

Factors influencing delay in breast cancer treatment differ for African-American and white women

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Different factors influence delay between diagnosis and first course of treatment for breast cancer for African-American and White women.

The study used data from the Carolina Breast Cancer Study (CBCS) Phase III, a program of UNC Lineberger Comprehensive Cancer Center. Scientists found that among White women, household size and [losing a job](#) due to one's [diagnosis](#) were reasons for delay in treatment, while among African-American women, the type of treatment received influenced delay. Both African-American and White women experienced delay if they underwent immediate [breast reconstruction](#) following [mastectomy](#). African-American women were more likely than White women to experience delay associated with this procedure (92.5 percent versus 60.6 percent).

The study was published in the July 3, 2013 issue of *Cancer Epidemiology, Biomarkers & Prevention*, a journal of the American Association for Cancer Research.

The researchers categorized women into two groups: those who received treatment within 30 days of diagnosis, and those whose treatment was delayed by more than 30 days.

"Our goal was to identify the factors that contribute to treatment delay and to assess whether disparities in delay exist between African-

American and White women," said Sasha McGee, PhD, an epidemiology graduate student at the University of North Carolina Gillings School of Global Public Health at the time of this study.

The study found that African-American women between the ages of 20 and 49 were more than three times as likely as White women in this age range to experience treatment delay.

"The study results suggest that specific populations of women need to be targeted when characterizing and addressing determinants of treatment delay, and that younger African-American women may benefit from interventions to reduce disparities in treatment delay," said McGee.

The study population consisted of 601 women with [breast cancer](#) between the ages of 20 and 74, who were enrolled in the CBCS between 2008 and 2010. The CBCS is an ongoing population-based study that recruits women from 44 counties in North Carolina. "We used information from interviews and questionnaires to collect socioeconomic data for each woman," McGee added. "Larger studies often use area-level information for groups of people [e.g. based on census data] and apply these data to individuals in the study, which may not always be accurate." Clinical and treatment information were obtained by reviewing the medical records for each study participant.

"One of the goals of the CBCS Phase III is to assess five- and ten-year survival for study participants once recruitment ends in 2014. Follow-up interviews for study participants will continue for up to five years after diagnosis, therefore not only will we be able to evaluate the impact of a treatment delay of more than 30 days on survival, but also the impact of barriers to [treatment](#) and healthcare access," said McGee.

Provided by University of North Carolina Health Care

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