Pink & Powerful:

A Black Woman's Guide to Beating Breast Cancer

BDO
BlackDoctor.org

TABLE OF CONTENTS

BEFORE WE BEGIN

This guide is your space.

We speak to you like a sister, auntie, or trusted friend—never over your head, always with love and receipts.

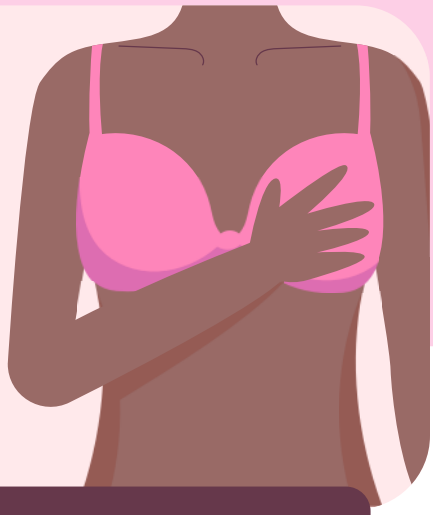
Our goal: help you feel seen, heard, and equipped to protect your breast health and thrive.

Important note: This e-book offers education, not medical advice. Always discuss your personal care with your health care provider.

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.**

CHAPTER 1:

Understanding Breast Cancer

WHAT IT IS

Breast cancer happens when cells in the breast grow out of control and can form a tumor. Without effective treatment, some cancers can **spread (metastasize)** to other parts of the body. Most cases occur after age 50, but **Black women more often face aggressive disease earlier**, including their 30s and 40s.

COMMON SYMPTOMS

A **new lump or thickening** in the breast or underarm

Changes in **size, shape, or skin** (dimpling, redness, scaling, warmth)

Nipple inversion or **bloody/clear discharge**

Persistent, one-sided breast **pain**

Red, swollen, itchy breast skin—seek care urgently (could be inflammatory breast cancer)

- Any new change that **persists beyond one menstrual cycle** warrants medical attention.

MAIN BREAST CANCER TYPES

PLAIN-ENGLISH

- **Invasive ductal carcinoma (IDC):** starts in milk ducts; the **most common** type (about 70–80%).
- **Invasive lobular carcinoma (ILC):** starts in milk-producing glands (about 10–15%).
- **Ductal carcinoma in situ (DCIS):** "stage 0"—abnormal cells in the duct only.
- **Triple-negative breast cancer (TNBC):** lacks ER, PR, and HER2; **more common and often earlier in Black women**; requires rapid, specific therapy.
- **Inflammatory breast cancer (IBC):** rare, aggressive; often **red, warm, swollen**, with "peau d'orange" (orange peel) skin—**urgent evaluation** is critical.
- **Paget's disease of the breast:** changes limited to the nipple/areola skin (scaly, crusted, itchy).

STAGING

HIGH-LEVEL

- **Stage 0:** In situ (DCIS); confined to ducts
- **Stages I–III:** Increasing size/lymph node involvement (still **non-metastatic**)
- **Stage IV (metastatic):** Cancer has spread to distant organs (e.g., bone, lung, liver, brain). **Metastatic breast cancer is treatable but not considered curable**—goals include control, longevity, and quality of life.

CHAPTER 2:

Risk Factors in the Black Community

GENETICS VS. FAMILY HISTORY

THEY'RE RELATED BUT NOT THE SAME

- **Hereditary (genetic) cancers** are caused by **inherited gene changes like BRCA1/2** and account for **~5–10% of all breast cancers.** A parent with a harmful BRCA change can pass it on to children.

- **Family history increases risk** even without a known gene change (for example, multiple close relatives with breast, ovarian, or prostate cancer, especially at young ages). Family patterns matter.

- **People with harmful BRCA1/2 variants have much higher lifetime risks** of breast and ovarian cancer, and BRCA2 is linked with increased prostate cancer risk in men—clues that help families decide on genetic counseling/testing.

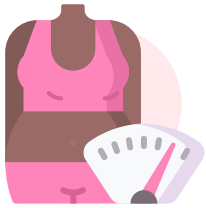
- **Action step:** If your family includes **breast, ovarian, pancreatic, or prostate** cancers—especially diagnosed young—ask for a **genetic risk assessment** and consider **MRI + earlier mammography** if you're high-risk.

