

Differences Observed Between Black and White Women in Use of Breast Cancer Therapy

Atlanta 2007/10/08 -A new study finds treatment for breast cancer differs between African-American women and white women, though the differences are partly dependent on insurance type. The study appears in the November 15, 2007 issue of *CANCER*, a peer-reviewed journal of the American Cancer Society.

Dr. Mousumi Banerjee of the University of Michigan and co-investigators Dr. Kendra Schwartz from Wayne State University and Dr. William Hryniuk from the Cancer Advocacy Coalition of Canada reviewed and analyzed demographic, socioeconomic and medical data from 651 women diagnosed with breast cancer in the early to mid 1990's. Their objective was to evaluate the role of race in breast cancer treatment after accounting for such significant confounders as comorbidities, socioeconomic status, and health insurance status.

The study found that, among patients with breast cancer that had spread to the lymph nodes, African-Americans were less likely to have adjuvant cancer therapy than white women. In this clinical group, white women were almost five times more likely to take Tamoxifen, a widely-used cancer therapy medication, and over three times more likely to have chemotherapy. Women with early stage breast cancer who had government health insurance were less likely to have combination breast conserving cancer surgery and radiation, and more likely to have mastectomy without radiation than patients enrolled in non-governmental plans.

Racial differences in the diagnosis and outcome of breast cancer have been readily apparent since the 1980s, when new screening and treatment tools became available. Breast cancer is diagnosed at a more advanced, poor prognostic stage among African-American women than white American women. Studies also suggest that, stage-for-stage, African-American women have higher cancer mortality rates. Differences in access to screening and treatment infrastructure, rather than tumor biology, may account for differences in clinical course.

One conclusion from this study is to target educational interventions in a culturally sensitive way to improve use of adjuvant therapies among African-American women with regional stage disease.

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