12           WHEREAS, Recent innovation in targeted therapies have  
13 fueled advances in the fight against TNBC; and

14           WHEREAS, Studies have shown that TNBC disease-specific  
15 mortality rates are often higher if patients have Medicaid or  
16 Medicare or come from a lower socioeconomic status; compared  
17 with non-Hispanic white women, Black women are 48% less likely  
18 to receive guideline adherent care and have an approximate  
19 two-fold higher mortality incidence, resulting in a  
20 disproportionately higher risk of death from TNBC; and

21           WHEREAS, Advances in breast cancer screening and treatment

1 over the last few decades have reduced the overall breast  
2 cancer mortality rate, yet the disproportionate impact of TNBC  
3 on racial and ethnic minority communities raises  
4 considerations about the underlying determinants driving the  
5 disparities; and

6 WHEREAS, It is necessary to promote TNBC education to  
7 raise awareness about disease-related disparities and to  
8 tackle inequities within health care delivery, such as  
9 inadequate access to screening, diagnostic testing, and care  
10 to improve early detection and survival; therefore, be it

11 RESOLVED, BY THE SENATE OF THE ONE HUNDRED THIRD GENERAL  
12 ASSEMBLY OF THE STATE OF ILLINOIS, that we declare the month of  
13 March 2023 as Triple-Negative Breast Cancer Awareness Month in  
14 the State of Illinois; and be it further

15 RESOLVED, That we support legislation to reduce  
16 Triple-Negative Breast Cancer (TNBC) disparities in early  
17 detection and survival by improving education and awareness  
18 through health promotion initiatives targeting underserved  
19 communities that are disproportionately impacted, which will  
20 help in ensuring equitable access and affordability of breast  
21 cancer screening, genetic counseling, and diagnostic testing,  
22 promoting cultural sensitivity and workforce diversity  
23 policies in health care provider training, and guaranteeing

1 timely patient access to clinically appropriate treatment  
2 options identified in the National Comprehensive Cancer  
3 Network (NCCN) guidelines; and be it further

4       RESOLVED, That additional legislative provisions should be  
5 examined to safeguard affordable, continuous, and equitable  
6 patient access to TNBC-related care, services, and medicines  
7 along the entire continuum of care.