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GERENCIAMENTO E PRODUÇÃO

**RV+**



**Race.ID**  
GRUPO DE PESQUISA EM SAÚDE  
DA POPULAÇÃO NEGRA

# DISPARIDADES E INEQUIDADES EM CANCER DE MAMA

O QUE APRENDEMOS EM 2023

**Abna Vieira**

**Oncologista clínica; membro do grupo de pesquisa em saúde da população negra da FMUSP, o Race.ID; membro fundadora do Comitê de Diversidade da SBOC; comissão científica CURA**

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# Declaração de Conflitos de Interesse\*

Não tenho conflitos de interesse para essa apresentação.



\*De acordo com RDC 96/2008 ANVISA

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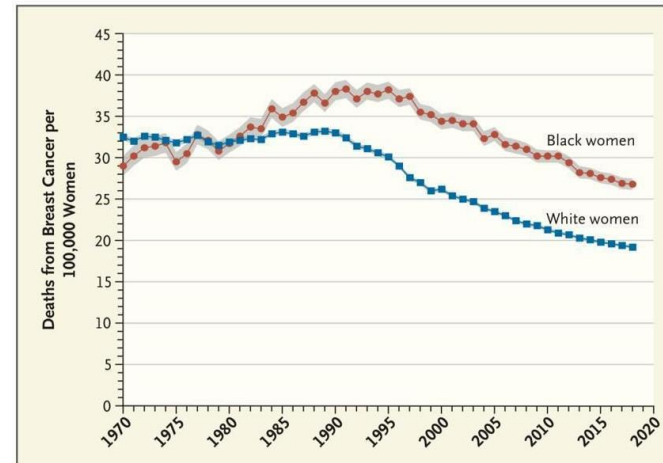
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## The Emergence of the Racial Disparity in U.S. Breast-Cancer Mortality

Ismail Jatoi, M.D., Ph.D., Hyuna Sung, Ph.D., and Ahmedin Jemal, D.V.M., Ph.D.

RACIAL DISPARITY IN U.S. BREAST-CANCER MORTALITY



Trends in Breast-Cancer Mortality among Black Women and White Women in the United States, 1970 through 2018.

- Nos EUA, a **mortalidade por câncer de mama**, ajustada para a idade, é cerca de **40% maior entre mulheres negras**, que entre mulheres brancas não hispânicas

27,7 X 20,0 mortes por 100mil mulheres de 2014 até 2018

- Apesar de uma menor incidência de câncer de mama entre mulheres pretas, em relação às mulheres brancas:

125,8 X 139,2 casos por 100mil mulheres

## Disparidade racial na sobrevivência em 10 anos para o câncer de mama: uma análise de mediação usando abordagem de respostas potenciais



Cad. Saúde Pública 2018; 34(9)

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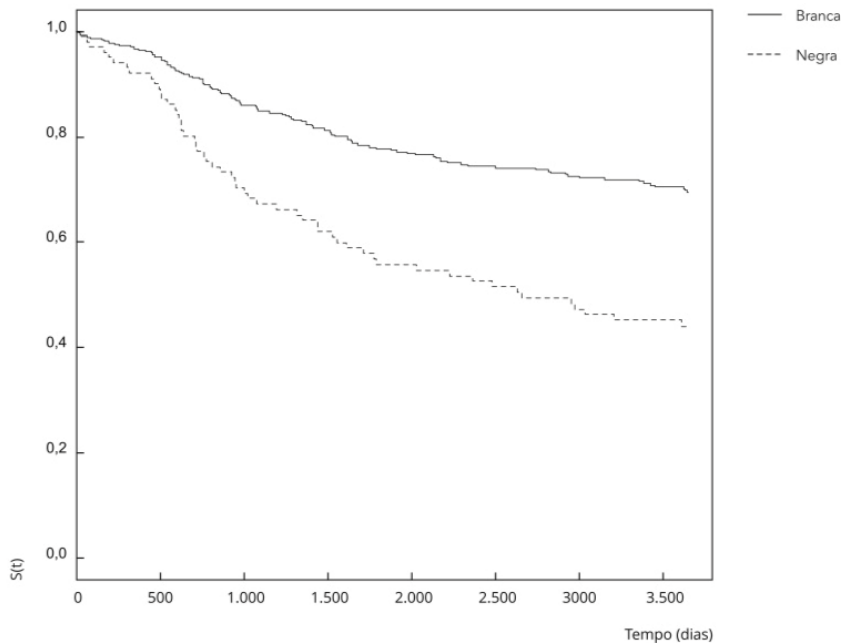
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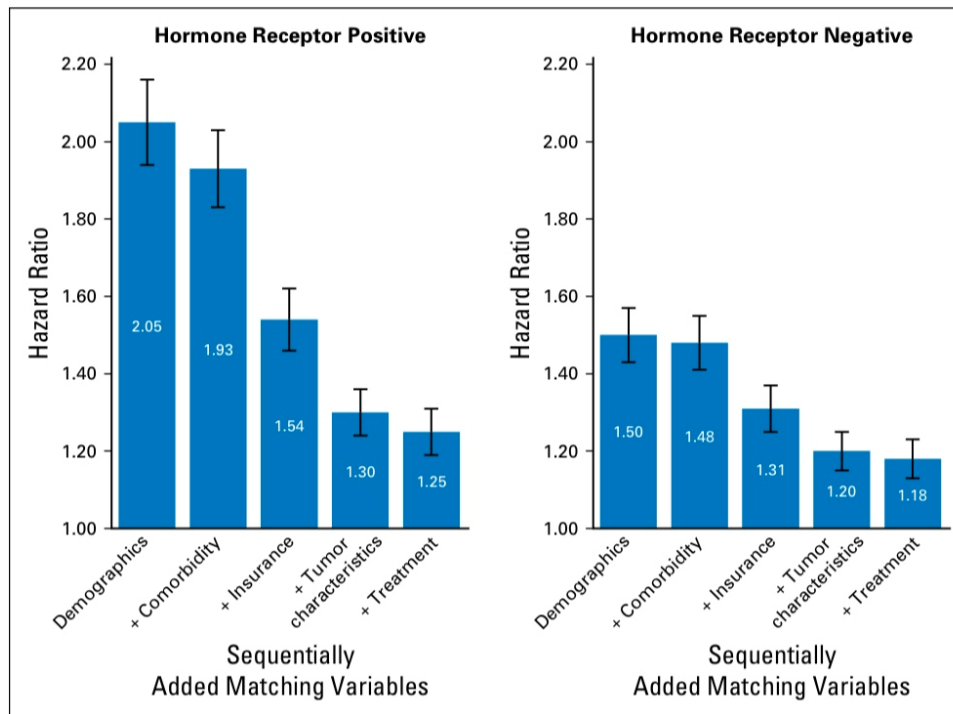
Gráfico com as curvas de sobrevivência específica em 10 anos por câncer de mama estratificada por raça/cor, estimada pelo método de Kaplan-Meier.



