

Breast cancer screening health disparities: NEW ORLEANS School of Medicine A comparison of factors associated with mammography use

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Introduction

- Breast cancer is currently the second leading cause of cancer deaths women.
- Early detection of breast cancer by mammography has been shown t reduce the mortality and increase the treatment options.
- Studies have shown that women who are uninsured, those with lowe income, lower education level, and members of minority groups have consistently reported lower mammography use.
- Lower prevalence of mammography use leads to a more advance stage of disease at diagnosis which results in higher breast cancer mortality rates.
- According to the American Cancer Society, white women had a highe incidence rate of breast cancer (130.8 per 100,000) compared to blac women (126.7 per 100,000). However, black women had a higher mortalit rate (28.4 deaths per 100,000) compared to white women (20.3 deaths pe 100,000).
- According to the American Cancer Society, only 30% of uninsured women were up to date with breast cancer screening compared with 64% c insured women in 2018.
- This study was conducted using the data from the 2019 National Healt Institute Survey (NHIS). We focused on 8 factors associated wit mammography use: age, race, education level, health insurance, access healthcare, family poverty ratio, smoking status, and marital status.
- The primary outcome for this study is mammography use status: binar (never vs. ever use) and 3-group status (never, >1 year, and past year).
- Associations between variables of interest and mammography use statu were tested using Chi-square tests and logistic regression models via Studio.
- This study aims to understand which factors contributed to mammograph use for women aged 40-54.
- Our study population included 3,651 women aged 40 to 54 with valid information for the two mammogram questions: "Ever had mammogram?" and "Most recent mammogram?".
- According to breast cancer screening guidelines, women in this age group should be screened with mammography annually.

Mammography

- Mammography is a breast cancer screening method consisting of a lowdose X-ray image of breast tissue.
- Recent results from organized mammography programs in Europe and Canada indicate that the risk of breast cancer death was reduced by more than 40% for women who were screened.
- The Affordable Care Act states that Medicare and all private health insurance plans fully cover mammograms without any out-of-pocket expense.





