

As Introduced

**134th General Assembly
Regular Session
2021-2022**

H. C. R. No. 44

Representative Humphrey

**Cosponsors: Representatives Sobecki, Lepore-Hagan, Robinson, Miranda, Smith, M.,
Weinstein, Brown, Crossman, Jarrells, West, Upchurch, Schmidt, Galonski, Young, T.,
Brent, Troy, O'Brien, Denson, Miller, J., Lightbody, White, Hoops, Gross, Grendell,
Miller, A., Leland, Smith, K., Ingram**

A CONCURRENT RESOLUTION

Recognizing March 2022 as Triple Negative Breast Cancer 1
Awareness Month in Ohio. 2

**BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE STATE OF
OHIO (THE SENATE CONCURRING):**

WHEREAS, Breast cancer is among the most commonly diagnosed 3
cancers and, according to data from the American Cancer Society, 4
is the second leading cause of cancer death among women in the 5
United States; and 6

WHEREAS, The American Cancer Society estimates that, in 7
2022, approximately 287,850 women will be diagnosed with 8
invasive breast cancer, 51,400 women will be diagnosed with 9
ductal carcinoma in situ, and 43,250 women will die from breast 10
cancer; and 11

WHEREAS, According to the most recent statistics available 12
from the Department of Health, in 2018, 9,832 women in Ohio were 13
diagnosed with invasive breast cancer, 1,987 were diagnosed with 14
ductal carcinoma in situ, and in 2019, 1,744 died from breast 15
cancer; and 16

WHEREAS, TNBC is "triple negative" because the cancer cells do not contain any of the three receptors commonly found in breast cancer which, according to the U.S. Centers for Disease Control, reduces the number of available treatment options; and

WHEREAS, According to the American Cancer Society, triple negative breast cancer (TNBC) accounts for about 10-15% of all diagnosed invasive breast cancer cases; and

WHEREAS, The National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) Program reports there were nearly 151,000 individuals living with TNBC in the United States in 2018; and

WHEREAS, According to the Cleveland Clinic, TNBC is more common among younger women, Black and Hispanic women, women with the BRCA1 mutation, and, according to research published in the Annals of Oncology, women with Type 2 diabetes; and

WHEREAS, TNBC spreads quickly, often more aggressively, and has a higher chance of recurrence than other forms of breast cancer; and

WHEREAS, Five-year survival rates for individuals with TNBC based on the SEER database can be as high as 91% if the cancer is detected early and has not spread but as low as 12% if it has metastasized to other areas of the body; and

WHEREAS, Patients with an early diagnosis of TNBC can be treated with chemotherapy, radiation, and surgery, but limited therapies available due to the missing receptors common to breast cancer has made treating TNBC a challenge for clinicians; and

WHEREAS, Research presented by the American Journal of Managed Care reports that nearly 70% of individuals with TNBC do not receive care adherent to National Comprehensive Care Network (NCCN) guidelines, with Black patients the least likely to

receive guideline-adherent care; and 48

WHEREAS, The same research further indicates that, due to 49
lack of care that meets the NCCN guidelines, TNBC mortality 50
rates are elevated for Black patients, those covered by Medicare 51
or Medicaid, and those in poverty; and 52

WHEREAS, Advances in breast cancer screening and treatment 53
over the last few decades have reduced the overall breast cancer 54
mortality rate, yet the disproportionate impact of TNBC on 55
racial and ethnic minority communities raises concerns about the 56
underlying determinants driving the disparities; and 57

WHEREAS, Tackling inequities and delivering better health 58
outcomes for TNBC patients requires increased education and 59
awareness about the disease-related disparities to enhance 60
access to screening, diagnostic testing, and care to improve 61
early detection and survival; and 62

WHEREAS, Recent innovation in targeted therapies have 63
fueled advances in the fight against TNBC; now therefore be it 64

RESOLVED, That we, the members of the 134th General 65
Assembly of the State of Ohio, support health initiatives 66
designed to (1) reduce TNBC disparities in early detection and 67
survival by improving education and awareness that targets 68
disproportionately impacted and underserved communities; (2) 69
ensure equitable access to affordable breast cancer screening, 70
genetic counseling, and diagnostic testing; (3) promote cultural 71
sensitivity and diversity training for health care workers; and 72
(4) ensure timely access to clinically appropriate treatment 73
options for TNBC as identified in the NCCN guidelines; and be it 74
further 75

RESOLVED, That we, the members of the 134th General 76
Assembly of the State of Ohio, in adopting this resolution, 77
recognize March 2022 as Triple Negative Breast Cancer Awareness 78

Month in Ohio; and be it further	79
RESOLVED, That the Clerk of the House of Representatives	80
transmit duly authenticated copies of this resolution to the	81
Director of Health and the news media of Ohio.	82