WELCOME TO YOUR BREAST HEALTH GUIDE

Breast cancer is common, but early detection and timely, guideline-based care save lives. Black women, however, still face later diagnoses and unequal care—realities that demand awareness, action, and advocacy.

That's why this guide exists: to give you clear facts, smart steps, and the courage to insist on excellent care.

THE REALITY—AND THE WHY

- Compared with White women, **Black women have about 8% lower incidence of breast cancer but ~41% higher mortality**—a gap driven by later stage at diagnosis, differences in tumor biology (including higher rates of triple-negative breast cancer), and system-level barriers to equal care.
- Among women in their 40s, breast cancer incidence has been **rising ~2% per year**, which matters because Black women are more likely to be diagnosed young.
- **5-year survival: ~82% for Black women vs. 92% for White women**—a painful gap that persists across stages and subtypes and is not explained by biology alone. Access, delays, and quality of treatment matter.

Bottom line: Your concerns matter. If something feels off, **speak up.** If you don't feel heard, **seek a second opinion.** You deserve the best care—period.

WHY THIS MATTERS

AND WHAT YOU CAN DO TODAY

- **Under 35:** Black women are diagnosed and die at higher rates than White women, well before routine screening begins. The mortality gap is visible **at every age and stage,** including common, treatable subtypes.

- **Triple-negative breast cancer (TNBC):** Black women are **nearly twice as likely** to be diagnosed with TNBC, a fast-moving subtype that requires prompt, aggressive treatment. Delays worsen outcomes.

- **Stage at diagnosis:** Only **57% of Black women are diagnosed at a localized (stage I) stage vs. 67% of White women**—that is not a mammogram rate; **it's a stage-at-diagnosis gap** tied to access and timely follow-up.

If "equitable care" sounds abstract, here's a gut-check:
Was your case reviewed at a tumor board? Is your plan aligned with NCCN guidelines? Were biomarker tests done (ER/PR/HER2; PD-L1 for TNBC)?

Were you offered clinical trials? If you're not sure, **ask**—and consider an **NCI-Designated Cancer Center** or an **NAPBC-accredited breast center.**