

5 Diseases and Conditions of Concern for Women

This chapter examines diseases, such as uterine and ovarian cancers, that uniquely affect women, conditions such as osteoporosis that affect women more than men, and others, such as heart disease that affect women in somewhat different ways than they affect men.

Important findings that emerge include:

- Cancer is the leading cause of death for women age 25 to 64.

- Breast cancer is the leading cause of cancer death for Utah women, but lung cancer death rates are increasing and nationally lung cancer has surpassed breast cancer as the leading cancer killer of women.

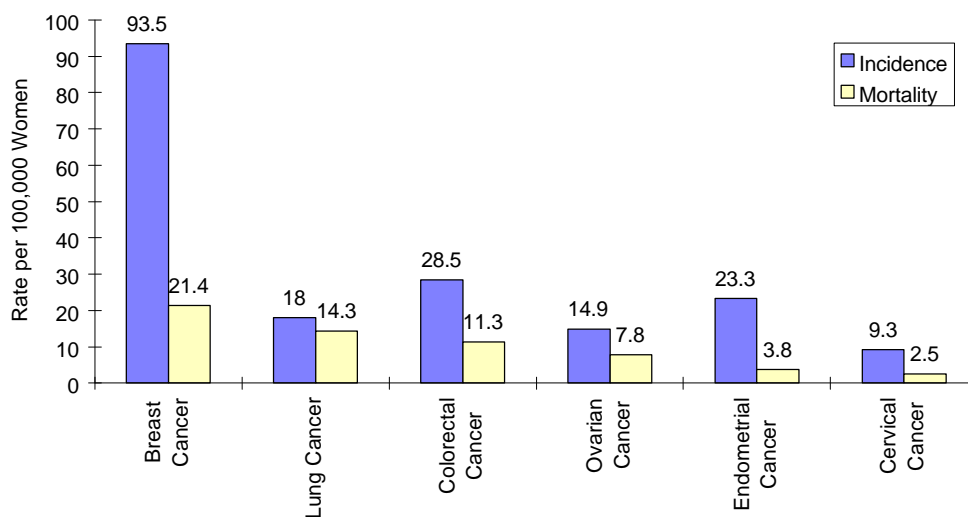
- Heart disease death rates are higher for men, but because women live longer, after age 65, more women than men die of heart disease.

Cancer

Cancer is a major cause of morbidity and mortality among women. The American Cancer Society estimates that 594,850 new cases of cancer will be diagnosed among U.S. women in 1996 and that 262,440 women will die of cancer in the same year.¹ Cancer is the leading cause of death among Utah women 25 to 64 years of age.² While there

are many body sites of cancer origin, five sites comprise 69.3 percent of all cancer cases diagnosed in women.³ These body sites are: breast, lung, colon (including the rectum), ovary, and uterus (includes the cervix and endometrium of the uterus).

Cancer Incidence* and Mortality Rates, 1992-93



* Incidence measures the rate at which new cases occur

** Rates have been age-adjusted to the 1970 U.S. population

Source: Utah Cancer Registry; Bureau of Vital Records, Utah Department of Health; accessed through ACTION-2000.

Breast Cancer

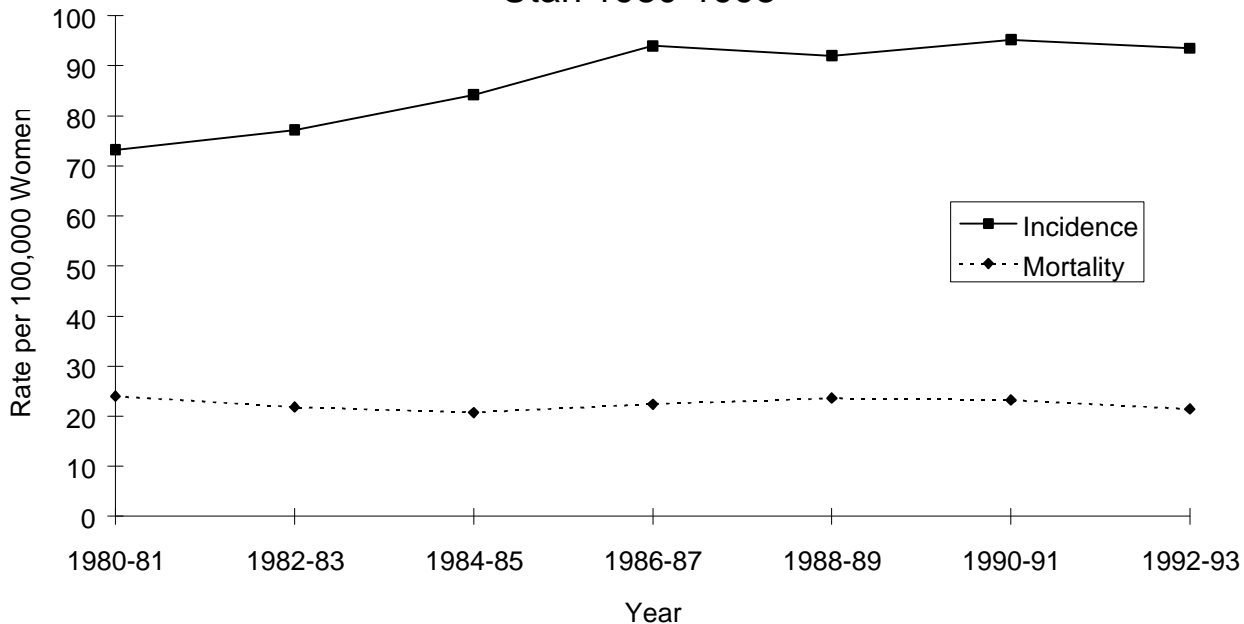
Breast cancer is the most commonly diagnosed female cancer and the second leading cause of cancer death among U.S. women. Breast cancer is the leading cause of cancer death among Utah women. In 1993, 802 new cases of breast cancer were diagnosed in Utah women and 184 Utah women died of breast cancer.⁴

Risk factors for breast cancer include older age, history of breast cancer in a first degree relative, personal history of breast cancer, carcinoma in situ or atypical hyperplasia on breast biopsy, some forms of benign breast disease, early age at onset of menses, late age at menopause, never having children or having the first live birth at a later age, high socioeconomic status, and a history of exposure to high-dose radiation.^{5,6} Associations have also been suggested between breast cancer and oral contraceptives, estrogen replacement therapy, obesity, and a diet high in fat, but these possible risk factors require further study.⁵

Since many of the known risk factors for breast cancer cannot be modified by preventive behavior, early detection by mammography or clinical and self breast examination is the key to preventing deaths from breast cancer. Use of mammography appears to be increasing among Utah women over age 50⁷ (see page 63).

