Cancer Fighters

Despite dismal statistics for blacks diagnosed with this still terrifying disease, African Americans continue to survive—and thrive. Their weapons of choice? God, family and good medicine.

February 27, 2009 By Danette Wills

A 6-year-old from Florida, a thirty-something single mother of two from England and an 82-year-old retired U.S. Senator from Massachusetts shared a common and relentless foe—cancer. With little regard for status, age or intellect, and a penchant for taking the lives of African Americans, this disease has proved no match for these modern-day cancer fighters of color.

Million-Dollar Baby

Most of us can't remember being 6, but Bria Brown distinctly remembers losing her hair and staying in the hospital for long periods. Her parents, Ed and Carol Brown, remember the devastating diagnosis—osteosarcoma, a progressive form of bone cancer so rare that only one baby in a million will develop the disease.

"In 2001, the doctor gave me the worst news of my life," Bria's mother recalls. "My 6-year-old daughter was being diagnosed with cancer. I worried about losing my job because I was the insurance carrier, and I worried about how I was going to keep my family together."

The Browns spent the next nine months in Miami Children's Hospital. They prayed often, didn't cry in front of Bria and fought to hold their lives together. Each had busy careers that couldn't be neglected, but loving grandparents, close friends and other family members offered time and support.

No one in the Brown's extended family had ever had cancer, but among African-American children ages 1 to 14, cancer ranks third as the leading cause of death, surpassed only by accidents and homicides.

After Bria completed chemotherapy, the family learned that the cancer had spread to other areas in her leg. Several surgeons recommended amputation, but this wasn't an option for the Browns. They were determined to spare Bria's leg and save her life.

Bria's physician referred the family to a University of Florida orthopedic surgeon who was helping patients avoid amputation thanks to a new rod implantation procedure. Developed by Wright Medical Technology, the surgery involved removing all of the cancer and the diseased thigh bone

and then reconstructing Bria's leg using a custom-made expandable implant that would grow with her. But there was a risk. The Repiphysis expandable implant, although considered revolutionary at the time, had not been approved by the FDA.

Nevertheless, the operation was a success.

Today, Bria is a typical 14-year-old high school freshman. She still experiences some discomfort, but she has passed the five-year mark of being cancer-free and the odds are very good that she will remain that way.

A Writer's Story

When Nayaba Arinde, an award-winning journalist and editor of New York's Amsterdam News and single mother of two, received her breast cancer diagnosis in January 2007, she began to question her faith. Shocked, scared and angry, she didn't want to talk about it. After two decades as a journalist, the social activist and communicator chose not to share the news with anyone.

A petite, 120-pound writer, Arinde knew that deciding to fight cancer was only step one. "I knew that I wasn't going to give into the condition because I still had work to do," Arinde says.

Over the next year, Arinde would have eight surgeries, including a mastectomy and instant transverse rectus abdominis myocutaneous (TRAM) flap surgery. (TRAM flap surgery involves construction of a breast from lower abdominal skin and fatty tissue.) She also overruled her preference for holistic treatments and watched her natural locks fall to the floor after enduring four months of chemotherapy.

Like the Browns, Arinde had no history of cancer in her family, and the statistics she faced were equally daunting. African-American women are more likely to die from breast cancer at every age, and they have a lower long-term survival rate at each stage of the disease than white women. Of an estimated 19,010 newly diagnosed cases of breast cancer expected to occur in 2007 among African American women, 5,830 of them—about 31 percent—were expected to die from the disease.

A self-admitted workaholic, Arinde used her responsibilities at work and those related to her two daughters, a second- and a fifth-grader, to help her get through days of excruciating pain and debilitating fatigue.

"On days when my pain was immense and all-enveloping, I tried to refocus on the inner-city issues that I cared about," Arinde says. "I never stopped working and tried to continue my routine, and, while I couldn't hide the immense pain from the girls, I tried to foster a functional air of calm."

These days, Arinde is beginning to feel better than her old self. She's revitalized and reborn—not just as an activist, but as an advocate. She has even written about and shared her personal journey with her readers.

“We need to teach one another that cancer is more common than we think,” Arinde says. “Our documented historical experience has led us to have an underlying suspicion and fear of Western medicine. Global institutionalized racism is also a huge contributor to the fact that we, as a community, are under more stress than most. We are more susceptible to certain illnesses than others, and we are more likely to sacrifice our own health in order to take care of others.”

Not Just for Women

If you have breast tissue, you can get breast cancer. Just ask 89-year-old retired U.S. Senator Edward W. Brooke. The Massachusetts lawmaker was diagnosed with breast cancer in September 2002 at age 82. Notoriously closemouthed about his personal and private life, Brooke made an exception when he decided to openly discuss his very personal battle with cancer.

“I know that my talking may be helpful to other men who are living their lives right now, unaware that they have this disease,” Brooke said in an interview published in The New York Times. (He also speaks of it in detail in his book, Bridging the Divide: My Life, published in 2007.)

To treat his cancer, Senator Brooke had a dual radical modified mastectomy. Since then, he has reportedly been in remission.

While breast cancer in men is rare, it does happen. The overall ratio of female to male breast cancer in the United States is 100 to 1. That means that roughly 1,990 men were diagnosed and 450 were estimated to die of the disease in 2008. A March 2007 study in the Journal of Clinical Oncology concluded that black men are three times more likely than white men to die of breast cancer. The study also urges more research into racial disparities in male breast cancer.

