Study: Minority Women May Get Poorer Breast Cancer Care, Regardless of Tumor Type

Black or Hispanic women are more likely to be diagnosed later, go without recommended treatments

No matter the type or stage of breast cancer, minority women are more likely to be diagnosed at a later stage than white women, and they are also less likely to receive recommended treatments, a new study shows.

While prior studies have found such disparities before, the new research finds that it exists "across all breast cancer subtypes," study lead author Lu Chen, a researcher in the public health sciences division at Fred Hutchinson Cancer Research Center in Seattle, said in a news release from the American Association for Cancer Research (AACR).

According to the researchers, compared to black women, white women were more likely to have smaller tumors, and they were also more likely to have less-aggressive forms of breast cancer. In addition, women of other racial and ethnic groups were more likely than white women to be diagnosed with more advanced stages of breast cancer. Black women were more likely to have large tumors and an aggressive form of the disease known as "triple-negative" breast cancer. They were also 40 to 70 percent more likely to be diagnosed with advanced disease, in all subtypes of breast cancer.

Across all types of breast cancer, Hispanic women were also 30 to 40 percent more likely to be diagnosed with stage 2 or 3 disease, the study found. Racial and ethnic disparities also appeared to affect women's treatment. For nearly all types of breast cancer, black women were 30 to 60 percent more likely to receive inappropriate treatment, the study showed. Meanwhile, Hispanic women were 20 to 40 percent more likely to receive substandard care.

"It is well known that disparities in breast cancer affect women from minority groups, and in particular African Americans," said Dr. Paolo Boffetta, a professor of medical oncology at the Icahn School of Medicine at Mount Sinai, in New York City. However, the new study looks deeper, quantifying "the disparities at each stage of the natural and clinical history of the disease," he said.

"Addressing such disparities, and the resulting higher death rate in minority women, should be given the highest priority in the global effort to combat breast cancer," Boffeta said.

CDC “Bring Your Brave” Campaign

CDC launched Bring Your Brave in 2015 to provide information about breast cancer to women younger than age 45. The campaign tells real stories about young women whose lives have been affected by breast cancer. These stories about prevention, risk, family history and survivorship bring to life the idea that young women can be personally affected by breast cancer.

The campaign’s target audience is women ages 18 to 44, particularly those whose family history and backgrounds predispose them to a higher risk for breast cancer at a young age. This includes women with a family history of breast or ovarian cancer and Ashkenazi Jewish women. Additionally, the campaign encourages women of average risk to live a breast healthy lifestyle. For more campaign information: http://www.cdc.gov/cancer/breast/young_women/bringyourbrave/.

Learn more about Breast Cancer in Young Women. Also, the Breast Cancer in Young Women fact sheet explains who may get breast cancer at a younger age.

CDC Awards Survivorship Grant to Michigan

Michigan was one of only six states to receive a three year grant from the Centers for Disease Control and Prevention (CDC) to work specifically on cancer survivorship. The Michigan Department of Health and Human Services (MDHHS) received this grant; however MDHHS will be working closely with the MCC with many aspects of its implementation.

The CDC’s goal with this grant is to increase cancer survivor’s quality and duration of life. The CDC was very specific in what they want this grant to accomplish and includes:

- Identification and use of data to increase knowledge of cancer survivor needs.
- Initiation of a process to develop survivorship care plans using the state’s Central Registry.
- Promote patient navigation to assure those with a cancer diagnosis receive the treatment and follow-up services they need. This approach will include looking at patient navigation competencies and support of patient navigators.
- Education for providers on guidelines for follow-up care for cancer survivors.
- Promotion of evidence-based or promising practices at the state and national level, including tobacco dependence treatment for cancer survivors, self-management programs promoting healthy behaviors, reduced barriers for clinical trials, and appropriate immunizations in cancer survivors, such as influenza and pneumonia vaccinations where medically indicated.

If you are interested in more information about this grant or its projects, please contact Debbie Webster at WebsterD1@michigan.gov.
Michigan Cancer Genetics Alliance Corner

What Does an Inconclusive Genetic Test Mean?

Submitted by Kara Milliron, MS, CGC and Lauren Hipp, MS, CGC, University of Michigan Cancer Center Breast and Ovarian Cancer Risk Evaluation Program

Most results of genetic testing for inherited susceptibility for cancer are either negative (meaning no gene mutation or change was found) or positive (meaning a gene mutation that causes an increased risk for cancer). However, a small proportion of genetic test results will be inconclusive.

An individual may receive an inconclusive test result – also called a variant of uncertain significance or VUS - when the lab identifies a change in the normal sequence of a gene but there isn’t enough information about that change to know if it will have health consequences. Complete gene sequencing often identifies many variants for a given gene.

When a VUS is found during a test for inherited susceptibility to cancer, it is unclear if an inherited cancer risk runs in the family. This can be very frustrating for patients, as many patients are hoping that the genetic testing will give information about future cancer risks and also help identify other family members that can be at increased risk for developing cancer.

