

# 'Structural racism' cited in study of breast-biopsy delays

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Black and Asian women are more likely than white women to experience significant delays in getting breast biopsies after a mammogram identifies an abnormality. Moreover, those delays appear to be

influenced by screening site-specific factors that may stem from structural racism, according to research published today in *JAMA Oncology*.

"Even after adjusting for multiple factors thought to contribute to delayed diagnosis, we still see persistent disparities among [minority women](#), particularly Black women. To me, this suggests that other underlying factors are contributing to these differences in time to biopsy," said Dr. Marissa Lawson, the study's lead author. She is an acting instructor of radiology at the University of Washington School of Medicine.

The study reviewed the cases of 45,186 women whose [screening mammograms](#) had shown a tissue abnormality that called for a biopsy to ascertain whether it was cancerous. Across the study population, 34.6% of women were not biopsied within 30 days, 16% were not biopsied at 60 days, and 12% were not biopsied within 90 days.

The delays are concerning because previous studies have indicated that the benefit of screening diminishes with time, and these lags are associated with later-stage disease at time of diagnosis.

Using the time-to-biopsy of white patients as the benchmark, the researchers found that:

- At 30 days out, Asian women had a 66% higher risk of not undergoing a biopsy, Black women, 52% higher, and Hispanic women, 50% higher.
- At 90 days out, Black women had a 28% higher risk of not undergoing a biopsy. Among Asian women and Hispanic women, the risk was 21% higher and 12 % higher, respectively.

With that unadjusted model, the researchers then examined whether

specific factors of individual patients, their neighborhoods and their screening facilities influenced the time to biopsy among [women](#) of different races and ethnicities.

"Controlling for individual- and neighborhood-level factors, we saw that risk was not very different from the unadjusted model," Lawson explained. "But when we controlled for the screening facility attended, delays in time to biopsy were reduced."

Digging deeper, the investigators examined the influence of predesignated site-level factors—academic affiliation, screening-exam modality and the availability of onsite biopsy—and were surprised to find that none of those factors explained the overt difference.

"The findings indicate that there are some differences among the screening facilities associated with the time to biopsy. We just don't know what the specific differences are," Lawson said.

The authors wrote, "Structural racism, within and beyond healthcare, may contribute to these differences."

The [screening](#) sites are all associated with the Breast Cancer Surveillance Consortium, a U.S. network of breast imaging registries that is representative of the country's population in terms of age, race and ethnicity.

"Our findings highlight an opportunity for radiology departments to consider where they can commit resources to improve wait times for [biopsy](#). This could include implementing changes in that diagnostic pathway such as using navigators to help guide patients through the process of scheduling exams and procedures," said Dr. Christoph Lee, a UW professor of radiology and the paper's senior author.

**More information:** Multilevel Factors Associated with Time to Biopsy after Abnormal Screening Mammography Results by Race and Ethnicity, *JAMA Oncology* (2022). [DOI: 10.1001/jamaoncol.2022.1990](https://doi.org/10.1001/jamaoncol.2022.1990)

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