TUMOR BIOLOGY THAT HITS OUR COMMUNITY HARDER

- **TNBC is disproportionately common** in Black women; we're **nearly twice as likely** as White women to be diagnosed with it, and it tends to grow/spread faster—**time to treatment matters.**

LIFESTYLE & ENVIRONMENT

WITH COMPASSION AND NUANCE



Weight & metabolic health: Obesity is common nationally and **especially prevalent among Black women**; it's linked to higher risk after menopause and to worse outcomes after diagnosis. (About 82% of Black women were overweight/obese in one national analysis.) Focus on **supportive, non-shaming** strategies: nutrition, movement, sleep, blood pressure and glucose control.

Alcohol: Even low-to-moderate intake can increase breast cancer risk; limiting to **no more than 1 drink/day** (or none) is protective.

Breast density: Dense breasts can **mask tumors** on mammograms. Density varies across individuals (and by age/hormones); talk to your clinician about whether you need **supplemental ultrasound or MRI** based on your **personal risk**—especially if you're younger/high-risk.

Air pollution (PM2.5): Several recent studies link long-term **PM2.5 exposure** with higher **ER-positive** breast cancer risk; research is ongoing.

Hair products: Evidence on hair dyes/relaxers and breast cancer is mixed; some studies suggest possible associations with certain patterns of heavy use. Stronger data links chemical straighteners with uterine cancer risk. Talk with your provider about your exposures and overall risk.

ACCESS & EQUITY — BEYOND INSURANCE ALONE

- Even with similar insurance and neighborhood resources, **Black women often receive less timely, less guideline-concordant care**—and disparities persist, including in common, treatable luminal tumors. Bias, delayed follow-up, and differences in care pathways contribute.

CHAPTER 3:

Disparities in Diagnosis & Treatment

For Black women, breast cancer isn't just a health condition — it's a fight against the disease and against the systems that too often fail us. Even with insurance, even with the "right" doctors, disparities persist.

WHAT THE DATA SHOWS

- **Delayed Diagnosis** – Black women are less likely to have breast cancer detected at Stage 0 or Stage 1. By the time many of us get a diagnosis, the cancer has already advanced.

- **Treatment Delays** – Research shows Black women wait longer for surgery, chemo, and radiation after diagnosis. Sometimes this is due to systemic scheduling issues, other times due to provider bias or assumptions.

- **Differences in Care Quality** – Studies have found Black women are less likely to receive the latest, most effective treatments — including targeted therapies and reconstruction surgery.

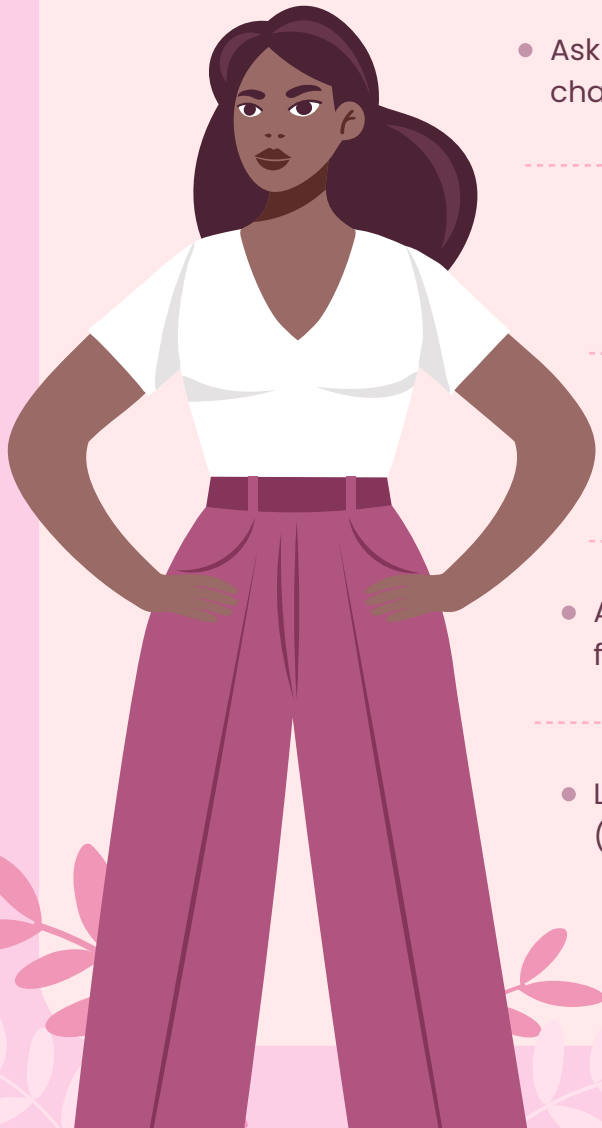
- **Underrepresentation in Clinical Trials** – Only about 6–9% of breast cancer trial participants are Black women, limiting access to innovative therapies.

