

# WebMD<sup>®</sup>

## REAL STORIES

BREAST CANCER

GOOD TO KNOW

Understanding  
your metastatic  
breast cancer  
diagnosis

page 10

VIEWPOINT

You can't do  
cancer alone

page 22

FOCUS ON

TV Personality

**GIULIANA  
RANCIC**

gets candid about her career,  
breast cancer journey, staying  
active, and more

page 16

SUMMER 2026



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For more content on  
treating Metastatic  
Breast Cancer, use your  
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## INSIDE THE ISSUE

4

### NEWS

The latest research

5

### BY THE NUMBERS

Stats and facts

10

### GOOD TO KNOW

Understanding your diagnosis

12

### TREATMENT SMARTS

Know your options



10



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24

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14

## HEALTH SMARTS

The complex barriers driving mBC diagnoses for Hispanic women

16

## FOCUS ON

Through career highs, a breast cancer journey, and a hard-won path to parenthood, Giuliana Rancic embodies resilience and hope

20

## FIRST PERSON

I am a part of my treatment team

22

## VIEWPOINT

You can't do cancer alone

24

## CARING FOR YOU

Advice for mBC Caregivers

Cover Image and Contents Image: Photography by Alicia Fierro/Aesthetica Photography; Hair by Cristina Morales and Rosemary Monica

# THE LATEST ON METASTATIC BREAST CANCER (mBC)

## CLOSING PALLIATIVE CARE DISPARITIES

Delays in early supportive palliative care remain common among Black women with metastatic breast cancer. To understand why, researchers interviewed patients and clinicians. Women shared that poor communication, limited understanding, and bias were major obstacles. Clinicians noted that care teams often struggled to coordinate and decide when to introduce palliative care. Both groups emphasized that when women are backed by trusted providers, peers, and community resources, confidence, access, and care experiences improve.

SOURCE: *SSM - Qualitative Research in Health*

**No.2** Ranking of breast cancer among cancer-related deaths in U.S. women.

SOURCE: American Cancer Society

**321,910**

Estimated number of new breast cancer cases expected to be diagnosed in women in the U.S. in 2026.

SOURCE: American Cancer Society

## YOUR VOICE MATTERS

Every treatment visit is an opportunity for women living with metastatic breast cancer to share what matters most to them. Researchers analyzed real clinic conversations among women from different racial backgrounds. They found that visits often focused on treatment discussions, with less time devoted to daily life concerns such as side effects and work and family responsibilities. This study highlighted the importance of supportive conversations. Speaking up about priorities and goals helps ensure treatment choices align with each woman's values and life.

SOURCE: *Journal of Palliative Medicine*

## PLANT-BASED DIET SHOWS PROMISE

Women with metastatic breast cancer often experience weight gain during treatment. To explore whether diet could help, a U.S.-based study evaluated a whole food, plant-based meal plan alongside ongoing cancer therapy. Women who followed the diet for eight weeks lost more weight than those who continued their usual diet. Improvements were also seen in cholesterol levels, blood sugar control, and certain hormone markers. The diet was well tolerated. These findings suggest that making thoughtful choices regarding nutrition may help women feel better physically and support overall health.

SOURCE: *Breast Cancer Research and Treatment*

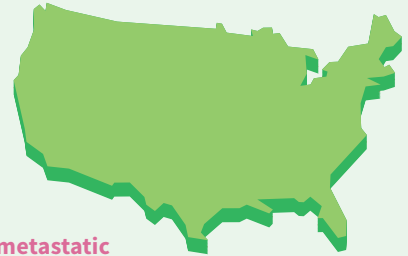


This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

# STATS & FACTS

Reviewed by Brunilda Nazario, MD,  
WebMD Chief Physician Editor, Medical Affairs

ABOUT  
**170,000**



Number of women living with metastatic breast cancer in the U.S. in 2025.

**12%**

Lifetime risk for breast cancer for non-Hispanic Black women in the U.S.



**11%**

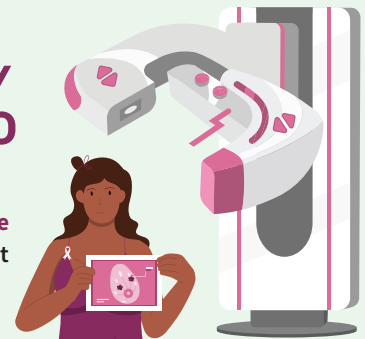
Lifetime risk for breast cancer for Hispanic women in the U.S.

MORE THAN  
**4 MILLION**

Number of breast cancer survivors in the U.S.

**30%**

Amount of new female cancers every year that are breast cancer.



**44%**

Reduction in breast cancer death rates among U.S. women over the past three decades due to earlier detection and advances in treatment.



ABOUT  
**30%**

Five-year survival rate for women diagnosed with metastatic breast cancer in the U.S.

SOURCES: Susan G. Komen, American Cancer Society

This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

For adults with HR+, HER2-  
metastatic breast cancer

“Breast cancer changes  
your perspective



helps you appreciate  
the little things more”

— Kathy, real patient  
compensated for her time.