Annual age-adjusted incidence (new cases) and death rates for breast cancer in Utah women for the period 1980 through 1993 are shown in the figure below. While incidence rates appear to have increased over this time period, mortality rates have remained relatively stable. This increase in incidence during the 1980s has also been observed nationally and is probably due to increased use of screening mammography.^{8,1} According to the most recent national data, death rates have begun to fall for white women but not for African American women.¹ This decline among white women may be due to earlier detection and improved treatment.

**Age-adjusted Incidence and Mortality Rates
Female Breast Cancer
Utah 1980-1993**



* Rates have been age-adjusted to the 1970 U.S. population

Source: Utah Cancer Registry; Bureau of Vital Records, Utah Department of Health; accessed through ACTION-2000.

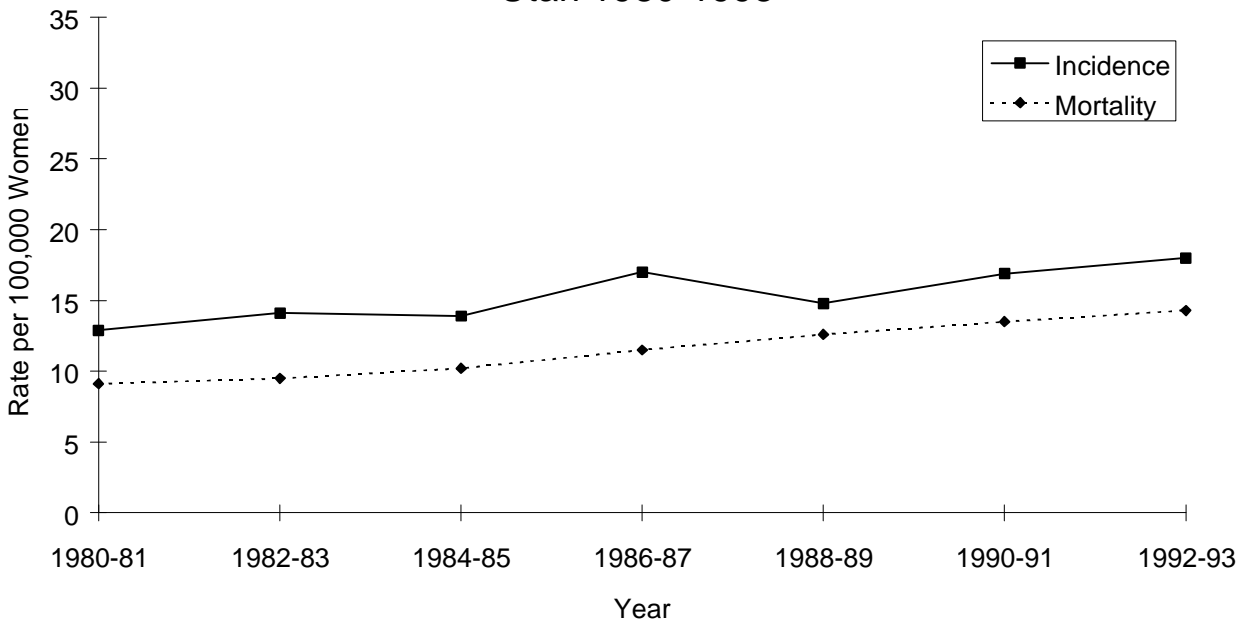
Lung Cancer

In 1987, lung cancer surpassed breast cancer as the leading cause of cancer death among U.S. women.¹ Lung cancer is the second leading cause of female cancer death in Utah. There were 148 new cases of lung cancer diagnosed and 126 deaths due to lung cancer in Utah women in 1993.⁴

Cigarette smoking is responsible for 80 percent of all lung cancers in women.⁹ In 1994, 14 percent of Utah women 18 years of age and older reported being current smokers (see page 58).⁷ Other risk factors for lung cancer include exposure to asbestos, certain organic substances, household radon, and environmental tobacco smoke.

Early detection of lung cancer is difficult and symptoms usually do not appear until the disease is advanced. For example, the cancer had already spread to distant sites of the body at the time of diagnosis in 44% of all lung cancer cases diagnosed during the period 1986 through 1991.¹⁰ Studies have not indicated significant evidence that screening for lung cancer can reduce deaths from this disease.⁵ Annual age-adjusted incidence and mortality rates for lung cancer in Utah women are shown in the figure below. Both incidence and mortality rates appear to have increased among Utah women since 1980.

Age-adjusted Incidence and Mortality Rates
Female Lung Cancer
Utah 1980-1993



* Rates have been age-adjusted to the 1970 U.S. population

Source: Utah Cancer Registry; Bureau of Vital Records, Utah Department of Health; accessed through ACTION-2000.

