PSRP NEWS

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Newsletter of the Population Sciences Research Program at MSK

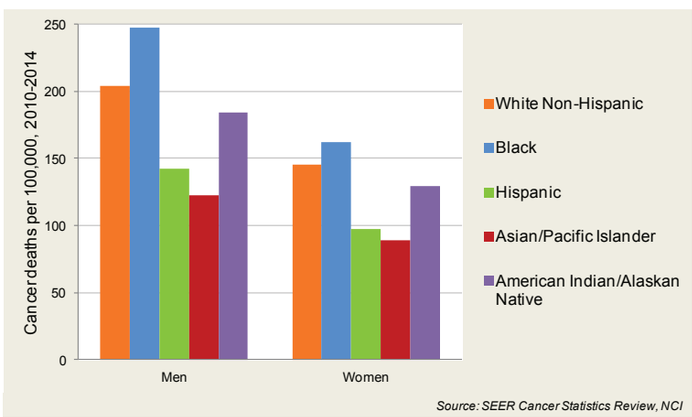
National Groups Endorse Unified Strategy to Reduce Cancer Disparities

Top Cancer Organizations Call for More Funding, Better Tools for Cancer Disparities Research

Four leading U.S. cancer organizations have issued a joint statement recommending strategies to expand and improve cancer disparities research. ***Charting the Future of Cancer Health Disparities Research*** is the culmination of two years of discussion among representatives of the American Association of Cancer Research (AACR), American Cancer Society (ACS), American Society of Clinical Oncology (ASCO), and the National Cancer Institute (NCI). Released in July, the statement aims to promote cooperation among investigators "to ensure that cancer research benefits all populations and patients regardless of race, ethnicity, age, gender identity, sexual orientation, SES, or the communities in which they live."

Challenges in Studying Disparities

The statement addresses a number of challenges researchers face in studying health disparities. To begin with, race and ethnicity are often defined inconsistently and based on an observer's best guess. The authors recommend adoption of standard measures of race, ethnicity, and socioeconomic status, and encourage the disparities research community to establish reporting standards. They also recommend self report of race, ethnicity, sexual orientation and gender identity.



Source: SEER Cancer Statistics Review, NCI

Other methodologic challenges include small samples of minority groups in tissue repositories, and the limited amount of clinical and epidemiologic information associated with most specimen collections. The authors advocate development of national biorepositories from diverse samples that include underserved populations.

The statement also emphasizes the importance of community engagement in disparities research, and addresses the barriers researchers face in this area. In particular, community-engaged research (CER) often requires an investment in long-term relationships which may not align with conventional grant cycles. The authors recommend including meaningful CER criteria for NCI comprehensive cancer center designation, and using academic promotion critera that account for the infrastructure and time necessary for successful CER.

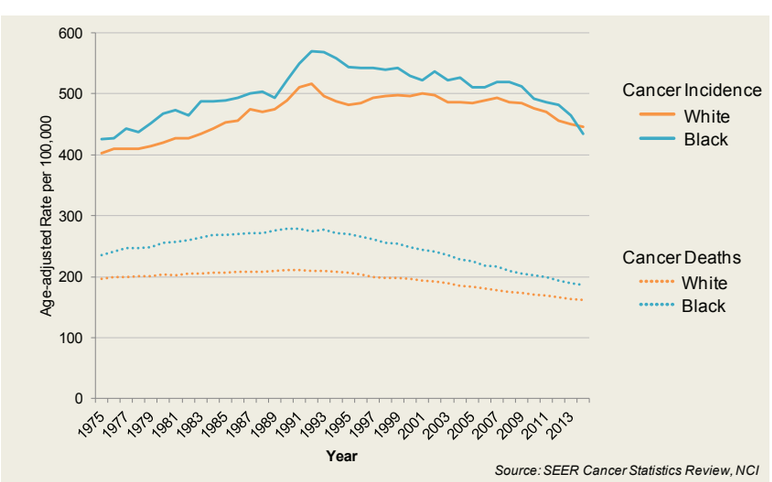
Disparities Research at MSK

PSRP investigator **Lisa Diamond** (Immigrant Health & Cancer Disparities) commended the AACR, ACS, ASCO and NCI for acknowledging the problem of cancer disparities and the challenges that researchers face in studying it. She applauded the recommendations, but also expressed concern that more explicit guidance may be needed. For example, the statement acknowledges the importance of assessing literacy and numeracy, but, Diamond said, "if you don't tell people what to measure and how to measure it, they won't collect the data." Diamond also noted that the statement fails to address language barriers, which can contribute to disparities and also reduce patient participation in research.

MSK's Immigrant Health & Cancer Disparities Service, led by **Francesca Gany**, has a broad research agenda to understand and reduce disparities in cancer care and outcomes among underserved communities in New York City, as well as nationally and internationally. The service now has five full-time faculty members, in addition to Gany, with projects addressing a wide spectrum of minority groups, practice settings, cancer types, interventions, and outcomes.

PSRP investigators in other divisions are also studying cancer disparities. For example, **Jennifer Hay** (Psychiatry & Behavioral Sciences) is exploring racial and ethnic disparities in cancer risk perception and behavior. In a study of primary care patients in New Mexico, Hay and her colleagues are evaluating differences between Hispanic and non-Hispanic populations in uptake and outcomes of personalized genomic testing for melanoma risk. In another study, Hay is investigating the reasons why people give a "don't know" response when asked about their cancer risk. For this study, Hay said that it is critical to recruit a diverse sample in order to identify and address population subgroups that may not be responsive to traditional public health campaigns based on perceived risk of disease. Hay and her colleagues are using a national survey company to recruit participants, and explicitly oversampling black and Hispanic adults and people with limited education.

