Breast Cancer Rates Rising Among African-American Women

A new report by the American Cancer Society found that breast cancer rates for African-American women in the U.S. are growing. Although white women have historically been more likely to be diagnosed with breast cancer, the rate of breast cancer diagnosis for African-American women has risen to the point where, for the first time, it equals that of white women.

The report published October 31 in CA: A Cancer Journal for Clinicians, analyzed data collected between 2008 and 2012. Because African-American women are also more likely to die from the disease, the results suggest that breast cancer continues to have a greater impact on this population.

Background:

Many studies have looked at the differences in number of diagnoses and mortality rates – how likely a person is to die from breast cancer – between African-American women and white women. Although African-American women have historically been less likely to be diagnosed with breast cancer than white women, researchers have known that African-American women are more likely to die of breast cancer for decades. And while the number of diagnoses each year in white women has stabilized, the number in African-American women has been rising over time.

Every two years the American Cancer Society publishes a report, Breast Cancer Facts & Figures, to summarize current statistics about breast cancer, including trends in breast cancer incidence, mortality, survival and screening. The data on breast cancer rates among African-American women was part of the 2015-2016 report.
Breast Cancer Rates Rising
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**Design:**
The report looked at information from 2008 to 2012 for women included in the SEER (U.S. Surveillance, Epidemiology, and End Results) database, a program of the National Cancer Institute. SEER data is drawn from cancer registries across the U.S.

Researchers analyzed incidence trends by race/ethnicity, age and stage. Both incidence and mortality rates were analyzed by state.

**Results:**
While breast cancer incidence rates in white women have remained stable, they have increased in black women. From 2008 through 2012:

- The number of diagnoses in African-American women rose by 0.4 percent per year.
- The number of diagnoses in Asian and Pacific Islander women rose by 1.5 percent per year.
- The number of diagnoses in Native American, Hispanic and white women remained stable.
- 124.3 black women per 100,000 were diagnosed with breast cancer, compared to 128.1 for white women.
- The number of diagnoses in African-American women was higher than in white women in Alabama, Kentucky, Louisiana, Mississippi, Missouri, Oklahoma and Tennessee.

By 2012, breast cancer had become as common among African-American women in the U.S. as among white women. Although African-American women are less likely to die of cancer today than 25 years ago, they continue to have a 42 percent higher death rate (31.0 per 100,000) than white women (21.9 per 100,000).

Although researchers don’t yet know the reasons why the death rate is higher, they suggest it may be because African-American women are often diagnosed later, after the cancer is more likely to have spread. Premenopausal African-American women are also more likely to be diagnosed with aggressive subtypes of breast cancer, such as negative disease, that are associated with shorter survival. Many African-American women have less access to quality screening and treatment. Cultural distrust of doctors and lack of medical coverage may also play a role.

The growing incidence and mortality rates in African-American women may also be due to rising obesity rates, which have increased from 39 percent in 2002 to 58 percent in 2012. Obesity increases estrogen in the body, which is a risk factor for estrogen receptor-positive breast cancer.

Other risk factors that may explain why the incidence of breast cancer is rising in African-American women include having fewer children, having children later in life and not breastfeeding as often.

Earlier detection may play a role. But because breast cancer screening rates have remained stable, it wouldn’t fully explain the trend.

**What This Means for You:**
The report highlights the need for more research on why breast cancer continues to take a greater toll on African-American women. It also highlights the need for doctors to offer more follow-up and support to African-American women undergoing treatment.

If you heard or read about these findings, you may have been alarmed. Or maybe you felt frustrated that yet another report shows the greater impact of breast cancer on African-American women, but the reasons why aren’t clear.

It’s important for women of all races to become aware of their risks. Talk to your doctor about genetic testing and make sure to have regular screening mammograms. Steps you can take to lower your risk include maintaining a healthy body weight, having a diet high in fruits and vegetables, exercising regularly and limiting alcohol.

It’s also important that you talk to your doctor right away if you notice any changes or abnormalities in your breasts. If you are diagnosed with breast cancer, seek the highest quality care that you can. Consider enrolling in a clinical trial to help researchers figure out what treatments work best. Visit ClinicalTrials.gov and talk to your doctor.

Resource: Living Beyond Breast Cancer (www.lbbc.org)
January is Cervical Health Awareness Month

Each year, an estimated 12,000 women are diagnosed with cervical cancer, and of those, about one-third will die as a result of the cancer. But cervical cancer is also a highly preventable and treatable cancer, thanks to improved screening and vaccination.

The American Social Health Association (ASHA) and the National Cervical Cancer Coalition have named January Cervical Health Awareness Month to encourage women across the country to get screened for cervical cancer and receive the human papillomavirus (HPV) vaccine if they’re eligible.