KISQALI + hormone therapy\* helps Kathy live longer,<sup>†</sup>  
so she can spend more time doing the things she loves.



Ask your doctor about  
a once-daily<sup>‡</sup> dose today



Scan for an  
appointment  
guide

#### What is KISQALI?

KISQALI® (ribociclib) is a prescription medicine used to treat adults with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer that has gotten worse or has spread to other parts of the body (advanced or metastatic), in combination with:

- an aromatase inhibitor as the first endocrine-based therapy; or
- fulvestrant as the first endocrine-based therapy or following disease progression on endocrine therapy

KISQALI is not approved for use with tamoxifen.

It is not known if KISQALI is safe and effective in children.

#### IMPORTANT SAFETY INFORMATION

**KISQALI may cause serious side effects, including:**

**Lung problems.** KISQALI may cause severe or life-threatening inflammation of the lungs during treatment that may lead to death. Tell your health care provider right away if you have any new or worsening symptoms, including:

- trouble breathing or shortness of breath
- cough with or without mucus
- chest pain

**Severe skin reactions.** Tell your health care provider or get medical help right away if you get severe rash or rash that keeps getting worse; reddened skin; flu-like symptoms; skin pain or burning, blistering of the lips, eyes, or mouth, blisters on the skin or skin peeling, with or without fever.

**Heart rhythm problems (QT prolongation).** KISQALI can cause a heart problem known as QT prolongation. This condition can cause an abnormal heartbeat and may lead to death.

- Your health care provider should check your heart and do blood tests before and during treatment with KISQALI
- Tell your health care provider right away if you have a change in your heartbeat (a fast or irregular heartbeat), or if you feel dizzy or faint

**Liver problems.** KISQALI can cause serious liver problems. Your health care provider should do blood tests to check your liver before and during treatment with KISQALI. Tell your health care provider right away if you get any of the following signs and symptoms of liver problems:

- yellowing of your skin or the whites of your eyes (jaundice)
- loss of appetite
- dark or brown (tea-colored) urine
- pain on the upper right side of your stomach area (abdomen)
- feeling very tired
- bleeding or bruising more easily than normal

**Low white blood cell counts (neutropenia).** Low white blood cell counts are very common during treatment with KISQALI and may result in infections that may be severe. Your health care provider should check your white blood cell counts before and during treatment with KISQALI. Tell your health care provider right away if you have signs and symptoms of low white blood cell counts or infections, such as fever and chills.

Your health care provider may tell you to decrease your dose, temporarily stop, or completely stop taking KISQALI if you develop certain serious side effects during treatment with KISQALI.

#### Take an active role in your treatment, and ask your doctor about KISQALI.

\*KISQALI is not approved for use with tamoxifen.

<sup>†</sup>At 80 months, women taking KISQALI + letrozole lived over a year longer (63.9 months) vs letrozole alone (51.4 months).

<sup>‡</sup>KISQALI is taken orally, 600 mg (three 200-mg pills), once a day for 3 weeks, followed by 1 week off.

#### What should I tell my health care provider before taking KISQALI?

Before you take KISQALI, tell your health care provider if you:

- have any heart problems, including heart failure, irregular heartbeats, and QT prolongation
- have ever had a heart attack
- have a slow heartbeat (bradycardia)
- have high blood pressure that is not controlled
- have decreased thyroid gland function (hypothyroidism)
- have problems with the amount of potassium, calcium, phosphorus, or magnesium in your blood
- have fever, chills, or any other signs or symptoms of infection
- have liver problems
- have kidney problems
- are pregnant, or plan to become pregnant. KISQALI can harm your unborn baby
  - If you are able to become pregnant, your health care provider should do a pregnancy test before you start treatment with KISQALI
  - Females who are able to become pregnant and who take KISQALI should use effective birth control during treatment and for at least 3 weeks after the last dose of KISQALI
- Talk to your health care provider about birth control methods that may be right for you during this time
- If you become pregnant or think you are pregnant, tell your health care provider right away
- are breastfeeding or plan to breastfeed. It is not known if KISQALI passes into your breast milk. Do not breastfeed during treatment with KISQALI and for at least 3 weeks after the last dose of KISQALI

**Tell your health care provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. KISQALI and other medicines may affect each other, causing side effects. Know the medicines you take. Keep a list of them to show your health care provider or pharmacist when you get a new medicine.

#### What should I avoid while taking KISQALI?

Avoid eating grapefruit and avoid drinking grapefruit juice during treatment with KISQALI since these may increase the amount of KISQALI in your blood.

**The most common side effects of KISQALI in people with advanced or metastatic breast cancer include:**

- decreased white blood cell counts
- decreased red blood cell counts
- increased liver function tests
- infections
- nausea
- increased kidney function test
- tiredness
- decreased platelet counts
- diarrhea
- vomiting
- headache
- constipation
- hair loss
- cough
- rash
- back pain
- low blood sugar level

KISQALI may cause fertility problems in males, which may affect your ability to father a child. Talk to your health care provider if this is a concern for you.

