HCP portrayal

The Health Care Professional's Guide to Connecting With Black Patients: From Screening to Breast Cancer Care

Tips and advice for delivering care that's clinically competent and culturally sensitive for your Black female patient.

Understanding your patient is vital to offering care and developing a treatment plan that reflects her unique needs. This guide has been uniquely developed with recommendations to help your Black patients feel comfortable, heard, and understood in all your interactions.

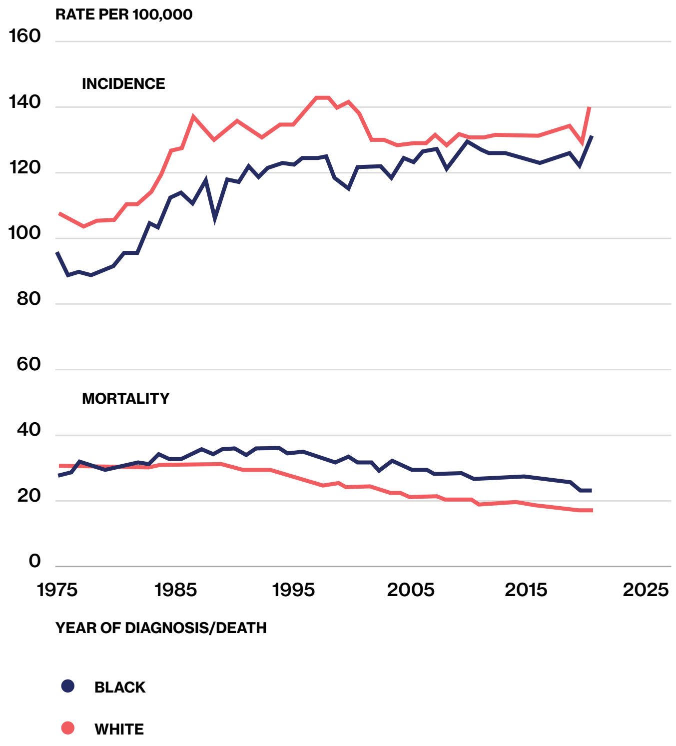
Black women are approximately 41% more likely to die of breast cancer compared to white women in the United States.[1]

Black women have a **higher risk of developing breast cancer at a younger age** and are more likely to be **diagnosed at a later stage** with more aggressive disease.[2,3]

Even when diagnosed and treated early, they also face **an elevated risk of recurrence** despite having similar diagnoses as their white counterparts.[4]

Breast Cancer Incidence & Mortality

White (Including Hispanic) Females vs
Black (Including Hispanic) Females[5–7]



> “Health care professionals have a critical role and influence in helping reduce the mortality rates for Black breast cancer patients, so there is a consistent improvement in outcomes across our country. One way of achieving this is applying the ‘golden rule’ of giving the same standard of care to all patients that they would expect for themselves and their families.”

Ricki Fairley

TNBC Thriver, Co-Founder and CEO of TOUCH, The Black Breast Cancer Alliance and Novartis Advisor

Ricki Fairley was compensated by Novartis Pharmaceuticals Corporation.

Engaging your Black patients with an empathy-first approach

Have you engaged in self-reflection to analyze a recent interaction with a Black patient?

Did you consider...

- How the needs of your Black patients may differ from your white patients?
- Barriers of care, such as potential financial considerations, transportation limitations, misunderstanding the standards of care, and/or cultural differences?
- Referrals for support resources they feel are necessary to successfully navigate their breast cancer journey?
- Genetic and genomic testing, clinical trials, and all clinical pathways resulting in a care plan all patients should receive?

Have you ever been in a room where you’re the only one *who looks like you?*

Imagine being in that situation *as a patient*.

Due to lack of representation, Black patients may feel unseen or unheard when visiting their doctor, which could cause them to shut down and not share critical information that could make all the difference in their care plan.[8]

While, as a provider, you may be treating your Black patient as you would any other patient, it’s possible past experiences are causing her to be guarded.

Consider these data:

- **47%* of Black women diagnosed with breast cancer have reported an incidence of race-based discrimination** compared to 16% of white women.[9]
- Among Black women who believe they have experienced prejudice or discrimination within the medical health care system based on their race, **53%* report that it’s difficult to find a health care provider who makes them feel heard and seen.**[10]

* These numbers are likely higher, as data suggests that a Black woman’s experience in the health care system is under reported.

