



UNIVERSIDADE DE SÃO PAULO  
FACULDADE DE MEDICINA DE RIBEIRÃO PRETO  
PÓS-GRADUAÇÃO EM CLÍNICA MÉDICA



Processo Seletivo 2018 - 2º Semestre  
Prova Geral

Data: 21/05/2018

Número de Inscrição: 00

TEXTO

## Troubling Trends in Health Disparities

**TO THE EDITOR:** A recent report on mortality by the National Center for Health Statistics (NCHS)<sup>1</sup> confirmed that life expectancy decreased in the United States for a second year in a row, from 78.9 years in 2014 to 78.7 years in 2015 to 78.6 years in 2016. Although these decreases were small, they indicate a change in the otherwise monotonically increasing life expectancy in recent decades. These decreases were the result of increasing mortality among persons between 15 and 64 years of age, with a marked increase in “unintentional injuries” (a 9.7% increase) and suicide (a 1.5% increase).

Recent news stories<sup>2</sup> and articles in the academic literature<sup>3</sup> highlight increases in mortality, especially among non-Hispanic whites. These increases warrant attention, and linking them to underlying social and economic conditions remains critical.<sup>4</sup> However, a hidden part of this story is receiving less attention: the increases may not be occurring only among non-Hispanic whites. In fact, in the NCHS report, in subpopulations categorized according to race or ethnic group and sex, mortality significantly increased only among non-Hispanic black men and significantly decreased only among non-Hispanic white women ( $P < 0.05$  for both comparisons).<sup>1</sup> This was the second year in a row in which mortality among black men increased.<sup>1</sup>

These patterns are not completely new. Stein et al.<sup>3</sup> previously reported increases in mortality from assaults and poisonings among black men and black women, 25 to 34 years of age, between 1999–2001 and 2013–2015, and Riddell et al.<sup>5</sup> found that progress in reducing mortality among black infants appeared to have stalled after 2012.

We obtained data from the NCHS (through the Wide-ranging OnLine Data for Epidemiologic Research system of the Centers for Disease Control and Prevention) on all-cause age-adjusted mortality among non-Hispanic whites and blacks from 1999 through 2016, and we computed absolute differences in mortality. Mortality among blacks remained substantially higher than that among whites (Fig. 1A). In addition, the progress achieved in the past decade in reducing disparities between blacks and whites has stalled and is potentially reversing. From 2015 through 2016, the absolute difference in mortality between non-Hispanic blacks and whites increased from 188.8 to 201.6 deaths per 100,000 men ( $P = 0.002$ ) and from 86.9 to 96.9 deaths per 100,000 women ( $P < 0.001$ ) (Fig. 1B).

It is too soon to tell whether this is just random variation. However, we think this is a story worth telling and investigating both by academic researchers and news reporters.

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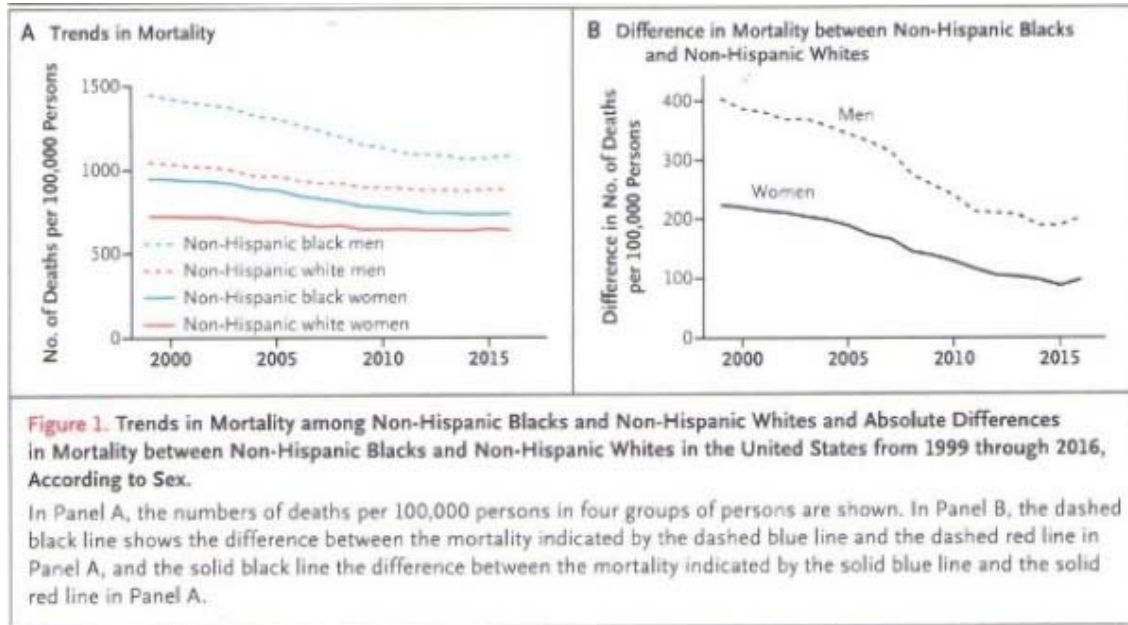
Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.

