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Editorial Open Access

Is Chemotherapy Increase the Breast Cancer Patients Survival

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Chemotherapy is improving the survival of breast cancer patients. The survival increase with further development of chemotherapy. Since1990s mortality for women diagnosed with breast cancer was significantly lower than that for women diagnosed 10 years earlier. However the improvements in survival persisted. This may due to the earlier diagnosis of breast cancer using mammographic screening and improved treatment and the increased use of systemic adjuvant therapy [1].

In 2002, Clegg and others conducted a study to examine the cancer survival among US Whites and minorities. Cancer specific survival rates were analyzed for more than 1.78 million patients who resided in the nine SEER (Surveillance, Epidemiology, and End Results) program geographic areas and were diagnosed between 1975 and 1997 as having an incident invasive cancer. Survival rates enhanced between 1988 to 1997 for essentially all racial or ethnic groups. However, racial or ethnic differences in RRs (relative risks) of cancer death persisted after controlling for age for all cancers combined and for age organize for particular malignancy locales. African-Americans, Hawaiian natives, American Indian and Alaskan natives tend to have higher RRs of cancer death than the other groups [2].

In 2004, Wampler and others conducted a study to assess breast cancer mortality rates among American Indian/Alaskan Native women compared to non-Hispanic White women in five years after diagnosis. Surveillance, Epidemiology, and End Results data were used to compare survival in the two races, controlling for age, marital status, stage, and the therapy. The balanced relative risk of demise was 58% higher for American Indian/alaskan Native ladies than for non-Hispanic White ladies. The survival divergence persevered indeed, when constrained to ladies who gained decisive help, i.e. mastectomy with axillary junction dismemberment or bosom monitoring surgery with axillary junction analyzation and radiation medication [3].

Haggstrom and Schapira [4] conducted a random sample of women who attended two general internal medicine clinics at academic medical center in Milwaukee, Wisconsin. Participants were Black and White women, ages 40-69. Risk perceptions were measured regarding average 5-year survival after a breast cancer diagnosis. Women's risk perceptions were defined as being accurate, as well as more or less pessimistic. Measured patient characteristics included race, age, family history of breast cancer, income, insurance, education, and numeracy. Unadjusted Pearson chi-squared tests and adjusted multivariable regression analysis were done. The results showed that Black women were more likely than White women to accurately perceive breast cancer survival in both unadjusted and adjusted analysis [4].

Simon and others conducted a study to determine whether socioeconomic status and treatment differences influence racial differences in breast cancer survival. African American women were more likely to live in a geographic area classified as working poor than were Caucasian American women. African American women were less likely to have lumpectomy and radiation and more likely to have mastectomy with radiation. After multivariate analysis, there were no significant racial differences in survival among women with local stage disease, although African American women with regional stage disease had persistent but attenuated poorer survival compared to Caucasian American women. After adjusting for known clinical and socioeconomic predictors of survival, African American women and Caucasian American women who are diagnosed with local disease demonstrated similar overall and breast cancer specific survival, while race continues to have an independent effect among women presenting at a later stage of disease [5].

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