- **Geographic Barriers** – Mammogram centers and breast specialists are less likely to be located in predominantly Black neighborhoods, forcing women to travel farther and take more time off work.

WHAT THIS MEANS IN REAL LIFE

- A woman might notice a lump, but her provider says, “Let’s watch it for a while,” instead of ordering imaging immediately.
- A biopsy comes back positive, but her first surgery date is scheduled weeks later than recommended.
- She’s not told about a clinical trial that could improve her outcome because her provider assumes she “wouldn’t be interested.”

HOW TO PROTECT YOURSELF



- Ask for imaging promptly if you find changes.
- If something feels wrong, get a second opinion — quickly.
- Request written copies of all reports and results.
- Ask: “What is the earliest possible date for my next step in care?”
- Learn about and actively seek clinical trials (via breastcancertrials.org or BDO’s resources).

CHAPTER 4:

Prevention & Early Detection

EVERYDAY PREVENTION

DOABLE, NOT PERFECT

Move your body (aim for **150–300 min/week** moderate activity or **75–100 min/week** vigorous). **Walking counts.** Add 2 days of strength work if you can.

Eat more plants (beans, greens, whole grains, fruit), **healthy fats** (olive oil, nuts, fish), and **fiber**. These support weight, blood sugar, and heart health—keys to lowering risk and improving outcomes.

Manage stress & sleep; chronic stress can affect immune and hormonal pathways. Gentle practices—breathwork, nature walks, prayer, journaling—are powerful, free tools.

SCREENING YOU CAN ACT ON NOW

- **USPSTF 2024 (average risk): Biennial mammograms from age 40–74** (every other year).

- **ACS (alternative schedule many clinicians still follow):**
  - **40–44:** option to start annual
  - **45–54:** annual
  - **55+:** every 2 years (or keep annual), as long as you're healthy.

- **High-risk** (strong family history, BRCA/other genes, very dense breasts, prior chest radiation): consider earlier and **annual MRI + mammogram**. Ask for a **risk assessment** by 25–30.

