State of Illinois
Illinois Department of Public Health

Your Right To Know






Office of Women's Health

Illinois Department of Public Health

The information contained in this brochure regarding recommendations for early detection and diagnosis of breast disease and alternative breast disease treatments is only for the purpose of assisting you, the patient, in understanding the medical information and advice offered by your physician. This brochure cannot serve as a substitute for the sound professional advice of your physician. The availability of this brochure or the information contained within is not intended to alter, in any way, the existing physician-patient relationship, nor the existing professional obligations of your physician in the delivery of medical services to you, the patient.

Table of Contents

The Illinois Department of Public Health would like to acknowledge the assistance of Elizabeth Peralta, M.D., Southern Illinois University School of Medicine, in preparing this booklet.

1 Introduction

The state of Illinois requires that your doctor give you this brochure if you are about to have a breast biopsy or have been diagnosed with breast cancer.

You may be having all kinds of feelings. You may be worried and anxious. You may be in shock or feel alone. It may be hard for you to concentrate. These reactions are normal.

The hope is that this booklet will prove to be a valuable guide. It is intended to help you become a partner in making choices with your health care team. These tips may make it easier for you to use this booklet:

- Read the material as you need it. If you are about to get a biopsy, only read the section on breast biopsy. You may feel better finding out that most breast lumps are not cancer.
- If you already have been diagnosed with cancer, have a friend or someone on your health care team read this booklet along with you. Or have them read it and discuss the material with them when you are ready.
- The medical words that you hear as you go through biopsy and treatment are used in this brochure. Knowing the meaning of the words you are hearing can help you understand what is happening and to make informed choices. Remember, there is no one "right" treatment for every woman. New options are available today that were not offered even a few years ago.
- As you go through the diagnosis and treatment processes, you may find it helpful to write out questions BEFORE you meet with your doctor. Some of the questions you may want to ask are in the side margins of this brochure. (Consider asking a friend or family member to come with you during health care appointments.)
- Most important, never be afraid to ask that information be repeated and to ask questions. There is no "dumb" question when you are faced with cancer.
- For more free information or to talk to someone (in English or Spanish), call the National Cancer Institute's hotline:

800-4-CANCER

2 Prevention and Early Detection

In recent years, both the number of women diagnosed with breast cancer and the death rate from breast cancer have decreased. These trends support ongoing efforts to detect breast cancer at a curable stage and to reduce the risk factors for breast cancer.

- Annual screening with mammography and clinical breast examination are recommended for all women age 40 and older.
- Discontinue hormone replacement therapy (estrogen and progesterone) before five years of use.
- A healthy lifestyle including fresh fruits and vegetables, exercise, and weight control is associated with lower risks.
- Women with a breast biopsy showing atypia or a family history of breast cancer or ovarian cancer may benefit from prevention drugs, genetic testing, or breast MRI.

What Causes Breast Cancer?

Nobody knows for certain why some women develop breast cancer and others do not. Here's what is known:

- You should not feel guilty. You have not done anything "wrong" in your life that caused breast cancer.
- You CANNOT "catch" breast cancer from other women who have the disease.
- Breast cancer is NOT caused by stress or by an injury to the breast.
- Most women who develop breast cancer DO NOT have any known risk factors or a history of the disease in their families.
- Getting older DOES increase your risk of getting breast cancer, starting at the age of 40 and continuing into your 80s.

The Illinois Breast and Cervical Cancer Program offers free mammograms, breast exams, pelvic exams and Pap tests. Uninsured women older than the age of 35 can receive free cervical cancer screenings, and women older than the age of 40 can receive free mammograms and breast exams.

To find out if you're eligible, call the Illinois Department of Public Health's Women's Health-Line at 888-522-1282 or contact us via TTY at 800-547-0466

Self Breast Exam

You may perform monthly breast self-exams to check for any changes in your breasts. It is important to remember that changes occur because of aging, your menstrual cycle, pregnancy, menopause or taking birth control pills or other hormones. It is normal for breasts to feel a little lumpy and uneven. Also, it is common for your breasts to be swollen and tender right before or during your menstrual period.

Clinical Breast Exam

A primary care provider or surgeon examines your breasts and underarm area with visual inspection and palpation in an upright and lying down position. Abnormalities such as hard lumps, skin thickening, nipple retraction or discharge, and enlarged lymph nodes may require additional tests such as ultrasound and biopsy even if you have had a negative mammogram. When additional tests are recommended, it is normal to be alarmed. But you have reasons to be reassured:

- Most women, sometime in their lives, develop lumps in their breasts
- Most lumps are NOT breast cancer. In fact, eight of 10 lumps are harmless.
- To be sure that a lump or other change is not breast cancer, you need to have some or all of the lump removed (a biopsy). A diagnosis can then be made by a pathologist, a doctor who looks at the cells under a microscope to find out if the tissue is normal or cancerous.

What is a Screening Mammogram?

A screening mammogram is an X-ray of the breast used to detect breast changes in women who have no signs or symptoms of breast cancer. It usually involves two X-rays of each breast. Mammograms make it possible to detect tumors that cannot be felt. Mammograms also can find microcalcifications (tiny deposits of calcium in the breast) that sometimes indicate the presence of breast cancer.

How are Screening and Diagnostic Mammograms Different?

A diagnostic mammogram is an X-ray of the breast that is used to check for breast cancer after a lump or other sign or symptom of breast cancer has been found. Signs of breast cancer may include pain, skin thickening, nipple discharge, or a change in breast size or shape. A diagnostic mammogram also may be used to evaluate changes found during a screening mammogram, or to view breast tissue when it is difficult to obtain a screening mammogram because of special circumstances, such as the presence of breast implants (see Question 13). A diagnostic mammogram takes longer than a screening mammogram because it involves more X-rays in order to obtain views of the breast from several angles. The technician may magnify a suspicious area to produce a detailed picture that can help the doctor make an accurate diagnosis.

Dense Breasts

After Having a Mammogram, I was Told That I Have Dense Breasts. Is Dense Breast Tissue Abnormal?

No, dense breast tissue is common and normal. Having dense breasts does not mean that you have cancer, but it may make cancer harder to find on a mammogram. Dense breast tissue may be one of the many factors associated with an increased risk of developing breast cancer. The most important risk factors for developing breast cancer are being a woman and growing older.

What is Breast Density?

Breast density refers to how much breast tissue a woman has. Density cannot be determined by the size of the breast, by touch during a health care provider's examination, or by your self-exam. Most women have both fat and fibroglandular (working part of the breast) tissue in varying proportions. Mammography, an X-ray exam of the breasts, can provide information about the types of tissues that breasts contain.

3 Making a Decision

Doctors used to believe that it was best to biopsy a woman's lump and remove her breast in the same operation if cancer was found. A woman went into surgery for a biopsy not knowing whether she would wake up with her breast. This rarely happens today.

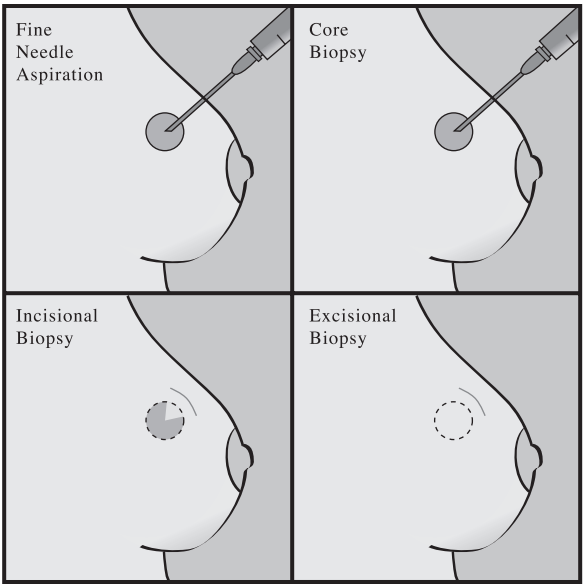
Studies show that it is safe to start treatment within several weeks after your biopsy. This time is important because it allows you:

- To read more and think through the information.
- To get a second opinion.
- To call 800-4-CANCER or breast cancer organizations for information and support groups near you.
- To talk to other women who have had breast cancer.
- To have a complete study of your breast tissue, and, if needed, of other parts of your body.
- To prepare yourself and loved ones for your treatment.

