

Initiation of breast cancer treatment varies by race; patient-doctor communication is key

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Black women with breast cancer were found to be three times more likely than their white counterparts to delay treatment for more than 90 days—a time delay associated with increased deaths from the disease, according to a new study led by researchers at Georgetown Lombardi Comprehensive Cancer Center.

But many women chose to forgo treatment altogether, and the study, published online in the May issue of *Breast Cancer Research and Treatment*, suggests that low satisfaction regarding communication between black women and their doctors is a significant reason why they opt out.

The study seeks a better understanding of why black women die more often after a [breast cancer](#) diagnosis than [white women](#). Although [systemic therapy](#) has been shown to reduce mortality by up to 50 percent, researchers say black women are less likely to undergo chemotherapy after surgery—a major contributing factor to the disparity in [survival rates](#).

"When black women receive chemotherapy, their [survival outcomes](#) are similar to their white counterparts," says Vanessa B. Sheppard, PhD, an associate professor of oncology at Georgetown Lombardi.

For the study, 359 women with invasive, non-[metastatic breast cancer](#) for whom chemotherapy would be considered curative were enrolled (58 percent black; 42 percent white) from three hospitals in Washington and

one in Detroit. Participants were asked about their experiences with their oncologists and other questions about marital status and religion.

Thirty-nine percent of [study participants](#) chose to receive chemotherapy after surgery, but there was significant variation in when they started treatment.

Women who reported having lower trust in their [oncologists](#) and who were single were more likely to experience a delay in treatment; the average delay was 71.8 days for black women, compared with a delay of 55 days for white women.

In addition, overall, black women who identified themselves as religious and single were three times more likely than white women (27 percent versus 8.3 percent) to delay treatment for more than 90 days.

"Unmarried women might not have the support at home and may need more time to plan for a rigorous treatment schedule," Sheppard explains. "Women of faith might delay treatment as they seek guidance through prayer or from the religious community."

Conversely, the study also showed that white women who reported more communication with their doctor were more likely to forgo treatment.

"Black women may have preferred to rely on providers while whites may have preferred to make decisions with less input from providers," the researchers suggest. They cite other studies that have found that even when black breast cancer patients asked their doctors more questions than whites, they received less information.

Sheppard suggests, "If black women in this study relied more on their physicians in making decisions than whites, when they received their desired level of communication, their decisions may have been positively

impacted."

Sheppard said one reassuring finding was that, of all women who qualified for chemotherapy, those with clinical factors indicating a greater benefit from treatment were more likely to choose to receive therapy.

The researchers say additional studies can help understand communication preferences, but until that point they conclude that doctor-patient communications "offer a good leverage point for interventions to improve chemotherapy patterns in black women and ultimately, to reduce race disparities in breast cancer mortality."

Provided by Georgetown University Medical Center

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