

What Black Women Need To Know About Breast Cancer

Disease in younger African-American women is likely to be more aggressive

By Joy Bennett Kinnon

LORIE Williams almost become a breast cancer statistic. But she turned the tables on the statistics, not only surviving an aggressive form of the disease, but also participating in a major North Carolina study that identified a virulent breast cancer tumor most common in young Black women.

Williams of Holly Springs, N.C., had no family history of breast cancer, and if she had not been vigilant in performing self-breast exams monthly—she might not be here today. She discovered a lump in her breast in August 2005 when she was just 29 years old. At that time she had just begun a new job working in a hospital newborn nursery as a secretary-technician. The married mother of a 6-year-old epileptic son, she was very concerned about her family. “The first thing I thought about when they gave me the diagnosis was, ‘Who will take care of my son?’ My husband can’t do this by himself. My son was my motivation; I had to keep going.” She went through eight sessions of chemotherapy, followed by surgery in January. Ironically, she had to delay the start of radiation due to the death of her 49-year-old father from throat cancer. She completed radiation in May. “You have to have early detection,” she says today. “It has already beaten you if you don’t have early detection.”

Williams has become an outspoken advocate for monthly self-breast exams and early mammograms. “You know your body better than any-

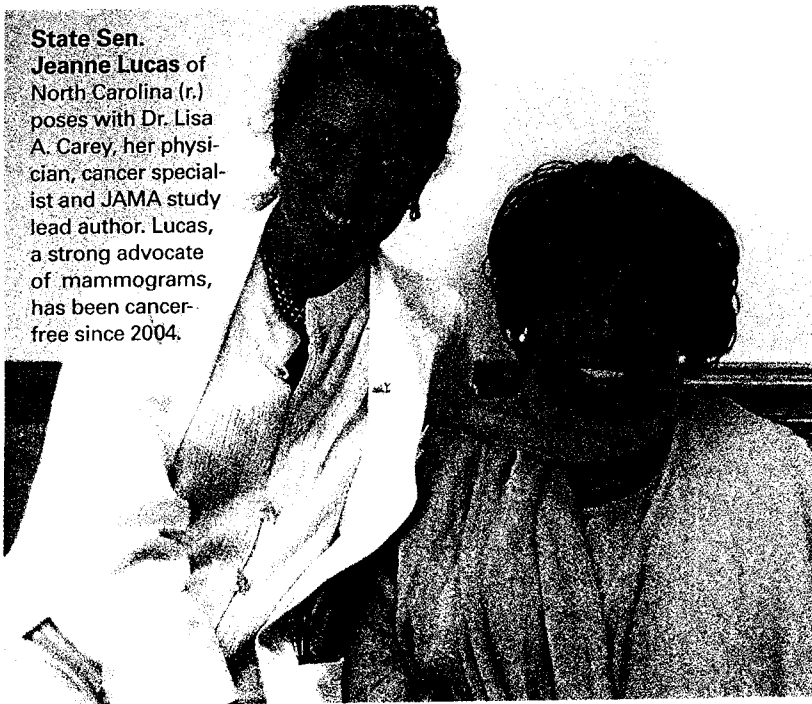
body, and if somebody tells you that you are too young to have a lump and that it’s probably just fibrous tissue, you tell them you want a biopsy,” she says forcefully. “That’s not acceptable, and this study I participated in is a good study; and it’s something my Sisters need to know.”

Breast cancer in young Black women is aggressive and deadly, and for decades doctors and researchers have wondered why. Although African-Americans have fewer breast cancers than White women, their mortality is worse. In fact, Black women under age 50 have a 77 percent higher mortality rate from breast cancer than White women of the same age. For Black women in this age bracket, the breast cancer death rate is 11 per 100,000, com-

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State Sen. Jeanne Lucas of North Carolina (r.) poses with Dr. Lisa A. Carey, her physician, cancer specialist and JAMA study lead author. Lucas, a strong advocate of mammograms, has been cancer-free since 2004.



dangerous "basal-like" subtype as compared with only 14 percent of older, postmenopausal Black women, and 16 percent of White women of any age. The study found that young Black women are also much less likely to get the least aggressive type. A report of the research appears in the June 7 issue of the Journal of the American Medical Association.

This new data does not immediately affect treatment options because there is no treatment that specifically attacks basal-like cancer. However, the study is helpful in that it identifies genetic details in this cancer that can help doctors tailor

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pared with only 6.3 in White women.

Access to health care, environmental exposures, and less frequent use of mammography screenings have all been the traditional explanations to our lower survival rates, but the results of a study led by scientists from the University of North Carolina at Chapel Hill schools of public health and medicine and the UNC Lineberger Comprehensive Cancer add a genetic part to this equation, offering some new insight into the issue.

