

## Breast Cancer

### Black Women Have Higher Death Rates from Breast Cancer Than Other Women

Breast cancer is the second leading cause of cancer deaths among women in the United States (2005-2009). Breast cancer deaths are going down the fastest among white women compared to women of other races and ethnicities. Black women have the highest death rates of all racial and ethnic groups and are 40% more likely to die of breast cancer than white women. The reasons for this difference result from many factors including having more aggressive cancers and fewer social and economic resources. To improve this disparity, black women need more timely follow-up and improved access to high-quality treatment.

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Want to learn more? Visit

[www !\[\]\(e3f8612927870f2e0f9f5989e6dd3064\_img.jpg\) http://www.cdc.gov/vitalsigns](http://www.cdc.gov/vitalsigns)

 **40,000**

Nearly 40,000 women die of breast cancer each year in the US.

**40%** 

Black women are 40% more likely to die of breast cancer than white women.

 **1,800**

Nearly 1,800 fewer black women would die of breast cancer if death rates were the same as white women.

# Differences in screening, follow-up, and treatment

## Problem

### SCREENING:

**Black women get mammograms as often as white women.**

◇ Screening means looking for cancer before symptoms appear. Mammograms are the best way to screen for breast cancer. A mammogram is an X-ray picture of the breast.

◇ Black and white women reported equal breast cancer screening in 2010 (mammograms every 2 years for women 50 to 74: 74% versus 73%). (<http://www.cdc.gov/cancer/breast/statistics/screening.htm>).

◇ More black women are found to have breast cancer that has spread beyond the breast (45%) compared with white women (35%).

### FOLLOW-UP:

**Black women get follow-up care later than white women.**

◇ When a mammogram shows something is not normal, follow-up tests are needed to see if it is cancer.

◇ More black women experience follow-up times of over 60 days (20%) compared with white women (12%) after a mammogram that is not normal.

◇ Waiting longer for follow-up care may lead to cancers that spread beyond the breast and are harder to treat.

### TREATMENT:

**Black women have different treatment experiences than white women.**

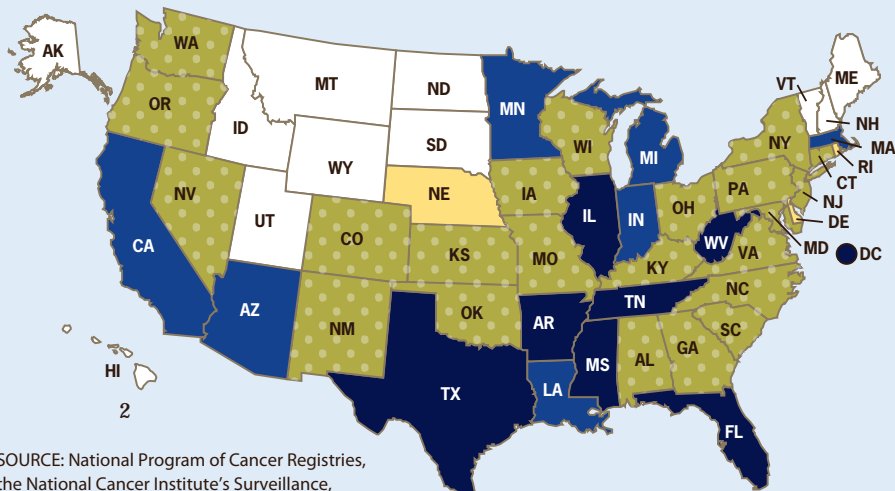
◇ After cancer is found, treatment should start as soon as possible.

◇ Only 69% of black women start treatment within 30 days (compared with 83% of white women).

◇ Fewer black women receive the surgery, radiation, and hormone treatments they need compared to white women.

◇ Black women have 9 more deaths per 100 breast cancers diagnosed compared to white women.

## Number of Additional Breast Cancer Deaths Among Black Women, By State



Compared with white women, for every 100 breast cancer cases, black women had

10-12 more deaths

9 more deaths (US average)

3-8 more deaths

About the same number of deaths (DE, NE, RI)

Difference could not be calculated

SOURCE: National Program of Cancer Registries, the National Cancer Institute's Surveillance, Epidemiology and End Results Program and National Vital Statistics System Mortality Data (2005-2009)

# Breast Cancer Screening, Diagnosis and Treatment

## WOMEN

### 1. Before testing (screening)

- ◇ Know if you should be tested and why.
- ◇ Know the right age to start getting tested.
- ◇ Make an appointment with your doctor, or find one, to talk about the test.
- ◇ Talk with your doctor or nurse about any concerns.
- ◇ Have close friends and family support you in getting tested.
- ◇ Schedule your mammogram appointment, taking work, home, language, and getting there into account.



