

# Minorities less likely to know about breast cancer treatment options

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Nearly half of women treated for breast cancer did not know that their odds of being alive after five years are roughly the same whether they undergo mastectomy or breast conserving surgery. Minority women were even less likely to be aware of this important factor of their treatment decision, according to a study from the University of Michigan Comprehensive Cancer Center.

Minority women were also less likely to know about relative survival rates even when researchers considered factors such as the surgeon's experience, the type of hospital, and whether patients reported talking to their surgeon about treatment options.

"These factors traditionally associated with quality care were not associated with informed decision-making or with our knowledge measures. Surgeon volume or treatment setting did not affect whether women had good knowledge of their treatment options after they had been through the process, nor did it really mediate the racial and ethnic differences we found," says study author Sarah Hawley, Ph.D., a research investigator at the U-M Comprehensive Cancer Center.

Results of the study appear in the August issue of *Health Services Research*.

The researchers surveyed 1,132 breast cancer patients and asked them whether the chances of being alive five years after surgery were the same after a mastectomy or after lumpectomy with radiation, and

whether the chance of breast cancer coming back after treatment was the same for the two surgeries.

Overall, only 51 percent responded correctly to the survival question, but the numbers varied significantly for minorities: 57 percent of whites answered correctly, 34 percent of African-Americans knew their survival odds, and 37 percent of Latinas did.

The researchers found similar results for the recurrence question. Overall, 48 percent said they did not know the answer to the recurrence question, with African-Americans and Latinas significantly more likely to answer "don't know." Research shows that both survival and recurrence are about the same for both surgical options.

Researchers then looked at whether the women were treated by a general surgeon or one who specializes in breast cancer procedures, as well as whether the woman was treated at a National Cancer Institute-designated comprehensive cancer center or in a community hospital setting.

They found that even when factoring these points in, minority women still were less likely to be knowledgeable about survival.

"It's important for women to be able to do what we call a high-quality decision-making process. That would mean that the decision needs to be well-informed, based on an accurate knowledge of the risks and benefits of the options, and it also needs to be based on their preferences. If women do not make an informed decision, they're more likely to be dissatisfied down the road with the treatment they received," Hawley says.

The researchers did find, however, that patients who said their surgeon described both treatment options more often had adequate knowledge. The findings indicate that not all patients are clearly understanding

information their surgeons may be telling them. The researchers urge surgeons to make sure they communicate information about treatment options, including survival and recurrence risks, during the initial visit in a way that is culturally and ethnically appropriate.

The researchers also urge patients to be aware of their treatment options. "Be sure to ask questions of your surgeon and consider exploring other avenues for getting information," Hawley says.

Breast cancer statistics: 184,450 Americans will be diagnosed with breast cancer this year and 40,930 will die from the disease, according to the American Cancer Society

Methodology: The researchers surveyed 1,132 women recently diagnosed with breast cancer in the Detroit and Los Angeles metropolitan areas. Information was collected from the Surveillance, Epidemiology and End Results Registry, a database maintained by the National Cancer Institute that collects information about cancer incidence, treatment and mortality. Patients were matched to 277 surgeons, who were also surveyed. About 73 percent of the women were white, 18 percent were African-American and 9 percent were Latino or other ethnicity.

Source: University of Michigan

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