



Triple Threat: How to fight the breast cancer disproportionately affecting young Black women

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On any given day at a hospital on Chicago's South Side, Olufunmilayo Olopade, M.D., can be found doing one of the things she does best: setting women straight about the realities of breast cancer and preaching the gospel of early, aggressive treatment. "I have a patient right now—a hardworking, middle-class Black woman in her forties. She came to me after getting three medical opinions," says Olopade, a hematology oncologist at the University of Chicago Medical Center. "Everyone said to her, 'You have triple negative breast cancer, and here's the benefit of chemotherapy.' The patient's response was: 'I can't get chemotherapy. I have a business to run.'" It quickly became clear to Olopade that her patient didn't grasp how serious her condition was. Triple negative breast cancer (TNBC) can be fast-growing. It's difficult to treat and more likely to be diagnosed among Black women under age 50. While it's true that women of African descent anywhere in the world are less likely to get breast cancer, when they do get it, recent research has found that 40 percent of cases in young Black women will be TNBC, as opposed to about 15 percent of cases in young women from other ethnic groups.

Olopade dropped her bedside manner and got to the point. This was about life or death. "When women come to me and say, 'I don't want to get chemotherapy' or 'I don't want my hair to fall out,' I tell them, 'If it turns out to be one of these fast-growing cancers, you can't afford to wait,'" Olopade says.

The scary reputation TNBC has been given by the media that it's a Black woman's cancer and nearly impossible to defeat is far from the truth. "TNBC is not Black or White," explains Olopade. It also disproportionately affects Hispanic women, as well as women in Poland. "And it can be aggressive, but it's treatable." Many women who get the recommended course of chemotherapy actually beat TNBC.

Understanding TNBC

Most women receive some type of additional therapy after surgery to remove a cancerous tumor (lumpectomy or mastectomy). The type of additional therapy they receive depends, in part, on the type of breast cancer they have. Every cell in the human body has receptors—think of them as tiny doors into a cell. Once unlocked, scientists can discover the secrets of the cell: how to turn it on, turn it off, or kill it if it becomes cancerous. When treating most types of breast cancer in the United States, scientists are able to unlock—and combat—these breast cancer cells with highly effective drugs such as tamoxifen or herceptin.

Triple negative tumor cells earned their name because they do not have receptors for estrogen, progesterone or human epidermal growth factor receptor 2, the three types of tiny doors scientists have been able to unlock. Therefore they are "negative" to these three types and do not respond to the powerful breast cancer treatments developed to target these receptors. Less is known about drug therapies for TNBC because it is

not the most common type of breast cancer diagnosed in the United States and Europe, where most of the research has been done.

Even though we commonly refer to breast cancer as one disease, women battling TNBC should consider it and their treatment options unique because TNBC is only one type of cancer among many. Breast cancer is "probably about five diseases-they are all different from one another," explains Lisa Carey, M.D., a breast cancer specialist, University of North Carolina Lineberger Comprehensive Cancer Center, and an adviser to the Triple Negative Breast Cancer Foundation (tnbcfoundation.org).

Because TNBC doesn't respond to targeted drug therapies, the strategy of choice is chemotherapy, sometimes followed by radiation. "There have been more advances in chemotherapy for this type of breast cancer than others," says Carey. "That's an important message."

Be Proactive to Prevent TNBC

Live healthy and you up your chances of avoiding TNBC. Yet should it strike, fighting back and winning means being an active, involved patient. Follow this advice to protect yourself from TNBC and other breast cancers:

- * Make time for exercise. Carrying excess weight in your midsection (spare tires are a danger), as measured by your waist-to-hip ratio, may double to triple your risk of TNBC. You should maintain a healthy weight and exercise at least 45 minutes five times a week. The bonus, of course, is that such healthy living also protects you from heart disease, hypertension, diabetes and many other health problems.

- * Gain the benefit of breast-feeding. "We think having children and not breast-feeding probably doubles or triples your risk of this type of breast cancer," explains Robert C. Millikan, M.D., professor of epidemiology at the University of North Carolina School of Public Health and Lineberger Comprehensive Cancer Center. The risk has nothing to do with being pregnant or not. "It's the lack of breast-feeding," Millikan says. Once you become pregnant, your breast cells divide, creating what physicians call immature cells. Those cells need to mature to be healthy. Breast-feeding allows the cells to mature, protecting them from becoming cancerous.

