

Accessibility of Black Population to Oncological Care in Brazil: Integrative Review

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Acessibilidade da População Negra ao Cuidado Oncológico no Brasil: Revisão Integrativa

Accesibilidad de la Población Negra a la Atención Oncológica en Brasil: Revisión Integrativa

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Abstract

Introduction: The persistence of racial inequalities in the access to health services has been pointed out and the individual with cancer is within this scenario. **Objective:** To analyze the factors that impact the accessibility of the black population to cancer care in Brazil. **Method:** Through an integrative literature review, it were searched original articles published in Portuguese, English and Spanish in the databases PubMed, LILACS and Embase without time limitation. **Results:** Thirteen articles were included and analyzed based in the type of cancer addressed: breast cancer, gynecological cancer, prostate cancer and oral cancer. **Conclusion:** The racial and socioeconomic inequalities reflect upon the actions of accessibility to cancer care, mostly in early detection. Regardless of the type of cancer and the forms of diagnosis and treatment, it is unquestionable the difficulty the afro-descendant population has to access oncological care because of social and economic issues. Healthcare providers must ensure the care to the afro-descendant population as much as they do with other social groups to overcome the barriers to access health services.

Key words: Neoplasms; Health of Ethnic Minorities; African Continent Ancestry Group; Universal Access to Health Care Services.

Resumo

Introdução: Tem-se apontado a persistência de desigualdades raciais na acessibilidade a bens e serviços de saúde, estando o indivíduo com câncer inserido nesse contexto. **Objetivo:** Analisar os fatores que impactam a acessibilidade da população negra ao cuidado oncológico no Brasil. **Método:** Por meio de uma revisão integrativa da literatura, buscaram-se, nas bases PubMed, LILACS e Embase, artigos originais publicados em português, inglês e espanhol sem limite temporal. **Resultados:** Foram incluídos 13 artigos, analisados a partir do tipo de câncer abordado: câncer de mama, câncer ginecológico, câncer de próstata e câncer de cavidade oral. **Conclusão:** As desigualdades raciais e socioeconômicas refletem nas ações de acessibilidade ao cuidado oncológico, maioritariamente na detecção precoce. Independentemente do tipo de câncer e das formas de diagnóstico e de tratamento, é inegável a dificuldade do paciente negro aos cuidados oncológicos por razões de natureza social e econômica. Os profissionais de saúde deveriam assegurar o atendimento à população negra ao mesmo nível prestado aos demais grupos sociais para garantir e superar as barreiras de acesso aos bens e serviços de saúde.

Palavras-chave: Neoplasias; Saúde das Minorias Étnicas; Grupo com Ancestrais do Continente Africano; Acesso Universal aos Serviços de Saúde.

Resumen

Introducción: Se ha señalado la persistencia de las desigualdades racial e la accesibilidad a los bienes y servicios de salud, con el individuo con cáncer insertado en este contexto. **Objetivo:** Analizar los factores que afectan la accesibilidad de la población negra a la atención del cáncer en Brasil. **Método:** A través de una revisión bibliográfica integradora, se realizar búsquedas en las bases de datos PubMed, LILACS e Embase artículos originales publicados en portugués, inglés y español sin límite de tiempo. **Resultados:** Se incluyeron 13 artículos, analizado sen función del tipo de cáncer abordado: cáncer de mama, cáncer ginecológico, cáncer de próstata y cáncer de cavidad oral. **Conclusión:** Las desigualdades raciales y socioeconómicas se reflejan en las acciones de accesibilidad a la atención del cáncer, principalmente en la detección temprana. Independentemente del tipo de cáncer y las formas de diagnóstico y tratamiento, la dificultad del paciente negro en la atención del cáncer es innegable por razones sociales y económicas. Los profesionales de la salud deben garantizar la atención de la población negra al mismo nivel que otros grupos sociales para garantizar y superar las barreras de acceso a los bienes y servicios de salud.

Palabras clave: Neoplasias; Salud de las Minorías Étnicas; Grupo de Ascendencia Continental Africana; Acceso Universal a los Servicios de Salud.

