

Recent Trends in Race and Ethnicity Reporting in Breast Surgery Journals

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Research Article

Keywords: Race/ethnicity reporting, minorities, breast surgery, health disparities

Posted Date: June 10th, 2026

DOI: <https://doi.org/10.21203/rs.3.rs-9432762/v1>

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Additional Declarations: No competing interests reported.

Abstract

Introduction: Race and ethnicity play an important role in breast cancer disparities; however, these variables are not consistently reported in research articles. Our study evaluates contemporary trends in racial and ethnic demographic reporting in clinical breast surgery research over a six-year period.

Methods: PubMed search engine was queried for breast surgery related clinical research articles published from January 2017 to June 2023. The four breast journals with the highest impact factors were evaluated: Annals of Surgical Oncology, Breast Cancer Research and Treatment, Clinical Breast Cancer, and The Breast Journal. Statistical analyses were conducted using chi-square, Fisher's exact tests, or Cochran-Armitage Trend Test.

Results: Among 288 studies included, 181 (62.9%) reported any race/ethnicity. Studies were divided based on year of publication into three study periods: 2017-2018 (n=108), 2019-2020 (n=87), 2021-2023 (n=93). Studies consistently reported White race across all time periods (100% vs. 96.4% vs. 100.0%) (p=0.09), along with Black race (79.3% vs. 76.4% vs. 88.2%, p=0.20), Asian race (50.0% vs. 45.5% vs. 60.3%, p=0.24), Hispanic ethnicity (46.6% vs. 47.3 vs. 48.5%, p=0.97), and "Other" race (55.2% vs. 61.8% vs. 66.2%, p=0.45). Reporting of any race/ethnicity was found to have increased in recent years (53.7% vs. 63.2% vs. 73.1%, p<0.01), only up to 73.1% in 2021-2023.

Conclusion: Race reporting in high-impact breast surgery journals has increased significantly from 2017 to 2023, although only reaching 73.1% in 2021-2023. Specific populations, including Hispanics and Asian-Americans, remain underrepresented. While increasing, race reporting remains limited in clinical breast research, underscoring the need for more consistent and comprehensive research standards.

Introduction

Breast cancer remains the most commonly diagnosed cancer among women in the U.S., and despite advances in early detection and treatment, disparities persist [1]. Black women in the U.S. experience a nearly 40% higher mortality rate than white women due to breast cancer, despite lower breast cancer incidence [2]. Additionally, Asian-American women have had the steepest increase in incidence of breast cancer noted in the past 10 years (largely driven by an increase in the young Asian-American population) compared to any other race [2]. Furthermore, it is established that Hispanic and Black women are more likely to be diagnosed with high-grade and hormone-receptor negative tumors compared to White women [2,3]. These trends reflect a complex mix of biological, socioeconomic, and healthcare access factors, along with other social determinants of health [4]. Racial and ethnic disparities exist in breast cancer care, where patient demographics, such as race, can significantly influence disease incidence, treatment outcomes, and survival [5,6].

Accurate and consistent reporting of race and ethnicity in clinical breast cancer research is essential for not only recognizing these disparities but also understanding their root causes and mitigating them. It allows researchers to assess the generalizability of study findings, develop targeted interventions, and

promote equitable cancer care. However, prior studies in various surgical specialties have highlighted that certain ethnic groups remain underrepresented in outcomes research and clinical trials, leading to gaps in data that may hinder equity in breast cancer treatment [6–9]. This issue is particularly important in breast cancer research, where population-specific differences in tumor biology, genetics, and treatment responses can significantly impact outcomes [3,10,11].

While there has been increasing awareness about the importance of diverse patient representation in modern clinical research, it is unclear how much progress has been made in recent years. Despite incremental improvements, many studies still fail to include comprehensive demographic data, potentially limiting their applicability to diverse patient populations [12]. Given the central role of high-impact breast surgery journals in shaping clinical guidelines, it is critical to evaluate whether these journals have effectively addressed the need for improved racial and ethnic representation in their published studies. This study aims to evaluate trends in the reporting of racial and ethnic data in clinical breast surgery research over the past several years.

Methods

PubMed was queried for clinical research articles in breast surgery published from January 2017 to June 2023. Searches were conducted using PubMed's MeSH (Medical Subject Headings) functionality (Advanced Search Builder) and relevant keyword combinations. The top four breast journals with the highest impact factors were evaluated. These included: *Annals of Surgical Oncology*, *Breast Cancer Research and Treatment*, *Clinical Breast Cancer*, and *The Breast Journal*. Studies were limited to English-language publications involving human subjects. International studies were excluded. Basic science and translational research, literature reviews, meta-analyses, case reports, and other non-clinical article types were also excluded.

