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Racial and Ethnic Disparities and Health Inequities in Oncology Care

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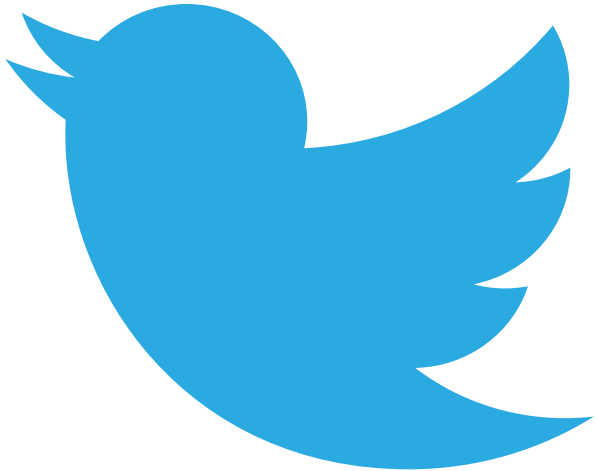

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Learnings Objectives

1. Analyze ethnic and regional disparities resulting in health inequities in oncology care.
2. Improve recognition of multiple myeloma, melanoma, prostate, and lung cancers.
3. Analyze the influence of SDoH in cancer care in order to improve equity and accessibility to cancer treatments and outcomes.

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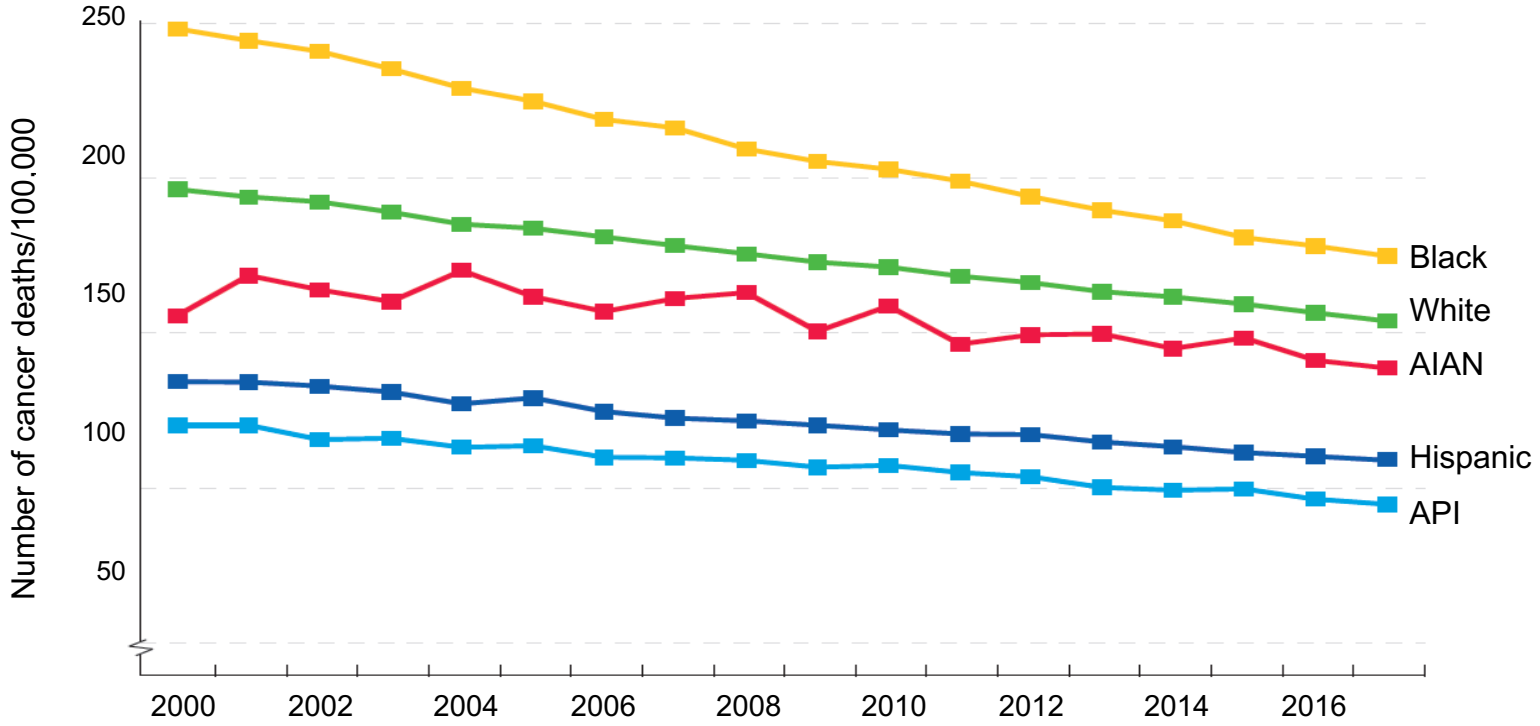
Learning Objective 1

Analyze ethnic and regional disparities resulting in health inequities in oncology care.

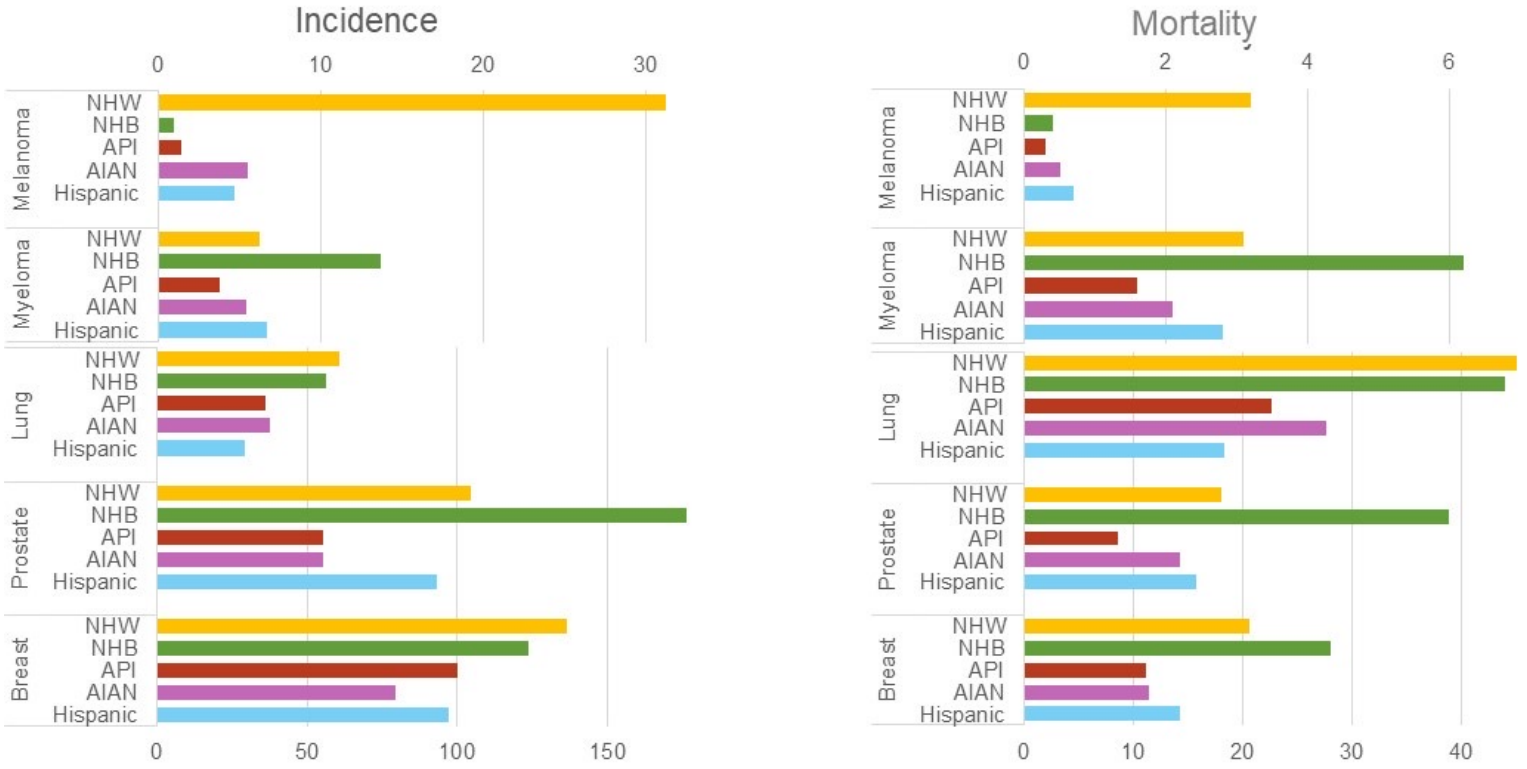
Overall Cancer Death Rate in the United States