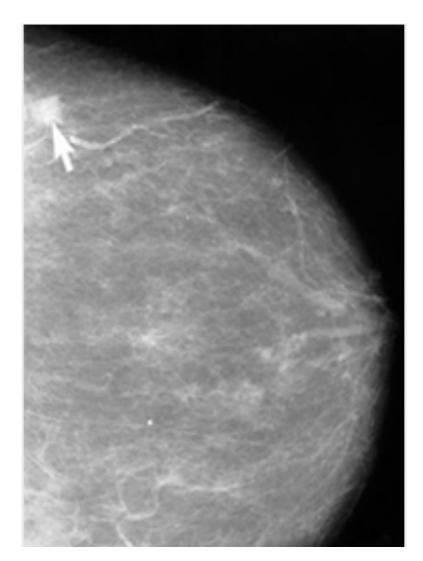
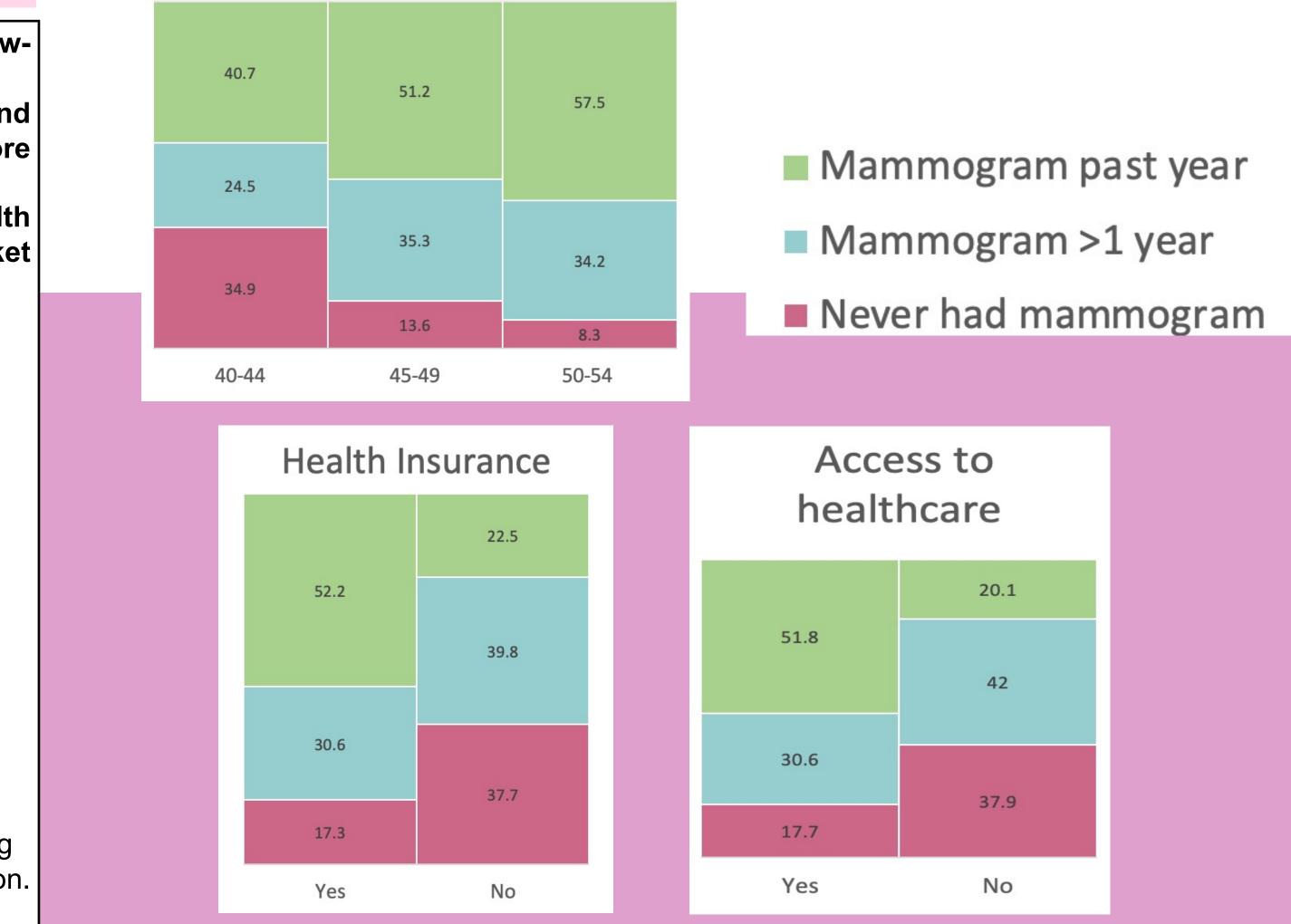


Figure 2 Mammogram showing a small cancerous lesion.

