Does Residing in a Medicaid Expansion State Mitigate Racial Disparities in Reconstruction Rates?

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**Background**

- Rates of post-mastectomy reconstruction have increased in the past two decades
- Disparities in the rate of reconstruction exist between Caucasians and African American (AA) patients.
- Factors contributing to these disparities include patient age, race, and education level.
- Previous studies have not evaluated the impact of Medicaid expansion on these disparities.

**Aims**

- To use the NCDB to characterize reconstruction patterns across the US according to race.
- To determine if Medicaid expansion affected receipt of reconstruction.

**Methods**

- The NCDB was examined to identify all women who underwent mastectomy with or without reconstruction between 2004-2016. The association of clinicopathologic variables with the receipt of reconstruction were assessed.
- Statistical analyses performed included a descriptive analysis for all variables of interest stratified by race. A univariate and multivariate analysis was fitted to assess association with race and receipt of reconstruction.

**Results**

- A total of 302,791 patients underwent mastectomy, of which 109, 604 (36.2%) underwent reconstruction.
- AA patients accounted for 9.7%
- Medicaid was the coverage for 6.0% of all patients.
- 182,818 (60.4%) resided in states that underwent Medicaid expansion; Caucasian patients were less likely to have Medicaid vs AA patients (4.9% vs 12.3%).
- Caucasian patients in Medicaid expansion states were less likely to receive reconstruction, while Medicaid expansion was not associated with receipt of reconstruction in AA patients.
- Patients in the northeast had highest rates of reconstruction regardless of race.

**Conclusions**

- Younger age, white race, higher SES and lower stage tumors were all associated with receipt of reconstruction after mastectomy.
- The Northeast region of the US continues to have the highest rates regardless of race.
- Medicaid expansion was a significant factor in receipt of reconstruction for caucasian patients but not for AA patients.
- Further studies are needed to determine the reason for disparities among AA patients.
- Insurance access alone cannot account for disparities in reconstruction.