Colorectal Cancer

Colorectal cancer is the third most common cancer diagnosed in U.S. women and is expected to cause 27,500 female deaths in 1996.¹ In 1993 there were 245 new cases among Utah women and 97 women lost their lives to colorectal cancer.⁴

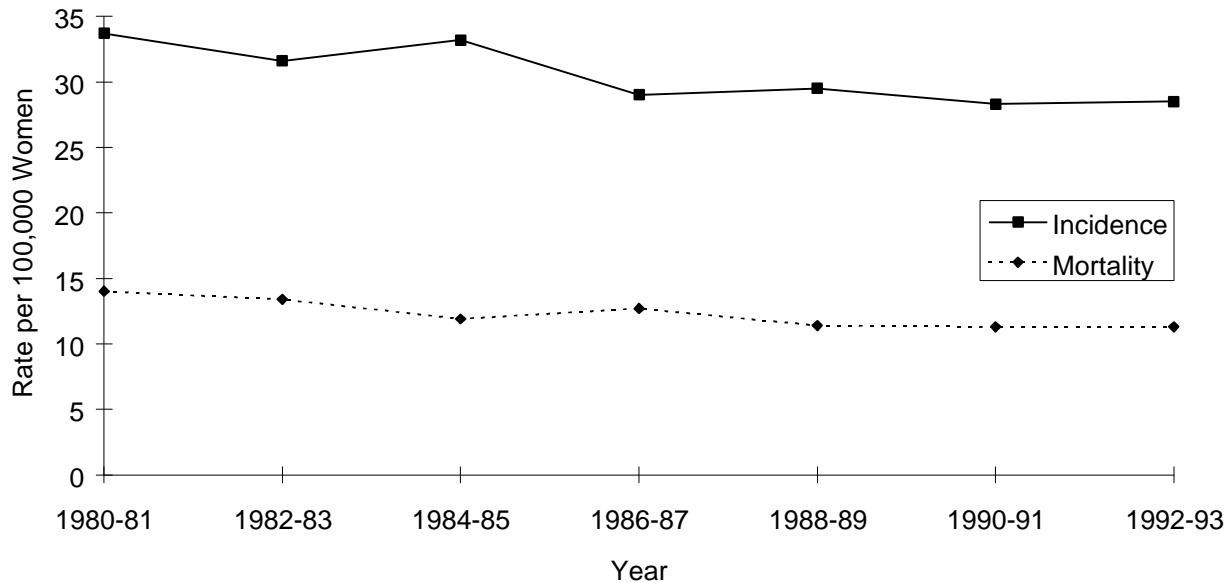
Risk factors for colorectal cancer include a personal or family history of colorectal cancer or polyps, a prior diagnosis of endometrial, ovarian or breast cancer, and inflammatory bowel disease. Other possible risk factors include physical inactivity and a high-fat and/or low-fiber diet.^{1,5}

Screening for colorectal cancer with annual fecal occult blood testing (FOBT), sigmoidoscopy, or

both is recommended for all persons aged 50 and older.⁵ A Minnesota study demonstrated a 33 percent reduction in deaths from colorectal cancer among men and women over age 50 who underwent annual FOBT.¹¹ In addition to the above screening tests, the American Cancer Society also recommends that individuals over age 40 have a digital rectal examination annually.¹

Annual age-adjusted incidence and mortality rates for colorectal cancer in Utah women are shown in the figure below. Both incidence and mortality rates have declined since 1980--a trend that has been observed nationally as well. In fact, mortality rates for colorectal cancer have fallen 31 percent for U.S. women over the last 30 years.¹

**Age-adjusted Incidence and Mortality Rates
Female Colorectal Cancer
Utah 1980-1993**



* Rates have been age-adjusted to the 1970 U.S. population

Source: Utah Cancer Registry; Bureau of Vital Records, Utah Department of Health; accessed through ACTION-2000.

Ovarian Cancer

Ovarian cancer is the fifth most common cancer in U.S. women.¹ Ovarian cancer is often called the “silent cancer” because symptoms usually do not appear until the cancer is in an advanced stage.

The American Cancer Society estimates that 26,700 new cases of ovarian cancer will be diagnosed nationally in 1996 and that 14,800 women will die from this disease in the same year.¹ In 1993, 124 new cases of ovarian cancer were diagnosed in Utah women and 69 Utah women died from ovarian cancer.⁴

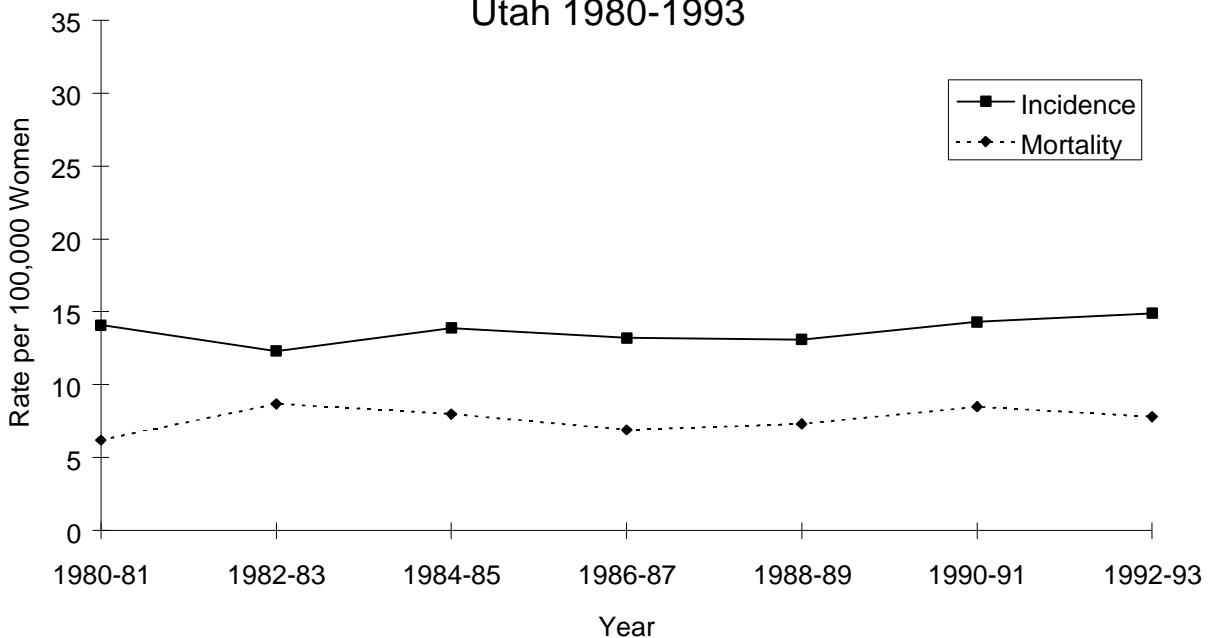
The risk for ovarian cancer increases with age. Other risk factors include never having children, having a personal history of breast cancer, and

having a family history of ovarian cancer. Pregnancy and the use of oral contraceptives appear to protect against the development of ovarian cancer.^{1,12}