## Factors That Contributed to Black-White Disparities in Survival Among Nonelderly Women With Breast Cancer Between 2004 and 2013

Ahmedin Jemal, Anthony S. Robbins, Chun Chieh Lin, W. Dana Flanders, Carol E. DeSantis, Elizabeth M. Ward, and Rachel A. Freedman

A mortalidade para a população NEGRA é maior, independente das variáveis confundidoras.



## Social Determinants of Cancer Disparities

Georgia Syrnioti, MD, MSc<sup>1,2</sup>, Claire M. Eden, MD<sup>3</sup>, Josh A. Johnson, MD<sup>1</sup>, Chase Alston, MHS<sup>1</sup>,  
 Antonia Syrnioti, MD<sup>4</sup>, and Lisa A. Newman, MD, MPH<sup>1</sup>

### Cancer-related health outcomes

Risk factor burden	Cancer screening and diagnosis	Treatment	Supportive care and palliation
Exposure to environmental carcinogens and tobacco smoking	Unequal access to transportation	Poverty and uninsurance	Financial and distance barriers
Lack of physical activity	Delay in diagnosis and follow-up of significant findings	Lack of affordable transportation	Lack of social support
Food insecurity	Language and cultural differences between patients and providers	Unavailability of specialized cancer centers in rural areas	Unsafe housing conditions/homelessness
Increased alcohol intake	Lack of health literacy and fear for diagnosis	Lack of family and social support	Transportation limitations and lack of specialized services in rural regions
Obesity		Low income	
		Unequal access to molecular and genetic testing	
		Unequal access to participation in clinical trials	

Implicit/explicit biases of discriminatory delivery of cancer care



# PERCEPÇÕES E PRIORIDADES SOBRE O CÂNCER NAS FAVELAS

DATA  
FAVELA

Oncoguia

## Método

Pesquisa quantitativa  
online via questionário  
estruturado de  
autopreenchimento



## Amostra

**2.963**  
(1.000 contratadas  
+ 1.963 extras)



## Praça

Favelas de  
todas as  
regiões do  
Brasil



## Perfil



Homens



Mulheres

Homens e mulheres,  
**moradores de  
favelas**, a partir  
de 18 anos.

Margem  
de erro

**1,8 p.p.**

Período de campo

18/01/2023 a  
01/02/2023



DATA  
FAVELA

INSTITUTO  
LOCO  
RIOTIVA

Oncoguia

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# 81%

dos respondentes  
são pessoas negras

# 81%

dos respondentes são  
de classes sociais D/E

# 91%

dos respondentes  
têm escolaridade  
até o ensino médio

# 82%

dos respondentes usam  
exclusivamente o SUS

# 55%

considera fácil chegar na UBS/UPA.

Apesar de que...

# 82%

levam até 1 hora para chegar  
na UBS/UPA.



DATA

LOCO RIOTIVA

Oncoguia



DATA

LOCO RIOTIVA

Oncoguia

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70%

CONCORDAM

“

Moradores de favelas e comunidades **têm menos acesso a informações** sobre prevenção e diagnóstico precoce de **câncer.**

”

74% Até ensino médio completo  
73% Negros

44%

DAS PESSOAS COM FILHOS  
CONCORDAM QUE SE  
TIVESSEM COM QUEM DEIXAR  
OS FILHOS, PODERIAM CUIDAR  
MELHOR DA SAÚDE

“

Se eu tivesse com quem deixar meus filhos eu poderia cuidar melhor da minha saúde, fazendo exames de rotina com maior frequência.  
(Pessoas com filhos)

”



58%

Mães com filhos até 2 anos

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# Racial disparities in breast cancer survival after treatment initiation in Brazil: a nationwide cohort study

*Lívia Lovato Pires Lemos, Mirian Carvalho Souza, Augusto Afonso Guerra Junior, Thais Piazza, Rodrigo Moura Araújo, Mariangela Leal Cherchigl*

Racial disparities in breast cancer survival after treatment initiation in Brazil: a nationwide cohort study. Lívia Lovato Pires Lemos et al. The Lancet Onc Vol 12 February 2024

# Resultados

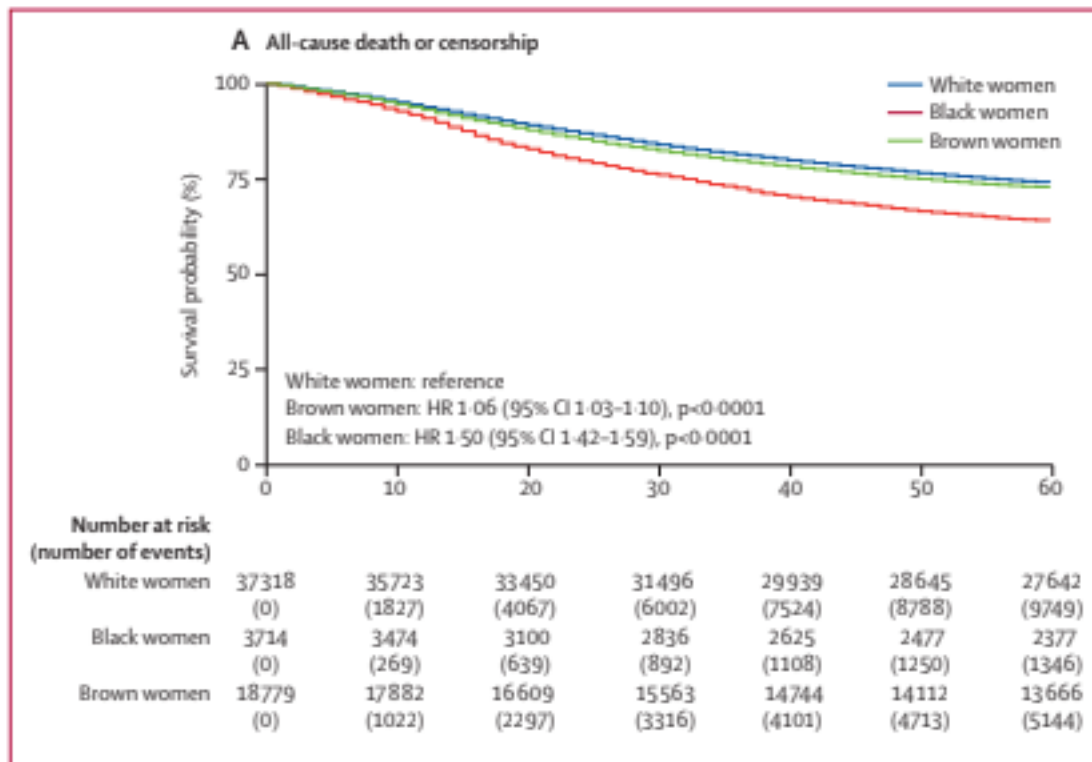
**59.811** mulheres que iniciaram tratamento para câncer de mama estágio I-IV no SUS entre 1º de janeiro de 2008 e 30 de novembro de 2010

