Racial Disparities Exist In Follow-Up Care after Lumpectomy for Breast Cancer

Atlanta 2009/12/14 -A new study finds many breast cancer patients—particularly African American women—do not receive recommended radiation treatments after undergoing a lumpectomy. The study, published early online in CANCER, a peer-reviewed journal of the American Cancer Society, indicates that efforts are needed to improve breast cancer care in general, and that they should specifically address racial disparities.

Research has shown that the use of recommended breast cancer treatments varies by race, but there is limited data looking at such disparities at a national level. To investigate, Grace Smith, MD, PhD, MPH, of the University of Texas M. D. Anderson Cancer Center in Houston and colleagues analyzed data from a national cohort of Medicare patients and quantified racial disparities in the use of recommended radiation therapy after lumpectomy for invasive breast cancer. Their analysis included all women over age 65 years who underwent a lumpectomy for invasive breast cancer in 2003.

Of 34,080 women studied, 91 percent were white, 6 percent were black, and 3 percent were of other races. Seventy-four percent of whites, 65 percent of blacks, and 66 percent of other races received radiation therapy. “Given that radiation therapy after lumpectomy is standard therapy, particularly if a patient has at least one high-risk feature, this level of compliance is surprisingly low,” said Dr. Smith.

The investigators determined that whites were 48 percent more likely to receive radiation therapy than blacks. In addition, disparities between white and black patients varied by geographic region, with the lowest rates of radiation therapy (57 percent) received by blacks in areas of the Northeastern and Southern United States. In patients who were younger than 70 years (who would be expected to have higher rates of treatment), racial disparities persisted, with 83 percent of whites, 73 percent of blacks, and 78 percent of other races receiving radiation.

The reasons for the disparities seen in this study are not known. It could be that physicians offer treatment less frequently to non-white patients, substandard care occurs more frequently in predominantly non-white communities, or that non-white patients are more likely to decline treatment. The underlying causes of the observed geographic variations in racial disparities are also unclear.

“We hope our research will affect awareness about disparities in breast cancer treatment, and promote efforts to overcome disparities,” said Dr. Smith. She noted that a key aspect of overcoming racial disparities is education. “If patients and health care providers together can recognize that barriers to treatment exist, steps can be taken to address the problem.” Patients can play a role by becoming educated about the value of radiation after lumpectomies and helping to disseminate this information in their communities. In addition, both patients and their physicians can work together to identify specific obstacles that contribute to disparities in cancer care.

Article: “Racial disparities in the use of radiation therapy following breast conserving surgery: A national Medicare study.” Grace L. Smith, Ya-Chen T. Shih, Ying Xu, Sharon H. Giordano, Benjamin D. Smith, George H. Perkins, Welela Tereffe, Wendy A. Woodward, Thomas A. Buchholz. CANCER; Published Online: December 14, 2009 (DOI: 10.1002/cncr.24741).