STUDY HIGHLIGHTS NEED FOR TARGETED INTERVENTIONS TO HELP REDUCE DISPARITIES IN BREAST CANCER TREATMENT FOR AFRICAN-AMERICAN WOMEN

SUMMARY
A study by HealthCore\textsuperscript{1}, the health outcomes research subsidiary of WellPoint, Inc.\textsuperscript{2}, found disparities in the treatment of newly diagnosed breast cancer between African-American and Caucasian women with health insurance. These findings highlight the importance of developing targeted, culturally-sensitive interventions.

TARGETED INTERVENTIONS TO HELP REDUCE DISPARITIES IN BREAST CANCER TREATMENT FOR AFRICAN-AMERICAN WOMEN ARE NEEDED

According to the Centers for Disease Control and Prevention (CDC), breast cancer is the second most common cancer in women, after non-melanoma skin cancer. Breast cancer is the number one cause of cancer death in Hispanic women and the second leading cause of cancer death in Caucasian, African-American, Asian/Pacific Islander, and American Indian/Alaska Native women. In 2004, the most recent year for which numbers are available, 186,772 women were diagnosed with breast cancer and 40,954 women died from the disease.\textsuperscript{3}

Previous research has shown a relationship between the African-American race and increased breast cancer mortality in the general population.\textsuperscript{4} A study by HealthCore, the health outcomes research subsidiary of WellPoint, Inc., explored what potential disparities exist in newly diagnosed breast cancer patients, comparing African-American and Caucasian women with health insurance.

HealthCore researchers analyzed medical data from over 3,000 breast cancer patients insured by WellPoint’s affiliated health plan in Georgia. They found, compared to Caucasian women, the African-American women:

- Were diagnosed at a younger age on average (49.4 vs. 52.4 years) and at a later stage of the disease;
- Had a lower prevalence of hormone positive disease (56 percent vs. 75 percent);
- Had lower rates of hormone therapy even when it was an indicated treatment; and
- Had a higher prevalence of hypertension (46.5 percent vs. 21.6 percent).

These factors are consistent with those the current medical literature links to worse outcomes for African-American vs. Caucasian women with newly diagnosed breast cancer in the general population.\textsuperscript{5} The study’s findings highlight the importance of developing targeted, culturally-sensitive interventions to help increase earlier detection of breast cancer in African-Americans, increase the percentage of patients that receive hormonal therapy when it is indicated, and improve management of co-morbid conditions such as hypertension.
HealthCore chose to evaluate disparities in care among the insured population to help health plans and physicians identify opportunities and strategies to improve outcomes for women with breast cancer. “Our data indicates that while significant disparities in care still exist between African-American and Caucasian women, potential opportunities exist to reduce these differences in the fully insured population,” said Louise Short, M.D, MSc, lead investigator for the study and Director of HealthCore’s Integrated Research Network.

“WellPoint affiliated health plans are developing approaches to assist physicians in treatment documentation while working to raise awareness of earlier detection of breast cancer and treatment options for the disease among African-American women in Georgia,” said Sandra White, M.D., medical director for WellPoint, Inc.

“In an effort to improve overall quality of cancer care, it’s critical to examine disparities in treatment facing different populations,” said Otis Brawley, M.D., Chief Medical Officer for the American Cancer Society (ACS) and a co-author on the study. “This study is among the first to examine the care received by a fully-insured population, and our data shows that while health insurance is an important predictor of the quality of care an individual receives, it’s not the only factor. African-American women with insurance often do not receive the same level of care as their Caucasian counterparts, and we must work to improve care and outcomes among this population.”

ABOUT THE STUDY

“Evaluation of treatment patterns and disparities in commercially insured patients newly-diagnosed with breast cancer” was presented at the annual meeting of the American Society of Clinical Oncology (ASCO) in June 2008. [Abstract No: 6593] The study, done by HealthCore analyzed administrative claims data and patient medical charts for more than 3,000 WellPoint affiliated health plan members in Georgia treated for breast cancer between January 2000 and August 2005. The study highlights the need for targeted interventions to help reduce disparities in breast cancer treatment for African-American women.

1 HealthCore, a subsidiary of WellPoint, is a health outcomes and clinical research organization that has served the needs of health plans, government agencies, physician practices and pharmaceutical manufacturers since 1996. HealthCore focuses on providing evidence of the real-world safety and effectiveness of therapeutics; offering insight to best utilize this evidence; and communicating these findings to health care decision-makers. The company’s work is increasingly used to support evidence-based medicine, process improvement and patient-reported outcomes.

2 WellPoint, Inc. is the largest health benefits company in terms of medical membership in the United States. WellPoint is an independent licensee of the Blue Cross and Blue Shield Association and serves its members as the Blue Cross licensee for California; the Blue Cross and Blue Shield licensee for Colorado, Connecticut, Georgia, Indiana, Kentucky, Maine, Missouri (excluding 30 counties in the Kansas City area), Nevada, New Hampshire, New York (as Empire Blue Cross Blue Shield in 10 New York City metropolitan and surrounding counties and as Empire Blue Cross or Empire Blue Cross Blue Shield in selected upstate counties only), Ohio, Virginia (excluding the city of Fairfax, the town of Vienna and the area east of State Route 123.); Wisconsin; and through UniCare. Additional information about WellPoint is available at www.wellpoint.com.

