

## Healthline with Yale Cancer Center

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WTIC Newstalk 1080

### Disparities in Breast Cancer

#### Guest Expert:

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*Healthline with Yale Cancer Center is a weekly broadcast on WTIC Newstalk 1080  
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*This is Healthline, a joint venture of WTIC NewsTalk 1080 and Yale Cancer Center. Yale Cancer Center is a resource for cancer programs throughout Connecticut, developing new advances in prevention, screening, diagnosis, and treatment. On Healthline, you will hear from some of the leading doctors in the country. Healthline is not intended to provide medical advice. Yale Cancer Center urges you to consult with a qualified physician in your community for diagnosis and for answers to your medical questions. And now, our co-hosts, oncologists, Ken Miller and Ed Chu.*

Miller Good morning and welcome to Healthline. My name is Dr. Ken Miller, and I am the Director of the survivorship program at the Yale Cancer Center in New Haven. Healthline, with the Yale Cancer Center, is our way of providing you with the most up-to-date information on cancer care every Sunday morning at 8:30 a.m. Healthline features some of the nation's leading oncologists and cancer specialists who are in the forefront of the battle to fight cancer right here in Connecticut. Each week, we are joined by a different expert from the Yale Cancer Center. Our goal is to give you help by providing you with the latest information and also to give you hope. If you are interested in listening to past editions of Healthline, or if you would like to learn more about a specific kind of cancer, all of our shows are now posted in audio and written format on the Yale Cancer Center website at [www.yalecancercenter.org](http://www.yalecancercenter.org). Feel free to e-mail your questions to us at [healthline@yale.edu](mailto:healthline@yale.edu). Today we are joined by Lyndsay Harris, Director of the Yale Cancer Center's breast cancer program, and Dalliah Black, Assistant Professor of surgical oncology at Yale. Both Dr. Harris and Dr. Black have focused much of their research and their careers on disparities in cancer. They will share some of their feelings and observations today. Dalliah and Lyndsay, thank you so much for joining us.

Harris Thank you, it's a pleasure to be here.

Black Thank you, its good to be here.

Miller I want to start by talking about some statistics about breast cancer. How common is breast cancer, in general, for women?

Harris Over a lifetime, a woman has a 1 out of 8 chance of developing breast cancer. The average life span for a woman is about 80 years. So, if a woman lives to 80 years old, she will have about a 13% risk of getting breast cancer. That risk increases as a woman gets older. When she is 50, there is about a 2.7% chance of getting breast cancer. When you are 60, there is about a 3.8% chance.

Miller So the risk is not spread out equally over the 80 years; it is more concentrated.

Harris That is true. The median age of breast cancer is 61 years old in the United States. As a woman gets older, she is exposed to more estrogen throughout her life and that increases her risk of getting breast cancer.

- Miller Is the percentage of women who develop breast cancer different in minority groups?
- Harris Yes, and this is one of the disparities that has been noticed at the National level and has caused great concern. Although women of color tend to have a slightly lower risk of developing breast cancer, they have a higher risk of dying from breast cancer. This of course is of grave concern, and there are many programs that are trying to address this problem.
- Miller That is an interesting difference. So you are saying that it is less common for a minority woman to develop breast cancer than for other women?
- Black That is right. If we look at our general population and take 100,000 Caucasian women, about 140 of them will get breast cancer. If we take 100,000 African American women, about a 120 of them will get breast cancer. But, if you look at a Caucasian woman that develops breast cancer, she has a 90% 5-year survival rate; factoring in all stages of breast cancer. An African American woman has a 76% 5-year survival. That is a big difference, and that is why it has generated a lot of research and a lot of efforts to try and understand the differences in survival between different races.
- Miller You are seeing a whole spectrum of women and that some of the women are not doing as well as others. What are the reasons that may be causing this?
- Black That is a broad question. There are probably lots of reasons. One of them is socioeconomic factors. Women that are of lower economic status, or women at the poverty level, are less likely to get mammograms, and that may contribute to decreased detection rates. Women that do not have health insurance are less likely to get the appropriate care and breast cancer screening. Each racial group has their own specific social challenges; the family home situation may be different. There may be more single mothers in some cultures. All of these things contribute to whether or not a woman is able to obtain access to adequate health care and participate in adequate breast cancer screening.
- Harris There are a lot of studies that suggest that African American women are more likely to have a more aggressive type of breast cancer that is less responsive to therapy, and present with later stages of breast cancer.
- Miller There are multiple factors here. One is that the diagnosis may be delayed in certain groups; if you are a single mother, if you don't have the insurance, or if you haven't learned about having a mammogram. In addition, Lyndsay, you are saying that for those women who do develop breast cancer, biologically it may be different.
- Harris That's absolutely right.