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INTRODUCTION

In Brazil, the National Health System (SUS) recognizes health as a right to be insured by the State, being grounded in the principles of universality, equity and integrality. Within the legal frame, it is adopted the broaden conception of health and the obligation and gratuity of access to health goods and services to the entire Brazilian population^{1,2}. However, it is common to find situations where the contrast between social injustice and rights of access and accessibility are clear³.

Access and accessibility are complex concepts addressed in multiple forms but understood as complementary. Access is comprehended as availability of services from the perspective of supply and accessibility, the concrete possibility of having access to services or resources offered⁴. For Donabedian⁵, the accessibility is related to the adequacy of professionals and technologic resources utilized to meet the patients' needs⁵. Its understanding goes beyond entering into the health system, comprehending socioeconomic, geographic, cultural and political dimensions, that can be barriers to attend SUS patients.

The iniquities of health accessibility are produced from innumerable determinations, among them, different modalities of discrimination of race/ethnicity, religion, gender and sexuality⁶. Among these elements, the economic and ethnical-racial barriers stand out in the reproduction of iniquities and intensify the vulnerability of the different groups⁷.

The current classification of the Brazilian Institute of Geography and Statistics (IBGE) in relation to the topic "color or race", is divided in Caucasian, Brown, Black, Asian and Indians. Black is the sum of the brown and black populations and this identification is based in self-report. The demographic Census of 2010, 97 million people reported they were black and 91 million, Caucasian. Despite being the majority, black people form the poorer layer of the population⁸.

Attempting to face the skin-color related iniquities, the National Health Council approved unanimously in 2006 the creation of the National Policy of Full Attention to Health of the Black Population (PNSIPN). In it, they recognize the racial inequalities as factors that interfere in the process of health/disease/care and death. Only in 2009, PNSIPN was approved in the Tripartite Intergovernment Committee, and racism was acknowledged as a factor that impacts health^{9,10}.

Racism is considered an ideological reality that structures social relations and grants superiority to a race over the other, propagating discrimination and racial prejudice through aware or unaware racist actions, Because it occurs through social policies, institutional

racism is seen as a collective failure of an organization in the promotion of services matched to the persons, for their color, culture or ethnical origin, crippling effective advances in equity of actions¹¹.

Racism manifests through the difficulty of recognizing and addressing social determinants of health conditions, disaggregate utilization of data to steer decision taking, definition of priorities and assignment of resources and absence of means to inhibit inadmissible racist practices¹⁰. This inequality manifests as well in the access to oncological care services, even in face of strategies of combat to institutional racism and actions that benefit health equity¹².

PNSIPN, after recognizing racism, ethnical-social inequalities and institutional racism as social determinants of health conditions, listed several objectives to be achieved. Among them, ensure and widen the access of the black population living in the rural area, in the forest and particularly the "quilombo" settlers to health actions and services^{9,13}.

Studies about health and race/ethnicity are rare even in face of the necessity to evidence the impact of racism in health¹⁴. It is believed that one of the motives lies in the absence of the topic color in documents and data about health, which does not allow its use as variable of analysis as indicator of race/ethnicity.

Black mortality, when discussed, is related to cardiovascular diseases, external causes, maternal and childhood mortality and HIV/aids among women^{9,13,15}, and cancer is scarcely addressed. Nonetheless, studies indicate already that, for black women, the diagnosis for breast and cervix neoplasm is done late in comparison to Caucasian women^{14,16}. However, these studies are localized and indicate the necessity of global analyzes^{9,10,13,15}.

Based on this, it is believed that there is still lack of information about differences of accessibility and poor health quality that can collaborate to the status of black mortality. What is being questioned is, even with universal policies that favor the challenging of exclusion processes and attempts to reduce vulnerabilities, they were not enough to reduce social disparity in health. This study has the objective of analyzing through a review of the literature the factors that impact the accessibility of the black population to oncological care in Brazil.

METHOD

Integrative systematic review that allows the synthesis and critical analysis of the scientific knowledge on a certain theme or guiding question, contributing for evidence-based health practice (EBHP)¹⁷.

