

Cultural & Linguistic Diversity

The California legislature has passed **AB 1195** which states that as of July 1, 2006 all *AMA PRA Category 1 Credit™* CME activities that relate to patient care must include a cultural diversity/linguistics component. Specifically, the learner must be provided with relevant cultural diversity information relating to one or more of the following: age, gender, race, socio-economics, sexual orientation, religion, language, ethnicity, etc. that would impact the care of the patient.

The following bibliography of articles is provided to serve as a resource and adjunct to this activity.

1. [Artificial Intelligence Systems as Prognostic and Predictive Tools in Ovarian Cancer.](#)
Enshaei A, Robson CN, Edmondson RJ.
Ann Surg Oncol. 2015 Nov;22(12):3970-5. doi: 10.1245/s10434-015-4475-6. Epub 2015 Mar 10.
PMID: 25752894
2. [Personalized medicine in Latin America.](#)
Panduro A, Roman S.
Per Med. 2020 Sep;17(5):339-343. doi: 10.2217/pme-2020-0049. Epub 2020 Aug 17.
PMID: 32804053 No abstract available.
3. [Development and validation of prediction models for endometrial cancer in postmenopausal bleeding.](#)
Wong AS, Cheung CW, Fung LW, Lao TT, Mol BW, Sahota DS.
Eur J Obstet Gynecol Reprod Biol. 2016 Aug;203:220-4. doi: 10.1016/j.ejogrb.2016.05.004. Epub 2016 Jun 15.
PMID: 27344124
4. [Predicting breast cancer risk using personal health data and machine learning models.](#)
Stark GF, Hart GR, Nartowt BJ, Deng J.
PLoS One. 2019 Dec 27;14(12):e0226765. doi: 10.1371/journal.pone.0226765.
eCollection 2019.
PMID: 31881042
5. [Application of Artificial Intelligence for Preoperative Diagnostic and Prognostic Prediction in Epithelial Ovarian Cancer Based on Blood Biomarkers.](#)
Kawakami E, Tabata J, Yanaihara N, Ishikawa T, Koseki K, Iida Y, Saito M, Komazaki H, Shapiro JS, Goto C, Akiyama Y, Saito R, Saito M, Takano H, Yamada K, Okamoto A.
Clin Cancer Res. 2019 May 15;25(10):3006-3015. doi: 10.1158/1078-0432.CCR-18-3378.
Epub 2019 Apr 11.
PMID: 30979733