Ann Zauber (Epidemiology) recently studied racial differences in the prevalence and stage of precancerous colon polyps. Using data from the National Colonoscopy Study, Zauber and her colleagues found similar prevalence and pathology of adenomas in blacks and whites with comparable screening adherence, suggesting that racial differences in colon cancer mortality are more likely associated with access to colonoscopy than with cancer biology. The study was published in *Clinical Gastroenterology and Hepatology* in September.



Source: SEER Cancer Statistics Review, NCI

PSRP Grants

Victoria Blinder (Immigrant Health & Cancer Disparities) received a U54 supplement from the NCI for "A Mixed-Methods Study to Investigate the Catastrophic Impact of Breast Cancer on Employment among Chinese Women in New York City."

Jack Burkhalter (Psychiatry & Behavioral Sciences) received a U54 supplement from the NCI for "Validation of the ANCHOR Health-Related Symptom Index and Preparation for ANCHOR Trial Implementation."

Francesca Gany (Immigrant Health & Cancer Disparities) received an award from the NYC DOHMH and the Fund for Public Health in New York for "For-Hire Vehicle Drivers Needs Assessment."

Wendy Lichtenthal (Psychiatry & Behavioral Sciences) received an award from the T.J. Martell Foundation for "Development of a Mobile-Responsive App to Reduce Fear of Breast Cancer Recurrence."

Wendy Lichtenthal (Psychiatry & Behavioral Sciences) received awards from from the NCI and the American Cancer Society for "Enhancing & Mobilizing Caregivers' Potential for Wellness & Resilience."

Jamie Ostroff (Psychiatry & Behavioral Sciences) received an award from the NCI for "Tobacco Treatment Training for Cancer Care Providers."

Anthony Yu (Medicine) received a K23 Career Development Award from the NCI for "Enhancing Understanding of Harms and Benefits of Cardiac Monitoring During Breast Cancer Therapy."

Mark your calendar

November 28	**PSRP Seminar** David Buller, PhD RRL-101
December 9-12	**American Society of Hematology Annual Meeting**

Andrew Briggs, DPhil, is a Visiting Investigator in the Department of Epidemiology and Biostatistics and a Professor of Health Economics at the University of Glasgow. He has been at MSK since 2015, when he joined the Center for Health Policy and Outcomes.

I hear Scotland is lovely. Why did you come here? I was keen to learn about the U.S. health care system from the inside, having heard so much about it from the outside. But I think I might need 25 years to really understand it.

The U.S. has been much slower to adopt economic evaluation and health technology assessment - your areas of expertise - than the U.K. and Europe.

I think the U.S. might be nearing a tipping point in its approach to health technology assessment (HTA). And if it's going to happen anywhere, it's going to be in oncology, with drug prices so high and only getting higher. This is not a uniquely American problem. NICE, Britain's National Institute for Health and Care Excellence, has been successful in using HTA to inform health spending decisions, except with cancer drugs.

Why is cancer different? What's the challenge?

It's really a political problem. Nothing will change until politicians are prepared to address it. There's also a divide between clinicians and economists, even though they both bemoan the high cost and question value. People seem more and more content to rely on surrogate endpoints. This means expensive drugs getting to market based on looser criteria.

How can we bridge the divide and move the conversation forward?

We have to move outside our own disciplines. We're all preaching to the converted. We need to get doctors thinking about the economic principles at play, and economists need to understand the clinical environment. I think the conversation swings with the political environment. Things go backward and forward. People are talking about value now. We need to figure out how to make value part of the decision making process.

What are you excited about studying at MSK?

I'm interested in time-to-event analysis and different forms of modeling, and what we can learn about long-term outcomes. For example, there's a long tail on the survival curve for many immunotherapy drugs. It doesn't definitively show a cure, but reflects the small proportion of patients who have a very long survival benefit. But we don't know what happens when the trial ends. MSK has some of the longest follow-up data on immunotherapy. We need to look at real-world data to see if these responses are truly durable. We also need to think about companion diagnostics that could tell us which people would have those durable responses.

What, if anything, has surprised you about the U.S. health care system?

Nobody knows what anything costs, especially at the point of consumption. As an economist, this is baffling to me. Until people know what things cost, the idea that we can make rational choices about our health care is complete nonsense.

Is there anything else you've seen here that doesn't make sense?

Your nautical markers are on the wrong side! The entire rest of the world marks a sailing channel with green on your right, the starboard side, and red on your left, or port side. The U.S. and Canada do exactly the opposite, using "red, right, returning."

Have you been sailing here since you figured out our markers?

I've sailed around Rhode Island and Martha's Vineyard, and at some point I'll explore the Long Island Sound.

What do you like best about New York City?

The food. Definitely the food.

PSRP Seminars

▶ **Saro Armenian**, City of Hope, presented *Cardiovascular Disease and Cancer: Emerging Paradigms in Biology, Prevention, and Treatment* on October 10th.

▼ **Albert Lowenfels**, New York Medical College, presented *Increased Risk of Bowel Cancer in Cystic Fibrosis and Screening Strategies* on September 12th.

▲ **Nilanjan Chatterjee**, Johns Hopkins Bloomberg School of Public Health, presented *Polygenic Architecture for Complex Diseases: Implications for Prediction and Prevention* on September 5th.

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