Six stages were completed for its elaboration¹⁸: 1-identification of the theme and selection of the guiding

question; 2- establishment of inclusion and exclusion criteria of the studies; 3- definition of the information to be extracted from the studies selected and is categorization; 4- methodological evaluation of the studies included; 5- interpretation of the results; 6- presentation of the review and synthesis of the knowledge.

For the first stage, the following guiding question was elaborated: Which factors impact the accessibility of black population to oncology care in Brazil?

Original studies available at the databases PubMed, Latin American and Caribbean Health Sciences Literature (LILACS) and Embase were included. The search was conducted from June to September 2018. The Brazilian articles that addressed the aspects of accessibility of the black population to oncologic care (promotion, prevention, treatment and palliative care) published in Portuguese, English and Spanish. It were excluded studies that failed to address the reality of the black population specifically in Brazil, secondary studies, response-letters, editorials, dissertations, experience reports and those unavailable in full. No time limit was determined for the publications to encompass large number of articles. The descriptors “African Continental Ancestry Group”, “Neoplasms”, “Health Services Accessibility” and “Brazil”, associated through Boolean operators AND OR.

After the phase of inclusion of the articles, information about the relation among the skin color and data of accessibility to actions of prevention and control of cancer as well as rates of morbidity or mortality of this population by this infirmity were extracted.

For the analysis of the articles included, it were selected two complementary tools: the tool adapted of Critical Appraisal Skill Programme (CASP) and of the Agency for Healthcare and Research and Quality (AHRQ)^{19,20}.

The CASP adapted presents ten items to be scored 1) objective clear and justified; 2) adequate methodology; 3) presentation and discussion of theoretical and methodological procedures; 4) proper selection of the sample; 5) detailed data collection; 6) relation between investigator and participants; 7) ethical aspects preserved; 8) rigorous and reasoned and data analysis; 9) presentation and discussion of the results; and 10) contributions, limitations and indications of new research questions. For each item, it was assigned a score of zero or one, the result is the sum of the scores, the maximum is score ten. The articles selected were classified according to the scores: level A - six to ten (good methodological quality and reduced bias) or level B - one to five (satisfactory quality, but increased risk of bias).

AHRQ classified studies in seven layers according to the level of evidence: I) systematic review or meta-analysis; II) randomized clinical trials; III) clinical trials without

randomization; IV) cohort and case-control; V) systematic reviews of descriptive and qualitative studies; VI) unique descriptive or qualitative study; and VII) opinion of authorities and/or report of specialties committees of.

RESULTS

It were encountered 203 articles, being excluded 43 because they did not address the study theme and four duplicates. In addition, 135 were excluded for not responding to the guiding questions and eight for being official documents and decrees. Consequently, it were included 13 articles as shown in the Flowchart in Figure 1.

The studies were published between 2003 and 2014. Eleven articles were classified as Level A in adapted CASP, presenting good methodological quality. However, per AHRQ it was observed that 11 studies were level VI because of the type of study conducted.

Table 1 presents general data about the articles included: author, year of publication, study design, number of participants (sample), objectives and level of evidence according to CASP adapted and AHRQ.

DISCUSSION

Few studies were encountered that addressed the accessibility of the black population to actions of

