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My grandmother was in her late sixties and my mother was in her mid-forties when they noticed something was wrong. Neither had been screened early enough to catch what was growing inside of them. Both my grandmother and my mother survived, but not without a fight that could have been less devastating had someone caught it earlier. Yet, my grandmother and mother are the lucky ones. Millions of minority women in the United States are not.

Breast cancer is the second leading cause of cancer death among all women in the United States, but for Non-Hispanic Black women and Hispanic women, it is the leading cause of cancer death. Yet, when we tell the story of breast cancer, we often forget to include the women that are dying at the highest rates. Despite having a 5% lower incidence than white women, Black women face a 38% higher breast cancer mortality rate. Hispanic women are diagnosed on average seven years younger than white women, but are the least likely of any racial group to have had a recent screening before their diagnosis. While the overall breast cancer mortality rate has decreased since 1989, Native women have seen progress at only half that rate. These aren't just biological mysteries, they are a result of systemic failure.

Screening is where gaps emerge. Minority women are more likely to have longer intervals between mammograms and are less likely to be screened at facilities with more advanced equipment and faculty (e.g. digital mammography and breast radiologists). Although the recommended age to start screening was set to age 40 in 2024, for decades the U.S. Preventive Services Task Force recommended screening begin at age 50. Before this shift, approximately 23% of Black women with breast cancer were diagnosed before age 50 as compared to 16% of white women. Even after screening and something abnormal is found, delays compound the damage: 20% of Black women wait more than 60 days from an abnormal mammogram to diagnosis as compared to only 12% of white women, regardless of insurance.

Native American women have the lowest screening rates of any group with only 51% being screened in the past two years, compared to 73% of Black women and 68% of white women. Even despite having a 10% lower breast cancer incidence than white women, Native American women have 6% higher mortality.

South Asian women occupy an invisible corner in this crisis. They are often placed into broad "Asian" categories in research, public health campaigns, and polls, which lead to their specific risks and barriers to go unstudied and unnoticed. In addition to understudy, cultural stigma around discussing illness and tendencies to minimize symptoms compound the problem.

The barriers that all these communities face are structural: underinsurance, geographic deserts of care, language obstacles. They are problems that need to be directly and swiftly remedied. Late detection isn't an option for anyone. It means more aggressive treatment, more suffering, and families in distress while they are reorganizing around a crisis that could have been faced earlier.

Yet, solutions exist and can be implemented today. Screening guidelines by the CDC and the Preventive Task Force must reflect earlier onset in minority women. Increased studying of breast cancer prevalence in minority women must be conducted. With more funding, mobile mammography units can reach underserved communities. Outreach built *with* minority communities and shaped around cultural practices can greatly improve education on early screening.

My grandmother and mother did not fail to detect their cancer early. They simply weren't reached in time. With greater awareness, improved resources, and a commitment to healthcare equity, we can make sure that more women proudly live on.

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