37.318 (62,4%) brancas: 48,6% foram diagnosticados com estágios avançados (III-IV);

18779 (31,4%) pardas: 55,5%

3.714 (6,2%) pretas: **60,3%**

**$p < 0.0001$**



[www.thelancet.com/lancetgh](http://www.thelancet.com/lancetgh) Vol 12 February 2024

Racial disparities in breast cancer survival after treatment initiation in Brazil: a nationwide cohort study. Lívia Lovato Pires Lemos et al. The Lancet Onc Vol 12 February 2024

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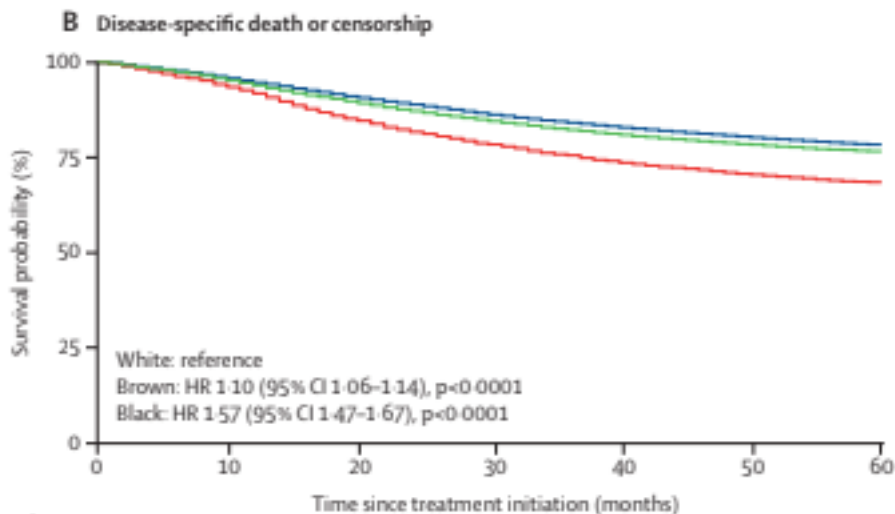


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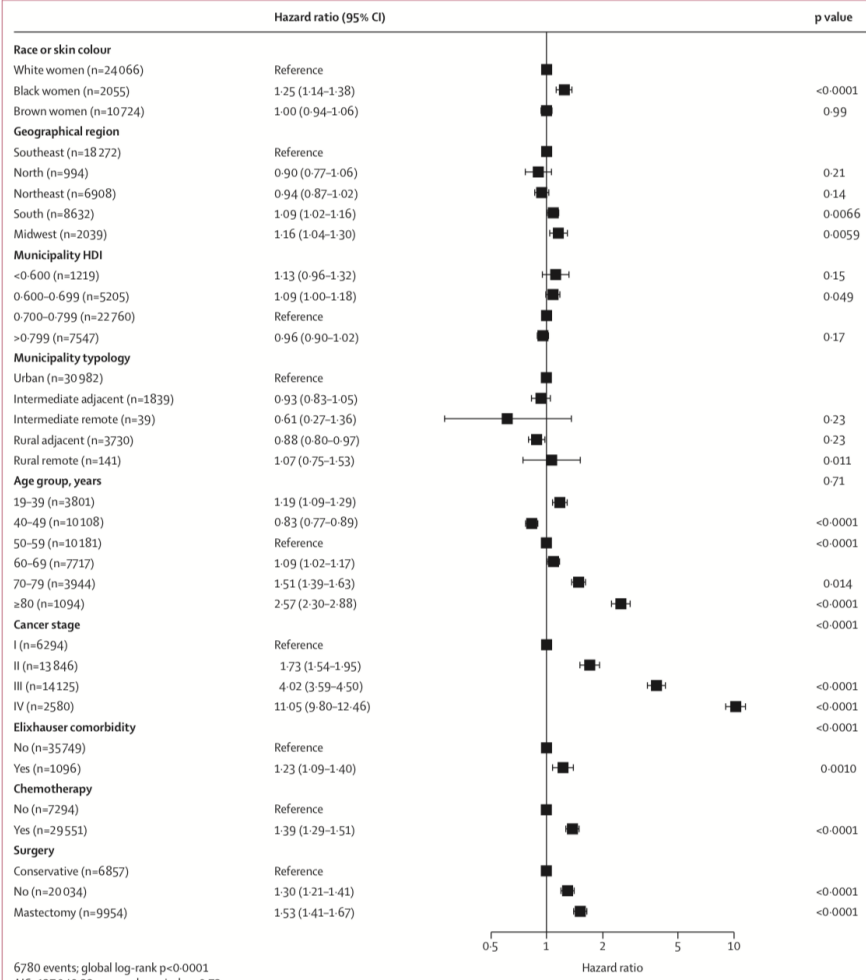
	0	10	20	30	40	50	60
<b>Number at risk (number of events)</b>							
White women	37318 (0)	35723 (1500)	33450 (3318)	31496 (4868)	29939 (6040)	28645 (6950)	27642 (7573)
Black women	3714 (0)	3474 (231)	3100 (543)	2836 (759)	2625 (922)	2477 (1028)	2377 (1094)
Brown women	18779 (0)	17882 (865)	16609 (1927)	15563 (2757)	14744 (4101)	14112 (3383)	13666 (4125)

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Figure 1: Kaplan-Meier curves of breast cancer 5-year survival from treatment initiation to all-cause death or censorship and from treatment initiation to disease-specific death or censorship of patients treated by the Sistema Único de Saúde, according to race or skin colour in Brazil, 2008-15

	White women (n=37 318)		Brown women (n=18 779)		Black women (n=3714)		Log-rank p value†
	Overall survival probability (95% CI)	Log-rank p value	Overall survival probability (95% CI)	Log-rank p value	Overall survival probability (95% CI)	Log-rank p value	
(Continued from previous page)							
HDI of the municipality of residence‡	..	<0.0001	..	<0.0001	..	0.01	..
<0.600	63% (59-67)	..	71% (68-73)	..	54% (46-63)	..	<0.0001
0.600-0.699	71% (70-73)	..	71% (70-73)	..	61% (57-65)	..	<0.0001
0.700-0.799	75% (74-75)	..	72% (71-73)	..	65% (63-67)	..	<0.0001
>0.799	74% (73-75)	..	77% (75-78)	..	66% (62-70)	..	<0.0001
Typology of the municipality of residence§	..	0.67	..	0.024	..	<0.0001	..
Urban	74% (73-74)	..	73% (72-74)	..	64% (63-66)	..	<0.0001
Intermediate and adjacent to an urban area	74% (72-76)	..	72% (69-75)	..	57% (50-66)	..	<0.0001
Intermediate and remote	75% (61-93)	..	64% (53-77)	..	20% (03-1.00)	..	<0.0001
Rural adjacent to an urban area	74% (73-75)	..	71% (69-73)	..	60% (54-66)	..	<0.0001
Rural and remote	66% (57-77)	..	65% (58-73)	..	67% (47-95)	..	1.00