Prior to formal data extraction, all investigators completed an initial set of practice extractions to standardize interpretation of eligibility criteria and data elements, followed by adjudication of discrepancies and refinement of the abstraction approach. Subsequently, each included article was reviewed by a single investigator to abstract study characteristics and to assess reporting of race/ethnicity.

For each included study, the following variables were abstracted: publication year, journal, study design, and whether race and/or ethnicity were reported in the demographics or included in analyses. Articles reporting any race/ethnicity data were further evaluated for which groups were included (e.g., White, Black, Asian, American Indian/Native American, Hispanic ethnicity) and whether non-White groups were combined into aggregate categories such as "Other".

Studies were grouped into three publication periods (2017–2018, 2019–2020, 2021–2023). Differences in reporting frequency across periods were assessed using chi-square tests or Fisher's exact tests for categorical variables. To assess whether there was a monotonic increase in the overall reporting of race/ethnicity over time, Cochran-Armitage Trend Test was performed. Analyses were performed in SAS

Version 9.4 (SAS Institute, Inc., Cary, NC) and all p-values were two-sided with statistical significance evaluated at the 0.05 alpha level.

Results

A total of 288 studies met inclusion criteria, with 181 (62.9%) reporting any race/ethnicity. Studies were divided based on year of publication into three study periods: 2017–2018 (n = 108), 2019–2020 (n = 87), 2021–2023 (n = 93). The number of studies reporting race or ethnicity increased overall in all three time periods (53.7% in 2017–2018, 63.2% in 2019–2020, and 73.1% in 2021–2023) ($p < 0.01$) (Fig. 1).

Race reporting categories

Studies consistently reported White race across all time periods (100% vs. 96.4% vs. 100.0%) ($p = 0.09$). Reporting of Black race (79.3% vs. 76.4% vs. 88.2%, $p = 0.20$), Asian race (50.0% vs. 45.5% vs. 60.3%, $p = 0.24$), Hispanic ethnicity (46.6% vs. 47.3 vs. 48.5%, $p = 0.97$), and “Other” race (55.2% vs. 61.8% vs. 66.2%, $p = 0.45$) did not significantly increase over all time periods. American Indian/Native American (10.5%) and Hispanic (47.5%) ethnicity were the least likely to be reported (Fig. 2).

Race reporting between time periods

Reporting of any race/ethnicity increased in later years (53.7% vs. 63.2% vs. 73.1%, $p < 0.01$). There was no increase in the number of studies reporting White race over the study period ($p = 0.92$). Reporting of Black race remained stable over the years ($p = 0.18$). Reporting of Asian race ($p = 0.23$) and Hispanic ethnicity did not change significantly over the study period ($p = 0.82$). The category of ‘Other’ race also continued to be reported with no significant change over time ($p = 0.21$).

Discussion

Importance of race reporting

Breast surgery research, while primarily focused on female patients, does not constitute a homogeneous population. The cross-section between race and breast cancer presentation and progression is impacted by a variety of genetic and environmental factors [13–15]. For breast cancer, a family history of genetic mutations and subtypes of cancer based on hormone or protein receptors play an important role in the manifestation, prognosis, and treatment of the cancer [13, 16]. More aggressive tumor profiles such as triple negative breast cancer (TNBC) has been seen with higher incidence in Black women than White women, despite lower BRCA1 mutations, which have a significantly higher association with the development of TNBC [13, 16]. Stratifying patient populations by race is crucial to tease out other factors that may help explain the reason for the development of such aggressive breast cancers in specific races [13]. Our study showed that race/ethnicity reporting increased from 2017 to 2023 in high-impact

breast surgery journal articles but remained at 73.1% by 2023. In our analysis, White patients were consistently reported, while Black patients were reported less frequently, and Hispanic and Asian patients were reported substantially less often. Taken together, these findings suggest that reporting is improving overall, but not uniformly across racial/ethnic groups, an important limitation when interpreting generalizability and equity implications of breast cancer outcomes research.

Breast cancer prognosis is confounded by socioeconomic status, which can also contribute to health disparities and access to care [17]. Access to health care, nutritious food, insurance, and education are all modifiable socioeconomic factors that affect communities with limited resources [18–20]. According to US Census data, Black and Hispanic communities are disproportionately affected by these issues compared to White communities [21]. Mammogram screening is a cornerstone for breast cancer detection and monitoring and has been reported to be less accessible for Black and Hispanic women [22, 23]. Considering this, Black and Hispanic women are more often diagnosed with breast cancer at advanced stage [24, 25]. The result of these health disparities is a higher breast cancer mortality rate in the aforementioned populations [1,22]. In this context, inconsistent race/ethnicity reporting is more than a documentation issue; it can obscure disparities, limit subgroup analyses, and hinder the design and implementation of targeted interventions.

