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Content
Jacqueline Lisk

Design
Boston Globe Advertising Design Department

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Disparities in Detection, Prevention and Treatment

Breast cancer mortality has steadily declined over the last four decades, largely due to improvements in early detection and treatment, according to the American Cancer Society (ACS). But not all women have benefited equally from this progress. Since 1990, breast cancer death rates have dropped by 40 percent among white women, yet only 26 percent among black women. The disparity is caused by a number of factors, said Dr. Naomi Ko, an oncologist specializing in breast cancer at Boston Medical Center. She described it as a "biosocial problem," or in other words, one with both biological and societal factors.

THESE FACTORS INCLUDE:

Cancer type
Black women are more likely to have more aggressive cancers, such as "triple negative" breast cancers, which means they test negative for estrogen receptors, progesterone receptors and excess HER2 proteins.

The cancer stage at diagnosis
Historically, the ACS finds that black women are at a more advanced stage when they are diagnosed.

Comorbidity
Some research suggests black women are more likely to struggle with obesity, which can lead to other health issues and is proven to be a risk factor in breast cancer.

Reduced access or delays to care
Many women in underserved communities face barriers that include lack of insurance, transportation, and time to access treatment, as well as limited quality care options.

It is not just black women who are underserved. "Anyone who is not a white, middle-aged woman is probably undertreated or underserved in some way," said Dr. Rachel Freedman, a practicing breast oncologist at Dana-Farber Cancer Institute and co-chair of the Boston Breast Cancer Equity Coalition (BBCEC). The BBCEC works to eliminate differences in breast cancer care and outcomes by promoting equity and excellence in care among all women in the City of Boston.

One of BBCEC's programs, Translating Research into Practice (TRIP) project, aims to address barriers to care and reduce delays in time to treatment for black women in Boston. Funded by a five-year grant from the National Institutes of Health (NIH), it offers a coordinated care delivery model that connects newly diagnosed patients with a patient navigator who guides them through the healthcare system, helping to arrange treatment and transportation.

"Despite a city replete with options, black women face tremendous challenges," said Dr. Tracy Battaglia, a practicing internist and breast health specialist at Boston Medical Center, steering committee member of the BBCEC, and principal investigator of the TRIP project. "Black women don't start and finish treatment at the same rate as their white, educated, insured counterparts do," she explained.

While there is evidence that a patient navigator is effective at helping at-risk populations get the breast cancer screening and early detection they need, more research is needed to show the benefits a patient navigator could provide patients after the diagnosis, said Battaglia. TRIP aims to quantify whether patient navigators can improve outcomes for these newly

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diagnosed women by making sure they get the treatment they need without delay.

"Efforts like BBCEC and TRIP are crucial because they bring diverse voices to the table to identify solutions that we otherwise wouldn't find," Battaglia said. "I am proud of the work I do, not just with doctors and researchers, but with patient advocates, cancer survivors, public health experts, community groups like Pink and Black Ambassadors, and other foundations like the Susan G. Komen Foundation. Synthesizing these unique perspectives may be where the answers lie." ■