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Race and Breast Cancer [1]

The relationship between race, ethnicity, and breast cancer is complex. Many studies have shown that women of different racial and ethnic backgrounds have different rates of developing and surviving breast cancer, but the reasons for this difference aren't always clear.

According to the National Cancer Institute, white women are the ethnic group most likely to develop breast cancer, while Korean American women are the least likely. However, black women have a greater chance of being diagnosed with more aggressive, advanced-stage breast cancer. They are also more likely to be diagnosed at a younger age and tend to have a worse prognosis (chance of recovering).

Risk factors and race

Researchers have found that some of the differences in cancer diagnosis and survival may be linked to the fact that many black women have less access to regular medical care, such as having a primary care doctor. Having a primary care doctor increases the chance that a person will have regular check-ups and screening tests that may find breast cancer at an earlier stage before it has the chance to spread.

Various lifestyle factors that are more common in some ethnic groups, such as unhealthy eating habits and weight issues, as well as other health concerns, such as diabetes and high blood pressure, may also influence prognosis. Research has shown that obesity is a major risk factor for developing breast cancer, as well as decreasing recovery and survival following treatment, no matter what race you are.

Genetic factors

There are also genetic (inherited) factors associated with a person?s racial and ethnic ancestry that influence breast cancer development and survival. For example, Ashkenazi (Eastern European) Jewish women have a higher risk of carrying specific mutations (changes) in the *BRCA* breast cancer susceptibility genes that make them more likely to develop breast and/or ovarian cancer than women who do not have a *BRCA* mutation.

African ancestry has been linked with an increased risk of developing a particular type of breast cancer known as triple-negative breast cancer. This type of cancer is called ?triple-negative? because the tumors do not have receptors for estrogen and/or progesterone, like normal breast

tissue does, and they do not have a protein called human epidermal growth factor receptor two (HER2). As a result, triple-negative breast cancers do not respond to medications that block estrogen production or receptors, like tamoxifen (Nolvadex, Soltamox) or aromatase inhibitors, or to HER2-blockers like trastuzumab (Herceptin) and lapatinib (Tykerb). As a result, chemotherapy is often the treatment of choice, but when it does not work, triple-negative cancers may be difficult to treat.

Interestingly, male breast cancer is also more common among African as well as African American men. Learn more about the genetics of breast cancer [2].

Steps you can take

Although you can't change your race or ethnicity, there are still a number of things you can do to lower your risk of breast cancer. First, it is important to talk with your doctor about getting a mammogram [3] and decide on an appropriate screening schedule. The U.S. Preventive Services Task Force recommends that women between the ages of 50 and 74 have a mammogram every two years and that mammography be considered in women aged 40 to 49 after evaluating the risks and benefits of this test with a doctor. The American Cancer Society recommends yearly mammography beginning at age 40. If you are worried about the cost of these tests, there are programs, such as the Centers for Disease Control and Prevention?s National Breast and Cervical Cancer Early Detection Program [4], that provide free or low-cost mammograms to women who qualify. Find other financial resources [5] that can help you manage the cost of cancer care.

If you have been diagnosed with breast cancer, it is important to talk with your doctor about the most effective treatment plan for your type and stage of cancer. Researchers have found that black women are less likely to get high-quality treatment if they have cancer, often due to a lack of social and economic resources. It is also important to consider participating in a clinical trial [6] . Black women and women of other ethnic groups do not participate in clinical trials as frequently as white women and, therefore, have less access to new and promising therapies. A lack of participation in clinical trials also means that less is learned about cancer in women who are members of minority groups.

In addition, you can make healthy lifestyle choices that can keep your risk of developing cancer as low as possible and improve your health after a cancer diagnosis. This includes:

- Maintaining a healthy weight
- Exercising regularly
- Limiting the amount of alcohol you drink
- Eating nutritious food
- Stopping tobacco use [7]

Learn more about risk factors and prevention [8].

Understanding risk and statistics

Cancer risk and survival statistics should be interpreted with caution. Although these numbers may be a good way to learn about how race may influence breast cancer risk and survival, they

can't predict if someone will develop breast cancer or how well a treatment will work for a specific person. Your doctor can help you understand how these statistics relate to your chances of developing breast cancer or chances of being successfully treated. Learn more about cancer statistics [9].

More Information

Guide to Breast Cancer [10]

Understanding Cancer Risk [11]

Health Disparities and Cancer [12]

Additional Resources

National Cancer Institute: Cancer Health Disparities [13]

Susan G. Komen for the Cure: Race and Ethnicity [14]

Links:
[1] http://www.cancer.net/research-and-advocacy/health-disparities-and-cancer/race-and-breast-cancer
[2] http://www.cancer.net/node/24896
[3] http://www.cancer.net/node/24584
[4] http://www.cdc.gov/cancer/nbccedp/screenings.htm?_cid=govD_VS_BreastCancer_003
[5] http://www.cancer.net/node/25370
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