Research Realities

Modern medical science has pursued the elusive cure for cancer for generations. While the billions of dollars spent on research over that time have resulted in new forms of treatment, the disease remains a deadly foe with global implications.

In 2007, there were an estimated 12 million new cancer cases worldwide, a record high. If trends continue, World Health Organization (WHO) researchers predict that by 2030, 17 million people worldwide will die of cancer each year, making it the leading killer on the planet, claiming more lives than AIDS, tuberculosis (TB) and malaria combined. Another 75 million people will be living with the disease.

Those statistics were cited in a report by the WHO’s International Agency for Research on Cancer (IARC), which joined the American Cancer Society, Susan G. Komen for the Cure and the Lance Armstrong Foundation in releasing the comprehensive document. They proposed an action plan to help nations control the growth of the disease; it suggests lowering modifiable risk factors, such as alcohol consumption, overexposure to sunlight, lack of physical activity and obesity.

In better news, health authorities in the United States recently reported that cancer diagnosis rates are now dropping for the first time in both men and women and that previous declines in

cancer death rates are accelerating. They attributed the progress to factors such as regular screening for breast and colorectal cancer, declining smoking rates and improved treatments.

Most studies, however, continue to show that overall cancer incidents and death rates are still highest for African Americans. Compared with the U.S. population as a whole, African Americans and other underserved minorities have higher incidence and mortality rates for many common cancers because of barriers to healthy lifestyles, early detection services and quality of medical care. Disparities in treatment compound the problem. In addition, many ethnic minority patients refuse appropriate diagnostic tests and treatment because of fear and cultural biases not grounded in fact, further adding to the differences in health outcomes.

As a cancer specialist and educator, William J. Hicks, MD, a professor of clinical medicine at the Ohio State University James Cancer Hospital and Solove Research Institute in Columbus, is on the front lines in the fight to end the unequal burden of cancer carried by minorities.

“Awareness of cancer screening recommendations, which are triggered by age and family history, is important, and it allows early diagnosis and increases the chances of cure,” Hicks says. “Evaluating physicians and health care providers regarding their expertise in treating a particular type of cancer is important as cancer treatment is becoming more and more specialized. Many cancer specialists will work in concert with other physicians to provide a multi-disciplinary approach, many times within one health system to provide optimal care.”

Faith and Family

But doctors aren’t the only line of defense. “Family and spiritual support is important as one approaches diagnosis and treatment of cancer,” Hicks says. “Generally, the more support and faith [someone has], the more positive the attitude.”

A 2005 study by the University of North Texas in Denton examined how female African-American breast cancer survivors coped. All identified faith as their primary coping strategy. In contrast, only half of the white survivors claimed the same.

Recognizing the power of faith, particularly in the African-American community, cancer education with a spiritual focus seems to be gaining ground and appears to be one way to address health care disparities due to a lack of shared information.

Like Hicks, Arinde recognizes the singular strength that belief in a higher power imparts to cancer patients. But she also adds a common sense approach. “Get your mammograms and other checkups,” she advises. “Get several opinions; ask lots of questions; don’t skip your appointments; take people with you; don’t be bullied or rushed by doctors; don’t refuse help from family and friends; and offer prayers up to the creator and to the ancestors.”

Also echoing Arinde’s faith-focused methods, Brown is a believer too. “Faith was all we had to go on. We had to give our child to God and believe that he would allow her to survive,” she says. “Only God can bring you through a crisis like this.”

A Right and a Responsibility
In the 2008 presidential debate, reporter Tom Brokaw asked then-candidate Senator Barack Obama this question: “Is health care in America a privilege, a right or a responsibility?” The future president responded in part, “I think it should be a right for every American.”

But even if affordable health care were guaranteed to all Americans, the fight wouldn’t end. We must advocate for our individual health. We have to eat well, exercise, stop smoking, participate in clinical trials, establish support groups, share our stories and, perhaps most important, have a little faith.

BREAST CANCER CHANGED MY LIFE
Hope was the medicine most needed!

Tracey Stills
Breast Cancer Survivor
6 years cancer-free

My story began with finding a lump in my breast. After calling my doctor, I was told that it could be hormonal. Because I was younger than 40 at the time, the doctor didn’t think it could be breast cancer. I had no history of breast cancer in my family, and I didn’t immediately think cancer myself. After two weeks of constantly feeling the lump, however, I called my physician again and said I was coming in. He scheduled a mammogram and an ultrasound but kept telling me not to worry, that “80 percent of women your age mostly have benign lumps.” But in my mind I wondered about the other 20 percent. After the mammogram and ultrasound, I was instructed to see a surgeon who completed a surgical biopsy. I woke up one morning to hear him say, “Kiddo, you have breast cancer.”

At the time, my daughter was only 7 and my husband and I had only been married eight years. What kept me going was hope. And my faith in God
told me, You will beat this.

After having a partial mastectomy, lumpectomy, eight rounds of chemotherapy, a year on Herceptin and 33 days of radiation, I’ve been cancer-free now for six years. I wouldn’t change anything about this journey. Why? Because breast cancer showed me the greatest of life’s possibilities.

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