
- Associated factors included number of plastic surgeons available in the region and county-level income.
- Reconstructed women more often lived in urban areas and zip codes with higher average incomes.

Reasons for deciding not to have reconstruction included:

- Wish to avoid surgery: 70%
- Fear of implants: 42.4%
- Felt reconstruction wasn’t important: 21.6%
- Concern about surgery complications: 31.3%
- Unable to take time away from family or work: 27.9%
- Having no insurance coverage: 20.4%
- Surgeon doesn’t accept insurance patient held: 9.5%

Disparities in Breast Reconstruction

RACIAL/ETHNIC

- Since the Women’s Health and Cancer Rights Act took effect in January 1999, reconstruction rates have increased overall. However, racial and ethnic disparities still exist.
- A study published in 2014 found that of women who had mastectomy between 2001 and 2006:
  - Minority women were less likely than white women to have breast reconstruction.
  - Uninsured women and those with public health insurance were less likely to have reconstruction than women with private health insurance.
  - Within insurance types, race and ethnic disparities were less prominent.

- Of 716 institutions in the US, 53% reported that they performed no reconstructions on women over 65.
- 5.6% performed reconstruction on more than 20% of women over 65.
- Only 6% of women over 65 had reconstruction (of 19,234 treated at those 716 institutions between 2000–2005).

ECONOMIC

- From 2000–2009, rates of immediate breast reconstruction increased:
  - 4.2-fold in people covered by Medicaid.
  - 2.9-fold in people covered by Medicare.
  - 2.6-fold in people covered by private health insurance.

OF WOMEN WITH STAGE I-III BREAST CANCER

- Black women were significantly less likely to have reconstruction.
- Black and Latina women were significantly more likely to be dissatisfied with the process of deciding whether to have reconstruction.
- Most women undergoing mastectomy for breast cancer do not undergo breast reconstruction.
- More often than white patients, black patients say breast reconstruction is not discussed or is discouraged.

SOURCES

1 Health insurance coverage and racial disparities in breast reconstruction after mastectomy, 2014.
3 Racial Disparities in immediate breast reconstruction after mastectomy: impact of state and federal health policy changes, 2013.
4 Trends in immediate breast reconstruction across insurance groups after enactment of breast cancer legislation, 2013.
5 Variation in the utilization of reconstruction following mastectomy in elderly women, 2013.
7 Socioeconomic and geographic differences in immediate reconstruction after mastectomy in the U.S., 2014.

Learn more at lbcb.org/learn/breastreconstruction lbcb.org/letstalkbreastreconstruction