- Miller It is very important to get the information out there. Dr. Black, what are your recommendations for the right screening for breast cancer?
- Black For the average woman that does not have a high risk of breast cancer, meaning she does not have a strong family history, routine mammographic screening starts at 40 years old. Every woman should practice monthly self-breast exams starting as early as 20 to 30 years old to become conscious of her own body. Clinical breast exams by a physician should take place when a woman gets her gynecology exam, but mammograms should start at 40 years old. If a woman has a family history, say if her mother developed breast cancer at 45 years old, then perhaps that patient should start her mammograms at 35 years old.
- Miller A number of women we talk to about doing breast-self exams say they don't want to do it. What are the reasons women give you?
- Black I think women feel uncomfortable with their breasts. Our breasts are always changing throughout the hormonal cycle so when you feel a lot of lumps and bumps and you aren't sure what you are feeling, that generates a lot of concern and anxiety. However, if you stick with it every month and learn your breasts, you are more apt to find an abnormality and to go see a physician for help if you do find something of concern.
- Miller Essentially, it is important to start doing breast-self exams at a pretty early age and to stick with it even though it may be difficult at times.
- Black One of the other important reasons to get a clinical breast exam during the gynecology exam is to review the breast exam with the physician. I spend a lot of time pointing out nodularities or areas of thickening that are normal so we can use that as a baseline for the patient. If I point it out and say that it is a normal part, the patient knows how to make comparisons if there is a change in the future.
- Miller We would like to remind our audience to e-mail their questions to us at [healthline@yale.edu](mailto:healthline@yale.edu). We are going to take a short break for a medical minute. Please stay tuned to learn more information about breast cancer and about disparities with Dr. Lyndsay Harris and Dr. Dalliah Black.

#### *Medical minute*

*This year over 170,000 Americans will be diagnosed with lung cancer. More than 85% of lung cancer diagnoses are smoking related. Quitting smoking even after decades of use can significantly reduce an individual's risk of developing lung cancer. Each day patients with lung cancer are surviving the disease due to increased access to advanced therapies and specialized care. New treatment options and surgical techniques are giving lung cancer survivors more hope than they ever had before. Clinical trials are currently underway at Yale Cancer Center,*

*Connecticut's only Federally Designated Comprehensive Cancer Center to test innovative new treatments for lung cancer. Patients enrolled in these trials are given access to newly available medicines, which have not yet been approved by the Food and Drug Administration. This has been a medical minute brought to us as a public service by Yale Cancer Center. For more information visit our website at [www.yalecancercenter.org](http://www.yalecancercenter.org).*

- Miller Welcome back to Healthline. This is Dr. Ken Miller and I am here with our guests Dr. Lyndsay Harris and Dr. Dalliah Black, experts in breast cancer at the Yale Cancer Center. I wanted to get your thoughts on what some of the social barriers that limit access to early detection are. We are always talking about wanting to find breast cancer earlier, what is holding us back?
- Black There are several reasons. One may be the educational status of the patient. There is literature from the American Cancer Society that says women who have an educational level of less than 11 years, meaning they didn't graduate high school, are 43% less likely to get a mammogram compared to someone who completed college. Also, women that do not have health insurance coverage are 30% less likely to get mammograms versus 58% of women with health insurance will get a mammogram. These numbers are drastic. There was a study done here by Dr. Beth Jones in the Epidemiology Department. She worked at figuring out the causes of why African American women are less likely to get mammograms or to carry through with any diagnostic studies if they have an abnormal mammogram. Women who had pain with their mammogram, or women that did not have a primary care provider to take the responsibility to make sure they got their abnormalities worked up were less likely to complete the workup of an abnormal mammogram. Those factors may explain why minority women, women of a lower educational level, and women who don't have health insurance do not advance through the diagnostic process to workup any breast abnormalities.
- Miller The numbers that you have just brought up are startling. Potentially, less than half of women who should be having mammograms are having them. This is frightening. Lyndsay, you have seen women who present with advanced breast cancer, a tumor that has grown quite large, what do women tell you about how that came to pass?
- Harris Unfortunately Ken, even in this day and age with all of the media attention and the publicity about doing breast exams and screening, we still see women who come in with what we call locally advanced breast cancer. There are two scenarios that we see. One is a scenario where the breast cancer came up very rapidly in a very short period of time. That is not related to neglect or lack of screening, but probably a very aggressive form of breast cancer. It may be that certain minority groups have a higher chance of developing that kind of breast cancer. That's one of the reasons for racial disparities. The other scenario is when a woman has noticed a lump for a long period of time, but has been afraid to bring it to the attention of her doctor; mostly because of what she hears in the media and what she hears in her own circle of friends and family. There are still many

myths about breast cancer, about treatment and cure rates, which keep many people from bringing it to the attention of their doctor.