Had a mammogram in the past year?					
	Total (n=3,651)	Yes 1819 (49.8%)	No 1142 (31.3%)	Never had a mammogram 690 (18.9%)	P-va
Age 40-44 45-49 50-54	1,227 (33.6) 1,165 (31.9) 1,259 (34.5)	499 (40.7) 596 (51.2) 724 (57.5)	300 (24.5) 411 (35.3) 431 (34.2)	428 (34.9) 158 (13.6) 104 (8.3)	<0.0
Race White non-Hispanic African American Hispanic Other	2,247 (61.5) 472 (12.9) 581 (15.9) 351 (9.6)	1127 (50.2) 235 (49.8) 289 (49.7) 168 (47.9)	716 (31.9) 152 (32.2) 174 (29.9) 100 (28.5)	404 (17.9) 85 (18.0) 118 (20.3) 83 (23.6)	0.24
Education Level High School/GED or lower College or above Missing	1,046 (28.7) 2,583 (70.8) 22 (0.6)	460 (44.0) 1349 (52.2) 10 (45.5)	338 (32.3) 795 (30.8) 9 (40.9)	248 (23.7) 439 (17.0) 3 (13.6)	<0.0
Health Insurance Yes No	3,362 (92.1) 289 (7.9)	1754 (52.2) 65 (22.5)	1027 (30.6) 115 (39.8)	581 (17.3) 109 (37.7)	<0.0
Access to healthcare Yes No Missing	3,426 (93.8) 224 (6.1) 1 (0.03)	1773 (51.8) 45 (20.1) 1 (100)	1,048 (30.6) 94 (42.0) 0 (0.0)	605 (17.7) 85 (37.9) 0 (0.0)	<0.0
Family poverty ratio 0.00 - 0.99 1.00 - 2.99 3.00 - 4.99 5.00 - greater	406 (11.1) 1,123 (30.8) 868 (23.8) 1,254 (34.4)	173 (42.6) 470 (41.9) 438 (50.5) 738 (58.9)	133 (32.8) 376 (33.5) 263 (30.3) 370 (29.5)	100 (24.6) 277 (24.7) 167 (19.2) 146 (11.6)	<0.0
Smoking status Current smoker Former smoker Never smoker Unknown	582 (15.9) 636 (17.4) 2,371 (64.9) 62 (1.7)	215 (36.9) 321 (50.5) 1250 (52.7) 33 (53.2)	230 (39.5) 202 (31.8) 691 (29.1) 19 (30.7)	137 (23.5) 113 (17.8) 430 (18.1) 10 (16.1)	<0.0
Marital Status Married Separated/ Divorced/ Widowed	2,055 (56.3) 938 (25.7)	1089 (53.0) 431 (45.9)	612 (29.8) 329 (35.1)	354 (17.2) 178 (19.0)	<0.0
Single/Never Married Missing	580 (15.9) 78 (2.1)	258 (44.5) 41 (54.7)	177 (30.5) 24 (28.0)	145 (25.0) 13 (17.3)	-0.0

Age



This research project was supported by the National Institutes of Health (NIH), National Cancer Institute (NCI).

Table 2. Results of logistic m

	Unadjusted OR of Never (Ref: ever) (95% CI)	p-value	Adjusted OR (95% CI)	p-value
Age				
40-44	1.305 (1.267,1.344)	<0.001	6.281 (4.922, 8.016)	<0.001
45-49	1.054 (1.023,1.086)	<0.001	1.746 (1.331, 2.290)	<0.001
50-54 (ref)	1	ref	1	_
Race		-		
non-Hispanic White	1	ref	1	
(ref)	1.00 (0.962, 1.041)	0.988	0.694 (0.511, 0.943)	0.020
African American	1.024 (0.988, 1.061)	0.201	0.810 (0.617, 1.062)	0.127
Hispanic	1.058 (1.013, 1.106)	0.012	1.331 (0.988, 1.793)	0.060
Others				
Education Level				
High School/GED or	1.069 (1.040, 1.010)	<0.001	1.348 (1.092, 1.664)	0.005
lower	1		1	
College or above (ref)				
Health Insurance				
Yes (ref)		Ref		
No	1.227 (1.171, 1.285)	<0.001	2.197 (1.633, 2.956)	<0.001
Access to healthcare				
Yes (ref)	1	Ref	1	
No	1.225 (1.162, 1.291)	<0.001	2.338 (1.694, 3.226)	<0.001
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Family poverty ratio				
0.00 – 0.99 (ref)	1	Ref	1	
1.00 – 2.99	1.00 (0.957, 1.045)	0.987	0.943 (0.699, 1.269)	0.694
3.00 – 4.99	0.948 (0.905, 0.992)	0.021	0.845 (0.606, 1.179)	0.322
5.00 – greater	0.878 (0.841, 0.917)	<0.001	0.508 (0.359, 0.721)	<0.001
Smoking status				
Never smoker (ref)	1	Ref	1	
Former smoker	0.996 (0.963, 1.031)	0.833	0.943 (0.734, 1.213)	0.651
Current smoker	1.056 (1.019, 1.094)	0.003	1.158 (0.897, 1.494)	0.261
	1.000 (1.010, 1.004)	0.000	1.100 (0.007, 1.404)	0.201
Marital Status				
Married (ref)	1	Ref	1	
Separated/Divorced/	1.012 (0.987, 1.049)	0.256	1.077 (0.859, 1.350)	0.520
Widowed				0.031
Single/Never Married	1.081 (1.043, 1.121)	< 0.001	1.321 (1.026, 1.703)	

