

© 2012 by the Oncology Nursing Society. Unauthorized reproduction, in part or in whole, is strictly prohibited. For permission to photocopy, post online, reprint, adapt, or otherwise reuse any or all content from this article, e-mail [pubpermissions@ons.org](mailto:pubpermissions@ons.org). To purchase high-quality reprints, e-mail [reprints@ons.org](mailto:reprints@ons.org).

# Surgical Treatment Differences Among Latina and African American Breast Cancer Survivors

Maureen Campesino, PhD, RN, Mary Koithan, PhD, RN, Ester Ruiz, PhD, RN, Johanna Uriri Glover, PhD, RN, Gloria Juarez, PhD, RN, Myunghan Choi, PhD, RN, and Robert S. Krouse, MD

Clinical guidelines for early-stage breast cancer treatment are well established (National Comprehensive Cancer Network [NCCN], 2011). Breast-conserving surgery (BCS) (lumpectomy) alone or combined with radiation often is regarded as the treatment of choice for early-stage breast cancer, provided that resected margins are free of tumor cells. That guideline is based on evidence from longitudinal studies and meta-analyses of randomized clinical trials that have demonstrated no differences in long-term survival rates for early-stage breast cancer treated with total mastectomy versus lumpectomy with or without radiation (Fisher et al., 2002; van Dongen et al., 2000; Yang et al., 2008).

Excessive use of mastectomy has been identified as a concern (Lazovich, White, Thomas, & Moe, 1991). Given the substantial evidence for equivalent survival outcomes in BCS compared to mastectomy in early-stage breast cancer, BCS now is seen as a quality indicator in some institutions (Morrow et al., 2009). However, mastectomy rates in early-stage breast cancer remain a concern. Mastectomy procedures may be recommended by physicians or preferred by patients with early-stage breast cancer because of fear of local recurrence. Although some evidence indicates that long-term recurrence rates are slightly higher with lumpectomy, those findings are not consistent across studies (Fisher et al., 2002; Poggi et al., 2003; van Dongen et al., 2000; Yang et al., 2008). Large-scale trials for BCS and radiotherapy have shown a 7% risk of recurrence in a five-year period (Clarke et al., 2005).

Other studies have identified disparities in breast cancer treatment related to socioeconomic status (SES) and demographic differences in racial and ethnic groups and those with fewer social resources. For example, breast reconstruction after a mastectomy was less frequently brought up in discussion by physicians

**Purpose/Objectives:** To describe breast cancer treatment choices from the perspectives of Latina and African American breast cancer survivors.

**Design:** An interdisciplinary team conducted a mixed-methods study of women treated for stages I–IV breast cancer.

**Setting:** Participants' homes in metropolitan areas.

**Sample:** 39 participants in three groups: monolingual Spanish-speaking Latinas (n = 15), English-speaking Latinas (n = 15), and African American women (n = 9).

**Methods:** Individual participant interviews were conducted by racially and linguistically matched nurse researchers, and sociodemographic data were collected. Content and matrix analysis methods were used.

**Main Research Variables:** Perceptions of breast cancer care.

**Findings:** High rates of mastectomy were noted for early-stage treatment (stage I or II). Among the participants diagnosed with early-stage breast cancer, the majority of English-speaking Latinas (n = 9) and African American women (n = 4) received a mastectomy. However, the majority of the Spanish-speaking Latina group (n = 5) received breast-conserving surgery. Four factors influenced the choice of mastectomy over lumpectomy across the three groups: clinical indicators, fear of recurrence, avoidance of adjuvant side effects, and perceived favorable survival outcomes. Spanish-speaking Latinas were more likely to rely on physician treatment recommendations, and the other two groups used a shared decision-making style.

**Conclusions:** Additional study is needed to understand how women select and integrate treatment information with the recommendations they receive from healthcare providers. Among the Spanish-speaking Latina group, limited English proficiency, the use of translators in explaining treatment options, and a lack of available educational materials in Spanish are factors that influenced reliance on physician recommendations.

**Implications for Nursing:** Oncology nurses were notably absent in supporting the women's treatment decision making. Advanced practice oncology nurses, coupled with language-appropriate educational resources, may provide essential guidance in clarifying surgical treatment choices for breast cancer among culturally and linguistically diverse populations.