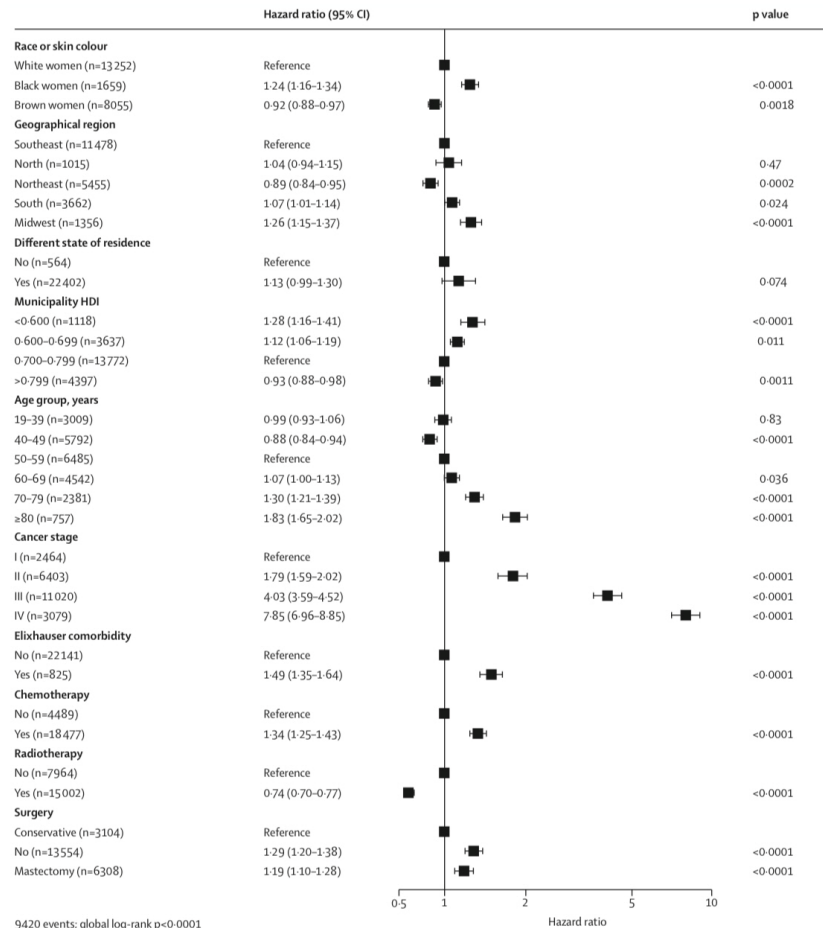
5-year overall survival probabilities\* of patients with breast cancer treated by Sistema Único de Saúde, by race or skin colour in Brazil, 2008-15



6780 events; global log-rank p<0.0001  
AIC=137.04922; concordance index=0.72

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9420 events; global log-rank p<0.0001  
AIC=180278.96; concordance index=0.7

Figure 4: Forest plot of the hazard ratios for risk of death, with 95% CIs, for variables included in the final adjusted model for patients without a hormone therapy claim record

AIC= Akaike information criterion. HDI= Human Development Index.

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# Resultados

Mulheres pretas tratadas por câncer de mama no SUS apresentaram:

**Sobrevida global** em 5 anos < mulheres brancas;

**Risco de morte maior** por todas as causas, após controle das variáveis: estágio ao diagnóstico, idade no início do tratamento, comorbidades, exposição ao tratamento, IDH, município rural ou urbano.

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## Screening mammographic performance by race and age in the National Mammography Database: 29,479,665 screening mammograms from 13,181,241 women

Cindy S. Lee<sup>1,2</sup> · Lenka Goldman<sup>3</sup> · Lars J. Grimm<sup>4</sup> · Ivy Xinyue Liu<sup>3</sup> · Michael Simanowith<sup>3</sup> · Robert Rosenberg<sup>5</sup> ·  
Margarita Zuley<sup>6</sup> · Linda Moy<sup>1</sup>

29.479.665 mamografias de rastreamento realizadas em 13.181.241 mulheres entre 1º de janeiro de 2008 e 31 de dezembro de 2021:

- Mulheres negras 4,91% (647.575/13.181.241) da população do estudo e 4,90% (1.444.148/29.479.665) das MMG
- Mulheres brancas 32,80% (4.323.478/13.181.241) e 37,59% (11.082.618/29.479.665) da MMG

Curiosamente, as mulheres negras têm a maior proporção de exames de mamografias entre todos os grupos raciais, e ainda têm o maior taxas de reconvocação.



## Screening mammographic performance by race and age in the National Mammography Database: 29,479,665 screening mammograms from 13,181,241 women

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- É o maior estudo até o momento comparando o desempenho de mamografia de rastreamento em mulheres dos EUA por raça grupos.
- Idade, densidade mamográfica, histórico pessoal e história familiar de câncer de mama, são todos fatores de risco independentes para o câncer da mama.
- No entanto, esses fatores foram semelhantes em todos os grupos raciais na população desse estudo.
- Não explicam a disparidade racial observada na mortalidade por câncer de mama.



## Screening mammographic performance by race and age in the National Mammography Database: 29,479,665 screening mammograms from 13,181,241 women

Cindy S. Lee<sup>1,2</sup> · Lenka Goldman<sup>3</sup> · Lars J. Grimm<sup>4</sup> · Ivy Xinyue Liu<sup>3</sup> · Michael Simanowith<sup>3</sup> · Robert Rosenberg<sup>5</sup> · Margarita Zuley<sup>6</sup> · Linda Moy<sup>1</sup>

Dado que 23% dos casos de câncer de mama em mulheres NEGRAS ocorrem antes dos 50 anos (em comparação com 16% nas brancas), iniciar o screening aos 50 anos pode contribuir para a maior mortalidade por câncer de mama nessa população.

A última recomendação do ACR aconselha a avaliação de risco para todas as mulheres antes dos 25 anos, com atenção especial às pacientes negras e outras populações minorizadas.

