

Study Finds Uninsured, Others Less Likely to Receive Diagnostic Test for Breast Cancer

Atlanta 2007/12/03 -An American Cancer Society study finds breast cancer patients who lack insurance, who come from areas with lower education levels, who are African American, or who are older are less likely to get a key diagnostic test to make appropriate treatment decisions. The study finds those groups are ten percent to three times more likely not to receive tests to determine if the breast cancer has spread to axillary (underarm) lymph nodes. An abstract of the study was presented at the American Association for Cancer Research conference on the health disparities, held November 27-30 in Atlanta.

In axillary lymph node dissection, lymph nodes near the tumor are removed and looked at under the microscope. When the lymph nodes show signs of the tumor, there is an increased likelihood that cancer cells have spread through the bloodstream to other parts of the body. This information is an important part of staging and also helps to help guide breast cancer treatment decisions. American Cancer Society researchers led by Michael Halpern, M.D., Ph.D., investigated factors associated with receipt of lymph node assessment among women with early stage breast cancer using data from the National Cancer Database (NCDB), a hospital-based registry jointly sponsored by the American Cancer Society and American College of Surgeons. Researchers reviewed records for 196,732 women diagnosed with early stage breast cancer from 2003 to 2005.

The analysis found that eleven percent of patients overall did not receive any axillary lymph node assessment. Compared to White patients, African Americans were ten percent more likely to receive no axillary lymph node assessments (odds ratio [OR] 1.10, $p<0.001$). There were no significant differences for Hispanic or other non-White patients.

Women who were uninsured were 24 percent more likely to have no assessment compared to those with private insurance (OR 1.24, $p<0.0005$). A similar increase in the likelihood of no assessment was observed for Medicare patients under age 65 (OR 1.29, $p<0.0001$), while Medicaid patients and Medicare patients 65 and older were not significantly different from those with private insurance. Patients who resided in zip codes with the lowest education levels were significantly more likely to receive no lymph node assessment compared to those from areas with the highest education levels (OR 1.13, $p=0.0001$). But the greatest disparities were observed by age group. Patients 62 to 72 years old were 1.1 times as likely to receive no axillary lymph assessment ($p<0.01$) compared to patients 50 and under, while the oldest patients (age 73 and older) were more than three times as likely (OR 3.30, $p<0.0001$) not to receive any assessment compared to those 50 and under.

"These results indicate that significant disparities exist in receipt of axillary lymph node assessments among women with early stage breast cancer," said Dr. Halpern, American Cancer Society strategic director of health services research and study co-author. "While treatment guidelines indicate that axillary lymph node assessment may be considered optional in certain patient groups, it remains a key component in determining stage, and thereby both prognosis and appropriate treatment options. Disparity in receipt of this procedure among underserved populations is therefore a concern and requires further study."

David Sampson
Director, Medical & Scientific Communications
American Cancer Society
213 368-8523
david.sampson@cancer.org
