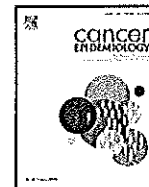




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Letter to the Editor

The racial disparity in breast cancer mortality in the 25 largest cities in the United States

The paper by Whitman et al. [1] makes a strong case for the impact of race on care for women with breast cancer in America's largest cities, examining race as a social and not biological construct. Their findings point to striking differences in mortality from breast cancer in the majority of the American cities that were studied. As the authors point out in their introduction, the incidence of breast cancer is lower in black than white women in the United States [2], and therefore the mortality rate ratios <1.0 would be expected comparing black to white women. These findings therefore likely underestimate the true racial disparities in breast cancer.

It is noteworthy that cities with the fewest disparities, such as Detroit, often have a low median income, a large black population, a small white population, and a higher mortality rate for white women than in other cities. Other cities with low disparities have very high median incomes, high costs of living, and small black populations. San Francisco and San Jose are two examples. Unfortunately, these findings may not provide lessons on addressing disparities for the many cities with lower median incomes and larger African American communities, such as Oakland.

This research reemphasizes the well-reported role of the social determinants of health to understand racial health disparities [3,4]. There is no genetic hypothesis that can account for these striking findings. Yet the focus of current research funding in the National Cancer Institute (NCI) [5,6] has shifted to genetic determinants of racial differences (for example, PAR-09-160 and PAR-09-161), and away from interventions to improve equity of access to quality cancer care. While new scientific discoveries of the genetic underpinning of cancer are critical for moving forward cancer prevention and therapy, we have strong evidence that basic scientific advances when translated into new clinical therapies alone will not translate into improved care for African American women, and may only widen the disparities gap. National SEER data have shown that although mortality rates in white women decreased during the 1980s and 1990s, a time of many new advances in breast cancer treatment, including adjuvant chemotherapy and hormonal therapy, mortality rates increased for black women during the same period [2]. Without research to find the

best mechanisms to implement quality care for all segments of our society, we will not eliminate health disparities. In our quest to improve breast cancer care for all women, intervention and implementation research on delivery of health care to disadvantaged populations must be included in the NCI research agenda to fulfill the promise of the new genetic health advances.

Conflict of interest

There are no financial conflicts of interest.

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