

Racial disparities still seen in use of breast cancer treatments

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Photo courtesy: Bill Branson, U.S. National Cancer Institute

Black women less likely than whites to undergo less invasive procedures for staging the disease, study finds.

(HealthDay)—Black women with breast cancer are less likely than their white peers to benefit from improved surgical techniques used to treat their disease, according to a new study.

After examining five years of data, researchers in Houston found black women were 12 percent less likely than white women to undergo less invasive procedures for staging [breast cancer](#), such as sentinel lymph node biopsy. They advised that these improved techniques should be more widely used.

In a sentinel lymph node biopsy, the first lymph node (gland) to which cancer cells are most likely to spread is identified, surgically removed and checked to see if cancer cells are present.

The study findings were scheduled for presentation Wednesday at the San Antonio Breast Cancer Symposium.

"These findings are an example of the need for continued improvements in disseminating national practice guidelines for breast cancer to surgeons and other breast cancer providers in all of our communities," Dr. Dallah Mashon Black, an assistant professor of surgery in the department of

surgical oncology at the University of Texas M.D. Anderson Cancer Center in Houston, said in a news release from the American Association for Cancer Research.

"When we think of disparities, it doesn't only mean that patients might be undertreated, but they could be overtreated with unnecessary and more radical procedures," Black added.

In conducting the study, the researchers examined Medicare data from 2002 to 2007 on more than 31,000 women aged 66 or older. Of these women, nearly 1,800 were black, just under 28,000 were white and about 1,650 were of another or unknown race.

The investigators found that 62 percent of black women underwent sentinel lymph node biopsy. Meanwhile, 74 percent of white women had this less invasive procedure. Although the use of this type of biopsy increased every year for all of the women, disparities continued to exist in 2007.

"From 2002, when surgeons were still incorporating [sentinel lymph node] biopsy into practice, until 2007, black women were less likely to have undergone [sentinel lymph node] biopsy than were [white women](#)," Black noted. "The fact that this disparity continued over time shows that new and improved surgical therapies may not be effectively implemented in some patient populations."

Black women were much less likely to receive sentinel lymph node biopsy despite the size of their tumor, their sociodemographics and the type of surgery they had, the results showed.

The study authors pointed out that the more invasive biopsy, known as an axillary lymph node dissection, is effective but associated with more short-term and long-term complications. And [black women](#) who underwent this more invasive procedure had twice the risk for lymphedema—a

painful, arm-swelling condition—than other women treated with sentinel lymph [node biopsy](#), they noted.

The researchers said they plan to update their findings with information from the 2010 Surveillance, Epidemiology and End Results-Medicare database to determine if improvements have been made since 2007.

The data and conclusions of research presented at medical meetings should be viewed as preliminary until published in a peer-reviewed journal.

More information: The U.S. National Library of Medicine has more about [health disparities](#).

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