Tell your health care provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of KISQALI. For more information, ask your health care provider or pharmacist. Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

**Please see accompanying Brief Summary of Patient Information on the following pages.**



Novartis Pharmaceuticals Corporation  
East Hanover, New Jersey 07936-1080

**PATIENT INFORMATION**  
**KISQALI® (kis kah' lee)**  
**(ribociclib)**  
**tablets**

**What is the most important information I should know about KISQALI?**

**KISQALI may cause serious side effects, including:**

- **Lung problems.** KISQALI may cause severe or life-threatening inflammation of the lungs during treatment that may lead to death. Tell your healthcare provider right away if you have any new or worsening symptoms, including:
  - trouble breathing or shortness of breath
  - cough with or without mucus
  - chest pain
- **Severe skin reactions.** Tell your healthcare provider or get medical help right away if you get severe rash or rash that keeps getting worse, reddened skin, flu-like symptoms, skin pain or burning, blistering of the lips, eyes or mouth, blisters on the skin or skin peeling, with or without fever.
- **Heart rhythm problems (QT prolongation).** KISQALI can cause a heart problem known as QT prolongation. This condition can cause an abnormal heartbeat and may lead to death.
  - Your healthcare provider should check your heart and do blood tests before and during treatment with KISQALI.
  - **Tell your healthcare provider right away if you have a change in your heartbeat (a fast or irregular heartbeat), or if you feel dizzy or faint.**
- **Liver problems.** KISQALI can cause serious liver problems. Your healthcare provider should do blood tests to check your liver before and during treatment with KISQALI. Tell your healthcare provider right away if you get any of the following signs and symptoms of liver problems:
  - yellowing of your skin or the whites of your eyes (jaundice)
  - dark or brown (tea-colored) urine
  - feeling very tired
  - loss of appetite
  - pain on the upper right side of your stomach area (abdomen)
  - bleeding or bruising more easily than normal
- **Low white blood cell counts (neutropenia).** Low white blood cell counts are very common during treatment with KISQALI and may result in infections that may be severe. Your healthcare provider should check your white blood cell counts before and during treatment with KISQALI. Tell your healthcare provider right away if you have signs and symptoms of low white blood cell counts or infections, such as fever and chills.

Your healthcare provider may tell you to decrease your dose, temporarily stop or completely stop taking KISQALI if you develop certain serious side effects during treatment with KISQALI.

See “**What are the possible side effects of KISQALI?**” for more information about side effects.

**What is KISQALI?**

KISQALI is a prescription medicine used to treat adults with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative breast cancer:

- in combination with an aromatase inhibitor for stage II and III early breast cancer with a high risk of coming back.

- that has gotten worse or has spread to other parts of the body (advanced or metastatic breast cancer) in combination with:
  - an aromatase inhibitor as the first endocrine-based therapy, **or**
  - fulvestrant as the first endocrine-based therapy or following disease progression on endocrine therapy.

It is not known if KISQALI is safe and effective in children.

**Before taking KISQALI, tell your healthcare provider about all of your medical conditions, including if you:**

- have any heart problems, including heart failure, irregular heartbeats, and QT prolongation
- have ever had a heart attack
- have a slow heartbeat (bradycardia)
- have high blood pressure that is not controlled
- have decreased thyroid gland function (hypothyroidism)
- have problems with the amount of potassium, calcium, phosphorus, or magnesium in your blood
- have fever, chills, or any other signs or symptoms of infection
- have liver problems
- have kidney problems
- are pregnant, or plan to become pregnant. KISQALI can harm your unborn baby.
  - If you are able to become pregnant, your healthcare provider should do a pregnancy test before you start treatment with KISQALI.
  - Females who are able to become pregnant and who take KISQALI should use effective birth control during treatment and for at least 3 weeks after the last dose of KISQALI.
  - Talk to your healthcare provider about birth control methods that may be right for you during this time.
  - If you become pregnant or think you are pregnant, tell your healthcare provider right away.
- are breastfeeding or plan to breastfeed. It is not known if KISQALI passes into your breast milk. Do not breastfeed during treatment with KISQALI and for at least 3 weeks after the last dose of KISQALI.

**Tell your healthcare provider about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. KISQALI and other medicines may affect each other causing side effects.

Know the medicines you take. Keep a list of them to show your healthcare provider or pharmacist when you get a new medicine.

**How should I take KISQALI?**

- Take KISQALI exactly as your healthcare provider tells you.
- Do not change your dose or stop taking KISQALI without talking to your healthcare provider.
- Swallow KISQALI tablets whole. Do not chew, crush, or split KISQALI tablets before swallowing them.
- Take KISQALI each day at about the same time, preferably in the morning.
- Take KISQALI with or without food.
- Do not take any KISQALI tablets that are broken, cracked, or that look damaged.
- If you miss a dose of KISQALI or vomit after taking a dose of KISQALI, do not take another dose on that day. Take your next dose at your regular time.