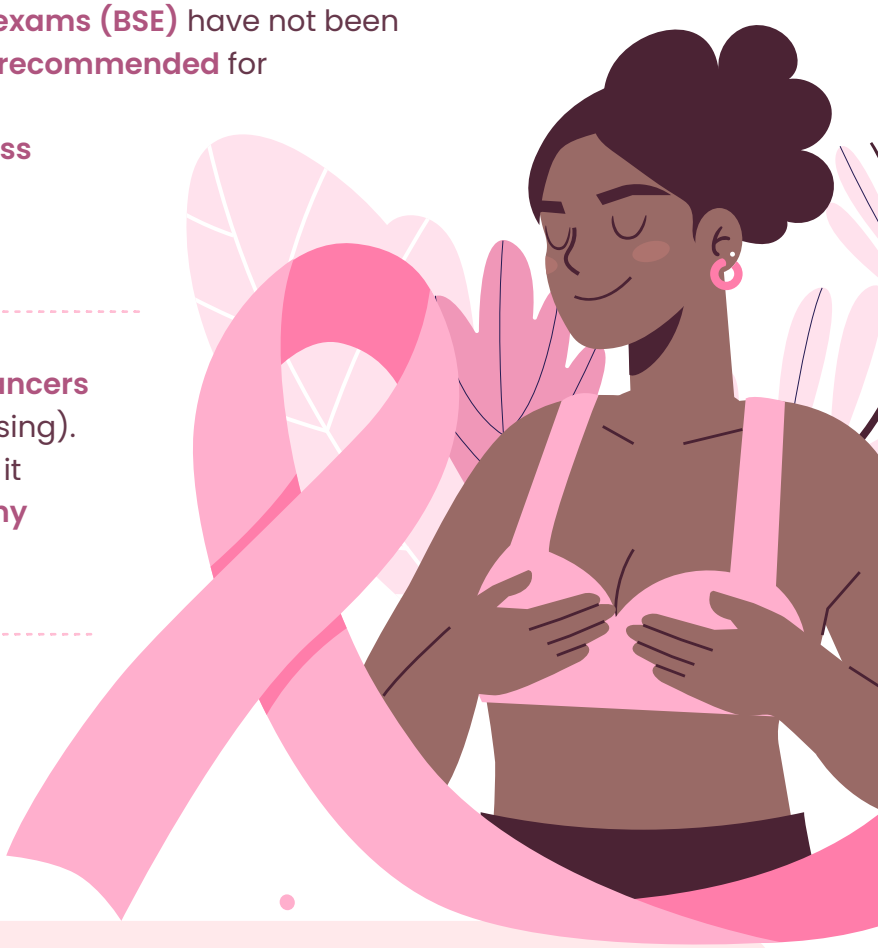
BREAST SELF-EXAM VS. SELF-AWARENESS

LET'S BE REAL

- Routine, taught **monthly breast self-exams (BSE)** have not been shown to reduce deaths and **are not recommended** for average-risk women by ACS/USPSTF. What matters is **breast self-awareness**—knowing your normal and reporting **new, persistent changes** right away.

- **Many women still notice their own cancers** during everyday life (showering, dressing). If you choose to examine yourself, do it **gently and consistently**, and **bring any new change to a clinician.**

If something is new and doesn't go away after one period—or you don't have periods—after a few weeks, get it checked.



FREE/LOW-COST SCREENING

- **NBCCEDP** (CDC program): free/low-cost mammograms for uninsured/underinsured women.

- **Sisters Network, TOUCH, local faith/community clinics:** screening days, navigation, and grants (see Resources).

CHAPTER 5:

Navigating Treatment Options

& advocating for excellent care

YOUR TREATMENT TOOLKIT

WHAT TO EXPECT

- **Surgery** (lumpectomy or mastectomy ± lymph nodes): removes cancer locally. Normal side effects include soreness, numbness; ask about **lymphedema prevention.**

- **Radiation therapy:** targets remaining microscopic cancer cells after surgery (or for palliation). Skin changes and fatigue are common and usually temporary.

- **Chemotherapy:** medicines that kill fast-growing cancer cells; sometimes before surgery (to shrink the tumor) or after (to reduce recurrence). Expect fatigue, hair loss, infection risk—ask about **supportive meds.**

- **Hormone therapy (for ER/PR-positive):** pills or shots that **block estrogen or lower its production**—tamoxifen, aromatase inhibitors, ovarian suppression in some. Hot flashes and joint aches are common; tell your team so they can help.

- **Targeted therapy (e.g., HER2-directed drugs):** precision meds for tumors with specific markers. Side effects vary—heart monitoring may be needed.

- **Immunotherapy (esp. for some TNBC):** helps your immune system recognize and attack cancer; used alone or with chemo in specific settings. Side effects can include fatigue, rashes, or immune-related inflammation your team can manage.

CLINICAL TRIALS = ACCESS + OPTIONS

Trials test better ways to prevent, find, and treat breast cancer. Black women are under-represented in many trials, but you are wanted and needed—and trials can open doors to next-generation care. **Start with these portals and ask your team for help: NCI, Komen, Breastcancer.org (see Resources).**

ADVOCACY: HOW TO KNOW YOU'RE GETTING EQUITABLE CARE

ASK YOUR CARE TEAM—KINDLY BUT FIRMLY:

- **"Is my plan aligned with NCCN guidelines?"** (If not, why?)
- **"Were my ER/PR/HER2 (± PD-L1/genomics) results reviewed, and by whom?"**
- **"When will treatment start?"** (Push for timely starts, especially in **TNBC**.)
- **"Was my case presented at a multidisciplinary tumor board?"**
- **"Am I eligible for clinical trials? Can your navigator help me apply?"**
- **"Should I consider an NCI-Designated Cancer Center or an NAPBC-accredited breast center?"** (Find one near you.)

If you feel dismissed, it's okay to switch doctors. Bring a support person. Take notes.
You are the CEO of your health.

CHAPTER 6:

Emotional & Mental Well-Being

whole-self healing

A breast cancer diagnosis touches every part of life — physical health, mental state, identity, relationships, and even finances. For Black women, cultural expectations often push us to "stay strong" and "keep going" when we actually need space to process and heal.