A Sociedade Americana de Oncologia Clínica e a American Cancer Society agora recomendam começar MMG de rastreamento aos 45 anos, com opção de começar aos 40 anos, quando alto risco.

# Resultados

Melhor comunicação médico-paciente pode ajudar a superar as barreiras relacionadas ao acompanhamento do paciente e, por sua vez, melhorar os desfechos desses pacientes.

Em particular, a comunicação eficaz médico-paciente na atenção primária foi a chave para garantir que as mulheres compreendessem a necessidade de acompanhamento de uma MMG anormal.

Mulheres negras com MMG anormal que tiveram diálogo aberto com seu médico e receberam informações claras sobre os procedimentos de acompanhamento recomendados eram mais propensos a ter um acompanhamento adequado.

## # NAVEGAÇÃO ONCOLÓGICA #

Breast Cancer Research and Treatment (2024) 203:599–612  
<https://doi.org/10.1007/s10549-023-07124-6>

ORIGINAL LABORATORY INVESTIGATION

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FOR CANCER RESEARCH

DECEMBER 5-9, 2023 | @SABCSSanAntonio

# Differences in ctDNA genomic profiles and outcomes in Black and White patients with metastatic breast cancer: results from a large multicenter consortium

Presenter: Emily L. Podany<sup>1</sup>

Lorenzo Foffano<sup>2</sup>, Lorenzo Gerratana<sup>2</sup>, Arielle J. Medford<sup>3</sup>, Katherine Clifton<sup>1</sup>, Whitney L. Hensing<sup>4</sup>, Renee Morecroft<sup>1</sup>, Marko Velimirovic<sup>5</sup>, Ami N. Shah<sup>6</sup>, Carolina Reduzzi<sup>7</sup>, Laura Munoz Arcos<sup>7</sup>, Charles S. Dai<sup>3</sup>, Jennifer Keenan<sup>3</sup>, Elyssa N. Denault<sup>3</sup>, Foluso O. Ademuyiwa<sup>1</sup>, Fabio Puglisi<sup>2</sup>, Cynthia X. Ma<sup>1</sup>, Aditya Bardia<sup>3</sup>, Massimo Cristofanilli<sup>7</sup>, Andrew A. Davis<sup>1</sup>

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# Hypothesis and Methods



- **Hypothesis:** There may be racial differences in genetic profiles in metastatic breast cancer patients. These may impact treatment response and clinical outcomes.
- **Methods:**
  - Retrospective cohort study
  - 1327 patients treated at Washington University in St. Louis (n=474), Massachusetts General Hospital (n=412), and Northwestern University (n=441), all with ctDNA profiling from Guardant360. **Race was patient-reported.**
  - Univariate and multivariate analyses to evaluate single gene mutations and genetic pathways in both entire cohort and hormone-receptor positive, HER2 negative population
  - Prognostic impact evaluated through multivariate analysis in both White and Black patient populations

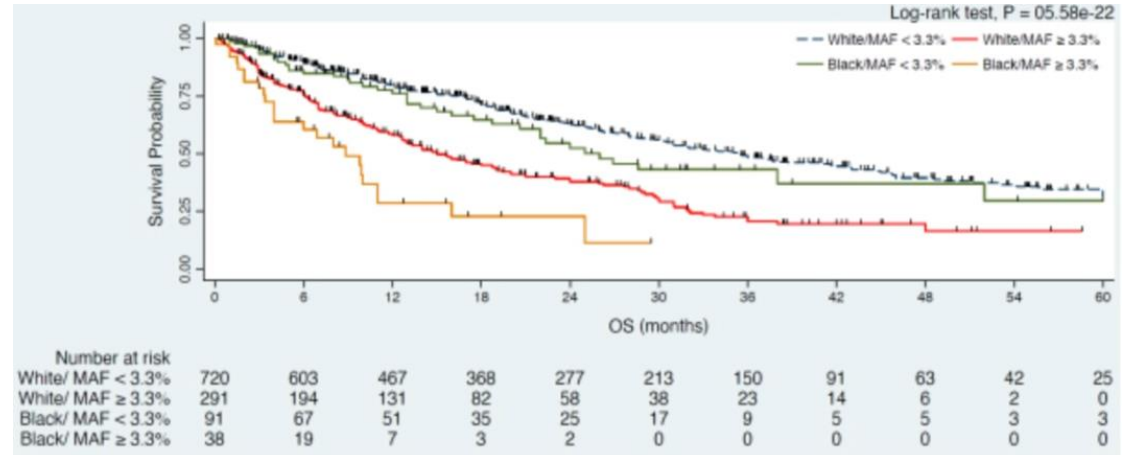
	Number	Percentage
<u>Race</u>		
White	1061	80.02%
Black	135	10.18%
<u>Histologic subtype</u>		
IDC	891	81.22%
ILC	152	13.86%
Other	54	4.92%
<u>HR status</u>		
Positive	1043	78.48%
<u>HER2 status</u>		
Positive	180	13.87%
Negative	1118	86.13%
<u>Metastatic disease sites</u>		
Lung	388	29.19%
Liver	468	35.21%
Bone	888	66.82%
Soft tissue	252	18.96%
CNS	107	8.13%
<u>Prior treatments</u>		
Chemotherapy	431	43.84%
Endocrine therapy	596	60.64%
CDK4/6i	401	40.79%
mTORi	128	13.02%
PI3Ki	43	4.37%
Immunotherapy	34	3.50%



# Results

- Black patients had significantly higher rates of GATA3 snv and CCND2 cnv

Gene associations	Odds ratio	95% confidence		p-value
		interval		
<b>lack patients in overall population</b>				
iATA3 snv	2.02	1.07-3.81		0.031
CND2 cnv	3.42	1.39-8.43		0.008
<b>lack patients in HR+/HER2- population</b>				
iATA3 snv	2.04	1.02-4.08		0.042
DGFRA cnv	3.95	1.33-11.72		0.013
CND1 cnv	1.71	0.90-3.26		0.099
Prognostic associations	Hazard ratio	95% confidence		p-value
		interval		
<b>White patients in HR+/HER2- population</b>				
iver metastases	1.79	1.40-2.28		<0.001
oft tissue metastases	1.63	1.19-2.23		0.002
NS metastases	2.14	1.33-3.45		0.002
SR1 snv	1.42	1.09-1.85		0.01
P53 snv	1.53	1.20-1.94		0.001
IF1 snv	1.9	1.06-3.41		0.031
CND1 cnv	1.54	1.03-2.30		0.037
MYC cnv	2.04	1.30-3.20		0.002
<b>lack patients in HR+/HER2- population</b>				
iver metastases	3.9	2.02-7.54		<0.001
13K snv pathway	2.19	1.14-4.21		0.018



Overall survival from time of ctDNA testing was significantly lower in Black patients after adjusting for other variables.

