



The incidence of multiple myeloma in African Americans is two to three times higher than in other ethnicities and is the leading hematologic malignancy in African Americans. Despite the high incidence of multiple myeloma in African American individuals, a vast majority experience delays in diagnosis and reduced usage of effective therapies, including stem cell transplantation, as well as low participation in clinical trials. Racial disparities, social and financial health disparities, and barriers to earlier access to care can lead to poorer patient outcomes. There are also unique characteristics in the disease manifestation in African Americans with multiple myeloma that are imperative for oncology nurses to understand and recognize to provide optimal care.

AT A GLANCE

- Multiple myeloma is the leading hematologic disease in African Americans.
- African Americans with multiple myeloma face health disparities in diagnosis, novel therapeutics, resources, and services.
- To establish individualized plans of care for African Americans diagnosed with multiple myeloma, consider clinical features and comorbidities.

KEYWORDS

multiple myeloma; African American; racial disparities; oncology; clinical trials

DIGITAL OBJECT

IDENTIFIER

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African American Patients With Multiple Myeloma

Optimizing care to decrease racial disparities

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Multiple myeloma is the second most common blood cancer, accounting for about 1.8% of all cancers (National Cancer Institute, 2020), and is the leading hematologic cancer in African Americans. In addition, multiple myeloma is more often diagnosed in men than women (Kazandjian et al., 2019). Multiple myeloma can cause skeletal lesions, bone fractures, and increased risk of infection and anemia (Kazandjian et al., 2019). About 32,000 patients are diagnosed with multiple myeloma annually in the United States, with 20% of those being African American (International Myeloma Foundation, 2020).

A majority of African Americans living with multiple myeloma do not receive adequate care and may experience delays in diagnosis and treatment initiation. Social and financial disparities can affect access to care with underutilization of services leading to poorer outcomes (Ailawadhi et al., 2017). Other cultural and negative perceptions of the healthcare system can result in inferior outcomes (Ailawadhi et al., 2017). African Americans living with multiple myeloma, particularly those younger than aged 65 years at diagnosis, who receive equal access to health care, have similar or improved overall survival rates compared to Caucasian patients (Fillmore et al., 2019). Cultural competence by the healthcare team plays an

important role in patients' health beliefs and behaviors. Trust toward healthcare providers and institutions, as well as healthcare professionals' approach to minority patients, is important (Brown et al., 2016).

Disease Characteristics and Considerations

Monoclonal gammopathy of undetermined significance (MGUS), a precursor and established risk factor for the development of multiple myeloma, occurs two to three times more often in African American patients than in Caucasians (Baker et al., 2013). The risk of developing MGUS is two to four times higher in an individual with a first-degree relative with MGUS or multiple myeloma. A higher incidence suggests an ancestral and genetic predisposition to developing multiple myeloma, particularly in individuals of African descent, including African Americans and Western Africans (VanValkenburg et al., 2015). In addition, African Americans generally present with multiple myeloma at an age four years younger than their Caucasian counterparts (Waxman et al., 2010).

At diagnosis, African American patients with multiple myeloma present factors that can affect prognosis. African American patients with multiple myeloma demonstrate more anemia and higher serum lactate dehydrogenase levels, indicating increased tumor burden and a poor prognostic indicator at diagnosis