



RACIAL/ETHNIC DISPARITY IN FOLLOW-UP CARE AMONG WORK-AGE FEMALE BREAST CANCER SURVIVORS IN LOUISIANA: PRELIMINARY RESULTS

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Background

- Breast cancer is the most common type of cancer and the second leading cause of cancer death among women in the United.
- It is estimated that more than 3.8 million women living in the US had a history of invasive breast cancer in 2019, 75% of whom were originally diagnosed with stage I through III cancer.
- Follow-up care including surveillance screening, treatment, health promotion, and management of complications faced by these women become more important.
- Despite the lower incidence rate, mortality is much higher in Black women, compared to non-Hispanic white, American Indian/Alaska Native, Hispanic and Asian/Pacific Islander counterparts.
- Louisiana has the 3rd highest breast cancer death rate in the US, yet black women in Louisiana continue to have the highest breast cancer mortality rates.
- Non-white women were less likely to receive a timely surveillance mammogram compared to white women in most studies and adherence to and persistence of adjuvant hormonal therapy is suboptimal among female breast cancer survivors with evidence of poorer adherence among racial/ethnic minorities.
- Many of the limited number of studies only involved elder women (aged 65 and older), whereas approximately 36% of breast cancer survivors are younger than 65 years old. It is noteworthy that work-age women might be more likely to suffer from the impact of long-term cancer survivorship, but less likely to receive timely and proper care.
- This study aimed to assess the utilization of follow-up care among work-age female breast cancer survivors in Louisiana and investigate racial/ethnic disparities in relevant care.

Methods

- A retrospective cohort study was conducted using electronic medical records (EMRs) obtained from REACHnet (Research Action for Health Network) partners and data from the Louisiana Tumor Registry (LTR).
- Work-age (18-64 years old) women with first primary stage I-III breast cancer from 2013-2018 were included.
- Data linkage between these two datasets was performed using a Global Patient Identification (GPID), provided by REACHnet. The linked data file had detailed longitudinal clinical pathways (monitoring, treatments, screening) derived from the electronic health records and cancer-specific information (e.g., stage and mortality) adjudicated by the LTR.
- Data were processed and analyzed using SAS® 9.4.
- Preliminary results on the differences in characteristics of the study population and use pattern of first course treatments (chemotherapy, hormone therapy and immunotherapy) between racial/ethnic groups were reported.

Results

- 1,889 work-age women (non-Hispanic white or black) with primary breast cancer (stage I-III) were identified and included in the analyses.
- The mean age was 51.9 years (s.d.=8.8), and about half of the patients were at stage I. 999 women were non-Hispanic white, and 890 were non-Hispanic black. White women were about 1.4 years older than black women (p=0.0008).
- 1,463 (78.5%) patients received systemic treatment after surgery; and 249 (13.2%) patients did not receive systemic treatment.
- Significant difference (p<0.0001) in insurance coverage was shown between the two racial groups, where more white women were covered by private insurance, compared to more black women were on Medicaid.
- More black women were at stage II and III (57.9%) and the difference in staging was statistically significant (p<0.0001).
- Despite of a small percentage in total (3.6%), significantly more black women did not receive resection compared with their white counterparts (6.1% vs. 1.4%, p<0.0001).
- Black women were more likely to receive chemotherapy (68.4% vs. 56.7%, p<0.0001); and less likely to receive hormone therapy (44.4% vs. 61.0%, p<0.0001). The trend still held after controlling for stage.
- No racial difference was found in immunotherapy.

Insurance Coverage by Race/Ethnicity

Insurance Coverage	Non-Hispanic White	Non-Hispanic Black	Total
	Count (Percentage)	Count (Percentage)	Count (Percentage)
Private	569 (57.0%)	317 (35.6%)	886 (46.9%)
Medicaid	199 (19.9%)	300 (33.7%)	499 (26.4%)
Medicare	81 (8.1%)	97 (10.9%)	178 (9.4%)
Not Specified	71 (7.1%)	88 (9.9%)	159 (8.4%)
VA/Military	14 (1.4%)	11 (1.2%)	25 (1.3%)
Uninsured	65 (6.5%)	77 (8.7%)	142 (7.5%)

Stage by Race

Stage	Non-Hispanic White	Non-Hispanic Black	Total
	Count (Percentage)	Count (Percentage)	Count (Percentage)
Stage I	524 (52.5%)	375 (42.1%)	899 (47.6%)
Stage II	343 (34.3%)	362 (40.7%)	705 (37.3%)
Stage III	132 (13.2%)	153 (17.2%)	285 (15.1%)

Conclusions and Discussion

- Racial/ethnic disparities in diagnosis and first-course treatments were observed among work-age women with early-stage breast cancer in Louisiana.
- Frequency of follow-up screening will be studied and compared between racial groups.
- Differences in use pattern and adherence to adjuvant systemic therapy will be investigated.

Acknowledgment

- This project was funded by the Louisiana Cancer Research Center Pilot Project Program.
- Thanks to Eric P. Johnson, Beth Nauman, and Meagan Alley from Louisiana Public Health Institute, and our site investigators, Dr. Marcia Henry from Ochsner and Dr. Fuloria from University Medical Center.

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