

# Promoting Diversity, Equity & Inclusion in Oncology Research

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(ASCO)



# Disclosure Information

Sanford E. Jeames

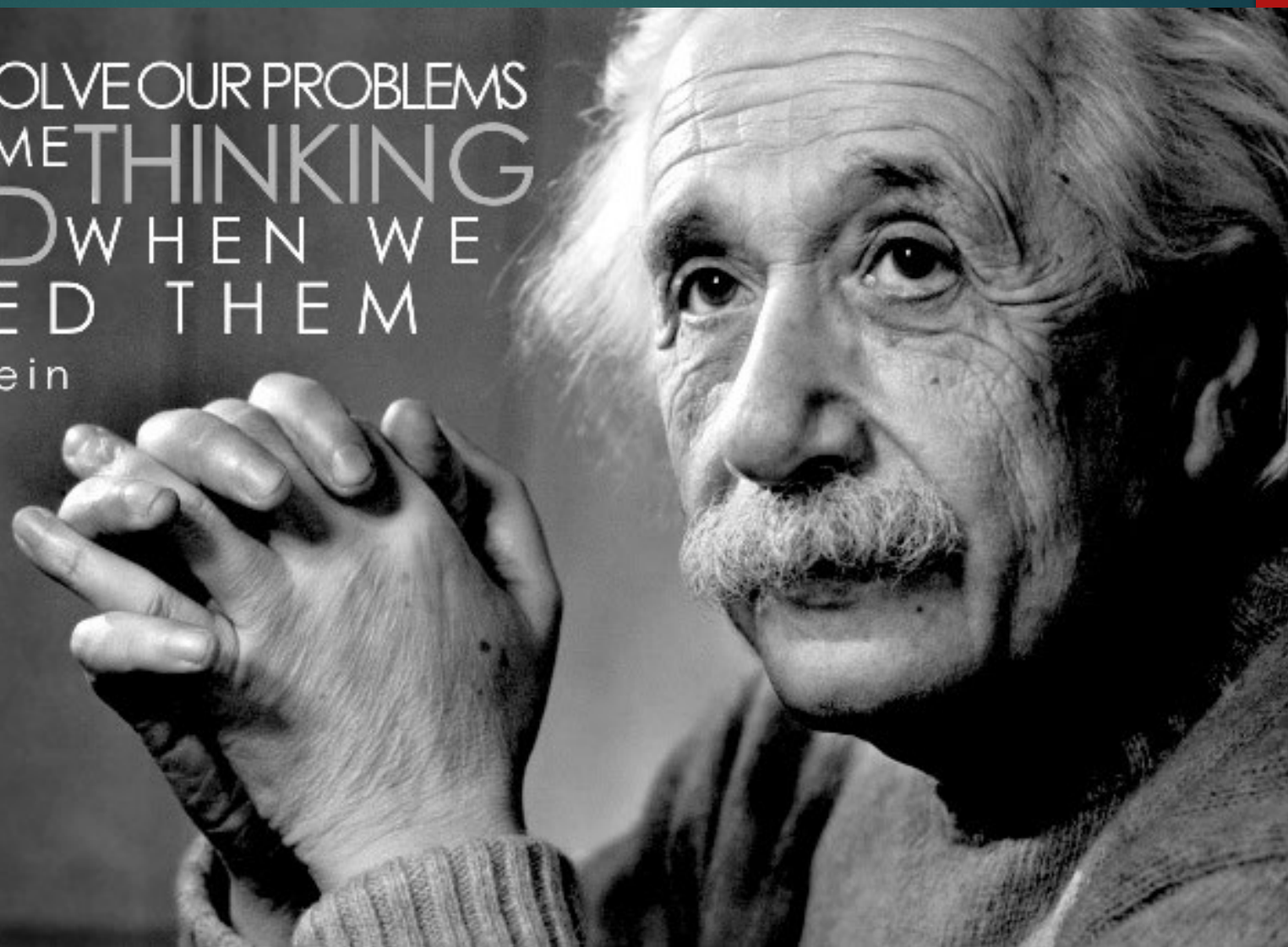
I have the following relevant financial relationships to disclose:

DEI National Advisory Board: Exelixis

P3RWE Advisory Board: Pfizer

Honoraria from: Exelixis; Pfizer

WE CANNOT SOLVE OUR PROBLEMS  
WITH THE SAME THINKING  
WE USED WHEN WE  
CREATED THEM  
-Albert Einstein



# THE CANCER CONTROL CONTINUUM

## PREVENTION

Tobacco control  
Diet  
Physical activity  
Sun exposure  
Virus exposure  
Alcohol use  
Chemoprevention

## DETECTION

Pap test  
Mammography  
FOBT  
Sigmoidoscopy  
PSA

## FOCUS DIAGNOSIS

Informed  
decision-  
making

## TREATMENT

Health services  
and outcomes  
research

## SURVIVORSHIP

Coping  
Health promotion  
for survivors

## CROSSCUTTING ISSUES

Communications

Surveillance

Social Determinants of Health Disparities

Genetic Testing

Decision-Making

Dissemination of Evidence-Based Interventions

Quality of Cancer Care

Epidemiology

Measurement

Adapted from David B. Abrams, Brown University School of Medicine.

# Health Disparities

Health Disparities are differences in health outcomes and their determinants between segments of the population, as defined by social, demographics, environment and geographic attributes.



# D.R.I.V.E. Initiative

- ▶ D.R.I.V.E. is an initiative that involves the utilization of a 5 step strategy to promote and improve DEI in clinical trials for minority patients.
- ▶ ASCO Health Equity Outcomes Committee work continues to address DEI with task force work to highlight biases among oncology workers and institutions.

# Why a review?

- ▶ Research tends not to address many of the practical questions faced by patients, caregivers and clinicians
- ▶ People often need to know which treatment is better for them, given their characteristics and their personal preferences
- ▶ This kind of research is best done in “real world” settings



# Identified Areas of Need for HEOC

- ▶ Equity in cancer care
- ▶ Socioeconomic Status and Health Literacy
- ▶ Systemic biases that prohibit cancer care
- ▶ Access to care
- ▶ LGBTQ Community/Sexual Orientation
- ▶ Clinical Trials enrollment



# Equity, Diversity, and Inclusion in Cancer Care Is Not One Thing. It's Everything.

Jan 04, 2022

**ASCO unveils 5-year plan for mission pillars of research, education, and quality**

**By Aaron Tallent**

Over the past few decades, incredible and lasting progress has occurred in cancer research, care, and prevention, as evidenced by a [31% decline in U.S. cancer mortality rates since 1991](#).<sup>1</sup> This progress, however, hasn't been universally enjoyed by all individuals with cancer and a person's race, gender, socioeconomic status, and geography often determine one's chances of surviving cancer.



Black Americans, for example, have the highest death rate and shortest survival rate of any racial group in the United States. [Eleven percent of Black Americans are uninsured and only 57% have private insurance, compared to 6% and 73% with white Americans, respectively.](#)<sup>2</sup>

Disparities in cancer care and outcomes are largely driven by persistent systemic issues, despite progress in civil rights and reductions in poverty, noted Sanford E. Jeames, DHA, co-chair of ASCO's Health Equity and Outcomes Committee.

"Before we can really tackle inequities in cancer care, we need to face and acknowledge the impact historical and structural discrimination has had on the health care system in the United States," Dr. Jeames said. "With a full appreciation and understanding of that reality, I'm hopeful that with all the work ASCO is advancing through the dedication and service of untold numbers of committed volunteers and members, we can make meaningful progress on behalf of all individuals with cancer."

### RECENT ARTICLES

**Dr. Kekoa Taparra Addresses Cancer Disparities for Native Hawaiian and Other Pacific Islander Patients Through Machine Learning**

**Elevating Equity for Latinas in Cancer Research: A Conversation With Dr. Gladys Rodriguez**

**How I Became a Genitourinary Oncologist and Clinical Researcher**

**2024 ASCO Genitourinary Cancers Symposium: Celebrating 20 Years**

**Transforming Cancer Care Delivery With Generative AI**

# ASCO's Equity, Diversity, and Inclusion Action Plan

A Legacy of Commitment,  
A Future of Promise for  
All Individuals with Cancer



Visit [asco.org/equity](https://asco.org/equity) to learn more.