4 Breast Biopsy

When Your Lump Can Be Felt

If your lump can be felt, you will most likely have one of the following types of biopsies.



Fine Needle Aspiration (FNA)

A thin needle is placed into the lump. If fluid comes out, and the lump disappears, it means that the lump is a cyst. Cysts are rarely cancerous.

- Advantage. You can avoid surgery and a scar. If cancer is found, you can start to plan your treatment.
- Disadvantage. If the needle removes only normal cells and the lump does not go away, then you may need more tests to make sure that the lump is not cancer.

Anesthesia

- *If the lump is small and near the skin's surface, you will likely be given **local anesthesia.** Medication is injected into the site. You will be awake, but you should not feel pain. Medication also may be injected into a vein in your arm as an extra way to reduce pain and help you to relax.*
- *If you are given **general anesthesia**, you will be given medication that will place you in a deep sleep. You will not feel pain during surgery. These medications are most often inhaled as a gas or injected into a vein in your arm. They may be used when the tumor is large, located deep in the breast, or when the woman does not want to be awake.*

Core Biopsy

A larger needle is used to remove a small piece of tissue from the lump.

- Advantage. Your scar will barely be noticeable.
- Possible problems. If this biopsy finds cancer, you will need more surgery to remove the part of the cancer that is still in your breast. If this biopsy does not find cancer, you may still need a surgical biopsy to make sure that the lump that is still in your breast does not contain any cancer cells that the core biopsy missed.

Surgical Biopsies

An incisional biopsy removes only a portion of the lump. An excisional biopsy removes the entire lump.

You will have a scar on your breast, which will heal with time. There may be some change in the shape or size of your breast.

When Your "Lump" Can Be Seen But Not Felt

Sometimes you can have an area of concern that cannot be felt in the breast but shows up on pictures of the inside of the breast. These pictures are taken by either **mammography** (a type of X-ray) or **ultrasound**, a process that shows harmless sound waves as they travel through a breast. In these cases, you may have one of the following procedures:

Needle Localization Biopsy

Using a mammogram or an ultrasound as a guide, a doctor places a needle or fine wire into the suspicious area. The area is then removed with a surgical biopsy. A second picture of the biopsy area may be taken later to make sure that the area of concern was entirely removed.

Questions To Ask Your Doctor

- *Do you think I need to have a biopsy? If not, why?*
- *What type of biopsy do you recommend? Why?*
- *How soon will I know the results?*
- *What will the scar look like after the biopsy and after it heals?*
- *Do you suggest local or general anesthesia? What are the advantages of each?*
- *If I want a second opinion, whom do you suggest I contact?*

Stereotactic Needle Biopsy

This fairly new procedure pinpoints the area of concern with a double-view mammogram. A computer plots the exact area and guides a fine needle or a large-core needle so that a doctor can remove a sample of tissue for the pathologist.

If your biopsy result is **negative**, your treatment is over. It still will be important to have your breasts checked regularly for any future signs of change.

If the result is **positive**, the cells did contain cancer and you will need to make decisions about your treatment options. Information on the following pages can help you to understand your options.

Remember, there are people who can help you through this process.

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5 About Breast Cancer

Who Gets Breast Cancer?

Breast cancer is the most common cancer diagnosed in women today. It even occurs in a small number of men.

- In Illinois alone, close to 8,500 women are diagnosed with breast cancer each year.
- In the United States, more than 200,000 women are diagnosed with breast cancer each year.
- All ages and races are affected: one in nine white, one in 11 African-American, and one in 20 Hispanic and Asian women will develop breast cancer during their lifetimes.

You have more choices for treatment when breast cancer is found early. Also, treatment has changed. Today, many women who are diagnosed with breast cancer **DO NOT** have to lose a breast. Even when breast cancer is not found early, you still have choices. Because there are new ways to treat breast cancer, it is more important than ever for you to learn all you can. Working with a team of specialists, you play a key role in choosing your treatment.

Symptoms of Breast Cancer

Frequently, breast cancer has no symptoms and is only detected by screening mammography. When symptoms occur, the most common is a painless breast lump that is hard in texture.

Breast or arm swelling, redness, pain or a lump in the underarm area may be caused by either a benign process such as infection or breast cancer. **Inflammatory breast cancer** is a form of breast cancer that appears similar to an infection, with redness and swelling of the skin of the breast caused by cancer cells blocking the lymph vessels in the skin.

While inflammatory breast cancer is less common than other breast cancers, it is often more aggressive. Symptoms of inflammatory breast cancer are often the same as a breast infection. If the symptoms persist and continue after taking an antibiotic, it is important to follow up with your doctor for further tests.

Staging of Breast Cancer

Breast cancer is a complex disease. There is no right treatment for all women. Your breast cancer will be placed into one of five stages. The chart on page 10 explains each stage for you. How your cancer is staged and your treatment choices will depend on several factors:

- How small or large the tumor is and where it is found in your breast.
- If cancer is found in the lymph nodes in your armpit.
- If cancer is found in other parts of your body.

The following words and information also can help you understand how your cancer is "staged."

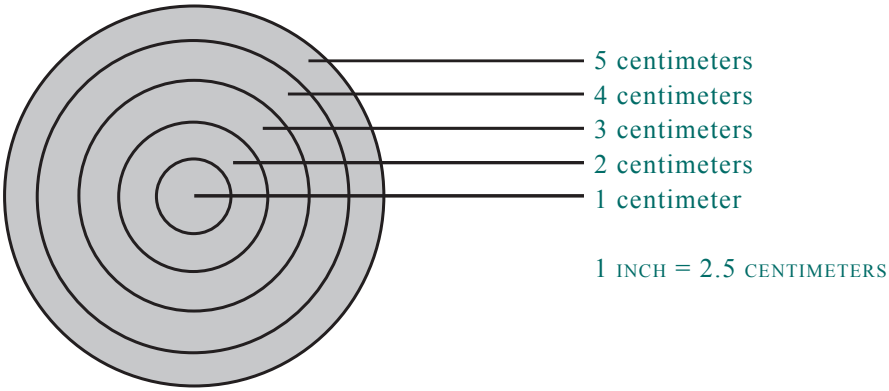
- **Benign** means that your lump or other problem is **NOT** cancer.
- **Malignant** means that your tissue **DOES** contain cancer cells.
- **In situ** or **noninvasive cancer** is a very early cancer or a precancer that has **NOT SPREAD** beyond the breast. This type of cell is still totally contained in the milk ducts or lobules of the breast.
- **Invasive cancer HAS SPREAD** to surrounding tissue in the breast and **MAY HAVE SPREAD** to the lymph nodes in the armpit or to other parts of the body. All breast cancers, except in situ cancer, are invasive.
- **Metastasized cancer HAS SPREAD** to other parts of the body, such as the bones, lungs, liver or brain.

Staging Of Breast Cancer

Stages of breast cancer, according to the American Cancer Society, indicate the size of a tumor and how far the cancer has spread within the breast, to nearby tissues and to other organs. The stage of a cancer is one of the most important factors in selecting treatment options and it is the most significant (but not the only) factor in predicting prognosis. Each person's outlook differs, depending on the stage of her cancer, her particular treatment and general state of health.

Stage 0	• Noninvasive or in situ breast cancer, ductal carcinoma in situ (DCIS) Cancer cells located within a duct; no invasion of surrounding fatty breast tissue. • Lobular carcinoma in situ (LCIS) Also called lobular neoplasia; sometimes classified as stage 0 breast cancer. Abnormal cells grow within the lobules (milk-producing glands) but do not penetrate through the lobule walls. Most breast specialists do not consider LCIS a true breast cancer.
Stage I	• Tumor smaller than 2 centimeters in diameter (3/4 of an inch or less). Does not appear to have spread beyond the breast.
Stage II	• Tumor measures larger than 2 centimeters in diameter and/or it has spread to lymph nodes under the arm on the same side as the breast cancer. • Lymph nodes have not adhered to one another or to the surrounding tissues (no matted lymph nodes).
Stage III	• Stage III includes situations of locally extensive tumor, extensive lymph node involvement, or both, such as: Tumor of any size and involving four or more lymph nodes, matted lymph nodes or lymph nodes beyond the underarm, such as above the collarbone or in the internal mammary lymph nodes (located beneath the breast and rib cage). Tumor that has spread to skin or chest wall, with or without lymph node involvement.
Stage IV	• The cancer, regardless of its size, has spread (metastasized) to distant sites such as bones or lungs.