Discussion

- Among US women aged 40-54, 18.9% women never had mammogram screening for breast cancer, and 49.8% had a mammogram during the past year, which followed the breast cancer screening guideline.
- Except race, all factors were statistically significantly associated with the 3-group mammography use.
- For evaluating factors associated with following breast cancer guidelines of mammogram screening, women who were older (57.5%, aged 50-54), with college or above education (52.2%), higher income (58.9% for family poverty ratio>=5), married (53.0%), with health insurance (52.2%), access to healthcare (51.8%), and never smoking (52.7%) tended to have a mammogram screening in the past year compared to their counterparts.
- After adjusting for other factors, young women aged 40 to 44 (odds ratio [OR] of never use mammogram= 6.3, p<0.001), low education (OR= 1.3, p=0.005), no health insurance (OR= 2.2, p<0.001), single or never married (OR= 1.3, p= 0.031), no access to health care (OR= 2.3, p<0.001) were the high-risk groups of never having mammogram screening compared to their counterparts.
- There was no significant difference between Whites and African Americans for never mammogram use status in the univariate model. However, after adjusting other factors, African American women had a higher rate of using a mammogram (p=0.020).

Conclusions

The study has shown that breast cancer screening health disparities are still evident. Women who are uninsured, who have no access to healthcare, have never been married, and who belong to minority groups have the lowest mammography use rates. This information is beneficial for policy making and community engagement for promoting mammography use and reduce breast cancer health disparities.



& Training in Cancer Health Disparities

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- options.
- breast cancer mortality rates.
- compared to white women (20.3 deaths per 100,000).
- compared with 64% of insured women in 2018.



Figure 1. Mammography Machine

Introduction

 Breast cancer is currently the second leading cause of cancer deaths in women. • Early detection of breast cancer by mammography has been shown to reduce the mortality and increase the treatment

• Studies have shown that women who are uninsured, those with lower income, lower education level, and members of minority groups have consistently reported lower mammography use.

• According to the American Cancer Society, white women had a higher incidence rate of breast cancer (130.8 per 100,000) compared to black women (126.7 per 100,000). However, black women had a higher mortality rate (28.4 deaths per 100,000)

• The American Cancer Society also found that only 30% of uninsured women were up to date with breast cancer screening

• A 2018 study of mammography use in the US population found that women who were older, had a higher income, and had health insurance were more likely to follow the cancer screening guidelines and have an annual mammogram.

