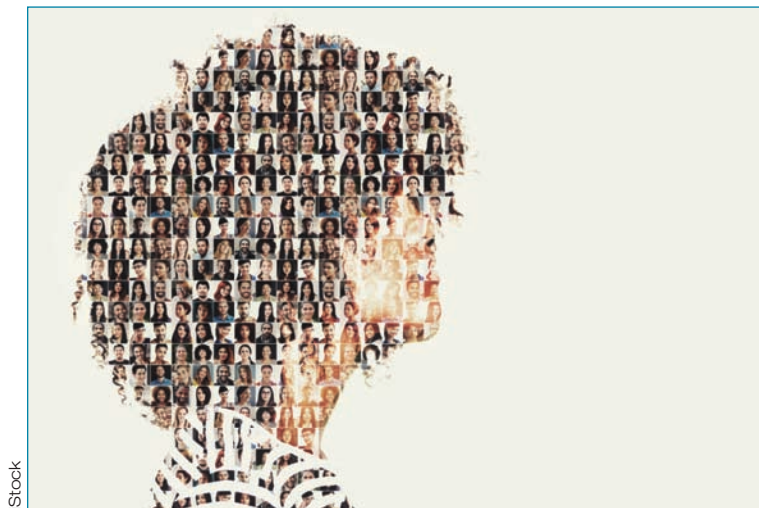


AACR Releases Inaugural Cancer Disparities Progress Report

BY PEGGY EASTMAN

The American Association for Cancer Research (AACR) has released its first report on cancer health disparities, introducing it during a webinar with members of the report's steering committee, Congressional representatives, and two patients who shared their stories. As part of the comprehensive AACR Cancer Disparities Progress Report 2020, which runs to more than 140 pages, the AACR released a call to action to overcome disparities in access to care based on the benefits of cancer research.

While cancer death rates are declining, the burden of cancer is not shouldered equally by all segments of the U.S. population, said John D. Carpten, PhD, Chairman of the report's steering committee. The unequal burden is financial as well as personal, noted Carpten, who is Co-Leader of the Translational and Clinical Sciences Program at the USC Norris Comprehensive Cancer Center. He is also Professor and Chair for the Department of Translational Genomics at the Keck School of Medicine, and Co-Director of the USC Institute for Translational Genomics.



According to the new report, it is projected that eliminating all health disparities for racial and ethnic minorities in the United States would have reduced direct medical costs by about \$230 billion and indirect costs associated with illness and premature death by more than \$1 trillion from 2003 to 2006.

Unfortunately, COVID-19 has put health disparities into “grim focus,” said Carpten, with cancer screening and diagnostic processes delayed or cancelled. These effects will increase the burden of cancer for years to come, and health disparities will persist unless critical issues are addressed and fixed, he noted.

The report, which has a special section on COVID-19, shows that while Hispanics account for about 18 percent of the U.S. population, they account for 34 percent of COVID-19 cases, and while African Americans account for about 13 percent of the U.S. population, they account for 20 percent of COVID-19 cases and 23 percent of deaths from the virus. And, according to statistics in the report, American Indians/Alaska natives have a rate of hospitalization for COVID-19 that is five times higher than that for whites.

Health disparities not only lead to a lower life expectancy and lower quality of life, but they also lead to heightened perceptions of injustice, said Rep. Bennie G. Thompson (D-Miss).

Rep. Markwayne Mullin (R-OK) agreed. As a member of the Cherokee Nation, he noted that cancer health disparities for rural communities and tribes can be “excruciating.” As a member of the House Energy and Commerce Committee, he said he has pledged to

continue to fight for quality health care for rural Americans and strong funding for the Indian Health Service.

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Rep. Xochitl Torres Small (D-NM) agreed on the need to address the problems of rural Americans, and said she is working to bring physicians in training into New Mexico.

“The only way we are going to win this fight is if we work together,” stressed Rep. Will Hurd (R-TX). “I’m proud to support bipartisan efforts in Congress to give patients more flexibility, transparency, and access to treatments such as the Cancer Drug Parity Act and the Lower Costs, More Cures Act, and I’ll continue to work with my colleagues to reduce cancer disparities and fight for patients across the nation.”

Noting that the country is coming up on the 50th anniversary of the National Cancer Act of 1971—which declared war on cancer—“We are a long way from winning the war,” said Robert A. Winn, MD, Director of the Virginia Commonwealth University Massey Cancer Center and a member of the report’s steering committee. While much progress has been made—as attested to by 17 million cancer survivors—he said “just having miracle drugs in themselves is not enough,” and the country must ensure that all Americans have access to these drugs.