**What are the possible side effects of KISQALI? KISQALI may cause serious side effects, including:**

- See “**What is the most important information I should know about KISQALI?**”

**The most common side effects of KISQALI in people with early breast cancer include:**

- decreased white blood cell counts
- decreased red blood cell counts
- increased liver function tests
- infections
- increased kidney function test
- decreased platelet counts
- nausea
- headache
- tiredness

**The most common side effects of KISQALI in people with advanced or metastatic breast cancer include:**

- decreased white blood cell counts
- decreased red blood cell counts
- increased liver function tests
- infections
- nausea
- increased kidney function test
- tiredness
- decreased platelet counts
- diarrhea
- vomiting
- headache
- constipation
- hair loss
- cough
- rash
- back pain
- low blood sugar level

KISQALI may cause fertility problems in males, which may affect your ability to father a child. Talk to your healthcare provider if this is a problem for you.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all of the possible side effects of KISQALI. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**How should I store KISQALI?**

- Store KISQALI at room temperature between 68°F to 77°F (20°C to 25°C).
- Store KISQALI in the original blister package in order to protect from moisture.

**Keep KISQALI and all medicines out of the reach of children.**

**General information about the safe and effective use of KISQALI.**

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use KISQALI for a condition for which it was not prescribed. Do not give KISQALI to other people, even if they have the same symptoms you have. It may harm them. You can ask your pharmacist or healthcare provider for more information about KISQALI that is written for health professionals.

**What are the ingredients in KISQALI?**

**Active ingredient:** ribociclib

**Inactive ingredients:** colloidal silicon dioxide, crospovidone, hydroxypropylcellulose, magnesium stearate, and microcrystalline cellulose. The film-coating contains iron oxide black, iron oxide red, lecithin (soya), polyvinyl alcohol (partially hydrolyzed), talc, titanium dioxide, and xanthan gum.

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For more information, go to [www.KISQALI.com](http://www.KISQALI.com) or call 1-888-669-6682.

This Patient Information has been approved by the U.S. Food and Drug Administration. Revised: September 2025 T2025-58

# UNDERSTANDING YOUR DIAGNOSIS

Metastatic breast cancer has spread far from the breast. It's not curable, but it is treatable.

By Sonya Collins Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Learning that you have metastatic breast cancer can feel overwhelming. This diagnosis—also called stage IV breast cancer—means that cancer cells that started in the breast have spread to other parts of the body.

“Sometimes that happens after a patient was originally diagnosed and treated for a localized breast cancer—just in the breast and nearby lymph nodes—and sometimes a patient already has metastatic cancer at the time of her original breast cancer diagnosis,” says Erica L. Mayer, MD, MPH, a breast oncologist at Dana-Farber Cancer Institute in Boston.

While metastatic breast cancer isn't curable, it is treatable. Many people live for years with a good quality of life.

## HOW BREAST CANCER SPREADS

Breast cancer spreads when cells break away from the original tumor, move through the bloodstream or lymphatic system, and settle elsewhere in the body.

### KEY TERMS

- + **Biopsy:** A procedure that removes a small sample of tissue to confirm cancer subtype.
- + **Receptors:** Proteins on cancer cells that help determine which treatments will work.
- + **Systemic therapy:** Medication that treats cancer throughout the body.

When breast cancer comes back as metastatic after a previously localized breast cancer had already been treated, says Demetria Joy Smith-Graziani, MD, MPH, a breast medical oncologist at Winship Cancer Institute of Emory University in Atlanta, “it's because microscopic cells made it out of the original cancer and set up shop in another organ.” They can be dormant for years, she explains. When they grow later in other parts of the body, these new tumors are called metastases.

## WHERE IT SPREADS

Breast cancer can spread almost anywhere, says Smith-Graziani, but “the organs where we usually see it spread are the bones, the liver, and the lungs.” Breast cancer can also reach the brain, though that's more likely in some subtypes of breast cancer than others.




You might have symptoms in the areas where you have metastases, such as shortness of breath if there's cancer in the lungs or fractures if it's in the bones. But, unless the cancer is in the brain, the location of the metastases has little bearing on how the cancer is treated.

## SUBTYPES

Treatment decisions are guided largely by the biology of the cancer. Your doctor will order tests to see if your cancer cells have certain receptors: estrogen (ER), progesterone (PR), and HER2. Depending on which receptors are present, the



## ASK YOUR CARE TEAM

-  What subtype of breast cancer do I have?
-  Has my cancer been tested for genetic mutations?
-  What symptoms should I report right away?

cancer will be classed as hormone receptor positive (ER+/PR+), HER2 positive, or triple-negative if it doesn't have any receptors. Each behaves differently and responds to different treatments.

Doctors also test metastatic tumors for genetic mutations. Some drugs destroy cancer cells by targeting certain gene mutations.

### HOW METASTATIC BREAST CANCER IS TREATED

Unlike early-stage breast cancer, which is typically treated with surgery to remove the cancer, treatment for metastatic disease involves medications that treat the cancer throughout the body.

Treatment usually continues as long as it's working and well tolerated. Advances in treatment, Mayer says, mean "there are people who achieve great benefit from therapy and live many, many years."

SCAN ME

Watch this video on "Treatment Decisions When Breast Cancer Has Spread." Use your smartphone camera to activate the QR code.