AIAN = American Indian/Alaskan Native; API = Asian Pacific American

American Association for Cancer Research (AACR). AACR Cancer Disparities Progress Report Website. 2022. https://cancerprogressreport.aacr.org/disparities/. Accessed August 19, 2022.

SEER Age-Adjusted Rates per 100,000 People

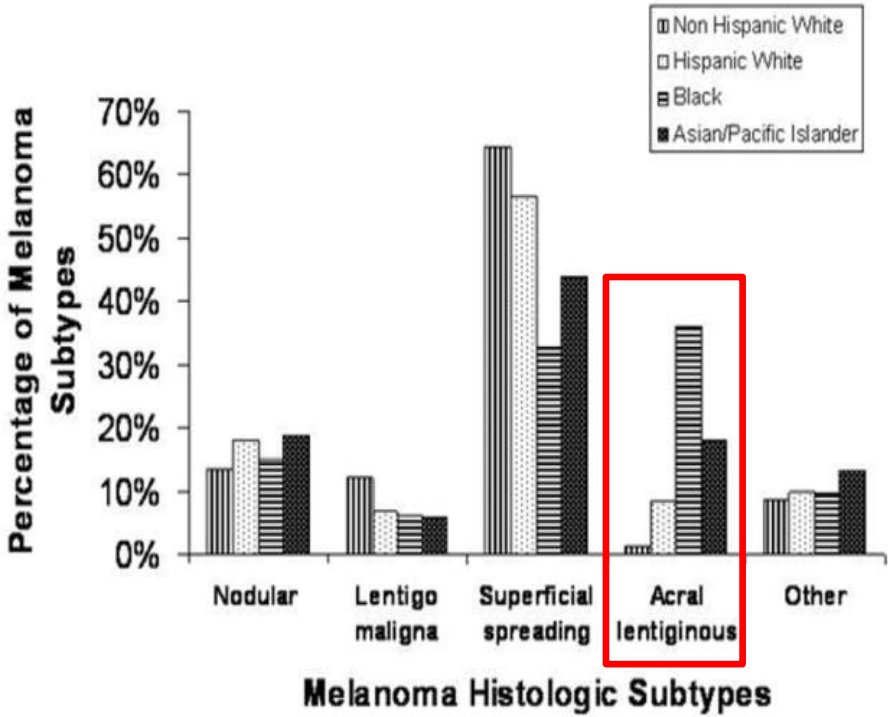


NHB = Non-Hispanic Black; NHW = Non-Hispanic White; SEER = Surveillance Epidemiology and End Results

Surveillance Epidemiology and End Results (SEER) Program. SEER Explorer Website. 2022. https://seer.cancer.gov/statistics-network/explorer/application.html. Accessed August 15, 2022.

Melanoma Incidence and Survival Patterns in the United States, 1986-2005

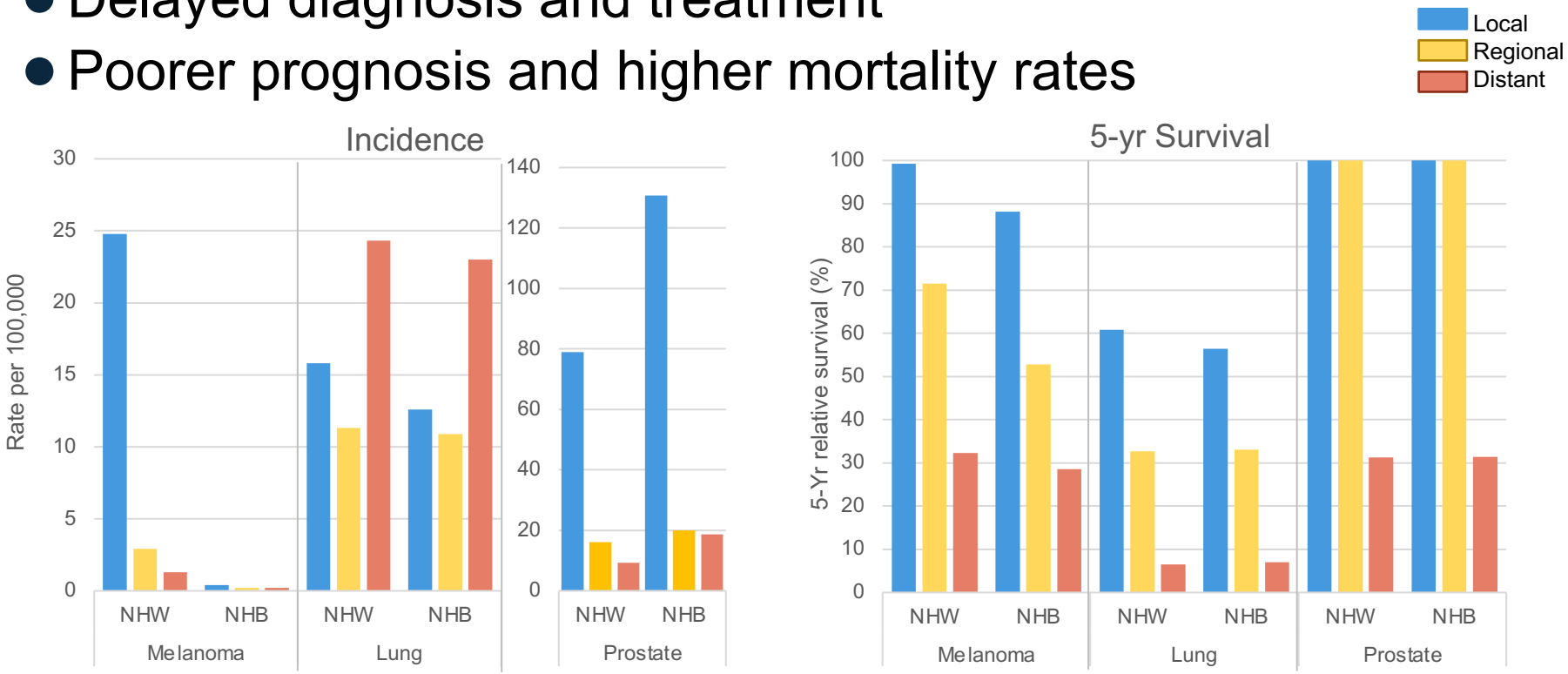
- Acral lentiginous melanoma (ALM) comprises:
  - 4-58% of melanomas in Hispanic White, API, and Black people
  - 0.8–1.0% of melanomas in NHW people
- 5- and 10-year survival rates for ALM
  - NHW (82.6% and 69.4%)
  - Black (77.2% and 71.5%)
  - Hispanic White (72.8% and 57.3%)
  - API (70.2% and 54.1%)



