

B-GREAT MILESTONES



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WELCOME MESSAGE

Greetings! March marks the start of spring, a time of year that represents change, longer days, warmer weather, and blooming flowers. Importantly, spring represents promising new life and new hope! With each newsletter, our goal is to educate and empower our readers to be the change they want to see by actively engaging in healthy lifestyle behaviors and making informed decisions about their healthcare options to improve and maintain good health.

The focus of this edition is to introduce readers to change agents: **community engagement**, **research faculty**, **health disparities research**, and **genetic counseling**. These change agents help to address and reduce breast cancer health disparities in the Black community. Also provided in this edition are resources we hope you will access and be of value to you.

We thank you for your continued support of B-GREAT and hope this newsletter will serve as a resource to educate and inform the Black community about the role of inherited breast cancer genes that “run in families.” For more information, please visit our website: <https://bgreatinitiative.inheritedcancer.net/>.

Sincerely,

Susan Vadaparampil, PhD, MPH *on behalf of the B-GREAT Team based at Moffitt Cancer Center and Vanderbilt-Ingram Cancer Center*

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MOFFITT'S OFFICE OF COMMUNITY OUTREACH, ENGAGEMENT, & EQUITY



Community Outreach,
Engagement & Equity

An initiative of 

Research that studies the biological differences in breast cancer across racial and ethnic groups is key to addressing health disparities. As stated by the Breast Cancer Research Foundation, expanding Black women's participation in research is critical to helping inform personalized therapies (based on genetic makeup) to improve health outcomes in this population.

At Moffitt Cancer Center, community engagement is an important part of determining research priorities. Led by Associate Center Director, Dr. Susan Vadaparampil, the Office of Community Outreach, Engagement, and Equity (COEE) is dedicated to increasing research participation across diverse communities. COEE's strategies include building relationships with community partners, providing community education on culturally-appropriate research, and ensuring the research being performed at Moffitt is accessible by communities in which the research meets their needs and they are eligible for. B-GREAT is a model for this approach!

ADVANCING BREAST CANCER HEALTH DISPARITIES WITH NEW FACULTY

Within the last year, Moffitt has been fortunate enough to hire Drs. Tiffany Carson and Kimberley Lee whose work is focused on making an impact on the health and well-being of Black women. Dr. Carson is a behavioral researcher and an Assistant Member in the Department of Health Outcomes and Behavior. Dr. Lee is a physician and an Assistant Member in the Department of Breast Oncology. Keep reading to get to know Drs. Carson and Lee a little better!

What type of research do you conduct at Moffitt Cancer Center?

Carson: I lead population- and community-based studies to identify ways to help individuals reduce the risk for cancer by achieving healthier weights. My research includes behavioral interventions to study how to improve weight loss outcomes, especially for Black women. I also study how different dietary patterns affect the gut bacteria, which is associated with weight status and risk for chronic diseases including some cancers.

Lee: I recruit patients to clinical trials, which are a necessary part of improving the care we provide to patients and how the field moves forward. I also study large datasets to understand how race impacts various aspects of cancer care and cancer outcomes. Lastly, I work on developing interventions to address parts of the healthcare system that contribute to disparities.

Why did you choose to study breast cancer health disparities?

Carson: Very early in my career it became clear that being of a non-White race was generally associated with poorer health outcomes. Breast cancer was interesting because data show that although more White women are diagnosed with breast cancer, Black women still have a higher breast cancer death rate. This fact was concerning to me personally as a Black woman and someone who knows and loves several Black women who were affected by breast cancer. Recognizing that race is a social construct, I wanted to get a better understanding of what factors are contributing to racial health disparities so that we can develop strategies to reduce or eliminate these differences.

Lee: I am a Black woman and the fact that my skin color is a marker for poorer outcomes from breast cancer is unacceptable to me. I want to understand the factors that contribute to these disparities and eliminate them.

In your opinion, what can Black women do to help close the cancer disparities gap and improve the health outcomes of Black women?