### 2. Getting a mammogram test

- ◇ Keep your appointment.
- ◇ If the doctor does not call you back in a week, call the office to ask for the results.



### 3. If the 1st test suggests cancer

- ◇ The results may be normal, not normal, or somewhere in-between. Try not to panic or worry.
- ◇ Ask what the mammogram results mean.
- ◇ If the results are not normal, a breast ultrasound or biopsy may be recommended. Talk with your doctor and nurses about the results and the next steps.
- ◇ Make and keep follow-up appointments.
- ◇ Ask your close friends and family for support.



### 4. If the doctor tells you it's cancer

- ◇ Ask all the questions you want. The doctor, nurse, and staff are there to help you understand and make good decisions about next steps.
- ◇ Expect to be referred to a cancer specialist who will discuss the best treatment options and take over your care for a while.
- ◇ Ask your close friends and family for support.



## DOCTORS AND NURSES

### 1. Before testing (screening)

- ◇ Have a good clinic record system that reminds you which patients are due for testing.
- ◇ Talk with each patient about her risk of breast cancer, the benefits and risks of testing, and the right age to start testing.
- ◇ Answer questions from your patient about her concerns—costs, cultural barriers, fears, etc.
- ◇ Identify where she can get the test done.
- ◇ Have the office staff remind your patient of her upcoming appointment.

### 2. Getting a mammogram test

- ◇ Help your patient understand what she needs to do during the test.
- ◇ Answer her questions before and during the test.
- ◇ Get results quickly and promptly call your patient.

### 3. If the 1st test suggests cancer

- ◇ If possible, assign a patient navigator to your patient.
- ◇ Talk with your patient about the next set of tests.
- ◇ Answer questions about your patients' concerns.
- ◇ Refer her promptly for the next test or to the next doctor.
- ◇ Remind your patient of her upcoming appointments.
- ◇ Schedule a follow-up appointment, regardless of the results of the next test.

### 4. As soon as you know it's cancer

- ◇ Know the next step(s) and why they are needed.
- ◇ Refer your patient promptly to a cancer specialist.
- ◇ Keep track of her progress so she continues to see the cancer specialist(s) and gets all necessary therapy.
- ◇ Work with a patient navigator, if possible.

# What Can Be Done



## Federal government is

- ◇ Implementing the Affordable Care Act and educating women about the preventative benefits and coverage provided by the law, including coverage of mammograms without co-pays in many health plans and, beginning in 2014, the law will expand access to health insurance coverage for 30 million previously-uninsured Americans.
- ◇ Investing in the use of electronic health records and case management services in federally-funded health clinics so women get the timely follow-up care. For example, over \$80 million were invested to help networks of health centers adopt electronic health records (EHR) and other health information technology (HIT) system.
- ◇ Supporting state efforts, through the National Breast and Cervical Cancer Early Detection Program, to help uninsured women get screening and access to treatment.
- ◇ Supporting research on health disparities in breast cancer.



## State and local health agencies can

- ◇ Use public-private partnerships to work with health care systems and health insurance companies to help educate women and their doctors about timely, high-quality breast cancer care.
- ◇ Use outreach strategies to help women understand why they need a mammogram.
- ◇ Educate women on what to expect when a mammogram finds something that is not normal.



## Health care systems can

- ◇ Engage well-trained case managers, health educators, community health workers and other patient navigators to help women understand and guide them through the health care system.
- ◇ Inform doctors about their screening and treatment rates to improve their timeliness of care.
- ◇ Explore strategies to enhance doctor-patient communications.

## Doctors, nurses, and others who treat patients can



- ◇ Make sure that women get recommended tests and treatments.
- ◇ Use tools like electronic systems or other reminders to notify patients when it's time to get a mammogram.
- ◇ Continue to talk to women about their risk for breast cancer, explain test results and refer patients to specialists as needed.



## Women can

- ◇ Use these 10 questions to increase their communications with their doctor during appointments. (<http://www.ahrq.gov/questions/tenquestions.htm>).
- ◇ Get recommended mammograms.
- ◇ Contact their local health department or community health center for help if they cannot afford a mammogram. (<http://www.cdc.gov/cancer/nbccedp/screenings.htm>).
- ◇ Return for more tests if a mammogram finds something that needs follow-up.
- ◇ Ask about the kinds of treatment available.

For more information, please contact

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