Today, detection tools and inoculations make cervical cancer a condition that is relatively easy to prevent and treat. In women who are not vaccinated and not screened regularly, either due to a lack of information or inadequate health care, cervical cancer can still be a serious, even fatal, illness.

“Science has put us in a remarkable position to protect women from cervical cancer, but technology is only half the battle,” said ASHA president and CEO Lynn Barclay. “It’s imperative we continue efforts that not only promote greater access to health care, but that we also inform women about cervical cancer and the marvelous means we now have to prevent this disease.”

This year, the organizations are focusing on increasing the number of eligible women getting the human papillomavirus (HPV) vaccine. HPV is common among women and is the main cause of cervical cancer. It’s estimated that at least 75 percent of the reproductive-age population has been infected with one or more types of genital HPV. In the vast majority of cases, the virus causes no symptoms or health problems and goes away on its own when a healthy immune system clears the infection. But, in about five percent of women, a persistent infection occurs with high-risk strains of HPV, which causes nearly all cases of cervical cancer.

The HPV vaccine, which must be given in three doses, can protect women against four HPV types—the two most common high-risk strains (HPV 16 and 18) and the two most common low-risk types (HPV 6 and 11). The vaccine should be given before an infection occurs, ideally, before a girl becomes sexually active.

Get Screened

Barclay noted that it’s important for parents and primary care physicians to promote the vaccination. The Centers for Disease Control and Prevention recommends the inoculation for girls and women aged 11 to 26. Health care professionals are increasingly suggesting that teen boys and men get the vaccine as well.

“Fewer than half of girls and young women who are eligible for these vaccines have completed the three-dose series, so increasing vaccine uptake is a priority for us,” said Barclay.

According to the National Institutes of Health, cervical cancer develops slowly, starting as a precancerous condition known as dysplasia. These abnormal cells are easily detected through a Pap test and can be treated effectively. There is also an HPV test that, when combined with a Pap test in women over age 30, can help identify women at risk for developing cervical cancer.

If left undetected, dysplasia can turn into cervical cancer, which can potentially spread to the bladder, intestines, lungs and liver. Moreover, women may not suspect cervical cancer until it has become advanced or metastasizes, a fact which underscores the importance of regular Pap tests. Talk to your health care provider about what screening tests you need and how often you need them.

Symptoms of cervical cancer, which may not show up until the cancer is advanced, include abnormal vaginal bleeding, unusual discharge, and periods that last longer or have a heavier flow than usual and bleeding after menopause.

When you hear the term “heart disease,” you may think, “That’s a man’s disease” or “Not my problem.” But here is The Heart Truth®: one in four women in the United States dies of heart disease, while one in 30 dies of breast cancer. If you’ve got a heart, heart disease could be your problem.

Learn more about heart disease.

What Are the Risk Factors for Heart Disease?
An astonishing 80 percent of women ages 40 to 60 have one or more risk factors for heart disease. Having one or more risk factors dramatically increases a woman’s chance of developing heart disease because risk factors tend to worsen each other’s effects. In fact, according to research compiled by the National Heart, Lung and Blood Institute (NHLBI), having just one risk factor doubles your chance of developing heart disease.

Whatever a woman’s age, she needs to take action to protect her heart health. Heart disease can begin early, even in the teen years, and women in their 20s and 30s need to take action to reduce their risk of developing heart disease. Yet among U.S. women ages 18 and older, 17 percent are current smokers. Among women ages 20 and older, 64 are overweight (BMI of 25 or greater), 27 percent have hypertension, and 45 percent have high cholesterol.

African American and Hispanic women, in particular, have higher rates of some risk factors for heart disease and are disproportionately affected by the disease compared to white women. More than 80 percent of midlife African American women are overweight or obese, 53 percent have hypertension, and 11 percent have been diagnosed with diabetes. Eighty percent of Hispanic women ages 20 and older are overweight or obese, and 15 percent have been diagnosed with diabetes.

How Do I Find Out if I Am at Risk for Heart Disease?
Some women believe that doing just one healthy thing will take care of all their heart disease risk. For example, they may think that if they walk or swim regularly, they can still smoke and stay fairly healthy. This is wrong. To protect your heart, it is vital to make changes that address each risk factor you have.

A damaged heart can damage your life by interfering with enjoyable activities and even your ability to do simple things, such as taking a walk or climbing steps. Heart disease cannot be “cured.” It is a lifelong condition—once you get it, you’ll always have it.

Fortunately, it’s a problem you can do something about. Find out your risk for heart disease and take steps to prevent and control it. Talk to your doctor to get more answers. Start taking action today to protect your heart. Heart disease is preventable—by making healthy lifestyle changes and taking steps to manage risk factors, women can reduce their risk for heart disease.


