

Palliative care in breast cancer treatment may be less likely for racial/ethnic minority patients than white patients

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Despite a steady increase in palliative care utilization from 2004 to 2020, non-Hispanic Black, Hispanic, and Asian or Pacific Islander patients with metastatic breast cancer were less likely to receive palliative care than non-Hispanic white patients, according to results presented at the [16th AACR Conference](#) on the Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved, held September 29–October 2, 2023.

Palliative care consists of treatments or procedures intended to relieve pain and other side effects associated with cancer or [cancer therapy](#). According to the National Cancer Institute's [fact sheet](#), rapid integration of [palliative care](#) into a patient's care plan can potentially improve mood, quality of life, and overall survival.

In line with these observations, the National Comprehensive Cancer Network's (NCCN) guidelines for palliative care state that all cancer patients should be screened to determine their palliative care needs, both at intake and throughout treatment. Further, patients, families, and caregivers should be informed that palliative care is an integral part of their treatment.

"It is essential to identify the needs of these patients, particularly racial/ethnic minority populations, and evaluate how oncology programs can integrate palliative care early into the cancer care continuum while ensuring equitable access," said Jincong Freeman, MPH, MS, a doctoral student in the Department of Public Health Sciences at the University of Chicago, who presented the study.

Freeman and colleagues wanted to assess how palliative care use in the U.S. has changed over time for patients with [metastatic breast cancer](#). They also wanted to evaluate differences in utilization between different racial and ethnic groups to better understand potential disparities.

The researchers analyzed data from the National Cancer Database (NCDB), which contains deidentified patient data from over 1,500 cancer treatment centers around the U.S. The records used in this study were collected between 2004 and 2020 and consisted of 148,931 patients with de novo metastatic breast cancer—breast cancer that had already metastasized at the time of diagnosis.

The study showed that palliative care use increased significantly over time, from 14.9% in 2004 to 27.6% in 2020. Increases were observed across all racial and [ethnic groups](#), Freeman said.

However, non-Hispanic Black, Asian or Pacific Islander, and Hispanic patients were 13%, 26%, and 35% less likely to receive palliative care, respectively, than non-Hispanic white patients after adjusting for clinical and sociodemographic factors. There was no significant difference in palliative care use between non-Hispanic white patients and patients who identified as American Indian, Alaska Native, or other.

Freeman emphasized that despite the increase, palliative care use remained suboptimal, as over 70% of patients did not receive palliative care in 2020. While the NCDB did not assess the reasons underlying skipped palliative care opportunities, Freeman speculated that lack of awareness, [cultural beliefs](#), and physician preferences may play a role. More research will be necessary to understand the contributing factors, he said.

In order to further increase uptake across demographic groups, Freeman suggested adherence to NCCN's call to integrate palliative care early into the cancer care continuum for all patients. He also called on physicians and patients to dispel some of the myths and misunderstandings associated with palliative care, such as confusing it with hospice or end-of-life care, or assuming it cannot be combined with active [cancer](#) treatment.

"Our findings underscore the importance of promoting the benefits of palliative care and addressing racial/ethnic disparities to improve the quality of life of metastatic breast [cancer patients](#)," Freeman said.

Limitations of this study include potential underreporting or misclassifications of palliative care in the NCDB, necessitating future prospective studies to confirm the findings. Furthermore, while the researchers adjusted for clinical and sociodemographic factors, they did not have information on other factors, such as patients' symptoms or treatment side effects, that might determine whether palliative care is necessary.

Provided by American Association for Cancer Research

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