Closing the Gap in Cancer Care for Ethnic Minorities

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How to close the gap for cancer care in ethnic minorities? This is one of the crucial issues in cancer care these days. Recent publications emphasised the fact that despite new treatments, despite new therapies, despite new improvements in cancer care, still ethnic minorities don’t get the outcomes that other ethnic groups get. And this is, of course, something that we need to improve. Next slide please.

This is important because, still, some new reports have shown there is still some disparities in terms of treatment, and management strategies, and outcomes when we compare ethnic minorities versus non-ethnic minorities. And these differences are completely independent of characteristics of cancer or other variables of factors. And the gaps continue to increase over time. So this is something that we definitely need to concentrate efforts on. Next slide please.

What is some of the strategies that we can use to decrease these outcomes or decrease these gaps? So, we need to understand the reasons for these differences in outcomes. In some of the solid malignancies, like the breast cancer, lung cancer, and such, there are many studies looking into some of these factors. But in others, such as blood cancer or bone marrow transplant, for instance, there is not much information, and that is something that we need to, of course, determine and discover. Social determinants of health, meaning all the social characteristics that perhaps impede access to care, also have also been studied in ethnic minorities. And this is something also that we need to emphasise and review. We need to of course establish new paradigms in personal management strategies, we need to just kind of make sure that we encourage these ethnic minorities to come to cancer centres. But we need to again, establish the patterns of referral. How do they do get to cancer centres? Why don’t they get to cancer centres? What sort of cultural aspects we need to tackle to make sure these patients come to cancer centres, and get the treatment that they need? We also need to develop databases to identify populations at risk. We know that certainly within the ethnic minorities, not everyone is at risk. We need to determine which ones, of which groups or subgroups, are specifically at a very high risk for not only cancer, but also bad cancer outcomes. And of course, we need to improve the quality review of outcomes and management strategies. And also we need to improve certain things such as navigation system, case management, social working systems; because for sure we are missing some of these patients, and some of these patients don’t come to the cancer centres. Next slide please.

So in conclusion we need to close these gaps, and this is something that is a working progress. It is imperative that we achieve certain stability in terms of outcomes for ethnic minorities versus non-ethnic minorities. We need more strategies to enhance the presence of cancer centres in the community. Community outreach strategies are very important because we definitely need to improve access to cancer centres. A multi-disciplinary approach is very much needed. We want to include all the specialists, but also social scientists, navigators, case management, and so forth. And also a certain aspect that perhaps is very important: mental health. Mental health is also very important to close the gap not only here but also in the other, for instance in HIV care, in Oncology Care, and so forth, is something very important. But first, we need to improve navigation systems, social care, other aspects...
that are really important; transportation, food access, things that perhaps were overlooked in the past but at this particular point is really important to focus to improve the care and outcome of these populations. Ending with that, we finish the topics, thank you very much for your attention.