FIZKES VIA GETTY IMAGES

# KNOW YOUR OPTIONS

Today's treatments come at mBC from many angles

By Sonya Collins

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Your treatment for metastatic (stage IV) breast cancer will focus on slowing or stopping the spread of disease throughout the body, easing symptoms, and helping you live well for as long as possible. Treatment won't cure the cancer, but it helps many people continue to enjoy life for years. Which approach doctors recommend depends on the biology of the cancer cells and other factors unique to you.

"It's not one-size-fits-all," says Avan Armaghani, MD, a breast oncologist at Moffitt Cancer Center in Tampa. "We have come a long way in terms of treatment for the different subtypes of metastatic breast cancer." Treatment also takes into account gene mutations in the tumor, your prior treatment, and your symptoms, goals, and preferences.

## HOW DOCTORS CHOOSE TREATMENT

When doctors make treatment recommendations, they consider the cancer's receptor status: hormone receptor-positive (HR+), HER2-positive, or triple-negative, which carries none of these receptors. Your oncologist will also look at whether your cancer cells carry gene mutations that are helping them grow. Certain mutations may suggest you would get help from a targeted drug that takes aim at cancer-driving gene variants.

This information helps point doctors to the best treatment or combination of treatments within the main approaches: hormone (also called endocrine) therapy, targeted therapies, chemotherapy, and immunotherapy.

With all of the available choices, says Rani Bansal, MD, a medical oncologist at Duke Cancer Center Breast Clinic in Durham, NC, "we're in a better place than we were even five years ago. We have many new drugs, and patients are living longer."

## HORMONE THERAPY

In HR+ breast cancer, estrogen and progesterone attach to cancer cells and help them grow. Hormone therapy blocks this process.

## TARGETED THERAPY

Targeted therapies attack specific features of cancer cells. In metastatic breast cancer, these include drugs that take aim at:

- HER2
- Various features of HR+ cancers
- Cancer-promoting processes happening in breast cancer cells of women with metastatic breast cancer



SCAN ME

For more on clinical trials, read “What to Know About Clinical Trials.” Use your smartphone camera to activate the QR code.

## CHEMOTHERAPY

Chemotherapy remains an important option, especially for cancers that can't be treated with hormone therapy; triple-negative disease; or cancers affecting vital organs. Chemotherapy may be given alone or combined with other treatment, depending on the situation.

## IMMUNOTHERAPY

Immunotherapy boosts your own immune system to fight the cancer. This approach is taken in triple-negative cancers that meet

specific criteria and is usually combined with chemotherapy.

Some drugs work in multiple ways. For example, a newer drug class called antibody drug conjugates combines anti-cancer antibodies with chemotherapy and could be considered immunotherapy, targeted therapy *and* chemotherapy—a triple threat.

## CLINICAL TRIALS

Clinical trials test new drugs or new drug combinations. Sometimes, Bansal says, “These drugs may be better than current first-line treatment.” She recommends everyone be evaluated for clinical trial eligibility as one of their treatment options.

“A lot of people think trials are for when you have no other options, but that's definitely not true.”

Ongoing clinical trial research continues to expand treatment options, offering new hope to people living with metastatic breast cancer.

# THE DIAGNOSIS GAP

## The complex barriers driving metastatic breast cancer diagnoses for Hispanic women

By Ericka Sóuter Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

**F**or many Hispanic women, a breast cancer diagnosis does not begin with early detection. It begins after the disease has already spread.

Doctors describe this pattern in clinical terms: delayed screening, missed follow-up, advanced disease. But behind those words is something far more human. The gap between an early diagnosis and a devastating one is rarely about indifference. More often, it reflects a maze of barriers, like fear, language differences, cost concerns, immigration stress, cultural silence, and the constant pressure of caring for everyone else first.

Interestingly, Hispanic women in the United States are less likely overall to develop breast cancer than non-Hispanic White women. The estimated lifetime risk is about 11%, compared with roughly 14% among White women. Yet when Hispanic women are diagnosed, the disease is more often discovered at a later stage, sometimes after it has spread beyond the breast. As a result, breast cancer remains one of the leading causes of cancer death among Hispanic women despite the lower overall incidence.

### LATE DIAGNOSES MISREAD AS NEGLECT

When researchers see patterns like lower screening rates or later diagnoses, some assume Hispanic women simply are not prioritizing their health. Doctors who care for this community say the reality is far more complex.

Often, the problem is not motivation, it's access. "A woman may delay screening because she lacks insurance, has an inflexible work schedule, or doesn't have reliable transportation," says Monica Valero, MD, a professor of surgical oncology at Yale Cancer Center in New Haven, CT. "They cannot miss work or sometimes they don't have childcare."

Immigration fears also shape health decisions. Some patients avoid hospitals altogether because seeking care could expose their immigration status.

"We have patients that sometimes don't go to the hospital because they feel like they could be found," says Valero, who also serves as the director of the Hispanic Breast Cancer Program.

To help close the gap, Valero developed S.T.R.E.A.M.L.I.N.E., an American Cancer Society-funded program that helps women with abnormal mammograms navigate follow-up care. The program identifies barriers such as transportation, childcare, or finances and works to shorten the time between an abnormal mammogram and a biopsy. Community education and mobile mammography programs also bring screening into neighborhoods with limited hospital access.

