

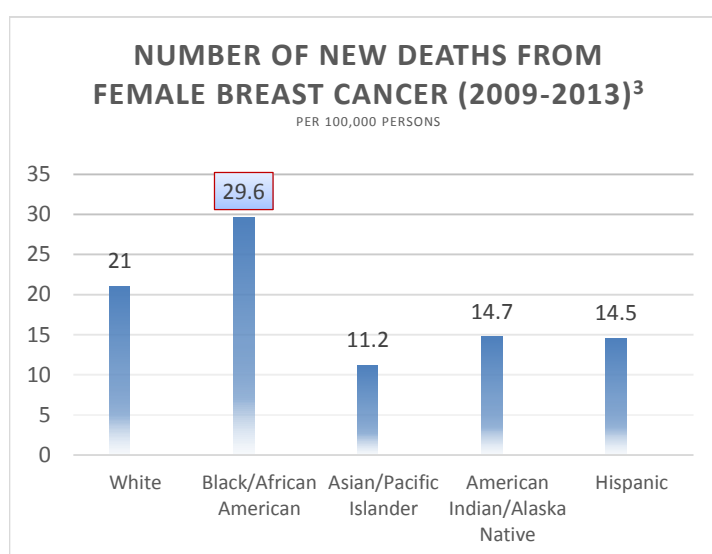
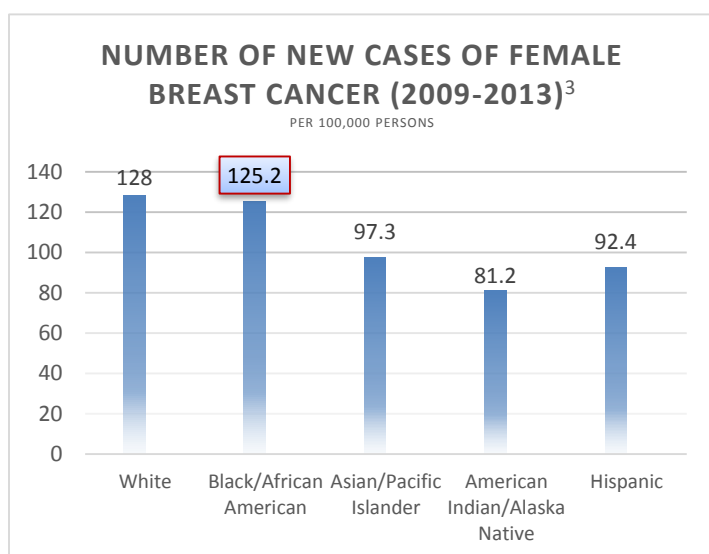
Disparities in Breast Cancer: African American Women



Breast cancer is the second leading cause of cancer deaths among women in the United States.¹ African American women have the highest death rate of all racial and ethnic groups, and are 42 percent more likely to die of breast cancer than white women.²

Breast Cancer Disparities: African American Women

- In 2016, an estimated 31,000 African American women were projected to be diagnosed with breast cancer, and more than 6,000 were predicted to die from the disease.²



* Incidence and mortality rates in the US lag 2-4 years behind the current year due to the time required for data collection, quality control, and dissemination.

- Breast cancer incidence rates have increased across all races and ethnicities since the 1980s (primarily due to increased detection by mammography), but while incidence among white women have generally stabilized in the past few years, **incidence among African American women continues to rise.**³
- Despite having similar incidence rates to white women, African American women are **42 percent more likely to die from the disease.**
- African American women are also **more likely to be diagnosed with breast cancer at later stages** of the disease,^{2,4} and **experience delays in treatment** of two or more months after initial diagnosis.⁵ Long intervals between screening, lack of timely follow-up of suspicious results, and delays in treatment post-diagnosis likely contribute to the lower stage-specific survival among African American women.^{6,7}
- Higher death rates among African American women likely reflect a combination of factors, including differences in stage of cancer at diagnosis, comorbidities, obesity rates, tumor characteristics, as well as timely access to screening, diagnostic and treatment services.²

How Do We Reduce the Divide?

The American Cancer Society Cancer Action Network (ACS CAN) has made significant progress in improving access to breast cancer screening and treatment for all Americans at both the federal and state levels. However, the disparity

between African American women and women of other races/ethnicities persists. ACS CAN supports a number of cancer control and prevention programs and policies aimed at decreasing disparities in breast cancer mortality in African American women.

