

Stronger Together



Disparities and Survivorship In Cancer Care

2022 FLASCO Disparities and Health Equity Summit

Maray Salina, MSN, APRN, FNP-BC
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Objectives

- Define disparities in cancer survivorship
- Review survivorship main concerns and disparities statistics
- Discuss strategies to decrease disparities in cancer survivors

Defining Disparities

- Factors causing variation and influencing the survivorship experiences.
- Factors: gender, race, ethnicity, age differences, income, health insurance, place of residence, access to health care, education level, socioeconomic status, access to resources, environment, and others
- The underlying causes of disparities in cancer care are complex

Barriers in Survivorship Disparities

- In the United States, the number of cancer survivors has increased dramatically from approximately **3 million in the 1970s to 19 million by 2024.**
- Lack of evidence in identifying and addressing disparities:
 - Different models
 - Fragmented care
 - Different Definition

Survivorship Definition

- “An individual is considered a cancer survivor from the time of diagnosis, during and immediately after treatment, and through the balance of his or her life. Family members, friends, and caregivers are also affected by the cancer.” (NCCN, 2021)
- Institute of Medicine’s (IOM’s) acknowledges the definition, but focuses on the period following first diagnosis and treatment and prior to the development of a recurrence of the initial cancer or death
- In the United Kingdom, is the period after completion of initial treatment, regardless of whether the person is free from cancer at that time

Components of Survivorship care

- The major goals of care for cancer survivors:
 - Improved survival
 - Long-term health
 - The highest quality of life possible

Components of Survivorship care

- **The transition phase:** from active treatment to post-treatment care
- Critical phase: Patients, PCPs, oncologist & long-term health
- Post treatment follow up (IOM) :
 - **Prevention** of recurrent and subsequent primary cancers
 - **Screening** for cancer spread, recurrence, subsequent primary cancers
 - **Assessment** of physical and psychosocial late effects.
 - **Intervention** for consequences of cancer and its treatment
 - **Evaluation** of socioeconomic status: employment, insurance, disability
 - **Coordination** of care between specialists and primary care

Survivorship Disparities in **access to coverage**:

General:

- 7% of Individuals with a History of Cancer are Uninsured
- 12% of survivors reported being denied health or life insurance coverage because of their cancer diagnosis. (Black cancer survivors were three to five times more likely to be denied health insurance)

Age:

- Cancer survivors ≤ 65 years were more likely to forego medical care due to costs compared with older individuals

Race:

- Blacks and Hispanics Are Most Likely to Be Living in Poverty
- Hispanics Are More Likely to Be Uninsured When Compared to All Other Racial/Ethnic Groups
- Black and Hispanic Cancer Patients Are More Likely to Be Uninsured at Diagnosis

Survivorship Disparities in Preventive Care:

Smoking cessation

General

- Approximately 12 to 15 percent of cancer survivors are current cigarette smokers

Age:

- Middle School and highschool Students More Commonly Use E-Cigarettes Compared to Other Tobacco Products

Race:

- Non-Hispanic American Indian/Alaska Native and Black Adults More Likely to Currently Smoke Cigars

Gender:

- Smoking Prevalence Higher among Lesbian, Gay, Bisexual, Transgender Identifying Males than Heterosexuals .

Survivorship Disparities in Preventive Care:

Diet and physical activity

General

- About one-fifth of all cancers diagnosed in the US are caused by a combination of excess body weight, physical inactivity, excess alcohol consumption, and poor nutrition (ACS).

Race:

- Prevalence of Overweight and Obesity (BMI > 25) Higher among Blacks, American Indians/Alaska Natives, and Hispanics than Other Racial/Ethnic Group
 - Least Likely to Meet Recommended Levels of Aerobic Activity
- Non-Hispanic White Adults Report Meeting Recommended Fruit Intake Less Frequently than Other Racial/Ethnic Groups

The Solution:

~~Simple~~

- Increasing awareness
- Reducing economic barriers to care (ASCO)
- Increasing research on disparities (ASCO)
- Increasing minority enrollment into clinical trials (ASCO)
- Increasing diversity of the oncology workforce (ASCO)
- Patient-centered and integrated strategies

Patient-centered and integrated strategies

- Screening and identifying psychosocial health needs – social determinants of health (SDOH)
- Empowering patients with education and available resources
- Connecting patients and families to needed services: who, how, and when
- Working in a multidisciplinary approach with social workers, navigators, financial navigators and others support services available

Conclusion:

- The underlying causes of disparities in cancer survivorship are complex
- Disparities negatively impact the health outcomes of cancer survivors
- Awareness and ongoing collaboration is important to effectively address disparities
- Empowering patients with education and available resources are important steps to decrease disparities
- Further research and attention is needed to the survivorship component of cancer patients

Thank
You!

References

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- ASCO - The Cancer Survivorship Journey: Models of Care, Disparities, Barriers, and Future Directions | American Society of Clinical Oncology Educational Book (ascopubs.org) - https://ascopubs.org/doi/full/10.1200/EDBK_156039
- ACCR: [Disparities in Cancer Survivorship | AACR Cancer Disparities Report 2022](#)
- Uptodate: (Chan; Nekhlyudov, 2022; Overview of cancer survivorship care for primary care and oncology providers)