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Trends Contributing to Disparities in Inflammatory Breast Cancer

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Conclusions: COVID-19 has had a huge impact in this vulnerable cohort of inoperable breast cancer. Our attempt was to highlight these points and appreciate the challenges faced. There is a need to create better pathways to support them. At the same time, it is commendable that the current provision of virtual media to enhance communication with this group has dampened the effect slightly.

Table. Key findings of telephonic consultations based on the ENABLE study modules in patients with inoperable breast cancer

1.	**Lost opportunities impact**	COVID-19 pandemic had a negative impact on the lives of patients with treatable but not curable cancer.
2.	**Social impact**	As the government imposed restrictions, they couldn't form bubbles with their loved ones who were their main source of near normalcy and comfort during the ongoing pandemic.
3.	**Psychological impact**	More anxiety was noted in this cohort.
4.	**Emotional impact**	Although social distancing and self-isolation had an impact emotionally in this cohort, they reported satisfaction secondary to virtual medium of iPads and tablets delivering them constant contact with their loved ones.
5.	**Treatments impact**	Satisfied with support from specialist breast care nurses and telephonic conversation and support provided during the current pandemic.
6.	**Shielding impact**	Activities of daily living were reportedly hampered by shielding rules as they needed support from carers and loved ones to buy groceries and essential items.
7.	**Carers impact**	Higher burden noted on carers in the cohort that depended on them heavily.
8.	**New normal impact**	Initially experienced difficulty in adjusting to the new normal, but developed streamlined activities during the pandemic to make their lives easier.

118 - Trends Contributing to Disparities in Inflammatory Breast Cancer

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Background/Objective: Breast cancer overall survival rate in Black American (BA) women is lower compared to White American (WA) women. Inflammatory breast cancer (IBC) is a rare but aggressive subtype of breast cancer that is found at higher incidence in the BA patients. The objective of this study was to evaluate trends and identify factors that contribute to racial disparities in outcomes of women with IBC.

Methods: The National Cancer Database (NCDB) was used to evaluate patients with Stage III IBC from 2004 to 2014. Patient demographics, tumor characteristics, treatments and survival trends were stratified by race for comparison.

Results: A total of 10,160 cases were selected with 85% (n=8,591) WA patients and 15% (n=1,569) BA patients. Median follow-up was 58 months. BA patients were significantly younger at diagnosis with mean age of 54 years (SD: 13) compared to WA at mean age of 57 (SD: 13) ($p<0.001$). BA patients had a statistically higher rate of being uninsured (8% vs 4%), covered by Medicaid (22% vs 11%), live in lower income household (40% vs 14%), and less educated ZIP codes (32% vs 15%) (all $p<0.001$). BA patients

were more likely to live in a metropolitan county (87% vs 79%, p<0.001) and traveled fewer miles to care compared to WA patients (19 vs 27 miles, p<0.001). In terms of tumor characteristics, BA patients had higher rates of poorly differentiated tumor grade (63% vs 56%, p<0.001). All of the patients selected in the study underwent surgical treatment. WA patients had higher rates of RT compared to BA patients (76% vs 72%, p<0.001). BA patients had higher rates of receiving chemotherapy compared to WA (31% vs 24%, p<0.001). Despite current guidelines for trimodal therapy, both groups (>80%) did not undergo both radiation and chemotherapies. Out of the small group of patients who received chemo and radiation, BA patients had slightly higher rates (17% vs 15%, p=0.006). A significant difference in overall mortality showed that BA patients had 39% greater hazard ratio compared to WA. (95% CI: 1.28, 1.51); p=< 0.001).

Conclusions: BA women were younger age at diagnosis with higher tumor grades, suggesting more aggressive IBC type compared to WA women. BA patients had lower survival despite having higher rates of trimodal therapy. Disparity in survival may relate to underlying tumor biology and socioeconomic factors, access to insurance, income, and education levels.