"The present study adds an important piece to a large puzzle," says senior study author Dr. Robert M. Millikan, associate professor of epidemiology at the UNC School of Public Health. "Previous studies showed that many breast tumors in younger African-American women are very fast-growing and hard to treat. We found something new: Younger African-American breast cancer patients show a higher frequency of one of the aggressive subtypes of breast cancer called 'basal-like,'" says the principal investigator of the Carolina Breast Cancer Study (CBCS), one of the largest African-American breast cancer databases in the United States.

Younger, premenopausal Black women, when victimized by breast cancer, are more than twice as likely as older women, Black or White, to get an aggressive breast cancer subtype called "basal-like" the study found. Thirty-nine percent had the more aggressive and

WHAT YOU NEED TO KNOW ABOUT BREAST SELF-EXAMINATION

Breast self-examination does not replace clinical examination and mammography, but it can be considered a first line of defense to discovering and ultimately defeating the disease. Early detection is critical to surviving breast cancer.

- **WHAT'S THE KEY TO PERFORMING SELF-EXAMS?** Begin monthly breast self-examinations at age 18. Check once a month. Young women (pre-menopausal) should choose a time, two or three days, after their period ends so their breasts are least likely to be tender, swollen or lumpy. Post-menopausal women should choose a date that's easy to remember.
- **CHECK IN THE SHOWER.** Raise your arm over your head. With your fingers flat, move them over your breast (including your armpit) in a circular motion. Use your left hand for your right breast and your right hand for your left breast.
- **CHECK IN FRONT OF A MIRROR.** Lying down, women should check to see if the shape or contour of the breasts has changed. Also check to see if there is any swelling, dimpling of the skin, or changes in the skin or nipple. Gently squeeze the nipple to check for discharge.



Cancer survivor Lorie Williams poses with her husband, Roland D. Falana, and 6-year-old son, Roland Nasir Falana. She is an avid supporter of early detection of breast cancer through monthly self-exams and regular mammograms.

specific drugs to fight it. "Right now, the only available treatment for basal-like breast cancer is chemotherapy," says Dr. Lisa A. Carey, JAMA study lead author and associate professor of medicine in the hematology-oncology division at UNC. She says that in less than five years, perhaps as little as one year, she expects to see progress on new drugs to target this breast cancer sub-type. She says the goal is to find other treatments for this sub-type. "Chemotherapy cures people, there's no question that it works," Dr. Carey says. "The physical disruption is no walk in the park—most people tolerate chemo, but the disruption to their family, work and life is not to be trivialized."

North Carolina State Senator Jeanne Hopkins Lucas can testify to that. She also had the aggressive basal-like breast cancer tumor. And it took aggressive treatments for her to overcome it. "Chemotherapy made me extremely ill," she says. "When I stand on the Senate floor now, I tell people we are committed to stopping the silence. If you get screened, then you don't have to go through the agony and the stress that I went through because it is painful." Lucas became North Carolina's first African-American female to serve in the North Carolina Senate in 1993. She is also North Carolina's first African-American female to serve as the Senate Majority Whip in 2003, a position she still holds. While she acknowledges that the mammogram can be uncomfortable, "It's not as uncomfortable as the illness."

Sen. Lucas was 68 when she was diagnosed with a basal-like tumor in 2003. She then underwent months of aggressive chemotherapy to shrink the tumor fol-

lowed by surgery to remove what remained of the tumor, and radiation was the final step in the procedure. Before her cancer diagnosis, the senator had not had a mammogram in more than two years. "I go every six months for my mammogram now and before I was just lazy about it," she says now. She says her husband of 47 years, William (Bill) Lucas, and her two sisters were extremely supportive during her ordeal. "I have had an excellent support system that most people don't have," she says. "Most African-American women get this form of cancer when they are less than 50, but I'm 70." She says technology and science have made such strides that if she had gotten this same form of cancer in the late 1990s, she probably wouldn't have survived.

Dr. Carey agrees. "The senator got a very aggressive, very modern approach—she went through a lot. It was a rough thing and she was a trooper through the whole thing." She says the advancements to lessen breast cancer mortality have been the result of women who participated in clinical trials. "When my grandmother died from breast cancer, 60 percent of the women who got breast cancer died of it," Dr. Carey says, "It's only 20 percent now."

To continue this trend, she says steps have to be taken to try to improve the number of women who get mammography screenings; try to get women to participate in clinical trials, particularly more African-American women; and develop better treatments by understanding the biology. "The issue of race is a horribly contentious issue, in large part, because it has been so egregiously abused by science and many people in the name of science," says Dr. James P. Evans, director of adult genetics at the University of North Carolina. "Modern medicine really is this huge field where we know a lot about White, middle-aged men. But when it comes to children, minorities, women, we don't know nearly as much, and that's a horrible blind spot and something we need to correct."

And African-American women can begin to correct the past by being proactive—taking control of their health by performing monthly breast self-examinations, getting regular clinical examinations, life-saving mammograms and thorough health screenings. This should be the first step, medical experts say, in the battle against one of the most serious conditions Black women have to face. □