### LANGUAGE AND CULTURAL BARRIERS

Cultural norms also shape how openly women talk about breast health. "Sometimes when I ask about family history, patients say, 'Oh, we don't talk about that,'" says Marcela Mazo Canola, MD, a breast medical oncologist at Mays Cancer Center in San Antonio. That silence can make it harder for women to recognize warning signs or feel comfortable seeking exams.

For patients who do not speak English fluently, misunderstandings can derail care at nearly every step, from interpreting abnormal mammograms to understanding treatment plans.

Valero recalls seeing Spanish-speaking patients nod through appointments without fully understanding what was happening. "They need to understand they're going to get surgery, they're going to get chemo, they're going



## FROM PATIENT TO ADVOCATE

Two decades ago, Barbara Segarra-Vazquez, DHSc, a researcher at the University of Puerto Rico, became a breast cancer patient herself. The experience strengthened her mission to help others navigate cancer care. In 2024, she launched **the Latino Cancer Patient Advocate Training Program, which teaches survivors and caregivers to become research advocates and medical guides. The goal: Empower Latino patients to ask questions, understand their treatment options, and ensure their voices shape cancer research and care.** “You really have to have passion to be a patient advocate,” she says. “It’s the desire to help others and to speak for those who cannot speak for themselves.”

to get radiation,” she says.

Language-concordant care can make a significant difference. “It’s really good for a patient that I speak their language,” Valero says. “Because it builds trust.”

“Providing patients with an opportunity for a safe environment where they can be heard” is essential, says Valero. Because closing the diagnosis gap starts with seeing Hispanic women clearly—not as careless, but as patients navigating barriers no one should have to face alone.



# Strength *in the* Spotlight

Through career highs, a breast cancer journey, and a hard-won path to parenthood, Giuliana Rancic embodies resilience and hope

By Rachel Reiff Ellis Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

When Giuliana Rancic reflects on her 51 years of life, it's not the red carpet she recounts first, but the foundation that started it all. Born in Naples, Italy, Rancic and her family immigrated to the United States when she was 7 and settled in a small Maryland town. Her father, a Neapolitan master tailor, opened his own store there. In doing so, he gave Rancic and her siblings a front-row seat to the pursuit of the American dream in real time.

"Seeing my dad achieve his dreams encouraged me to always pursue my own passions and build up the confidence in me to eventually land my dream career," Rancic says.

That career began in 2002, when she joined E! News as a correspondent. By 2005, she became solo anchor and managing editor, helping take the show to the top of the ratings within a year. From the Oscars to the Grammys to the Golden Globes, Rancic became a fixture in living rooms across the country.

"Through my 20 years there, I met incredible people and lived out my most glamorous dreams on the red carpet," she says.

From the start, ambition and resilience were part of Rancic's story. These traits helped propel her through the competitive world of television journalism, but they'd also prove just as important when life delivered challenges she never expected.

### IT'S A FAMILY AFFAIR

Television may have made her famous, but Rancic's ambitions have always extended well beyond the anchor desk. She launched her clothing line G by Giuliana on HSN in 2012, which became the most successful clothing line debut in the network's history at the time.

She also stepped into hospitality as the "R" in RPM—restaurant concepts that include RPM Italian, RPM Steak, RPM Seafood, and RPM Catering. Rancic is co-owner with R.J., Jerrod, and Molly Melman as well as her husband, entrepreneur Bill Rancic, whom she met shortly after he won the first season of *The Apprentice*. Over the

past two decades the two have collaborated on numerous ventures from reality television and construction projects to books, film projects, and podcasts.

"Our first interaction is actually recorded in an interview we did together, so I would say we always found a way to intertwine our relationship with our dreams and passions," she says.

One of Rancic's most personal projects is Mama DePandi, an Italian food brand inspired by her mother's cooking and family heritage. In 2026, the brand expanded their range of products from online-only purchase to grocery stores around the country.

"My mom has been an inspiration to me my whole life," Rancic says, "Now even more so as I have witnessed her build her own brand at the age of 80 years old. She reminds me that it's never too late to achieve your dreams."

### AN UNEXPECTED LIFE DETOUR

In 2011, Rancic and her husband were in the thick of fertility treatments, hopeful for a child. But during a routine mammogram as part of her IVF process, doctors discovered something that would reframe everything: early-stage breast cancer. Rancic, who was 36 at the time, points to that moment as one of the most shocking and frightening of her life.

"One day I was focused on becoming a mother, and the next I was focused on surviving," she says. "I remember feeling fear, confusion, and sadness, but I also had to remind myself how strong I needed to be."

She underwent a double mastectomy and reconstructive surgery that same year. Rancic credits her medical team, family, and friends for lifting her during the darkest stretches. She came through the other side not only cancer-free, but transformed. In 2012, Rancic and her husband welcomed their son, Duke, into the world via gestational carrier.

"One of the quotes that got me through the early days of my diagnosis was, 'You never know how strong you are until you have no choice but to be strong,'" she says. "I'm living proof of that. I learned I was stronger than I could have ever imagined."

