

New research explores policies on timely breast cancer diagnosis for underserved women

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A new study from University of Illinois at Chicago researchers suggests delays in diagnosis and use of under-resourced health centers account for most racial and ethnic disparities when it comes to a timely breast cancer diagnosis.

Featured in the January issue of *Cancer Epidemiology, Biomarkers & Prevention*, the study analyzed data from more than 900 diverse patients to learn about the barriers they encountered to receiving a timely mammography screening and follow-up treatment. The data was obtained from the Breast Cancer Care in Chicago study, where 411 black, 397 white and 181 Hispanic women diagnosed with [breast](#) cancer were interviewed and their medical records reviewed.

The data used in this study was collected between 2005 and 2008.

Richard Warnecke and his colleagues found that when compared with white patients, black and Hispanic patients were more likely to be diagnosed at disproportionate share facilities (37 percent and

47 percent vs. 11 percent, respectively); to be referred to more than one facility (36 percent and 47 percent vs. 26 percent); and to experience a diagnostic delay in excess of 60 days (27 percent and 32 percent vs. 12 percent). Black and Hispanic patients were less likely to be diagnosed at a facility designated as a Breast Imaging Center of Excellence, or BICOE, (46 percent and 49 percent vs. 81 percent) and less likely to have their breast cancer initially detected through screening (47 percent and 42 percent vs. 59 percent).

"Low-income and racial and ethnic minority patients, largely residing in medically underserved communities on the south and west sides of the city, often received their care in under-resourced hospitals and public health clinics," said Richard Warnecke, professor emeritus of epidemiology, public administration and sociology. "On the other hand, residents of the more racially, ethnically, and socioeconomically diverse north and east sides were more likely to receive their care at academic and high volume [health centers](#)."

"Time is of the essence, particularly for young women of color who are at greater risk for aggressive breast [cancer](#) when compared with white women. A patient's delay in diagnosis and treatment often results when the referral hospitals are not properly equipped to assist them and they may have to be referred several times before diagnostic resolution," said Warnecke, who is also a researcher at the UIC Institute for Health Research and Policy and the University of Illinois Cancer Center.

At the time of the research, Chicago had 11 full-service or academic facilities that were designated a BICOE, but many patients received mammograms and diagnostic follow-up at unaccredited facilities, Warnecke said.

Undergoing a mammogram at an accredited health care facility predicted a timely [breast cancer](#) diagnosis, but such access was usually dependent on a referral by the patient's primary care provider.

Not only were minority women often forced to travel outside of their neighborhoods when recommended for diagnostic follow up and treatment, but their choice of health care centers may have been limited by insurance, a primary factor of access to care, Warnecke said.

"Understanding the referral process and referral decisions made by primary care physicians could improve access to [care](#) among underserved women," Warnecke said. "The findings of this study strongly support exploring policies and incentives to increase referrals to Breast Cancer Center of Excellence facilities in Chicago and to assist facilities in obtaining BICOE designation."

More information: Richard B. Warnecke et al. A Multilevel Examination of Health Disparity: The Roles of Policy, Neighborhood Context, Patient Resources and Healthcare Facilities in Stage at Diagnosis, *Cancer Epidemiology Biomarkers & Prevention* (2018). [DOI: 10.1158/1055-9965.EPI-17-0945](#)

Provided by University of Illinois at Chicago

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