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NEWS

RSNA Press Release

Attitudes Toward Mammography Differ Across Ethnicities, Cultures, Backgrounds

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At A Glance

- Ethnic, educational and economic background appears to influence women's breast screening preferences.
- Minority women are less likely to continue breast cancer screening mammography after a false-positive finding.
- Minority women have higher breast cancer mortality rates than Caucasian women.

CHICAGO - Black and Hispanic women have a different understanding of screening mammography compared with that of Caucasian women, according to the findings of a Boston University Medical Center survey presented today at the annual meeting of the Radiological Society of North America (RSNA).

"Limited understanding of mammography still exists across different ethnic and socioeconomic groups," said Nazia F. Jafri, M.D., medical intern at Mount Auburn Hospital in Boston. "Increased community outreach and education targeted at minority and underserved women may lead to better breast cancer prognoses in these groups."

Breast cancer incidence rates tend to be lower among minority women than among Caucasian women, but mortality rates are higher. According to the United States Department of Health and Human Services, African-American women between the ages of 35 and 44 have a breast cancer death rate more than double the rate for Caucasian women in the same age group. Hispanic women in the U.S. are 20 percent more likely to be diagnosed with late-stage breast cancer than Caucasian women.

While a number of factors may contribute to these alarming statistics, the researchers sought to determine if ethnic or socioeconomic background held any sway over women's beliefs or opinions regarding breast cancer screening for early detection.

For the study, the researchers surveyed 1,011 women of various educational, ethnic and socioeconomic backgrounds who underwent screening mammography at Boston University Medical Center. The survey asked women questions about their understanding of mammography and their preferences regarding call-back after a suspicious finding on a screening mammogram.

The results showed that differences in ethnic background appear to influence women's

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preferences regarding the trade-off between recall and earlier detection of cancer. Caucasian women strongly preferred recall given the possibility of earlier detection of cancer, compared with black (African-American, Caribbean and Haitian) and Hispanic women.

Nearly one-third of black and Hispanic women thought mammography would detect more cancers than it actually does.

When asked if they would continue routine screening mammography after a false-positive result, 76 percent of Caucasian women said they would, compared to only 56 percent of black women and 48 percent of Hispanic women.

"Women's healthcare decisions and adherence to routine health screenings are affected by cultural factors, educational background and access to medical care," said the study's principal investigator, Priscilla J. Slanetz, M.D., M.P.H., associate professor of radiology at Boston University Medical Center. "Our study shows that we need to improve breast health education among minority and underserved women."

Dr. Jafri suggested that further research is necessary to address the underlying factors that influence a woman's decision to comply with screening mammography and to seek appropriate follow-up care.

"Mammography does save lives, but only when cancer is detected early," Dr. Slanetz said. "Most recalls are for benign causes and should not deter further screening."

Co-authors are J. Jordan, M.B.A., R. Ayyala, B.S., and A. Ozonoff, Ph.D.

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