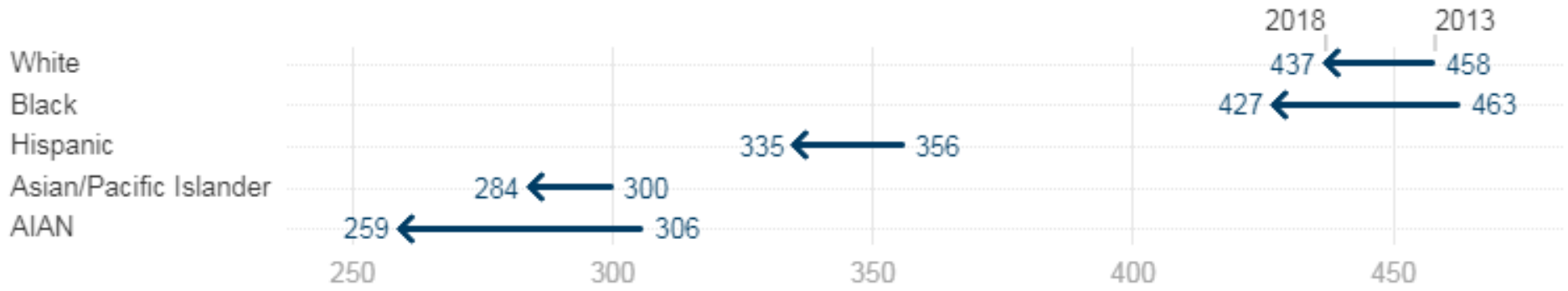
Age-Adjusted Rate of Cancer Incidence per 100,000 by Race/Ethnicity, 2013 and 2018

All Cancer



SOURCE: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021 • PNG

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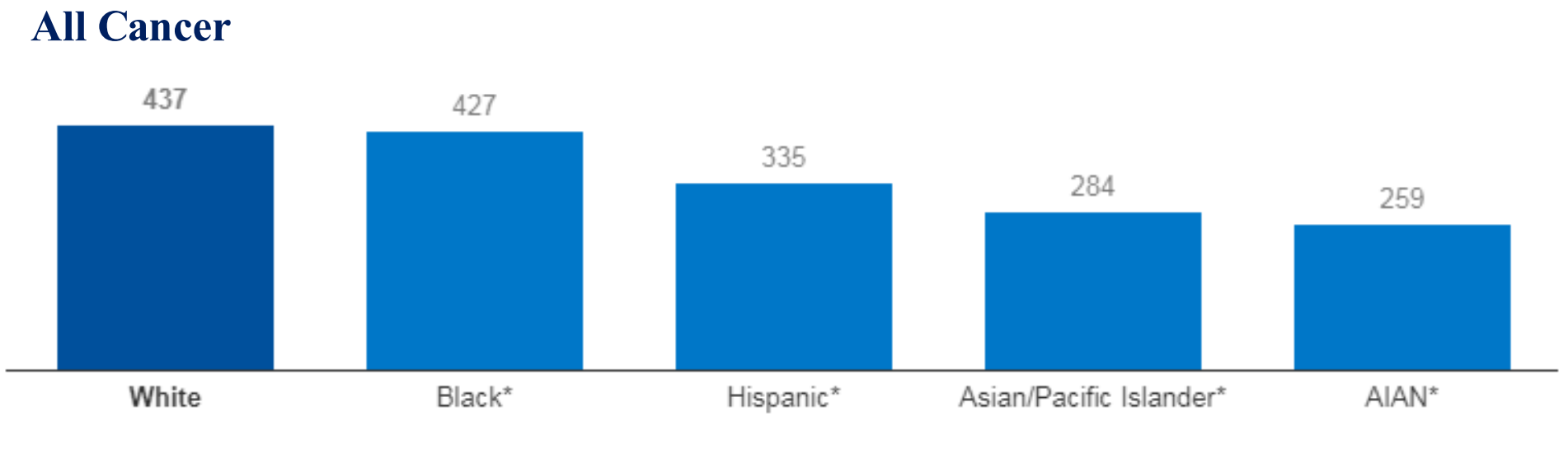
Age-Adjusted Rate of Cancer Incidence per 100,000 by Race/Ethnicity, 2018