When a VUS genetic test result is identified, there are several avenues that can be explored to help determine whether the VUS is associated with an increased risk for developing cancer. These include:

1. **Does the VUS track with cancer in the family?** If yes, then this is additional information that the VUS may be associated with an increased risk for developing cancer. If not, then this is additional information that the VUS may not be associated with an increased risk for developing cancer.

2. **Is the VUS seen in both individuals with cancer and without cancer?** If yes, then the VUS may not be associated with an increased risk for developing cancer.

3. **Has the VUS been seen in association with a known gene mutation that causes cancer?** If yes, then the VUS may not be associated with an increased risk for developing cancer.

4. **Is the VUS located in an area of the gene that appears to be important for all species?** If yes, then the VUS may be associated with an increased risk for developing cancer.

5. **Is the gene change anticipated to affect how the gene functions in the body?** If yes, then the VUS may be associated with an increased risk for developing cancer.

6. **Is there a loss of the normal gene in tumor analysis?** If yes, then the VUS may be associated with an increased risk for developing cancer.

7. **Does the protein seem to function in laboratory studies?** If yes, then the VUS may be associated with an increased risk for developing cancer.

If genetic testing identifies a VUS in a patient, this information may not change a physician’s treatment or cancer screening recommendations. In addition, it may be recommended that other family members wait until more information is known about the VUS before undergoing genetic testing.

The classification of variants of uncertain significance may change over time as additional information becomes available. Some laboratories do notify the health care provider who ordered the genetic test if there is any reclassification of the variant. All patients who have a VUS genetic test result are encouraged to keep in contact with their genetic clinic.

To locate a cancer genetics clinic in Michigan, visit: https://migrc.org/Library/MCGA/MCGADirectory.html.

Organization Resolutions Affirm *Tobacco 21* – [Learn More](#)

American Cancer Society Cancer Action Network  
American Heart Association  
American Lung Association  
Board of Education - Springport Schools  
Board of Health of District Health Department #10  
Board of Health of Marquette County  
Calhoun County Board of Health  
Calhoun County Cancer Control Coalition  
Central Michigan District Health Department  
Cherry Street Health  
Chippewa County Health Department  
Detroit-Wayne County Tobacco Free Coalition  
Dickinson-Iron District Board of Health  
District Health Department No. 4  
Genesee County Asthma Network  
Genesee County Medical Society  
Genesee Health Plan  
Genesys Health System  
Health Department of Northwest Michigan  
Healthy Youth Coalition Marquette & Menominee Counties  
Henry Ford Health System  
Jackson County Substance Abuse Prevention Coalition  
Karmanos Cancer Institute  
Latino Family Services  
LMAS District Board of Health  
Michigan Association of Health Plans  
Michigan Assn of Public Health & Preventive Medicine Physicians  
Michigan Association of School Boards  
Michigan Oral Health Coalition  
Michigan Osteopathic Association  
Michigan Primary Care Association  
Michigan Public Health Institute  
Michigan State Medical Society  
Michigan Tobacco 21 Resolutions  
Mid Michigan Community College  
Multi-Cultural Network of Michigan  
Public Health Delta & Menominee Counties  
SAFE in Northern Michigan  
Smoke-free, Multi-Agency, Resource Team (SMART)  
St. Clair County Advisory Board of Health  
Substance Abuse Council of Calhoun County  
The Pinckney Coalition  
Tobacco-Free Michigan  
Urban League of Battle Creek  
Wellness Networks, Inc./HIV/AIDS Resource Network of SE MI  
West Michigan Cancer Center  
Western UP Health Department  
Ypsilanti Health Coalition

**Updates: Public Education and Lung Cancer Awareness Month**

**Public Education**

During the fall months, MDHHS is conducting a new education campaign for the general public about lung cancer screening. The campaign, “A Light of Hope,” includes radio PSAs which will be aired in southeast Michigan and northern rural Michigan. In addition, the campaign includes interactive digital Google AdWords, print media, and gas station advertising (including gas station pump toppers, tear pads and window clings) - see picture. Look for tool kits in January 2016.

*Have you seen these materials at your local gas station?* Send us a picture at mcfalla@michigan.gov and we will share it on the MCC website!

**Lung Cancer Awareness Tool of the Month**

Go to the [MCC homepage](#) and access the latest tools for lung cancer awareness including: [sample lung cancer awareness article](#) for your employee newsletter; [ready-to-use lung cancer data](#); MCC [resources on lung cancer and tobacco dependence treatment](#) and; [ready-to-use social media](#) to increase awareness of lung cancer.

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*It’s Here!*

2015 MCC Annual Meeting  
**Wednesday, Nov. 4**  
8:00 a.m. – 3:00 p.m.  
The James B. Henry Center, 3535 Forest Road, Lansing

**Keynote speaker:** Richard Wender, MD, Chief Cancer Control Officer, American Cancer Society

**And featuring:**
- Tim Becker, Chief Deputy Director, Michigan Department of Health and Human Services
- First Lady Sue Snyder

**Breakout Sessions:**
- Advanced Care Planning for People with Cancer
- Breast Density Law: Impact & Update
- Genomic Applications in Oncology: An Evolving Landscape
- The Science Behind Quality of Life

*For more information, contact the MCC at 877-588-6224.*

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