Tumor Sizes



Survival Rates

When cancer is detected early, five-year survival rates are very high. Almost all women with Stage 0 cancer will have a normal lifespan. Five-year survival rates are as high as 95 percent in Stage 1 cancers that are smaller than one centimeter. Even when a cancer falls into a Stage II category, five-year survival rates are close to 70 percent.

Risk Factors for Recurrence

Some women are at higher risk for the spread and return of breast cancer. Remember, the risk factors for recurrence are complex. They **ARE NOT** absolute forecasts of what your future will be.

The factors are:

- **Tumor size.** The larger your tumor, the higher your risk.
- **Lymph nodes.** The more lymph nodes in your armpit that contain cancer cells, the higher your risk.
- **Cell studies.** Breast cancers are tested for the presence of receptors for hormones that stimulate the tumor to grow. The presence of estrogen and/or progesterone receptors is a favorable finding that indicates recurrence of the tumor can be suppressed with drugs that block estrogen effects. The presence of human epidermal growth factor receptor (HER2) indicates a more aggressive type of tumor that requires chemotherapy and sometimes HER2-targeted therapy. Newer tests are available that examine the tumor for genes associated with an increased risk of tumor recurrence. These tests may be of help in making a decision about whether to take chemotherapy.

In Situ Cancers

Because of the success of X-ray mammography, tiny growths are being discovered that raise concerns about a woman's risk of developing breast cancer. These growths are called carcinoma in situ or noninvasive cancer. Today 15 percent to 20 percent of breast "cancers" fall into this category. Two types exist:

- **Ductal carcinoma in situ (DCIS)** is noninvasive, which means it is limited to the milk ducts of the breast. It has NOT spread beyond the breast, to the lymph nodes in the armpit or to other parts of the body. However, there are several types of DCIS. If the growth is not removed, some types may in time change and develop into an invasive cancer. Some may NEVER progress to an invasive cancer.

- **Lobular carcinoma in situ (LCIS)** is a noninvasive growth limited to the milk lobules of the breast. It is NOT cancer, only a warning sign of increased risk of developing cancer, according to the National Cancer Institute. Women with LCIS have about a 1 percent risk of developing invasive breast cancer equally in either breast per year. At 20 years, this risk is about 18 percent.

To be sure that you have the right diagnosis, have your slides read by an experienced pathologist. If you still have questions, the National Cancer Institute suggests that your biopsy slides be reread. You can have them reread at a university hospital, cancer center, a second opinion service or at the Armed Forces Institute of Pathology in Washington, D.C. This step is important because of the difficulty today in making an accurate diagnosis. Treatment choices vary from close follow-up, to removing only the affected tissue, to removing both breasts.

Questions To Ask Your Doctor

- What stage of breast cancer do I have?
- Do I have a type of cancer that should be treated at a specialized center?
- Will a pathologist with experience in diagnosing in situ cancer read my slide? Does the doctor read a high volume of breast cancer slides?
- For in situ cancer, do you think my biopsy slides should be reread? Why or why not?
- What are the chances that my cancer has spread beyond the breast?
- If I want a second opinion on my case, with whom should I get an appointment?

For more information on in situ cancers -

- Talk to your doctor, or
- Call 800-4-CANCER (the National Cancer Institute's hotline)

Your Treatment Team

If your lump does contain cancer cells, you will need a team of medical experts. Your team will include many, but probably not all, of the medical specialists listed below.

- A surgeon is a doctor who performs biopsies and other surgical procedures such as the removal of your lump (lumpectomy) or your breast (mastectomy). The surgeon may specialize in breast surgery or, in geographic areas outside urban/suburban care centers, may be a general surgeon. Some general surgeons also are credentialed to perform breast reconstruction surgery.
- An anesthesiologist gives medications that keep you comfortable during surgery. The medications also can be given by a nurse anesthetist under direction of an anesthesiologist.
- A radiologist reads mammograms and performs other tests, such as X-rays or ultrasound.
- A pathologist is a doctor who examines tissue and cells under a microscope to decide if they are normal or cancer.
- An oncologist is a doctor who uses chemotherapy or hormone therapy to treat cancer.
- A radiation oncologist uses radiation therapy (high intensity X-rays) to treat cancer.
- A plastic surgeon is a doctor who can rebuild (reconstruct) your breast, if needed.
- A clinical nurse specialist is a specially trained nurse who can help to answer questions and to provide training and information on resources and support services.
- A physical therapist is a medical professional who teaches exercises that help restore arm and shoulder movements after surgery.
- A professional social worker can talk with you about your emotional or physical needs. He or she may assist the clinical nurse specialist with referrals for home care and other support services.

Covering the Cost of Treatment

If a woman is low income and found to be in need of treatment for breast cancer, she may be eligible for the Health Benefits for Persons with Breast and Cervical Cancer Program, implemented in Illinois in July 2001. This means that if she is income eligible, her treatment, reconstruction, prosthesis and other health conditions will be covered by Medicaid. To find out if you're eligible, call the Illinois Department of Public Health's Women's HealthLine at 888-522-1282.

6 Treatment Options

Surgery

Most women who have breast cancer today are diagnosed with Stage 0, I or II breast cancer. Many of these women will live a long life. Most of these women can choose to undergo

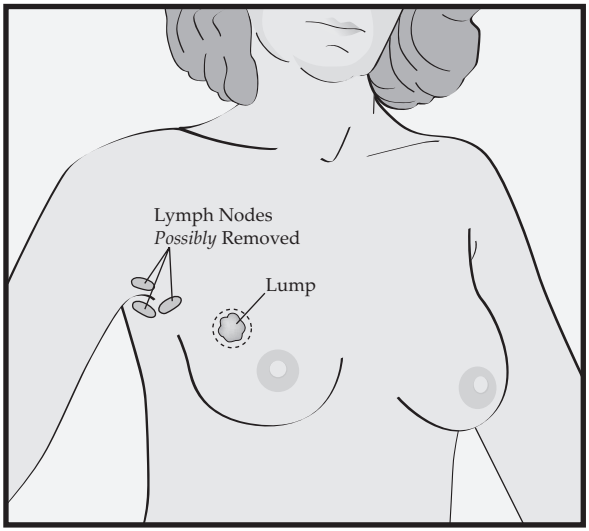
- Lumpectomy and radiation therapy, **OR**
- Mastectomy

Studies show that both options provide the same long-term survival rates. However, neither option gives you a 100 percent guarantee that cancer will not return at the treated site. Whatever choice you make, you will still need medical follow-up and monthly breast self-exams for the rest of your life. Here is a closer look at today's most common breast surgeries.

Lumpectomy

With lumpectomy, a surgeon removes the breast cancer, a little normal breast tissue around the lump and, possibly, some lymph nodes under the arm. This procedure tries to totally remove the cancer while leaving you with a breast that looks much the same as it did before your surgery. Women who choose a lumpectomy almost always have radiation therapy as well. Radiation decreases the risk of cancer coming back in the remaining breast tissue.

Possible problems. Infection, poor wound healing, bleeding and a reaction to the drugs (anesthesia) used in surgery are the main risks of any kind of surgery, including lumpectomy. Women may have a change in the shape of the breast that was treated.



LUMPECTOMY

QUESTIONS TO ASK YOUR DOCTOR

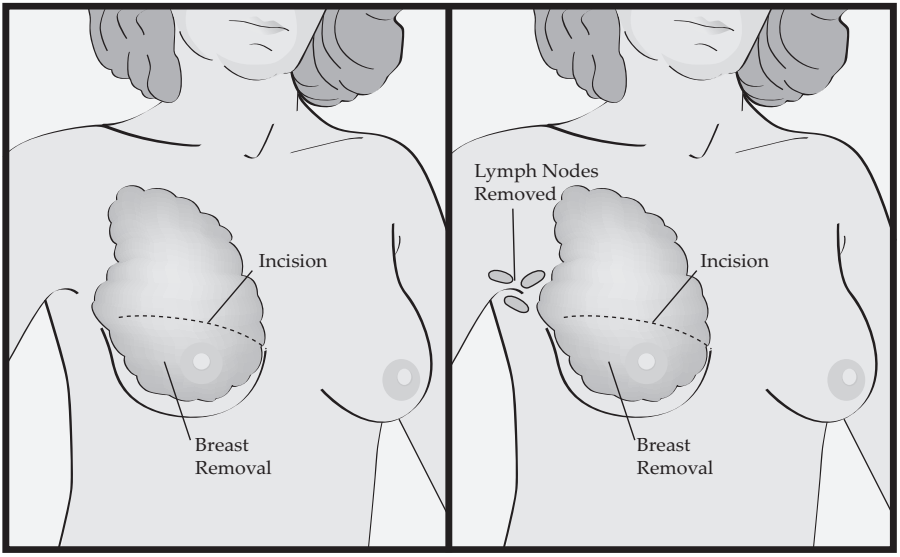
- How large will my scar be? Where will it be?
- How much breast tissue will be removed?
- Will I have local or general anesthesia?
- Will I need radiation or chemotherapy? Why? When should it start?
- How long will it last?

