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The authors report no conflict of interest.

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REPLY

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We thank Walther-Antioni and Mariani for their interest and response to our study on the role of bleeding recognition and evaluation in the black-white disparities in endometrial cancer. They correctly emphasize the impact of our primary findings, which is that differences in health care delivery before diagnosis may influence the stage at diagnosis and thus mortality rates for women with this disease.

Walther-Antioni and Mariani go on to suggest that early biomarkers may help mitigate the contribution of variation in health care delivery to these racial disparities by bypassing reliance on patient reporting of symptoms and provider response. We agree overall that standardization in the form of a potential biomarker result obtained from screening can reduce racial disparities.

In cervical cancer, the objective nature of the screening Papanicolaou test provided a context-independent method of identifying women at risk. However, disparities persisted for decades after the introduction of screening and only recently have begun to improve and then only for some.[1] The social impact of racialization and subsequent discrimination is not limited to any 1 arena of health care and does not disappear with medical innovation.[2]

The current approach to early detection in endometrial cancer is failing black women, the population most at risk. Scientific advances that can augment or replace this system to allow for earlier medical detection or prevention altogether are needed but are not sufficient. These advances will not succeed without concurrent research and intervention to remove the patient, provider, and system-level factors that impede the highest quality of care for black women's gynecological health. Early patient engagement,[3] development of technology that is resource independent, and real-world testing among high-risk communities will be important methods moving forward. ■

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