

To: *The Honorable* Representatives Schmidt and Denson

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From Sharon Beck, Mason, Ohio

Proponent Testimony for HB. 371

I support House Bill 371 because I am a breast cancer survivor of inflammatory breast cancer which is quite deadly if left unattended even for one week. My mammogram six months earlier did not detect this in my dense breast tissue, and it became apparent after my second Covid shot in July, 2021. It appeared as a breast infection and to someone without insurance, I might have died without the chemotherapy, surgery and now radiation that I am undergoing if my doctor didn't have a suspicion that something was seriously wrong from the beginning. I fortunately had insurance coverage, however, there were some bumps in that road when my husband switched jobs. It all worked out, and financial aid happened for me, however, if I didn't have that insurance, I would have no other protections and this would have put our family in debt. Those on Medicaid do not have the blessings of good insurance plans and these women need protection. Many women do not survive this type of cancer and the wait period for important testing to find the funds increases the chances of the patient not surviving. I included how inflammatory breast cancer is diagnosed for more information regarding dense breast tissue. In my case, I was fortunate to begin chemotherapy within 2 weeks of my diagnosis. In fact, it would be beneficial for patients like me in Ohio to have inflammatory breast cancer included in the wording of this bill.

“Inflammatory breast cancer can be difficult to diagnose. Often, there is no lump that can be felt during a physical exam or seen in a [screening mammogram](#). In addition, most women diagnosed with inflammatory breast cancer have dense breast tissue, which makes cancer detection in a screening mammogram more difficult. Also, because inflammatory breast cancer is so aggressive, it can arise between scheduled screening mammograms and progress quickly. The symptoms of inflammatory breast cancer may be mistaken for those of mastitis, which is an infection of the breast, or another form of [locally advanced](#) breast cancer.

To help prevent delays in diagnosis and in choosing the best course of treatment, an international panel of experts published guidelines on how doctors can diagnose and stage inflammatory breast cancer correctly. Their recommendations are summarized below.

Minimum criteria for a diagnosis of inflammatory breast cancer include the following:

- A rapid onset of erythema (redness), edema (swelling), and a [peau d'orange](#) appearance (ridged or pitted skin) and/or abnormal breast warmth, with or without a lump that can be felt.
- The above-mentioned symptoms have been present for less than 6 months.
- The erythema covers at least a third of the breast.
- Initial biopsy samples from the affected breast show invasive carcinoma.

Further examination of tissue from the affected breast should include testing to see if the cancer cells have hormone receptors (estrogen and progesterone receptors) or if they have greater than normal amounts of the HER2 gene and/or the HER2 protein (HER2-positive breast cancer).

Imaging and staging tests include the following:

- A [diagnostic mammogram](#) and an [ultrasound](#) of the breast and regional (nearby) lymph nodes
- A [PET scan](#) or a [CT scan](#) and a [bone scan](#) to see if the cancer has spread to other parts of the body

Proper diagnosis and staging of inflammatory breast cancer helps doctors develop the best treatment plan and estimate the likely outcome of the disease. Patients diagnosed with inflammatory breast cancer may want to consult a doctor who specializes in this disease.

References:

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Full reference:

<https://www.cancer.gov/types/breast/ibc-fact-sheet#what-are-the-symptoms-of-inflammatory-breast-cancer>