Potential screening tests for ovarian cancer include the Pap test, bimanual pelvic examination, tumor markers (such as CA-125), and ultrasound imaging, but these screening tests require further study before they can be routinely recommended for asymptomatic women.⁵

The annual age-adjusted incidence and mortality rates for ovarian cancer in Utah women are shown in the figure below. Utah rates are lower than national rates. This may be due, in part, to Utah’s higher fertility rate.

Age-adjusted Incidence and Mortality Rates
Ovarian Cancer
Utah 1980-1993



* Rates have been age-adjusted to the 1970 U.S. population

Source: Utah Cancer Registry; Bureau of Vital Records, Utah Department of Health; accessed through ACTION-2000.

Diseases and Conditions of Concern for Women

Uterine Cancer

The American Cancer Society estimates that 49,700 cases of uterine cancer will be diagnosed among U.S. women and that 10,900 U.S. women

will die of uterine cancer in 1996.¹ Uterine cancers include cancers of the cervix and of the endometrium or lining of the uterus.

Cervical Cancer

In 1993, 76 new cases of cervical cancer were diagnosed in Utah women and 16 Utah women died of this cancer.⁴

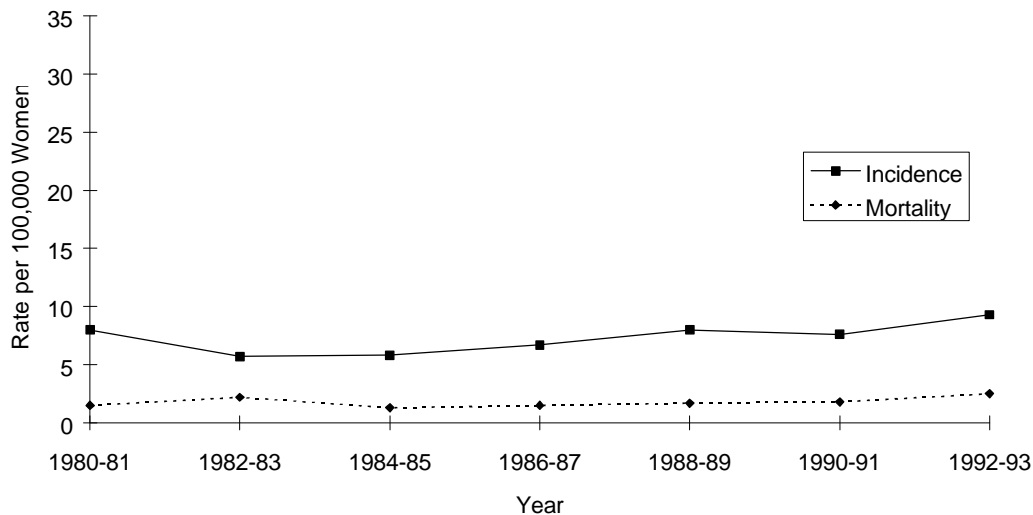
Infection with human immunodeficiency virus (HIV) and certain types of human papilloma virus (HPV) increase cervical cancer risk.⁵ Although all sexually active women are at risk for cervical cancer, the disease is more common among women of low socioeconomic status, cigarette smokers, women who began sexual intercourse at a young age, and women who have had multiple sexual partners, or whose partners have had multiple sexual partners.¹

The Pap test is the principal screening test for cervical cancer. Studies of cervical cancer deaths

over time have shown a 20 to 60 percent reduction in cervical cancer death rates after the implementation of Pap test screening programs.⁵ In 1994, about 90 percent of Utah women 18 years of age and older reported having received a screening Pap test at least once in their life.⁷ (see page 64 for more information about Pap test utilization in Utah.)

Annual age-adjusted incidence and mortality rates for cervical cancer in Utah women are shown in the figure below. There have been minor fluctuations in the incidence rates during this time period; but, mortality rates have remained relatively stable.

Age-adjusted Incidence and Mortality Rates
Cervical Cancer
Utah 1980-1993



* Rates have been age-adjusted to the 1970 U.S. population

Source: Utah Cancer Registry; Bureau of Vital Records, Utah Department of Health; accessed through ACTION-2000.

