Dr. Olufunmilayo I. Olopade

Unlocking the Mysteries of BREAST CANCER

University of Chicago Researcher advocates to help women of color fight the disease

BY JOY T. BENNETT

DON'T PANIC. A breast cancer diagnosis is NOT an automatic death sentence, says internationally renowned scientist and cancer specialist Dr. Olufunmilayo I. Olopade.

"It's a disease where we have found new treatments that are saving more lives," she says. "It is not the disease of your grandmother, where everyone who got breast cancer died."

It's also not just one disease, but several. "Breast cancer affects people differently, and the treatments should be just as individual," she says, advocating that all women, particularly African-American women should first assess their risk for the disease and
Dr. Olopade, an international leader in breast cancer research and director of the University of Chicago Hospital’s Cancer Risk Clinic, confers with a patient. She urges women, especially Black women, to “individualize your treatment” after talking with doctors to determine breast cancer risk.

then talk with their doctors to develop an individual strategy to lower the risk. “You have to individualize everything,” she says.

Once Black women are over the age of 50, they actually have a lower risk of breast cancer compared with European women—but they still have a risk. “Women with high risk factors should not wait until 50. For those women, we now have genetic tests; for some, we can offer MRI screening, beginning at age 25—that’s why I say individualize your treatment.”

Women who have a family history of breast cancer (specifically among close family members) have a higher risk for the disease, and some are taking specific medications while cancer-free to lower their risk.

One of Olopade’s patients lost her mother and an aunt to breast cancer. At the Cancer Risk Clinic in Chicago, it was determined that the patient’s risk was higher than average because of her family history. While she was cancer-free, Olopade recommended that she take Tamoxifen over a four-to-five-year period as a preventive measure. Tamoxifen is a pill that slows or stops the growth of cancer cells. It interferes with estrogen activity in the body, and estrogen promotes the growth of breast cancer cells. “She is part of the new generation,” says Olopade. “She is among the women shown to be at high risk for breast cancer, but [are] currently showing no signs of the disease [and] can take medications to lower their risk.” While this procedure can reduce the risk of getting breast cancer by only about 50 percent, it is a path
women prefer to take. Women who are high-risk are also taking advantage of the latest technologies, such as using an MRI to discover breast cancer early.

Olopade, a recipient of numerous fellowships, grants and awards, including the 2005 MacArthur Foundation “genius grant,” is a highly skilled hematology oncologist with proven expertise in cancer-risk assessment. An expert on individualized treatment for breast cancer, she is director of the Cancer Risk Clinic at the University of Chicago Medical Center and a professor of medicine and human genetics at the university. As an international leader in breast cancer research, she continues to help scientists gain a greater understanding of the disease. Her current research interests include identifying the source of ER-negative breast cancer—an aggressive form of the disease that is resistant to hormone therapy.

She preaches the gospel of early detection and is especially interested in reaching women of African descent, who are at higher risk for the more aggressive breast cancer and more likely to be diagnosed at a younger age.

“Be an advocate for your own health,” she says, advising every woman to perform monthly self-exams and all women 50 and over to have regular mammograms. Recent studies have concluded that breastfeeding lowers the risk of breast cancer in all populations, and that drinking alcohol increases the risk of breast cancer in African-American women. “Studies suggest that more than four to five drinks weekly increase the breast cancer risk,” she says. “We advise moderation.”

Olopade, known to her friends and colleagues as Funmi (FOON-me), grew up in Nigeria and maintains close ties with cancer specialists there, returning frequently to teach, do research and visit. “I’m going back in October. There’s so much need out there and so much we can learn. Most of our genes come from Africa, and whatever we can learn by studying the genetics and the environmental contribution on that continent will help all women, not just women of African ancestry,” she says.

Olopade is married to Christopher Sola Olopade, a physician who specializes in the treatment of asthma and sleep disorders. They have three children and live near the University of Chicago.

Living near her workplace is the key to balancing her family and professional responsibilities, she says. She moved closer to her work, following a particularly challenging day of juggling family and home. “The day I was going to give up,

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**DR. OLOPADE RESPONDS TO**

**Breast Cancer Myths in the Black Community**

- **MYTH:** Don’t let anyone cut you because the air will spread the cancer. “That’s a fallacy. Now, with early detection, we can use a combination of surgery, chemotherapy and sometimes radiation therapy—and more women are being cured.”

- **MYTH:** Chemotherapy will automatically make you lose your hair. “We have chemotherapy regimens now that don’t make you lose your hair. There’s a whole range of treatments that fit you. Your doctor can find treatments that will not make you lose your hair.”

- **MYTH:** Losing a breast is the only treatment. “We know that women don’t want to lose their breast, and your doctor can also find treatments that will not make you lose your breast—but that’s why you should come in early.”

- **MYTH:** All breast cancers begin as a lump. No lump, no cancer. “Sometimes breast cancer doesn’t come as a lump; it comes as a change in the breast. That’s why self-exams really help. We have found that for most young women who find breast cancer, they feel it themselves. Check monthly for any changes in the breast.”
I went to my boss and told him "I can’t do this," she says now. He told her she was living too far away — she lived in the suburbs then. "The solution for all working women is — to live 5 minutes from work!"

The support from the university and moving closer made it easier for her to continue her research. Working diligently in the laboratory and clinic, Olopade says she has been surprised at the worldwide attention her research has received. "I didn’t know anyone was paying attention to what we were doing here and in Nigeria." She adds that she did not begin her award-winning career as a scientist and researcher to study disparities in this disease, but she is proud that her research is "galvanizing resources," both monetary and intellectual, to attack breast cancer.

"I didn’t start out to be a doctor who studies disparities, but you cannot be on the South Side of Chicago and not notice disparities. Now that it’s one of the national priorities in health care to eliminate and reduce these disparities, I feel something is happening."

While she has seen significant progress in identifying breast cancer disparities, she is still working on her dream discovery. "My dream result would be to find genes that make breast cancer aggressive in particular women, and based on that, to develop new treatments."

When that discovery occurs it should not matter how late a woman is diagnosed with the disease, she says. "We can say, ‘Don’t worry about it, we have the right drug for you.’" But until that time comes Olopade advises all women, particularly Black women, to be aggressive in managing their health — and to work with their physicians. "When we find a lump, we can’t ignore it, but say, ‘I’d better go take care of it.’"

And the sooner the better.

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**Why are nearly 20,000 black women in the U.S. diagnosed with breast cancer each year?**

Visit www.sisterstudy.org or call toll-free 1-877-4-SISTER (1-877-477-4937).


The Sister Study Breast Cancer Research is supported by the National Institute of Environmental Health Sciences, one of the National Institutes of Health of the U.S. Department of Health and Human Services, with additional funding from NCI National Center on Minority Health and Health Disparities.

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**Did your sister have breast cancer? Help find the causes.**

**Join the Sister Study today** if you are a woman between 35 and 74 years old, and you have never had breast cancer yourself, and you live in the U.S. or Puerto Rico, and your sister, living or deceased, related to you by blood, had breast cancer.

It’s easy! No medicine, medical treatments, or changes to habits, diet, or daily life are required.

Black women should participate in the Sister Study because we often face the disease at a younger age and have more aggressive tumors. In fact, we have the highest breast cancer death rate of women in the U.S.