

Breast Cancer Treatment and Survival: Experiences of African American Women



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SUSAN G. KOMEN NEO

Save lives by meeting the most critical needs in our communities and investing in breakthrough research to prevent and cure breast cancer

CRSI

A program that worked to enhance community research and evaluation capacity through training of selected employees from Greater Cleveland community non-profit organizations

Study Overview



Roughly a quarter of a million American women are diagnosed with breast cancer each year, and over 40,000 die of the disease. The probability of surviving breast cancer at any stage is substantially improved for women who are white and of higher socioeconomic status. The causes behind differences in breast cancer mortality are complex, but relate in part to the ability of patients to initiate and adhere to treatment once they are diagnosed. Numerous individual and systemic barriers may conspire to compound the challenges of breast cancer treatment to the point that many vulnerable women will receive suboptimal care. Much research to date has documented the magnitude of breast cancer disparities as well as a set of fairly consistent independent risk factors. The work here seeks a more solutions-oriented approach by identifying multidimensional sociodemographic “phenotypes” of breast cancer patients at greatest risk for poor outcomes and then learning about the specific challenges that face women in these groups through gathering the stories of patients and the front line professionals who care for them.

Study Aims and Goals

To identify barriers to and facilitators of timely breast cancer treatment in a Cleveland community with high rates of treatment delay.

Aim 1 – To identify sociodemographic “phenotypes” of women at highest risk for delayed breast cancer treatment and poor stage-specific survival.

Aim 2 – To understand the barriers which contribute to poor treatment and higher mortality in vulnerable subpopulations of breast cancer patients, specifically African American women in the Cleveland area.

IMPLICATIONS TO COMMUNITY

Developing a database that located “hotspots” of poor breast cancer outcomes allowed us to better hone in on the “where” but did not give us the “why.” Through this pilot work, we were able to conduct qualitative interviews that drilled down into why minority women, specifically African Americans, were unable to seek or receive timely treatment. By partnering with Susan G. Komen Northeast Ohio, we will be able to bring this model to other “hotspots” across the country.