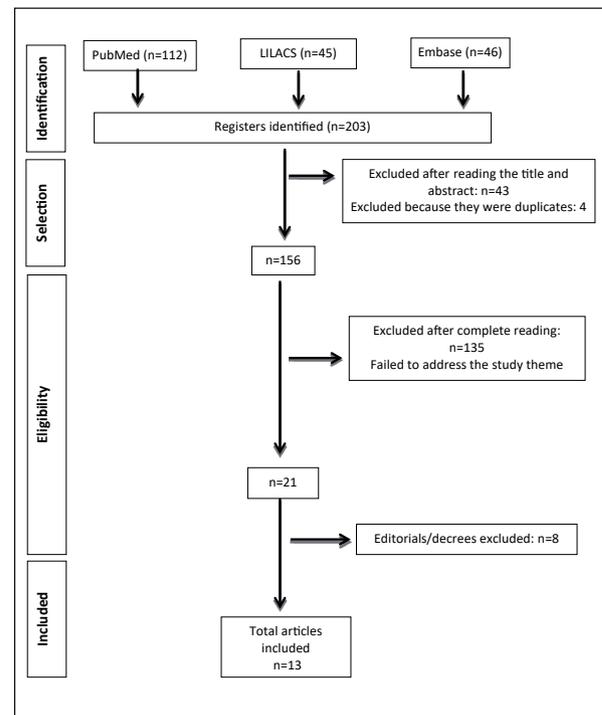


Figure 1. . . Flowchart of the selection process of the articles for review (adapted from Recommendation PRISMA)²¹

Table 1. Description compiled and levels of evidence according to CASP adapted and AHRQ, Rio de Janeiro, 2018

Author/year	Study design	Sample	Objetive	Evidence CASP/AHRQ
Amorim et al., 2006 ²²	Cross-sectional	290 women	Analyze the prevalence of non-execution of Papanicolaou test according to socioeconomic, demographic and behavior related to health in 40-year old women or older living in the City of Campinas, São Paulo, Brazil	Level A/ VI
Amorim et al., 2008 ²³	Cross-sectional	290 women	Analyze the prevalence of non-execution of clinical exam of the breast and mammography according to socioeconomic, demographic and behavior related to health in 40-year old women or older living in the city of Campinas, São Paulo, Brazil	Level A/ VI
Antunes et al., 2013 ²⁴	Cross-sectional	8,505 individuals	Analyze the recent trends of mortality by cancer of oral cavity, focusing in differences of gender and race	Level A/ VI
Bairros et al., 2011 ¹⁴	Cross-sectional	2,030 women	Investigate the access of black and Caucasian women to exams for early detection of breast and cervix cancer (cytopathologic) in two southern cities of Brazil	Level A/ VI
Boclin et al., 2013 ²⁵	Cohort	1,733 women	Estimate the prevalence of self-reported history of uterine myomas, according to demographic, socioeconomic and access to healthcare services	Level B/ IV
Boclin et al., 2014 ²⁶	Cohort	1,475 women	Investigate whether the socioeconomic position during life is related to the association between color/race and the occurrence of uterine leiomyoma	Level B/ IV
Cesar et al., 2003 ²⁷	Cross-sectional	1,302 women	Identify the prevalence of non-realization of cytopathological test in women from 15 to 49 years old in some moment of their lives and possible factors associated to its non-realization	Level A/ VI
Nardi et al., 2012 ²⁸	Cross-sectional	1,915 men	Describe the epidemiological characteristics and the standards of initial attention to prostate cancer in private and public institutions in the State of São Paulo, Brazil	Level A/ VI
Oliveira et al., 2014 ²⁹	Cross-sectional	348 women	Analyze the associated factors of non-realization of Papanicolaou test in "quilombo" women settlers living in Vitoria da Conquista, Bahia	Level A/ VI
Ozawa e Marcopito, 2011 ³⁰	Cross-sectional	969 women in the first investigation and 1,125 in the second	Compare the cytology coverage of Papanicolaou in women from 15 to 59 years old between two household investigations relating to some personal attributes and trend of mortality by cervix cancer	Level A/VI
Quadros et al., 2004 ³¹	Cross-sectional	1,730 women	Determine whether the coverage and focus of cervix cancer treatment of (Papanicolaou test) in a population-based sample in Brazil	Level A/ VI

Table 1. continuation

Author/year	Study design	Sample	Objective	Evidence CASP/AHRQ
Souza et al., 2013 ³²	Cross-sectional	1,349 men	Investigate factors related to ethnicity, education level and its correlation with the stage of prostate cancer and its influence over the results of the treatment	Level A/ VI
Thuler et al., 2014 ³³	Cross-sectional	37,638 cases	Analyze the determining factors of the diagnosis in advanced stages in women with cervix cancer in Brazil	Level A/ VI

Captions: CASP = Critical Appraisal Skill Programme; AHRQ = Agency for Healthcare and Research and Quality.

prevention and control of cancer in the country. However, these are recent articles published after the approval of PNSIPN, which could be the inducer of scientific production about the theme.