Patients with higher mean allelic frequency had a worse prognosis regardless of race, though Black patients with MAF ≥3.3% had the poorest prognosis

There was no difference in MAF between White and Black patients

# Impact of Race and Ethnicity on Recurrence Risk in Patients with Ductal Carcinoma in Situ Treated with Breast-Conserving Surgery

Natalia Polidorio, MD, PHD, V. Morgan Jones, MD, Varadan Sevilimedu, MBBS, DrPH, Monica Morrow, MD, Kimberly Van Zee, MS, MD, Andrea V. Barrio MD

**Presenter: Natalia Polidorio, MD, PhD**  
Memorial Sloan Kettering Cancer Center

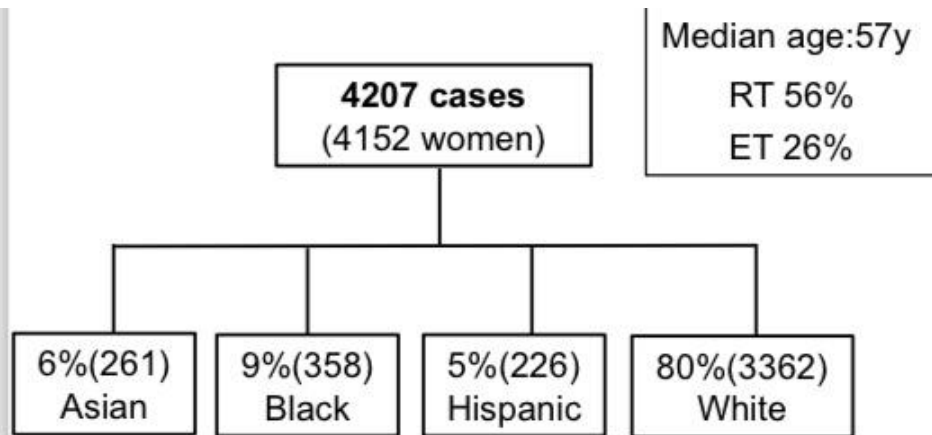
# Objectives and Methods

## Objectives

- Compare local recurrence rates in women with DCIS treated with breast-conserving surgery (BCS) across racial and ethnic groups
- Identify factors associated with local recurrence

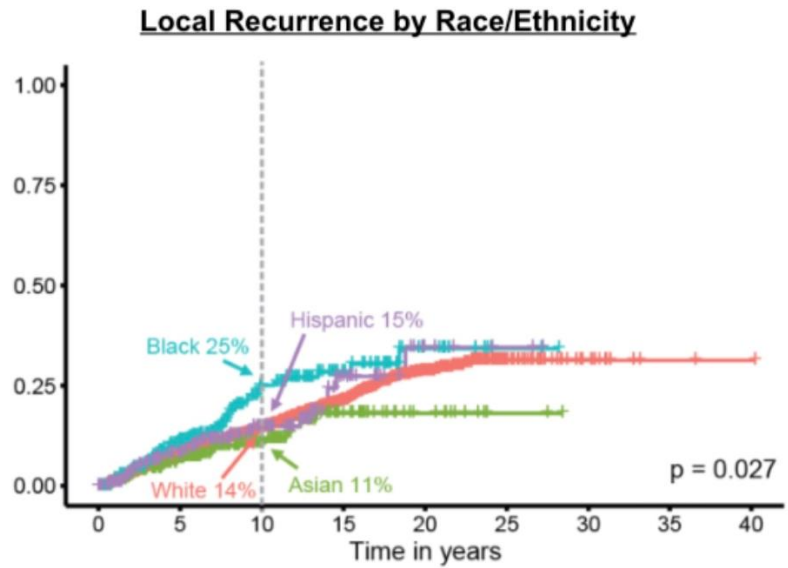
## Methods

- DCIS patients treated with BCS from 1978 – 2016
- Patients grouped by self-reported race and ethnicity
- Clinicopathologic features compared across groups
- Association of race/ethnicity and recurrence risk was analyzed using Kaplan–Meier, competing risk, and multivariable analysis (MVA)



- Asian ♀ younger, Black ♀ older ( $p < 0.001$ )
- Black ♀ more clinical presentation ( $p = 0.006$ )
- Asian ♀ less likely  $\geq 3$  excisions ( $p = 0.006$ )
- Hispanic ♀ more RT ( $p = 0.02$ )

Median follow-up: 8.8 years  
**602 LR events** (52% DCIS, 47% invasive)  
**10-year LR rate: 15%**  
**11% [RT] vs 20% [No RT],  $p < 0.001$**



**No RT:** Black 31%, Hispanic 25%, White 19%, Asian 13%,  $p = 0.04$

**RT:** Black 21%, White 11%, Asian 9%, Hispanic 9%;  $p = 0.3$

# Results

Multivariable analysis	HR	95% CI	p-value	
<b>Age</b> (ref: ≤ 49)				
50-79 years	0.66	0.56 – 0.79	< 0.001	<u>No associations with:</u>  family history grade necrosis number of excisions
≥ 80 years	0.72	0.42 – 1.25		
<b>Radiological presentation</b> (ref: clinical)	0.75	0.59 – 0.95	0.02	
<b>Race/Ethnicity</b> (ref: White)				
Asian	0.71	0.47 – 1.07	0.01	
Black	1.48	1.12 – 1.95		
Hispanic	1.07	0.73 – 1.58		
<b>Margin ≥ 2mm</b> (ref: < 2mm)	0.61	0.49 – 0.74	< 0.001	
<b>Endocrine therapy</b> (ref: no)	0.51	0.41 – 0.65	< 0.001	
<b>Radiotherapy</b> (ref: no)	0.58	0.49 – 0.69	< 0.001	

