

Researchers find no disparities in imaging before breast cancer surgery

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If racial and ethnic disparities in breast cancer exist, they are not due to differences in the use of imaging to assess the extent of tumors before surgery, according to new findings that will be presented by Fox Chase Cancer Center researchers at the 2012 Annual Meeting of the American Society of Clinical Oncology on Monday, June 4.

"It's encouraging that we didn't see any differences between black and white women in the use of imaging before surgery," says lead study author Richard J. Bleicher, M.D., a [breast surgeon](#) at Fox Chase.

There is some evidence to suggest that [Caucasian women](#) live longer with [breast cancer](#) than African-American women do, even when they have the same type of tumor. However, the research is somewhat contradictory, cautions Bleicher. "Most data show different outcomes between black and white women with breast cancer," he says. "But the reasons are controversial."

If any disparity exists, it's important to determine the cause, he says. To investigate whether different women receive different types of care before surgery, Bleicher and his colleagues looked at rates of preoperative imaging, such as MRI, ultrasound, and [mammograms](#). These scans, which would take place before a woman undergoes surgery to remove her tumor, help determine whether she has cancer and its extent within the breast, as well as whether it's spread throughout the body.

For some women, this type of imaging is necessary, says Bleicher—but in other patients, imaging is not appropriate. "We were just looking for patterns of care in women with breast cancer," explains Bleicher. "We wanted to know whether imaging was used more or less in white and black women with breast cancer."

To obtain that information, Bleicher and his co-authors reviewed data collected from nearly 40,000 Medicare subscribers who had developed invasive nonmetastatic breast cancer between 2000 and 2005, mostly women 65 and older. Approximately 6% of women were black; 87% were white.

To ensure no third factor might influence the result, the authors used statistical tools to adjust for any influence of demographics, [tumor](#) characteristics, and socioeconomic status on the results. "We tried to account for these subtle things that are associated with each other," Bleicher says. Once they took those other factors into account, they found that black women were no less likely than white women to receive imaging before surgery.

Interestingly, they did see that women who lived in areas where people are more highly educated were more likely to receive some types of imaging—namely [ultrasound](#), breast MRI, CT scans, and bone scans, but not mammograms. It's possible that women who receive more education are more likely to request additional imaging or be more willing to undergo it, says Bleicher. "It's not clear why education predicts the use of some types of preoperative imaging."

He cautions that these data apply mostly to older women, and may not represent the picture of what happens in women who are younger, and lack health insurance.

These results do not mean the work is done, he adds. "We can't be

complacent that there's not a problem," says Bleicher. "It's still highly possible that survival differences between black and white women with breast cancer can be improved. The next step is to investigate whether women with breast cancer experience any disparities in the types of treatment they receive. We still have more work to do."

Provided by Fox Chase Cancer Center

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