In addition, it was emphasized that institutional racism was not referenced in any study and the determining factors of accessibility to health directly connected to the healthcare professional and its self-perception are discussed superficially. The maintenance of an incipient discussion about the theme in the country did not contribute to overcome it and eventually restrained even indirectly the capacity of including the black population and hampered the construction of a democratic country with equal opportunities³⁴.

The studies analyzed addressed four tumor locations that were utilized for the thematic sequence of this discussion: breast, cervix, prostate and oral cavity.

BREAST CANCER

Amorim et al.²³ analyzed the factors related to non-realization of mammography and clinical test of the breast as measures for early detection of breast cancer, differentiating by skin color. According to the study that included 290 women from 40 years old on, not submitting to the clinical exam of the breast signified that they had no spouse and had low income. Not undergoing mammography within the last two years before the interview was associated to black women older than 70 years and with low income²³.

On its turn, Bairros et al.¹⁴ identified that the probability of women not undergoing cytopathological and breast test was significantly higher in black women, even after the analysis adjusted by income, education, economic class and age.

The recommendation of the Ministry of Health is to undergo mammography at each two years for women in the age range of 50-69 years old as screening and the early diagnosis occurs, based in the tripod: population alert to

suspicious signs and symptoms, healthcare professionals able to evaluate suspicious cases and health systems and services prepared to ensure the timely diagnostic confirmation and with quality³⁵.

Despite the screening through mammography is the main form of detection of the breast malignant neoplasm, there are great problems of national accessibility and that cannot be simply attributed to lack of equipment. The poor distribution through the Units of the Federation, characterized especially by better conditions in the south and southeast regions and worst in other regions is one more characteristic of the continued iniquity in SUS³⁶.

Considering that breast cancer is the most frequent tumor in women in Brazil, apart from non-melanoma skin cancer³⁵, the paucity of studies is a concern. Because it is the most incident cancer in Brazilian women, it is essential that the managers and healthcare professionals discuss and establish measures to ensure access to early diagnosis for the vulnerable population considering it is determining for the prognosis. Bearing in mind the principle of equity, these measures should consider these more vulnerable groups as priority focus as the black population.

GYNECOLOGICAL CANCER

The main objective of the eight articles^{22,25-27,29-31,33} that addressed gynecological cancer was to analyze the factors associated to non-performance of the cytopathological test. Once again, the health inequalities generated by color, age, income, education and lack of spouse were relevant and related to local elements. In addition, capacitating factors for accessibility to health³⁷, as income, public or private coverage and offer of services were outstanding in the analysis of these articles.

The greatest number of articles on gynecological cancer can be related to the priority granted to the state agenda. The Ministry of Health recommends nationally the cytopathological exam for asymptomatic women aged from 25 to 64 years at each three years after two

consecutive normal exams. Furthermore, since 2014 the public health network offers the HPV tetravalent vaccine for 9-13 years old girls and women, extended to 11-13 years old boys from 2017 on. Even with the early screening and detection procedures, women still present advanced stages of the disease that can reduce the possibility of cure³⁵.

The non-realization of the Papanicolaou test was significantly more frequent in women with education of up to 4 years who self-reported as black and aged 40-59 years old. The higher prevalence of non-realization of Papanicolaou related to race persisted even after the age and education adjustment, indicating the existence of racial inequality in relation to the access to the cervical oncotic cytology test²².

In another study, it was identified that black color women, minors, low family income and low education who were not living with spouse at the moment of the interview and the first delivery occurred at 25 years old or more presented reasons of prevalence significantly higher than non-realization of cytopathological test for cervix cancer detection in comparison with other women. The relation between skin color and performance of the test was confirmed in a multivariate analysis, being found a prevalence ratio of 1.3 (1.2-1.4) greater than non-prevention of cervix cancer in relation to Caucasian women²⁷.

