

Radiotherapy is less often used by breast cancer patients with young children

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Radiotherapy (RT) after breast conserving surgery (BCS) has been shown to reduce the risk of breast cancer (BC) recurrence. However, although younger women tend to have more aggressive tumors and have higher risks of recurrence than older BC patients, they are less likely to receive RT after BCS, according to a study published December 24 in the *Journal of the National Cancer Institute*. Although treatment patterns among older BC patients have been well-studied, factors affecting non-compliance among younger women are not well-known.

To compare RT utilization by women over different ages, family structures, and regions of residence, I-Wen Pan, Ph.D., formerly Research Scientist at the research group led by Dr. Ya-Chen Tina Shih at The University of Chicago, Chicago, IL, and currently at the Health Economics and Outcome Research Department of McKesson Specialty Health, The Woodlands, TX, and colleagues used a nationwide database to review medical and prescription records of 21,008 [patients](#) with insurance coverage who were diagnosed with invasive BC and who received BCS between January 2004 and December 2009.

The researchers excluded patients with a prior history of [breast cancer](#), RT before BCS, mastectomy within 12 months of BCS, and distant metastasis. They found that patients 50 years or younger were less likely to receive RT than those in older age brackets. They also found that a woman was less likely to receive RT if she had at least one child less than 7 years old, compared with women who had no or older children. Although other factors such as insurance type, receiving BCS further from home or in an outpatient setting, and living in a region with lower education level could be potential barriers to receiving RT at any age, the association between young children and lower utilization of RT was statistically significant only for [women](#) aged 20-50 years.

Pan et al. point out that "The receipt of RT after BCS represents one aspect of quality cancer care." They conclude that improving overall quality of BC care could improve RT compliance, but that "additional work is needed to ... develop robust interventions tailored to the unique needs of younger [cancer patients](#)."

Provided by Journal of the National Cancer Institute

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