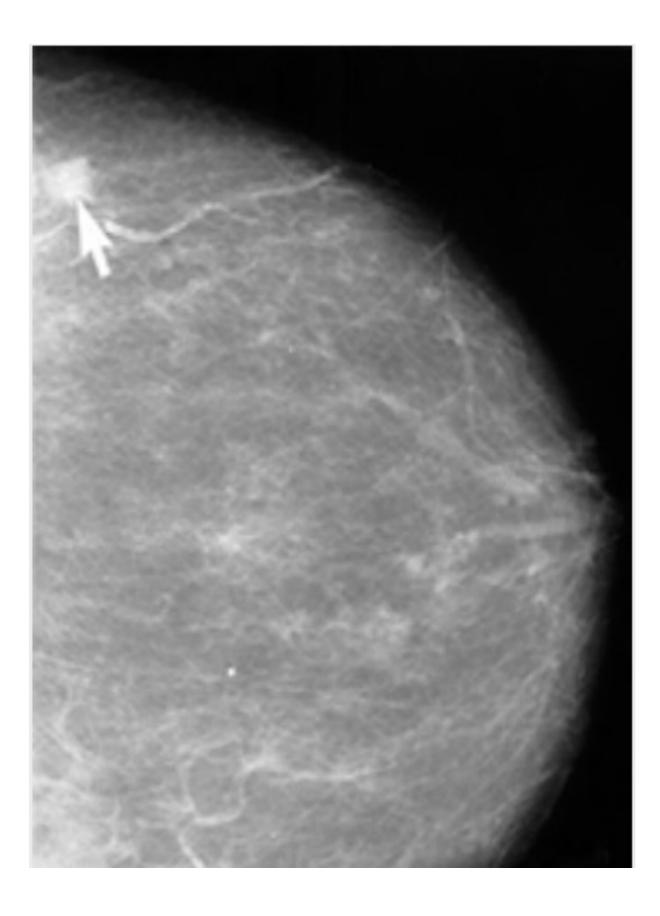


Figure 2. Mammogram showing small cancerous lesion.

- out-of-pocket expense.

• Lower prevalence of mammography use leads to a more advance stage of disease at diagnosis which results in higher

 Mammography is a breast cancer screening method consisting of a low-dose X-ray image of breast tissue.

 Recent results from organized mammography programs in Europe and Canada indicate that the risk of breast cancer death was reduced by more than 40% for women who were screened. The Affordable Care Act states that Medicare and all private health insurance plans fully cover mammograms without any

- ratio, smoking status, and marital status.
- year, and past year).
- regression models via R Studio.
- had a mammogram?" and "Most recent mammogram?".
- annually.

Methods

• This study was conducted using the data from the 2019 National Health Institute Survey (NHIS). We focused on 8 factors associated with mammography use: age, race, education level, health insurance, access to healthcare, family poverty

• The primary outcome for this study is mammography use status: binary (never vs. ever use) and 3-group status (never, >1

• Associations between variables of interest and mammography use status were tested using Chi-square tests and logistic

• Our study population included 3,651 women aged 40 to 54 with valid information for the two mammogram questions: "Ever

• According to breast cancer screening guidelines, women in this age group should be screened with mammography

Purpose

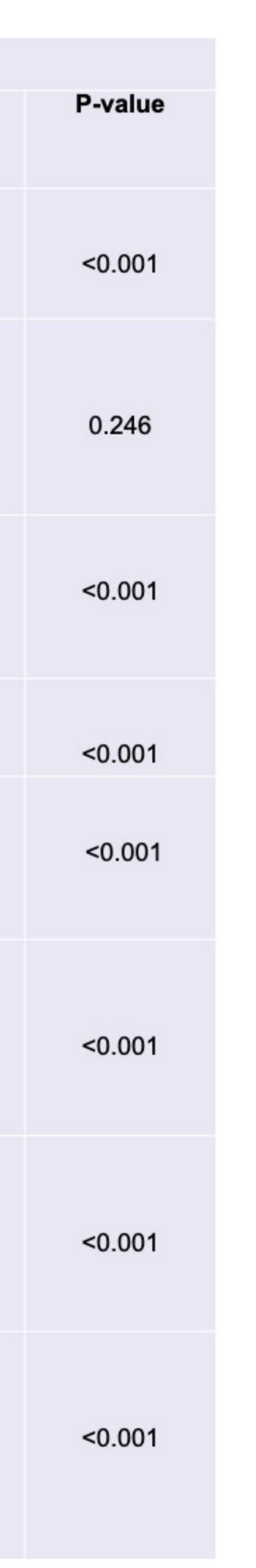
This study aims to understand which factors contributed to mammography use for women aged 40-54.

