Reducing racial/ethnic disparities in survivorship outcomes for women with breast cancer is an important national and research priority (1-3). A recent Institute of Medicine report on cancer survivorship emphasized the need to evaluate survivorship issues during the often neglected period of time following the first diagnosis and treatment (2). In the 2004 President’s Cancer Panel, cancer patients themselves identified issues related to return to work and quality of life (QOL) as important areas in need of further attention 4. Racial/ethnic minority cancer survivors may be more vulnerable to poor outcomes related to return to work and QOL for reasons related to treatment, employment and socio demographic contexts at the time of their diagnosis 5-7. The impact of cancer treatment on paid work is a particularly key component of survivorship because over half of women with breast cancer are working for pay at time of diagnosis. Yet, there are large gaps in the current literature on paid work-related outcomes for women with breast cancer, and potential racial/ethnic disparities in work outcomes into the survivorship period have not received adequate attention 8-10.

The overall goal of the proposed competitive renewal is to evaluate these survivorship outcomes at 3 years after diagnosis in a large population-based inception cohort of racially/ethnically diverse patients diagnosed with breast cancer in the metropolitan areas of Los Angeles and Detroit. We propose to re-interview our baseline cohort of patients that were accrued shortly after diagnosis and who completed a survey during the treatment period. A key feature of the baseline patient cohort is the large representation of Latinas and African American women which will ensure adequate power to address the following specific aims:

Specific Aim #1 Patient Cohort Follow-up Survey: To perform a self-administered follow-up survey (with telephone option) at 3 years after diagnosis of a cohort of 2498 patients diagnosed with breast cancer during a period from May 2005 to February 2007 and reported to the Los Angeles and Detroit SEER registries.

Specific Aim #2 Disparities In Disruption in Paid Work: To examine racial/ethnic differences in disruption in paid work outcomes for patients with breast cancer into the survivorship period

Hypothesis 2a: Latinas and African Americans working for pay at time of diagnosis will experience more disruption in paid work 3 years after diagnosis than non-Latina Whites.

Hypothesis 2b: Receipt of adjuvant chemotherapy and a less supportive employment environment experienced during the treatment period will be associated with disruption in paid work 3 years after diagnosis.

Hypothesis 2c: Disruption in paid work will be associated with financial stress measured 3 years after diagnosis.

Specific Aim #3 Disparities In Quality Of Life: To examine racial/ethnic differences in quality of life (measured by the Functional Assessment of Cancer Therapy-Breast or FACT-B) for patients with breast cancer during the survivorship period.

Hypothesis 3a: Latinas and African Americans will report less recovery in FACT-B functional status measures 3 years after diagnosis than non-Latina Whites.

Hypothesis 3b: Breast cancer care support rendered during the treatment period (e.g., care coordination, information support and peer support) will be associated with recovery in FACT-B functional status measures 3 years after diagnosis.