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Carol L. Brown

Growing up in Los Angeles, I became interested in medicine because my father was a physician. He also was influential in my decision to devote my career to addressing healthcare disparities. He was one of the first black surgeons to open a practice in the city in the 1950s, and he later helped establish the first hospital in an underserved area in Watts in 1972.

I remember being at the ribbon-cutting ceremony for the Martin Luther King Jr./Charles Drew Medical Center as a girl, and it made a big impression on me. Throughout my career, my father and I remained close, and he continued to provide important guidance about my work in medicine until he passed away several years ago.

By the time I entered medical school at Columbia University, I'd decided I wanted to be a surgeon but hadn't settled on a specialty. A mentor noticed that I liked taking care of people over a long period of time and thought I wouldn't be happy performing surgery on someone and then not seeing that patient

again after the first postoperative visit.

He suggested I consider gynecologic oncology, a subspecialty of obstetrics and gynecology (OB-GYN), where you do surgery and chemotherapy and care for patients throughout their lives. I chose my residency in OB-GYN at the Hospital of the University of Pennsylvania knowing that I wanted to be a gynecologic oncologist.

During both medical school in New York and my residency in Philadelphia, I saw firsthand the glaring inequalities in care and outcomes that existed for minority and poor people in our healthcare system. Combined with the strong influence of my father's work, it further impassioned me to address these disparities.

I came to Memorial Sloan Kettering in 1990 for a four-year clinical and research fellowship and joined the faculty in 1994. During the next 12 years, while practicing as a gynecologic cancer surgeon, I participated in clinical research and worked with local and national organizations on health-policy issues.

In 2005, I was appointed Director of MSK's Office of Diversity Programs in Clinical Care, Research, and Training. Our office works to ensure medically underserved and minority populations have improved access to clinical care, including screening and diagnosis, and better representation in clinical trials. The program also fosters collaboration among MSK researchers and other institutions investigating cancer health disparities and seeks to increase representation of minority faculty at MSK, including both research scientists and clinicians.

Complex Causes for Disparities

Cancer disparities exist in many forms. The disease affects various populations differently in terms of how commonly it occurs, survival rates, and the type of treatments that people receive. Among all major cancers — breast, lung, colon, and prostate — people of lower socioeconomic status have worse outcomes. Part of this is lack of access to care and health insurance, but the disparities go beyond that.

For example, African-American women have a much higher chance of dying from uterine cancer than white women and a much lower five-year survival rate, even when they receive the same care. Part of it has to do with tumor biology — molecular differences in an individual's cancer that vary with race and ethnicity. Researchers have found that in certain cancers, some racial and ethnic groups have genetic variants that affect how aggressively their cancer spreads and how it responds to treatment.

> "I am proud that my career at Memorial Sloan Kettering has enabled me to follow in my father's footsteps, both as a surgeon and as someone working to improve care for underserved populations."
>
> Carol Brown
> Gynecologic Oncologist

In 2012, I was appointed Associate Cancer Center Director for Diversity and Outreach for MSK. In this role, my focus has been to develop and implement programs that will bridge the gap between academic cancer centers where clinical trials are developed and underserved populations in the community who can benefit from participating in these trials. One of the best ways to eliminate cancer disparities is to get more people with cancer to enroll in clinical trials. Clinical trials give patients the opportunity to receive the most advanced therapies available from the very start of their care, in addition to close oversight by highly experienced medical staff. By joining a trial, minority and underserved patients can get innovative treatments they wouldn't otherwise be able to access.

Back to top ^

Partnering with the Community

As part of MSK's Cancer Health Equity Research Program (CHERP), I help bring MSK clinical trials to partner hospitals that serve mostly poor and minority populations, allowing patients to continue to receive care close to home from a community oncologist. Current CHERP partner institutions include Queens Cancer Center in Queens and Kings County Hospital Center in Brooklyn.

Through these partnerships, we can offer MSK's cutting-edge cancer clinical trials to a more diverse patient population who can greatly benefit from access to novel treatments. For example, together with community oncologists, we have identified a need for better treatments for triple-negative breast cancer — which disproportionately affects young women of African descent —and will soon have a trial open at these partner hospitals for women with

this aggressive disease.

Back to top

Multiple Healthcare Hats

I was recently elected to become the 50th President of the Society of Gynecologic Oncology (SGO) — the premier medical organization in the United States dedicated to the advancement of women's cancer care and the eradication of gynecologic cancers — in 2018. As President Elect II this year, my job is to chair a large committee working on an array of important health-policy, quality, and access-to-care issues to improve the health of women of all socioeconomic backgrounds affected by cancer.

I continue to care for patients as a cancer surgeon, participate in clinical research, and keep up my national activities to increase awareness and research funding for gynecologic and other cancers. Healthcare reform is a national priority, and we need to make sure that providing access to high-quality cancer care for all is part of that reform.

We've made important progress in cancer research and treatment. Enrolling underserved populations in clinical trials is an important step we can take now to help end cancer disparities. I am proud of our efforts in this area, and I'm proud that my career at MSK has enabled me to follow in my father's footsteps, both as a surgeon and as someone working to improve care for underserved populations.

Back to top

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