Hall KH, et al. Acral lentiginous melanoma. In: *StatPearls*. 2022. https://www.ncbi.nlm.nih.gov/books/NBK559113/. Accessed August 24, 2022.
Bradford P, et al. *JAMA Dermatol*. 2009;145(4):427-434.

Impact of Cancer Health Disparities

- Delayed diagnosis and treatment
- Poorer prognosis and higher mortality rates



Surveillance Epidemiology and End Results (SEER) Program. SEER Website. 2022. https://seer.cancer.gov/statistics-network/explorer/application.html. Accessed August 19, 2022.

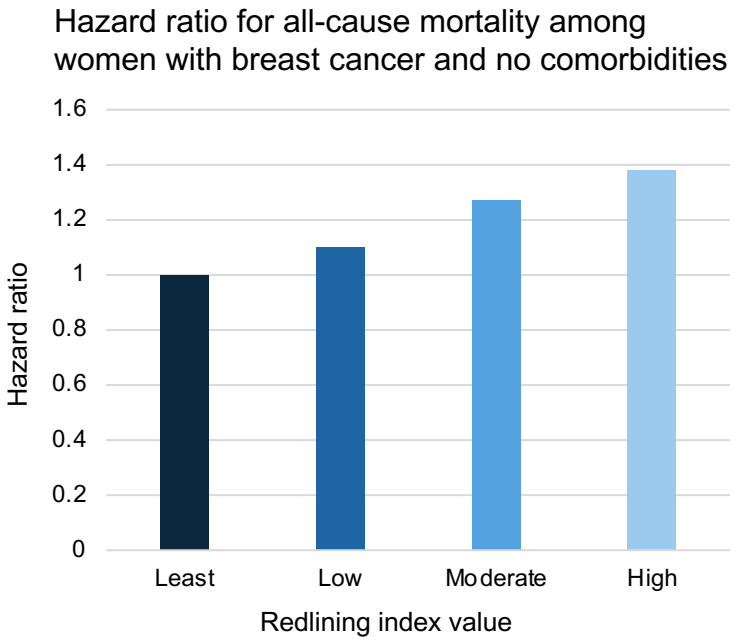
Factors Contributing to Disparities

- Structural racism
- SDoH
- Geographic location
- Unconscious bias

SDoH = social determinants of health

Structural Determinants of Inequity

- Contemporary redlining contributes to sorting people into resource-rich and resource-poor neighborhoods
  - K-12 education opportunities are a key determinant of overall health
- Rural communities facing hospital closures
  - Living > 50 miles from a hospital results in:
    - More advanced stages of disease at diagnosis
    - Lower adherence to recommended treatments
    - Worse prognoses
    - Decreased quality of life

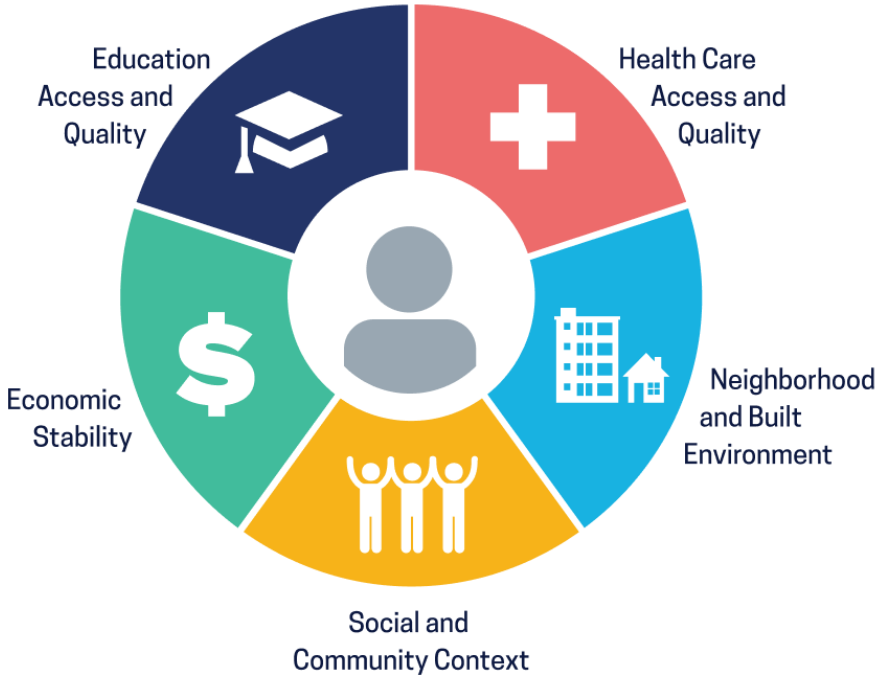


Beyer KMM, et al. *J Clin Oncol.* 2021;39(25):2749-2757. Levit LA, et al. *JCO Oncology Practice*. 2020;16(7):422-430. National Academies of Sciences. The root causes of health inequity. In: *Communities in Action: Pathways to Health Equity.* 2017: 99-184. https://www.ncbi.nlm.nih.gov/books/NBK425848/pdf/Bookshelf_NBK425848.pdf. Accessed August 19, 2022.

