

Study: Quality of breast cancer care in Chicago area isn't uniform

New report on Chicago-area hospitals is viewed as a step toward understanding and correcting an alarming racial disparity in breast cancer death rates in the city



A patient at Mt. Sinai Hospital in Chicago meets with doctors this month as she decides whether to have a lumpectomy or mastectomy after her breast cancer diagnosis. (Nancy Stone/Tribune)

Many Chicago-area hospitals that screen for and treat **breast cancer** cannot prove they are meeting several widely accepted quality standards, according to a first-of-its-kind study set to be released Thursday.

The Chicago Breast Cancer Quality Consortium, a collaborative of Chicago-area health care providers, carried out the research as a step toward understanding and correcting an alarming racial disparity in Chicago's breast cancer mortality rates.

Research has shown that African-American women in Chicago with the disease are much more likely to die of it than their white counterparts, a gap some experts believe is due primarily to poorer-quality screening and treatment.

The report analyzed screening data from 37 hospitals and treatment data from 19 hospitals in the area that provided the information under an agreement they would not be identified.

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Only about a third of the facilities offering screening could demonstrate that they met the standard for early detection of breast cancer, or finding **cancer** when it is small. About 60 percent were able to demonstrate that they met the quality standard for finding cancer, which means identifying 4 to 9 cancers for every 1,000 screening **mammograms**.

Treatment data showed that a third of the hospitals could demonstrate they met a timeliness standard, which is getting at least 80 percent of newly diagnosed patients into treatment within 30 days of

diagnosis.

"It's pretty clear we have a long way to go in terms of guaranteeing high-quality screening and treatment in all of the facilities," said Anne Marie Murphy, executive director of the Metropolitan Chicago Breast Cancer Task Force, the non-profit group that formed the consortium last year.

The report documents for the first time the percentage of facilities in the Chicago area that meet widely accepted quality measures developed by the American College of Radiology, American Society of Clinical **Oncology** and other medical organizations.

So far, 55 hospitals — 70 percent of the hospitals in the area — and the Chicago Department of Public Health have agreed to share quality data in order to identify deficiencies and make improvements. The facilities' identities were kept confidential to encourage participation in the project.

"There is no other example of so many hospitals participating in a voluntary quality project such as this," Murphy said. "Clearly they are willing to do the work to make improvements."

Although consortium leaders said they can't yet draw a direct connection at this early stage of data collection and analysis, they believe examining the failure to meet quality standards will help illuminate Chicago's alarming racial disparity in breast cancer deaths.

For example, only one Chicago hospital that is an American College of Surgeons-approved cancer center is located in a predominantly black community that has a high death rate.

"We found, historically, that facilities that service black women in Chicago were less likely to have digital mammography, were less likely to notify patients of abnormal results the same day they were received and were less likely to have mammograms read by **breast** imaging specialists," said Dr. David **Ansell**, chairman of the breast cancer task force and chief medical officer for **Rush University Medical Center**.

In the early 1980s, black and white women with breast cancer in Chicago died at about the same rate. However, in the 1990s as mortality rates for white women fell dramatically, rates for black women remained virtually the same. Between 2005 and 2007, the death rate for black Chicago women with breast cancer was 62 percent higher on average than for white women, according to the Sinai Urban Health Institute.

"That means if the disparity didn't exist about 100 black women's lives would be saved every year," said institute director Steven Whitman, a researcher who has documented the racial disparity. "That's roughly two each week."

The newly released report represents an early step in the data collection phase of the consortium's work. The group gave individual reports to participating hospitals showing them how they did and how they compared to other facilities.

The consortium also has organized educational conferences for hospitals, is funding five groups that do work in breast cancer disparities, and has advocated for increased funding for breast cancer screening and treatment.

Dr. Pam Khosla, chief of the division of hematology and oncology at Mount Sinai Hospital, said the medical center is committed to quality breast cancer care. She said the hospital also participates in a voluntary national oncology quality improvement project, where it is meeting high benchmarks.

"We need to go back and analyze the problem," Khosla said, referring to the city's breast cancer disparities. "We're happy to participate because we are hoping we target the right questions."

The report also said that most of the hospitals could demonstrate they met quality standards for testing tumors for **hormone** receptors, and that half showed that at least 80 percent of patients who had part of a

breast removed as treatment for invasive breast cancer received [radiation therapy](#).

More than half of the hospitals could show that they met the standard for follow-up diagnostic screening of suspicious mammograms, meaning fewer than 20 percent of breast cancer patients did not get follow-up diagnostic imaging after their mammograms had abnormal or suspicious findings.

Health care experts elsewhere in the U.S. said they view the consortium's work as a possible model for improving quality of care and reducing racial disparities.

Dr. Carolyn Clancy, director of the federal government's Agency for Healthcare Research and Quality, said she was excited about the effort, which also is believed to be the first of its kind nationwide.

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"Everything that is going on in quality (improvement) nationally ... comes down to using data to measure and assess quality, and using the same kind of data to figure out whether the solutions we are putting in place are making the kind of difference that we want," Clancy said.