

**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***
3 November 2023

Edith Peterson Mitchell, MD, MACP, FCPP, FRCP(London)
Clinical Professor of Medicine and Medical Oncology
Department of Medical Oncology
Associate Director for Diversity Programs
Enterprise Vice President for Cancer Disparities at Jefferson Health-
Sidney Kimmel Cancer Center at Jefferson
Philadelphia, Pennsylvania
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

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 **Sidney Kimmel Cancer Center**
Jefferson Health | NCI – designated

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Until every cancer is cured

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



1919 -
2013



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

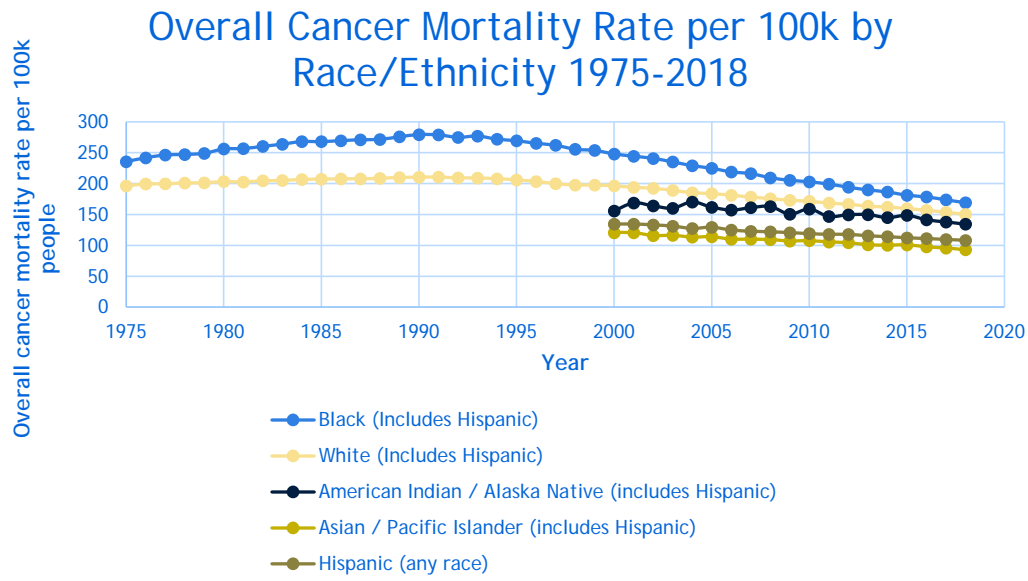


Figure : Overall Cancer Mortality Rate 1975-2018. Data taken from <https://seer.cancer.gov>. Data on American Indians/Alaska Natives, Asians/Pacific Islanders, and Hispanics were not available prior to 2000.



Closing Gaps in Cancer Screening:

*Connecting People, Communities, and
Systems to Improve Equity and Access*

2022 Report to the President

Edith Peterson Mitchell, MD, MACP, FCPP, FRCP (London)