The relation between racial discrimination and activities of the program of early detection of cervix cancer were quite emphasized in the study of Amorim et al.²². The authors report that during the pregnancy-puerperal cycle there is discrimination as well, since black and brown women have less prenatal access, difficulty of consultation at the maternity and less analgesia during labor²². Despite the discussion of the theme, possible resolutions were not presented, which limited the study to the description of the problem. For Werneck¹³, racism holds relation with the conditions of where the person was born, its family and personal trajectory, conditions of life and housing, working conditions, job, income and access to information and goods and services and this should not be ignored.

Overall, the motives for lacking Papanicolaou are understood as multifactorial and are associated mainly to the understanding that it is an unnecessary and embarrassing test and difficult of access to perform it²². There are no studies verifying these reasons specifically for the black population, which hampers the adoption of more specific measures for this population.

Similar data in relation to the sociodemographic characteristics were encountered in the study conducted in the south region of Brazil. In this case, there is abundant offer of services in every municipal healthcare unit of the

municipal public network because of the short distance for users who do not have any difficulty of accessibility. However, 57% of the interviewees in gestational age have never submitted to not even one cytopathological test²⁷. Among the barriers indicated, it stands out the lack of knowledge about the type of test and/or its utility, conception about the fatality of the disease, non-priority in comparison to other necessities, opposition of the husband/spouse, taboo because it is a pelvic examination, long time waiting for the result and the idea that it is an expensive exam²⁷.

The details about the coverage of the preventive test were addressed in three studies^{30,31,33}. In a study conducted in two different moments, the direct association between accessibility and public policies was indicated through the analysis of the coverage of the preventive exam. In the first moment the investigation was conducted (1980), there was no consolidation of a health system with equity. In the second moment (2001), the population was already benefitting with the implementation of the Constitution of 1988, with the Basic Operational Norm (NOB) of 1996 and with the Operational Norm of Healthcare (NOAS) of 2001. It was identified that the test coverage in 2001 was 80% greater when compared to 1987³⁰.

In this study, it was expressive the increase of the accessibility of the vulnerable population, black, single women, low education after the reorganization of the municipal health network by SUS. This information corroborates what was concluded by other authors, who evidenced the existence of SUS as the main responsible for the realization of the Papanicolaou in these groups^{22,31,33}. However, even with this growth, issues of supply and organization of health services are barriers that can lead to consequences related to the aggravation of the disease³³, as lack of physicians or few dates for consultation³⁰.

Yet within the context of gynecological tumors, two studies brought data about the uterine myomas (UM), that are benign monoclonal neoplasms of low growth considered as the most common tumors of the female reproductive system^{25,26}. The UM is more frequent in black women and among those exposed to factors associated to the increase of ovarian hormones (estrogen and progesterone). It is responsible for the drop of the quality of life of young women in gestational age, mainly because of mutilating surgeries (hysterectomy)^{25,26}. In Brazil, even with governmental policies that attempt to widen, qualify and humanize the full attention to the female health, considering ethnical-racial specificities, there are still paucity of sociodemographic data and access to health services for a more thorough analysis.

As variables markers of access and utilization of health services in the two studies, it was considered the

execution of Papanicolaou in addition to the origin of the consultation, if the interviewee had private health insurance or not^{25,26}. The results concur with the other in this review, emphasizing once more the vulnerability of the black woman mainly with low education level and high risk of presenting UM. One of the studies investigated yet whether the socioeconomic position relates with the occurrence of UM and this fact has not actually occurred.

The focus of the preventive programs in older women eventually fails to prioritize other risk factors as skin color. As the priorities are exclusively grounded in age, young black women who have more odds of UM are left uncovered by this program. It is ignored the fact of having low education level, more social vulnerability, are victims of sexual violence and more exposed to early sexual intercourse which can be a reflection of the structural racism quite present in our culture.

PROSTATE CANCER

Prostate cancer was discussed in two articles with different approaches^{28,32}. One of the studies addressed the attendance offered to males with prostate neoplasm in public and private institutions²⁸. The other analyzed race and education level as predisposing factors for prostate cancer diagnosis and treatment³².