WHY EMOTIONAL HEALTH MATTERS IN BREAST CANCER

- **Improved Treatment Outcomes** – Studies show emotional well-being can improve adherence to treatment and even physical recovery.
- **Reduced Isolation** – Black women often find themselves as "the only one" in cancer spaces. This can make you feel unseen or misunderstood.
- **Better Communication with Doctors** – Managing anxiety and fear can help you ask better questions and make clearer decisions.

COMMON EMOTIONAL CHALLENGES

- **Fear of death** — especially with aggressive types like TNBC
- **Changes in self-image** — due to hair loss, mastectomy, or weight changes from treatment
- **Guilt** — feeling like a burden on family
- **Anxiety about recurrence** — even years after treatment ends

BREAKING THE STRONG BLACK WOMAN MOLD

Being “strong” doesn’t mean being silent. True strength includes asking for help, taking breaks, and letting others care for you.

EMOTIONAL CARE STRATEGIES THAT WORK

Therapy with Cultural Competence – Seek therapists who understand Black women’s health experiences.

Support Circles – Sisters Network, For the Breast of Us, and local faith-based groups provide safe spaces for sharing.

Creative Expression – Journaling, painting, music, and poetry can help process emotions in non-verbal ways.

Faith & Spirituality – Many women find peace in prayer, meditation, or scripture study.

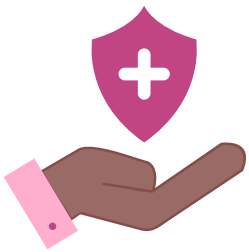
Mind-Body Practices – Gentle yoga, guided imagery, and deep breathing reduce stress and improve mood.

ACTION STEP FOR YOUR MENTAL WELLNESS TOOLKIT

- Create a “comfort list” of 5 quick activities that lift your mood (listening to a favorite song, calling a friend, walking outside).
- Identify your emotional warning signs (trouble sleeping, withdrawing from loved ones, constant worrying) and treat them as a signal to seek extra help.

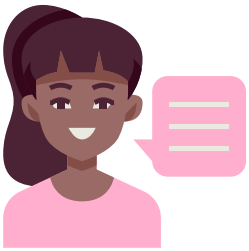
CHAPTER 7:

Empowering Our Community



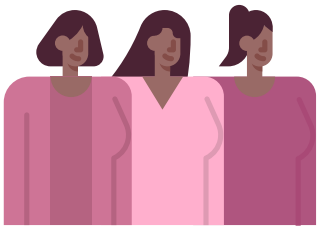
POLICY & SYSTEMS CHANGE

Programs like ACCURE and community-academic partnerships demonstrate that systems, not just individuals, must change—tracking missed appointments, flagging delays, and closing gaps in real time.



AMPLIFYING VOICES

Stories like Donna Dennis (former track star) and Nia Gilliam (commercial pilot) show the range of treatment choices and challenges. Their advocacy in sports and aviation reminds us: representation saves lives.



EDUCATING THE NEXT GENERATION

Community programs (e.g., The Witness Project, AABCA, Keep in Touch Initiative, Breast Cancer Champions) bring mobile mammography, peer education, and culturally specific support to where we live, worship, and work.

KEY TAKEAWAYS

PIN THESE

1. **Know your risk** (family history + genes) and ask for a **risk assessment** by 25–30 if strong history.
2. **Screen on time:** mammograms **start at 40** for average risk; **earlier + MRI** if high-risk.
3. **Act fast on changes**; self-awareness > ritualized self-exam.
4. **Insist on equitable, guideline-based care; seek NCI/NAPBC** centers when possible.
5. **You are not alone**: use navigators, support groups, and trial resources.

CALL TO ACTION (TODAY)