MASTECTOMY

Mastectomy is the surgical removal of the breast. It used to be the only treatment for breast cancer. Today a woman who has a mastectomy is likely to undergo one of two procedures:

- Total mastectomy. This surgery removes as much breast tissue as possible, the nipple and some of the overlying skin. The lymph nodes in the armpit are not removed.
- Modified radical mastectomy. This surgery removes as much breast tissue as possible, the nipple, some of the overlying skin and some lymph nodes in the armpit.

Possible problems. Infection, poor wound healing, drug reactions, and a collection of fluid under the skin are possible complications.



TOTAL MASTECTOMY MODIFIED RADICAL MASTECTOMY

A MASTECTOMY IS NEEDED WHEN —

- The cancer is found in numerous areas in the breast.
- The breast is small or shaped so that removal of the entire cancer will leave little breast tissue or a deformed breast.
- The woman does not want to have radiation therapy.

After a mastectomy, a woman may choose from several options:

- Wear a breast form (a **prosthesis**) that fits in her bra. To get information on stores that have good fitters and breast forms, talk to your doctor, nurse, American Cancer Society volunteer, breast cancer organizations and other women who have had breast cancer.
- Have her breast reconstructed, possibly by a plastic surgeon.
- Decide to do neither.

Removal of Lymph Nodes

Whether you have a lumpectomy or mastectomy, your surgeon will usually remove some of the lymph nodes under your armpit. This procedure (an **axillary node dissection**) is most often done at the same time as the breast surgery. If cancer is found in the lymph nodes, your doctor will talk to you about additional treatments. These additional therapies are designed to control and kill cancer cells that could be in other parts of your body (see pages 20-24).

Advantage. This procedure will help your doctor to determine the stage of your cancer.

Possible problems. Stiffness of the arm, numbness under your arm and swelling of the arm are common. Physical therapy is often helpful to restore full motion of your arm.

Lymphedema. The lymph nodes in your armpit filter lymph fluid from the breast and your arm. Both radiation therapy and surgery can change the normal drainage pattern. This can result in a swelling of the arm called lymphedema. The problem can develop right after surgery or months to years later. About 5 percent to 20 percent of women develop this problem.

Treatment of lymphedema will depend on how serious the problem is. Options include an elastic sleeve, an arm pump, arm massage and bandaging of the arm. Exercise and diet also are important. Should this problem develop, talk to your doctor and see a physical therapist as soon as possible. Many hospitals and breast clinics now offer help for this problem.

Protecting Your Arm On The Surgical Side

To avoid lymphedema or to protect your arm after treatment:

- Avoid sunburns and burns to the arm or hand.
- Have shots (including chemotherapy) and blood pressure tests done on the other arm.
- Use an electric razor for shaving underarms.
- Carry heavy packages or handbags on the other arm or shoulder.
- Wash cuts promptly, apply antibacterial medication, cover with a bandage and call your doctor if you think you have an infection.
- Wear gloves to protect your hands when gardening and when using strong detergents.
- Avoid wearing tight jewelry on your affected arm or elastic cuffs on blouses and nightgowns.

Sentinel Lymph Node Mapping

A sentinel node is the first lymph node to which a tumor drains and, therefore, is the first place cancer is likely to spread. In breast cancer, the sentinel node is usually found in the lymph nodes under the arm (axillary nodes); however, in a small number of cases, the sentinel node can be found elsewhere in the lymphatic system of the breast. If the sentinel lymph node is negative for cancer cells, it is unlikely that the cancer has spread and it is not necessary to do a full axillary node removal (dissection). If the sentinel lymph node is positive for cancer, then it is likely that the cancer has gotten into the lymph system and a full axillary node dissection is done to see how extensively it has spread.

There are two methods for finding the sentinel node. One is to inject a blue dye near the breast tumor and track its path through the lymph nodes. The dye accumulates in the sentinel node. In a similar technique, doctors inject a safe, small amount of a radioactive solution near the tumor and then use a special detector to find the "hotspot," or the node in which the solution has accumulated. These two techniques also can be used together.

Advantage. This procedure can make it possible to avoid a full axillary dissection and its potential complications including lymphedema (swelling), infection and arm stiffness.

Possible problems. Occasionally, the initial pathology reading on the sentinel node can be negative for cancer cells, but additional studies on the node later are positive for tumor cells. In such cases, the likelihood that additional nodes contain tumors is 10 percent to 35 percent. Returning to the operating room for an axillary lymph node dissection will determine how many nodes are involved with the tumor and this may affect other treatment planning such as radiation and chemotherapy.

Radiation Therapy

In most cases, a lumpectomy is followed by radiation therapy. High-energy radiation is used to kill cancer cells that might still be present in the breast tissue.

In standard therapy, a machine delivers radiation to the breast and, in some cases, to the lymph nodes in the armpit. The usual schedule for radiation therapy is five days a week for five to six weeks. Sometimes a "boost" or higher dose of radiation is given to the area where the cancer was found.

During treatment planning, your chest area will be marked with ink or with a few long-lasting tattoos. These marks need to stay on your skin during the entire treatment period. They mark where the radiation is aimed.

Possible problems. Side effects may include feeling more tired than usual and skin irritations, such as itchiness, redness, soreness, peeling, darkening or shininess of the breast. Radiation to the breast **DOES NOT** cause hair loss, vomiting or diarrhea. Long-term changes may include changes in the shape and color of the treated breast, spider veins and heaviness of the breast.

Radiation after Mastectomy

There are times when radiation will be suggested after a mastectomy:

- If the tumor is larger than 5 cm (2 inches).
- If cancer is in many lymph nodes in the armpit.
- If the tumor is close to the rib cage or chest wall muscles.

Thoughts To Remember About Radiation Therapy

- You often will be alone in a room, but your radiation therapist can hear you and see you on a television screen.
- The treatment lasts a few minutes. You will not feel anything.
- The radiation is delivered to a small area of your treated breast.
- You are NOT radioactive during or after your therapy.
- You CAN hug, kiss or make love as you did before your therapy.

Questions To Ask Your Doctor

- Do I need chemotherapy? What drugs do you recommend?
- What are the benefits and risks of chemotherapy?
- How successful is this treatment for the type of cancer I have?
- How long will I need chemotherapy?
- Can I work while I'm having chemotherapy?
- How can I manage side effects like nausea?

Chemotherapy and Hormone Therapy

Research suggests that—even when your lump is small—cancer cells may have spread beyond your breast. Most of these cells are killed naturally by your body's immune system. When the growth of cancer cells is large enough to be detected, it means that your immune system is having difficulty fighting the cancer and needs additional help.

Help in killing cancer cells comes from two other forms of therapy: chemotherapy and hormone therapy. Now, more than ever before, these treatments are chosen based on your individual case; your doctors will consider your age, whether you are still having periods, and how willing and able you are to cope with the possible side effects. These therapies can

- Prevent cancer from coming back in women who are newly diagnosed with breast cancer, especially if they are at high risk for spread of the disease to other organs of the body.
- Control the disease when cancer is found in the lungs, bones, liver, brain or other sites.
- Control the disease in women whose cancers have come back one or more times.

Chemotherapy

Chemotherapy drugs are designed to travel throughout your body and slow the growth of cancer cells or to kill them. Most often, the drugs are injected into the bloodstream through an intravenous (IV) needle that is inserted into a vein. Some are given as pills. Treatments can be as short as four months or as long as two years. The drugs you take will depend on the stage of the cancer at the time you are diagnosed or if the cancer returns.