Clinical Professor of Medicine and Medical Oncology

Department of Medical Oncology

Associate Director for Diversity Programs

Sidney Kimmel Cancer Center at Jefferson

Philadelphia, Pennsylvania

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



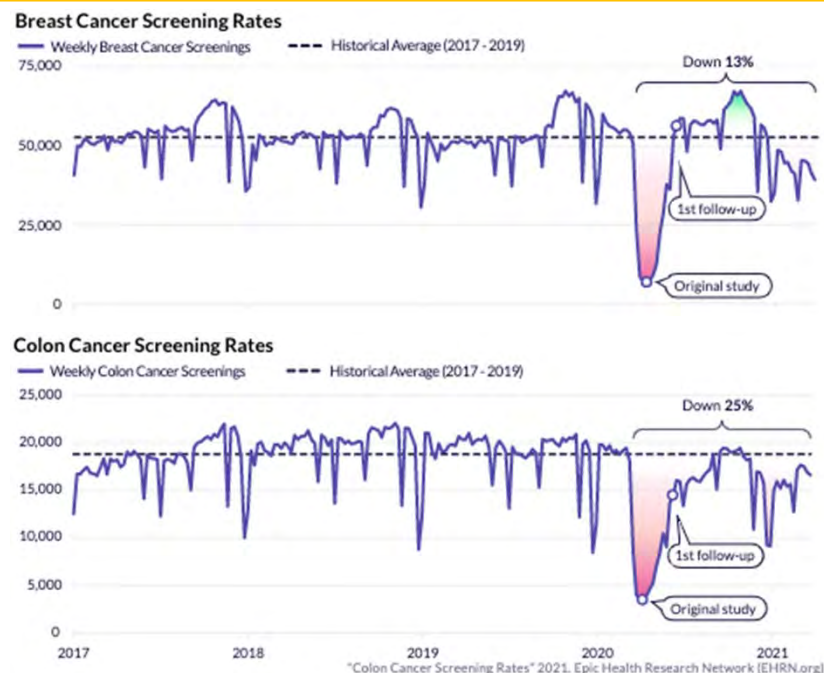
Robert Ingram
Hatteras Venture Partners





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

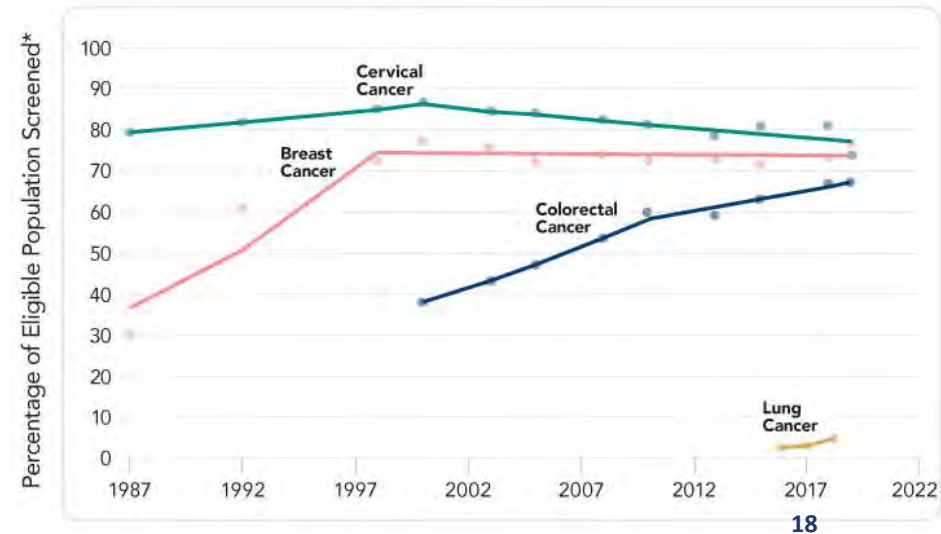
- The PCP convened a series of public meetings bringing together over 160 stakeholders
 - Patients/advocates, primary care physicians, specialists, genetic counselors, researchers, insurance providers, technology innovators and more
- Fall 2020: Public meeting series focused on barriers and opportunities 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

ACCESS

Make it easy for people to find or be exposed to information about screening. Disseminate information through **outlets that are used and trusted** by target populations. **Multiple outlets** should be used to maximize reach (e.g., radio, television, social media, newspaper, pamphlets, healthcare settings).

UNDERSTAND

Use **plain language** that is easy to comprehend across a range of literacy levels. **Address common concerns and misconceptions** directly and concisely. Materials should be available in **different languages**. Members of the target community should be involved in authoring and translating communications to ensure they are accurate.

APPRAISE

Frame information in ways that allow people to **evaluate** how it applies to them. Create messages that **align with the culture and values** of the target population. Engage members of the community in development of materials and messages to ensure they are culturally appropriate.

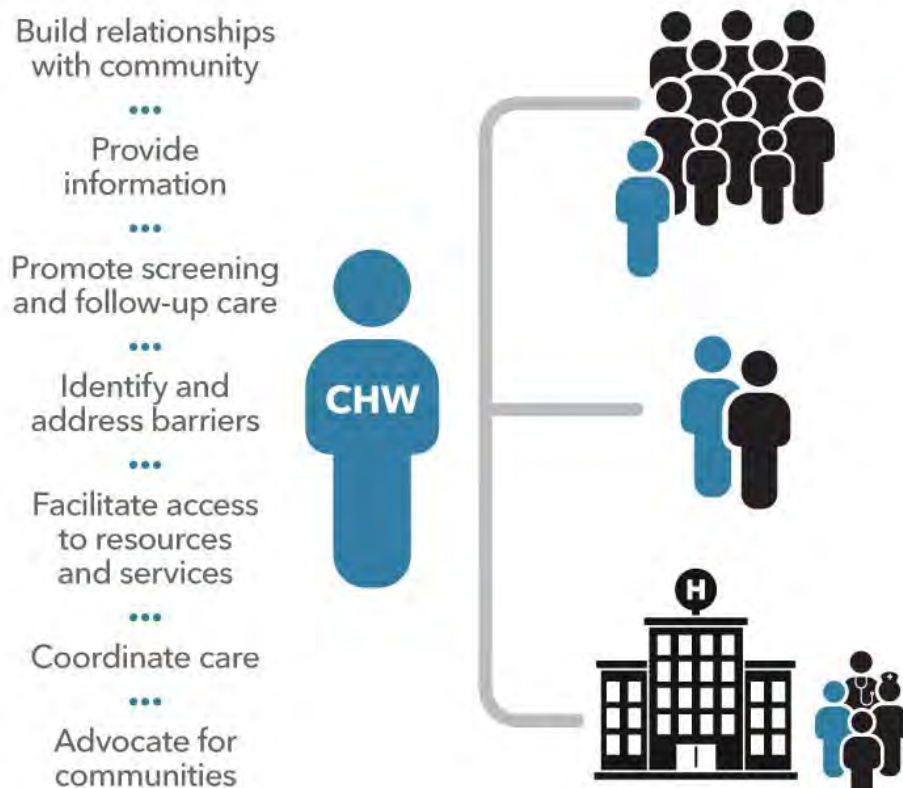
APPLY

Empower people to take action by **clearly defining the next step** and **making it as easy as possible** to take that step.