National race movements and reporting

The US 2020 census data showed a diversity index of 61%, defined as the probability that two people chosen at random in the country would be from two different races [26]. The National Institutes of Health (NIH), International Committee of Medical Journal Editors, and the World Health Organization (WHO) have guidelines, policies, and recommendations on race reporting for clinical research and scholarly work [27–29]. Yet, in a 2022 study, US clinical trials registered on ClinicalTrials.gov from March 2000 to March 2020 reported race as a datapoint in only 43% of studies [27]. Breast surgery is not exempt from this low percentage of race reporting. Numerous investigations have highlighted the limited representation of racial and ethnic diversity in clinical studies related to breast surgery conducted in the US [29–31]

Similar to the organizations listed above, the high-impact breast journals included in this study have put forth policy statements on diversity. Journal editorial requirements directly influence how authors report demographic information [32]. Most journals include general comments on how minority groups should be appropriately included in research trials, with low barriers to participation, as cited in the National Breast Cancer Coalition (NBCC) statement [33]. It also suggests that trials must “gather data about social determinants of health”; however, there is no defined guidance or steps for researchers to reference. The Annals of Surgical Oncology has put forth a statement in 2020 that requires that race, ethnicity, and gender be reported for all human studies if the data are available,” to enforce reporting of minority race and ethnicity [34]. The Annals of Surgical Oncology also requires authors to not only report the race/ethnicity distribution using standardized categories of all study participants, but also to provide details on how this data was collected (e.g., self-report, database, electronic medical record), and to include an explanation of why the information is not provided if the data is absent [35]. Of note, the

majority of journals included in our study have not provided explicit guidelines for authors on reporting race and ethnicity in their online policies [35–38]. This variation in reporting presents an opportunity for journals and investigators to align on standardized, detailed guidance to improve comparability across studies and support more equitable breast cancer research.

Our study showed that race reporting increased for Black patients without statistical significance, but did not change for Asian and Hispanic patients over this 6-year study period. This increase may coincide with large national socio-cultural movements such as Black Lives Matter and a spotlight on inequities faced by black communities [13]. Interestingly, a similar Stop AAPI (Asian-American Pacific Islander) Hate movement occurred during this time as well, related to the COVID pandemic, and did not seem to reach the scientific community in the same way, as there was no significant increase in race reporting for Asian-American breast cancer patients in this data set [39].

The Other race category

Our data revealed that 55.2–66.2% of clinical studies in 2017–2023 reported “other” as a race category. This term highlights the lack of granular detail in ethnic and racial reporting in clinical breast research. It is unclear whether these patients are from different ethnic backgrounds, are of two or more races, did not have their ethnicity listed as an option for reporting, or were unable to provide this information. However, it is evident that these patients represent a missing data point that further undermines the applicability and generalizability of a study's results to broader patient populations. The concept of the “Other-ization” of minority groups has been previously described with the potential to not only misrepresent patient research populations, but be potentially psychologically damaging for persons being seen as perpetual foreigners [40]. These unknown or ‘Other’ categories offer opportunities to improve how we collect data in clinical research and to better understand our patients, for example, by providing more specific race categories, such as disaggregated race reporting options.

Conclusion

Reporting on racial diversity in high-impact breast surgery journals has increased significantly from 2017 to 2023. This change represents an improvement in how breast researchers understand how crucial race/ethnicity is as a factor in breast cancer outcomes, although the overall percentage of papers stratifying data based on race and ethnicity in 2023 is still approximately 73.1%. Furthermore, specific populations continued to be underrepresented in many clinical research studies, such as Hispanic, Asian-Americans, and American Indian/Native Americans.

Continued efforts are essential to improve the granularity of race reporting and to create consensus guidelines that support more accurate and equitable breast cancer surgery research. It continues to be critical to maintain a high standard of representation of diverse populations in breast surgery research to elucidate further disparities in care and to ensure cancer health equity.

Declarations

The authors declare that no funds, grants, or other support were received during the preparation of this manuscript. The authors do not have any relevant interests to disclose.

Acknowledgements and Funding

The authors declare that no funds, grants, or other support were received during the preparation of this manuscript.

