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Metastatic TNBC: Utilizing Biology and Health Disparities to Inform Shared Decision Making

Announcer:
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Dr. Hurvitz:
Hi there. I'm Dr. Sara Hurvitz from UCLA, and I will be speaking about metastatic triple-negative breast cancer, utilizing biology and health disparities to inform shared decision-making.

Triple-negative breast cancer accounts for approximately 10 to 15% of all breast cancer subtypes. It is twice as prevalent in African American women than in American women of European descent. Moreover, the probability of triple-negative breast cancer occurring is threefold higher in African American women, compared to women who are American but European descent, irrespective of age and obesity. Both Hispanic and non-Hispanic African American women also have an earlier onset of disease with a median age of 54 and 57 years, respectively, versus 64 years for non-Hispanic white women. Non-Hispanic African American women under the age of 44 years have the highest lifetime triple-negative breast cancer incidence rates and higher rates of stage III and IV disease.

In addition, African American women with triple-negative breast cancer have a higher mortality compared to women who are white, even though their incidence of developing breast cancer overall is lower.

There are also notable disparities in treatment when we look at this issue. In this retrospective analysis compared to non-Hispanic white women, African American women were more likely to be single, have larger tumors at the time of diagnosis, and have a higher risk of being diagnosed with later-stage disease, for example, stage II to IV disease, and were 60% more likely to receive non-guideline concordant primary treatment, which is a big concern and a modifiable factor that we can impact.

In a population-based cohort study of over 23,000 patients with triple-negative disease, compared to white women, African American women had lower odds of receiving surgery or chemo, and a higher rate of breast cancer mortality.

There are modifiable risk factors for the development of triple-negative breast cancer that may be more prevalent in certain at-risk groups, such as lower socioeconomic status, and less generous insurance is associated with diagnosis at later stage. And there are other issues that may also influence this, including obesity and diet.

Now, if you look at clinical trial participation, this is an important issue because clinical trials do evaluate new therapies, and if patients are not diverse, as diverse as they are in the real world in clinical trials, then those therapies may not reflect the same benefits in a real-world population. And we know that clinical trial populations tend to not be as diverse, with more white women participating and Asian women than black women.

Looking at the ASCENT study, which evaluated sacituzumab govitecan in triple-negative metastatic breast cancer, it's notable that around 12% of patients enrolled were black women. And it is also notable that the benefits in terms of progression-free survival were seen in both black women and white women, similarly. If you look at the efficacy in patients stratified by African American, the benefits in terms of the hazard ratio were quite similar for patients who were African American compared to white patients.

So it is important for us as clinicians to be aware of the differences in outcomes associated with treatment based on race. It is also important for us to be aware of our own inherent biases and to present similar treatment options regardless of race or ethnicity in our patients. Discussing therapies such as sacituzumab govitecan, which has both a progression-free survival benefit and overall survival benefit with our patients who are black who have triple-negative metastatic breast cancer is incredibly important, given that it has been shown to improve long-term outcomes compared to single-agent chemotherapy.

Thank you.

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