Social Determinants of Health

Health is determined in part by:

- Access to social and economic opportunities
- Resources and supports available in our homes, schools, neighborhoods, and communities
- Conditions in the environments where people are born, live, work, play, worship, and age that affect health, functioning, and quality of life



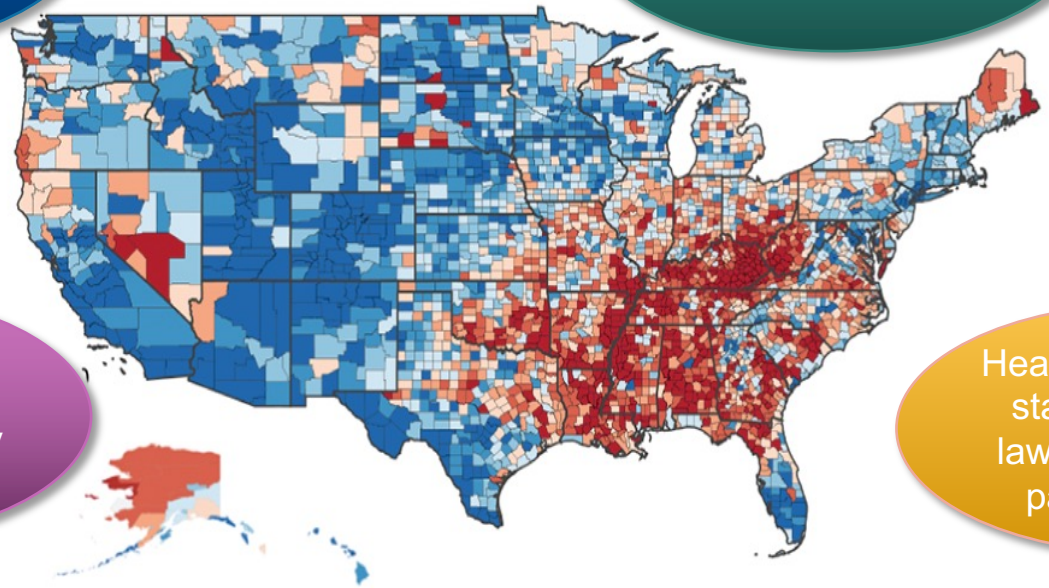
Poverty, culture, and social inequity affect medical conditions

Centers for Disease Control and Prevention (CDC). CDC Website. 2022. https://www.cdc.gov/socialdeterminants/index.htm. Accessed August 16, 2022. American Association for Cancer Research (AACR). AACR Cancer Disparities Progress Report Website. 2022. https://cancerprogressreport.aacr.org/disparities/. Accessed August 16, 2022. Venkataramany BS, et al. *Am J Clin Oncol.* 2022;45(6):273-278.

Geographical Disparities in Cancer Death Rate

Health risk behaviors (e.g., smoking, obesity, and physical inactivity)

Health environments (e.g., food insecurity, pollution)

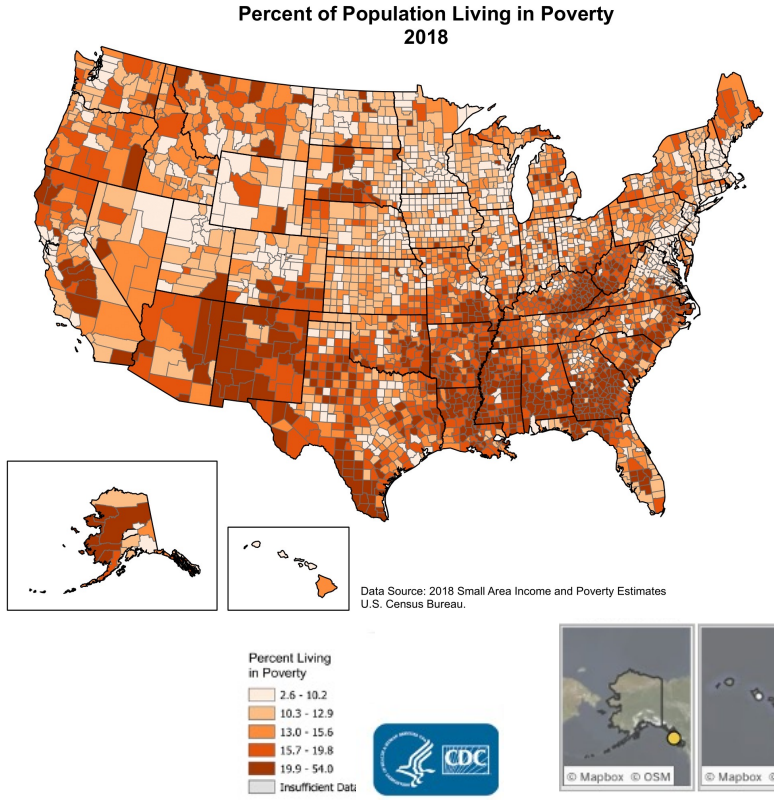


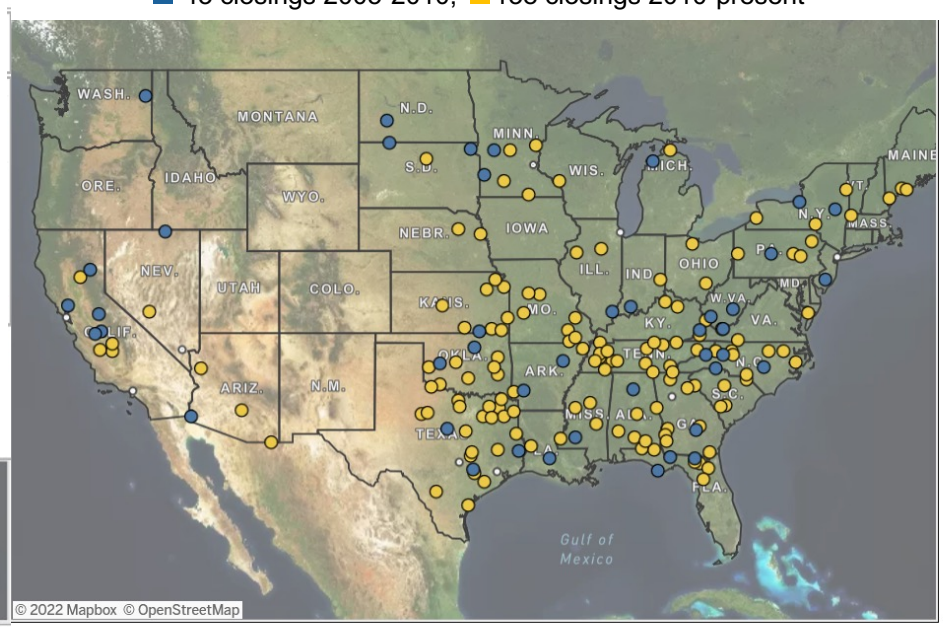
Clinical care factors (e.g., unaffordable care and low-quality care)

Health policies (e.g., state smoke-free laws and Medicaid payment rates)

O'Connor JM, et al. *JAMA Network Open.* 2018;1(6):e183146-e183146.

Poverty Limits Health Care Access





Centers for Disease Control and Prevention (CDC). CDC Website. 2021. https://www.cdc.gov/dhdsp/maps/sd_poverty.htm. Accessed August 19, 2022.
The University of North Carolina at Chapel Hill (UNC) The Cecil G. Sheps Center for Health Services Research. UNC Sheps Center Website. 2014. https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/. Accessed August 19, 2022.