Chemotherapy is usually given in cycles. You get one treatment and are given a few weeks to recover before your next treatment. The drugs most often are given in a doctor's office or in an outpatient department of a hospital or clinic.

Possible problems. The most common side effects are fatigue, nausea, vomiting, diarrhea, constipation, weight change, mouth ulcers and throat soreness. Some drugs cause short-term hair loss. Hair WILL grow back after or sometimes during treatment.

Before you start your therapy, you may want to have your hair cut short or buy a wig, hat or scarves that you can wear while you are going through treatment. Also, finish dental work before starting your therapy. You cannot have dental work during chemotherapy because you will be prone to infections.

Fighting infections. Your body is less able to fight infections while you are on chemotherapy. The following steps can help you stay healthy:

- Stay away from large crowds and from people with colds, infections and contagious diseases.
- Bathe daily, wash hands often and follow good oral care.
- Wear work gloves to protect hands against cuts and burns.
- If you cut yourself, keep the wound clean and covered.
- Eat a healthy diet and get plenty of rest.

Pregnancy and early menopause. During chemotherapy, you may stop having periods or enter into an early menopause. You can still get pregnant, however; so talk to your doctor about birth control. The effect of chemotherapy on an unborn baby is unknown. After your treatment has stopped, your ability to get pregnant will vary, depending on the drugs you received. If you plan to become pregnant after treatment, talk with your doctor **BEFORE** starting treatment.

Managing Nausea

Feeling nauseated, or as though you have to vomit, is a common side effect of chemotherapy. The following suggestions may help:

- Ask for new drugs that reduce nausea and vomiting.
- Eat small meals often; do not eat three to four hours before your treatment.
- Eat Popsicles®, gelatin desserts, Cream of Wheat®, oatmeal, baked potatoes and fruit juices mixed with water.
- Chew your food thoroughly and relax during meals.
- Learn stress reduction exercises.

Questions To Ask Your Doctor

- Am I at high risk for cancer to come back?
- Will hormone therapy help me?
- What are the side effects of hormone therapy?
- Is there anything that will help me deal with side effects?
- How long do I have to take hormone therapy?

Hormone Therapy

Tests are routinely done on breast cancer cells to decide if the cancer is "sensitive" to natural hormones (estrogen or progesterone) in the body. If the tests find that the cancer is "positive," it means that cancer cells may grow when these hormones are present in a tumor. You may be given a **hormone blocker,** such as Tamoxifen, that will prevent your body's natural hormones from reaching the cancer. These drugs are taken daily in pill form.

Possible problems. Hot flashes, nausea and vaginal spotting are common. Less common side effects include depression, vaginal itching, bleeding or discharge, loss of appetite, headache and weight gain. Studies show there is a slight increased risk of uterine cancer and blood clots for women on some of the hormone blockers. You may need an annual pelvic exam if you are taking these drugs.

Breast Reconstruction

Breast reconstruction surgery to "rebuild" a breast is a routine option for any woman who has lost a breast because of breast cancer. Breast reconstruction can either be performed using implants or your own tissue. These operations are described in the following pages. Reconstruction will not give you back your natural breast. The rebuilt breast will not have normal sensation, but the surgery can give you a result that looks like a breast.

Group health insurance plans vary in their payment for reconstruction and for surgery on the other breast to obtain a good match. Many group health insurance plans are required to pay for costs of a prosthesis or reconstruction; however, they may have restrictions about where a woman can purchase the prosthesis or receive the breast reconstruction. For details of your plan, contact your insurance company.

If you are thinking about reconstruction, discuss this option with your surgeon BEFORE your mastectomy so you can meet with a plastic surgeon. Some women start reconstruction at the same time as their mastectomy; others wait several

months or even years. Your body type, age and cancer treatments will determine which approach to reconstruction will give you the best result.

Reconstruction with Implants

Implants are plastic sacs filled with silicone (a type of liquid plastic) or saline (salt water). The sacs are placed under your skin behind your chest muscle.

There are concerns about silicone-filled implants.

- Manufacturers and recent studies report that the silicone-filled implants are safe. They say that the safety record of implants is based on 30 years of experience with more than 1 million women.
- Lawsuits have been filed, however, for women who claim that the implants caused them to develop immune system disorders (such as lupus, scleroderma and rheumatoid arthritis) and other complications.

The U.S. Food and Drug Administration (FDA) reports that implants do not cause cancer. There also is no scientific evidence to link implants with immune system disorders. But the FDA states that more studies are needed before a final decision can be made. These studies are now under way.

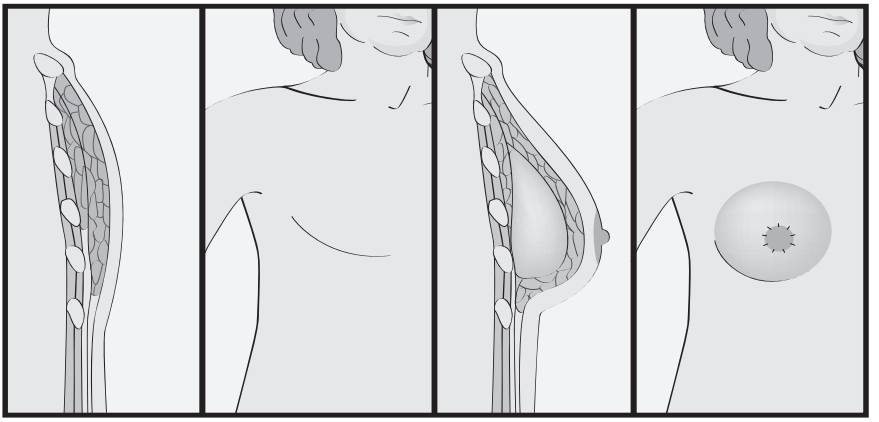
Studies also are looking at saline-filled implants, but these implants cause less concern. If major problems do exist with either type of implant, they appear to affect a small number of women. For this reason, women who have a mastectomy can still choose to have a breast rebuilt with either a silicone or saline implant.

Possible problems. It is natural for scar tissue to form around an implant. Sometimes this tissue may shrink, causing the implant to ball up and feel firm. This can cause pain or a deformed breast. This scar tissue may have to be treated with surgery. A rupture of the implant's cover is another possible problem.

Questions To Ask Your Surgeon

- What is the latest information on the safety of implants?
- How many breast reconstructions have you done?
- How many surgeries will I need and how soon can the first surgery be scheduled?
- Which type of surgery will give me the best result?
- Can I see pictures of women who had their breasts reconstructed? Could I contact someone?
- How long will my recovery take?

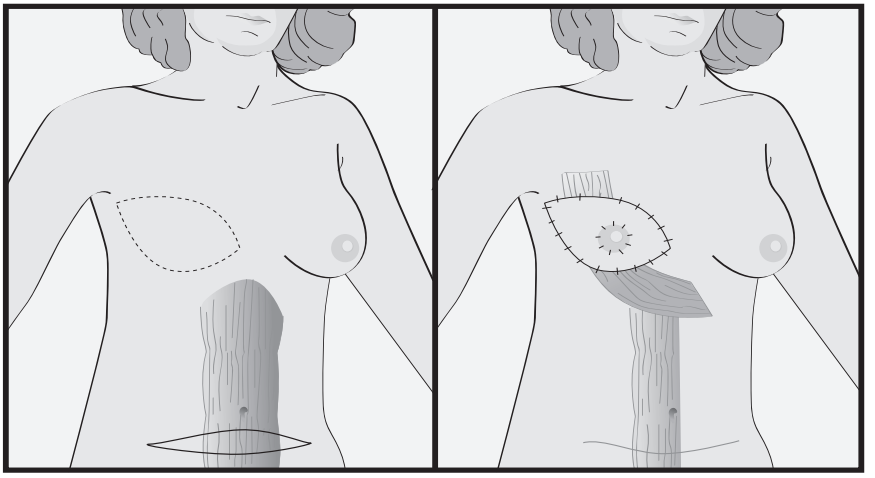
Reconstruction with Implants



After Mastectomy

After Reconstruction
With Implants

Reconstruction with Tissue Flaps



The flap of muscle, skin and fatty tissue is moved, still connected to its blood supply. It is shaped to form a new "breast."