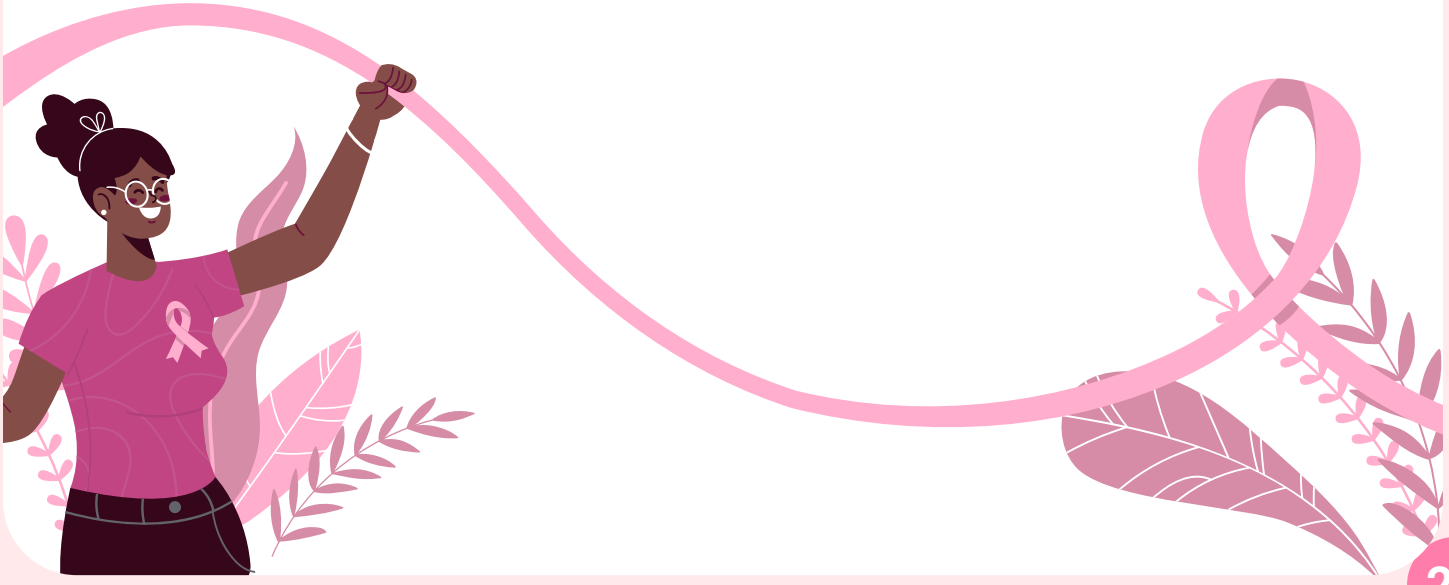
- **Book your mammogram** (or risk consult) today.
- **Share this guide** with three women you love.
- **Join the movement**—volunteer, donate, or advocate for policies that expand coverage and fund research focused on Black women.

APPENDIX A:

QUESTIONS TO ASK YOUR DOCTOR

SCREENSHOT THIS

- What **type and stage** is my cancer?
- What are my **ER/PR/HER2** (and PD-L1, if TNBC) results?
- Is my plan **aligned with NCCN guidelines?** If not, why?
- What's the **goal** of each treatment (cure, control, symptom relief)?
- What are the **likely side effects** and how will you help me manage them?
- **Timeline:** When do we start? What happens if we wait? (Especially critical in TNBC.)
- Am **I eligible for clinical trials?** Can a navigator help me apply?
- Should I consider care at an **NCI-Designated Cancer Center or NAPBC center?**



APPENDIX B:

HOW TO DO A BREAST SELF-CHECK

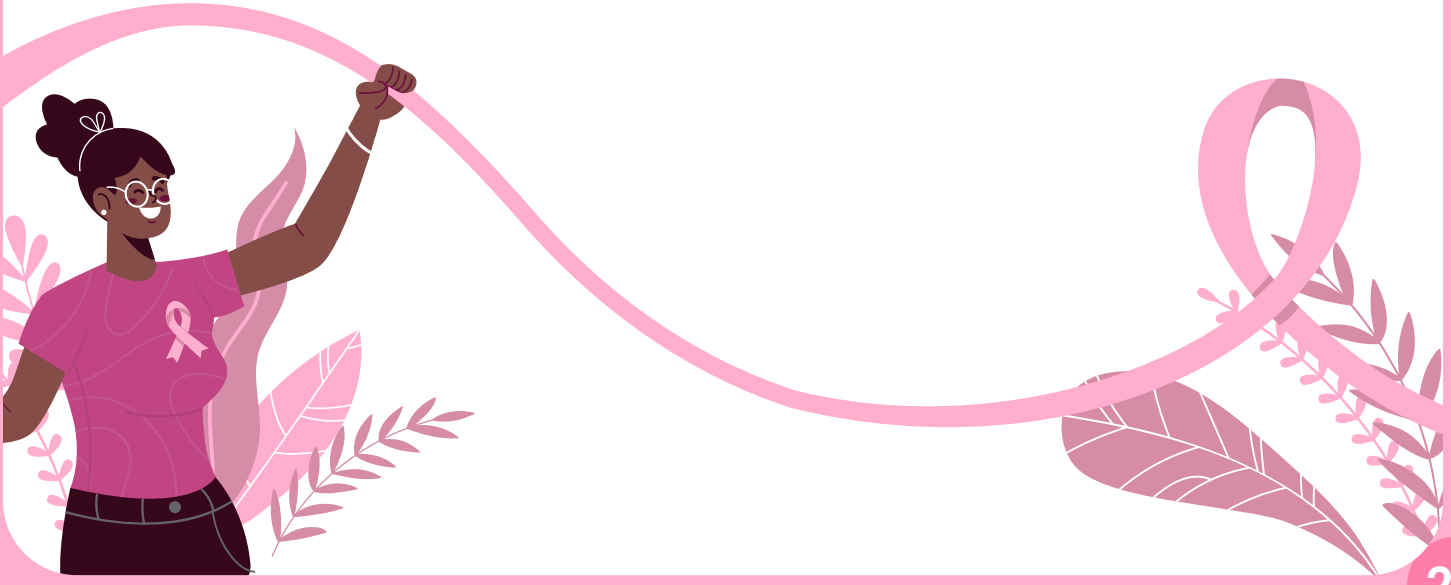
IF YOU CHOOSE TO

While **monthly, taught BSE is not recommended** for average-risk women, many of us notice changes during daily life. If you prefer a structured check, do it gently and **report new, persistent findings** promptly.

1. **Look** in the mirror with arms at sides, raised, and hands on hips—note changes in shape, skin, or nipples.

2. **Feel** with 3 finger pads in small circles, covering the entire breast, armpit, collarbone area—light to firm pressure.

3. **Note** any new lump, thickening, discharge, or one-sided **pain that doesn't go away** after one cycle (or 3–4 weeks if no periods).



APPENDIX C:

RESOURCES & NAVIGATION HUBS

- **Touch: The Black Breast Cancer Alliance (TOUCH)** – advocacy, community, TNBC focus
- **Sisters Network Inc.** – national Black breast cancer survivor network (support & screening help)
- **Black Women's Health Imperative** – education, policy, wellness programs
- **Living Beyond Breast Cancer (LBBC)** – guides, helpline, webinars
- **CancerCare** – counseling, financial grants, transportation help
- **For the Breast of Us** – community for women of color
- **SHARE Cancer Support** – peer support and education
- **Tigerlily Foundation** – young women, health equity, patient advocacy
- **NBCCEDP (CDC)** – free/low-cost mammograms for uninsured/underinsured
- **Find a center: NCI-Designated Cancer Centers & NAPBC-accredited** breast centers.
- **Clinical Trials: NCI Trials Search, Breastcancer.org, Komen Trial Finder.**

APPENDIX D:

