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# The Attitudes, Communication, Treatment, and Support Intervention to Reduce Breast Cancer Treatment Disparity

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**F**ive-year survival after first diagnosis of breast cancer is 13% lower in African American women than in Caucasian American women, an alarming disparity that cannot be explained by stage of disease at presentation (American Cancer Society, 2007; Jemal et al., 2007). U.S. cancer studies have found strong evidence that Caucasian patients receive more aggressive initial treatment for breast cancer than African American patients, resulting in higher mortality among non-Caucasian populations (Blackman & Masi, 2006). In the United States, only half of the African American women eligible for adjuvant breast cancer therapy receive it (Hershman et al., 2005). The treatment disparities also are evident in treatment delay and missed appointments (Hershman et al., 2003). Clinical delays in breast cancer from onset of symptoms until treatment affect ultimate prognosis. Nonadherence to breast cancer treatment and treatment delays from diagnosis to initiation of treatment, specifically adjuvant chemotherapy, may be among the reasons for worse breast cancer outcomes in African American women (Bickell et al., 2006; Blackman & Masi, 2006; Hershman et al., 2003, 2005). This recognition is critical because it suggests that breast cancer survival disparity can be decreased through clinical interventions that increase adherence to chemotherapy.

Distinctive and specific attitudes, perceptions, and stressors among African American women may affect breast cancer treatment adherence (Bickell et al., 2006). Knowledge regarding treatment and its likely outcome is critically important for decision making related to adherence to prescribed therapy (Battaglia, Roloff, Posner, & Freund, 2007; Rosenzweig, Wiehagen, Brufsky, & Arnold, 2007). Several factors are known to contribute to nonadherence to breast cancer treatment among African American women, including (a) perceptions, beliefs, and unique stressors (Ahmed, Fort, Elzey, & Belay, 2005; Bradley, 2006; Lythcott, Green, & Kramer-Brown, 2003; Steinberg et al., 2006); (b) inaccurate knowledge

**Purpose/Objectives:** To test the effect of a supportive, one-time psychoeducational intervention on treatment adherence among African American women receiving first adjuvant therapy for breast cancer.

**Design:** A pilot, randomized, controlled clinical trial, two-group design, with one-time intervention and four data collection points.

**Setting:** Two University of Pittsburgh Cancer Institute clinics.

**Sample:** 24 African American women.

**Methods:** The Attitudes, Communication, Treatment, and Support (ACTS) intervention is a 45-minute one-on-one session with an African American woman recommended to have chemotherapy for breast cancer. The interventionist is an African American breast cancer survivor. The intervention consists of a discussion about chemotherapy and the importance of communicating knowledge needs and distress, an explanation of the specific treatment plan according to pathology, and support through the survivor testimonial and video clips from the African American community.

**Main Research Variables:** Dose of chemotherapy received and dose of chemotherapy prescribed.

**Findings:** Twenty patients completed chemotherapy, and four chose not to begin or discontinued recommended chemotherapy. The groups were equal in key sociodemographic variables. Compared to usual care, the ACTS intervention participants demonstrated trends toward initiation of chemotherapy (100% versus 82%), overall adherence to chemotherapy (92% versus 73%), and percentage of total dose of chemotherapy received or prescribed (94% versus 74%). Compared to usual care, the ACTS intervention participants demonstrated more rapid initiation of chemotherapy and better overall adherence to chemotherapy.

**Conclusions:** The pilot ACTS intervention shows promise as a psychoeducational intervention to assist with chemotherapy decision making among African American women.

**Implications for Nursing:** African American women are at high risk of not receiving the full dose of prescribed chemotherapy for breast cancer for multiple reasons. Nurses must be sensitive to the unique fears and concerns of this population regarding chemotherapy decisions. An intervention addressing these fears and concerns may help to increase adherence.