Author Year	Clinical Area	Minority Group(s)	N	Relevant Conclusions	Adjustment	Setting Data Source Timeframe
Agarwal 2008	ESRD	AA	220	Black race was a predictor of ESRD (HR: 2.75).	Age, log eGFR, log protein/creatinine ratio, systolic blood pressure and CAD	Richard L. Roudebush VAMC VA electronic medical record system Timeframe NR
Dahodwala 2011 35	Parkinson's disease/ dementia	AA	74	After controlling for age and education, AA race was strongly associated with later PD stage at diagnosis, with an increased OR of 3.32 (95% CI 1.01–10.93, p = 0.05) of presenting 1 stage later than whites. However, when including the variable indicating whether individuals under-reported disability relative to motor impairment, the magnitude of the association between race and stage at diagnosis decreased by 30% and the OR was no longer statistically significant (OR 2.34, 95% CI 0.67–8.19, p = 0.18).	Model 1: age and education, Model 2: under-report of disability/ symptoms	Philadelphia VAMC Electronic medical records data 2001-2010
Ellis 2009 36	Stroke	Various: AA, other	4115	Likelihood of death: aHR for black 1.25 (1.10-1.43) and all other vs white, 0.84 (0.72-0.98)	Age, sex, HTN, CHD, diabetes, cancer, depression, Charlson comorbidity <2 vs 2	Charleston, SC VAMC VHA patient and administrative files 2000-2006
Koscuiszka 2012 37	Cancer (prostate, nonmetastatic, deferred primary treatment)	AA	518	More AA patients died, but NS: 14% vs 11%, P=0.81; Survival aHR=0.93 (0.54-1.60)	Age, PSA, Gleason Score, Palliative treatment	New York VAMC Pathology database 1990-2005
Liang 2013 38	SSI	AA	128	On multivariate analysis, white race was associated with a significantly higher risk of developing an SSI (black race OR 95% CI: (0.35; 0.13- 0.86), p=0.03)	History of fascial dehiscence, colostomy, thicker subcutaneous fat	Michael E. DeBakey VAMC Medical records data 2005-2001
Lynch 2010 39	DM	AA	8,812	Among Veterans with diabetes, the risk of mortality is higher among non-Hispanic blacks vs NHW aHR=0.84 (0.75-0.94)	Age, sex, employment status, marital status, HbA1c level, hypertension, CHD, cancer, PTSD	Southeastern VA facility VHA DSS files data 1997-2006

Author Year	Clinical Area	Minority Group(s)	N	Relevant Conclusions	Adjustment	Setting Data Source Timeframe
Powell 1995 40	Prostate cancer	AA	340	5-yr survival NSD when stratified by age, then stage	Stratified by age and stage	1 VAMC in Michigan MDCSS data 1973-1992
Richardson 2008 41	DM	AA	14,500	Among those with depression, mortality risk was lower with persistent recognition (0–2 visits vs. \geq 3 visits after initial diagnosis, HR 0.58 [0.40–0.89]) but higher for whites than blacks (1.60 [1.11–2.31])	Age at baseline, marital status, employment status, and comorbidities	1 southeastern VAMC Beneficiary Identification and Record Location files 1996 – 2006 (or until death)
Robinson 2010 42	CRC	AA	214	Similar 5-year overall survival: 52% vs 64%; P=0.08	American Joint Commission on Cancer stage	Michael E. Debakey VAMC CRC database 2002-2009
Sabounchi 2012 43	CRC	AA	300	NSD in death: 46% (black) vs 39% (white)	None	Michael E. Debakey VAMC Patient database 1996-2010
Schreiber 2014 44	Prostate cancer	AA	222	On multivariate analysis, AA race was a significant predictor for biochemical recurrence (HR 2.69, 95% CI 1.27–5.65, p = 0.009)	Pathologic margin status (positive), pathologic T-state (T3a- b), adjuvant radiation use (yes)	New York Harbor VA Patient database 2003-2011
Zevallos 2014 ₄₅	OPSCC	AA	158	5-year survival comparable: aHR: 0.87 (0.45-1.67)	Adjusted Cox proportional hazards models were conducted to examine the effect of race on OPSCC outcomes	Michael E. Debakey VAMC Medical records 2000-2012