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African-American women twice as likely to choose autologous breast reconstruction, study shows

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African American women undergoing mastectomy for breast cancer are more likely than white women to undergo autologous breast reconstruction using their own tissue, rather than implant-based reconstruction, reports a study in the August issue of *Plastic and Reconstructive Surgery*®, the official medical journal of the American Society of Plastic Surgeons (ASPS).

"African-American race remains the most clinically significant predictor of choice of autologous-based breast reconstruction, even after accounting for other important characteristics," according to the study by ASPS Member Surgeon Terence Myckatyn, MD, Ketan Sharma, MD, MPH, and colleagues of Washington University School of Medicine, St. Louis. While further studies are needed, the researchers suggest that the difference might reflect patient preferences.

African-American Race Linked to Twofold Increase in Autologous Breast Reconstruction

The researchers analyzed data on more than 2,500 women undergoing either autologous or implant-based breast reconstruction after mastectomy. Fourteen percent of the women were African American while 82 percent were Caucasian.

Overall, 18 percent of women underwent autologous breast reconstruction. In this type of procedure, the breast is reconstructed using a tissue flap, typically from the abdomen. In most of the remaining women, breast reconstruction was done using implants.

African American women had a higher rate of autologous breast reconstruction: 23 percent, compared to 17 percent of white women. The two groups differed in some key characteristics: African-American women were more likely to have Medicaid insurance coverage and to live in a low-income area, and had higher rates of smoking, obesity, and diabetes.

On analysis adjusting for all of these differences, African American race was still significantly associated with autologous reconstruction. African American women were about twice as likely to choose autologous reconstruction, independent of other factors.

Racial disparities have been found in many areas of healthcare, including plastic and reconstructive surgery. "Since the breast represents a symbol of femininity, breast reconstruction is critical to mitigating the psychosocial stigma of a breast cancer diagnosis," Drs. Myckatyn, Sharma, and coauthors write. The study is one of the first to look at whether women of different races have equitable access to breast reconstruction.

Based on controlled analysis in a large sample, the results strongly suggest that African American race predicts a higher rate of autologous breast reconstruction. While the study can't determine the reasons for this racial difference, other evidence suggests that access to care is not the sole cause.

Based on his experience at a large referral center, Dr. Myckatyn believes that "patient-based factors" are the main contributor to the difference. It may be that African American women prefer to undergo reconstruction using their own tissue rather than "foreign" implants. They may also prefer autologous reconstruction, usually performed immediately after mastectomy, over two-stage reconstruction using implants.

Dr. Myckatyn emphasizes the need for further research to confirm the higher rate of autologous breast reconstruction in African American women, and to evaluate potential reasons for the discrepancy. He adds: "If the difference is related to system-based rather than patient-based factors, interventions may be needed to alleviate racial disparities in breast reconstruction."

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