- * Rethink your diet. The American Cancer Society recommends eating five or more servings of fruit and vegetables daily, choosing whole grains, and limiting your consumption of red and processed meats (such as cold cuts). The American Association for Cancer Research recommends eliminating alcohol entirely.

- * Do self-exams. Breast self-exams cannot take the place of a mammogram. "But being aware of one's breasts and reporting any changes, in terms of lumps or changes in the nipple or in the skin, is very important," says Eric P. Winer, M.D., associate professor in the department of medicine at Harvard Medical School and director of the Breast Oncology Center at DanaFarber Cancer Institute. Brenda Esaw-Howard, 51, agrees. And she adds that cup size is no excuse for skipping self-exams. "I didn't wait for a doctor who saw me once a year to examine me. . ., I did monthly self-exams-and I used to be a 44GG," notes the YWCA community advocate from New Jersey, who had a mastectomy with reconstruction after her second bout with TNBC. "As soon as I felt a change, I immediately went to the doctor. Because I went early, the cancer never spread to my lymph nodes."

- * Speak up. If you find a lump on your own and you're under 40, don't let your doctor dismiss it as a cyst. Triple negative breast cancer is most often diagnosed in women under 40. "If you're African-American, you might say to your doctor, 'Young women can get breast cancer. I want to have a biopsy,'" suggests Olopade. But that's just the first step in being your own advocate. "Any woman who has a lump should have that lump evaluated, and that should generally include a pathologic examination [laboratory test to diagnose a disease]," Winer says. With TNBC, this is one of the most important steps.

* Get regular mammograms. Be sure to follow the American Cancer Society's recommendation to get your baseline mammogram at 40 and repeat it once a year. "For a woman who either has a gene mutation [such as BRCA1-the breast cancer gene-for which you can be tested if family history puts you at risk] or has a strong family history, starting earlier than age 40 may be best," Winer advises. "And some of these women should combine mammography with MRI." An MRI test may be better at finding breast cancer in high-risk women. Ultrasound could do the same and may be better at detecting lumps in women with dense breast tissue, which Black women tend to have.

* Have your tumor typed. You need to know if it's estrogen receptor-positive or triple negative, for example. That should fall under standard care but doesn't always happen. "We did a study reviewing all of the pathology reports in Los Angeles County, and we found that the results were incredibly variable-there were major quality-of-care issues," warns Patricia A. Ganz, M.D., professor at the schools of medicine and public health at the University of California at Los Angeles.

Treatment Strategies for TNBC

Surgery, chemotherapy and radiation are currently the only treatments for TNBC. "The two most active kinds of chemotherapy in breast cancer are taxanes [they limit or stop cell growth] and anthracyclines [an antibiotic]," Carey says. "The questions you should be asking your medical oncologist when you are discussing treatment are, 'What is the risk of this cancer coming back,' and, 'How much impact can each option have on my risk?'" "The greatest danger with TNBC is that the cancer will recur.

"One of the biggest problems that many young African-American women face is that they are in places where the care isn't as good [as it could be]. They may be going to clinics where there's somewhat less experience in terms of breast cancer in younger women," Winer says. The answer is to seek care at one of the nation's more than 50 comprehensive cancer centers. "In truth, almost any comprehensive cancer center would be a step above a small community hospital," Winer says. Log on to <http://cancercenters.cancer.gov> to find the center nearest you. Medical insurance and Medicaid should be taken at any cancer center location.

While medical treatment is critical, it's important for women to remember the emotional and spiritual repair they'll need as well. Ganz's clinical observations found that African-American women had good emotional functioning and were likely to find meaning through spirituality in their treatment experience. JaQuitta Williams, 37, a WSB-TV anchor-reporter in Atlanta who learned she had TNBC last July, noted social support was key to her recovery as well. "I needed to see people who looked like me and understood my experience-women who could say, 'You'll have some breakdowns, but you'll also have breakthroughs,'" says Williams. That's why she joined a support group for breast cancer survivors 40 and under, organized by Sisters...By Choice, Inc. (sistersbychoice.net), a nonprofit breast cancer education and awareness organization in Georgia. "Experiencing breast cancer is different when you're only in your thirties, haven't had children, aren't married, and have this thing in your body," Williams explains.

If researchers around the world have their way, new treatment strategies will soon be available to battle TNBC. "It's the one kind of breast cancer we don't have targeted therapies for," says Carey. Until then, the path to health and healing is staying one step ahead of TNBC with early detection, aggressive treatment and relentless self-care.

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