TABLE. Inflammatory Breast Cancer Cases Variables Stratified by Race

		White/Caucasian (n = 8,591)	**Black/African American (n = 1,569)**	**P-Value**
Age at Diagnosis				
	Mean (Standard Deviation)	57.32 (12.96)	53.59 (12.89)	< 0.0001
Primary Payor				
	Not Insured	321 (3.74%)	120 (7.65%)	< 0.0001
	Private Insurance/Managed Care	4,761 (55.42%)	707 (45.06%)	
	Medicaid	955 (11.12%)	350 (22.31%)	
	Medicare	2,358 (27.45%)	351 (22.37%)	
	Other Government	81 (0.94%)	24 (1.53%)	
	Unknown	115 (1.34%)	17 (1.08%)	
Percent of ZIP Code without High School Diploma				
	21% or more	1,297 (15.10%)	505 (32.19%)	< 0.0001
	13% - 20.9%	2,178 (25.35%)	560 (35.69%)	
	7% - 12.9%	2,941 (34.23%)	345 (21.99%)	
	Less than 7%	2,040 (23.75%)	133 (8.48%)	
	Unknown	135 (1.57%)	26 (1.66%)	
Median Household Income of ZIP Code				
	Less than $38,000	1,204 (14.01%)	628 (40.03%)	< 0.0001
	$38,000 - $47,999	2,079 (24.20%)	368 (23.45%)	
	$48,000 - $62,999	2,469 (28.74%)	313 (19.95%)	
	$63,000 or more	2,702 (31.45%)	233 (14.85%)	
	Unknown	137 (1.59%)	27 (1.72%)	
County Classification of Patient Residence				
	Metropolitan County	6,778 (78.90%)	1,371 (87.38%)	< 0.0001
	Urban County	1,324 (15.41%)	136 (8.67%)	
	Rural County	175 (2.04%)	14 (0.89%)	

Unknown	314 (3.65%)	48 (3.06%)	
Distance to Facility (Miles)			
Mean (Standard Deviation)	27.31 (110.58)	19.38 (73.22)	0.0004
Tumor Grade			
Well differentiated	220 (2.56%)	23 (1.47%)	< 0.0001
Moderately differentiated	2,277 (26.50%)	318 (20.27%)	
Poorly differentiated	4,775 (55.58%)	986 (62.84%)	
Undifferentiated	112 (1.30%)	14 (0.89%)	
Unknown Grade	1,207 (14.05%)	228 (14.53%)	
Radiation Therapy			
Neoadjuvant	255 (2.97%)	48 (3.06%)	0.0008
Adjuvant	6,269 (72.97%)	1,074 (68.45%)	
None	2,067 (24.06%)	447 (28.49%)	
Chemotherapy			
Neoadjuvant	1,733 (20.17%)	407 (25.94%)	< 0.0001
Adjuvant	366 (4.26%)	78 (4.97%)	
None	6,492 (75.57%)	1,084 (69.09%)	
Radiation and Chemotherapy			
Yes	1,268 (14.76%)	274 (17.46%)	0.0061
No	7,323 (85.24%)	1,295 (82.54%)	

119 - Choosing Between Mastectomy and Breast-Conserving Therapy: Is Patient Distress an Influencing Factor?

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Background/Objective: Breast-conserving therapy (BCT) offers similar oncologic outcomes when compared to mastectomy. Additionally, patients undergoing BCT have reported improved postoperative satisfaction and cosmetic outcomes. Yet, when presented with BCT or mastectomy, many patients will still opt to undergo mastectomy. Distress at the time of diagnosis has broad impacts – including quality of life and treatment adherence – and may be related to patients' surgical decision-making. We sought (1) to evaluate the relationship between patient-reported distress at the time of diagnosis and surgical treatment pursued in those who were eligible for BCT and (2) to determine sociodemographic and clinicopathologic factors predictive of choosing BCT versus mastectomy.

Methods: Newly diagnosed breast cancer patients who completed a distress screening tool at their initial clinic visit at an academic institution and were deemed candidates for BCT were retrospectively evaluated between 2016 and 2019. The screening tool captured self-reported distress levels in emotional, social, health, and practical domains on a scale of 0-10, with 10 being high distress. Overall distress was calculated by adding all domains (0-40). Relevant sociodemographic and clinicopathologic details, along with surgery performed, were reviewed. Clinical presentation (palpable lump, nipple