Endometrial Cancer

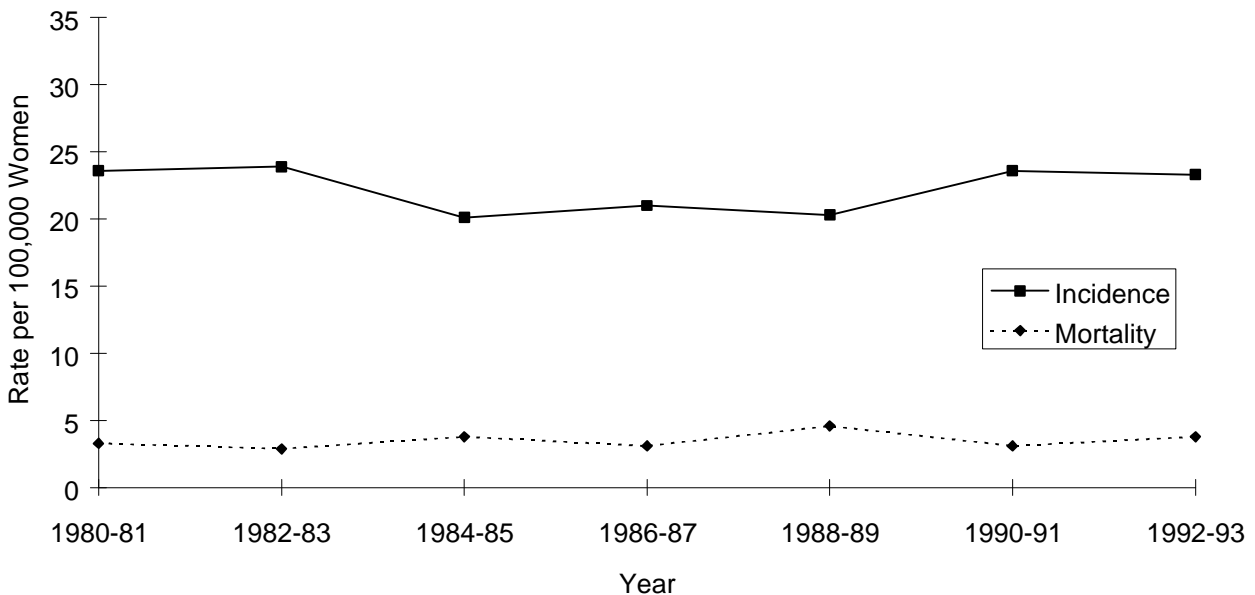
In 1993, 175 new cases of endometrial cancer were diagnosed among Utah women and 33 Utah women died from this disease.⁴

Endometrial cancer most often occurs in women over the age of 50. Exposure to estrogen, especially unopposed estrogen replacement therapy (rarely prescribed today in a woman who has not had a hysterectomy), tamoxifen, early menarche, late menopause, never having children, a history of infertility or failure to ovulate, and obesity are considered risk factors for endometrial cancer. Pregnancy and the use of oral contraceptives appear to protect against endometrial cancer.¹

There is currently no specific screening test for endometrial cancer. Women are encouraged to undergo periodic screening with the Pap test, as this test can sometimes detect endometrial cancer. Women 40 years and older should also have an annual pelvic examination.

The annual age-adjusted incidence and mortality rates for endometrial cancer in Utah women are shown in the figure below. Utah's relatively high hysterectomy rate (see page 85) may decrease the number of women at risk for endometrial cancer. If so, these rates might underestimate the risk of this cancer for Utah women who do have an intact uterus.

Age-adjusted Incidence and Mortality Rates
Endometrial Cancer
Utah 1980-1993



* Rates have been age-adjusted to the 1970 U.S. population

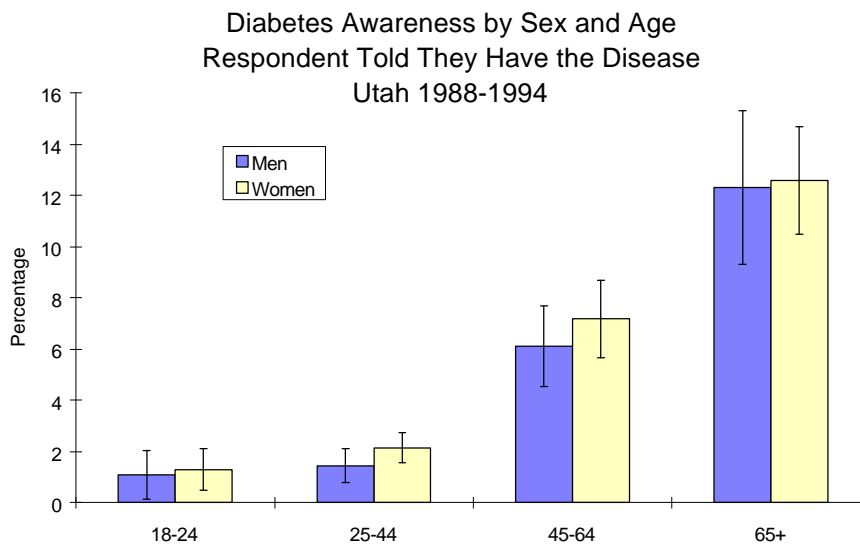
Source: Utah Cancer Registry; Bureau of Vital Records, Utah Department of Health; accessed through ACTION-2000.

Diabetes

Diabetes is a serious chronic condition that disproportionately affects women. Data from the 1991 Utah Health Status Survey indicated that diabetes was more prevalent among persons with lower income and less educational attainment.

Lifestyle factors, such as obesity and lack of exercise, increase the risk of developing diabetes.

In Utah, women with diabetes are more than twice as likely to be obese as women without diabetes (43% vs. 18%). Women with diabetes are also more likely to report being physically inactive than other Utah women (35% vs. 23%).



Source: Behavioral Risk Factor Surveillance System 1988-1994

Diabetes causes substantial morbidity directly, but it also increases the risk of cardiovascular disease. The risk for cardiovascular disease (CVD) among persons with diabetes is two to three times higher than among persons without diabetes, and CVD accounts for 48 percent of all deaths among persons with diabetes. The excess risk of heart disease occurs with both insulin-dependent diabetes mellitus (Type I) and non-insulin-dependent diabetes mellitus (Type II). In contrast to people without diabetes, heart disease in diabetic individuals appears earlier in life, affects women almost as often as men, and is more often fatal.

Diabetes was listed as the underlying or a contributing cause of death for over 4,500 Utah women

during the period 1980 through 1992. For 39 percent of those women, diabetes directly caused death. For 33 percent of those deaths, the underlying cause was heart disease. The increased risk of CVD among persons with diabetes is partly due to the higher frequency of hypertension, obesity, lipid abnormalities, and lack of exercise. A recent Utah study found that hypertension was about 2.5 times as common among persons with diabetes as among other Utahns.²⁵

During 1994, diabetes was the principal reason for 847 hospitalizations of women (87 per 100,000 women) and a secondary diagnosis for an additional 4,716 hospitalizations of women (489 per 100,000 women).

