

## Individual Research Project Presentations Day 10<sup>th</sup> June 2024, Kent and Medway Medical School.

### The widening gap: A service evaluation to map the treatment pathway of 100 consecutive patients diagnosed with breast cancer between August and July 2023 to investigate potential treatment disparities in BAME patients at A Secondary Care Breast Unit.

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#### Abstract

**Background:** The UK has an 18% BAME (Black, Asian and Ethnic Minority) population, 4% identify as Black, Black British, Black Welsh, Caribbean or African (Diversity UK, 2023). This group makes up a small proportion of the population, yet significant disparities exist in incidence and mortality rates between ethnic communities and their White counterparts (Yedjou et al., 2019). People from BAME groups tend to have lower uptake of breast cancer (BC) screening compared to the White population (Jack *et al.*, 2014). The United Kingdom's healthcare system, the National Health Service (NHS), is government-funded and should provide equitable care to the service users (GOV.UK, 2023). The evidence of racial and ethnic disparities highlights the need for alterations in the current provision of NHS services. This project aimed to address any racial disparity in the treatment of BC and suggests reasonable accommodations based on found modifiable variables and those stated in the literature.

**Methods:** This study used a quantitative ex-post-facto method consisting of a service evaluation and literature review to examine the correlational factors associated with racial disparity in the outcomes of Black women (BW) with BC compared to White women with BC (WW). Non-probability sampling was used to gather 100 patients diagnosed with invasive BC between August and July 2023. Patient data regarding race, age, tumour characteristics, diagnostic imaging and initial treatment were collected. Patients' self-reported race was used to separate patients into two groups: White and BAME. Data was collected from cancer databases at a secondary care Trust and was analysed using descriptive analytics.

**Results:** This service evaluation found a 3-day difference in the average diagnostic interval between the two patient groups. Both groups did not reach the 31-day target set out by NHS Cancer Waiting Times (2023). Specific patient characteristics, such as age at diagnosis, were compared between the same groups. This data showed that there was a difference in

the diagnostic interval depending on what type of initial treatment the patient was having; the fastest was endocrine treatment with an average 23-day wait, and the longest was systemic anti-cancer treatment (SACT) with a 41.7 day wait from diagnosis to first treatment appointment.

**Conclusions:** This service evaluation did find a disparity between the diagnostic intervals of the White group and the BAME group. This suggested that a systematic issue or racial bias may be present in the diagnostic or treatment pathway, which could explain the results. However, this study had limitations, such as the small sample size of the BAME group. Therefore, results cannot be reliably extrapolated to settings outside this study.

**Keywords:** BAME | Breast | Disparity | Cancer

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