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)



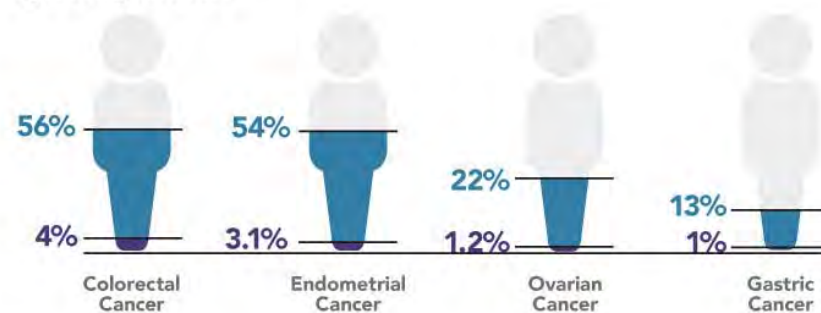
- Providers have competing demands that make it difficult to thoroughly address all needs during short visit
- Empower all members of the healthcare team to support cancer screening
 - Supportive policies and systems to team-based approaches
 - Modify requirements for lung cancer screening shared-decision making
 - Education and training



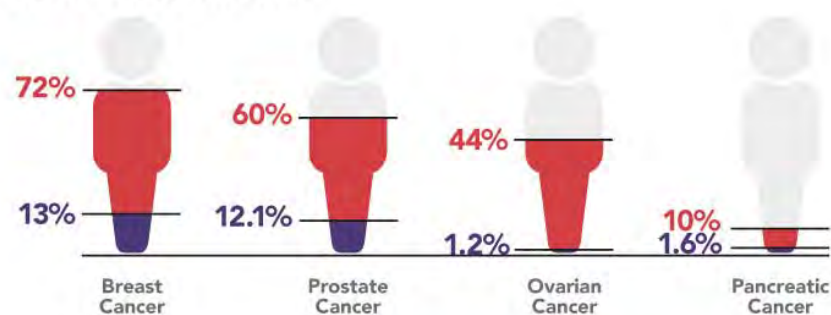
3. Strengthen Workforce Collaborations (2/2)

- 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

Lynch Syndrome



BRCA Gene Mutation

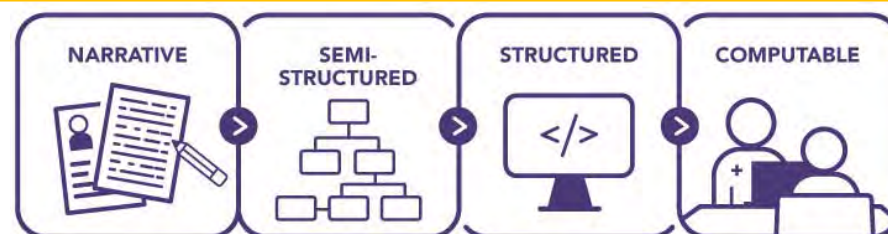


● General Population ● Lynch Syndrome ● BRCA Gene Mutation



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





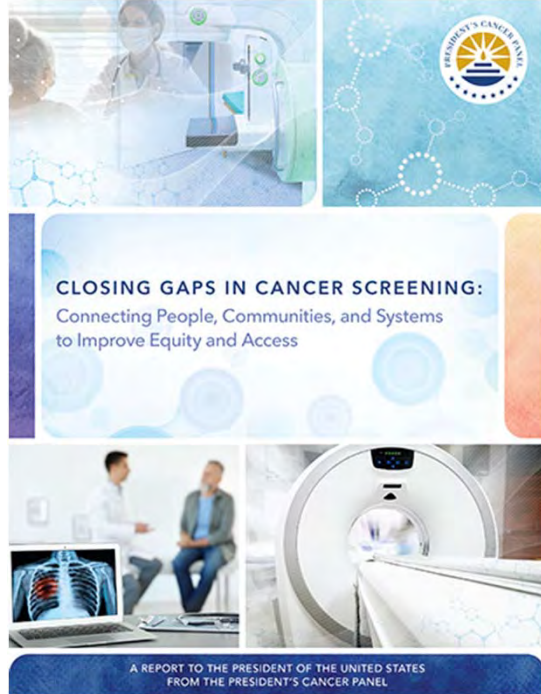
Working Together to Close the Gap

- 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.