In addition to access to the latest drugs and other treatments, the country must also address social determinants of health that cause disparities to persist, said Chanita Hughes-Halbert, PhD, Associate Dean for Assessment, Evaluation and Quality Improvement, College of Medicine; Professor in the Department of Psychiatry and Behavioral Sciences; and Distinguished AT&T Endowed Chair for Cancer Equity, Hollings Cancer Center at the Medical University of South Carolina in Charleston; as well as a member of the report’s steering committee. Hughes-Halbert cited housing, neighborhood, food, and literacy as just some of the social determinants that can affect cancer risk.

The new AACR report does contain some good news: the decline in the disparity for the U.S. overall cancer death rate between African Americans and whites declined from 33 percent in 1990 to 14 percent in 2016.

However, the new report shows that African American men have a 111 percent higher risk of dying from prostate cancer than white men; African American women have a 39 percent higher risk of dying from breast cancer than white women; and men living in the poorest counties in the United States have a colorectal cancer death rate that is 35 percent higher than that for men living in the most affluent counties.

The report also shows that Hispanic children are 20 percent more likely to develop leukemia than non-Hispanic white children; Asian/Pacific Islander adults are twice as likely to die from stomach cancer as white adults; and American Indian/Alaska Native adults are twice as likely to develop liver and bile duct cancer as white adults.

The AACR disparities report states that “despite the advances in cancer treatment, patients from certain population groups, including racial and ethnic minorities and other underserved populations, are often less likely to receive the standard of care recommended for the type and stage of cancer with which they have been diagnosed.”

In a section on the “imprecision of precision medicine,” the new report points out that much more progress needs to be made

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in understanding differences in cancer biology among different segments of the U.S. population. It states, “Currently, our limited knowledge of cancer biology in racial and ethnic minorities, including their inherited cancer predisposition and the genomic underpinnings of cancer initiation and progression, diminishes the potential of precision medicine in these populations. To address and close these knowledge gaps, the AACR has launched a research initiative, the Project Genomics Evidence Neoplasia Information Exchange (GENIE).

The AACR’s call to action to eliminate cancer health disparities includes the following:

- Provide robust, sustained, and predictable funding increases for the federal agencies and programs that are tasked with reducing cancer health disparities (such as the National Institutes of Health, National Cancer Institute, and Centers for Disease Control and Prevention).
- Implement steps to ensure that clinical trials include a diverse population of participants.
- Support programs to make sure that the health care workforce reflects and appreciates the diverse communities it serves.
- Prioritize cancer control initiatives.
- Work with members of the Congressional Tri-Caucus—comprised of the Congressional Asian Pacific American Caucus, Congressional Black Caucus, and Congressional Hispanic Caucus—to pass the provisions included in the Health Equity and Accountability Act.

In addition to its call to action in the new report, the AACR and its Minorities in Cancer Research (MICR) Membership Group also released a statement saying, “Disparities in health care are among the most significant forms of inequality and injustice.... African Americans have the highest overall cancer mortality rates compared to all other racial or ethnic groups in the U.S.”

Since the inception of the MICR, the proportion of minorities in the AACR has grown from less than 2 percent to about 11 percent. The AACR and its MICR group call for the following actions:

- Health care is a human right. We need policies that guarantee equitable access to quality health care for all.
- Racism needs to be addressed and eradicated throughout education, from K-12 to undergraduate, graduate, and medical school, to post-graduate education and training.
- Programs that bring career opportunities in health-related fields, particularly in cancer research and cancer care, to underrepresented, low-income youth need to be developed.
- Because racism is a public health crisis, we must have serious discussions about it in the same way that we do for tobacco use, obesity, and other public health threats. Combating racism should not only be the responsibility of health care disparities researchers; like other public health crises, the elimination of racism should also be addressed as a top priority by public health professionals and cancer researchers at the national level.
- Health care professionals have a major obligation to serve as responsible stewards of social justice and to wholeheartedly support the demands of victims of racial injustice. As one example, to ensure the safety of individuals who are participating in social justice public events, health care professionals should make every effort to educate the public about the vital importance of personal protective equipment and social distancing as safeguards against COVID-19.

The AACR said it plans to collaborate with the nation’s cancer centers and historically black colleges and universities to launch strategic initiatives that further the careers of minority cancer researchers. It also plans to encourage applications from under-represented groups to AACR’s research grants and strongly urge mentors to support the nominations of their mentees who come from diverse backgrounds. **OT**

Peggy Eastman is a contributing writer.

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Learning Objectives for This Month’s Activity:

After participating in this activity, readers should be better able to: 1. Summarize the findings of American Association for Cancer Research (AACR) report on cancer health disparities. 2. Identify the elements of AACR’s call to action to overcome disparities in access to care based on the benefits of cancer research.

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