Carson: My research serves as a little clue that I think a shift towards a healthier dietary pattern and more physical activity among Black women may help reduce cancer disparities and achieve healthier weights. This shift allows women to get the benefits of healthier diets and physical activity even in the absence of weight loss. Black women also must prioritize self-care. There are many historic and cultural reasons why Black women often feel they must show strength and take care of others often at the expense of themselves, resulting in them not seeking screenings or healthcare when appropriate, which leads to poor cancer outcomes. Lastly, Black women must advocate for themselves when engaging in the healthcare system by being involved in their own care and ensure they are satisfied with the care their provider offers. Don't be afraid to seek a second opinion if something does not seem right. While I offer these suggestions, reducing cancer disparities cannot happen only at the individual level. A sustained, multi-level, comprehensive effort that addresses societal and systems- level factors are also necessary to truly reduce and/or eliminate cancer disparities.

Lee: Black women should talk to their family to understand their cancer history. If there is a history of cancer in the family, talk to your doctor as you may qualify for earlier cancer screening. Early detection of cancer improves cancer outcomes. Find a medical team that you are comfortable with. If you already have cancer, this may take some work up-front, during a time of uncertainty and anxiety, but it is worth it in the end. Cancer treatment requires constant communication with your medical team and that requires trust and comfort on the patient side of things. Lastly, participate in clinical studies, such as a survey study or a drug trial. The more Black women are represented in the science, the more relevant the scientific advances being made will apply to Black women.



Tiffany Carson, PhD

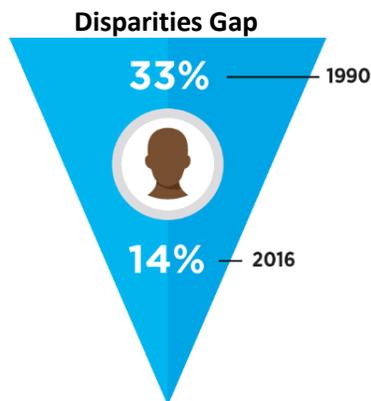


Kimberley Lee, MD

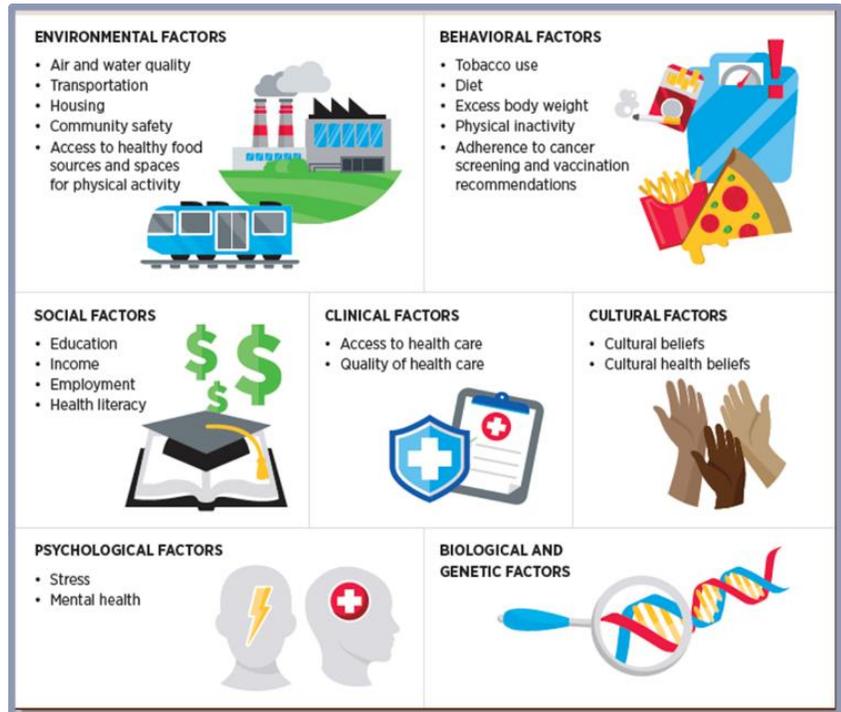
RESEARCH CORNER: CANCER DISPARITIES – SOME PROGRESS, MORE IS NEEDED

The American Association of Cancer Research recently published a key report on the progress of research in disparities. The report highlighted that the gap in the overall cancer deaths between the Black and White populations is closing; however, there is more work that needs to be done to realize the end of cancer disparities.

