

Encourage. Engage. Empower.

In the fall of 2017, BCEA launched a new category of webinars: *Sharing our Voices*. These webinars provide an opportunity to learn more about breast cancer in communities with an unequal breast



cancer burden. In March 2018, BCEA was pleased to host Dr. Lonzetta Neal, Assistant Professor of Medicine, Mayo Clinic Rochester, to present *Sharing our Voices: Racial Survival Disparities in Breast Cancer*. Speaking about the “perfect storm” impacting breast cancer survival in African American women in Minnesota, Dr. Neal begins by stating “African American women are less likely to be diagnosed with breast cancer than white women but are more likely to die from it”. That powerful opening validates the necessity to understand and address the factors that create this “perfect storm”.

The webinar focuses on reviewing the barriers to early diagnosis, establishing an individualized approach to evaluating risk, the role of breast imaging and increasing genetic and risk evaluation referrals in minority populations. Factors contributing to this “perfect storm” in the African American community include variations in tumor biology (with women in the African American community having higher rates of triple negative breast cancers) and the impact that variants of BRCA mutations may have. Patterns of care are cited as barriers for this community, and may include delays in screening or treatment due to financial and logistic barriers, treatment that does not follow therapy guidelines/underuse of treatment, and the need for clinical trial redesign to increase minority participation.

Dr. Neal discusses two risk models available online – the GAIL and IBIS, and the process for identifying individuals who may need genetic counseling, starting with the family history. Identifying risk factors and the strategies to reduce them will be discussed in the counseling visit. Lifestyle modifications for risk reduction may include reducing weight, increasing physical activity, reducing alcohol consumption, chemoprevention or surgery. An individualized approach is favored as “one size does NOT fit all”. Breast imaging using tomosynthesis (3D mammograms), Molecular Breast Imaging (MBI) or MRI may also be included in a comprehensive plan.

Dr. Neal concludes with a summary of the “perfect storm” impacting African Americans – and other minority population women – and confirming the need for an individualized approach to guide risk reduction strategies.

A

Tumor biology:

- Increased incidence of hormone receptor negative tumors
- Increased incidence of triple negative tumors
- Increased incidence of higher grade tumors



Tumor genomics:

- High frequency of mutations in *BRCA1/2*
- High rates of *BRCA1/2* polymorphisms and variants of unknown significance
- Poor prognosis somatic mutations
- Unfavorable epigenetic alterations



Clinical trial redesign:

- Eliminate geographic and financial burdens to minority patient participation
- Facilitate community oncologists involvement in clinical trials
- Redesign trials to integrate sociodemographic and comorbidity information with tumor and host biology data



Precision medicine for all:

- Increase minority referrals to cancer risk clinics to improve risk assessment, early detection, and prevention
- Large next generation sequencing studies to evaluate for multiple variants in many genes
- Development of novel therapeutics

B

Patterns of Care:

Delays in treatment:

- Longer time to follow-up for abnormal screenings & clinically significant treatment delays

Misuse of treatment:

- More likely to receive non-guideline concordant therapy



Patterns of Care:

Underuse of treatment:

- Lower rate of definitive local therapy
- Lower dose proportion and RDI chemotherapy
- Lower compliance with endocrine therapy



Access:

- Increase insurance coverage and affordability of oral agents

Improve patient navigation:

- Careful assessment of barriers to care including intrapersonal, interpersonal, and institutional



Physician communication:

- Culturally & linguistically tailored programs with an understanding of immigrant health needs

Patient and community education & engagement:

- Interventions “owned by community”
- Collaboration b/n community health centers & academic institutions

Webinars are recorded and available for viewing [online](#). To learn more about the Breast Cancer Education Association, visit www.BreastCancerEducation.org.

