Minority BRCA-Positive Breast Cancer Survivors Appear Less Likely to Receive Preventive Surgery

Study Reveals Racial Disparity in Breast and Ovarian Cancer Risk Management
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ASCO Perspective

“This study is an important reminder that we must tackle racial disparities in breast and ovarian cancers on multiple fronts. The decision to undergo preventive breast and ovarian surgery is also a very personal one, and it’s important that all women and their physicians have that discussion about the benefits and risks, no matter their race,” said Patricia Ganz, MD, ASCO Expert in breast cancer and moderator of today’s press briefing.

CHICAGO – For breast cancer survivors who carry mutations in BRCA genes, preventive surgery can substantially reduce the risk of future breast and ovarian cancer. However, it appears that black women are far less likely to receive these widely recommended procedures than white or Hispanic women, according to a populationbased study of breast cancer survivors in Florida.

The study will be featured in a press briefing today and presented at the 2016 American Society of Clinical Oncology (ASCO) Annual Meeting.

“People only benefit from genetic testing for cancer risk if they act on the information the test reveals and receive appropriate follow-up care,” said lead study author Tuya Pal, MD, a Clinical Geneticist at the H. Lee Moffitt Cancer Center & Research Institute, Inc. in Tampa, Florida. “Our data showing lower uptake of risk-reducing surgery among minority BRCA carriers may prompt clinicians to provide more intensive, targeted follow-up efforts, especially for black women.”

Risk Management for BRCA Carriers
Once a woman who carries a *BRCA* mutation is diagnosed with breast cancer she faces up to a 50% lifetime risk of second breast cancer and up to a 44% risk of ovarian cancer. Preventive bilateral mastectomy greatly reduces the risk of a second breast cancer.

Similarly, surgical removal of ovaries and fallopian tubes (oophorectomy) cuts the risk of ovarian cancer by 90%. As there are no reliable screening options for early detection of ovarian cancer, preventive oophorectomy is a critical strategy to lower deaths from ovarian cancer in this population.

**About the Study**

The researchers recruited non-Hispanic white (NHW), black and Hispanic women diagnosed with an invasive breast cancer at or before the age of 50 through the Florida State Cancer Registry. According to the authors, this is the first study to explore follow-up care among *BRCA* carriers across an entire population treated in diverse settings, including a significant number of minority women. Prior studies were limited to a single academic center or health system.

Among the 1,621 participants, 917 reported *BRCA* testing following their breast cancer diagnosis, and 92 of those tested positive for the mutations.

**Key Findings**

The researchers identified genetic testing rates varied by racial group: 65% NHWs and 62% Hispanic women received testing, compared to only 36% of black women. The lower rates of clinical genetic testing for *BRCA* mutations in black women is unfortunate, as they may be missing an opportunity to take advantage of preventive interventions after breast cancer.

Among the 92 women who tested positive for *BRCA* mutations, the researchers also found significant differences in receipt of mastectomy and oophorectomy between the three racial groups. Black women had the lowest rates of both bilateral mastectomy (68%) and oophorectomy (32%). Compared to NHW women, Hispanic women had lower rates of mastectomy (85% vs. 94%), but higher rates of oophorectomy (85% vs. 71%). The differences between blacks and the other two groups remained significant after controlling for age at enrollment, time since diagnosis, income, family history of breast cancer and ovarian cancer and insurance status.

The authors acknowledged that the study has some limitations, which include:

- Small numbers of women with *BRCA* mutations in each racial/ethnic group (51 NHW, 28 black, and 12 Hispanic).
- The fact that four black women enrolled in this study were still in active treatment may contribute to lower rates of oophorectomy seen in this group.
• Given that breast cancer is a devastating diagnosis to women, it is possible that women may choose to pursue breast cancer treatment prior to addressing ovarian cancer risk management. Thus it is important to conduct follow-up studies among these women to determine their cancer risk management choices over time.

“I hope that our findings will raise awareness of disparities pertaining to inherited cancer predisposition that exist across the cancer care continuum. It is now imperative to understand why these disparities exist, so we can develop interventions to address them to ensure that women with inherited disease make informed decisions about their cancer risk management,” said Dr. Pal.

Next Steps

This study included women who were diagnosed with breast cancer between 2009 and 2012. Additional studies should be conducted to assess patients diagnosed more recently, to reflect recent changes that have impacted the US healthcare systems. Most importantly, these include expiration of the BRCA gene patent in conjunction with tremendous technologic advances in DNA sequencing technologies, which have led to the lower costs of testing which is expected to make the test accessible to more people.

This study received funding from the Bankhead Coley Granting agency (IBG10-34199) and the American Cancer Society (RSG-11-268-01-CPPB).

View the full abstract.

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