Reconstruction with Tissue Flaps

Muscle, fat and skin from another part of the body can be moved to the chest area, where it is shaped into the form of a breast. This tissue can be taken from several places:

- Lower stomach area (**rectus abdominis** muscle flap)
- Back (**latissimus dorsi** muscle flap)
- Buttocks (**gluteus** muscle flap)

Possible problems. There are larger wounds. It takes longer to recover. If there is a poor blood supply to the flap tissue, part or all of the new breast can be lost. Infection and poor wound healing are possible problems. Choose a plastic surgeon who has been trained in this procedure and has performed it successfully on many other women.

What You Should Know

Most women who have breast reconstruction are happy with their decision. A woman starting this process, however, should know that it is seldom finished with one surgery. There may be extra steps:

- Adding a nipple
- Surgery on the opposite breast to create a good match
- Refinements in the shape of the rebuilt breast

With most of these extra surgeries, you can go home the same day as the operation.

7 Emotional Healing

It is normal to have trouble coping with a diagnosis of breast cancer. Some women feel fear, anger, denial, frustration, loss of control, confusion or grief. Others feel lonely, isolated and depressed. Women also have to deal with issues about their self-image, future priorities, sexuality and possible death.

Each woman has to deal with these issues and her diagnosis of cancer in her own way and on her own time schedule. Many women find that it helps to talk about their feelings with their loved ones or close friends. When you reach out, you are giving loved ones and friends the chance to show their support during this difficult time.

As much as you feel comfortable, talk about your concerns with members of your health care team. Many women are helped by talking about their feelings with other women who have had breast cancer. You may want to talk to a friend or family member who can just listen and allow you to sort out your feelings without giving any advice.

Hospitals often offer a support group or meetings with counselors as part of standard treatment. Ask your doctor if your hospital has this service. You also may want to look into family or individual therapy. Growing numbers of therapists offer services to individuals, families and friends affected by cancer.

Complementary Therapies

Persons living with cancer sometimes want to explore complementary therapies in addition to their medical treatment. These therapies are often not proven by scientific studies; however, some women feel they have benefited from some of these therapies.

Complementary therapies include acupuncture, herbs, biofeedback, visualization, medication, yoga, nutritional supplements and vitamins. If you decide to try these therapies, discuss the side effects and data on their value with your doctors. Also be aware that these therapies may be expensive and most are not paid for by health insurance.

Living with Cancer

Concerns and fears about breast cancer are likely to stay with you. A new ache or pain, a medical test or the anniversary of your diagnosis may unexpectedly get you down or worried. These feelings are part of being a cancer survivor. But the emotions will be fewer and farther between as you return to your regular activities.

"Cancer might rob you of the blissful belief that tomorrow stretches into forever. In exchange, you are granted the vision to see each day as precious, a gift to be used wisely and richly. No one can take that away."

NATIONAL CANCER INSTITUTE

8 Helpful Information

This brochure is a starting point to help you understand your diagnosis and treatment options. To get up-to-the-minute information on the changes taking place in breast cancer treatment and research and for insights into treatments or studies that are now in progress, call this toll-free telephone number:

800-4-CANCER

It puts you in contact with the Cancer Information Service operated by the National Cancer Institute. Trained cancer specialists, who speak English and Spanish, can offer several kinds of assistance:

- Mail you free literature on a range of topics including surgery, radiation therapy, chemotherapy, eating hints and pain control.
- Provide names and addresses of doctors or cancer centers that provide second opinions.
- Provide fact sheets on current issues and controversies that show up in the daily news media.
- Give you access to Physician Data Query (PDQ), a computer information center that provides the most up-to-date information on treatments for most types of cancer.
- Give you information on **clinical trials**.

Clinical Trials

Clinical trials, or research studies, involve medical research with people. Most medical research begins with studies in test tubes and in animals. Treatments that show promise in these early studies may then be tried with people. The only sure way to find out whether a new treatment is safe, effective and better than other treatments is to try it on patients in a clinical trial.

A clinical trial is a method of testing different medications, treatments or products to determine which ones are safe and effective. There is a difference between being treated by your health care team and clinical trials. The primary goal of a health care team is to help the patient stay healthy. While a study participant's health is an essential part of clinical trials, the primary goal is to find out which treatments work for the most people.

People who join clinical trials have a chance to benefit from new research and to make a contribution to medical science. Each study is designed to answer a scientific question on how to prevent, detect or treat cancer. Studies place a portion of the patients in a "control group." These study participants receive the standard treatment so that their results can be compared with those of participants who receive the new treatment. During the trial, you may not know in which group you have been placed. Clinical trials take time. Until a trial is over, the true value of the new treatment will not be known. There also may be unknown side effects. If you are thinking about joining a clinical trial, you will receive written material that will help you decide whether to join. You can quit the trial at any time.

Words to Know

Anesthesia- drugs given before and during surgery so you won't feel the surgery. You may be awake or asleep.

Axillary node dissection- removal of some of the lymph nodes in the armpit.

Benign- a growth that is not cancer.

Biopsy- removal of a sample of tissue to see if cancer is present.

Chemotherapy- treatment with drugs to kill or slow the growth of cancer.

Clinical trial- controlled scientific studies set up to answer questions about how to prevent, detect or treat cancer.

Core biopsy- a biopsy that uses a small cutting needle to remove a sample of tissue from a breast lump.

Duct- a small channel in the breast through which milk passes from the lobes to the nipple.

Estrogen or progesterone receptor test- laboratory tests done to determine if cancer is sensitive to estrogen and progesterone hormones in the body.

Excisional biopsy- surgical removal of the whole lump and some surrounding tissue.

Fine needle aspiration- a biopsy that uses a fine needle to remove fluid from a cyst or a cluster of cells from a solid lump.

Hormones- substances produced by various glands in the body that affect the function of body organs and tissues.

Implant- a silicone or saline-filled sac inserted under the chest muscle to restore breast shape.

Incisional biopsy- surgical removal of a portion of an abnormal area of tissue or lump.

Intravenous (IV)- injection into the vein.

Invasive cancer- cancer that has spread to nearby tissue, lymph nodes in the armpit or to other parts of the body.

In situ cancer- very early or noninvasive growths that are confined to the ducts or lobules in the breast.

Lobe, lobule- located at the end of a breast duct, the part of the breast where milk is made. Each breast contains 15 to 20 sections, called lobes, each with many smaller lobules.

Localization biopsy- using mammography or ultrasound to locate an area of concern that cannot be felt by hand.

Lumpectomy- surgical removal of breast cancer and a small amount of normal tissue surrounding the cancer.

Lymph nodes- part of the lymph system that removes wastes from the body tissues and filters the fluids that help the body fight infection. Lymph nodes in the armpit are usually removed to determine the stage of breast cancer.

Lymphedema- swelling in the arm caused by fluid that can build up when the lymph nodes are removed during surgery or damaged by radiation.

Malignant- cancer.

Mammogram- an X-ray of the breast.

Mastectomy- removing the breast by surgery.

Metastasis- spread of cancer from one part of the body to another.

Needle localization biopsy- use of mammography or ultrasound to guide a needle to a suspicious area that cannot be felt but shows up on a mammogram.

Prosthesis- an external breast form that may be worn in a bra after a mastectomy. Also, the technical name of a breast form that is placed under the skin in breast reconstruction.

Radiation- energy carried by waves or streams of particles. Various forms of radiation can be used in low doses to diagnose cancer and in high doses to treat breast cancer.

Recurrence- reappearance of cancer at the same site (local recurrence), near the original site (regional recurrence) or in other areas of the body (distant recurrence).

Risk factors- conditions that increase a person's chance of getting cancer. Risk factors do not cause cancer; rather, they are indicators, linked with an increase in risk.

Sentinel lymph node- the first lymph node to which a tumor drains.

Silicone- a synthetic liquid gel that is used as an outer coating on implants and to make up the inside filling of some breast implants.

Staging- classifying breast cancer according to its size and spread.

Stereotactic needle biopsy- a technique that uses double-view mammography to pinpoint a specific target area; most often used with needle biopsy when a lump cannot be felt.

Tamoxifen- a hormone blocker used to treat breast cancer.

Tumor- an abnormal growth of tissue that may be either benign (not cancer) or malignant (cancer).

Two-step procedure- biopsy and treatment done in two stages, usually a week or more apart.

Ultrasound-guided biopsy- fine needle aspiration or core biopsy with guidance from ultrasound.

X-rays- a high-energy form of radiation used for detecting or treating cancer.
Staging- classifying breast cancer according to its size and spread.