To close the gap, we must understand the many factors that contribute to cancer health disparities. The factors are complex and interrelated; however, there is good news! As our B-GREAT efforts grow and evolve we will continue to incorporate more of these factors through research, outreach, education, and policies.



<https://cancerprogressreport.aacr.org/disparities/>



RESEARCH CORNER: INTRODUCING IMPACT – A NEW TRIAL STUDY FOR A DIVERSE PATIENT POPULATION



The Vanderbilt-Ingram Cancer Center (VICC) team and collaborators at University of South Florida (USF) recently launched the **IMPACT (IMProving Care After Inherited Cancer Testing) Study**, which is a clinical trial to test strategies to improve both cancer risk management and family sharing practices among individuals with inherited cancer gene mutations. The study is being co-led by Dr. Tuya Pal at VICC (who co-founded the B-GREAT initiative) alongside Dr. Deborah Cragun at USF. Our prior research has suggested that those with inherited cancer risk do not get the maximum benefit from having this information,^{1, 2, 3} which is even more pronounced among Blacks and those who are socioeconomically disadvantaged.⁴ Consequently, IMPACT seeks to conduct this trial across a diverse population of participants, including those from minority and underserved groups. Participants will be randomized to one of three groups,

focused on providing strategies and resources to improve sharing of genetic test results and cancer risk management practices. We will request completion of surveys, for which we will provide gift card incentives as a small token of our appreciation for participating in these efforts.

If you are someone with a mutation in an inherited cancer risk gene with or without cancer, you may be eligible to participate in this trial. To learn more about this study, visit <https://inheritedcancer.net/impact-study/> where you can also enroll in the Inherited Cancer Registry (ICARE) online to be considered for recruitment into the IMPACT trial.

¹Dean, et al. *Patient Educ Couns.* 2021 Jan. PMID: 33455826. ²Cragun, et al. *J Genet Couns.* 2020 Nov. PMID: 33174380. ³Cragun, et al. *Breast Cancer Res Treat.* 2020 Jul. PMID: 32445176. ⁴Cragun, et al. *Cancer.* 2017 Feb. PMID: 28182268.

GENETIC TESTING AND COUNSELING: HOW DO I PREPARE AND WHAT TO EXPECT DURING A VISIT?

An estimated 5-10% of all breast cancers are caused by an underlying genetic predisposition. Genetic testing can help you understand your risk for cancer and help you make medical decisions that may lower your cancer risk and detect cancer early. For people diagnosed with cancer, genetic testing can also help make medical decisions about how to best treat cancer. Below are helpful tips to help you get prepared for your genetic counseling visit.

BEFORE VISIT

- Gather your medical records
- Gather your family medical history (both sides)
- Get lab reports results from prior genetic testing done by other family members
- Prepare a list of questions* and concerns
- Verify if your insurance covers the visit
- Ask a family member or support person to go with you

DURING VISIT

- Personal medical history and ethnic background
- Family's cancer history
- Likelihood of an inherited mutation that increases cancer risk
- Value of genetic testing based on your medical history
- Which test is right for you
- Process of genetic testing
- What to do with test results
- Potential impacts of test results on family
- Insurance coverage and privacy

AFTER VISIT

- **Negative results:**
 - Practice regular self-breast exam
 - Get annual clinical breast exams
 - Get annual screening mammograms
 - Maintain a healthy lifestyle
- **Positive results:**
 - Share results with doctor to discuss care options
 - Share results with family members

*[12 Questions to Ask Your Genetic Counselor](https://www.breastcancer.org/symptoms/testing/genetic/what-to-expect)

<https://www.breastcancer.org/symptoms/testing/genetic/what-to-expect>

#1 Resource for women at hereditary risk of breast cancer is [FORCE \(Facing Our Risk Cancer Empowered\)](https://www.breastcancer.org/symptoms/testing/genetic/what-to-expect)

UPCOMING EVENTS



Facebook Live Event 2 of 4:

Genetic Testing and High-Risk Populations

March 16th at 4:00 pm

Speakers:

- **Elizabeth Matos-Burke**, Nurse Practitioner, Breast Clinic
- **Laura Barton**, Genetic Counselor
- **Benita Hayes**, Breast Cancer Patient and B-GREAT Community Advisory Panel Member

For event link visit: [Moffitt.org/COEEevents](https://moffitt.org/COEEevents)