Miller Cure rates that we were talking about before are approaching 90%. It's not 100%, but it is awfully exciting how much progress we have made. What should a woman do if she feels a lump on her breast?

Black She should immediately be evaluated by a physician that is comfortable in performing breast exams. Your workup would likely include a mammogram, depending on how old you are, and possibly an ultrasound or other test. A lump should usually be biopsied to determine whether it is benign or a malignant breast cancer.

Miller You have seen women with both benign lumps and with breast cancer. Women must come in thinking that it's cancer; are most of the lumps benign or are they cancer?

Black Most of the lumps that women have are actually benign. Fibroadenomas are common, especially in young women, and cysts can present as masses. These things are fairly easy to diagnose in the office and can lead to a quick answer that alleviates a lot of stress and anxiety.

Miller Here is another question, is it a myth that mammograms are 100% effective?

Black That is a myth. Mammograms have a sensitivity of 85% to 90%. There are some limitations in mammograms and women probably know someone, or have experienced themselves, a mammogram that did not show an abnormality. It depends on the density of the breast tissues and how fibrous the breast is, because that can make it more difficult for the radiologist to read the mammogram.

Miller What should a woman do if she has the mammogram and is told it is normal, but stills feel a lump in her breast?

Black A lot of times ultrasounds can be used to further evaluate a mass that was missed during a mammogram. There are other techniques that we are evaluating; one is a technique called tomosynthesis that is used in our radiology department. It uses a combination of mammograms and CT technology to further evaluate smaller tumors. MRI scans have been useful as well. There are several modalities for us to use if the mammogram misses something.

Miller It's always a good session when we get a new word in there; tomosynthesis. Lyndsay, you mentioned earlier how breast cancer may be different in minority women. Can you tell us a little more about that?

Harris There are several studies now, one being conducted by Dr. Beth Jones here at Yale Cancer Center in the Yale Department of Epidemiology, showing that African American women appear to have a more aggressive subtype of breast cancer when you review a number of molecular markers. What that means is that when you look at the tumor tissue itself, and you measure features of the tumor that predict whether it will be more aggressive or less aggressive, African American women seem to have more aggressive features. These are often called triple negative breast cancers that do not express the estrogen receptor or the HER2 receptor, and they have a higher rate of growth. There are definitely more aggressive tumors presenting in African American women compared with their Caucasian counterparts.

Miller When we come back in a couple of minutes you can tell us more about what we're learning and how we can hopefully be of help to these women. I would like to again remind you to e-mail your questions to us at [healthline@yale.edu](mailto:healthline@yale.edu). We are going to take a short break to hear a survivor story.

#### *Survivor Story*

*A few years ago the diagnosis of cancer was a death sentence for many patients, but today, thanks to advances in clinical research were turning in the corner in the battle against cancer. There are over 10,000,000 cancer survivors now living in the U.S., they are the true heroes in the war against cancer. Here us the story of the hero from Fairfield.*

*During my annual physical last year, my GP found a swelling in my throat, which turned out to be thyroid cancer. I was 79, and thought my days might be numbered. I did some research on the Internet and determined that the Yale Cancer Center was the best equipped to help me. Incredibly, I got an appointment with the chairman of surgery, Dr. Robert Udelsman. He patiently explained what would be involved to remove my thyroid gland and immediately made arrangements for my surgery. Thanks to the compassion and professionalism of his office staff at Yale, I was not worried about the operation. The procedure went perfectly and my recovery was relatively quick and painless. I am now cancer free, and I do not even have a scar to show for it.*

*This survival story has been brought to you by Yale Cancer Center.*

Miller Welcome back to Healthline, this Dr. Ken Miller and I am with our guests Dr. Lyndsay Harris and Dr. Dallah Black, experts in breast cancer at the Yale School of Medicine. Lyndsay, we were just talking a couple of minutes ago about how breast cancer may be different in minority women. Is this information giving us any clues that you can use as a researcher to help find a cure?

