Improved Survival in Cancer but Continued Disparities: *Planning the Future With Precision Medicine, but Assessing the Past through the Rear View Mirror with Diversity, Equity and Inclusion*

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116th President National Medical Association
Brigadier General (Ret) United States Airforce
Declining cancer mortality

"Know from whence you came. If you know whence you came, there are absolutely no limitations to where you can go"

– JAMES BALDWIN
Slavery still shadows health care
The National Medical Association

Oldest and largest organization representing African American physicians and health professionals in the United States

Founded in 1895, during an era in US history when the majority of African Americans were disenfranchised
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National Cancer Act, December 23, 1971

- National Cancer Institute;
- National Cancer Advisory Board (NCAB);
- National Cancer Centers Program, including training and research programs;
- The Cooperative Group Program;
- Cancer Control Program;
- The Surveillance Epidemiology and End Results (SEER) Program.
Fifty Years of Cancer Research

Video – The Gift of Time
Jane Cooke Wright, MD

1964: One of seven original founding members of the American Society of Clinical Oncology, the only woman and only African American among the...
Jane Cooke Wright, MD
President Johnson signed July 30, 1965
Reducing Disparities: Medicare

- Major force for racial desegregation of health care facilities;
- Reduced disparities in access to care by enforcement of the Civil Rights Act, a condition of hospital participation;
- Hospitals integrated their medical staffs, waiting rooms, and hospital floors in less than four months;
- Between 1961 and 1968, hospitalization rates for whites age 65 and older rose 38 percent, while rates for blacks 65 and older jumped 61 percent;
- Disparities in access to hospital services for people of all ages narrowed, with the difference in hospitalization rates between whites and blacks falling from 30 percent in 1961 to 17 percent by 1968.
RACIAL DIFFERENCES IN CANCER:
• A COMPARISON OF BLACK AND WHITE ADULTS IN THE UNITED STATES
Overall Cancer Mortality Rate per 100k by Race/Ethnicity 1975-2018

Figure: Overall Cancer Mortality Rate 1975-2018. Data taken from [https://seer.cancer.gov](https://seer.cancer.gov). Data on American Indians/Alaska Natives, Asians/Pacific Islanders, and Hispanics were not available prior to 2000.
Closing Gaps in Cancer Screening:
Connecting People, Communities, and Systems to Improve Equity and Access
2022 Report to the President

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116th President National Medical Association
President's Cancer Panel: A Brief Overview

• 3- Member panel established by the NCA of 1971

• “Monitor the development and execution of the activities of the National Cancer Program, and shall report directly to the President”

• Identifies high-priority topics for which actionable recommendations can be made

Dr. John Williams, Chair
Breast Cancer School for Patients

Dr. Edith Mitchell
Thomas Jefferson University

Robert Ingram
Hatteras Venture Partners
COVID-19 Pandemic: Cancer Screening Rates Plummet

- At one point a 90-percent reduction of cancer screenings
- Long-term impact of missed or delayed screenings will result in increased morbidity and mortality from cancer

Cancer Screenings Are Still Lagging

While cancer screenings briefly returned to baseline, we have not fully recovered from the initial drop reported in May 2020. Christopher Mast, MD | Alejandro Munoz del Rio, PhD | Tyler Heist, PhD, Epic Research Network, 9 June 2021
2020-2021 Meeting Series
*Cancer Screening During the COVID-19 Era*

- The PCP convened a series of public meetings bringing together over 160 stakeholders
  - Patients/advocates, primary care physicians, specialists, genetic counselors, researchers, insurance providers, technology innovators and more
- Fall 2020: Public meeting series focused on barriers and opportunities to *breast, cervical, colorectal, and lung* cancer screening
- Winter 2021: *Innovations* in cancer screening
Cancer Screening Uptake is Incomplete and Uneven

- Significant gaps between recommended cancer screening and uptake, and lack of timely follow-up after an abnormal test result
  - Many communities of color
  - Socially and economically disadvantaged populations
  - Low educational achievement
  - Residence (rural/urban)
- Barriers include
  - Lack of awareness or understanding
  - Lack of provider recommendation
  - Logistical challenges
  - Fear and stigma
  - Cost
Closing Gaps in Cancer Screening