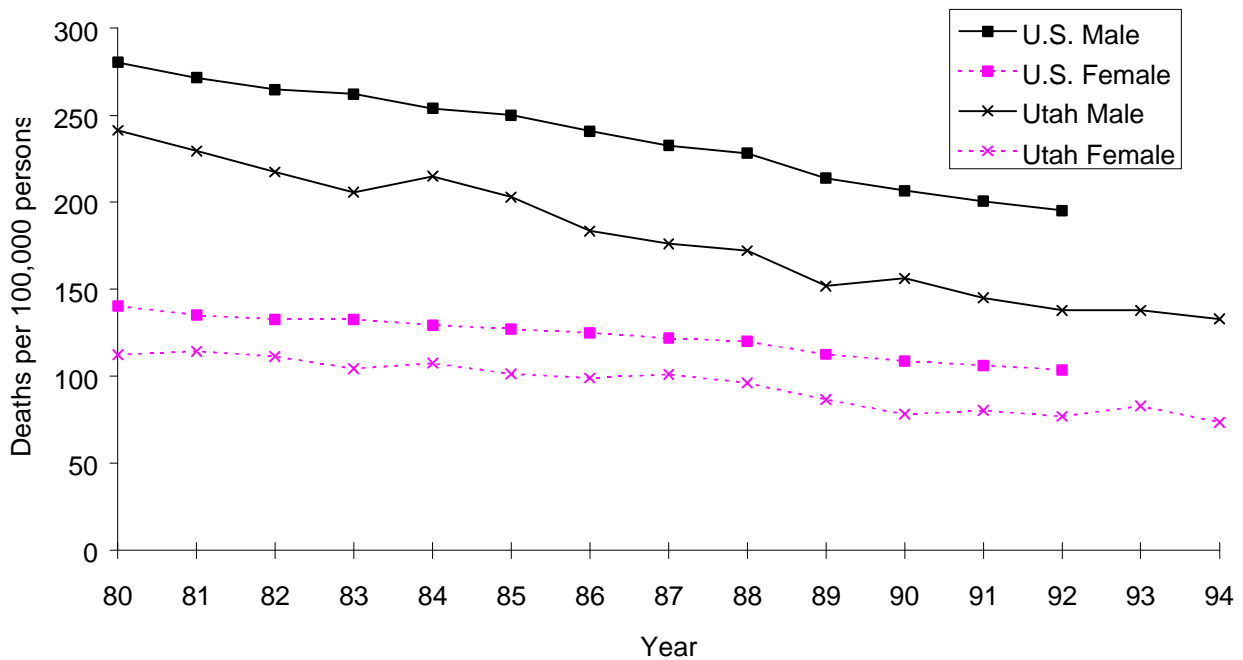
Heart Disease

Heart disease is the second leading cause of death for women and becomes increasingly important after the menopause; it is the leading cause of death for women 65 years and over. In 1994, 1,349 Utah women died from heart disease.

Heart disease also causes substantial non-fatal illness and disability. Of women over age 65, 17.1% reported having been diagnosed with heart

disease in the 1991 Health Status Survey. In that survey, Utahns who had been diagnosed with heart disease were 3 to 4 times more likely to be limited in performing usual activities than other Utahns.²⁶ Heart disease is also a leading reason for hospitalization of Utah women, accounting for 3,350 discharges per year in 1992-93, a rate of 41.4 per 10,000 women.

Heart Disease Death Rates by Sex, United States and Utah, 1980 -1994 (ICD codes 390-398, 402, 404-429)



Rates are age-adjusted to 1940 U.S. population. Heart disease is defined as ICD codes 390-398, 402, 404-429.

Source: Bureau of Vital Records, Utah Department of Health (accessed by ACTION-2000, CDC WONDER compressed mortality file)

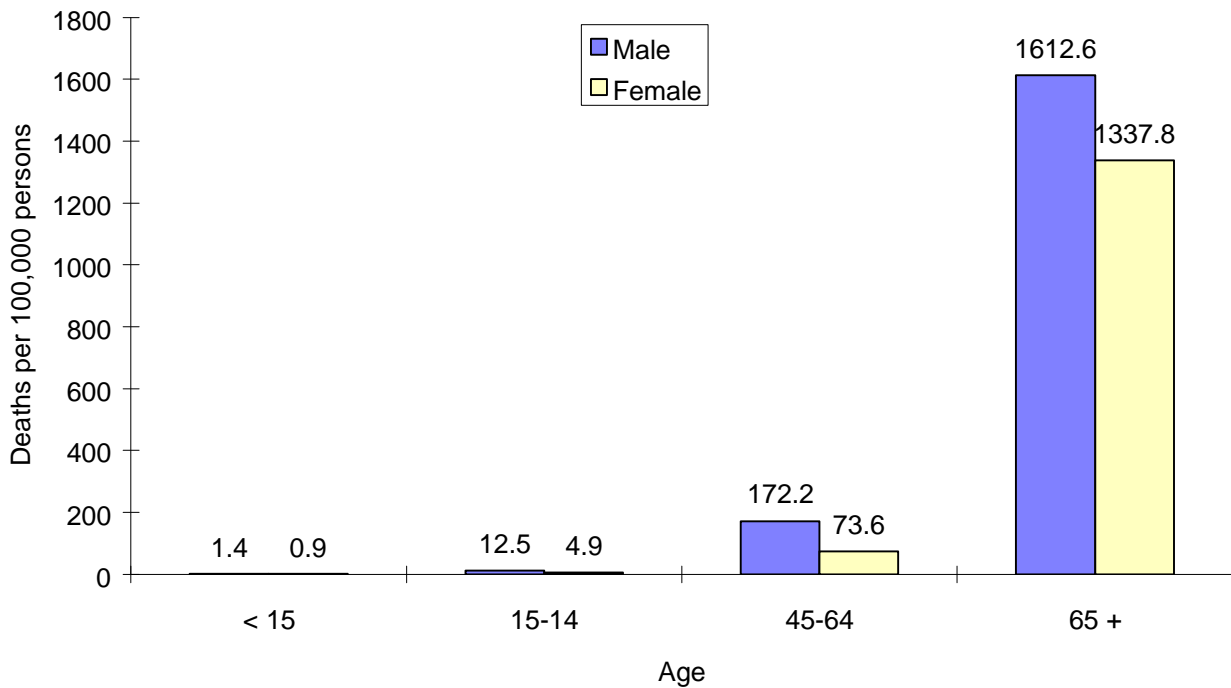
Diseases and Conditions of Concern for Women