Where to Get Help

Your local hospital, breast cancer organizations or cancer center will usually have **patient education materials** they will send you if you call for information.

Your doctor or the organizations listed below can help you get lists of local organizations or support groups. Also, ask if your area has a local **resource guide** that lists providers, support groups, wig and prosthesis shops, etc.

Your local library or bookstore has numerous **books and publications** about breast cancer that have been written by women survivors and by medical professionals. Breast cancer organizations also can give you up-to-date lists of suggested books for further reading.

Breast Cancer Organizations and Services

The following organizations can provide you with information, materials and services related to breast cancer. They also can refer you to breast cancer organizations and support groups in your area (if available).

American Cancer Society, Information Line, **800-ACS-2345**; **<www.cancer.org>**. Local chapters are listed in the white pages of your telephone book. ACS provides free information and emotional support from trained volunteers anytime before, during or after treatment.

Mary-Helen Mautner Project for Lesbians with Cancer, 1707 L St., NW, Suite 1060, Washington, DC 20036, **202-332-5536, Fax 202-256-6854; <www.mautnerproject.org>.**

National Alliance of Breast Cancer Organizations (NABCO), 9 E. 37th St., 10th floor, New York, NY 10016, **212-889-0606, Fax 212-689-1213; <www.nabco.org>**. This national coalition of breast cancer organizations supplies fact sheets, articles and a newsletter on topics relating to breast cancer.

National Breast Cancer Coalition, 1707 L St. NW, Suite 1060, Washington, DC 20036, **202-296-7477; <www.stopbreastcancer.org>.**
A national advocacy group, it lobbies for increased research funding, access to medical services and education.

National Cancer Institute's Cancer Information Hotline, **800-422-6237; <www.cancer.gov>.** NCI offers free state-of-the-art information in English or Spanish on treatment, clinical trials, eating hints, advanced cancer and services in your area.

National Women's Health Network, 514 10th St. NW, Suite 400, Washington, DC 20005, **202-347-1140; <www.womenshealthnetwork.org>.** This organization provides newsletters and position papers on women's health topics.

Susan G. Komen Breast Cancer Foundation, Komen Help Line, **800-462-9273; <www.komen.org>.** The foundation is dedicated to advancing research, education, screening and treatment of breast cancer.

Women's Information Network (WIN) Against Breast Cancer, 536 S. Second Ave., Covina, CA 91723-3043, **626-332-2255, Fax 626-332-2585, e-mail: winabc@flash.net.** This organization provides educational information on breast cancer treatment, support and resources to physicians and survivors.

YWCA of the USA/Encore Plus, 624 Ninth St. NW, Third floor, Washington, DC, 20001, **202-467-0801, Fax 202-628-3636; <www.ywca.org>.** Contact the national headquarters for the location of a group near you and for support and rehabilitative exercises for women with breast cancer.

Breast Cancer Network of Strength, **800-221-2141; <www.networkofstrength.org>.** Cancer survivor volunteers share personal experiences on everything from treatment information to emotional recovery. Local branches also provide wig and prosthesis bank. Contact group for local chapters.

Complementary Treatment Information

National Center for Complementary and Alternative Medicine, P.O. Box 7923, Gaithersburg, MD 20898-7923, **888-644-6226; <www.nccam.nih.gov>.**

American Society of Plastic and Reconstructive Surgeons, 444 E. Algonquin Road, Arlington Heights, IL 60005, **800-635-0635; <www.plasticsurgery.org>.** A list of five certified plastic and reconstructive surgeons in your area will be mailed upon request.

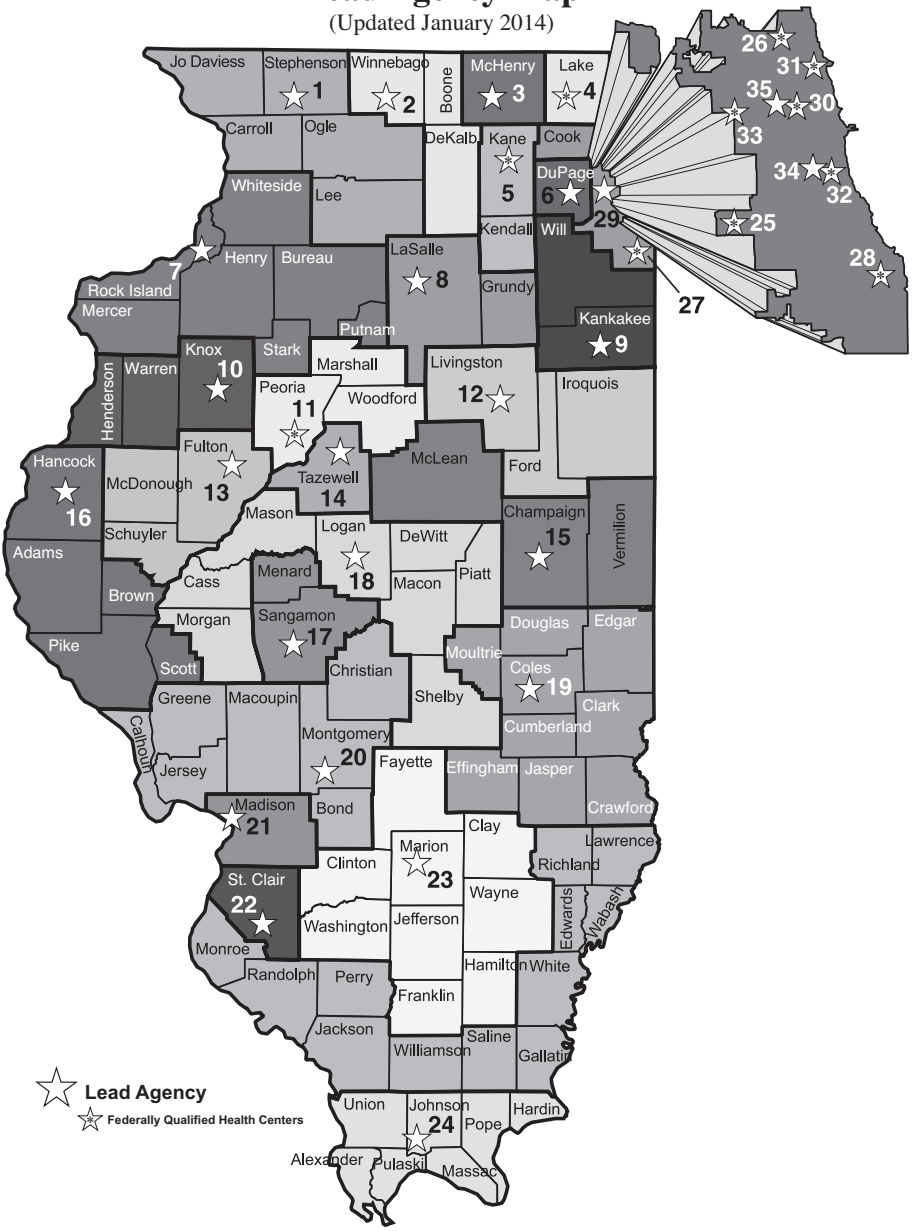
Lymphedema

National Lymphedema Network, 1611 Telegraph Ave., Oakland, CA 94612, **800-541-3259; <www.lymphnet.org>.** The network provides complete information on prevention and treatment of lymphedema.

ILLINOIS BREAST AND CERVICAL CANCER PROGRAM

Lead Agency Map

(Updated January 2014)



Illinois Breast and Cervical Cancer Program

Updated January 2014

Referrals can be made by calling the Illinois Department of Public Health's Women's Health-Line at 888-522-1282, or the lead agency noted below. The service area for each lead agency is noted by color on the map. Please reference the number on the map for the lead agency which covers your county or area.

