Despite no significant differences in breast cancer stage and tumor characteristics, Black women are receiving more aggressive cancer treatment in the form of bilateral mastectomy (p<0.001) and chemotherapy (p=0.003). Black women were significantly more likely than White women to undergo more aggressive cancer treatment in the form of bilateral mastectomy (p<0.001) and to undergo chemotherapy (p=0.003). Pairwise comparison of breast cancer stage at diagnosis, her2 status, and triple negative status showed no statistically significant difference between race groups (p=0.37, p=0.14, and p=0.15, respectively).

Post-reconstruction, Black patients were significantly more likely than White patients to experience complications in the form of flap compromise (p=0.002). Post-mastectomy, White women received reconstruction at higher rates compared to Black women, however this difference did not reach significance.

Due to small sample sizes, reliable conclusions with Hispanic, Asian, and American Indian/Alaska Native women were unable to be drawn. This is a limitation reflected in the field and the broader literature as well.

Our research showed no significant difference between race groups in reconstruction rates post-mastectomy, however this may be a result of our participant recruitment process and the sample surveyed, rather than a true reflection of population at large.

Despite no significant differences in breast cancer stage and tumor characteristics, race was found to be significantly associated with the type of breast cancer treatment received.

White women were significantly more likely than Black women to receive breast-conserving surgery (p<0.001). Although there was no significant difference in rates of breast reconstruction in women receiving conserving surgery compared to their non-White counterparts, Black women were significantly more likely to receive more aggressive cancer treatment in the form of bilateral mastectomy and chemotherapy compared to their White counterparts.

Although there was no significant difference in rates of reconstruction between Black and White women post-mastectomy, Black women were significantly more likely than White women to experience flap compromise post-reconstruction.

The present data suggests that Black women are receiving more aggressive treatments independent of cancer stage and characteristics, as well as experiencing greater post-reconstruction complications compared to White women.

The results of this study highlight the need for more research into the underlying causes for these disparities in treatment and reconstruction outcomes in WOC.