SOURCE: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021 • PNG

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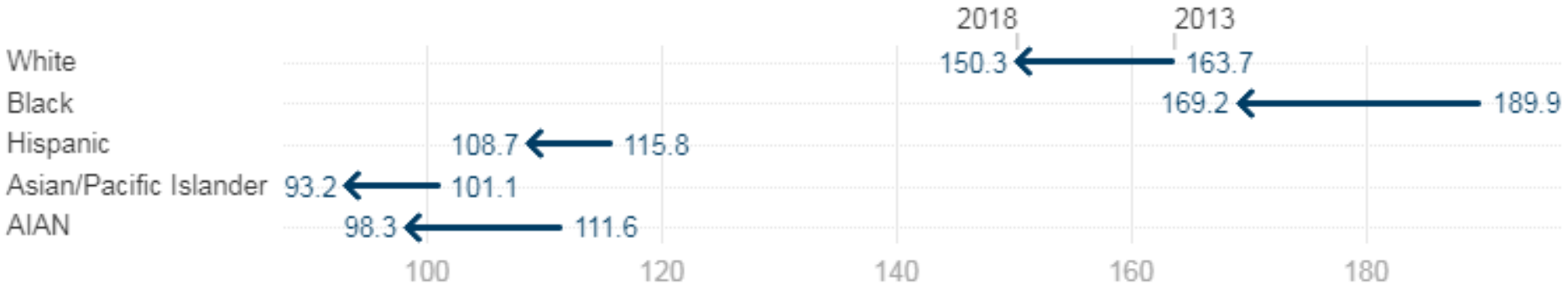
Age-Adjusted Rate of Cancer Deaths per 100,000 by Race/Ethnicity, 2013 and 2018

All Cancer



SOURCE: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021 • PNG

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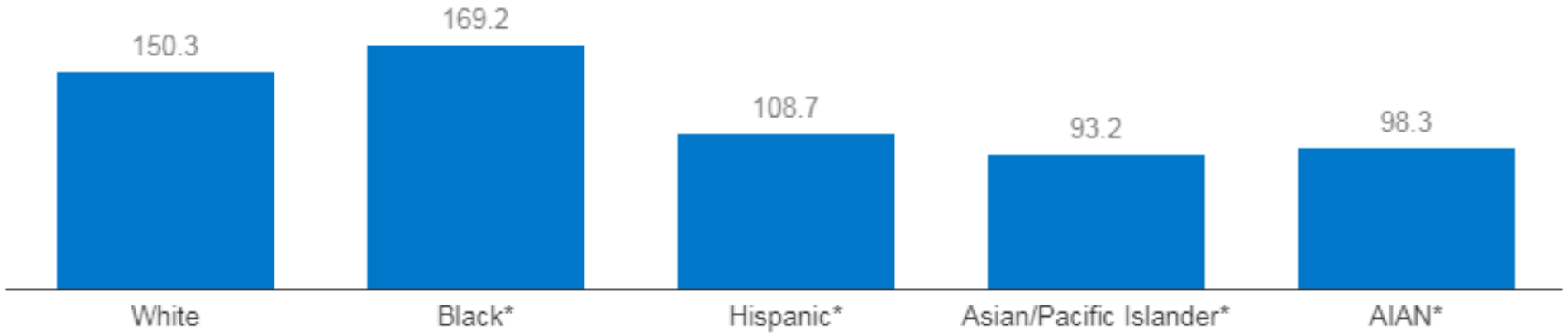
Age-Adjusted Rate of Cancer Deaths per 100,000 by Race/Ethnicity, 2018

All Cancer Mortality



SOURCE: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021 • PNG

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“If it is true that a chain is only as strong as its weakest link, isn’t it also true a society is only as healthy as its sickest citizen and only as wealthy as its most deprived?”

Maya Angelou
Even the Stars Look Lonesome

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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HENRY J. KAISER FAMILY FOUNDATION

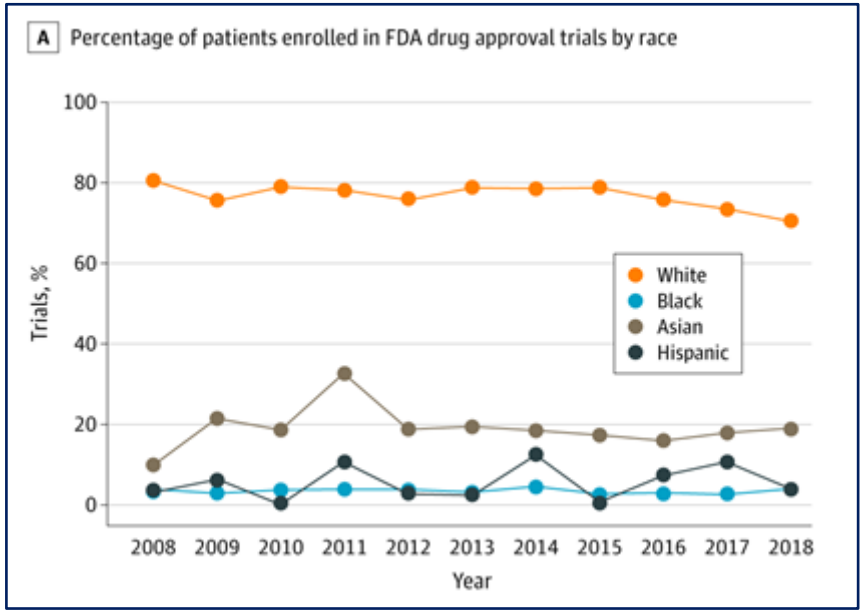
We know racial/ethnic diversity in oncology clinical trials is low:

