

# Cardio-Oncology Health Disparities

## Social determinants of health and care for Black breast cancer survivors

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**BACKGROUND:** Black women experience higher rates of cardiotoxicity and cardiovascular disease (CVD)-related comorbidities than White women. These racial and ethnic disparities are primarily from the earlier onset of CVD risk factors, social determinants of health (SDOH), and cardiotoxicity screening and surveillance disparities.

**OBJECTIVES:** This article discusses the role of SDOH in cardio-oncology and strategies to prevent and detect adverse cardiovascular outcomes among Black breast cancer survivors.

**METHODS:** Preliminary case study findings are presented, including treatment exposures to cardiotoxicity and SDOH in cardio-oncology influencing health outcomes in Black breast cancer survivors.

**FINDINGS:** Nurses can address SDOH and racial disparities in cardio-oncology by being mindful of Black breast cancer survivors' increased burden of CVD risk factors, evaluating barriers to receive preventive care and cardio-oncology rehabilitation, practicing cultural humility, and adhering to evidence-based guidelines for behavioral risk management for Black breast cancer survivors.

### KEYWORDS

social determinants of health; disparities; cardio-oncology; cardiovascular disease

### DIGITAL OBJECT IDENTIFIER

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**CARDIOVASCULAR DISEASE (CVD) IS THE LEADING CAUSE OF DEATH** in women overall in the United States, particularly among breast cancer survivors (Gulati & Mulvagh, 2018; Mehta et al., 2018). The increased risk of CVD among breast cancer survivors is mainly because of the cardiotoxic effects of treatment (e.g., anthracycline chemotherapy), as well as combined behavioral risk factors of breast cancer and CVD (e.g., obesity, physical inactivity, insulin resistance, alcohol consumption), which are preventive (Coughlin et al., 2020; Lin & Lengacher, 2019). To address the rising rates of adverse cardiovascular outcomes, the field of cardio-oncology has made an impact in recognizing the importance of prevention and management of cardiovascular injuries from cancer therapies (Brown, 2020). Cardio-oncology focuses on cardiac toxicities caused by preexisting cardiovascular conditions, which can be exacerbated by cancer diagnosis and treatment (Parent et al., 2016). According to Brown (2020), the preventive cardio-oncology paradigm is shifting to target patients before they develop risk factors for CVD (e.g., hypertension, diabetes) after a cancer diagnosis.

Although advancements in cardio-oncology and breast oncologic therapies and treatments have raised awareness of preventive cardio-oncology, Black women still experience higher rates of cardiotoxicity and CVD-related comorbidities with a breast cancer diagnosis than White women (Gallagher et al., 2016, 2020). These racial and ethnic disparities are primarily from the earlier onset of traditional CVD risk factors (including metabolic syndrome), social determinants of health, and disparities in cardiotoxicity screening and surveillance (Gallagher et al., 2016, 2020; Prasad et al., 2020). The role of social determinants of health in cardio-oncology requires greater preventive nursing care for management and risk reduction during and after active treatment for Black women.

Social determinants of health—including poverty, neighborhood disadvantage, racial discrimination, lack of social support, and social isolation—play an essential role in breast cancer risk, stage, and survival and CVD risk among racial and ethnic minority populations (Coughlin, 2019). The lack of access to cardiotoxicity screening, surveillance, and preventive care management is likely an additional cause of the increased CVD risk among Black breast cancer survivors (Prasad et al., 2020). Black breast cancer survivors carry the burden of having a higher risk of CVD, which is exacerbated by cancer therapy (Prasad