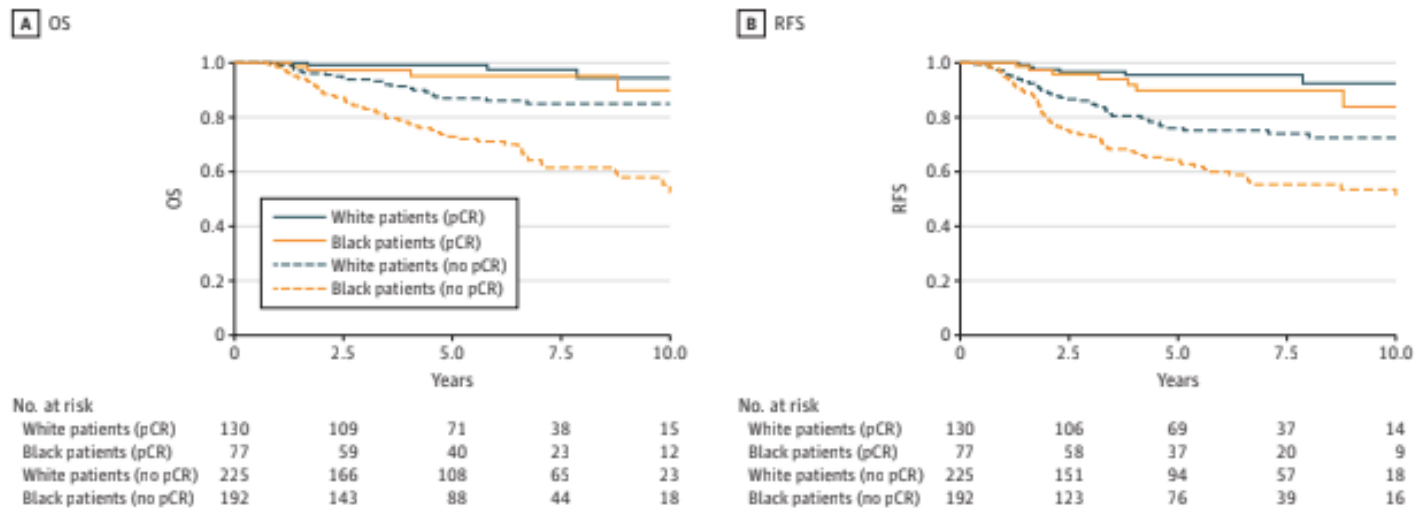
\*Factors that were significant on univariate analysis were included in the multivariable model

## Conclusions

- Black women with DCIS had a significantly higher rate of LR after BCS, even after adjusting for known clinicopathologic and treatment risk factors.
- Differences in LR rates by racial/ethnic groups should be considered in decisions regarding adjuvant therapy

# Racial Disparities in Pathological Complete Response Among Patients Receiving Neoadjuvant Chemotherapy for Early-Stage Breast Cancer

Figure 1. Overall Survival (OS) and Recurrence-Free Survival (RFS) Graphs Between Black and White Patients Stratified by Pathological Complete Response (pCR) Status



## Racial Disparities in Pathological Complete Response Among Patients Receiving Neoadjuvant Chemotherapy for Early-Stage Breast Cancer

Coorte prospectiva unicêntrica:

- pCR associado a melhor sobrevida;
- Pacientes negras tiveram menor probabilidade de atingir pCR em comparação com as pacientes brancas;
- Justificativas: atraso maior no início da QT, menor duração da QT, menor dose intensidade da QT

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# Racial disparity in tumor microenvironment and distant recurrence in residual breast cancer after neoadjuvant chemotherapy

Gina Kim<sup>1,16</sup>, Burcu Karadal-Ferreira<sup>1,2,3,16</sup>, Jiyue Qin<sup>4</sup>, Ved P. Sharma<sup>5</sup>, Isabelle S. Oktay<sup>6</sup>, Yu Lin<sup>2,7</sup>, Xianjun Ye<sup>1,2,7,8</sup>, Saeed Asiry<sup>9</sup>,

Mulheres > 18 anos, diagnosticadas com CDI mama entre 2004 e 2014  
Que receberam QT neoadjuvante e que tiveram resíduo suficiente de câncer para análise (> 5 mm).  
Os casos foram  
definidos como pacientes com câncer de mama localizado tratado com NAC  
que posteriormente



ARTICLE OPEN



# Racial disparity in tumor microenvironment and distant recurrence in residual breast cancer after neoadjuvant chemotherapy

Gina Kim<sup>1,16</sup>, Burcu Karadal-Ferreira<sup>1b2,3,16</sup>, Jiyue Qin<sup>4</sup>, Ved P. Sharma<sup>5</sup>, Isabelle S. Oktay<sup>6</sup>, Yu Lin<sup>2,7</sup>, Xianjun Ye<sup>1b2,7,8</sup>, Saeed Asiry<sup>9</sup>,

Amostras de 183 pacientes após QTneo:

- Pacientes negras 96 (52,5%)
- Pacientes brancas 87 (47,5%)

Não houve diferença nos regimes de tratamento em pacientes negros e brancos.

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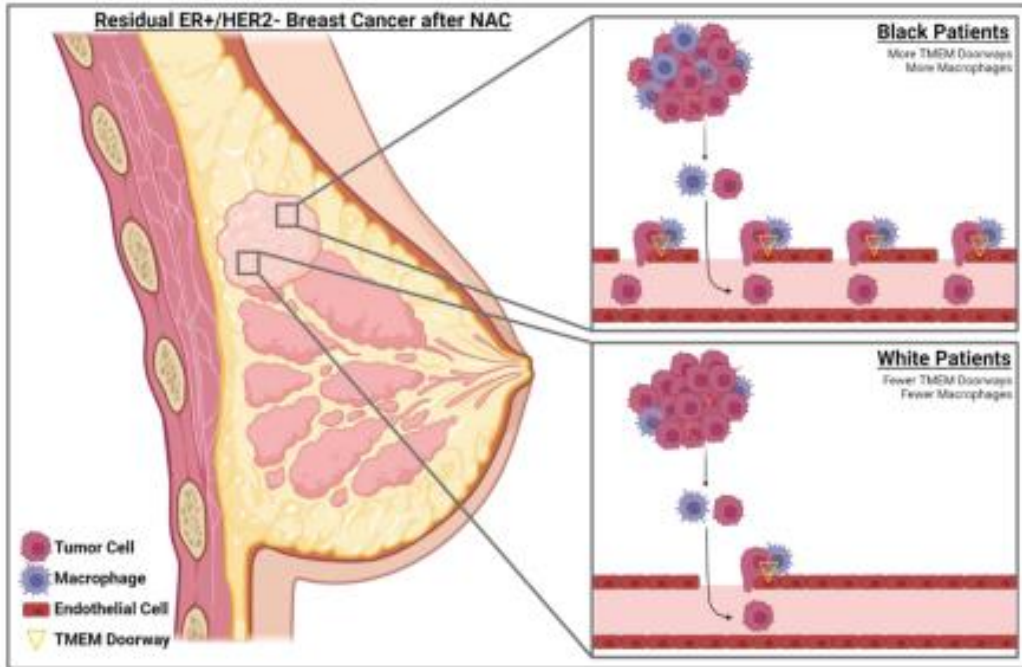


# Racial disparity in tumor microenvironment and distant recurrence in residual breast cancer after neoadjuvant chemotherapy

Gina Kim<sup>1,16</sup>, Burcu Karadal-Ferreira<sup>1b,2,3,16</sup>, Jiyue Qin<sup>4</sup>, Ved P. Sharma<sup>5</sup>, Isabelle S. Oktay<sup>6</sup>, Yu Lin<sup>2,7</sup>, Xianjun Ye<sup>1b,2,7,8</sup>, Saeed Asiry<sup>9</sup>,

Os desfechos primários foram:

- score TMEM (aberturas vasculares transitórias formadas por macrófagos perivasculares e células endoteliais);
- % de células tumorais expressando altos níveis de SOX9 (marcador de mau prognóstico);
- tempo até recorrência à distância, medido em meses a partir da data do diagnóstico.



