National Cancer Plan: Eliminating Inequities

Part one in a series from the University of Colorado that unpacks the goals of the National Cancer Institute's National Cancer Plan.

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This is the first in a series of articles about the goals of the National Cancer Institute's National Cancer Plan, designed to support the aims of President Joe Biden's Cancer Moonshot initiative to end cancer as we know it. The plan is split into eight goals, one of which is to eliminate inequities.

Thanks to the Colorado Cancer Screening Program at the University of Colorado Cancer Center, more than 4,000 people from medically underserved populations received colorectal cancer screening over the past two years — individuals who likely would not have sought the screening out on their own.

In 29 of those individuals, the tests detected cancer that, had it not been caught early, could have developed into advanced disease with poorer prognosis and diminished quality of life, not to mention requiring a sizeable amount of money to treat.

It's just one example of the work being done at the CU Cancer Center to eliminate disparities that prevent certain populations — including specific racial or ethnic groups, those who live in rural areas, people with disabilities, and sexual and gender minorities — from receiving adequate education, screening, and treatment for cancer. At the CU Cancer Center, those efforts include research that studies cancer in underserved groups, projects to reduce smoking in rural communities, and concerted efforts to make sure clinical trials enroll participants from a variety of populations.

"We can't cure or greatly reduce the burden of cancer without addressing inequities, and what we learn from reducing inequities benefits all of us," says Cathy Bradley, PhD, deputy director of the CU Cancer Center. "We don't want one segment of our population doing well, and everyone else doing poorly."

A National Priority

Eliminating inequities in cancer prevention, care, and treatment isn't just a focus at the CU Cancer

Center; it also is one of eight goals in the National Cancer Institute (NCI)'s National Cancer Plan. Recently unveiled, the plan outlines goals designed to support the aims of President Joe Biden's Cancer Moonshot initiative, which proposes to reduce cancer deaths in the U.S. by 50% over the next 25 years.

The NCI's strategies for eliminating inequities include studying the causes of inequity in the number of cancer cases and deaths; engaging communities in cancer education; promoting structural changes that increase prevention and early detection; improving health literacy; and supporting strategic efforts to increase representation of all populations in cancer research.

All are areas in which the CU Cancer Center is already engaged, Bradley says.

"The cancer center is attacking the issue from every angle possible," she says. "In our cancer prevention and control program, we have a crosscutting theme of eliminating disparities across every single one of our initiatives. Most of our researchers have studies focused on disparities. We also have the Office of Community Outreach and Engagement, which goes into underrepresented communities not only to inform them about the research that we're doing, but also to get information from them about what's important to them."

DEI and HPV

The CU Cancer Center is addressing structural inequities as well, she says, with efforts that include recruiting two new leaders in diversity, equity, and inclusion who will soon begin launching initiatives to increase representation within the organization's leadership and membership.

Other efforts at the CU Cancer Center to eliminate disparities include the HPV Education and Patient Navigation Project, which educates parents and patients at Denver Health about the importance of getting vaccinated against the cancer-causing human papillomavirus; the Rural Cancer Advisory Board, a group of nine women from rural backgrounds who provide insight, feedback, and recommendations to cancer researchers from a rural patient and caregiver perspective; and a set of five studies, launched in 2020, focused on addressing disparities in care and outcomes for Black and Hispanic communities in Colorado. They include increasing representation of underserved populations in head and neck cancer clinical trials, working to better understand how the effects of advanced lung cancer treatments vary in patients based on racial or socioeconomic status, and increasing access to genetic cancer screening.

Clinical trials for all

Of special importance to the CU Cancer Center as an NCI-designated comprehensive cancer center is ensuring that clinical trials — studies of new medications or treatments in humans before they are approved for widespread use — are open and accessible to a wide variety of participants. That's to ensure their efficacy across populations, Bradley says, but also to make sure everyone

has access to cutting-edge treatments.

“We want to make sure that the treatments we’re developing work equally across all groups of people,” she says. “We don’t know if there are gene mutations in one group, or if some people are less likely to respond or more likely to experience a toxic effect. It’s also important to offer state-of-the-art treatment to people from underrepresented groups. They should be allowed that opportunity just like everyone else, and to make that outreach is an important part of what we do.”

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http://beta.docker.cancerhealth.com/article/nci-national-cancer-plan-eliminating-inequities