Dear Lord,

As the New Year is born
I give it to Thy hand
Content to walk by faith what paths
I cannot understand
Whatever coming days may bring
Of bitter loss, or gain
Or every crown of happiness;
Should sorrow come, or pain,
Or Lord, if all unknown to me
Thine angel hovers near
To bear me to that farther shore
Before another year,
It matters not—my hand in Thine,
Thy light upon my face,
Thy boundless strength when I am weak,
Thy love and saving grace!
I only ask, loose not my hand,
Grip fast my soul, and be
My guiding light upon the path
Till, blind no more, I see!

~ By Martha Snell Nicholson

Till, blind no more, I me and remain my friends.
Angels Spreading Their Wings in 2015

The ANGEL Network continued to spread their wings in educating women and men on the importance of good breast health through health fairs and special events in 2015.
Mercy Cancer Center hosted an appreciation dinner and program for members of the ANGEL Network to celebrate 10 years of community service. The ANGEL Network has participated in 110 health fairs, 116 speaking engagements, Cleveland and Akron Komen Race for the Cure events, Relay for Life and other sponsored community programs. The ANGEL Network wants to express their sincere thanks to the Cancer Center and Mercy Medical Center for their continued support.
Cancer can be complicated and scary. Many wonder if their cancer diagnosis spells the end of their life, and carefully avoid discussions about prognosis for fear of hearing the worst. It is understandable that when faced with cancer, most want to put up a hard fight. After all, there are a lot of options for treatment and even a cure that once did not exist. And that is why they sometimes are terrified when they hear the word “palliative.” For many, that word means there are no longer options for cure. We say “palliative” and they hear “dying.” In reality, the word “palliative” though, is different than the unique medical specialty that is palliative care. If a cancer treatment is said to be palliative in nature, this does indeed mean that the treatment is intended to improve symptoms, but will not cure the disease. However, if someone suggests you might be well served with palliative care, they may mean something very different.

Palliative care is a medical specialty intended to help alleviate the physical and emotional symptoms of serious illness. It does not mean that you won’t get better, or that you must stop cancer treatment. When offered palliative care, you might think, “Wait! I’m still going to fight this!” If you are pursuing aggressive cancer treatment, palliative care might be just the tool you need in your fight. It’s an interdisciplinary approach, which means physicians, nurses, social workers, chaplains, and other resources will work together with you to identify and meet your needs. How does this help in your cancer fight? Palliative care focuses on optimal symptom management, so that nausea, pain, insomnia, shortness of breath, or difficulties with mobility do not get in the way of pursuing the treatments that you want and need. It means that you have a team supporting you as you go through what is likely one of the most trying times in your life. It doesn’t mean that you are expected to stop cancer treatment or that your hope for a cure is misplaced. It does mean that you are seriously ill, and probably have the physical and emotional burdens that arise as a result of that illness.

When you are very sick, it can be frightening to talk about things like living wills, medical leave of absence from work, childcare and financial burdens. But the reality is that advance planning can often make the cancer journey easier for you and your loved ones. Palliative care teams are adept at helping you hope for the best, while planning for the rest. They can provide emotional support through times of stressful decision making. If you aren’t going to get better, palliative care can help you plan for what a life of chronic illness will be like, and how you and your family will care for your long term needs. If you are going to get worse, and cancer treatments are no longer of benefit to you, palliative care can help you plan the best approach to the time that remains, managing symptoms optimally so you can do the things that matter. If you are one of the millions of people who are going to survive your cancer with a long, healthy life ahead, palliative care can assist you in managing your care while under treatment and provide the support you may need during recovery.

Whatever your cancer journey, if you are suffering from serious physical and emotional burdens because of cancer or another serious illness, you want to make use of every tool available to get you through this. Don’t shy away from palliative care because you are afraid or uninformed. It may be exactly what you need.
The ANGEL Network mission is to reduce the number of deaths within the African American female population by offering early detection programs, access to screening, and empowering African American women on breast health practices so that they will take an active part in their own health care.

All women are at risk for breast cancer.

But statistics show that although there is a lower incidence of breast cancer in African American women, there is a much higher mortality rate as compared to women of other races.

What is an ANGEL?

• One Voice At A Time – Women raising awareness in our community about the ANGEL Network.

• Certified breast health advocates provide education and guidelines on good breast health to women of all ages, but especially those 40 and older.

• ANGELS are breast health advocates teaching instructional breast exams to fellow women.

• ANGELS help women navigate the health care system so they have easy access to mammograms, breast exams and pelvic exams.

• ANGELS identify fellow women who need breast exams, mammograms, transportation and sometimes just a comforting and understanding ear.

• ANGELS help with the ANGEL education booth at health fairs and community events.