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Learning Objective 2

Improve recognition of multiple myeloma, melanoma, prostate, and lung cancers.

Disparities in Cancer Screening Rates

2015 data (most recent) indicate that a substantial portion of individuals are not adherent to the USPSTF cancer screening guidelines

29%	Women (50–74-yrs-old) not up to date with **breast** cancer screening
17%	Women (21–65-yrs-old) not up to date with **cervical** cancer screening
38%	Adults (50–75-yrs-old) not up to date with **colorectal** cancer screening
96%	Adults (55–80-yrs-old) not up to date with **lung** cancer screening

USPSTF = U.S. Preventive Services Task Force

American Association for Cancer Research (AACR). AACR Cancer Disparities Progress Report Website. 2022. https://cancerprogressreport.aacr.org/disparities/. Accessed August 19, 2022.

Eliminating Disparities in Cancer Screening

- Comprehensive public health campaigns
  - Usually focused on 1 cancer type or targeting a limited population
- Culturally-tailored care
  - Overcoming cultural beliefs and patient attitudes and behaviors regarding health care visits and cancer screening measures
  - Engage CHWs
- Address structural barriers
  - Testing facilities, increase clinic appointment days and hours
- Improve patient-provider communication skills
  - Language and health literacy barriers

CHWs = community health workers

American Association for Cancer Research (AACR). AACR Cancer Disparities Progress Report Website. 2022. https://cancerprogressreport.aacr.org/disparities/. Accessed August 19, 2022.

Polling Question

In what portion of your patients do you utilize tumor biomarker analyses to direct care?

A. ≤ 10%

B. 30%

C. 50%

D. 70%

E. ≥ 90%

Polling Question

In what portion of your patients do you utilize tumor biomarker analyses to direct care?

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C. 50%

D. 70%

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Biomarker Testing in Underserved Patient Populations

- Insurer coverage important for provider uptake and patient access to biomarker testing
  - Coverage differs greatly across the multiple public and private U.S. payers
  - Clinical utility often required—"experimental" biomarkers often used in clinical trials may not be covered

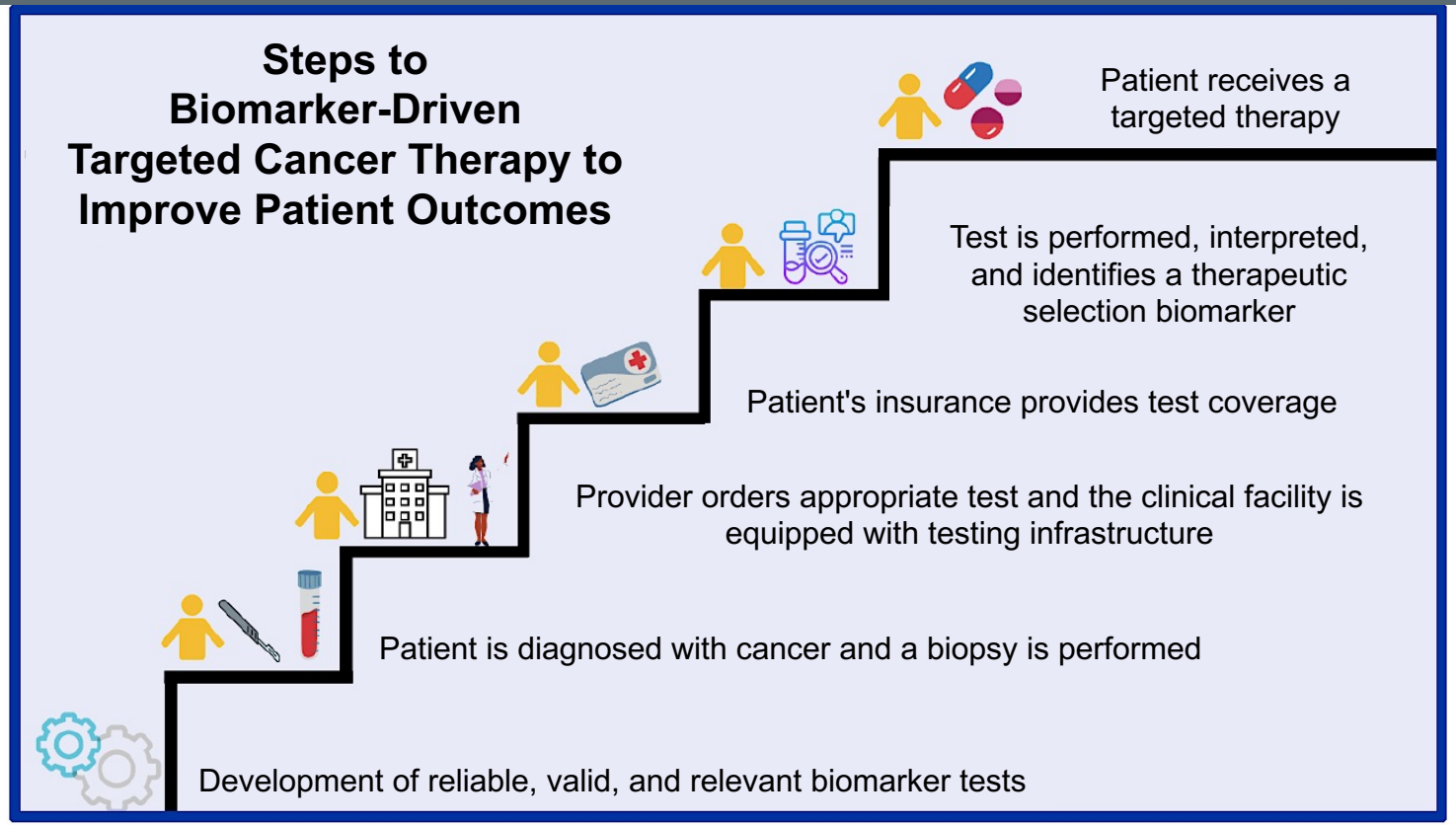
All Patients with NSCLC				
	NSCLC overall N = 14,768	White n = 9,793	Black/AA n = 1,288	*p* value, White vs. Black/AA
Ever tested	11,297 (76.5%)	**7477 (76.4%)**	**948 (73.6%)**	**.03**
Tested prior to first line therapy		6,064 (61.9%)	784 (60.9%)	.47
Ever NGS tested	7,185 (48.7%)	**4,904 (50.1%)**	**513 (39.8%)**	**< .0001**
NGS tested prior to first line therapy		**3,081 (31.5%)**	**332 (25.8%)**	**< .0001**

Patients with Non-Squamous NSCLC				
	Non-Squamous N = 10,333	White n = 6,705	Black/AA n = 922	*p* value, White vs. Black/AA
Ever tested	8,786 (85%)	5,699 (85%)	764 (82.9%)	.09
Tested prior to first line therapy		4,881 (72.8%)	662 (71.8%)	.52
Ever NGS tested	5,494 (53.2%)	**3,668 (54.7%)**	**404 (43.8%)**	**< .0001**
NGS tested prior to first line therapy		**2,452 (36.6%)**	**274 (29.7%)**	**< .0001**

AA = African American; NGS = next generation sequencing; NSCLC = non-small cell lung cancer

American Cancer Society. American Cancer Society Cancer Action Network Website. 2022. https://www.fightcancer.org/policy-resources/improving-access-biomarker-testing. Accessed August 19, 2022. Bruno DS, et al. *J Clin Oncol.* 2021;39(15_suppl):9005.

