

# Ethnic disparities in breast cancer survival remain despite socioeconomic similarities

October 30 2012

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Disparities in survival after breast cancer persisted across racial/ethnic groups even after researchers adjusted for multiple demographics, such as patients' education and the socioeconomic status of the neighborhood in which they lived, according to data presented at the Fifth AACR Conference on The Science of Cancer Health Disparities, held here Oct. 27-30, 2012.

"We learned that the effects of neighborhood socioeconomic status differed by racial/ethnic group. When simultaneously accounting for race/ethnicity and socioeconomic status, we found persistent differences in survival within and across racial/[ethnic groups](#)," said Salma Shariff-Marco, Ph.D., M.P.H., a researcher at the [Cancer Prevention](#) Institute of California in Fremont.

Shariff-Marco and colleagues studied data from 4,405 patients with [breast cancer](#) who had participated in one of two population-based studies undertaken in the San Francisco Bay Area. Participants included 1,068 non-Latina whites, 1,670 Latinas, 993 African-Americans and 674 Asian-Americans.

All-cause survival was worse for African-Americans and better for Latinas and Asian-Americans compared with non-Latina whites after adjusting for age, study and [tumor characteristics](#). When the researchers additionally adjusted for treatment and reproductive and lifestyle factors, they found that African-Americans had similar survival rates to non-Latina whites, but the survival rates of Latinas and Asian-Americans

remained better.

Researchers also evaluated disparities in survival while considering racial/ethnic and socioeconomic status interactions. Compared with non-Latina whites with high education and high neighborhood socioeconomic status, worse survival was seen for African-Americans with low neighborhood socioeconomic status (regardless of education) and better survival was seen among Latinas with high neighborhood socioeconomic status (regardless of education) and Asian-Americans with high education and high neighborhood [socioeconomic status](#).

The researchers noted that certain groups who were identified as having better or worse survival would benefit from further study to understand their risk profiles and target specific interventions.

"Understanding and addressing potential barriers to better survival are needed for groups with worse survival," Shariff-Marco said. "One program that may be useful is patient navigation to ensure that these women are able to access and navigate the health care system. Sharing these findings with the broader public health community (e.g., health educators, community-based organizations and leaders) will also be helpful."

Provided by American Association for Cancer Research

Citation: Ethnic disparities in breast cancer survival remain despite socioeconomic similarities (2012, October 30) retrieved 5 May 2024 from <https://medicalxpress.com/news/2012-10-ethnic-disparities-breast-cancer-survival.html>

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