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A study of ethnicity and breast cancer in an urban general hospital

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Background and Aims: Whilst studies in the USA have shown African–American women have a worse disease outcome, little is known about ethnicity and breast cancer in the UK. The aim of this study was to investigate ethnic differences in breast cancer presentation and tumour pathology.

Methods: This is a retrospective study of women with primary invasive breast cancer undergoing surgery between January 2004 and November 2007, presenting to an inner-city hospital with a large ethnic minority population. Exclusion criteria included neoadjuvant chemotherapy & those who did not undergo axillary surgery. Data collected included ethnic origin, age, mode of detection, type of surgery, tumour size. grade, nodal status & oestrogen receptor (ER) expression.

Results: A total of 612 women were identified – 470 (76.8%) were white, 85 (13.9%) were south asian (Indian/Pakistani/Bangladeshi), and 47 (7.7%) were black (black carribean & black african). 10 patients (1.6%) were categorised as other ethnic grouping and were excluded from further analysis.

	White	Asian	Black	p
n	470	85	47	
Age at diagnosis (median – yrs)	62	53	54	$p < 0.001$
Breast Screening	257	23	10	$p < 0.001$
symptomatic	213	62	37	
Tumour size (mm)				
Range	1–200	6–100	1–150	
median	20	25	24	$p = 0.019$
$\leqslant$20 mm	251	29	21	$p = 0.003$
>20 mm	219	56	26	
Node negative	305	49	25	$p = 0.15$
Node positive	165	36	22	
ER positive	387	64	32	$p = 0.027$
ER negative	82	21	15	
Wide local excision	272	49	23	$p = 0.3$
Mastectomy	198	36	24	

Median age at diagnosis was significantly lower in the asian & black populations (53 & 54 yrs respectively) compared to whites at 62 yrs ($p < 0.001$). 55% of cancers diagnosed in the white population were diagnosed through the NHS Breast Screening Programme but only 21% of cancers in the black group were screen detected. Black women had a significantly higher proportion of grade 3 and ER negative tumours. Median tumour size was greater in asian & black women. Axillary node metastases were more frequent in black women although this did not reach statistical significance.

Conclusions: The larger tumour size observed in asian & black women is probably a reflection of the smaller proportion of cancers detected through routine breast screening. However, the greater frequency of high grade and oestrogen receptor negative tumours in black women suggests a difference in tumour biology. The younger age at diagnosis in both asian and black women should be considered when planning screening protocols.

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Documentation in two EUSOMA initially accredited breast units and monitoring of quality indicators within the QT system

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Background: In 2005, the European Society of Breast Cancer Specialists (EUSOMA) initiated a voluntary accreditation process for specialist breast units according to a detailed accreditation protocol. The Comprehensive Cancer Center Aachen serves as the data managing agency for two initially accredited breast units in the Aachen region who acquired initial accreditation in July 2006.

Materials and Methods: Since January 2004, all cases treated by the specialist breast units in Aachen have been recorded in QT (www.cpo.it/qt), which is an EUSOMA approved database.

Results: The specialist breast units are required to export their data to the EUSOMA Network database on a regular schedule (once per year). First results on trends in 16 quality indicators over time in 1033 primary early breast cancers, 105 primary advanced cases and 86 recurrences are presented and discussed with respect to the usefulness of quality indicators to the multidisciplinary team specialists working in the units.

Conclusions: The voluntary accreditation process by EUSOMA and the requirement of regular data audit is likely to provide useful external support to specialist breast units.

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Rising incidence of breast cancer among female cancer survivors: Implications for surveillance

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Background: The number of female cancer survivors has been rising rapidly, resulting in an increasing number of women at risk of second breast cancer. Thus, we assessed the increase in breast cancer incidence among cancer survivors to determine the need for surveillance. Furthermore we assessed the stage distribution of breast cancer among female survivors according to various patients characteristics. Thus those in need of earlier detection can be determined.

Methods: We computed incidence of primary breast cancer in two cohorts of female cancer survivors with a first diagnosis of cancer at ages 30+ in the periods 1975–1979 and 1990–1994. Cohorts were followed for 10 years through a population-based cancer registry.

Results: Over a period of 20 years, the incidence rate of breast cancer among female cancer survivors doubled (rate ratio:1.9, 95% CI: 1.5−2.4). Age-adjustment reduced this increase by 43% (age-standardized rate ratio (RR-adj):1.5, 95% CI: 1.1−2.1). Increases over time were most marked for women who were first diagnosed with a non-breast cancer (RR-adj:2.1, 95% CI: 1.1−3.9), for women with second breast cancer stage II (RR-adj:3.1, 95% CI: 1.2−7.0) and for those diagnosed with a second breast cancer aged 75 years or more (RR-adj:3.6, 95% CI: 2.0−6.3). The proportion of second breast cancer stage II and III among the non-breast cancer survivors was 62% contrasting to only 32% among the breast cancer survivors (p-value = 0.005). Most female survivors who were previously diagnosed with a digestive tract or urogenital cancer had breast cancer stage II and III (63% and 70% respectively). On the other hand ex-hematological cancer patients were generally diagnosed with an early stage breast cancer (66% were subsequently diagnosed with breast cancer stage I).

Conclusions: A marked rise in breast cancer incidence among female cancer survivors was observed, particularly among survivors previously diagnosed with a non-breast cancer and those older than 75 years. Research to optimize follow-up strategies for these women to detect breast cancer at an early stage is warranted.

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Responsiveness of the EQ-5D in primary breast cancer survivors

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Background and Aim: Generic health-related quality of life (HRQoL) measures are often found to be less responsive than disease-specific HRQoL measures. Nevertheless, the generic EQ-5D is a much used measure for the purpose of economic evaluations of health interventions. Obviously, the usefulness of this generic EQ-5D may be limited if it is not sensitive enough to changes in health in the patient population under investigation. The aim of this study was therefore to investigate and compare the responsiveness of the EQ-5D and the disease-specific EORTC QLQ-C30 in primary breast cancer survivors.

Methods: Participants from the MaCare trial investigating four follow-up strategies after primary breast cancer were used for the purpose of this analysis. The EQ-5D and EORTC QLQ-C30 were filled out two weeks and six months after finalizing treatment. Following complete-case analysis, data of 112 participants was used (average age of 56). Responsiveness