Racial Differences in Male Breast Cancer Outcomes

Poverty may play an important role

While black and white men under age 65 diagnosed with early-stage breast cancer received similar treatment, blacks had a 76% higher risk of death than whites, according to a new study. The study, published in the *Journal of Clinical Oncology*, found that the disparity was significantly reduced after accounting for differences in insurance and income.

Male breast cancer is a rare disease, accounting for less than 1% of all cancers in men and approximately 2% of all breast cancers in the United States. Black men have a higher incidence of breast cancer and are more likely to be diagnosed with breast cancer at a younger age than their white counterparts. Black/white disparities in treatment receipt and survival for women with breast cancer are well-documented, but there are few studies on disparities in men with breast cancer.

To investigate, researchers led by Helmneh Sineshaw, MD, MPH identified 5,972 non-Hispanic black and non-Hispanic white men ages 18 years and older who were diagnosed with early-stage breast cancer between 2004 and 2011 using the National Cancer Data Base (NCDB), a national hospital-based cancer registry database that captures approximately 70% of newly diagnosed cancer cases in the United States. The NCDB is jointly sponsored by the American College of Surgeons and the American Cancer Society and collects information on demographics, tumor characteristics, and treating hospital characteristics in addition to detailed information about the first course of treatment.

Treatment patterns were generally similar between blacks and whites of all ages. And while older black men did not have a significantly higher risk of death compared to their white counterparts, younger blacks had a 76% higher risk of death than younger whites. But that gap was significantly reduced after accounting for differences in insurance and income. The authors say the results suggest that poverty may play an important role in racial disparities in breast cancer mortality.

The higher risk of death in younger blacks compared to younger whites despite remarkable similarity in receipt of treatment could be due to differences in quality of care, adherence to treatment, hormone receptor status, or other unmeasured variables such as biologic factors.

The similar receipt of treatment seen for younger black and younger white men was in contrast to what some reports have shown for in younger women. “Although this finding is encouraging,” write the authors, “it could be influenced by the rarity of male breast cancer, differences in receipt of treatment between men and women, and/or other unmeasured factors and requires further research. In the coming years, it will also be important to examine whether the implementation of the Affordable Care Act (ACA) attenuates or removes the excess risk of death in younger black men diagnosed with early-stage breast cancer.”

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