Harris This is an important mission for us at the Yale Cancer Center. We are trying to understand what these biological differences are so that we can offer a woman with a more aggressive kind of breast cancer better therapies. Dr. Black and I are working on a research program to try and better understand what these differences really are.

- Miller Tell us about it.
- Black Minority women that have triple-negative breast cancer have historically done worse, so we are going to evaluate the outcomes of patients treated at Yale with triple-negative breast cancers and compare minority versus non-minority patients. We are looking at recurrence rates and survival outcomes, but to take it one step further, we are looking at the tumor differences. Are there different genetic changes that could explain why these tumors are more likely to recur and sometimes metastasize causing decreased survival? This project will incorporate clinical studies to look at how patients do clinically, as well as going into the laboratory and looking at genetic alterations or changes that have happened in the triple-negative breast cancers. We will see if there is a difference between minority and non-minority women that may explain the worse outcomes in minority women.
- Miller If you can identify a few things that are distinctly different in that type of cancer in minority women, what might you be able to do with that information?
- Black It may lead to targeted therapies to help these women. We know that these women have more p53 mutations, so as we learn about other gene changes it may guide directed therapy as happened with HER2 positive breast cancer where we now have Herceptin, which has helped those women. As we learn more about triple negative tumors, we may end up having more medicines that we could potentially give women.
- Miller That will be absolutely wonderful. You are both helping lead the charge to help provide terrific care to all women, and particularly to women of minority groups. There is talk about a new Patient Navigator Program. Can you tell us about that?
- Harris The Patient Navigator Approach has been championed by Harold Freeman at Harlem Hospital in New York. It's very clear that if you facilitate the ability of people to get care, that improves their outcomes. We, and others in the country, are adopting this patient navigator philosophy to help underserved patients get access to care and to navigate the system once they are diagnosed. This is a complex process. To determine the best way to help navigate the system we have teamed up with Dr. Andrea Silber at St. Raphael's Hospital. We think it's very important to serve our community and help patients navigate this system wherever they are receiving their care. Our goal is to improve access to treatment.
- Miller If a woman comes to Yale once the program is up and running, what does that mean for her? Who is she going to meet and how will the navigator program help?
- Harris The first thing to do is to determine what the barriers are for that individual patient. They vary a lot depending on the person's circumstances. Many women, as Dr. Black mentioned, are challenged from a socioeconomic perspective and have difficulty getting rides to the hospital or

getting child care, especially if they are a single mother. We can help address these problems with our social services department. There are other women who have very aggressive types of breast cancer who may not have the same social challenges, but may have cultural issues that make it difficult for them to understand and to pursue care. We are going to try and help them with those cultural barriers to make sure that they get the best treatment possible.

Miller You have looked at a number of different barriers and it sounds like the navigator program is designed to deal with each one. What can be done to help women who have not had mammograms and do not have health insurance?

Black Yale is committed to helping all women receive the best breast cancer screening, diagnosis and care. For any woman who is not insured or who cannot afford a mammogram, the mammogram van exists and often travels throughout the New Haven communities. If you are interested in receiving a mammogram through the van call (203) 688-6800, the Yale Mammography Department, to schedule a time to get a mammogram. They recently had the digital technology upgraded on the mammogram van, so it is new technology.

Miller So it's a typical mammogram?

Black Absolutely. The van is ready to go.

Miller What's that number again?

Black It's (203) 688-6800.

Miller We want to encourage people to call because having mammograms is very important as well as doing breast-self exams and having exams done by your doctors. I wanted to ask you both in general, as breast cancer experts, where do you see the future going in terms of the prognosis for women with breast cancer?

Harris It's only going to improve. We have seen this trend in the population over the last 15 to 20 years where there is an improved survival rate for breast cancer patients. That's due to both screening and treatment.

Miller That is wonderful. I would like to thank Dr. Lyndsay Harris and Dr. Daliah Black for joining us on Healthline. If you have questions for them, or for Healthline, please e-mail us at [healthline@yale.edu](mailto:healthline@yale.edu). For more information on cancer and the resources available to you, we encourage you to visit our website, [www.yalecancercenter.org](http://www.yalecancercenter.org). I would like to remind you to tune into WTIC NewsTalk 1080 every Sunday morning at 8:30 a.m. for Healthline with the Yale Cancer Center. Our next program will be with Christian McEvoy from Coast-to-Coast. Christian is a 24-year-old young man who recently completed a 3400-mile run across the United States to

raise funds. We look forward to having him. It's been a pleasure having you join us today. This is Dr. Ken Miller from the Yale Cancer Center wishing you a safe and healthy week.