

## Oncology

### Evaluating Inequalities in Breast Cancer Care for Uninsured Patients

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**Background:** Around 1 in 8 women develop invasive breast cancer in their lifetime. Unfortunately, discrepancies exist in wait times between insured and uninsured women for initial visits, diagnoses, and treatment. Delay in treatment can lead to higher cost, increased tumor growth, and lower survival. We compare two women who noticed breast masses in 2018 and explore differences in timing of their diagnosis and treatment.

**Case Studies:** A 40-year old insured woman with no significant history felt a mass in her right breast in June 2018. Within two days, she visited her primary care physician and received a mammogram indicating a 1.2cm right breast mass. She underwent core needle biopsy two weeks later and was diagnosed with stage 1A invasive ductal carcinoma. She had a partial mastectomy in August of 2018 and was initiated on adjuvant hormonal therapy three weeks later.

Similarly, a 34-year old uninsured woman with no significant history felt a mass in her left breast in July 2018. She had no primary care provider and waited one month for the mass to resolve. She was then seen at a local free clinic and received a mammogram three days later showing a 2.9 cm mass in her left breast and ultrasound indicating a thickened axillary lymph node. A month after her initial visit, she underwent core needle biopsy which exhibited stage IB invasive ductal carcinoma. She was started on neoadjuvant chemotherapy in September 2018.

**Conclusion:** The comparison of these two patients with similar initial symptoms and diagnoses illuminates the inconsistency in wait time for an initial visit and diagnosis. In addition to the increase in cost and worsened outcomes associated with late treatment, there is significant emotional burden associated with waiting for or avoiding care. Thus, increasing efforts are needed to reduce disparities in uninsured populations by supporting free breast cancer screening programs and connecting women with services to resolve abnormal screening.