

RESOLUTION

WHEREAS, any official position of the City of Los Angeles, with respect to legislation, rules, regulations or policies proposed to or pending before a local, state, or federal governmental body or agency must have first been adopted in the form of a Resolution by the City Council with the concurrence of the Mayor; and

WHEREAS, the American Cancer Society estimates that in 2018, about 22,240 new cases of ovarian cancer will be diagnosed and 14,070 women will die of ovarian cancer in the United States. While breast cancer is the most common form of cancer and the second leading cause of cancer death among women in the United States, ovarian cancer is the deadliest of gynecologic cancers, with a mortality rate of over 50%. Mortality rates for ovarian cancer have declined only slightly in the forty years since the “War on Cancer” was declared. However, other cancers have shown a much greater reduction in mortality; and

WHEREAS, survival rates for ovarian cancer patients vary greatly depending on the stage of diagnosis. Women diagnosed at an early stage—before the cancer has spread—have a much higher five-year survival rate than those diagnosed at a later stage. Approximately 15 percent of ovarian cancer patients are diagnosed early. When ovarian cancer is found early at a localized stage, about 94% of patients live longer than 5 years after diagnosis. Several large studies are in progress to learn the best ways to find ovarian cancer in its earliest stage; and

WHEREAS, since most early ovarian tumors are extremely difficult or impossible for even the most skilled examiner to identify through a normal gynecological exam, other screening tools and tests must be employed to detect ovarian cancer in women who don’t have any symptoms, including genetic testing to help determine a woman’s risk or likelihood of developing breast or ovarian cancer; and

WHEREAS, everyone is born with *BRCA* genes. *BRCA* stands for **BR**east **C**ancer susceptibility gene. Normally, *BRCA* genes work to suppress tumors from growing. But when these genes mutate, they are no longer able to help suppress tumors. These mutations more often than not increase the odds of cancer, based on a set of family history risk factors; and

WHEREAS, it is estimated that 55-65% of women with a BRCA1 mutation and 45% of women with a BRCA2 mutation will develop breast cancer by age 70; and

WHEREAS, women who have not been diagnosed with BRCA-related cancer and who are asymptomatic but whose family history may be associated with an increased risk for potentially harmful BRCA mutations should be screened; and

WHEREAS, should a woman have positive screening results, they should receive genetic counseling to help them weigh the necessity of testing for the BRCA mutations. Genetic counseling could also help guide treatment, as well as future efforts to prevent cancer by increasing patient knowledge and access to breast and ovarian genetic testing in specified populations; and

WHEREAS, AB 2342 (Burke), introduced on February 13, 2018, would require health care service plans, health insurers, and the State Department of Health Care Services to cover screening, genetic counseling, and testing for breast cancer susceptibility gene (BRCA) mutations in women who have not



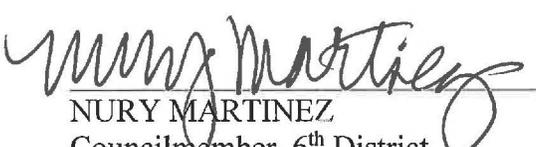
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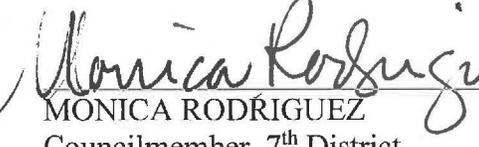
been diagnosed with BRCA-related cancer and do not have signs or symptoms of the disease, but who may have an increased risk based on one or more specific family history risk factors.

NOW, THEREFORE BE IT RESOLVED, with the concurrence of the Mayor, that by the adoption of this Resolution, the City of Los Angeles hereby includes in its 2017-2018 State Legislative Program SPONSORSHIP and SUPPORT of AB 2342 (Burke), which would require health care service plans, health insurers, and the State Department of Health Care Services to cover screening, genetic counseling, and testing for BRCA gene mutations in women who have not been diagnosed with BRCA-related cancer and do not have signs or symptoms of the disease, but who may have an increased risk based on one or more specific family history risk factors.

PRESENTED BY:   
PAUL KORETZ  
Councilmember, 5<sup>th</sup> District

  
HERB J. WESSON, JR.  
Councilmember, 10<sup>th</sup> District

  
NURY MARTINEZ  
Councilmember, 6<sup>th</sup> District

  
MONICA RODRIGUEZ  
Councilmember, 7<sup>th</sup> District

ORIGINAL

SECONDED BY: 