Biomarker Testing and Access to Care

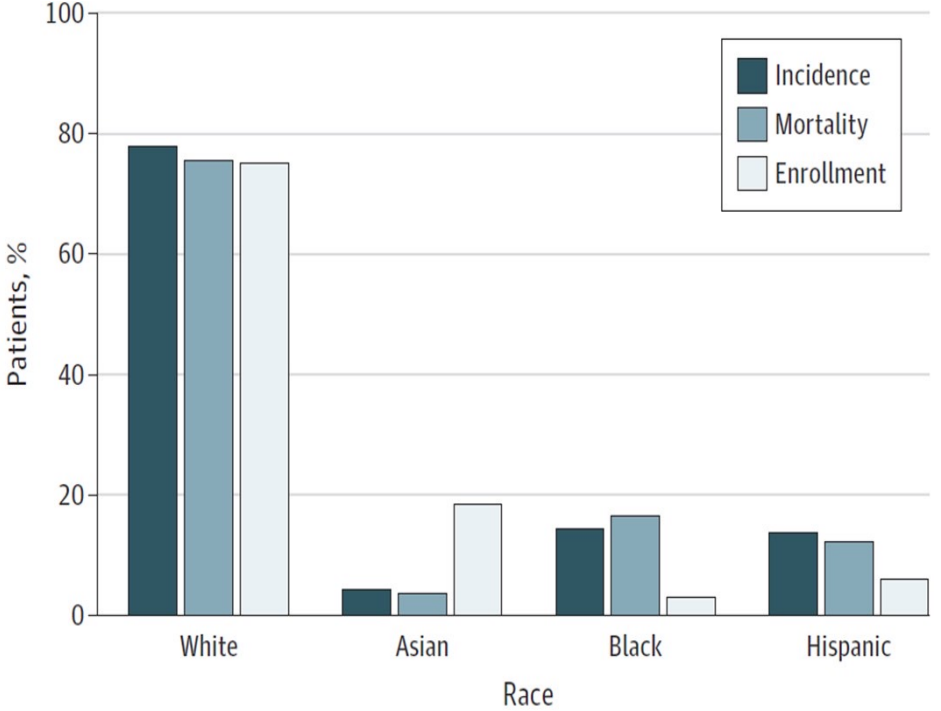


American Cancer Society. American Cancer Society Cancer Action Network Website. 2022. https://www.fightcancer.org/policy-resources/improving-access-biomarker-testing. Accessed August 19, 2022.

Black Patient Representation in Clinical Trials

- Trial participation is lowest among Black patients
- Patient-cited barriers to clinical trial enrollment
  - Mistrust of clinical research
  - Perceived harms
  - Costs
  - Transportation
  - Unclear about goals of trials
  - Time
  - Fear
  - Family

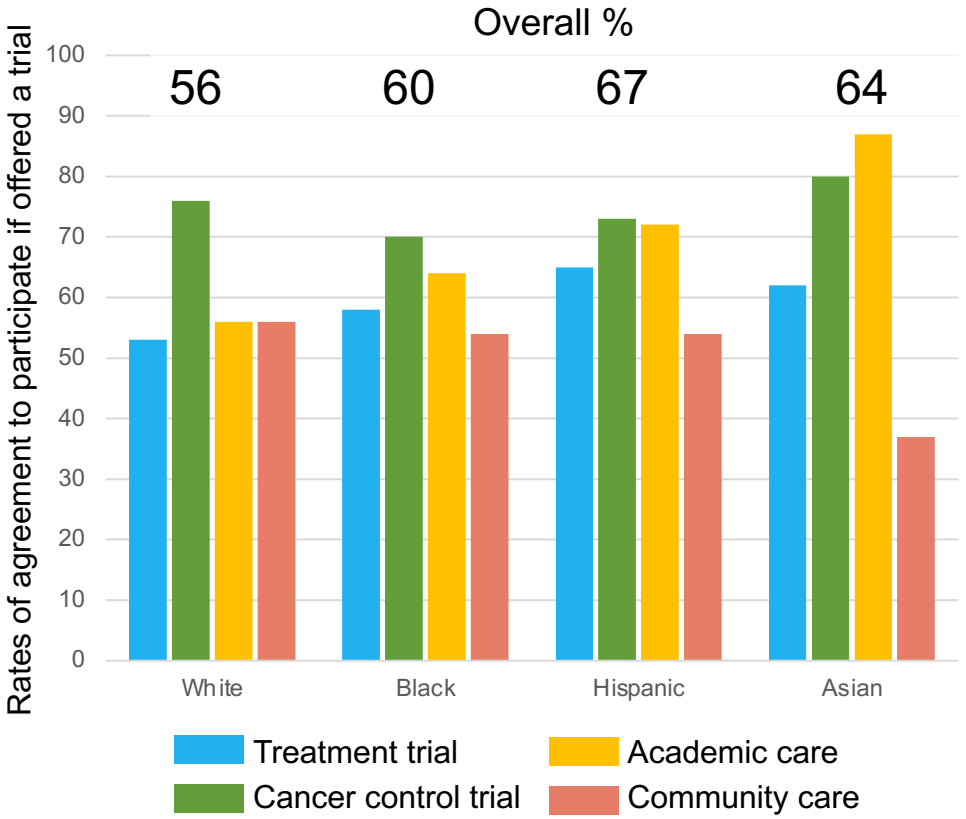
Relative proportion among U.S. patients with cancer compared with trial participants in FDA-approval trials between July 2008 and June 2018.



Ford JG, et al. *Cancer.* 2008;112(2):228-242. Unger JM, et al. *JNCI Cancer Spectr.* 2020;4(4):pkaa034.

"If They Are Offered the Opportunity"

- Meta-analysis (35 studies, 9759 patients, all cancer types)
  - > Half of patients participate in clinical trials, **if they are offered the opportunity**
  - No difference by race
- The main reasons for nonparticipation were treatment choice or lack of interest
  - 24% desire for other treatment
  - 20% not interested in trial participation
  - 8% passive refusal
  - 8% fear of side effects
  - 7% financial
  - 7% dislike being part of experiment



Unger JM, et al. *J Natl Cancer Inst*. 2020;113(3):244-257.