1. Stephenson County Health Department
Holly Shadle
10 W. Linden St., Freeport, IL 61032
Phone: 815-599-8420
Toll free: 866-590-8499
www.co.stephenson.il.us
Carroll, Jo Daviess, Lee, Ogle, Stephenson

2. Winnebago County Health Department
Carolyn Shelton, R.N.
P.O. Box 4009
Rockford, IL 61110-0509
Phone: 815-972-7252
www.wchd.org
Boone, DeKalb, Winnebago

3. McHenry County Department of Health
Lilly Piershale, R.N., B.S.N.
2200 N. Seminary Ave.
Woodstock, IL 60098
Phone: 815-334-0229
www.mcdh.info
McHenry

4.* Lake County Health Department and Community Center
Vianey Casillas, R.N.
3010 Grand Ave., First Floor
Waukegan, IL 60085
Phone: 847-377-8430
www.lakecountyil.gov/health
Lake

5.* VNA Health Care
Tammy Pruitt, R.N.
400 N. Highland Ave.
Aurora, IL 60506
Phone: 630-892-4355, ext. 8535
www.vnafoxvalley.org
Kane, Kendall

6. DuPage County Health Department
Mary Pragnano, R.N., M.S.N.
111 N. County Farm Road
Wheaton, IL 60187
Phone: 630-221-7566
www.dupagehealth.org
DuPage

7. Rock Island County Health Department
Linda Livengood, R.N.
2112 25th Ave., Rock Island, IL 61201
Phone: 309-794-7088
Bureau, Henry, Mercer, Putnam, Rock Island, Stark, Whiteside

8. LaSalle County Health Department
Cathy Larsen, R.N.
717 Etna Road, Ottawa, IL 61350
Phone: 815-433-3366, ext. 244
www.lasallecounty.org/hd
Grundy, LaSalle

9. Kankakee County Health Department
Tammie Ponton, R.N.
2390 W. Station St.
Kankakee, IL 60901
Phone: 815-802-9440
Toll free: 877-635-2518
www.kankakeehealth.org
Kankakee, Will

10. Knox County Health Department
Rhonda Peterson, R.N.
1361 W. Fremont St.
Galesburg, IL 61401
Phone: 309-344-2224
Toll free: 800-452-4375
www.knoxcountyhealth.org
Henderson, Knox, Warren

11.* Heartland Community Health Clinic
Shirley Moore-Hogan
1701 W. Garden St., Peoria, IL 61605
Phone: 309-495-8620
www.heartlandchc.org
Marshall, Peoria, Woodford

12. Livingston County Health Department
Jackie Dever, R.N., B.S.N.
310 E. Torrance Ave. (P.O. Box 650)
Pontiac, IL 61764
Phone: 815-844-7174, ext. 228 or 236
www.lchd.us
Ford, Iroquois, Livingston

13. Fulton County Health Department
Theresa Bankert, A.P.N.
700 E. Oak St., Canton, IL 61520
Phone: 309-647-1134, ext. 243
Toll free: 800-538-2970
www.fultoncountyhealth.com
Fulton, McDonough, Schuyler

14. Tazewell County Health Department
Kim Gudzinskas, R.N., B.S.N.
21306 Illinois Route 9
Tremont, IL 61568
Phone: 309-925-5511, ext. 341
www.tazewellhealth.org
Tazewell

15. Champaign-Urbana Public Health District
Cathy Propst, RNC, B.S.N.
201 W. Kenyon Road
Champaign, IL 61820
Phone: 217-373-9281, ext. 2916
Toll free: 877-811-0193
www.c-uphd.org
Champaign, McLean, Vermilion

16. Hancock County Health Department
Carla Fink, R.N.
671 Wabash Ave.
Carthage, IL 62321
Phone: 217-357-2171, ext. 130
www.hancockhealth.info
Adams, Brown, Hancock, Pike, Scott

17. Sangamon County Department of Public Health
Annette Bosie, R.N.
2833 South Grand Ave. East
Springfield, IL 62703
Phone: 217-535-3100
www.scdph.org
Menard, Sangamon

18. Logan County Department of Public Health
Marcia Dowling, R.N., B.S.N.
109 Third St. (P.O. Box 508)
Lincoln, IL 62656
Phone: 217-735-2317, ext. 505 or 279
www.lcdph.org
Cass, DeWitt, Logan, Macon, Mason, Morgan, Piatt, Shelby

19. East Central/Sarah Bush Lincoln Health Center
Lisa Carlen, R.N., B.S.N.
1000 Health Center Drive
(P.O. Box 372)
Mattoon, IL 61938
Phone: 217-238-4781
www.sarahbush.org
Clark, Coles, Crawford, Cumberland, Douglas, Edgar, Effingham, Jasper, Moultrie

20. Prairie State Women's Health
Pam Myers, R.N.
11191 Illinois Route 185
Hillsboro, IL 62049
Phone: 217-532-2001, ext. 229
www.montgomeryco.com/health
Bond, Christian, Calhoun, Greene, Edwards, Gallatin, Jackson, Jersey, Lawrence, Macoupin, Monroe, Montgomery, Perry, Randolph, Richland, Saline, Wabash, White, Williamson

21. Madison County Health Department
Deborah Knoll, R.N., B.S.N., M.S.N.
101 E. Edwardsville Road
Wood River, IL 62095
Phone: 618-296-6084
www.madisonchd.org
Madison

22. St. Clair County Health Department
Kathryn Weisenstein, R.N., B.S.N.
19 Public Square, Suite 150
Belleville, IL 62220
Phone: 618-233-7703, ext. 4400 or 4408
www.health.co.st-clair.il.us
St. Clair

23. Little Egypt/St. Mary's Hospital
Kay Moore, R.N.
400 N. Pleasant Ave.
Centralia, IL 62801
Phone: 618-436-8280
Toll free: 877-532-2271
Clay, Clinton, Fayette, Franklin, Hamilton, Jefferson, Marion, Washington, Wayne

24. Southern Seven Health Department
Marla Groaning, R.N.
37 Rustic Campus Drive
Ullin, IL 62992
Phone: 618-634-2297, ext. 147
Toll free: 866-252-6532
Alexander, Hardin, Johnson, Massac, Pope, Pulaski, Union

Chicagoland Lead Agencies

25.* ACCESS Community Health Network
Ellen Williams, R.N.
4839 W. 47th St.
Chicago, IL 60638
Phone: 773-735-4122
www.accesscommunityhealth.net

26.* Asian Human Services Family Health Center, Inc.
Phuong Nguyen, R.N.
2424 W. Peterson Ave.
Chicago, IL 60659
Phone: 773-761-0011
www.ahschicago.org

27.* Aunt Martha's Youth Service Center
Doris Jones-Harper, R.N.
19900 Governors Hwy., Suite 300
Olympia Fields, IL 60461
Phone: 708-747-7137
www.auntmarthas.org

28.* Chicago Family Health Center
Consuelo Ferrer, R.N.
9119 S. Exchange Ave.
Chicago, IL 60617
Phone: 773-768-5000, ext. 1096
www.chicagofamilyhealth.org

29. Cook County Department of Public Health
Nancy Angelopoulos, R.N., M.S., M.P.H.
1701 S. First Ave, Suite 103
Maywood, IL 60153
Phone: 708-786-4058 or
708-786-4060
www.cookcountypublichealth.org

30.* Erie Family Health Center
Monica Ortiz, L.P.N.
1701 W. Superior St.
Chicago, IL 60622
Phone: 312-432-7356
www.eriefamilyhealth.org

31.* Howard Brown Health Center
Betsy Rubinstein
4025 N. Sheridan Road
Chicago, IL 60613
Phone: 773-388-8993
www.howardbrown.org/lccp

32.* Mercy Hospital and Medical Center
Armida Lira, R.N.
2525 S. Michigan Ave.
Chicago, IL 60616
Phone: 312-567-2619
www.mercy-chicago.org

33.* PCC Community Wellness Center
Anna Herdeck, B.A.
5359 W. Fullerton Ave.
Chicago, IL 60639
Phone: 773-836-2785, ext. 6232
http://www.pccwellness.org/

34. Michael Reese Research and Education Foundation
Hong Deng, R.N., M.B.A.
Metro South Doctors Pavillion
2310 York St., Suite 4C
Blue Island, IL 60406
Phone: 708-489-7941
www.michaelreesefoundation.org
www.metrosouthmedicalcenter.com

35. Saints Mary and Elizabeth Medical Center
Gladys Aguirre, R.N., B.S.N.
1127 N. Oakley
Chicago, IL 60622
Phone: 312-770-3664 or
312-770-3622

* Federally Qualified Health Centers (FQHCs)

Questions about women's health can be directed to

Women's Health·Line
888-522-1282

Illinois Department of Public Health
Office of Women's Health

535 W. Jefferson St. · Springfield, IL 62761
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IOCI 14-11 Printed by Authority of the State of Illinois