GLOSSARY

RIGHT-SIZED AND CORRECTED

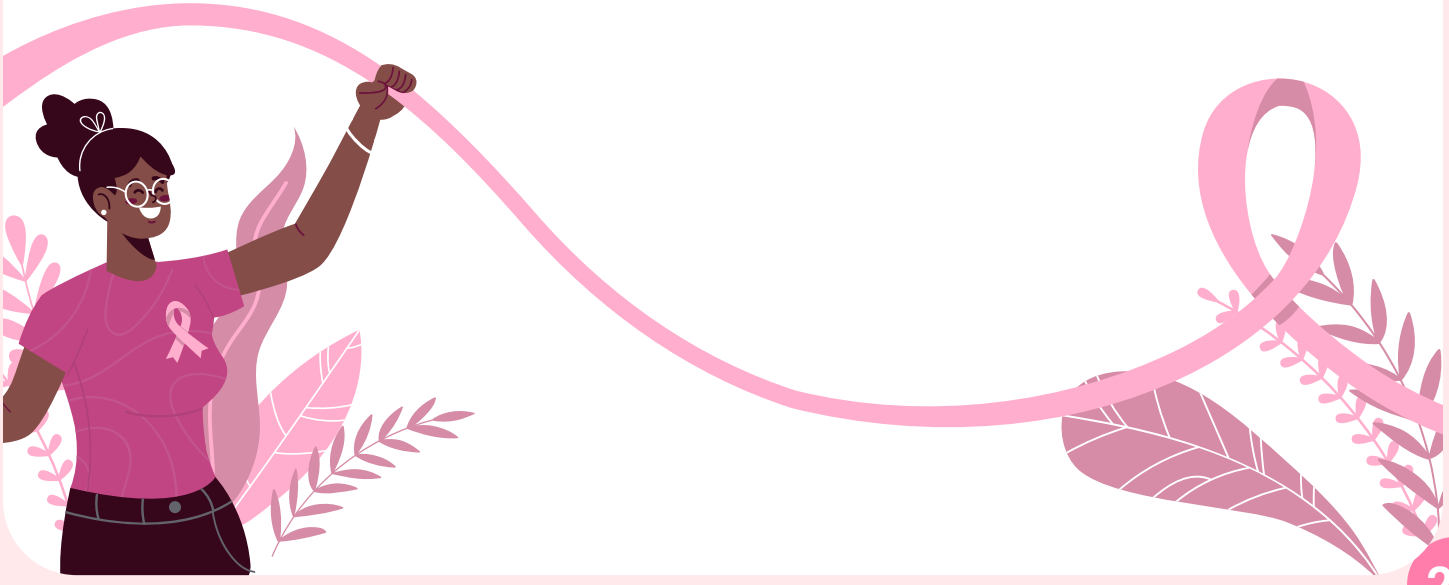
- **Areola:** darker skin around the nipple.
- **Benign:** not cancerous.
- **Biopsy:** removing a small sample to check for cancer under a microscope.
- **BRCA1/BRCA2:** genes that normally help repair DNA; harmful inherited changes raise cancer risk.
- **Breast density:** more fibrous/glandular tissue vs. fat; can make mammograms harder to read—may call for extra imaging if you're high-risk.
- **Chemotherapy:** drugs that kill fast-growing cancer cells (and can affect some normal cells).
- **Clinical trial:** research study testing better ways to prevent, find, or treat cancer.
- **DCIS:** abnormal cells in a duct ("in place," not invasive).
- **ER/PR/HER2:** receptors on cancer cells that guide treatment choices.
- **Hormone therapy:** meds that **block estrogen or lower estrogen** for ER-positive cancers.
- **Immunotherapy:** treatment that **activates your immune system** to attack cancer (not "adding genes").
- **Metastatic:** cancer has spread to distant organs (stage IV); **treatable but not considered curable.**
- **TNBC:** lacks ER/PR/HER2; more common in Black women; needs fast, specific treatment.

APPENDIX E:

FURTHER READING

A FEW HIGH-QUALITY STARTING POINTS

- **ACS—Breast Cancer Facts & Disparities** (mortality, stage at diagnosis)
- **BCRF—Why Disparities Persist** (drivers, solutions)
- **USPSTF 2024 Final Breast Screening Recommendation** (start at 40)
- **NCI—BRCA Fact Sheet** (who should consider testing; risks)
- **ACS—Treatment Overview** (surgery, chemo, radiation, hormone/targeted/immunotherapy)
- **NCI/ACS—Clinical Trials** (how to search & enroll)



REFERENCES

American Cancer Society. (n.d.). Breast cancer facts & figures. https://www.cancer.org/

American College of Obstetricians and Gynecologists. (n.d.). Breast health. https://www.acog.org/

Breast Cancer.org. (n.d.). Understanding breast cancer. https://www.breastcancer.org/

Centers for Disease Control and Prevention. (n.d.). National Breast and Cervical Cancer Early Detection Program (NBCCEDP). https://www.cdc.gov/cancer/nbccedp/

Emory Healthcare. (n.d.). Breast cancer types and stages. https://www.emoryhealthcare.org/

Georgia Public Broadcasting. (n.d.). Cancer treatment and patient support resources. https://www.gpb.org/

Komen, S. G. (n.d.). Genetics and breast cancer risk. https://www.komen.org/

Lippincott Williams & Wilkins. (n.d.). Air pollution and breast cancer risk. https://journals.lww.com/

Mayo Clinic. (n.d.). Metastatic breast cancer. https://www.mayoclinic.org/

National Cancer Institute. (n.d.). BRCA gene mutations and cancer risk. https://www.cancer.gov/

National Comprehensive Cancer Network. (n.d.). Breast cancer guidelines. https://www.nccn.org/

Rollins School of Public Health. (n.d.). Breast cancer disparities in Black women. https://sph.emory.edu/

U.S. Preventive Services Task Force. (2024). Final breast cancer screening recommendations. https://www.uspreventiveservicestaskforce.org/