

# Breast cancer and inequalities: a review of the evidence

## Summary

### Introduction

Breast Cancer Care's Policy and Campaigns team has reviewed evidence published recently on breast cancer inequalities in the UK. Our review looked at seven equality strands: age, disability, ethnicity, gender, rural and remote communities, sexual orientation and socio-economic status. We particularly looked for evidence in the following areas:

- levels of breast awareness
- time of presentation with breast cancer symptoms or time of diagnosis
- uptake of breast screening opportunities
- breast cancer information and support needs
- patient experiences of contact with healthcare professionals
- treatment experiences
- relative survival rates (differences in survival when comparing a particular patient group with the general population).

Here are our key findings.

### Age

- Most women (regardless of their age) are unaware that breast cancer risk increases with age.
- Older women are more likely to present later with suspicious symptoms.
- Many older women are unaware of their increased breast cancer risk, have little knowledge about non-lump symptoms, do not check their breasts regularly and are not confident about detecting breast changes.
- Younger people presenting with breast cancer symptoms are more likely to experience delay by healthcare providers.
- Older patients are less likely to have surgery for breast cancer and are more likely to be given endocrine therapy as their only treatment.

## Disability

- Breast cancer diagnosis can be delayed because people with learning disabilities may have difficulties in recognising and communicating symptoms or because of 'diagnostic overshadowing' where changes in behaviour are attributed to the learning disability rather than interpreted as possible signs of physical ill health.
- The barriers to attending screening for women with learning disabilities may include not receiving an invitation (perhaps through not being registered with a GP); inability to understand the invitation due to poor literacy skills; lack of access to information about screening in an appropriate format to enable informed decisions about attendance; inability of screening unit staff adequately to obtain consent; and lack of appropriate support by screening unit staff.
- Evidence from Wales shows that uptake of breast screening is low among women who use wheelchairs.

## Ethnicity

- Black and Asian women diagnosed with breast cancer in the UK have poorer relative survival rates than white women.
- The All Breast Cancer Report 2009 showed that patients known to be black were diagnosed with breast cancers with a worse prognosis than those in other ethnic groups: their breast tumours were significantly larger, of higher grade, more likely to be node positive and had worse Nottingham Prognostic Index scores.
- An analysis of data for South East England has shown that the incidence of breast cancer in black women aged under 50 years is no higher than for white women of the same age. This study also showed that the younger age of black women with breast cancer, noted by other publications, reflected the younger age of the black population, and not their increased risk for the disease at younger ages.
- The research for Breast Cancer Care's 2005 'Same Difference' campaign found that just under half of the black and minority ethnic women respondents reported that they never practised breast awareness (compared to 11 per cent of respondents from the general population sample).

## Gender

- Most people wrongly identify breast cancer as a disease that only affects women and this could be a major barrier to raising breast awareness and encouraging earlier presentation among men.
- Men would like gender-specific information on breast cancer, for example, photographs of a man after a mastectomy and gender-specific information on side effects of treatments, such as chest hair loss after radiotherapy.
- A common theme emerging from research on women's experiences of breast cancer is the notion of losing one's femininity or feeling less feminine after breast cancer treatment.

## Rural and remote communities

- A study of Scottish Cancer Registry data on six common cancers found that increasing distance from a cancer centre correlated with poorer survival, with people in remote areas being less likely to have their breast cancer detected before they died. However, the same study also found that small settlement size did not have an adverse effect on cancer survival and that there was poorer survival for cancer patients in the extended Glasgow area.
- It is unclear from the evidence whether women living in rural or remote settings are more or less likely to attend breast screening. Geographical barriers to breast screening can be overcome to a certain extent with the use of mobile mammography units.
- The extra travel time to treatment centres, costs (for example, on parking and fuel) and inconvenience for rural patients and carers can compound what is already a stressful situation.

## Sexual orientation

- Research suggests the need for healthcare professionals to be sensitive to the needs and experiences of lesbian and bisexual women within the healthcare system, not to assume a patient is heterosexual, and for images and language used in cancer services to be inclusive of lesbian and bisexual women.
- The comprehensive National Cancer Patient Experience Survey 2010 highlighted less positive experiences of lesbian and bisexual cancer patients compared to heterosexual cancer patients, particularly around communication with healthcare professionals and in relation to the respect and dignity with which they were treated.
- There is poor provision of specialist services for lesbian and bisexual women with breast cancer, despite evidence of the need for this among some women, and poor signposting of women to/from lesbian and bisexual community groups by health/charity services.

## Socio-economic status

- There is a clear deprivation gap in terms of survival, with breast cancer patients in the most deprived groups having significantly lower relative survival rates.
- People from more deprived groups tend to be diagnosed with more advanced disease. This may indicate late presentation to a doctor with breast cancer symptoms.
- There is evidence from both national and regional studies that breast screening uptake tends to be lower among more deprived groups.

## Evidence gaps

More research is needed into:

- the childcare experiences and needs of younger women undergoing breast cancer treatment
- the breast cancer experiences of women with disabilities\*
- the breast cancer experiences of lesbian and bisexual women
- the barriers to breast screening uptake among:
  - women with mental health conditions
  - women with physical disabilities (including wheelchair users)
  - women from socio-economically deprived groups.
- the specific breast cancer information and support needs of:
  - younger and older people respectively
  - people from black, Asian and minority ethnic groups
  - people with disabilities, including those with learning disabilities, mental health conditions and physical disabilities
  - people living in rural and remote areas
  - lesbian and bisexual women
  - people from socio-economically deprived groups.

\* Most of the current evidence on disability and breast cancer focuses on the experiences and needs of women with learning disabilities. However, much more research is needed into this area and into other disability areas in relation to breast cancer, such as the needs of those with mental health conditions and of those with physical disabilities.

For the references of this evidence review go to [www.breastcancercare.org.uk/inequalities](http://www.breastcancercare.org.uk/inequalities)

For more information please contact:

Lizzie Magnusson (Policy Analyst) or Kiran Dhami (Policy Officer)

Breast Cancer Care

5-13 Great Suffolk Street

London SE1 0NS

Email: [lizzie.magnusson@breastcancercare.org.uk](mailto:lizzie.magnusson@breastcancercare.org.uk) or [kiran.dhami@breastcancercare.org.uk](mailto:kiran.dhami@breastcancercare.org.uk)

Telephone : **0845 092 0800**

Breast Cancer Care East Midlands and the North of England

S1 St James

Vicar Lane

Sheffield

S1 2EX

Telephone : **0845 077 1893**

Breast Cancer Care Scotland and Northern Ireland

169 Elderslie Street

Glasgow

G3 7JR

Telephone: **0845 077 1892**

Breast Cancer Care Wales, South West and Central England

1st Floor, 14 Cathedral Road

Cardiff

CF11 9LJ

Telephone: **0845 077 1894**

Breast Cancer Care London and South East of England

5-13 Great Suffolk Street

London

SE1 0NS

Telephone: **0845 077 1895**

Breast Cancer Care is here for anyone affected by breast cancer. We bring people together, provide information and support, and campaign for improved standards of care. We use our understanding of people's experience of breast cancer and our clinical expertise in everything we do.

Visit [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk) or call our free Helpline on **0808 800 6000** (Text Relay 18001).

Breast Cancer Care: March 2011

Registered charity in England and Wales (1017658) Registered charity in Scotland (SC038104)