Goals

**Improve and align communication**
- Conduct large- and small-scale communications campaigns
- Create and expand National Cancer Roundtables

**Facilitate equitable access**
- Provide and fund community-oriented outreach and support
- Increase access to self-sampling

**Strengthen workforce collaborations**
- Empower healthcare team members
- Expand access to genetic testing and counseling

**Create effective health IT**
- Create computable guidelines
- Create and deploy clinical decision support tools
1. Improve and Align Communications

- Develop effective communications that reach all populations
  - Develop and disseminate information that empowers people to make decisions and take action

- Leverage National Cancer Roundtables
  - Create roundtables for breast and cervical cancer
  - Increase funding for CRC and lung cancer roundtables
  - Prioritize equity
  - Align messaging
2. Facilitate Equitable Access

• “High touch” to reach the underscreened
  - Sustainable funding for community-oriented outreach and support
  - Community Health Workers

• Increase access to self-sampling
  - Stool-based testing for CRC screening
  - HPV self-test for cervical cancer screening
3. Strengthen Workforce Collaborations (1/2)

- Providers have competing demands that make it difficult to thoroughly address all needs during short visits.
- Empower all members of the healthcare team to support cancer screening:
  - Supportive policies and systems to team-based approaches.
  - Modify requirements for lung cancer screening shared-decision making.
  - Education and training.
3. Strengthen Workforce Collaborations (2/2)

- Many eligible are not offered genetic testing for cancer risk assessment

- Expand access to genetic testing for risk assessment
  - Providers should be able to offer genetic testing with informed consent
  - Genetic counselors should be recognized as healthcare providers
4. Create Effective Health IT

- Large amounts of constantly changing information to process for cancer screening and follow-up
- Effective health IT has the potential to support providers and healthcare systems efficiently access clinical knowledge and patient data
  - Create of computable guidelines
  - Create and deploy effective clinical decision support tools
Working Together to Close the Gap

• Multi-pronged approach to support people, communities, and systems for cancer screening and follow-up after an abnormal result
  - Access
  - Communications
  - Implementation

• We can make a difference NOW by effective and equitable implementation of existing cancer screening guidelines
Report released February 2, 2022

Report release coincided with President Biden’s recommitment to the Cancer Moonshot and year of action for cancer screening.
Call to Action on Cancer Screening and Early Detection:

To help ensure equitable access to screening and prevention through at-home screening (especially for colon cancer and HPV, the virus that causes cervical, head, neck and other cancers), mobile screening in communities without easy access to a clinic, through the community health networks we have built and strengthened during the COVID-19 pandemic, and other ways to reduce barriers to cancer screening.

“President Biden Reignites Cancer Moonshot to End Cancer as We Know It,”

White House Briefing Room; February 2, 2022
Rapid Implementation of Recommendation

The American Cancer Society to Launch Breast Cancer and Cervical Cancer Roundtables to Drive Greater Progress

Feb 11, 2022

The organization answers President Biden's call for additional roundtables to reduce cancer incidence and deaths faster
Read the full report of recommendations

PresCancerPanel.cancer.gov/report/cancerscreening

@PresCancerPanel
Expand Access to Cancer Screening
Understand and Prevent Exposure to Toxic Substances
Prevent More Cancers Before They Start.
Deliver the Latest Cancer Innovations to Patients and Communities
National Cancer Plan

• Prevent Cancer
• Detect Cancers Early
• Develop Effective Treatments
• Eliminate Inequities
• Deliver Optimal Care
• Engage Every Person
• Maximize Data Utility
• Optimize the Workforce
Integrating Minority Populations and Gender into SKCC Research and Clinical Trials

- Populations
- Behavioral and Epidemiology Science
- Community Outreach and Education
- Clinical Science
- Partnerships/Strategies to Overcome Barriers
- Basic Science

Increased Accrual
Thank you!