Black providers comprise only ~3% of practicing oncologists.[8]

It is essential to vocalize and offer reassurance to your patient that she will receive quality care and have the full support of your team, including office staff.

Here’s how you can help establish trust with your patient

Connect:

- By maintaining eye contact when greeting her
- Engaging her in conversation to create a safe space that encourages openness
- Connecting over something that she shares, to establish common ground

Ask:

- About the check-in process and if the front desk was kind and respectful
- If she needs greater clarification or additional information on what has been discussed
- Whether today’s visit is causing her any concerns and, if so, why?
- About her overall lifestyle, such as mental health, nutrition, exercise, and activity levels
- About her family history (maternal and paternal). If she doesn’t know, encourage her to find out what she can and share her discovery at her next visit
- If she has a care support circle and whether she’d like to include them in her care plan or keep her diagnosis private
- If there are people who may depend on her (ie, partner, children, parents, etc)

Explain:

- The statistics impacting Black women and why you’re committed to being part of the solution
- How and why to perform regular self-breast exams
- The importance of regular screenings and what they may entail (additional imaging tests, etc)
- If applicable, her diagnosis, and the treatment plan you’re recommending – including its rationale (review treatment guidelines, short- and long-term goals of therapy, etc)
- How important it is that she continues to prioritize her health

Provide space and support as she navigates next steps:

- In those cases where there is difficult news to share, please give her a few moments to process the information you have just provided and remember to patiently address any follow-up questions, being mindful of her emotional state at this moment. Treat her the same way you would treat a friend or acquaintance.

If your patient seems hesitant or reluctant when discussing screening and testing

- **Discuss family history and risk assessment,** including genetic testing.
  - To assist your patients in better understanding their breast health, consider encouraging them to use one of the following tools* so they’re aware of their individualized risk and you can ensure appropriate risk-adjusted screening is ordered:
  - **NIH Risk Assessment Tool (The Gail Model)**
  - **The Black Women’s Health Study Risk Calculator**
  - **Tyrer-Cuzick Risk Assessment Calculator**
  - Talk about family history with her to understand the potential cancer in her family. You may have to encourage her to have those conversations, especially if illnesses and health conditions are a taboo topic in her family.
  - If she discloses a family history of cancer, remind her of the importance of being vigilant due to higher risk factors.
  - More than 60% of women with inherited *BRCA1* or *BRCA2* mutations will develop breast cancer during their lifetime.[11]
  - While studies suggest there are not clinical differences between Black women and non-Hispanic white women when it comes to the presence of inherited mutations that could increase the risk of breast cancer, referrals for genetic counseling or testing only happen for 37% of Black women compared to 85% of white women.[12,13]
  - With 5-10% of breast cancers being inheritable – NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend genetic testing for women diagnosed with breast cancer under the age of 50 or those who have a certain family history of breast cancer.[14,15]
- **Explain why you’re recommending screening** and assure her she is taking an important step for her overall health.
  - Reiterate the importance of early detection: Black women are more likely to develop breast cancer at a younger age. Compared to later diagnoses, early detection may lead to fewer burdens on quality of life, family, and finances.

*These links take you to external websites that are independently operated and not managed by Novartis Pharmaceuticals Corporation. Novartis assumes no responsibility for these sites.

- **Explain various screening options** and which option is most accurate in detecting abnormalities.
    - Consider how Black women are more likely to have dense breasts, which may require additional follow-up testing or exams.[16]
    - Some states have passed legislation to minimize out-of-pocket costs for follow-up imaging tests for patients covered by state-mandated plans. If you are in one of such states, consider mentioning this to your patient.
- **Explain how long it will take to get the results and what to expect when the results come in.**

If cancer is detected:

Let her know that you are prioritizing her care, are aware of the statistics – reminding her she is more than a number – and that you are committed to helping her achieve an optimal outcome.