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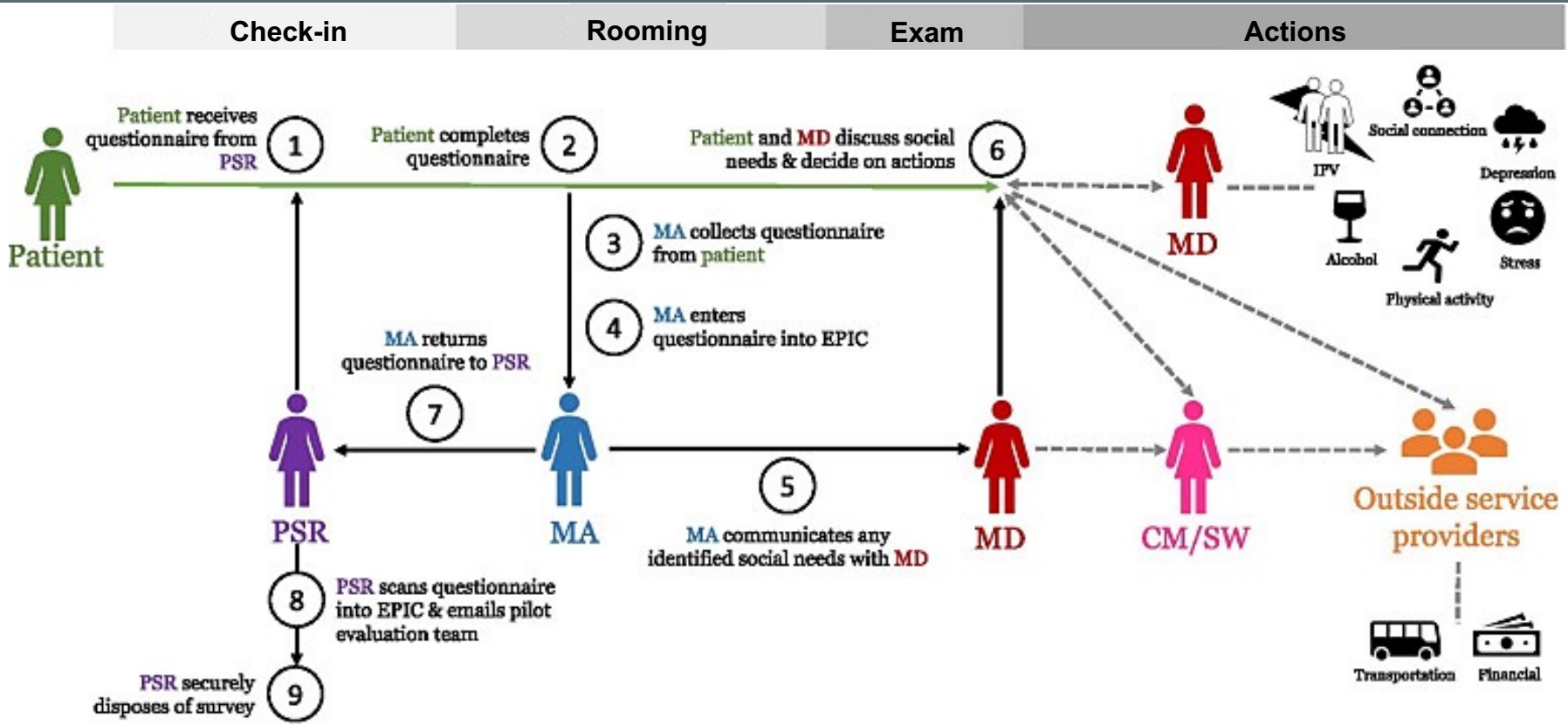
Learning Objective 3

Analyze the influence of SDoH in cancer care in order to improve equity and accessibility to cancer treatments and outcomes.

Addressing Disparities in Access to Care

- Ensure equitable access to high-quality care
  - Improve medical insurance access, reduce financial toxicity
  - Medicaid expansion: Cancer outcomes improved in Medicaid expansion states and worsened in states choosing not to expand
- Ensure equitable access to research and clinical trial participation
  - Improve recruitment strategies to ensure adequate representation of diverse populations
- Address structural barriers
  - Promote access to socially, culturally, linguistically appropriate, respectful, and high-quality cancer care
  - Address implicit and explicit institutional biases
  - Diversify workforce
  - Address SDoH

Screening for Social Needs



CM/SW = case manager/social worker; IPV = intimate partner violence; MA = medical assistant; PSR = patient services representative

Berkowitz RL, et al. *BMC Fam Pract.* 2021 Dec 24;22(1):256.

Concordance Between Providers and Patients

- Patient-provider ethnicity concordance increases likelihood of:
  - Seeking preventative care
  - Visiting their provider for:
    - New health problems
    - Ongoing medical problems
- Patient-provider language concordance improves:
  - Patient behaviors
  - Provider behaviors
  - Interpersonal processes of care
  - Clinical outcomes

Ma A, et al. *J Racial Ethn Health Disparities.* 2019;6(5):1011-1020. Hsueh L, et al. *Med Care Res Rev.* 2021;78(1):3-23.

Patient Navigation Services

- Decreases hospitalizations and intensive care unit admissions
- Improves timely diagnostic follow-up
- Increases:
  - Scheduled appointment arrivals
  - Adherence to recommended cancer screening
  - Likelihood treatment is initiated within 30 to 60 days from diagnosis

Dwyer AJ, et al. *Cancer.* 2022;128(S13):2561-2567.

Role of Health Care Team in Supporting the Patient

- Health insurance coverage increases the likelihood of services across the cancer care continuum
- Improve patient's understanding and literacy on:
  - The patient's cancer
  - The health care system
  - Treatment options
  - Cost of treatment
  - Importance of adherence to treatment
  - Potential adverse effects

Improve providers' and health systems' ability to successfully educate patients and help them navigate their cancer care

2017 ASCO Recommendations: Improving Diversity in Workforce

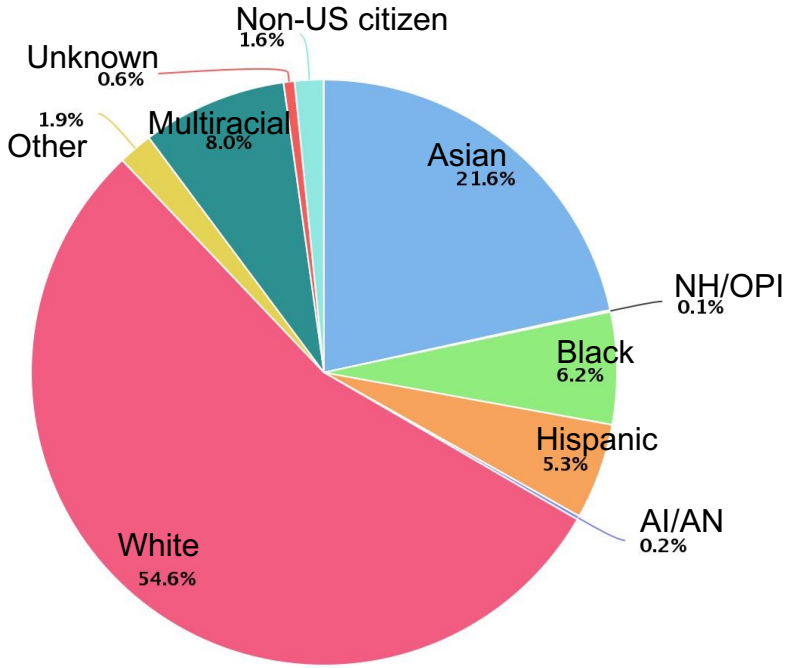
- Improve and expand mentoring opportunities for early medical school trainees
- Develop additional peer leadership and mentoring opportunities for residents and fellows
- Research, assess, and prioritize policy solutions to increase the proportion of physicians who are from underrepresented groups in the oncology workforce

