

# Study finds breast density discussions with clinicians varies significantly by race/ethnicity and literacy level

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Breast density information aims to increase awareness of breast density and its risks and inform future breast screening decisions. Breast density notifications (BDN) advise women to discuss breast density with their clinicians, but prior research shows less than half of women in the general population have those conversations and little is known about the content of conversations that do occur.

A new study by researchers from Boston University Chobanian & Avedisian School of Medicine among a diverse group of women has found that while most women reported that their clinicians asked questions about [breast](#) cancer risk, discussed mammography results and answered breast [density](#) questions, frequency and content of clinician–patient breast density discussions varied by women's race, ethnicity and [literacy levels](#).

Using a bilingual (English and Spanish) telephone survey including landlines and cell phone numbers, the researchers identified a representative sample of U.S. women aged 40 to 76 years meeting the following eligibility criteria: they had a mammographic screening within the prior two years, had no personal history of breast cancer, and had heard the term "dense breasts" or "breast density." They then assessed these women's reported experiences of conversations with their clinicians about breast density.

The findings are [published](#) in the journal *JAMA Network Open*.

Women's reports of conversations varied significantly by race/ethnicity; compared to non-Hispanic white women, non-Hispanic Black women more often reported being asked questions about breast cancer risk, and Hispanic and Asian women less often reported being asked about their worries or concerns or having their questions about breast density answered completely. Women with low literacy less frequently reported being asked about worries or concerns about breast density, that their

mammogram results were discussed with them, or felt their questions were answered completely or mostly.

According to the researchers, this highlights a mismatch between patients' informational needs and material shared by clinicians. "One possibility is that clinicians limit the information offered to patients when discussing breast density, due to assumptions about the ability of patients with low literacy to understand information about screening or its consequences.

"Perhaps the information given was less comprehensible to women with low literacy, as prior research shows that some clinicians struggle with providing understandable information to such patients. Regardless, our findings suggest that women with low literacy want more or different information to meet their needs," said corresponding author Nancy Kressin, Ph.D., professor of medicine.

"By understanding women's experiences of such conversations, including whether physicians confer relevant information about [breast cancer risk](#), screening options, or address patients' questions and concerns—all necessary components for shared decision making—can help identify strengths and address potential deficits," added Kressin.

**More information:** Sociodemographic Variations in Women's Reports of Discussions With Clinicians About Breast Density, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.44850](https://doi.org/10.1001/jamanetworkopen.2023.44850)

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