

# Whites take supplemental breast cancer therapy more often than blacks

October 8 2007

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A new study finds that white women more frequently take more of the life-prolonging supplemental therapies used to treat breast cancer than African-American women.

African-Americans whose cancer had spread to the lymph nodes were less likely to have adjuvant cancer therapy than white women, the study showed. Adjuvant therapy is treatment given to kill remaining cancer cells, in addition to the primary therapy. Studies suggest adjuvant therapy may increase the chances of long-term survival.

The study, which was led by Dr. Mousumi Banerjee of the University of Michigan School of Public Health, found that among women whose cancer had spread or become regional in nature, whites were almost five times more likely to take tamoxifen, a widely-used adjuvant cancer therapy medication, and more than three times more likely to have adjuvant chemotherapy. White and African American women with cancer that had not spread received tamoxifen and chemotherapy at equal rates.

There was no significant difference in the numbers of white and African American women who received breast conservation surgery versus mastectomy. However, women with early stage breast cancer who were covered by 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, or private plans.

"We have seen that African American women are not getting the optimal therapy as often as white Americans," said Banerjee, but she added it's a combination of different things. "Some of it has to do with socioeconomic, some with insurance status and/or access to care, but there are choice issues as well, especially with chemotherapy."

In the study, researchers reviewed and analyzed demographic, socioeconomic and medical data from 651 women diagnosed with breast cancer in Detroit in the early to mid 1990s. Their objective was to evaluate the role of race in breast cancer treatment after accounting for such significant variables as socioeconomic status, health insurance status, and other medical conditions that exist along with the breast cancer that may preclude use of certain treatments.

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 advanced stage disease.

Source: University of Michigan

Citation: Whites take supplemental breast cancer therapy more often than blacks (2007, October 8) retrieved 1 February 2024 from

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