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COVER

## THE COLOR OF CANCER

Local groups counter sub-par cancer care in underserved Chicago communities

By Nina Chandler-Lewis

**A**t 51, Nathanda Randall of Englewood knew she was younger than most women who develop breast cancer. But it concerned her that these healthcare providers in Chicago told her these different things about the lump in her breast, while saying that she was too young for a mammogram.

Randall, who did not have a regular primary care, had had to feel touched and prodded for masses at hospital emergency departments throughout the city.

The first emergency medical provider told her the lump was "fatty tissue," at her second, a breast lump in her breast, and the second told it was a cyst, a third told her: A third told Randall she had an infection in her breast and prescribed an antibiotic.

Remembering that the lump was getting bigger, Randall sought a fourth medical opinion at yet another Chicago hospital emergency department.

"At first, I didn't think they were going to let me in to see a doctor. I started crying and crying, nobody is listening to me. The young lady at the front desk said she'd get me back to see a doctor," Randall recalls.

Following the test, Randall received biopsy. As her lawyer, the doctor called and said, "This is serious. You need to have a biopsy."

A biopsy confirmed Randall's instincts: She had breast cancer.

"I can't say I was shocked. My mother was treated for stage 4 breast cancer and she had cancer in her breast," says Randall, who was diagnosed with stage 2 breast cancer. Randall underwent a mastectomy and chemotherapy and will have radiation therapy.

What Randall, who is Black, had to go through

working to eliminate in communities of color—sub-par cancer care, or lack of care altogether, due to a host of systemic factors including healthcare inequities.

**Cancer inequities**  
 Equities in healthcare means that each person is able to reach their full health potential, without limitations due to systemic variables: healthcare access, education, or neighborhood environment.

Yet, there remains stark health inequities in communities of color. And that shows up in lower life expectancies and higher rates of disability and death associated with diseases like cancer. For example, white people of all backgrounds develop cancer, Black people have the highest mortality rate of any racial and ethnic group for all cancers combined, according to the U.S. Department of Health and Human Services' Office of Minority Health. Black people also have the highest mortality rate for most major cancers individually.

The Metropolitan Chicago Breast Cancer Task Force—developed and housed at Rush University Medical Center—was established in 2005 as a response to research showing that between 2002 and 2007, Black women in Chicago died of breast cancer at a rate 42% higher than white women. Within a decade, the figure dropped to 30% through a comprehensive approach to improve the quality of breast cancer diagnosis and treatment in underserved areas of the city, says Anne Marie Murphy, PhD, the group's executive director.

Building on this success, in November 2019, the task force changed its name to Equal Steps and expanded its mission to address other

**POINT OF VIEW**

**REASONABLE HYPOCHONDRIA**  
 David Himmelfarb

**THE SUPPORT NO ONE WANTS (BUT EVERYONE NEEDS)**

**T**his morning, I attended a virtual funeral for Brad. Braden, his son, told me that cancer came just 36 days after he was diagnosed. My family has known Brad his entire life. I was in love with his older sister from age 4 to 8. It was unexpected, but we managed a solid friendship and mutual respect through Facebook to this day. Brad was a good kid. A great kid. He was my baby brother Braden's best friend for most of those three decades. We grew up with Brad's wife, Barbara, too. His illness and death came with what felt like a hypochondriacal flash of grief throughout their marriage.

And that God answers in those for each other. Many have comments, and each has a party. It's what gets us through the pain and the horror of an unexpected, suddenly lost son. It's what helps us keep it together for Brad's two young boys and allows us to completely fall apart on that one grief and anger each stretch their legs before we pull it together again and continue being the days ahead.

**Support works...** I saw it the morning I watched my old friends and their parents hold each other at the graveside in a serenade meant to share their grief, contain their tears, and hold each other up.

A lot was said at the funeral about how Brad's friendship with family members and friends will be irreplaceable. Speaking at the funeral, Brad's uncle put this complicated message simply when he asked, "What do I do now?" The answer: "Keep someone close the entire time. Find the support you need."

"It's hard to overstate how important support is," says Timothy Perrean, PhD, director of the Reproductive Oncology Program at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. "It's a family

diagnosis. It doesn't just happen to one person—it happens to the whole family system."

Perrean says there's a growing appreciation for supporting oncology patients and their families. His program is big on interdisciplinary collaboration involving psychological services, fertility preservation to help patients, but also work closely with social support organizations such as LIVESTRONG Cancer Support Group, Wellness House, and Gilda's Club Chicago to name a few.

"Social support is a one-on-one thing for a lot of different people and their families throughout their treatment," Perrean says. "Even social support requires survival time." The joys will not see that. But there is a question as to all that those who receive support have the best outcomes for fatigue, depression, anxiety, insomnia. The biggest benefit is maintaining and improving quality of life."

This game was for the patients, but for the caregivers, family, and friends, too.

Support works. Perrean is a Gilda's Club Chicago member. I wrote on the occasion board. I saw it when my grandfather was diagnosed with cancer, and I saw it the morning I watched my old friends and their parents hold each other at the graveside in a serenade meant to share their grief, contain their tears, and hold each other up.

Brad is gone. He no longer has to live the challenges of fighting cancer. But his family and friends are still here, and the hard work is ahead of them. It's ahead of all of us who love Brad. Braden. And our day. His young boys, who were not completely comprehended what's happened now, will have to make the most of living with grief and missing their old man who was so, so young.

In some ways, Braden, Braden, as Brad's funeral, "The love left by Brad's passing is immeasurable." It's right. But as we have each other. And there are plenty of places that have our backs when we need a hand, as we can find down.

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**Mary Wood Molo, MD**  
 Center for Reproductive Care

**Center for Reproductive Care**  
 MARY WOOD MOLO, MD

**A**t the Center for Reproductive Care, our mission is to provide you the best opportunity to create the family you dream of. Each patient is different and we do our best—using advanced science—to understand the unique circumstances of each patient and develop an individualized treatment plan suited to a patient's needs.

Dr. Mary Wood Molo, the founder of the Center for Reproductive Care, is an attending physician and assistant professor in the section of Reproductive Endocrinology and Infertility, Department of Obstetrics and Gynecology at Rush University Medical Center. She is also the medical director of the IVF Program.

Dr. Wood Molo completed her residency in Obstetrics and Gynecology and a Fellowship in Reproductive Endocrinology/Infertility at Rush University Medical Center.

She is board certified in Obstetrics and Gynecology and Reproductive Endocrinology/Infertility. Dr. Wood Molo states her practice small so she can offer personalized care and an exceptional physician-patient relationship. She has been consistently recognized in Chicago Magazine's annual "Best Doctors in Chicago" issue, and has been named by Caring Community as one of America's Top Doctors.

Her clinical interests include female infertility, recurrent pregnancy loss, fertility preservation, fertility preservation for cancer patients, IVF, IVF assessment, primary prevention, infertility, PGAS and male infertility.

A member of the Center for Reproductive Care, Dr. Wood Molo understands the impact and importance of having a family and is committed to helping patients realize their dreams of parenthood.

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