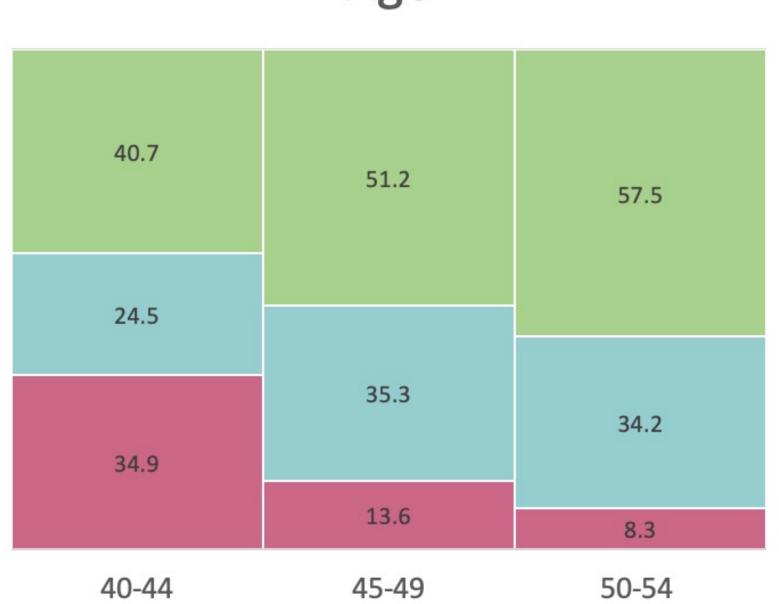
Table 1: Characteristics of study sample

	Total (n=3,651)
Age 40-44 45-49 50-54	1,227 (33.6) 1,165 (31.9) 1,259 (34.5)
Race White non-Hispanic African American Hispanic Other	2,247 (61.5) 472 (12.9) 581 (15.9) 351 (9.6)
Education Level High School/GED or lower College or above Missing	1,046 (28.7) 2,583 (70.8) 22 (0.6)
Health Insurance Yes No	3,362 (92.1) 289 (7.9)
Access to healthcare Yes No Missing	3,426 (93.8) 224 (6.1) 1 (0.03)
Family poverty ratio 0.00 – 0.99 1.00 – 2.99 3.00 – 4.99 5.00 – greater	406 (11.1) 1,123 (30.8) 868 (23.8) 1,254 (34.4)
Smoking status Current smoker Former smoker Never smoker Unknown	582 (15.9) 636 (17.4) 2,371 (64.9) 62 (1.7)
Marital Status Married Separated/ Divorced/ Widowed Single/Never Married Missing	2,055 (56.3) 938 (25.7) 580 (15.9) 78 (2.1)

