

Bias & Health Disparities: Young Black Women Experiencing Breast Cancer

Breast Cancer in Young Black Women

When Shonte Drakeford visited her doctor for concerning breast health symptoms, she was told she was too young to have breast cancer – that her symptoms were probably not harmful, and a mammogram wasn't necessary. 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 metastatic stage IV breast cancer, Shonte continues to try to “live as beautifully as possible.” More of Shonte's story is featured below in our Patient Story.

Shonte is one of many young Black women who faced the systemic barriers and challenges in cancer detection and prevention. Black women under age 35 have breast cancer rates that are two times higher than white women of the same age. Breast cancer isn't just an “older woman's” disease — CDC reports that nearly 1 in 10 women diagnosed with breast cancer are under the age of 45.

Breast Cancer Disparities in Young Black Women

Breast cancer diagnosed in young women is more likely to be an aggressive type of cancer, found at a later stage, and have poorer outcomes. Many of these circumstances are compounded for Black women. Before, during and even after diagnosis, young Black women face unique challenges that are either less severe or not present for their white counterparts.

- **More aggressive forms of breast cancer:** Black women are more likely 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 their diagnosis, compared with 83% of white women.
- **Higher mortality rates:** Black women are [40% more likely](#) to die of breast cancer than white women. Nearly [1,800 fewer black women](#) would die of breast cancer if death rates were the same as white women.
- **Lack of dialogue:** For many Black families, there is a stigma around discussing family health history, which can contribute to an overall lack of risk awareness.

The Impact of Provider Bias

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.

Healthcare providers play a vital role in recognizing their own biases, and their part in patient care can have a critical impact on a young Black woman's chance of survival against early onset breast cancer. Young Black women need to seek out health care providers that they feel comfortable with and speak with them about breast cancer risk. Racism and bias – whether explicit or implicit – from the medical community can make this difficult for Black women. Self-advocacy can be lifesaving – young Black women should be empowered to speak up for themselves, share symptoms, and discuss preventative measures with their health care providers.

Managing Your Risk

How Can Breast Cancer Risk Be Reduced?

The most important steps young women can take toward lowering their risk for breast cancer is learning about their family history and sharing what they learn with a doctor. If young women have a family history, they should ask their doctor if genetic counseling and testing is right for them. If they are found to have a risk of hereditary breast and ovarian cancer, they can be in the driver's seat of their own health. There are steps they can take to lower and manage their risk including surgery, medication, and increased screenings.

All women can be proactive about lowering their risk by:

- Knowing family history and asking a healthcare provider if genetic counseling and testing is right for them
- Maintaining a healthy weight
- Drinking less alcohol
- Getting regular physical activity
- Breastfeeding their children, if possible

The COVID-19 pandemic has made prevention even more urgent as routine health appointments and screenings have been interrupted.

In addition to understanding risk and learning how to lower their risk for breast cancer, young women should also be aware of signs and symptoms of breast cancer. Not all young women diagnosed with breast cancer have a known family history. Women of all ages should know how

their breasts normally look and feel and talk to a healthcare provider immediately if they notice any changes to their breasts that concern them.

Life Before, During & After Diagnosis

Young women face unique challenges when facing a breast cancer diagnosis.

- Feelings of isolation and loneliness associated with having cancer at a young age.
- Effects that some breast cancer treatments may have on fertility and how this can influence plans to build their families in the future.
- Body image and sexual health concerns, including concerns about sexual intimacy and dating.
- Financial burdens of cancer treatment and the potential disruption of employment; the impacts of a breast cancer diagnosis on their career.
- For some, an added burden of caring for young children during treatment and managing the emotional toll that their diagnosis may have on their young children and families.

Treatment for breast cancer can have a disproportionate impact on the lives of young women with a diagnosis. Young women diagnosed with breast cancer should work closely with their health care team to understand the impacts of their breast cancer treatments.

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 she was told by healthcare professionals that 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 diagnosed as stage III but later developed stage IV metastatic breast cancer that had metastasized her rib, hip, spine, and lungs. She now has a lifelong treatment course that involves radiation and a regimen of oral and injected medications, is in medically induced menopause, and has ongoing check-ups for her cancer. While living with stage IV metastatic breast cancer, she remains grateful to be alive and tries to "live as beautifully as possible."

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