Surgical Treatment Differences Among Latina and African American Breast Cancer Survivors

Maureen Campesino, PhD, RN, Mary Koithan, PhD, RN, Ester Ruiz, PhD, RN, Johanna Uuriri Glover, PhD, RN, Gloria Juarez, PhD, RN, Myunghan Choi, PhD, RN, Maureen Campesino, PhD, RN, Mary Koithan, PhD, RN, Ester Ruiz, PhD, RN, Johanna Uuriri Glover, PhD, RN, Gloria Juarez, PhD, RN, Myunghan Choi, PhD, RN, Maureen Campesino, PhD, RN, Mary Koithan, PhD, RN, Ester Ruiz, PhD, RN, Johanna Uuriri Glover, PhD, RN, Gloria Juarez, PhD, RN, Myunghan Choi, PhD, RN, Maureen Campesino, PhD, RN, Mary Koithan, PhD, RN, Ester Ruiz, PhD, RN, Johanna Uuriri Glover, PhD, RN, Gloria Juarez, PhD, RN, Myunghan Choi, PhD, RN, and Robert S. Krouse, MD

Clinical guidelines for early-stage breast cancer treatment are well established (National Comprehensive Cancer Network [NCCN], 2011). Breast-conserving surgery (BCS) (lumpectomy) alone or combined with radiation is regarded as the treatment of choice for early-stage breast cancer, provided that resected margins are free of tumor cells. That guideline is based on evidence from longitudinal studies and meta-analyses of randomized clinical trials that have demonstrated no differences in long-term survival rates for early-stage breast cancer treated with total mastectomy versus lumpectomy with or without radiation (Fisher et al., 2002; van Dongen et al., 2000; Yang et al., 2008).

Excessive use of mastectomy has been identified as a concern (Lazovich, White, Thomas, & Moe, 1991). Given the substantial evidence for equivalent survival outcomes in BCS compared to mastectomy in early-stage breast cancer, BCS now is seen as a quality indicator in some institutions (Morrow et al., 2009). However, mastectomy rates in early-stage breast cancer remain a concern. Mastectomy procedures may be recommended by physicians or preferred by patients with early-stage breast cancer because of fear of local recurrence. Although some evidence indicates that long-term recurrence rates are slightly higher with lumpectomy, those findings are not consistent across studies (Fisher et al., 2002; Poggi et al., 2003; van Dongen et al., 2000; Yang et al., 2008). Large-scale trials for BCS and radiotherapy have shown a 7% risk of recurrence in a five-year period (Clarke et al., 2005).

Other studies have identified disparities in breast cancer treatment related to socioeconomic status (SES) and demographic differences in racial and ethnic groups and those with fewer social resources. For example, breast reconstruction after a mastectomy was less frequently brought up in discussion by physicians...