

# Racial differences in breast cancer treatment persist despite similar economics

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African-American women with breast cancer living in Washington, D.C., are more likely to experience delays in treatment regardless of insurance type, socioeconomic status and cancer characteristics such as stage and grade.

Heather A. Young, Ph.D., an associate professor of epidemiology at The George Washington University, said these findings underscore the difficulties in measuring the impact of race and socioeconomic status on health outcomes.

"There is likely something about race that we are still not capturing, whether it is different patterns of social support, access to transportation, or family burden, something is causing the disparities in care to persist," she said.

The data Young presented at the Third AACR Conference on the Science of Cancer Health Disparities was able to capture socioeconomic status, but only by measuring poverty status from U.S. Census data.

"We have yet to fully capture the variety of variables that encompass [socioeconomic status](#)," said Young.

What is clear, from this study and others, is that the time to treatment in Washington, D.C., for African-American women lags behind what is recommended by professional guidelines and is significantly longer than what is seen for white women.

"The situation is likely similar or worse in other urban areas, which may have higher rates of uninsured," said Young.

Using data from the D.C. Cancer Registry, which captured all cancer cases from 1998 to 2006, the researchers found that African-American women were 2.19-fold more likely to wait more than two months longer than white women from the time of diagnosis to treatment.

African-American women had a mean time to diagnosis of 26.1 days compared with 14.1 days for white women. This disparity appeared to increase over time. If these African-American [women](#) were diagnosed between 2001 and 2003, they were significantly more likely to wait for treatment than if they had been diagnosed between 1998 and 2000. The gap widened even further between 2004 and 2006.

Provided by American Association for Cancer Research

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