

Insurance and socioeconomic status do not explain racial disparities in breast cancer care

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Racial disparities in the receipt of breast cancer care persist despite accounting for patients' insurance and social and economic status. That is the conclusion of a study published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society. The findings suggest that greater efforts are needed to better understand disparities in breast cancer care and to ensure that all affected women receive equal and effective treatments.

Studies have demonstrated that black and Hispanic [women](#) are less likely to receive recommended [breast cancer](#) treatments than white women, but few studies have examined whether these differences in the receipt of breast cancer care are affected by patients' socioeconomic status and health [insurance](#). Rachel Freedman, MD, MPH, of the Dana-Farber Cancer Institute in Boston led a team that examined recommended breast cancer care (including localized therapy, hormone receptor testing, hormonal therapy, and chemotherapy) received by a large national sample of women with breast cancer. The researchers assessed whether insurance and socioeconomic factors were associated with any observed racial/ethnic differences in care.

The study included information from 662,117 white, black, and Hispanic women who were diagnosed with invasive breast cancer from 1998 to 2005 at National Cancer Data Base (NCDB) hospitals. (The NCDB is a registry that collects patient demographics, tumor

characteristics, first course of treatment, and outcomes for [cancer patients](#) treated at U.S. hospitals.) Most women were white (86 percent), 10 percent were black, and 4 percent were Hispanic. Most had private insurance (51 percent) or Medicare (41 percent).

Compared with white women, black women had 0.91 times lower odds of receiving recommended local therapy, 0.90 times lower odds of receiving hormonal therapy, and 0.87 times lower odds of receiving chemotherapy. Hispanic women were also less likely than white women to receive hormonal therapy. Hormone receptor testing did not differ by race/ethnicity. These modest [racial disparities](#) persisted even after accounting for insurance and socioeconomic status.

Despite efforts to eliminate disparities in cancer care in recent years, this study suggests that modest racial differences in the receipt of recommended breast cancer care still persist even after taking patients' insurance and socioeconomic status into account. "Although health insurance expansion may resolve disparities in treatment by health insurance status, this study suggests that expansion alone is unlikely to have a major impact on disparities in breast cancer care among black women," said Dr. Freedman. She noted that multifaceted efforts are needed to ensure that all women with breast cancer receive effective treatments.

Provided by Wiley

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