- **Ask her whether she'd like to pause and reach out to someone in her support circle** to be part of her care plan discussion, as appropriate.
    - If she decides to call someone, offer to call them on speaker so you can communicate directly and make sure they capture important information.
- **Explain who her care team is** (ie, surgeon, advanced practice provider, radiation oncologist, nurse, nurse navigator) and how they will play a role in her care.
- **Discuss genomic testing** and how critical it can be in the development of her care plan.
- **Explain what she should expect next** and, if possible, provide a care roadmap.
    - Make sure to discuss the bigger picture of her diagnosis, current and next steps in their treatment journey.
    - Point to available resources to help her visualize the roadmap ahead, including those developed by patient advocacy organizations.
- **Ask if she would like to be connected to another patient** who has been through a similar experience as a breast cancer support partner/guide. Let her know about Black advocacy groups like TOUCH, The Black Breast Cancer Alliance and The Chrysalis Initiative.*
- **Discuss treatment goals and priorities** beyond efficacy and tolerability – ask about key milestones that are important in her future, and what her day-to-day looks like.
- Share how, together, you can help decide **the best treatment options, including whether a clinical trial is right for her situation.**

8% of genomic testing participants are Black, Indigenous, and People of Color (BIPOC)[17]

Beyond hormone receptor status, and despite their established clinical utility, many patients do not receive gene expression profiling (GEP) testing of their tumors (tumor biomarker testing), including Black women.[18] This could be due to the historical cycle that involves limited participation in clinical trials: Since the trials leading up to the development of these tests did not include enough Black women, the tests may not be as sensitive to their unique biomarkers.

As GEPs may underestimate risk in Black patients, they are but one factor to consider when addressing the risk of recurrence for early-stage, favorable disease. However, GEPs should still be ordered to ensure all patients are receiving the same care and to further advance research and data in biomarker testing.

Black patients constituted only 3% of participants in the breast cancer clinical trials that led to U.S. Food and Drug Administration approvals between 2008-2018.[19] Working to increase participation in clinical trials may lead to more effective treatment options for Black women in the future.

Clear education about informed consent, opt-out, and oversight can be helpful to address concerns your patients may have about enrollment.

Learn more about available clinical trials that may be suited for your patients by visiting whenwetrial.org.**

*These organizations are not-for-profit and independent from Novartis Pharmaceuticals Corporation. Novartis has no financial interest in any organization listed, but may provide occasional funding support to these organizations. Novartis is not responsible for the actions of any of these organizations. This is not an exhaustive list of organizations.

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Could you or your team help address some financial barriers to ensure better care?

- Review the insurance coverage and help ensure that as many aspects of her care as possible are delivered “in-network”.
- Check if insurance covers transportation, including wheelchair accessible transportation.
- Check for payment plans or income-based payment options for her care, including medications.
  - The manufacturer(s) of her prescribed medication(s) may offer programs that can reduce out-of-pocket (OOP) costs; if applicable, connect her with resources.
- If the insurance coverage is not meeting her needs, make sure she knows about options and timing for changing health plans (ie, FSA elections, open enrollment vs special enrollment periods).
  - Review her insurance coverage options and impact to estimated OOP costs (ie, in-network vs out-of-network, medical vs pharmacy benefits, etc).
- Consider the additional financial concerns of patients seeking fertility preservation/treatments, nutritional counseling, mental health support, cold cap therapy, and other treatment-related services that can confer additional OOP costs.
- Share information on resources to cover food and other non-medical needs, as her diagnosis may impede her from working.
- If applicable, encourage her to check employer benefits for additional support that may be offered (ie, additional time-off, emergency childcare, employee assistance plans, health/wellness reimbursement, etc).
- Leverage the financial navigational support of advocacy organizations who provide education and resources to decrease financial challenges for patients and their caregivers.

Questions to create a more productive dialogue

Ask this:

- **Can I answer any questions** about what we have been talking about?
- **Whose support would you like to have as you navigate this experience?** This is a time when you need people who love you around you, so think about whom you would like to be part of your care team.
- Can we review your **treatment routine** (ie, time, eating schedule, etc)?
- Are you experiencing and keeping track of any side effects? Do you have any **questions or concerns about maintaining your treatment regimen?** We can always discuss alternatives if you don’t feel this is a right fit for you.
- I understand that this may be a challenging time, and it’s normal to feel anxious. How can we support your mental health during this time? If you feel comfortable, we can **connect you with specific resources and individuals who can provide additional support** or with those who’ve shared similar experiences. Would this be something you’re interested in? Resources are available to assist with the cost of treatment and we can help to connect you to those resources.

Instead of asking:

- Do you understand everything I just shared?
- Do you have a partner, significant other or family to help you?
- Are you staying compliant with your treatment?
- Do you need to speak to a psychiatrist?
- Do you have the means to pay for your treatment?

