UNIQUE CONSIDERATIONS FOR TALKING TO WOMEN WITH TRIPLE-NEGATIVE BREAST CANCER (TNBC)

Hypothetical patient.

Social determinants of health (SDOH) are conditions in the environments where people are born, live, work, and age that affect a wide range of health care–related outcomes.[1]

A considerable proportion of patients with TNBC are younger, premenopausal women who may face barriers to care due to SDOH.[2] Our goal is to ensure that all women in the United States have access to equitable health care, which may lead to a healthy life, regardless of their income, education, ethnicity, or race.

This communication guide is intended to help you address and reduce disparities in health equity needs by initiating and navigating discussions with women who may face challenges and barriers to care.

> **To promote health equity for all women entering cancer care, we must look critically at the racial disparities across the treatment continuum that result from differences in SDOH.[1]**

SOME SELECTED COMMON CHALLENGES TO CERTAIN WOMEN WITH TRIPLE-NEGATIVE BREAST CANCER MAY INCLUDE:

1 HEALTH CARE SYSTEM INEQUITIES

There is a significant racial divide in the incidence of breast cancer and mortality rates. Although tumor biology and genomics play a part in this disparity, there is evidence that a quality difference in patterns of care exists in the form of significant delays in diagnosis to treatment and the misuse and underuse of treatment, which can contribute to creating health inequities.[3]

2 ECONOMIC FACTORS AFFECTING TREATMENT

Many women in the United States don't have the same opportunities to be as healthy as others due to financial constraints. For example, some women may not have access to health care or health insurance and, therefore, may have less frequent or longer intervals between mammograms if they cannot afford the diagnostic testing. As a result, they are often at a more advanced stage upon detection of breast cancer.[4]

3 FUNCTIONAL/STRUCTURAL BARRIERS

Logistical challenges may affect women with TNBC. For example, arranging for transportation to and from medical appointments, managing employment demands, and arranging child care and/or elder care are all potential barriers to receiving optimal health care.[1,5]

4 SUPERWOMAN FATIGUE

Socioeconomic and historical factors have compelled many African-American women to take on the roles of mother, nurturer, and breadwinner. Although the majority of women objectively agree that breast health is important, few actively discuss breast cancer with friends and family, or look into their own personal risk.[4,6,7]

TNBC accounts for approximately **12%** **of all breast cancers** diagnosed in the United States and is **one of the most aggressive**[8]

TNBC disproportionately affects **Black women**, who are **twice as likely to die** from their condition[8]

Breast cancer is the **leading cause of cancer death in Hispanic/Latina women** in the United States[12]

Hypothetical patient.

INSIGHTS AND TIPS FOR ELEVATING THE CONVERSATION AND IMPROVING PATIENT CARE

BRINGING A COMPANION

- Encourage your patients with TNBC to bring a companion to their doctor visits as this may result in them feeling more confident about asking questions.[9]

- Visits with a companion tend to be longer and feature more patient-centric language in the discussion.[9]

- Research shows a racial disparity in who chooses to bring a companion to clinical encounters. A recent study found that oncologists spent more time and used more patient-centered communication with Black patients who brought a companion with them.[9]

NORMALIZING THE CONVERSATION

- Let patients know it's okay to ask questions and that having health concerns is both natural and understandable. Address patients' concerns through active dialogue.[10]

- Engage with your patient by using cues, both verbal and nonverbal, that acknowledge you appreciate that they may be feeling overwhelmed, confused, and/or fearful about the road ahead.[10]

- Do what you can to connect women who have TNBC with each other; consider initiating support groups within your medical community and directing patients to existing support groups and resources.[11]

OVERCOMING IMPLICIT BIAS

- Race-related attitudes among health care providers, even if held implicitly, may influence clinical judgment and decision-making and, consequently, negatively impact clinical outcomes.[13]

- Health care professionals who are adept at active listening, informing, showing respect, and encouraging patient involvement can transcend issues of race to successfully establish a connection with the patient that in turn contributes to greater patient satisfaction, trust, and commitment to treatment.[13]

CONVERSATION STARTERS/COMMUNICATION TIPS

BRINGING A COMPANION

"Who else needs to be involved in the conversation? Should we get them on the phone?"

"What does your plan look like to get to visits/the clinic? Is there someone who could come with you?"

NORMALIZING THE CONVERSATION

"You're not alone. Would you be interested in talking to other women with TNBC?"

" It's normal to have concerns. Let's talk about what's right for you."

OVERCOMING IMPLICIT BIAS

"I know I just shared a lot of information. How are you feeling?"

"You won't be able to help others unless you start prioritizing yourself. How do we do that?"

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