
HEALTH DISPARITIES ACROSS THE BREAST CANCER CONTINUUM

KATHERINE E. REEDER-HAYES, STEPHANIE B. WHEELER, AND DEBORAH K. MAYER

OBJECTIVES: *To provide a brief overview of disparities across the spectrum of breast cancer incidence, treatment, and long-term care during the survivorship period.*

DATA SOURCES: *Review of the literature including research reports, review articles, and clinically based articles available through PubMed and CINAHL.*

CONCLUSION: *Minority women generally experience worse breast cancer outcomes despite a lower incidence of breast cancer than whites. A variety of factors contribute to this disparity, including advanced stage at diagnosis, higher rates of aggressive breast cancer subtypes, and lower receipt of appropriate therapies including surgery, chemotherapy, and radiation. Disparities in breast cancer care also extend into the survivorship trajectory, including lower rates of endocrine therapy use among some minority groups, as well as differences in follow-up and survivorship care.*

IMPLICATIONS FOR NURSING PRACTICE: *Breast cancer research should include improved minority representation and analyses by race, ethnicity, and socioeconomic status. While we cannot yet change the biology of this disease, we can encourage adherence to screening and treatment and help address the many physical, psychological, spiritual, and social issues minority women face in a culturally sensitive manner.*

KEY WORDS: *Breast cancer, disparities, quality of life, symptoms*

Katherine E. Reeder-Hayes, MD MBA: *Clinical Assistant Professor, Division of Hematology/Oncology, The University of North Carolina at Chapel Hill (UNC-CH); Member, Lineberger Comprehensive Cancer Center, Chapel Hill, NC.* Stephanie B. Wheeler, PhD, MPH: *Assistant Professor, Department of Health Policy, Gillings School of Global Public Health, The University of North Carolina at Chapel Hill; Member, Lineberger Comprehensive Cancer Center, Cecil G. Sheps Center for Health Services Research, Chapel Hill NC.* Deborah K. Mayer, PhD, RN, AOCN®, FAAN: *Professor, School of*

Nursing, The University of North Carolina at Chapel Hill, Director of Cancer Survivorship Lineberger Comprehensive Cancer Center, Chapel Hill, NC.

Address correspondence to Katherine E. Reeder-Hayes, MD, MBA, Clinical Instructor, Division of Hematology/Oncology, The University of North Carolina at Chapel Hill (UNC-CH), 170 Manning Drive, Campus Box 7305, Chapel Hill, NC 27599. e-mail: kreeder@med.unc.edu

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0749-2081/3102-836.00/0.

<http://dx.doi.org/10.1016/j.soncn.2015.02.005>

The burden of breast cancer is not shared equally among all women in the United States. Non-Hispanic white women have a 5-year survival rate of 88.6% while African American women have a 78.9% rate, the lowest of all minority groups. Other variations in 5-year survival rates include Hispanic/Latina women (87%), Asian women (91.4%), and American Indian/Alaska Native American women (85.4%).¹

Most of the research that has been conducted on minority breast cancer survivors focuses on the differences between non-Hispanic white women and African American women. Even though African American women now receive screening mammography at least as often as white women, there remains a persistent problem of health disparities in breast cancer care and outcomes.²⁻⁷ Mortality rates remain higher among African American women, despite the fact that breast cancer incidence is higher in white women.¹ Such data suggest that racial differences in biology, receipt of appropriate and timely treatment and follow-up care, and other non-cancer-related conditions may account for differences in all-cause and breast cancer-specific mortality.^{3,4,8-10} This article will explore why these variations may exist across the breast cancer care continuum (Table 1).

EPIDEMIOLOGY

Decades of accumulated evidence supports the arguments that differences exist in tumor behavior and morphology,²⁻⁵ pharmacogenetic

responses to therapy,¹¹ socioeconomic status, access to early screening and treatment,⁷⁻¹⁰ and differences in patient-level behavioral factors.^{1,11-14} All may contribute to differences in breast cancer outcomes by race (Fig. 1).¹⁵

Epidemiology of Breast Cancer by Race and Age

African American women have a 40% higher likelihood of death caused by breast cancer than white women, suggesting that racial disparities may play an important role in health outcomes.¹ Age and breast cancer are closely and meaningfully correlated with the median age at breast cancer diagnosis at 62 years.^{16,17} Younger women (<age 50) often have more aggressive tumors and lower survival rates, whereas older women typically have slower growing tumors with a better prognosis.^{16,17} African American women are more often diagnosed at a younger age, when the disease tends to have a worse prognosis. For African American women under the age of 35, the incidence of invasive breast cancer is twice that of white women, and breast cancer mortality in this group is three times that of age-matched white women. A crossover occurs around the time of menopause, with incidence rates among older white women surpassing rates of older African American women.^{16,18,19} Notably, mortality rates remain higher in African American women regardless of age.

Younger women and African American women also have a greater burden of triple-negative breast cancers (i.e., estrogen receptor, progesterone receptor, and human epidermal growth factor receptor 2 [HER2/neu] protein expression-negative), which confers a poorer prognosis.¹⁹⁻²¹

TABLE 1.
Sources of Racial/Ethnic Disparities Across the Breast Cancer Care Continuum

Etiology/Risk Factors for Breast Cancer	Breast Cancer Detection and Identification of Tumor-Specific Factors	Treatment	Survivorship
Age	Screening practices	Surgery	Management of symptoms post-treatment
Family history	Timeliness of follow-up of abnormal screening results	Radiation therapy	Prevention of second cancers
Parity	Tumor-specific factors (e.g., estrogen receptor status)	Chemotherapy	Surveillance
Hormone exposure		Endocrine therapy	Receipt of preventive services
Genetic variation (e.g., BRCA1/2 mutations)		Side effect management	Management of non-cancer conditions
Adiposity, diet, exercise		Palliative treatment and supportive care	Quality of life Financial toxicity

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