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and early detection. And that equals survival.”

Drescher was among the lucky ones: Although it took two years and eight doctors to get the correct diagnosis, her stage-1 cancer had not yet spread beyond the endometrial lining of her uterus. But it could easily have been otherwise.

“The doctors were telling me I was perimenopausal,” she explains. She went on four different hormone-replacement therapies, but nothing relieved her discomfort. She also had bleeding between periods, a classic sign of uterine cancer, but a doctor pronounced her “too young” for it. “I was thrilled to be considered too young for anything!” jokes Drescher. “But, you know, flattery will get you nowhere when you’re slipping between the cracks because you’re not the exact correct profile for a disease.”

Drescher was relieved when her suspicions were finally confirmed. But she was also furious. “I’d been put on estrogen that actually exacerbated the cancer and caused a lot of bleeding. So many doctors just don’t listen to female patients.”

This is probably why Drescher is so adamant about doctors and legislators listening now. And she is already putting her major objectives—raising awareness among women and helping to shape health policy—into action. This year she lobbied on behalf of Johanna’s Law (named for Johanna Silver Gordon, who died of ovarian cancer in 2000), a national gynecologic cancer awareness program to help women recognize cancer symptoms and seek medical help more quickly. “I spoke at Senate hearings and went into everybody’s office to get them to sign this bill,” Drescher says. “Being a celebrity helped open doors in Washington because people were curious to meet me. But they realized immediately I was a woman on a mission and we got right down to the issues.” Her approach worked and the bill passed. The real fight, Drescher believes, will lie in getting

the insurance industry to routinely cover tests—such as the transvaginal ultrasound—that can help detect cancer earlier.

So what else is Drescher planning, besides an overhaul of the medical establishment? Well, a boyfriend would be nice. Drescher, who’s divorced, is dating again and just met a man who’s still in the “friend” box. She is also thinking about becoming a mother for the first time, either through adoption or by retrieving eggs from her ovaries, which she had frozen before her cancer treatment.

But in the next few years she’s got plenty of plans: She has already written a romantic comedy that she wants to direct and has a children’s book about self-esteem coming out next year. But most important, she is simply hoping to make a difference in the lives of women who will face their own cancer battles. She has every confidence she’ll succeed. “The thing I love about this is that I’m not jaded. I haven’t been politically involved long enough to know what I can and can’t accomplish. I think I can do it all.” (For more information, go to www.cancerschmancer.org.)

THE IMPORTANCE OF EARLY DIAGNOSIS

Cancer Schmancer’s mission is to have all women’s cancers diagnosed at stage 1, when they are most treatable and curable. To show what a dramatic difference that could make, here are the four most common women’s cancers, the stages at which most women are diagnosed and the corresponding five-year survival rates.

	BREAST CANCER		OVARIAN CANCER		CERVICAL CANCER		ENDOMETRIAL/ UTERINE CANCER	
	% by Stage	5 Year	% by Stage	5 Year	% by Stage	5 Year	% by Stage	5 Year
STAGE 1	44%	100%	19%	92%	47%	93%	58%	98%
STAGE 2	34%	89%	6%	75%	10%	67%	6%	85%
STAGE 3	6%	60%	24%	42%	14%	49%	6%	65%
STAGE 4	4%	21%	25%	17%	10%	15%	7%	27%

Percentages do not equal 100 owing to unknown diagnoses