**MEATBALLS AND MAMA:** Giuliana Rancic poses in the kitchen with her mom, Anna DePandi. Their Italian food brand, Mama DePandi, can be found in grocery stores around the U.S.



## HEALTH MATTERS

Rancic is outspoken about breast cancer screening. Early detection saved her life, and because of that, she's dedicated to spreading awareness to women of all ages, but especially women under 40.

"Do not assume you are too young," she says. "Before the age of 40, do not underestimate the power of breast self-awareness."

Rancic applies this proactive approach to her overall health, too, staying on top of her doctor visits and preventative care.

"I believe strongly in being vigilant and informed," Rancic says. "I do not live in fear, but I live with awareness. That awareness empowers me rather than scares me."

She's also much more mindful of what she eats, focusing on clean, nourishing foods and avoiding processed ones with unnecessary ingredients. Still, she embraces the joy of food, indulging in moderation.

"I find that my body feels best when I am fueling it from the inside out with whole foods," she says. "But as much as I try to eat healthy whole foods like blueberries and avocados, I also indulge in decadent meals sometimes. Life is short and I want to enjoy the ride."

Her approach to exercise has evolved over the years. In her 20s, high-intensity training and running workouts were her focus, but for the last decade she's shifted to physical activity that prioritizes longevity, strength, and clearing her mind.

"I enjoy walking, light strength training, and staying active in



**LA FAMIGLIA:** Giuliana, her husband, Bill, and their son Duke celebrate Easter at RPM Italian restaurant in Washington, DC, in 2024.

ways that feel good and sustainable," she says. "It's less about intensity and more about consistency for me these days."

## PAVING THE WAY





After her own breast cancer treatment, Rancic wanted to use her platform to support other women facing breast cancer. She launched FAB-U-WISH, a program that grants fashion, beauty, and celebrity-themed wishes to women undergoing treatment.

Her advocacy also extends to several charitable organizations, including The Pink Agenda, the Breast Cancer Research Foundation, Operation Smile, Dress for Success, Mercy Home for Boys & Girls in Chicago, and PAWS Chicago.

Through these efforts, Rancic has met countless women who share their own stories of diagnosis and recovery. These connections, along with her faith, keep her grounded in her purpose.

"I remind myself daily of everything I have been given," Rancic says. "Before cancer, I was driven and focused, but I did not always pause to appreciate the moment. That experience shaped me into someone who is stronger, more compassionate, and more present. It taught me that every single day is a gift."

## GIULIANA'S TIPS FOR BREAST CANCER SELF-ADVOCACY

-  Listen to your body.
-  Show up for appointments.
-  Ask questions.
-  Don't ignore things that feel unusual.

INSET PHOTOS COURTESY OF GIULIANA RANCIC



**“Taking care of yourself is one of the greatest acts of self-respect.”**

**— *Giuliana Rancic***

# I AM A PART OF MY TREATMENT TEAM

Find an oncologist willing to listen and include you every step of the way

By Lianne Kraemer

Reviewed by Brunilda Nazario, MD,  
WebMD Chief Physician Editor, Medical Affairs

In 2014, I had pain in my left breast. When it didn't resolve, I went in for a mammogram followed by an ultrasound, which showed a suspicious mass. I'm outspoken when it comes to my health and insisted on having the biopsy done right away. It was stage II breast cancer.

Following my diagnosis, I had aggressive treatment, including a double mastectomy, chemotherapy, and radiation. After treatment ended, I was seeing my oncologist every two months, trying different hormone therapies and doses. I was preparing to try a new therapy to reduce the risk of recurrence when one night my face got tingly. Shortly after, the tip of one of my fingers started tingling. A scan revealed 12 spots in my brain. I had stage IV metastatic disease.

## TACKLING METASTASES

We were setting up mapping for the standard treatment, which was whole-brain radiation, and at the time I didn't know what it meant. Fortunately, my medical oncologist informed me there was a clinical



SCAN ME

Flip through this slideshow on "Tips for Becoming an Informed Patient." Use your smartphone camera to activate the QR code.



Lianne Kraemer (right) with her best friend Kristin Miller.

PHOTOGRAPHY BY KRISTIN MILLER; INSET PHOTOGRAPHY BY JENNIFER HALLGREN

## LIANNE'S TIPS



- + **You're the expert on you.** Find an oncologist willing to consider you as part of the team.
- + **If, especially after several visits, you feel your oncologist isn't fully invested in you, find another one** and make sure you're comfortable with what's happening.
- + **Find others with the same diagnosis** who can share their experiences and support you.

trial testing a medicine with only a few slots left. I took time to think about it. I thought clinical trials were for when you're at the end of the road, but I soon learned that wasn't the case. I learned all I could about the side effects of whole-brain radiation and decided to enroll in the trial instead.

### BUILDING YOUR OWN TEAM

I also decided to get a second opinion at an academic center. I did lots of research to find out who was doing the research and where the trials were. I was used to dealing with the medical community. I was comfortable talking to doctors. I didn't realize how lucky I was. When I met Nancy Lin, MD, at Dana-Farber Cancer Institute in Boston, I was so impressed with the depth of her knowledge and understanding. She was also kind and compassionate.