Author Contribution

O.F, S.K, S.C, T.J were responsible of conception and design of project. O.F, S.K, D.A, A.R, J.Z, A.C, J.D, V.E, X.M, and J.H were responsible for data gathering and data analysis. X.M and O.F prepared figures 1 and 2. V.E, S.K, O.F, and A.C wrote the main manuscript. M.M, V.B, L.N, D.H, S.C, T.J revised the manuscript for important intellectual content and approved it for publication. All authors reviewed the manuscript .

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Figures

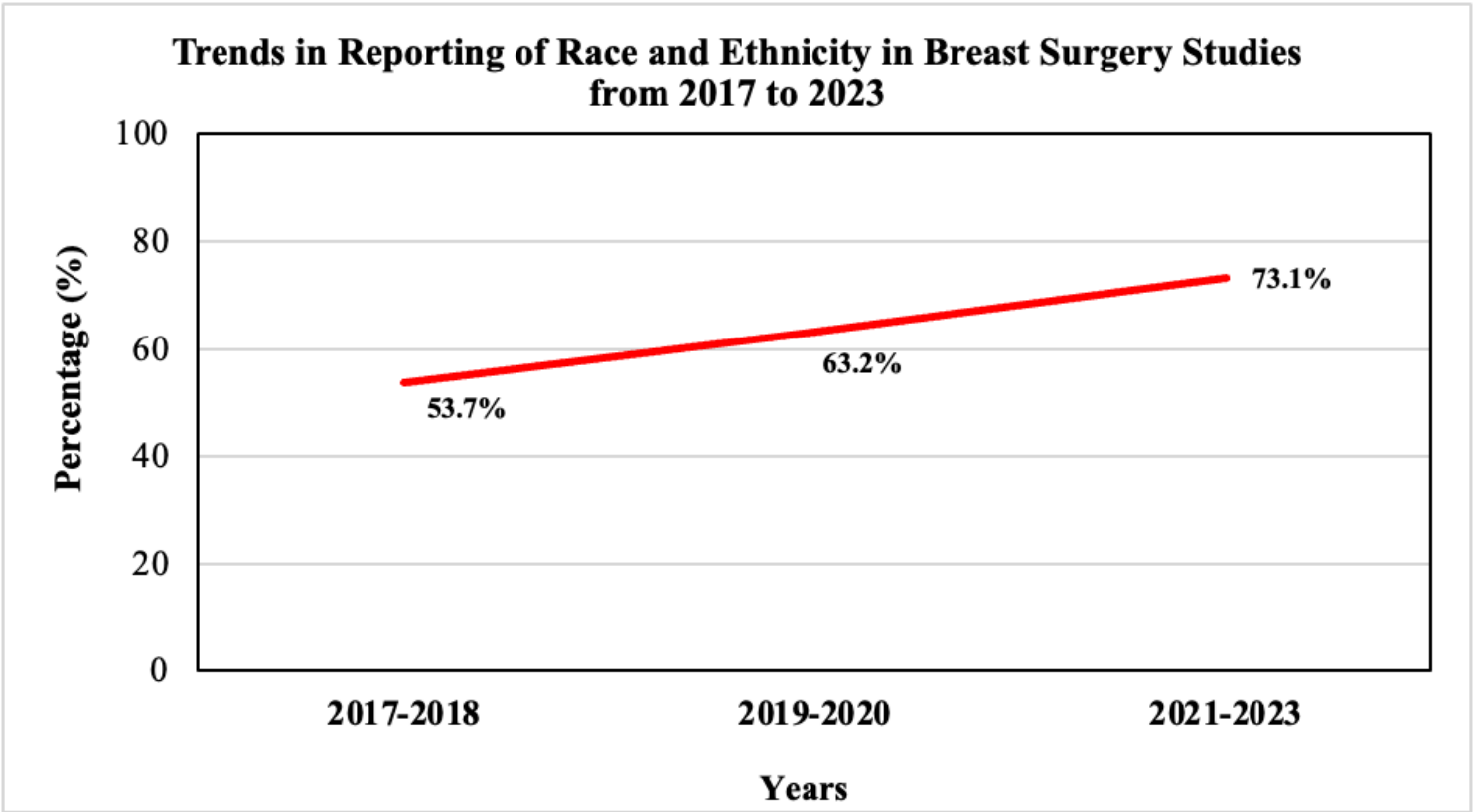


Figure 1

Trends in Reporting of Race and Ethnicity in Breast Surgery Studies from 2017 to 2023. The percentage of studies reporting race/ethnicity increased steadily over time, rising from 53.7% in 2017–2018 to 63.2% in 2019–2020, and reaching 73.1% in 2021–2023, demonstrating a progressive improvement in demographic reporting within the breast surgery literature.