President's Cancer Panel & Cancer Moonshot

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



The background features a dark blue gradient. On the right side, there is a faint, stylized graphic consisting of a sunburst or fan-like shape with multiple triangular segments radiating from a central point. Below the center of this sunburst is a single, larger water drop shape. The overall aesthetic is clean and professional.

Prevent More Cancers Before
They Start.

The background features a dark blue field with a faint, light blue graphic. The graphic consists of a central water drop shape surrounded by a sunburst or fan-like pattern of triangular segments. Below the drop, there are several horizontal rectangular bars of varying lengths, suggesting a stylized face or a set of data points.

Deliver the Latest Cancer
Innovations to Patients and
Communities

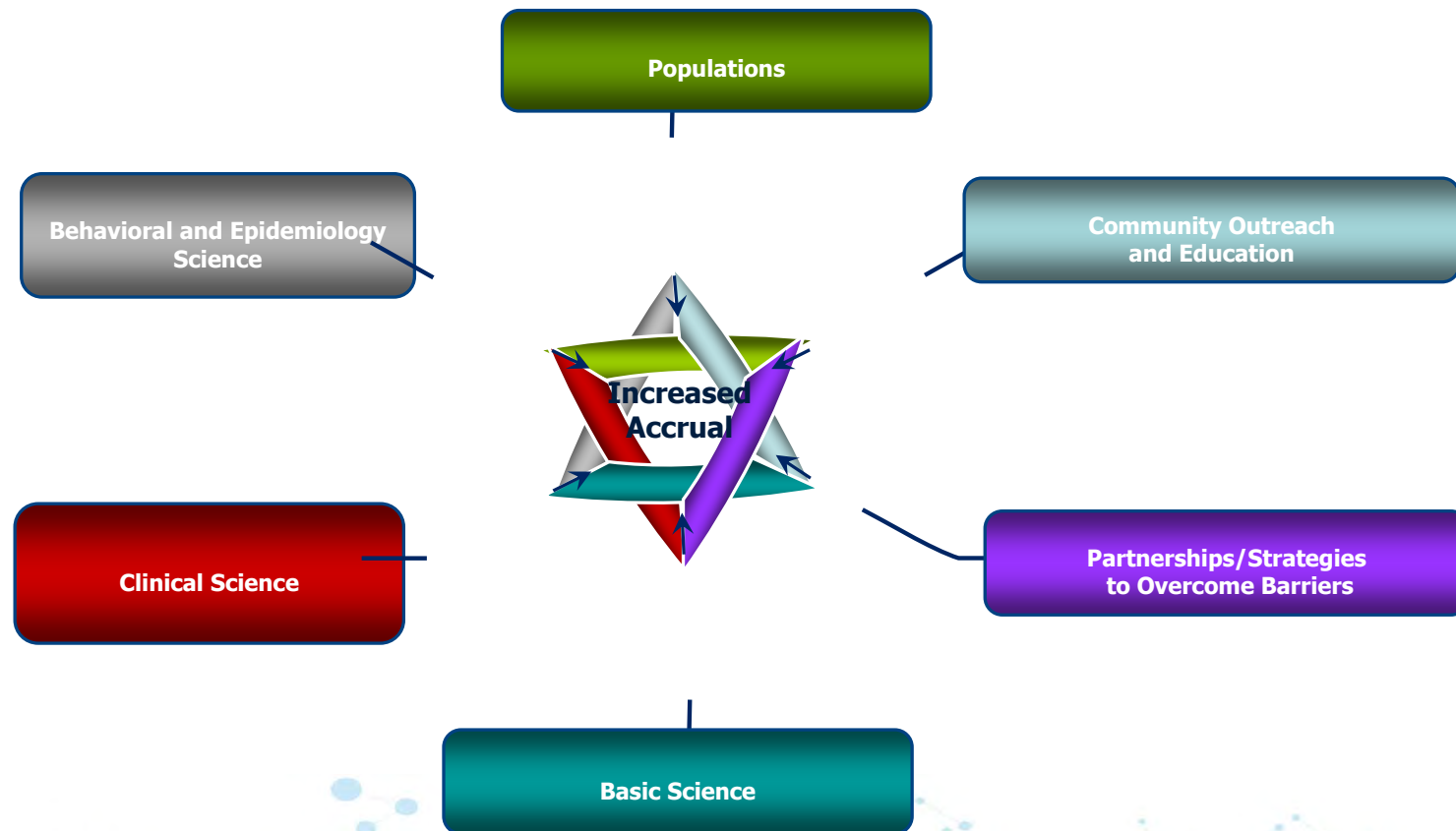




National Cancer Plan

- **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





Thank you!