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> [Cancers \(Basel\)](#). 2023 Jun 23;15(13):3311. doi: 10.3390/cancers15133311.

# Assessing the Needs of Those Who Serve the Underserved: A Qualitative Study among US Oncology Clinicians

Manali I Patel <sup>1 2</sup>, Leslie Hinyard <sup>3</sup>, Fay J Hlubocky <sup>4</sup>, Janette K Merrill <sup>5</sup>, Kimberly T Smith <sup>5</sup>, Sailaja Kamaraju <sup>6</sup>, Daniel Carrizosa <sup>7</sup>, Tricia Kalwar <sup>8</sup>, Lola Fashoyin-Aje <sup>9</sup>, Scarlett L Gomez <sup>10</sup>, Sanford Jeames <sup>11</sup>, Narjust Florez <sup>12</sup>, Sheetal M Kircher <sup>13</sup>, William D Tap <sup>14</sup>

Affiliations [+ expand](#)

PMID: 37444421 PMID: PMC10341104 DOI: 10.3390/cancers15133311

[Free PMC article](#)

## Abstract

**Background:** The American Society of Clinical Oncology established the 'Supporting Providers Serving the Underserved' (SUS) Task Force with a goal to develop recommendations to support cancer

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> *JCO Oncol Pract.* 2023 Nov;19(11):959-966. doi: 10.1200/OP.23.00435. Epub 2023 Oct 4.

# State of Cancer Care in America: Achieving Cancer Health Equity Among Sexual and Gender Minority Communities

Charles S Kamen <sup>1</sup>, Don S Dizon <sup>2</sup>, Chunkit Fung <sup>3</sup>, Mandi L Pratt-Chapman <sup>4</sup>, Mark Agulnik <sup>5</sup>,  
Lola A Fashoyin-Aje <sup>6</sup>, Sanford E Jeames <sup>7</sup>, Janette K Merrill <sup>8</sup>, Kimberly T Smith <sup>8</sup>, Shail Maingi <sup>9</sup>

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PMID: 37793079 DOI: 10.1200/OP.23.00435