### THIS WEEK'S LETTERS

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- 1558 Brentuximab Vedotin for Stage III or IV Hodgkin's Lymphoma
- 1561 Somatic Activating KRAS Mutations in Arteriovenous Malformations of the Brain



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1. Kochanek KD, Murphy SL, Xu J, Arias E. Mortality in the United States, 2016. *NGHS Data Brief* 2017;293:1-8.
2. Stobbe M. US life expectancy falls, as many kinds of death increase. *New York: Associated Press*, December 8, 2016.
3. Stein EM, Gennuso KP, Ugboaja DC, Remington PL. The epidemic of despair among white Americans: trends in the leading causes of premature death, 1999-2015. *Am J Public Health* 2017;107:1541-7.

4. Diez Roux AV. Despair as a cause of death: more complex than it first appears. *Am J Public Health* 2017;107:1566-7.
5. Riddell CA, Harper S, Kaufman JS. Trends in differences in US mortality rates between black and white infants. *JAMA Pediatr* 2017;171:911-3.

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## Brentuximab Vedotin for Stage III or IV Hodgkin's Lymphoma

**TO THE EDITOR:** ECHELON-1, the trial reported by Connors et al. (Jan. 25 issue),<sup>1</sup> shows advancement in the treatment of Hodgkin's lymphoma and introduces an effective regimen for patients who are unable to receive bleomycin. However, clinically meaningful outcomes in patients with curable cancers are reflected by overall survival, not modified progression-free survival (the time to progression, death, or noncomplete response and use of subsequent anticancer therapy). The authors state, "the results of the interim overall survival analysis . . . favored A+AVD [brentuximab vedotin, doxorubicin, vinblastine, and dacarbazine]," but that statement is premature, and longer follow-up is required for validation. The use of the end point of modified progression-free survival added to the doxorubicin, bleomycin, vinblastine, and dacarbazine (ABVD) group more patients who had a less than complete response, five of whom had a Deauville score of 3,

which in clinical practice is generally considered negative for residual disease (the Deauville score is a 5-point scale on which higher scores indicate greater uptake of <sup>18</sup>F-fluorodeoxyglucose at involved sites on positron-emission tomography [PET]). If calculated, 2-year standard progression-free survival would have been 84% in the A+AVD group and 82% in the ABVD group.

Furthermore, this trial did not use a PET-guided approach to therapy.<sup>2</sup> This approach is commonly adopted as a method of discontinuing bleomycin if the interim PET findings (after two cycles of chemotherapy) are deemed negative (Deauville score of 1 to 3), without adversely affecting efficacy. The rate of pulmonary toxicity is significantly decreased when a PET-guided approach to therapy is used. If that approach had been used in this trial, 86% of the patients in the ABVD group would not have received bleomycin after cycle 2.



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Autores: Usama Bilal e Ana V. Diez-Roux.

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**QUESTÕES (as questões poderão ser respondidas em português ou inglês)**

- 1) Faça um resumo do artigo em cerca de 10 linhas.
- 2) Qual é a principal tendência estatística que preocupa os autores e que os levou a realizar análises específicas?
- 3) Segundo as análises dos autores, quais é o subgrupo populacional mais vulnerável para a tendência estatística observada?
- 4) Quais resultados os autores buscam destacar com as Figuras 1A e 1B?





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**Folha de Resposta 1**



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**Folha de Resposta 2**



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**Folha de Resposta 3**



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**Folha de Resposta 4**