Most heart disease is caused by coronary artery disease, a condition in which the arteries that supply oxygen to the heart muscle become progressively narrowed. Modifiable risk factors for coronary artery disease include cigarette smoking and environmental tobacco smoke, high blood pressure, elevated blood cholesterol, physical inactivity, obesity, and diabetes.²⁷ Part of the decrease in heart disease death rates shown in the figure on the previous page is due to improve-

ments in the above risk factors through improved dietary habits and exercise. Improvements in medical care have also been important.

Women are substantially protected from coronary artery disease before menopause by exposure to estrogen, but their rate of disease rises after menopause, and after age 65, more women die from heart disease than men (in 1993-94, 2,531 women compared to 2,306 men).

Heart Disease Death Rates Among Utah Men and Women by Age, 1993-1994



Source: Bureau of Vital Records, Utah Department of Health, accessed through ACTION-2000.

Several studies have suggested that estrogen replacement therapy after menopause might reduce the risk of heart disease for women.

As described elsewhere (p. 51, 53), estrogen replacement therapy (ERT) also reduces the risk of fractures due to osteoporosis and has other beneficial effects. Unfortunately, some forms of ERT also increase the risk of endometrial cancer

and may increase the risk of breast cancer. These conflicting benefits and risks make large, rigorous prospective studies to determine the actual benefits and risks of ERT for prevention of heart disease critically important. Until such results are available, decisions about use of this potentially life saving and quality of life improving treatment will remain difficult for women and their health care providers.

After Menopause

Menopause

Menopause is a part of the normal female aging process. During the period of menopause, women experience physiologic, psychological, and social transitions from their reproductive years to their non-reproductive years. Menopausal age has increased slightly over the last century; it is

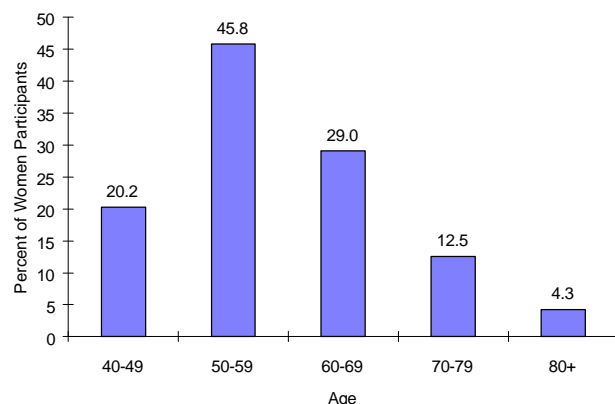
unrelated to number of pregnancies, but is related to smoking. Median age at menopause is 52 among nonsmokers and 50 among smokers in the United States.²⁸ Menopause is a natural process, rather than a disease. Knowledge about menopause can help women to cope with it.

Estrogen replacement

Research shows that the loss of ovarian hormones plays a significant role in the development of age-related problems among postmenopausal women.²⁹ Estrogen replacement can improve the quality of women's lives after menopause. For example, several case-control studies have shown that fractures are only a third as common among postmenopausal women with more than five years of estrogen use.²⁸

About one-third of the female participants in the 1995 Healthy Utah Blood Pressure and Cholesterol Screening Programs reported that they were taking estrogen or another hormone at the time of screening. Female participants aged 50 to 59 reported the highest percentage (46%) of estrogen and other hormone use during the period of 1990 to 1995 (see figure below).

Use of Estrogen and Hormones by Age Among Women Participants in Health Screening Programs Utah, 1990-1995



Source: Bureau of Chronic Diseases, Utah Department of Health and Local Health Districts Blood Pressure/Cholesterol Screening Data Files

Estrogen Prescriptions by Medicaid Clients: Utah, January-June 1996

Number of Prescriptions: 11,713
 Average Cost per Prescription: \$18.24
 Total Expenditure: \$213,626