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# Bias Training

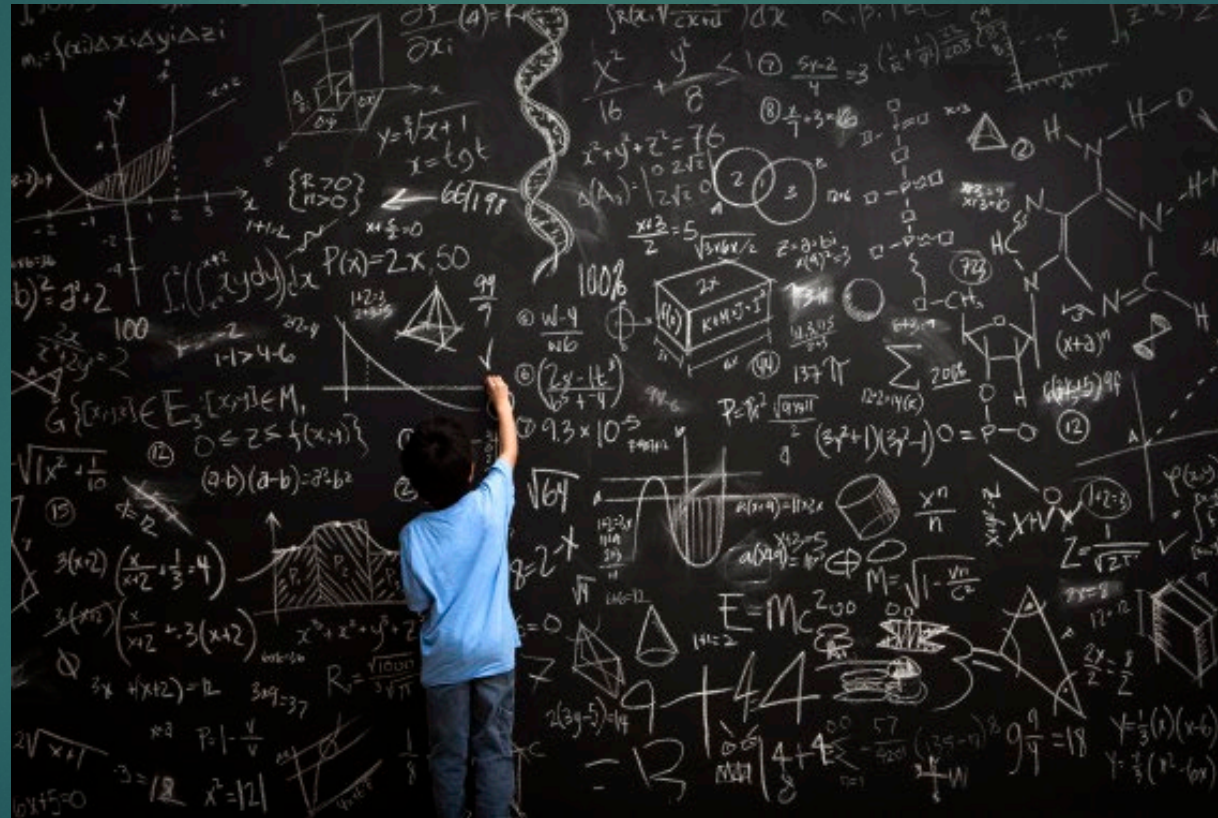
## Principles

**“(W)e all harbor unconscious biases. The good news is that enhanced awareness and training can create an inclusive culture that identifies and helps eliminate these hidden biases.”**

*Osborn, C. (2018) Training Magazine*

<https://trainingmag.com/trgmag-article/unconscious-bias>

# What Are We Missing Here?



# The Patient



# Rise of Patient-Centric Power



“One of the most striking changes in health care policy making over the past forty years has been the **growing attentiveness to the voices of patients**. The concept that the end users of health care—variously conceived of as patients, consumers, or simply “the public”—should be actively involved in decision making, in both therapeutic and economic domains, has gained widespread acceptance.”

Tomes N. The Patient as a Policy Factor: A Historical Case Study of the Consumer/Survivor Movement in Mental Health. *Health Aff (Millwood)* 2006 May-Jun;25(3):720-9.



# Increasing Participation of Patients from Racial and Ethnic Minority Populations in Cancer Treatment Trials

**Patient Partners Advisory Group**



## Co-Chairs

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Sanford E Jeames, DHA

Leila Hamroun, AIA, NCARB, LEED AP



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> JCO Oncol Pract. 2023 Apr;19(4):e570-e580. doi: 10.1200/OP.22.00378. Epub 2023 Jan 11.

# An Assessment of the Feasibility and Utility of an ACCC-ASCO Implicit Bias Training Program to Enhance Racial and Ethnic Diversity in Cancer Clinical Trials

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Nadine J Barrett<sup>1</sup>, Leigh Boehmer<sup>2</sup>, Janelle Schrag<sup>3</sup>, Al B Benson 3rd<sup>4</sup>, Sybil Green<sup>5</sup>,  
Leila Hamroun-Yazid<sup>6</sup>, Alexandra Howson<sup>7</sup>, Khalid Matin<sup>8</sup>, Randall A Oyer<sup>9</sup>, Lori Pierce<sup>10</sup>,  
Sanford E Jeames<sup>11</sup>, Karen Winkfield<sup>12</sup>, Eddy S Yang<sup>13</sup>, Victoria Zwicker<sup>2</sup>, Suanna Bruinooge<sup>5</sup>,  
Patricia Hurley<sup>5</sup>, Jen Hanley Williams<sup>5</sup>, Carmen E Guerra<sup>14</sup>

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“NOT EVERYTHING THAT IS FACED  
CAN BE CHANGED...BUT  
NOTHING CAN BE CHANGED  
UNTIL IT IS FACED.”

-James Baldwin