Escore TMEM:  
 aberturas vasculares  
 transitórias formadas  
 por macrófagos  
 perivasculars e  
 células endoteliais

# Resultados

## Racial disparity in tumor microenvironment and distant recurrence in residual breast cancer after neoadjuvant chemotherapy

Gina Kim<sup>1,16</sup>, Burcu Karadal-Ferreira<sup>10,23,16</sup>, Jiyue Qin<sup>4</sup>, Ved P. Sharma<sup>5</sup>, Isabelle S. Oktay<sup>6</sup>, Yu Lin<sup>2,7</sup>, Xianjun Ye<sup>10,2,7,8</sup>, Saeed Asiry<sup>9</sup>,

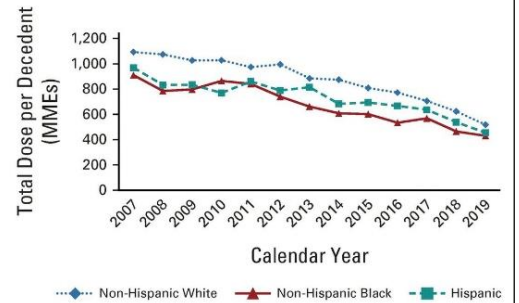
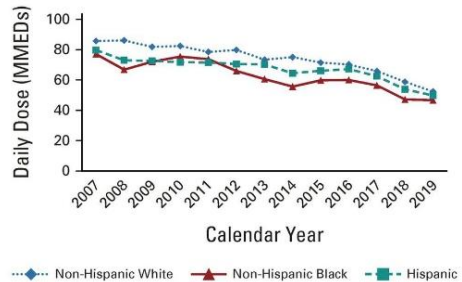
Pacientes negras, em relação às brancas:

- mais propensos a ter recorrência à distância (49% vs. 34,5%,  $p = 0,07$ ),
- mais mastectomias em vez de preservação da mama (69,8% vs 54%,  $p = 0,04$ )
- maior grau de tumor ( $p = 0,002$ )
- mesma idade (51,6 vs 52,3).
- maior número de escores TMEM e macrófagos no microambiente tumoral no ER +/HER2-, mas não no subtipo TN.

Não houve diferença de tempo de recorrência à distância, estágio do tumor, status dos linfonodos ou subtipo histológico entre pacientes negros e brancos.

# Racial and Ethnic Disparities in Opioid Access and Urine Drug Screening Among Older Patients With Poor-Prognosis Cancer Near the End of Life

- Pacientes negros que morrem por câncer recebem menos analgesia que pacientes brancos;
- Pacientes negros tendem a receber mais drogas off label, quando estão morrendo por câncer.



Andrea C. Enzinger, Kaushik Ghosh, Nancy L. Keating et al. JCO, Jan 2023



Original Investigation | Equity, Diversity, and Inclusion

# Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US

John E. Snyder, MD, MS, MPH; Rachel D. Upton, PhD; Thomas C. Hassett, PhD; Hyunjung Lee, PhD, MS, MPP, MBA; Zakia Nouri, MA; Michael Dill, MAPP

*JAMA Network Open.* 2023;6(4):e236687. doi:10.1001/jamanetworkopen.2023.6687

A cada **10% de aumento** na representação de médicos negros na APS, há um aumento de 31 dias na expectativa de vida da população negra.

Há, ainda, **menor mortalidade por todas as causas nesses indivíduos.**

**Table 1** Ongoing research needs

- Racial discrepancies in the receipt and efficacy of prophylactic lymphovenous bypass
- Oncotype DX as a prognostic tool for recurrence risk among Black women with HR+/HER2–, node-negative breast cancer
- Racial disparities with targeted immunotherapy for mTOR, CDK4/6, and PI3K pathways, women with TNBC and BRCA gene mutations, PDL1 antibodies
- Further exploration of disparities within the Latinx, Asian, AIAN communities
- Disaggregation of race and ethnicity to explore intraracial differences among subgroups
- Exploration of the impact of nativity and language dominance
- Impact of genetic markers to discern differences in tumors and drug toxicity
- Exploration of the impact of intersectional identities on disparities
- Exploration of biological mechanisms underlying racial disparities in outcomes
- Inclusion of women from minoritized and marginalized groups in randomized controlled trials

Narrative Review | [Published: 16 June 2022](#)

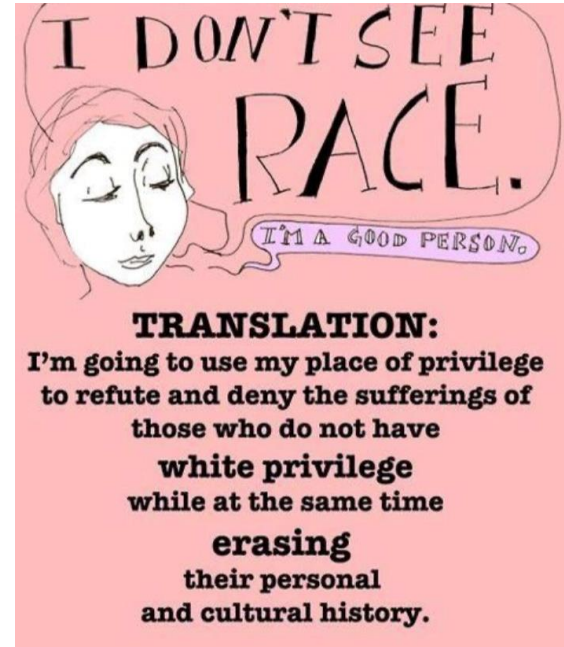
# Medical Schools as Racialized Organizations: How Race-Neutral Structures Sustain Racial Inequality in Medical Education—a Narrative Review

[Max Jordan Nguemeni Tiako MD, MS](#) , [Victor Ray PhD](#) & [Eugenia C. South MD, MS](#)

[Journal of General Internal Medicine](#) **37**, 2259–2266 (2022) | [Cite this article](#)

**2779** Accesses | **69** Altmetric | [Metrics](#)

Processos e estruturas neutras na educação médica, em situações com preconceitos e discriminação interpessoal, podem reproduzir e sustentar a desigualdade racial entre médicos e pacientes.





Biology is indeed important, but we must also dig deeper to understand and address the hidden factors that contribute to disparities attributed to race.

Apresentado por Dra. Lori Pierce, SABCS, dez/2022