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Barriers to breast cancer care: Cultural and socioeconomic challenges in the 21st century

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One of the greatest challenges that we currently face in overcoming breast cancer is not related to technology or available drug regimens to treat breast cancer but rather to barriers to obtaining the care itself based on different ethnic and cultural issues. Billions of dollars have and will continue to be spent in an effort to cure breast cancer. But women from varying ethnicities face genetic, cultural, socioeconomic barriers, dietary standards, lack of awareness, and access to care which appear to represent the greatest hurdles to treatment.

Based on research data, genetics clearly plays a significant role in breast cancer. The National Cancer Institute data shows that white, non-Hispanic women are most likely to be diagnosed with breast cancer but black women of African descent tend to develop cancer at a younger age, have more aggressive tumor characteristics (3x more likely to have triple negative disease), and have decreased survival rates with advanced cancer based on retrospective data. Hispanic females in the U.S. with a family history have double the risk for triple negative disease and they present with cancer at a younger age. The amount of estrogen levels also appears to vary by race in analysis of data on postmenopausal females. Many studies have shown that African American ancestry are less likely to get breast cancer, they have an almost 40% risk of dying from their disease versus a Caucasian female and their risk is higher than any other ethnic group. Asian American women in the United States have a lower risk of breast cancer but are more likely to present with advanced disease largely in part felt to be associated with fact that they obtain mammograms less often. Likewise, only 1/3 of Hispanic females age 40 and older obtain regular mammograms. Furthermore, Hispanic females will often wait to seek care even when they have self-palpated a mass, resulting in not only a delay in diagnosis but also resulting in more advanced disease at presentation. The ELLA Binational Breast Cancer Study is working to understand what are the different breast cancer characteristics among Latinas living in the U.S. and in Mexico in an effort to address issues.

Diet and alcohol consumption are key factors in developing breast cancer. Based on data that shows that non-U.S. Asian women have the lowest incidence of breast cancer in the world, it is alarming to see that Asian Americans are experiencing an increased incidence of breast cancer as they embrace a Westernized diet. In Hispanics, obesity is an increasing problem which predisposes one to not only breast cancer but also to diabetes. Alcohol intake is also a risk factor and confers a higher risk of breast cancer which has also been linked to an increased risk in Hispanics.

Access to care, income level, and lower awareness are key barriers to obtaining care. For Hispanic women in the United States, suspicion toward healthcare treatment and providers amongst Latina women prevents many from obtaining regular mammogram exams or even seeking any type of medical care. Not having a means of transportation to simply get to an appointment, can be a major hurdle to obtaining care. The fact that women may not even understand what the risks of breast cancer encompass nor the symptoms of the disease underlie how awareness is a significant problem.

Lastly, culture clearly plays a role in how women perceive breast cancer and how they obtain care. Language can contribute to the lack of understanding of why preventative care is important. Traditional "cures" are often utilized first, particularly in less educated women. In Hispanics, Curanderas are often utilized before seeking out treatment from trained physicians. Spiritual beliefs are often seen as at odds with the practice of medicine. Shame of being diagnosed with cancer and fear of losing one's mate all contribute to women forgoing care until their disease is advanced thus increasing mortality rates amongst these at risk individuals. Additionally, Hispanics and African Americans are less likely to have a primary doctor which prevents diagnosis from occurring at an early stage of disease. By understanding the unique cultural barriers, educating women and bringing care into various communities, we can help effect the treatment of breast cancer and promote a greater awareness to women regardless of ethnic or cultural background.