

Addressing Disparities in Cancer Care and Incorporating Precision Medicine for Minority Populations

A NEW ACCREDITED CONTINUING EDUCATION SERIES WITH THE EXPERTS

WEBINAR 2: Disparities in Triple Negative Breast Cancer

R E S O U R C E G U I D E

TABLE OF CONTENTS

Triple Negative Breast Cancer [3 - 4](#)

Sources of Disparities [5](#)

Addressing Disparities [6](#)

Effect of COVID-19 on Disparities in Cancer Care [6](#)

References [7](#)



[LINK TO RECORDED WEBINAR](#)



[DOWNLOADABLE SLIDES](#)

Disparities in Triple Negative Breast Cancer



COURSE DIRECTOR AND MODERATOR

Edith Mitchell, MD, MACP, FCPP, FRCP

Clinical Professor of Medicine and Medical Oncology
Department of Medical Oncology
Director, Center to Eliminate Cancer Disparities
Associate Director, Diversity Affairs
Sidney Kimmel Cancer Center at Jefferson Health
116th President of the National Medical Association



FEATURED FACULTY

Lisa Newman, MD, MPH, FACS, FASCO, FSSO

Chief, Division of Breast Surgery
Director, Interdisciplinary Breast Program
Medical Director and Founder, International Center for
the Study of Breast Cancer Subtypes
Weill Cornell Medicine/
New York Presbyterian Hospital Network
2nd Vice President,
American College of Surgeons

Cancer occurrence and outcomes vary considerably between racial and ethnic groups - inequalities in wealth that lead to differences in risk factor exposures and barriers to high-quality cancer prevention, early detection, and treatment. Differences in death rates between non-Hispanic (NH) black and NH white men and women are well documented.¹ Breast cancer death rates were 40% higher for black women compared with white women in every state of the US, with some states as much as 60% higher including Louisiana and Mississippi. The 5-year relative survival rates for AA women diagnosed with breast cancer (80%) is significantly lower than for NH White women (91%) across all ages and tumor stages and subtypes, and age-adjusted mortality rate for AA women (30.0/100,000) is the highest rate for any ethnic group studied.^{2,3}

Advances in breast cancer treatment have come mainly in the form of targeted therapies. The discovery of hormone blocking agents and anti-HER2 therapy have drastically changed the prognosis for many patients with breast cancer. Triple negative breast cancer does not express any of these targets, and thus women with TNBC have not benefited from these advances. Mortality rates from breast cancer begin to diverge between white women and AA women starting approximately 5 years after the approval of tamoxifen.⁴ Moreover, in a study where white and AA women received identical treatment, breast cancer was a cancer for which disparities in outcomes persisted.⁵

Racial disparities in cancer occurrence and outcomes arise from disparities across the cancer care continuum. Below are examples of how racial disparities affect cancer outcomes in breast cancer.



Exposure to Risk Factors

Structural racism leads to higher exposure to risk factors: due to banking policies such as “red-lining”, minority communities are less likely to have access to resources like fresh foods⁶ – obesity is linked to higher rates of breast cancer³

West African ancestry is correlated with breast cancer risk in general, and strongly correlated with TNBC specifically⁷



Early Diagnosis

Current screening guidelines recommend access to mammography screening to all women starting at age 40 and annual mammograms starting at age 50, however breast cancer affects AA women at a younger age than other races

TNBC is more difficult to detect on a mammogram



Access to Treatment

AA women are less likely to receive standard of care, more likely to suffer financial hardship caused by cancer care, and may have difficulty with travel to a specialty cancer center³



Tumor biology

Compared with NHW women, AA women are twice as likely to be diagnosed with TNBC, which is highly aggressive, and lacks viable therapeutic targets³

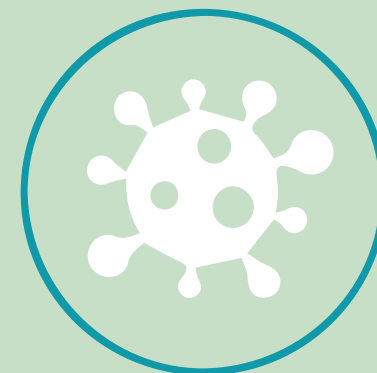
Addressing Disparities



- Community outreach and integration, learnings from communities informing clinical practice and research
- Early detection is the strongest predictor of improved survival for patients with TNBC. AA women should be screened with mammography

Effect of COVID-19 on Disparities in Cancer Care

- The effects of the pandemic have highlighted disparities in access to care, and one major effect is delayed screening for cancer. It is estimated that over the next 10 years, delays in cancer screening will result in up to 10,000 excess deaths from breast and colorectal cancer.^{8,9}



References



1. American Cancer Society. *Cancer Facts & Figures for African Americans 2019-2021.*; 2019.
2. Siegel RL, Miller KD, Jemal A. Cancer statistics, 2017. *CA: A Cancer Journal for Clinicians*. 2017;67(1):7-30. doi:10.3322/caac.21387
3. Prakash O, Hossain F, Danos D, Lassak A, Scribner R, Miele L. Racial Disparities in Triple Negative Breast Cancer: A Review of the Role of Biologic and Non-biologic Factors. *Frontiers in Public Health*. 2020;8:576964. doi:10.3389/fpubh.2020.576964
4. Newman LA. Parsing the etiology of breast cancer disparities. *Journal of Clinical Oncology*. 2016;34(9):1013-1014. doi:10.1200/JCO.2015.65.1877
5. Albain KS, Unger JM, Crowley JJ, Coltman CA, Hershman DL. Racial disparities in cancer survival among randomized clinical trials patients of the southwest oncology group. *Journal of the National Cancer Institute*. 2009;101(14):984-992. doi:10.1093/jnci/djp175
6. Sauer AG, Siegel RL, Jemal A, Fedewa SA. Current Prevalence of Major Cancer Risk Factors and Screening Test Use in the United States: Disparities by Education and Race/Ethnicity. Published online 2019. doi:10.1158/1055-9965.EPI-18-1169
7. Newman LA, Jenkins B, Chen Y, et al. Hereditary Susceptibility for Triple Negative Breast Cancer Associated with Western Sub-Saharan African Ancestry: Results from an International Surgical Breast Cancer Collaborative. *Annals of Surgery*. 2019;270(3):484-492. doi:10.1097/SLA.0000000000003459
8. Sharpless NE. COVID-19 and cancer. *Science*. 2020;368(6497):1290. doi:10.1126/science.abd3377
9. Newman LA, Winn RA, Carethers JM. Similarities in risk for COVID-19 and cancer disparities. *Clinical Cancer Research*. 2021;27(1):24-27. doi:10.1158/1078-0432.CCR-20-3421