Addressing Racial Disparities in Cancer Outcomes Depends on Eliminating Barriers to Quality Care

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Racial injustice pervades our public health system, undermining access to care – and the chance to live a healthier life – for underrepresented populations in the United States, particularly for Black Americans. Individuals, organizations, communities and policymakers across our country are demanding long overdue and meaningful change that improves the well-being, safety and livelihood of communities that have been historically and systematically underserved. Paramount to that effort is the need to recognize, confront and eliminate the longstanding disparities, prejudices and biases that exist in health care access and, by extension, outcomes for Black Americans. Our nation must prioritize policy solutions that address systemic health disparities.

Our organizations are dedicated to playing a leading role in this effort. The American Cancer Society Cancer Action Network (ACS CAN) advocates on behalf of cancer patients, survivors and their loved ones at every level of government nationwide; the American Society of Clinical Oncology (ASCO) represents nearly 45,000 oncology professionals who care for people living with cancer. As leaders of these organizations, we believe that every individual should have an equal opportunity to prevent, detect, treat and survive a cancer diagnosis. This is a far cry from the current reality in our country. With 1 in 2 men and 1 in 3 women diagnosed in their lifetime, cancer impacts so many – but it doesn’t impact them equally.

Black Americans still have the highest death rate and shortest length of survival of any racial/ethnic group for most cancers. Black women have a 7% lower risk of a cancer diagnosis than white women, but a 13% higher risk of cancer death. The 5-year relative survival rate is lower in Blacks than in whites for every stage of diagnosis for most cancer sites.

These devastating gaps in cancer outcomes reflect the striking inequalities in access to and receipt of high-quality cancer care. Black Americans are more likely to be uninsured or underinsured than whites, and face additional barriers to quality health care – resulting in lack of access to potentially lifesaving prevention and early detection services. Black cancer patients are more likely to be diagnosed at later stages than white cancer patients for breast, colorectal, and cervical cancers, when survival is less likely, and care is more expensive.

How can we expect to eliminate the disparate impact of this disease on Black Americans? By engaging in the policy making process at all levels of government.

We must act now by working with policymakers nationwide to take swift, concerted steps to reduce devastating disparities. The Affordable Care Act includes key patient protections that improve the availability and cost of coverage, specifically for lower socioeconomic and racial/ethnic groups; it is critical that policymakers commit to safeguarding these essential protections, which are increasingly under threat of being weakened by regulatory approaches. Expanding access to and eligibility for health insurance through Medicaid in every state is crucial to ensuring more low-income individuals and vulnerable populations can obtain the care they need.

Cancer care affordability also represents a considerable hurdle for many individuals. We will continue to advocate for all health insurance – no matter the payer – to provide coverage for evidence-based early detection and prevention services, with no additional patient cost sharing, as well as for policies intended to reduce patient out-of-pocket costs.

The catalyst for major progress against cancer is clinical trials. Yet, there is stark under-representation of Black Americans in many clinical trials for cancer treatments, even when the type of cancer disproportionately affects them. Broadening eligibility criteria, improving provider communication with patients, ensuring trials are conducted at sites with diverse patient populations, and easing barriers to participation are ways we can make clinical trials more accessible to underrepresented racial/ethnic groups.

ACS CAN and ASCO recognize and embrace our deep responsibility to advance health equity for Black Americans. Together, we represent cancer patients and the oncology providers who serve them and their families. We are committed to ensuring that the color of your skin doesn’t preclude you from fighting and surviving this disease, or from accessing the quality health care you deserve. We have long fought to expand patient access to the highest quality cancer care and look forward to working with congressional champions and elected officials nationwide to advance policy changes that will reduce health disparities in cancer care.