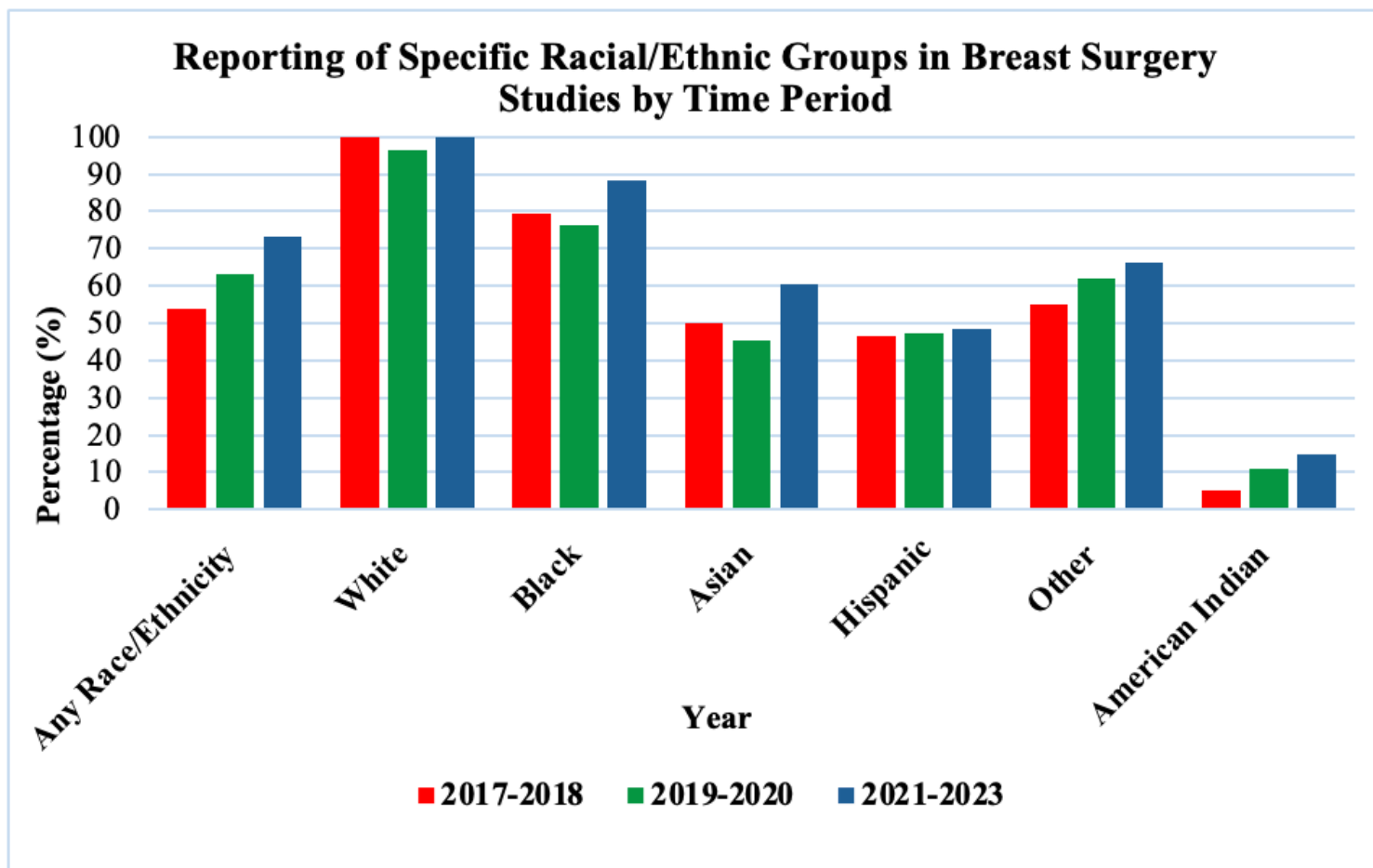


Figure 2

Reporting of Specific Racial/Ethnic Groups in Breast Surgery Studies by Time Period. Reporting of race/ethnicity increased across most groups from 2017–2018 to 2021–2023. While reporting of White patients remained consistently high across all periods, reporting of Black, Asian, Hispanic, and “Other” racial/ethnic groups demonstrated overall upward trends. Notably, reporting of American Indian populations remained low despite slight increases over time, highlighting persistent gaps in representation.