Lastly, consider the use of available and standardized questionnaires and assessment tools to ensure that all patients are being assessed for food insecurity, financial stability, and psychosocial support. Sample resources for clinicians and oncology programs are available at accc-cancer.org.*

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> “In order to improve breast cancer outcomes, it is important for health care professionals to identify and address the internal and systemic contributors that lead to patient mistrust in the system that may be impacting their Black patients’ experience.”

Jamil Rivers
CEO of The Chrysalis Initiative
and Novartis Advisor

Jamil Rivers was compensated by Novartis Pharmaceuticals Corporation.

Emphasize your commitment to her care

Tips:

- Remind her of the key takeaway from her visit. Provide it in writing for later reference, if possible.
- Direct her to patient advocacy groups that may provide support, such as *The Chrysalis Initiative, TOUCH, The Black Breast Cancer Alliance, Tigerlily Foundation, Unite for HER, Sisters Network*, *Touch4Life, Living Beyond Breast Cancer*, *Triple Negative Breast Cancer Foundation, Cancer Support Community*, *National Cancer Institute, and National Comprehensive Cancer Network*® (NCCN®).
- Encourage her to share what challenges are on her mind.
- Offer to help her schedule the appropriate next visit.

Black patients need to be able to trust that they’ll get the appropriate treatment and care for their cancer. Follow up with her and remember it takes time to build trust.

Resources to share with your patient as a follow-up

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Would you like to learn more about the Novartis commitment to improving outcomes in breast cancer care?

Cancer is hard enough, but some breast cancer patients face additional barriers and poorer outcomes. We have a responsibility to help all patients get the best quality care they deserve.

In our efforts, we are prioritizing:

- True partnerships where we can co-create solutions
- Using data to identify barriers and develop targeted solutions, while tracking impact on patient outcomes
- Sustainable initiatives with a long-term vision
- Pilots that can be swiftly implemented and continuously optimized and scaled
- Building on existing initiatives with a proven record
- Learn more at **Novartis.com/us-en/MTJWHCP**.

Interested in offering our discussion guide, **A Black Woman's Guide to "The Breast Cancer Talk" With Doctors,** to your patients?

Access our resources here:

1. American Cancer Society. Cancer Facts & Figures for African American/Black People 2022-2024. Atlanta, GA: American Cancer Society; 2022.
2. Xu S, Murtagh S, Han Y, Wan F, et al. Breast cancer incidence among US women aged 20 to 49 years by race, stage, and hormone receptor status. *JAMA Netw Open.* 2024;7(1):e2353331. doi:10.1001/jamanetworkopen.2023.53331
3. American Cancer Society. Breast Cancer Facts & Figures 2024-2025. Atlanta, GA: American Cancer Society; 2025.
4. Liu Y, West R, Weber JD, et al. Race and risk of subsequent aggressive breast cancer following ductal carcinoma in situ. *Cancer.* 2019;125(18):3225-3233. doi:10.1002/cncr.32200
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12. Domchek SM, Yao S, Chen F, et al. Comparison of the prevalence of pathogenic variants in cancer susceptibility genes in Black women and non-Hispanic White women with breast cancer in the United States. *JAMA Oncol.* 2021;7(7):1045-1050. doi:10.1001/jamaoncol.2021.1492
13. Cragun D, Weidner A, Lewis C, et al. Racial disparities in BRCA testing and cancer risk management across a population-based sample of young breast cancer survivors. *Cancer.* 2017;123(13):2497-2505. doi:10.1002/cncr.30621
14. National Cancer Institute. Genetic testing for inherited cancer. April 2024. https://www.cancer.gov/about-cancer/causes-prevention/genetics/genetic-testing-fact-sheet. Accessed April 1, 2025.
15. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Genetic/Familial High-Risk Assessment: Breast, Ovarian, Pancreatic, and Prostate V.3.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed April 1, 2025. To view the most recent and complete version of the guideline, go online to NCCN.org. NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.
16. Rochman S. Study finds Black women have denser breast tissue than White women. *JNCI J Natl Cancer Inst.* 2015;107(10):djv296. doi:10.1093/jnci/djv296
17. Haga S. Impact of limited population diversity of genome-wide association studies. *Genet Med.* 2010;12:81-84. doi:10.1097/GIM.0b013e3181ca2bbf
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