

Current trends in breast cancer treatment in Chinese and Chinese American women: the disparity between mastectomy and breast reconstruction

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Background

Breast cancer screening and surgical interventions are often underutilized in the Chinese community. For both native Chinese (NC) and Chinese American (CA) patients, screening rates are well below medical recommendations, which places these patients at risk for late diagnoses and larger tumors. There is also a notable aversion to breast reconstruction following mastectomy. We investigated the role of sociodemographic and cultural barriers in breast treatment trends among Chinese breast cancer survivors.

Methods

A literature search for full-text articles published between 2011 and 2021 was performed using PubMed, The Web of Science, and Embase. The articles that were selected contained information regarding Chinese individuals in the United States or China who had undergone breast cancer screening or diagnosis of breast cancer and received treatment with or without reconstructive surgery.

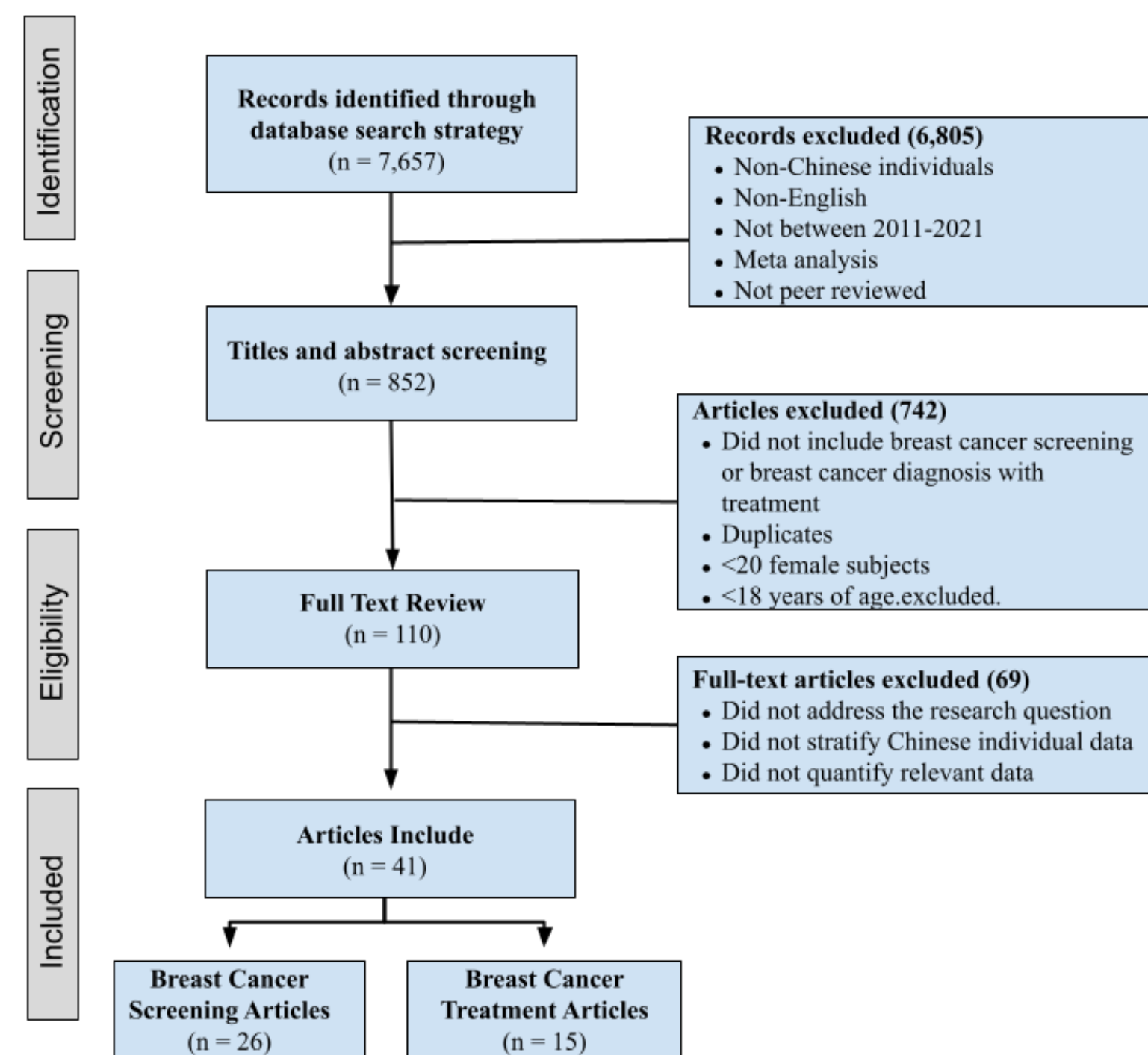


Figure 1. Mammogram utilization: USA vs China

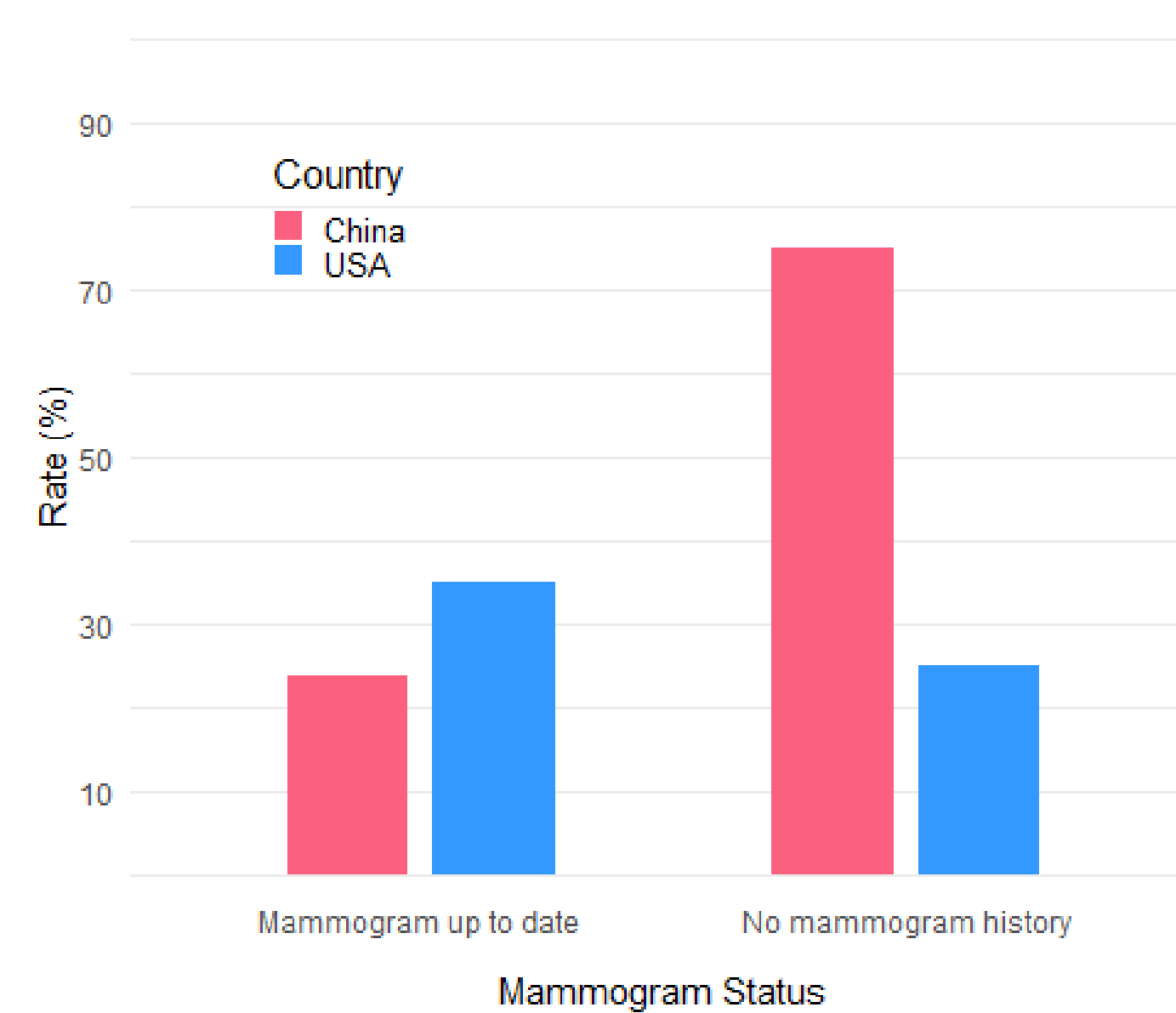


Figure 2. Types of reconstruction pursued

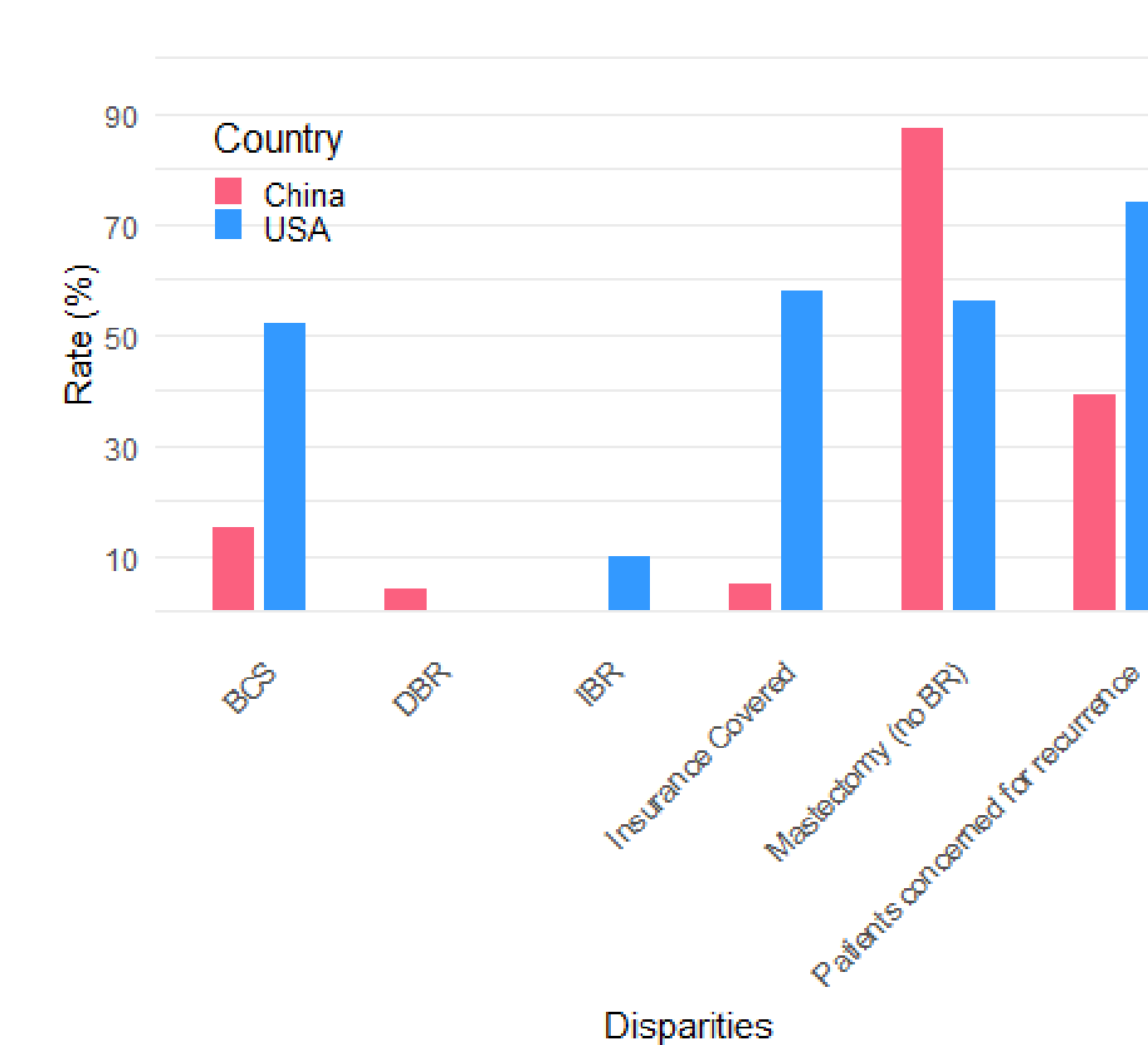
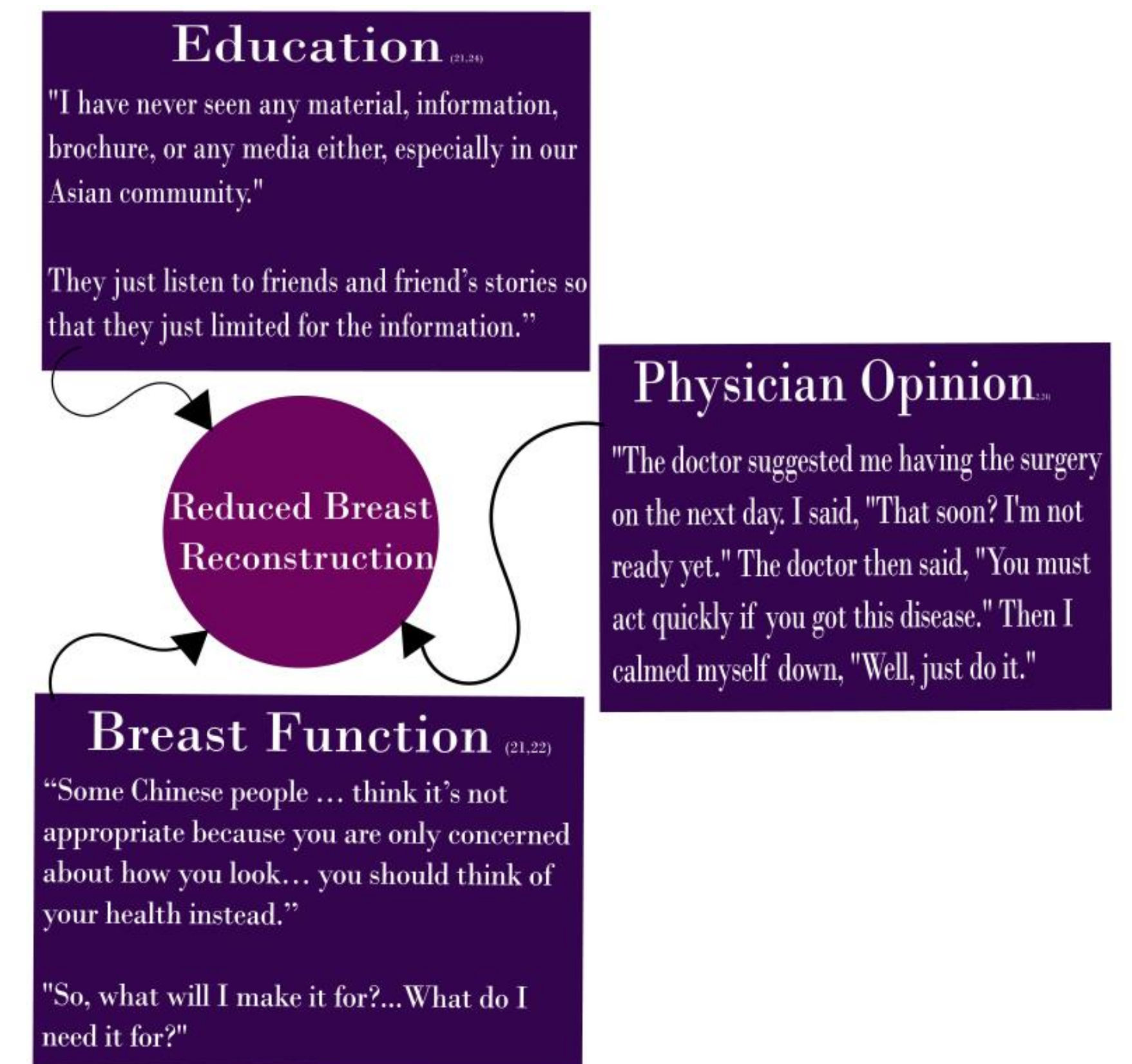


Figure 3. Factors for reduced breast reconstruction



Results

Both patient populations exhibited screening rates that were significantly lower than national recommendations. Of the CA patients, 25% reported never receiving a mammogram, while 450 million NC have been left unscreened despite the Chinese government's best efforts. Misinformation, cultural beliefs, and fear significantly contributed to diminished breast health care among CA and NC women. Fear of recurrence, breast value, community influence, and limited healthcare resources were found to be the primary drivers of low breast reconstruction uptake.

Conclusions

In both NC and CA women, there is a critical need for improved breast health information dissemination and overall quality of care. The findings summarized in this review can guide such efforts.