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Bias & Health Disparities: **Young Black Women Experiencing Breast Cancer**

Breast Cancer in Younger Black Women

When Shonte Drakeford visited her doctor for concerning breast health symptoms, she was told it was probably not harmful, and was denied a mammogram because she was too young to have breast cancer. She was twenty-five years old. After years of worsening symptoms and advocating for further testing, Shonte was diagnosed with advanced breast cancer which soon spread to her rib, hip, spine, and lungs. While she now lives each day with terminal metastatic stage four breast cancer, Shonte continues to try to “live as beautifully as possible.” More of Shonte’s story is featured below in our Patient Stories.



Shonte’s experience is unique to her own life, but she is one of many young Black women who faced the systemic barriers and challenges in cancer detection and prevention. These women are often diagnosed with breast cancer at younger ages. The death rate among young Black women is twice as high as their white counterparts. Breast cancer isn’t just an “older woman’s” disease — CDC reports that 1 in 10 women diagnosed with breast cancer are under the age of 45.

Health Disparities in Young Black Women

Before, during and even after diagnosis, young Black women face unique challenges that are either not present or are less severe for their white counterparts.

- **More aggressive forms of breast cancer:** Black women tend to be diagnosed with more aggressive forms of breast cancer, like triple negative breast cancer.
- **Delayed treatment:** Black women, in comparison to white women, tend to receive treatment later and their treatment lasts longer. Only 69% of Black women start treatment within 30 days of diagnosis (compared with 83% of white women).
- **Higher mortality rates:** Black women have a lower lifetime risk of breast cancer, but their mortality rates are 41% higher compared with the rates among white American women. Compared to white women of the same age, Black women under the age of 35 have breast cancer rates that are two times higher and are three times more likely to die from breast cancer.
- **Lack of dialogue:** For many Black families, there is a stigma around discussing health history, which contributes to an overall lack of risk awareness.

The Impact of Provider Bias

Even though Black women are less likely to develop breast cancer —they are 40% more likely to die from it than white women, according to the CDC.

Historical mistreatment by the medical community has made it difficult for the Black community to feel safe or trust their health care provider. Even today, [research](#) has shown that “most health care providers appear to have implicit bias in terms of positive attitudes toward whites and negative attitudes toward people of color.”

Black women face many harmful stereotypes that contribute to late-stage diagnosis and higher mortality rates, including the perception that they:

- Are not knowledgeable about their body — symptoms and concerns are often dismissed.
- Likely do not have insurance or the financial means to afford treatment and care — they may not be presented with life-saving prevention or treatment options such as genetic or fertility counseling.
- Have higher levels of pain tolerance – which can contribute to suboptimal or inaccurate treatment. Black patients are [40% less likely](#) to receive medication for acute pain compared to white patients.

Healthcare providers play a vital role in recognizing this bias, and their part in patient care can have a critical impact on a young Black woman's chance of survival against EOBC. It is imperative for a young Black woman to speak with their health care provider about risk and have someone they can trust to discuss preventative care in early years. Racism – whether explicit or implicit – from the medical community makes this extremely difficult for Black women. Self-advocacy, however, can be lifesaving, and is why young Black women should feel empowered to speak up for themselves, share symptoms, and discuss preventative measures with their HCP (Health Care Provider).

Prevention & Managing Risk

Who is at risk?

While all women are at risk for breast cancer, younger women, and especially younger Black women face more aggressive breast cancer and are diagnosed at later stages. As a result, they have lower survival rates and more lengthy and difficult courses of treatment.

How can breast cancer be prevented?

Young Black women can be in the driver's seat of their health. Knowing the signs and symptoms of breast cancer is essential. Many young women diagnosed with breast cancer find their breast abnormality/symptoms themselves. Noticing the symptoms early and seeking help from a healthcare practitioner is important because early treatment leads to greater survival rates.

These symptoms include:

- Change in shape or size of the breast.
- Pain in the breast, and a liquid discharge other than breast milk.
- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.

In addition to recognizing general symptoms of breast cancer, other prevention methods include:

- Knowing family history and seeking genetic counseling.
- Drinking less alcohol.
- Breastfeeding children.
- Maintaining a healthy weight.
- Getting 7 or more hours of sleep at night.

Life Before, During & After Diagnosis

Young women face unique challenges when considering treatment for breast cancer risk and/or upon being diagnosed with breast cancer:

- The possibility of early menopause caused by chemotherapy.
- Effects on fertility.
- Psychological distress including concerns about body image and intimacy concerns.
- Disruption of employment (both voluntary and involuntary) and financial instability.

Breast cancer diagnosis in young women comes at a transition point in their lives. Treatment for breast cancer has the potential to impact the life of a young woman in ways that are less pertinent or less severe to older women. Once diagnosed, it is important that young women consult with their health care team to understand the impact breast cancer treatment can have on their lives.

Patient Story

Shonte, Stage IV Metastatic Breast Cancer Patient

When she was 25 years old, Shonte had just started a career in nursing and was newly married. One day, she noticed she had nipple discharge and went to the doctor. Her provider told her the discharge was nothing to worry about, she just had dilated breast ducts and should only be concerned if the discharge turned bloody. She decided that she would get an ultrasound each year to check on her breast health. Shonte was ultimately denied a mammogram upon asking because of her age and because the likelihood of her having breast cancer was low. She was relentless about trying to get her doctors to see what was going on with her.

In the ensuing years, the discharge became bloody, and she had her breast duct removed in a surgery after an ultrasound found a benign tumor. The cyst did not dissipate after the surgery, and later annual check-ups revealed the lump had changed shape and become harder. After multiple doctors' visits which included an MRI and mammography, she was diagnosed with breast cancer. Shonte was told she had invasive ductal carcinoma. She was initially stage three, but developed stage four cancer in her rib, hip, spine, and lungs. She has a lifelong treatment course that involves radiation, is in medically induced menopause, and takes a regimen of oral meds, monthly stomach injections, and has ongoing check-ups for her cancer. She currently lives with terminal Stage IV Metastatic Breast Cancer and remains grateful to be alive and tries to "live as beautifully as possible."

Hear Shonte's story in her own [words](#).