ASCO = American Society of Clinical Oncology

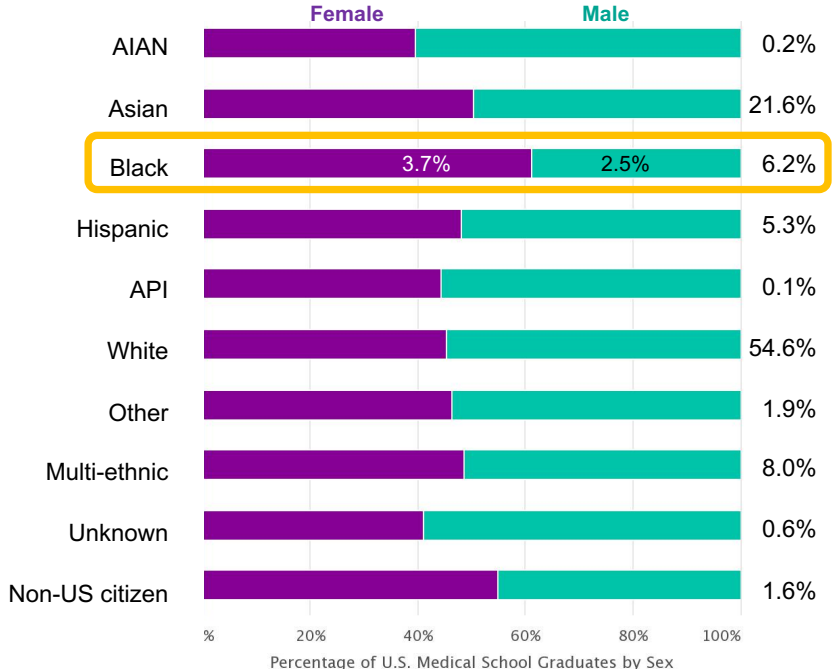
Winkfield KM, et al. *J Clin Oncol*. 2017;35(22):2576-2579.

Diversity of Student Population Graduating from Medical Schools, 2018-2019

Percentage of U.S. medical school graduates by race/ethnicity, academic year 2018-2019



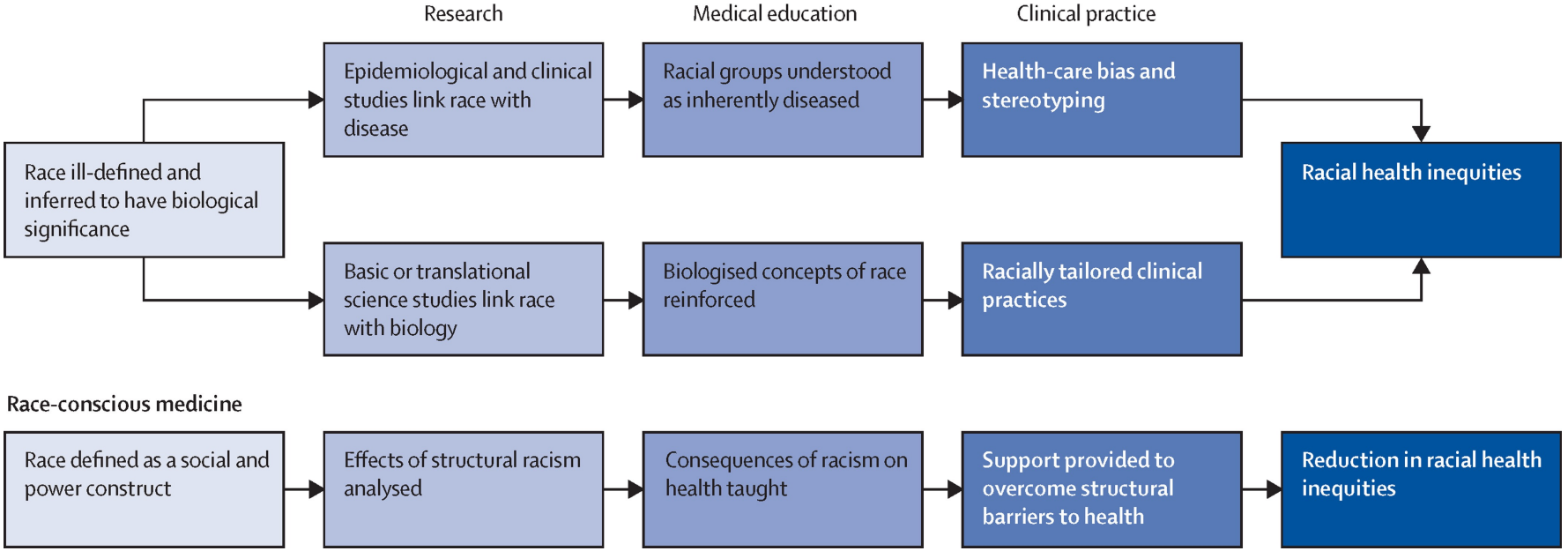
Percentage of U.S. medical school graduates by sex, race/ethnicity, academic year 2018-2019



Association of American Medical Colleges (AAMC). AAMC Website. 2022. https://www.aamc.org/data-reports/workforce/report/diversity-medicine-facts-and-figures-2019. Accessed August 19, 2022.

From Race-Based to Race-Conscious Medicine

- Race-based medicine characterizes race as an essential, biological variable, translates into clinical practice, leading to inequitable care



- Race-conscious medicine emphasizes racism as a key determinant of illness and health, encouraging providers to focus only on the most relevant data to mitigate health inequities

Cerdeña JP, et al. *The Lancet.* 2020;396(10257):1125-1128.

Summary

- Structural racism, SDoH, and unconscious bias contribute to cancer care disparities, including screening and treatment
- Eliminating cancer care disparities will require a multiprong approach that engages the patient, provider, health care system, and society
- Biomarker testing is a critical step in assuring compliance with evidence-based treatment guidelines
- Shared decision making improves patient-provider relationship and increases patient confidence in treatment

SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Advocate for guideline concordant care
- Follow guideline recommendations for screening and care of all patients
- Ensure all patients with cancer receive comprehensive biomarker screening
- Be more inclusive (shared decision making)
- Support/advocate for patient navigation

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Please select the *Ask Question* tab below the slide viewer.

Please include the faculty member's name if the question is specifically for them.

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AFTER THE SHOW

Questions & Answers

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Oncology Hub

Free resources and education to educate health care providers and patients on oncology **https://www.cmeoutfitters.com/oncology-education-hub/**

Diversity and Inclusion Hub

Free resources and education to educate health care providers and patients on health-related inequities
https://www.cmeoutfitters.com/diversity-and-inclusion-hub/