African American women receive less breast reconstruction after mastectomy

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Dartmouth researchers have found that African American women are 55 percent less likely to receive breast reconstruction after mastectomy regardless of where they received their care. They report on their findings in "The influence of race/ethnicity and place of service on breast reconstruction for Medicare beneficiaries with mastectomy," recently published in *SpringerPlus*.

"We wanted to understand whether the racial disparity observed in breast reconstruction among women with breast cancer was related to where women received care, independent of race," said Tracy Onega, PhD, Associate Professor of Community & Family Medicine, Norris Cotton Cancer Center, and The Dartmouth Institute for Health Policy and Clinical Practice, The Geisel School of Medicine at Dartmouth. "This study fills an important gap in addressing whether racial disparities in breast reconstruction are due – at least in part - to disproportionate use of hospitals with services available."

Breast reconstruction after mastectomy is associated with better quality of life and other benefits—in fact insurance coverage for reconstruction is legislatively mandated. The study found that African American women were 55 percent less likely to receive breast reconstruction after mastectomy. Lower likelihoods of breast reconstruction for women of all races were observed for those attending hospitals that were: rural (67 percent less likely than urban), non-teaching (25 percent less likely than teaching), not part of cooperative oncology groups (32 percent less likely than coops), and performed fewer breast cancer surgeries (between

24-31 percent less likely than the highest quartile of volume). Although the effect of hospital type on breast reconstruction is significant, African American and Caucasian women did not differ significantly in their use of hospitals with these characteristics.

"The next step is to understand which factors contribute to the disparity," said Onega. "We want to understand whether these factors are economic (although all women studied were insured by Medicare), cultural, behavioral, etc. so that we can begin to develop targeted interventions for all women who would prefer to have reconstruction after mastectomy, to increase their quality of life and well-being."

More information: www.springerplus.com/content/3/1/416%22

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