



WSL Health Topics:

Breast Cancer & African American Women – It's a Different Beast

By Regina M. Hampton, MD

Many people are aware of the disparities in breast cancer diagnosis and survival between white women and non-white women. In African American women less than 50 years old, the incidence (the number of these women who get breast cancer) is less than that for white women. The shocking part of this data is that for African American women, the death rate is 77% higher than white women. Let me put this in plain terms to summarize: young African American women die at a higher rate from breast cancer than our white counterparts.

Why is there such a disparity? Thanks to Dr. Lisa Carey (she is the oncologist for Senator John Edwards's wife); we are starting to get the answers to this puzzling question. It is well known that African American women below age 50 have a more aggressive tumor that spreads very quickly. Once a cancer spreads throughout the body, it is more difficult for us to control (although not impossible). In my personal experience with this particular group of women, small tumors (less than 2 cm) are found to have spread to other parts of the body when diagnosed.

Dr. Carey found that these women have a special subtype of breast cancer, called *basal-like*, that limits their responsiveness to many chemotherapy agents. One of the biggest differences is that they lack estrogen, progesterone and Her2 receptors. We have developed drugs to block these receptors, thus controlling the growth and spread of breast cancer cells. This limits the number of medications available to this section of African American women for treatment.

There are also many practical issues that contribute to these horrible statistics. We, as African American women are not doing our self breast exams, we are not getting our mammograms as recommended by the American Cancer Society and we are not paying attention to our family history. In my practice, I have found that these are due to fear and misinformation. Fear of losing a breast is a valid concern. However, with early detection, lumpectomy (removal of breast mass only, leaving rest of the breast intact) is an option. Many of my physician colleagues have not grasped the concept that a breast mass in woman younger than age 50 could be breast cancer. We as physicians have to do a better job at recommending mammograms in women younger than 50 with a breast mass (the youngest breast cancer patient I have seen is age 21).

It is great news that we are starting to answer this difficult question and this research will lead to more research and answers. As an African American woman and physician, I am concerned about my own health as well as the health of the many young women that I see in my office. I think we have only hit the tip of the iceberg. We have much to learn about how breast cancer affects women of all races and ethnicities. We must get involved in the process (if you want to call it being a guinea pig, then so be it). Let us be part of the research process that will help save our daughters, granddaughters and future generations.

Reference: L. Carey, et.al. "Race, Breast Cancer Subtypes, and Survival in the Carolina Breast Cancer Study." JAMA 2006; 295: 2492-2502

Dr. Regina Hampton is a General, Laparoscopic and Breast Surgeon. She attended Howard University, receiving a B.S. degree in Radiation Therapy Technology, and graduated from the Medical College of Pennsylvania (Drexel University). Dr. Hampton completed a general surgery residency at Howard University Hospital, and a two-year research oncology fellowship at the Lombardi Cancer Center at Georgetown University. Dr. Hampton's practice, CHOICE Metro Surgery, is located in Greenbelt, MD. For more information visit www.choicemetrosurgery.com.

