Latinas Experience Life-Threatening Time Delay between Abnormal Mammogram Results and Confirmation of Breast Cancer

SAN ANTONIO (March 7, 2013) — Latinas who have an abnormal mammogram result take 33 days longer to reach definitive diagnosis of breast cancer than non-Hispanic white women, according to a new study by the Institute for Health Promotion Research (IHPR) at the University of Texas Health Science Center at San Antonio.

Such a time delay can have a critical impact on tumor size, stage at diagnosis, treatment, prognosis, and survival of subsequent breast cancer.

For this study, published in SpringerPlus, IHPR researchers worked with partners in the federally funded Redes En Acción: The National Latino Cancer Network to evaluate the differences in time to diagnosis of breast cancer among 186 Latinas and 74 non-Hispanic whites who received an abnormal mammogram result in six U.S. cities.

Analysis showed that Latinas’ median time to definitive diagnosis of breast cancer was 60 days, compared to just 27 days for non-Hispanic white women.

“This long delay puts Latinas at greater risk of being diagnosed with larger tumors and more advanced-stage breast cancer, which can affect prognosis,” said Amelie G. Ramirez, Dr.P.H., the study’s corresponding author, director of the IHPR, and Professor of Epidemiology and Biostatistics in the School of Medicine at the UT Health Science Center at San Antonio.

Given this delay and that cancer now is the leading cause of Latino death, this study also signals a greater need for ethnically and culturally appropriate interventions to facilitate Latinas’ successful entry into, and progression through, the cancer care system, Dr. Ramirez said.

Dr. Ramirez’ team recently found that extra support for patients, called “patient navigation,” can lead to faster diagnosis for Latinas after an abnormal mammogram result.

In that study, published in Cancer, women who received help from trained patient navigators had significantly shorter time delays between an abnormal mammogram and definitive diagnosis—whether positive or negative for breast cancer—than those who did not receive navigation. Services provided by navigators included culturally-sensitive support and help overcoming barriers related to transportation, child care, insurance, language and more.

“We’ve found that Latinas experience delays to diagnosis, and that patient navigation can speed up the time to cancer diagnosis for Latinas,” Dr. Ramirez said. “We’re now testing if patient navigation also can speed the lag time Latinas have from receiving that diagnosis to starting their treatment.”
Others from IHPR involved in the study were Kipling J. Gallion, M.A., deputy director; Alan E. C. Holden, Ph.D., associate research professor; Edgar Munoz, M.S., statistician; Sandra San Miguel, M.S., research instructor; and Dorothy Long Parma, M.D., M.P.H., research instructor.

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The University of Texas Health Science Center at San Antonio, one of the country’s leading health sciences universities, ranks in the top 3 percent of all institutions worldwide receiving federal funding. Research and other sponsored program activity totaled $231 million in fiscal year 2011. The university’s schools of medicine, nursing, dentistry, health professions and graduate biomedical sciences have produced approximately 28,000 graduates. The $736 million operating budget supports eight campuses in San Antonio, Laredo, Harlingen and Edinburg. For more information on the many ways “We make lives better®,” visit www.uthscsa.edu.

The Institute for Health Promotion Research (IHPR) at The UT Health Science Center at San Antonio investigates the causes and solutions to the unequal impact of cancer and chronic disease among certain populations, including Latinos, in South Texas and the nation. The IHPR, founded in 2006, uses evidence-guided research, training and community outreach to improve the health of those at a disadvantage due to race/ethnicity or social determinants. Visit the IHPR online at http://ihpr.uthscsa.edu or follow its blog at http://www.saludtoday.com/blog.