

ASO Author Reflections: Improving the Rate of Breast Reconstruction in Underserved Populations

Maxime M. Wang, BA and Kathie-Ann Joseph, MD, MPH

Department of Surgery, New York University School of Medicine, New York, NY

PAST

Data suggest that disparities exist in receipt of breast reconstruction in certain underserved populations.^{1,2} Insurance status, access to plastic surgeons, and ethnic and racial background have been shown to affect rate of breast reconstruction.^{1,2} Specifically, Hispanic and African American women have been shown to receive breast reconstruction at lower rates compared with white women.^{1,2} Interestingly, this has not been shown to be secondary to decreased interest in breast reconstruction.¹ It is thus necessary to acknowledge and address disparities in postmastectomy reconstruction.

PRESENT

In this study, we examined rates of postmastectomy breast reconstruction in a traditionally underserved population at BHC—a large public city hospital in New York City. Compared with the general population, the BHC population consists of predominantly non-white patients, with a majority of patients on Medicaid insurance (77.7%).² Despite this, 73.6% of our patient population received breast reconstruction, a rate higher than in previous reported studies of breast reconstruction in cancer patients. Contrary to previously reported data, in our

population, Hispanic (89.1%) and black (80%) patients were most likely to receive reconstruction ($p = 0.03$).³ At BHC, patients are cared for by an interdisciplinary team of breast surgeons and plastic surgeons and are able to access multilingual patient navigators, who work with patients to anticipate and overcome barriers to care.^{4,5} The results of the current study suggest that medically underserved patients can receive quality breast reconstruction at safety net hospitals (SNH).

FUTURE

Delivery of multidisciplinary care, including involvement of community patient navigators, may aid in the reduction of disparities in breast cancer care.^{3,4} Our observed high rate of breast reconstruction in a medically underserved population is likely due in part to institution and state-level initiatives to reduce these inequities. New York state is among other states that requires that women undergoing mastectomy be offered the option of breast reconstruction. In addition, New York has implemented policies to make reconstruction more widely available to women across all income brackets. More research must be done to clearly identify and target those barriers to access that lead to disparities in reconstruction. Particularly, evaluation and improvement of institutional and state-level programs that seek to promote equal access for those vulnerable populations is necessary.

DISCLOSURES The authors have no conflicts of interest to disclose.

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ASO Author Reflections is a brief invited commentary on the article, “Breast Reconstruction in an Underserved Population: A Retrospective Study,” *Ann Surg Oncol*. (2018). <https://doi.org/10.1245/s10434-018-6994-4>.

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First Received: 27 December 2018;
Published Online: 23 January 2019

K.-A. Joseph, MD, MPH
e-mail: kathie-ann.joseph@nyulangone.org

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