Source: Division of Health Care Financing
 Utah Department of Health

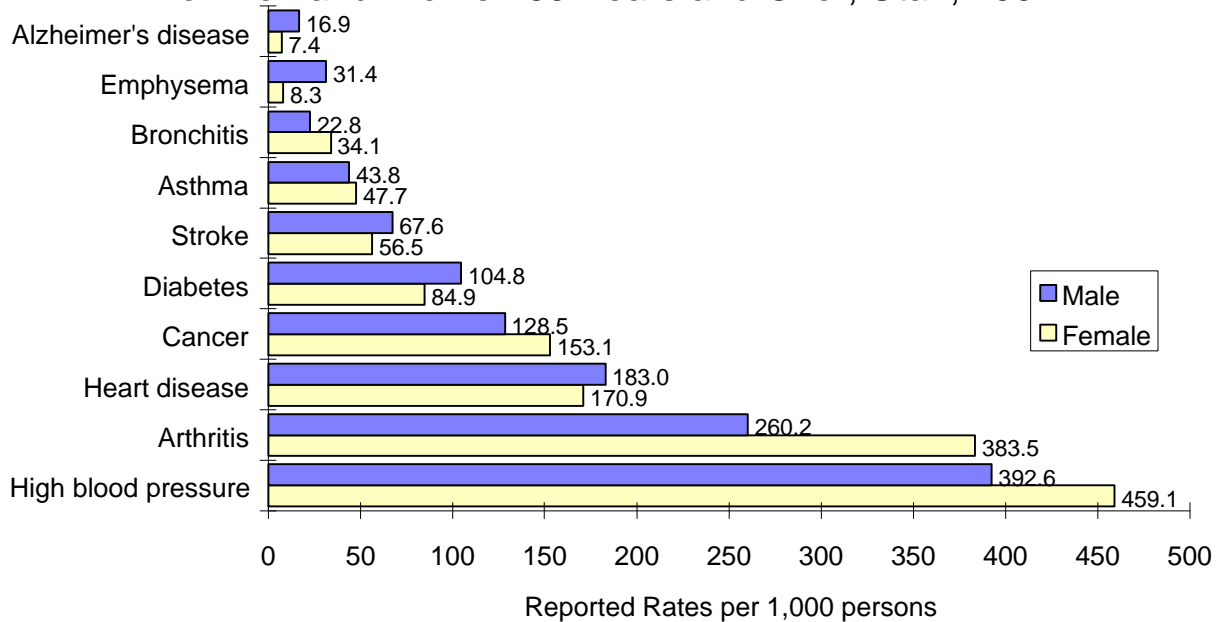
Chronic Diseases Among Older Women

The most common causes of death in postmenopausal women are cardiovascular disease (coronary heart disease and stroke) and malignant neoplasms; these account for 50 percent or more of deaths in the United States among postmenopausal women.²⁹ The following figure shows reported prevalence rates of selected chronic

diseases among older Utahns in 1991. In comparison with older men, women were more likely to have high blood pressure, arthritis, cancer, and chronic bronchitis. Nearly half of Utah women aged 65 or above reported that they had been diagnosed with high blood pressure. Almost 40 percent of older Utah women were under medical care for arthritis in 1991.

Reported Prevalence Rates of Chronic Diseases Diagnosed by a Physician

for Men and Women 65 Years and Over, Utah, 1991



Note: For diabetes, high blood pressure, Alzheimer's disease, cancer, stroke, and heart disease prevalence indicates ever being diagnosed; for asthma, bronchitis, emphysema, and arthritis, prevalence indicates being currently under medical care for that condition.

Source: Utah Health Status Survey, 1991.

Osteoporosis and Hip Fracture

Osteoporosis is a loss of bone mass that can cause fractures. Osteoporosis is common in postmenopausal women,³⁰ but unfortunately it is usually not diagnosed until after a fracture has occurred.

The risk of osteoporosis and of osteoporotic fractures is related to bone mineral density achieved in younger life and the rate of loss after menopause. The use of postmenopausal estrogen replacement therapy can prevent bone loss and the resultant fractures. Increasing calcium intake and weight bearing physical activity also can reduce the risk of osteoporosis.³⁰ Other specific treatments are available when osteoporosis is recognized.

Hospitalized Women with Osteoporosis Conditions*: Utah, 1992-1994

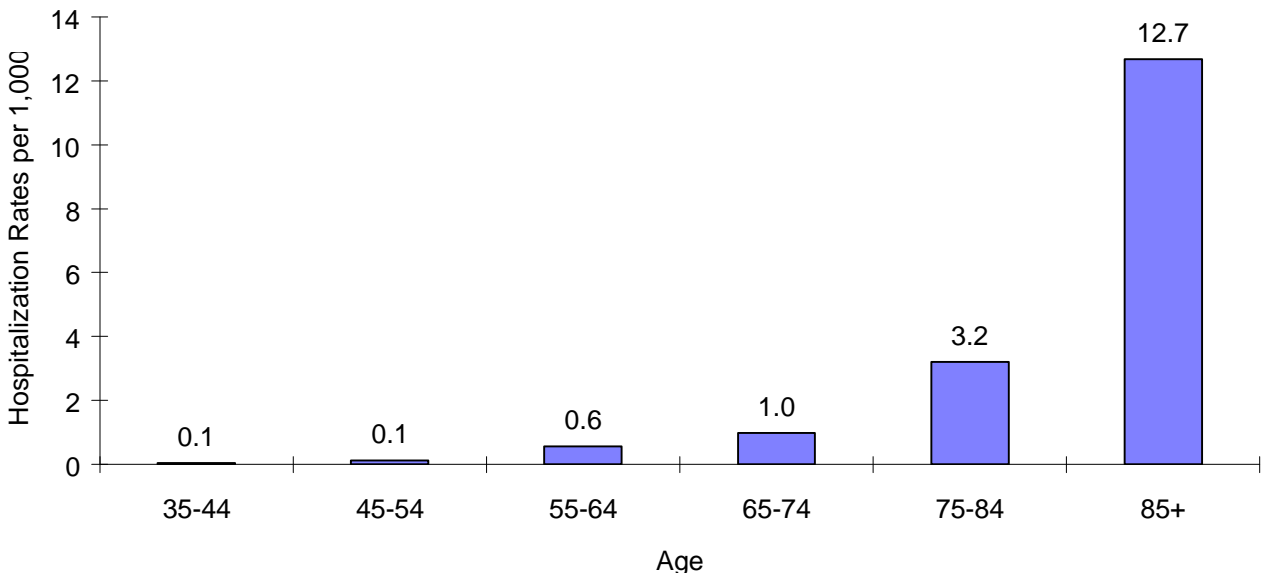
Total Discharges: 1,016
 Total Hospital Charges: \$6,803,136
 Average Charges**: \$6,696

* Defined as ICD-9 733.0 in any of the 9 diagnosis codes. ** Excluding outliers.

Source: Utah Hospital Discharge Database, Office of Health Data Analysis, Utah Department of Health

Hip fracture is the one of the most serious consequences of osteoporosis.³¹ The following figure shows the age-specific hospitalization rates for hip fracture for Utah women in 1992 to 1994.

Hip Fracture Hospitalization Rates for Women
 Utah, 1992-1994



Note: Hip fracture is defined as a primary or secondary diagnosis code of ICD-9 820, excluding rehabilitation, breast, prostate, trachea, bronchus, and lung cancer cases.

Source: Utah Hospital Discharge Database, Office of Health Data Analysis, Utah Department of Health

Diseases and Conditions of Concern for Women

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Diseases and Conditions of Concern for Women

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