

# Receipt of guideline-concordant care does not explain racial disparities in breast cancer mortality in Atlanta

## Background and Aims:

Racial disparities in breast cancer mortality persist. We have observed that the disparities are most pronounced among women with tumors with a favorable prognosis, so variation in receipt of guideline care may contribute to the disparity.

In this study, we evaluated the contribution of guideline concordant care to racial disparities in breast cancer mortality.



## Methods and Results:



2,784 Black and 4,262 Women diagnosed with non-metastatic breast cancer in Atlanta.

Exposure and Outcomes:  
Guideline concordant care for each treatment modality and overall;  
breast cancer mortality.

- Black and White women equally likely to receive guideline concordant care (65% and 63%).
- Failure to receive guideline care was associated with 1.7-times the breast cancer mortality rate.
- Racial disparities in receipt of guideline care persisted among those who received and did not receive guideline care.
- Although guideline care important was important for breast cancer outcomes, it did not contribute to racial disparities in breast cancer mortality.