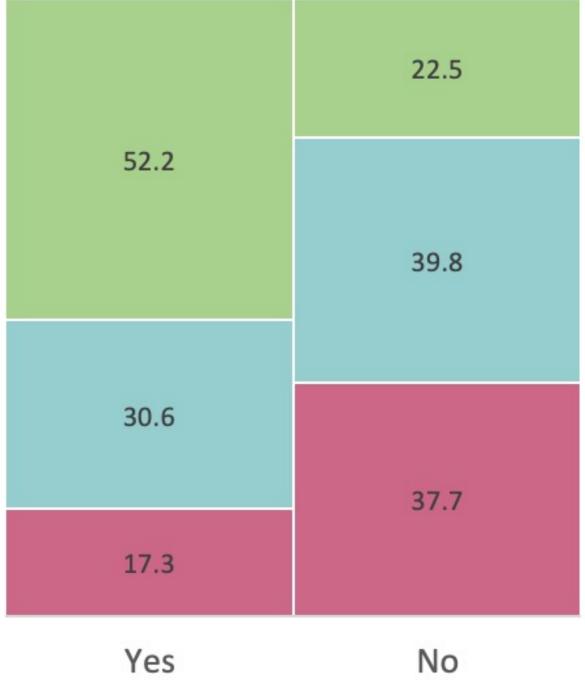
Descriptive Analysis

Had a mammogra	m in the past year?	
Yes 1819 (49.8%)	No 1142 (31.3%)	Never had a mammogram 690 (18.9%)
499 (40.7)	300 (24.5)	428 (34.9)
596 (51.2)	411 (35.3)	158 (13.6)
724 (57.5)	431 (34.2)	104 (8.3)
1127 (50.2)	716 (31.9)	404 (17.9)
235 (49.8)	152 (32.2)	85 (18.0)
289 (49.7)	174 (29.9)	118 (20.3)
168 (47.9)	100 (28.5)	83 (23.6)
460 (44.0)	338 (32.3)	248 (23.7)
1349 (52.2)	795 (30.8)	439 (17.0)
10 (45.5)	9 (40.9)	3 (13.6)
1754 (52.2)	1027 (30.6)	581 (17.3)
65 (22.5)	115 (39.8)	109 (37.7)
1773 (51.8)	1,048 (30.6)	605 (17.7)
45 (20.1)	94 (42.0)	85 (37.9)
1 (100)	0 (0.0)	0 (0.0)
173 (42.6)	133 (32.8)	100 (24.6)
470 (41.9)	376 (33.5)	277 (24.7)
438 (50.5)	263 (30.3)	167 (19.2)
738 (58.9)	370 (29.5)	146 (11.6)
215 (36.9)	230 (39.5)	137 (23.5)
321 (50.5)	202 (31.8)	113 (17.8)
1250 (52.7)	691 (29.1)	430 (18.1)
33 (53.2)	19 (30.7)	10 (16.1)
1089 (53.0)	612 (29.8)	354 (17.2)
431 (45.9)	329 (35.1)	178 (19.0)
258 (44.5)	177 (30.5)	145 (25.0)
41 (54.7)	24 (28.0)	13 (17.3)



