

# A Time to Dig Deeper and Take Meaningful Action

Lori J. Pierce, MD<sup>1,2</sup>

Recently, a colleague and I were discussing a news story that reported on Black Americans with cancer-related pain who were denied access to opioids for pain treatment. My colleague, who is also Black, looked at me and said, “How is that news? I have watched people in my family struggle with access to health care for years.” This person’s experience is echoed by countless other individuals and families in the United States. Each year, we read cancer statistics that, while showing improvement for some groups, consistently describe wide gaps for racial and ethnic minority groups in survival, treatment, and quality of life. Most recently, we have learned the sobering facts that Latino and Black Americans are being disproportionately affected by the impact of—and are dying from—COVID-19.

It is time to dig deeper. To do right by the patients we serve, we must confront and address the complex forces and systems that have created disparities in disease prevention, treatment, and research participation.

In this issue of *Journal of Clinical Oncology*, the article “Cancer Disparities and Health Equity: A Policy Statement from the American Society of Clinical Oncology”<sup>1</sup> is the result of a year-long consultation process among our members and staff. The statement, which was reviewed and approved by the board of directors in February 2019, reflects on a decade of work—by ASCO and others across the cancer community—to overcome longstanding disparities in cancer care. As noted by the authors, progress in cancer prevention, detection, and treatment has reduced overall mortality in the United States, but that progress has not been enjoyed by everyone. Poorer outcomes persist in Black men and women, in rural populations, and in patients with lower income and education. Since 2009, ASCO has embedded content on disparities and cultural competency across all education platforms, launched mentoring programs and created professional opportunities for historically underrepresented minority groups, supported workforce diversity efforts, and established quality improvement initiatives in underserved communities. The statement describes a set of principles and recommendations to guide our efforts into the future. I am grateful for the generous contribution of time, wisdom, and talent ASCO volunteers have given to these efforts—and I call on each of you to do more.

However, we know that words and statements lose their power without concrete plans, action, and commitment to carry them out. Guided by this new policy statement, the ASCO Health Equity Committee has been working to develop specific actions the society will take in the coming years—actions that go beyond raising awareness to directly addressing inequities in access to care that produce large disparities in treatment outcomes. Having renewed its commitment to cancer health equity, the committee will focus on improving workforce diversity, building community partnerships, and addressing institutional discrimination. These dedicated volunteers are exploring ideas such as forming payer-provider collaborations that incentivize care for low-income, elderly, and minority patients; increasing use of telephone-based health interventions; tailoring clinical trial recruitment and informed consent to specific patient populations; partnering with community leaders and health professionals to affect social determinants of health; increasing investment in health equity research; and beginning to address institutional discrimination using patient-level measures that identify systems-level drivers of inequity. Unequal access is at the core of nearly every disparity we identify in cancer care. Whether the barrier results from our geography, race/ethnicity, age, sexual orientation and gender identity, health insurance, culture, or trust—or all of these—we have a responsibility to meet them head on.

The stunning progress that has led to nearly 17 million cancer survivors is a testament to what is possible, but these advances are out of reach for many Americans. We should not accept a world in which racial and ethnic minorities face poorer health outcomes and geography affects treatment outcomes. We should not rest until the opportunity to participate in clinical trials is available to—and represents—all patients with cancer, not just the 5% who enroll today. And we should lead the change toward a system of cancer care that serves the whole person, not just their disease.

My singular focus during my term as ASCO president is equity in cancer care for every patient, every day, everywhere. I invite you to join us in making it a reality.

## ASSOCIATED CONTENT

See accompanying article [10.1200/JCO.20.00642](https://doi.org/10.1200/JCO.20.00642)

Author affiliations and support information (if applicable) appear at the end of this article.

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## AUTHOR'S DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST AND DATA AVAILABILITY STATEMENT

Disclosures provided by the author and data availability statement (if applicable) are available with this article at DOI <https://doi.org/10.1200/JCO.20.02158>.

## REFERENCES

1. Patel MI, Lopez AM, Blackstock W, et al: Cancer disparities and health equity: A policy statement from the American Society of Clinical Oncology. *J Clin Oncol* doi:[10.1200/JCO.20.00642](https://doi.org/10.1200/JCO.20.00642).



#### **AUTHOR'S DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST**

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