I asked her if I was doing the right thing and she confirmed it. She told me she'd work with me and my doctor closer to home as a team. At my first appointment, she gave me her cell phone number so I could reach her. Anytime I was concerned about something, she had answers right away.

### SPEAK UP

When you have metastatic breast cancer, being your own advocate is perhaps the most important thing you can do. Never be afraid to ask questions and establish with your care team what your expectations are, such as a desire to explore your treatment options or participate in clinical trials if available. It's important to have a team you feel is working with you and providing clear communication.

# YOU CAN'T DO CANCER ALONE

Here's how I made advocacy a part of my treatment

By Lillian Walker Shelton Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

I call myself a “professional helper.” I’m a licensed counselor, and I do a lot of volunteering. And even though I’m a therapist, I also have a therapist, someone I can talk to who is also a breast cancer survivor. Since being diagnosed with metastatic triple-negative breast cancer, I’ve tried to find different ways to tend to my mental health and be honest about my feelings.

## NAVIGATING MY NEW REALITY

In 2020, I was at work when I noticed a bump near my collarbone. I had a chest X-ray and followed up with my primary care doctor, who suggested I get a mammogram. Then, it was recommended that I get a diagnostic mammogram for a more detailed exam. My doctors found calcifications developing in two quadrants of my left breast, and recommended a double mastectomy because the cancer was progressing so rapidly.

My situation unfolded during the height of COVID. I had my surgery in the morning and because of everything happening at the hospital, I was discharged the very same day. I was sent home with pain pills, drains, and a list of instructions. At first, I thought, “Great! I’m free and clear.” That is, until I wasn’t.

When the cancer returned in 2022, I suddenly became someone living with both cancer and chronic pain. Between eight rounds of radiation and the cancer itself, which had spread to my bones, I broke my left leg in July 2024, broke

my right leg in November 2024, and endured a hip replacement in December 2025. A biopsy in 2024 confirmed it’s now triple-negative breast cancer that has also spread to my liver.

## ADD JOY AS YOUR TREATMENT

I know many women just want to keep going as if nothing is wrong. To be the superhero and the person you were before cancer. Sometimes you can, but a lot of times, you can’t and you have to be honest about that. You must take care of yourself and put yourself first. Stop being so concerned about everyone else that you end up neglecting your own treatment.

People often talk about the anxiety that comes with a cancer diagnosis, but not enough talk specifically about living with the fear of death. It’s always on your mind and that’s very real. The key is to shift your focus and find the joy in your life. I know it’s hard to overcome those negative thoughts, but it’s important to distract yourself and discover your joy.

One thing’s for sure, you really can’t do cancer alone. My family and friends have pitched in to help me and I also advocate for myself to ensure I receive the best possible care. There are hundreds of cancer support groups, so look for a group that matches your interests. I do realize that not everybody is prepared to share in front of a new group, so if you’re introverted, I would suggest



individual therapy or finding one supportive person you can talk to. You shouldn't feel like you have to hold all of this in.

### A LESSON LEARNED

I recently lost a good friend to breast cancer. When I think about her, I remember someone who was kind, happy, and found ways to connect with others. My hope is to leave a similar legacy—one that's built around the work that I've done and all the ways in which I've helped others.

### LILLIAN'S TIPS



**Four ears are better than two.**

Have someone take notes during your appointments.



**Ask about different lines of treatment** and medications.



**Be conscious** of how you spend your time.

# ADVICE FOR mBC CAREGIVERS

Listen, learn, and don't forget to pursue joy

By Kendall K. Morgan Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

**W**hen a loved one has metastatic breast cancer (mBC), it's overwhelming. You'll struggle with your own emotions while wondering how best to help your loved one as they face an uncertain future. Susan Glaser, a clinical social worker in Memorial Sloan Kettering Cancer Center's Breast Medicine Service in New York City, says her first advice for you as a caregiver is to learn all you can about mBC and its treatment.

"Anyone dealing with metastatic breast cancer really needs to understand it," she says.

## GET INFORMED

For example, she notes, it's essential to know that treatment for mBC is likely to continue indefinitely. To help you understand what your loved one is going through, Glaser suggests asking if you could attend appointments with the care team. Ask about resources for user-friendly information to help you understand what your loved one is experiencing and what's likely ahead for them and for you as a caregiver, she says.

## OFFER SUPPORT AND LISTEN

Glaser recommends reminding your loved one with mBC they're not going through this alone. Tell them you're there for the duration and that they can lean on you.

Make a point to practice your listening skills. While it may be tempting to encourage your loved one to "think positively," Glaser says it's better to meet your loved one where they are while doing your best to "walk in their shoes."



## FIND WAYS TO HELP

Look for ways that you can be helpful without overstepping your loved one's boundaries. For example, Glaser says you might offer to help in decision-making if that's helpful while ensuring your loved one has control. Pay attention to simple tasks you can assist with, whether it's doing the dishes or running a load of laundry, she says.

## PURSUE JOY

In addition to ensuring your loved one has their basic needs met, consider also what you can do to bring joy into your lives together during this time, Glaser says.

Ask: "What do they enjoy doing? And do it now," she says. "Don't wait."