Increase access to the entire continuum of care: Increasing screening rates, providing timely access to diagnostic testing, and improving access to comprehensive, quality healthcare coverage and cancer treatment care are all important in decreasing breast cancer mortality in African American women.⁸ The Center for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides uninsured and underinsured women access to no-cost screening, diagnostic, navigation, and education/outreach services, as well as a pathway to cancer treatment care. More than 180,000 African American women have received mammograms through this program.⁹ As a longtime supporter and champion of the NBCCEDP, ACS CAN is working tirelessly to increase federal and state funding to expand the reach of this lifesaving program. Additionally, ACS CAN has been a vocal supporter of health reforms that reduce discriminatory practices against cancer patients and survivors and provides millions of Americans access to quality, comprehensive health care coverage, including no-cost breast cancer screenings.

Support for patient navigation: Patient navigation improves health outcomes, especially in vulnerable individuals and populations, by eliminating barriers to accessing high-quality services across the care continuum.¹⁰ Patient navigation helps reduce disparities in breast cancer care among medically underserved populations, particularly among African American patients.¹⁰ ACS CAN is working to increase access to patient navigation services in the healthcare system, particularly for underserved patient populations.

Reducing risk factors for breast cancer: Obesity is a key risk factor for developing breast cancer.² African American women are significantly more likely than their white counterparts to be obese. Additionally, African American adults are less likely to consume the daily recommended servings of fruits and vegetables, and are less likely to be physically active or meet recommendations for aerobic activity.² Increasing access to healthy foods in schools, workplaces, and neighborhoods and ensuring safer, low-cost options for physical activity can help reduce obesity among all Americans, particularly in African American communities. Long-term smoking is also a factor that increases breast cancer incidence, although African American women are less likely to smoke than their white counterparts.² African Americans are less successful at quitting and are more likely to be exposed to secondhand smoke than other racial or ethnic groups.¹¹ ACS CAN advocates at all levels of government for legislation and regulations that help increase physical activity and healthy eating, reduce tobacco use, and reduce exposure to secondhand smoke for all Americans, particularly those disproportionately affected by these risk factors.

ACS CAN Advocacy Campaigns:

- ❖ Support health reforms that increase comprehensive health care coverage, including expanding Medicaid eligibility
- ❖ Support increased funding for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- ❖ Maintain and increase funding for cancer research, and help establish the National Institute on Minority Health and Health Disparities

¹ American Cancer Society. *Cancer Facts & Figures 2017*. Atlanta, GA: American Cancer Society; 2017.

² American Cancer Society. *Cancer Facts & Figures for African Americans 2016-2018*. Atlanta, GA: American Cancer Society; 2016.

³ SEER Cancer Statistics Factsheets: Female Breast Cancer. National Cancer Institute. Bethesda, MD, <http://seer.cancer.gov/statfacts/html/breast.html>

⁴ Warner ET, Tamimi RM, Hughes ME, et al. Time to Diagnosis and Breast Cancer Stage by Race/Ethnicity. *Breast cancer research and treatment*. 2012;136(3):813-821. doi:10.1007/s10549-012-2304-1.

⁵ George P, Chandwani S, Gabel M, et al. Diagnosis and Surgical Delays in African American and White Women with Early-Stage Breast Cancer. *Journal of Women's Health*. 2015;24(3):209-217. doi:10.1089/jwh.2014.4773.

⁶ Sassi F, Luft HS, Guadagnoli E. Reducing Racial/Ethnic Disparities in Female Breast Cancer: Screening Rates and Stage at Diagnosis. *American Journal of Public Health*. 2006;96(12):2165-2172. doi:10.2105/AJPH.2005.071761.

⁷ Virk-Baker MK, Martin MY, Levine RS, Wang X, Nagy TR, Pisu M. Mammography Utilization among Black and White Medicare Beneficiaries in High Breast Cancer Mortality US Counties. *Cancer causes & control*. 2013;24(12):2187-2196. doi:10.1007/s10552-013-0295-9.

⁸ Daly B and Olopade OI. Closing the racial survival disparity gap in breast cancer: Models for change from Chicago, New York, and beyond. *ASCO Post*. December 10, 2015. <http://www.ascopost.com/issues/december-10-2015/closing-the-racial-survival-disparity-gap-in-breast-cancer-models-for-change-from-chicago-new-york-and-beyond/>

⁹ Centers for Disease Control and Prevention. National breast and cervical cancer early detection program: National aggregate. Updated September 2016. Accessed November 2016. https://www.cdc.gov/cancer/nbccedp/data/summaries/national_aggregate.htm.

¹⁰ Ko N, Freund K, Levine P, et al. Racial and ethnic differences in patient navigation: Results from the Patient Navigation Research Program. *Cancer*. September 2016;122(17):2715-2722.

¹¹ Centers for Disease Control and Prevention. African Americans and tobacco use. Updated August 17, 2016. Accessed February 2017. <https://www.cdc.gov/tobacco/disparities/african-americans/index.htm>.