Through a cross-sectional study with 1,915 participants attended in public institutions (1,026) and private facilities (889), biological and sociodemographic data were compared²⁸. Those who were first attended in public institutions were black, above 18 years old, with elevated specific prostate serum antigen (PSA) and more probability of metastasis. However, were less prone to undergo prostatectomy when compared with those who were attended in private clinic²⁸. Considering that prostate cancer has high rates of overdiagnosis and overtreatment³⁸, this disparity of healthcare could have positive reflexes for blacks, being necessary more studies that address this factor for a broader comprehension of this phenomenon.

A retrospective study³² with 1,349 charts evaluated whether the probability of the patient metastasizes is associated to the level of education and race. The analysis confirmed that education levels and skin color are independent risk factors for remote metastasis at the diagnosis. Patients with black skin color had an increase of 300% in aggressive metastasis in comparison with patients of other skin color.

According to the authors, international studies show that factors related to poor education per se are unable to explain the results of the treatment associated to this group. It is possible that genetic factors inherent to this population, including the expression of genes related to the androgenic activity affect the presentation of prostate

cancer. These factors can explain the higher incidence of prostate cancer and worst results of treatment observed in this group, excluding the impact of socioeconomic effects³². In Brazil, where socioeconomic and education levels are directly related to race, the interaction of these variables can have a still greater impact on the results of the disease.

Both studies identified that blacks with prostate cancer had more advanced stages of the disease in the beginning of the treatment, which can result in worst prognosis. Nonetheless, because of the small number of studies encountered, it is evident the necessity to develop more studies that review the relation of race and this infirmity, bearing in mind this cancer is the most common among males in the country³⁵.

CANCER OF ORAL CAVITY

In São Paulo, only one study investigated the tendencies of mortality by cancer of oral cavity in relation to gender and race. Everyone living in the state capital who died by this neoplasm were included in the study and the Census estimates were used to stratify gender (male and female) and racial groups (Caucasians and blacks) for analysis²⁴.

The findings indicated that the mortality by oral cancer in women in comparison with males and doubled for blacks. Despite this growth is a problem of public health, national studies continue evaluating the risk factors without adding race as analytical category²⁴.

It is known that alcohol use has more prevalence in lower socioeconomic layers and, like tobacco addiction, is associated to less education. These factors explain the increase of mortality in blacks who live in the outskirts of São Paulo, evidencing the importance of an analysis that needs to go beyond the biological base and starts to ponder about the weight of social strata. Blacks use fewer preventive services than Caucasian and are subject to differential institutional racism, which can explain the increase of mortality. Ignore this analysis is a factor that generates negative results in the accessibility to care^{24,39}.

The main limitations of this article are the small number of articles included, excepting cervix cancer and the restraints of the designs of these studies. For this reason, it is of the utmost relevance to count with more original studies who address the iniquities of accessibility to actions of cancer prevention and control in the country for the black population.

CONCLUSION

Racial and socioeconomic inequalities reflect in the actions of accessibility to oncologic care, mostly for early

detection. Regardless of the type of cancer and forms of diagnosis and treatment, it is irrefutable the difficulty of the black patients to access oncologic care because of social and economic reasons. Healthcare professionals should ensure the attendance of the black population at the same level other social groups receive to guarantee and overcome the existing hurdles to health goods and services.

Some accessibility barriers are considered allegedly unsurpassable as age and race, however, the difficulties related to access, transportation, culture, policy and services are passible of being overcome and/or decision taken by managers and professionals.

It is pertinent to consider that the access to technological assets, cultural issues and religion were approached as barriers for the black population in the studies analyzed, even being considered structural determinants of iniquities in health.

Finally, the identification and classification of the topic “color” is far from being a personal choice of the investigator because it can insert bias in the results and guide priority actions in health that are unfavorable to the vulnerable. There is an indisputable necessity for the healthcare provider to extend his priority look towards the black population as routinely happens with children and elders, leaving behind barriers of accessibility to health goods and services.

CONTRIBUTIONS

Janaína Santos Paulista and Fernando Lopes Tavares de Lima participated of the conception, analysis, interpretation of the data, critical review with intellectual contribution and final approval for publication. Paula Gonçalves Assunção participated of the conception, interpretation of the data, wording and critical review with intellectual contribution and final approval for publication.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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