Enrollment fractions in cancer therapy trials using SEER cancer prevalence

Racial/Ethnic Group	No. of Trial Enrollees No.	%	2013 Cancer Prevalence %	EF %
All cancers				
Non-Hispanic white	46,431	83.4	79.0	1.2
African American	3,270	6.0	10.0	0.7
Hispanic	1,484	2.6	7.0	0.4
Asian/Pacific Islander	2,982	5.3	3.3	1.9
American Indian/Alaskan Native	190	0.3	0.3	1.3
Other	1,332	2.4		

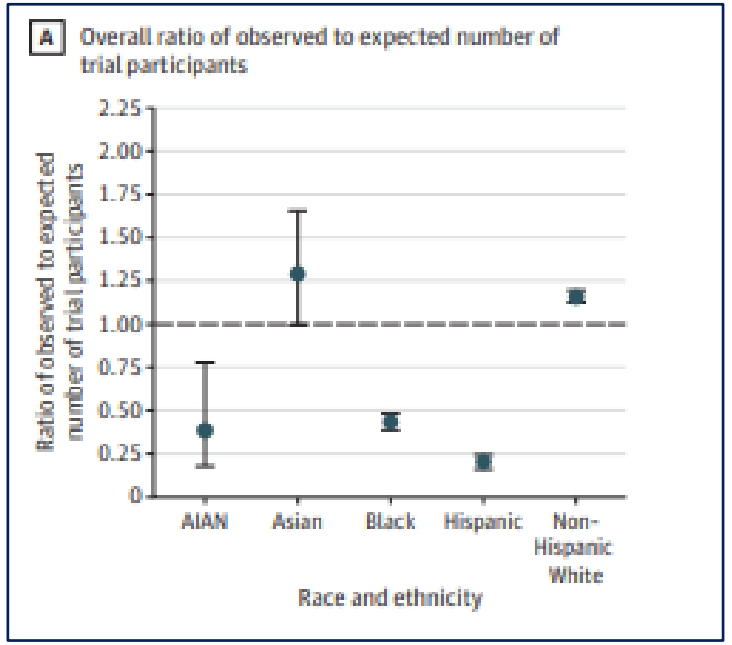
Duma et al.
JOP 2018

Clinical trials leading to FDA oncology drug approvals



Loree et al.
JAMA ONC 2019

Participants in precision oncology studies



Aldrighetti et al.
JAMA Open 2021

"When Offered to Participate" : A Systematic Review and Meta-Analysis of Patient Agreement to Participate in Cancer Clinical Trials

Rates of agreement to participate if asked:

Comparison Group	Black	Hispanic	Asian
All Studies			
No. of studies	13	7	6
Rate, %	58.4	66.7	63.6
Rate in white patients, %	55.1	61.2	56.9
p	.88	.48	.62

Unger et al. JNCI 2021

Use what we learned from COVID-19 pandemic.

Thoughts from the ASCO Road to Recovery report

Clinical Research

- Improve patient access to research; promote virtual consent
- Bring studies to patients
- Design more pragmatic trials
- Streamline protocol requirements so they can be integrated into routine care
- Promote inclusive enrollment criteria
- Cater trial selection to population
- Diversify clinical research workforce

Pennell et al. JCO 2020

Research Site Self-Assessment

ASCO-ACCC Equity, Diversity, and Inclusion Research Site Self-Assessment

Enables research sites to identify opportunities to improve equity, diversity, and inclusion in clinical research while doing an internal review of their programs, policies, procedures.

- Gain insights to improve programs, policies, procedures, and mitigate disparities
- Identify evidence-based strategies and resources
- Create and/or maintain a culture of continuous quality improvement

Learn more via https://old-prod.asco.org/node/150263/

Components of the Site Self-Assessment

Additional thoughts from the ASCO Road to Recovery report

Cancer Care

- Standardize and record data elements that inform issues around disparities in access to care
- Improve patient access through telemedicine
    * Develop quality measures regarding effective use of telemedicine
    * Advocate for further geographic reach of telemedicine
- Advocate for formal training in cultural competency for providers and learners
- Promote a more diverse workforce
- Focus on provider/patient wellness

Pennell et al. JCO 2020

Emphasize Models that Work such as the Delaware Initiative

Delaware Colorectal Cancer Screening Initiative

Program

- Coverage for screening and treatment
- Collaboration including policy makers, public health leaders, health care delivery team
- Patient navigation for screening and care coordination

Results

- Elimination of screening disparities
- Equalization of incidence rates
- Near elimination of mortality differences
- Financially self-sustaining

Grubbs et al. JCO 2013