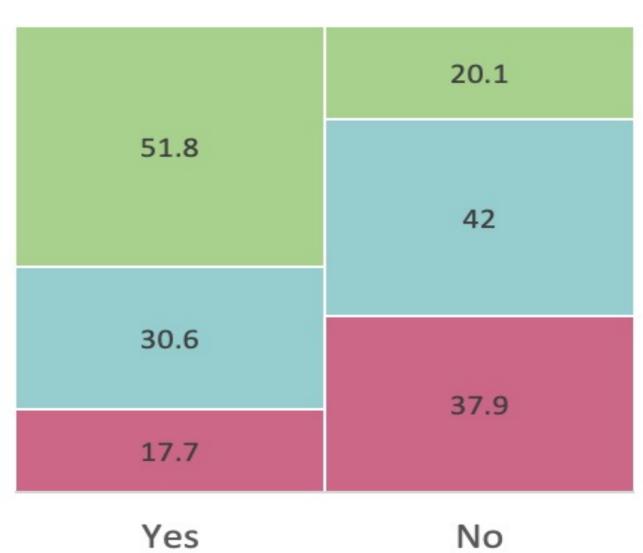


Health Insurance



Yes

Access to healthcare



- Mammogram past year
- Mammogram >1 year
- Never had mammogram

Age

No

Table 2. Univariate and Multivariate logistic models

	Unadjusted OR of Never (Ref: ever) (95% CI)	p-value	Adjusted OR (95% CI)	p-value
Age 40-44 45-49 50-54 (ref)	1.305 (1.267,1.344) 1.054 (1.023,1.086) 1	<0.001 <0.001 ref	6.281 (4.922, 8.016) 1.746 (1.331, 2.290) 1	<0.001 <0.001
Race non-Hispanic White (ref) African American Hispanic Others	1 1.00 (0.962, 1.041) 1.024 (0.988, 1.061) 1.058 (1.013, 1.106)	ref 0.988 0.201 0.012	1 0.694 (0.511, 0.943) 0.810 (0.617, 1.062) 1.331 (0.988, 1.793)	0.020 0.127 0.060
Education Level High School/GED or lower College or above (ref)	1.069 (1.040, 1.010) 1	<0.001	1.348 (1.092, 1.664) 1	0.005
Health Insurance Yes (ref) No	1 1.227 (1.171, 1.285)	Ref <0.001	1 2.197 (1.633, 2.956)	<0.001
Access to healthcare Yes (ref) No	1 1.225 (1.162, 1.291)	Ref <0.001	1 2.338 (1.694, 3.226)	<0.001
Family poverty ratio 0.00 – 0.99 (ref) 1.00 – 2.99 3.00 – 4.99 5.00 – greater	1 1.00 (0.957, 1.045) 0.948 (0.905, 0.992) 0.878 (0.841, 0.917)	Ref 0.987 0.021 <0.001	1 0.943 (0.699, 1.269) 0.845 (0.606, 1.179) 0.508 (0.359, 0.721)	0.694 0.322 <0.001
Smoking status Never smoker (ref) Former smoker Current smoker	1 0.996 (0.963, 1.031) 1.056 (1.019, 1.094)	Ref 0.833 0.003	1 0.943 (0.734, 1.213) 1.158 (0.897, 1.494)	0.651 0.261
Marital Status Married (ref) Separated/Divorced/ Widowed Single/Never Married	1 1.012 (0.987, 1.049) 1.081 (1.043, 1.121)	Ref 0.256 <0.001	1 1.077 (0.859, 1.350) 1.321 (1.026, 1.703)	0.520 0.031

Results

- their counterparts.
- mammogram (p=0.020).

The study has shown that breast cancer screening health disparities are still evident. Women who are uninsured, who have no access to healthcare, have never been married, and who belong to minority groups have the lowest mammography use rates. This information is beneficial for policy making and community engagement for promoting mammography use and reduce breast cancer health disparities.

Discussion

• Among US women aged 40-54, 18.9% women never had mammogram screening for breast cancer, and 49.8% had a mammogram during the past year, which followed the breast cancer screening guideline. • Except race, all factors were statistically significantly associated with the 3-group mammography use. • For evaluating factors associated with following breast cancer guidelines of mammogram screening, women who were older (57.5%, aged 50-54), with college or above education (52.2%), higher income (58.9% for family poverty ratio>=5), married (53.0%), with health insurance (52.2%), access to healthcare (51.8%), and never smoking (52.7%) tended to have a mammogram screening in the past year compared to their counterparts. • After adjusting for other factors, young women aged 40 to 44 (odds ratio [OR] of never use mammogram= 6.3, p<0.001), low education (OR= 1.3, p=0.005), no health insurance (OR= 2.2, p<0.001), single or never married (OR= 1.3, p=0.031), no access to health care (OR= 2.3, p<0.001) were the high-risk groups of never having mammogram screening compared to

• There was no significant difference between Whites and African Americans for never mammogram use status in the univariate model. However, after adjusting other factors, African American women had a higher rate of using a

Conclusion

1. American Cancer Society. (2019). Breast Cancer Facts & Figures 2019–2020. Atlanta: American Cancer Society, Inc. Retrieved June 14, 2021, from https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breastcancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf. 2. Miller, J. W. (1), King, J. B., Joseph, D. A., Richardson, L. C., & Centers for Disease Control and Prevention (CDC). (n.d.). Breast cancer screening among adult women--Behavioral Risk Factor Surveillance System, United States, 2010. MMWR. Morbidity and Mortality Weekly Report, 61 Suppl, 46–50. 3. Elewonibi, B. R., Thierry, A. D., & Miranda, P. Y. (2018). Examining mammography use by breast cancer risk, race, nativity, and socioeconomic status. Journal of Immigrant and Minority Health, 20(1), 59-65. doi:http://dx.doi.org.ezproxy.lsuhsc.edu/10.1007/s10903-016-0502-4. Li, L. (.1,2)., et al. (n.d.). Factors Associated with Mammography Use: A Side-by-Side Comparison of Results from Two National Surveys. Cancer Medicine, vol. 9, no. 17, pp. 6430–6451. EBSCOhost, doi:10.1002/cam4.3128. Accessed 24 June 2021.

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