Statements from the President's Cancer Panel

Meeting

Improving Cancer Care for All: Applying Research Results, Ensuring Access, Ending Disparities

June 16, 2000

"Why don't all Americans get the best available cancer care?" asked Dr. Harold Freeman, Chairman of the President's Cancer Panel in addressing representatives from Nebraska, Indiana, Michigan, Missouri, Iowa, Ohio, Kansas, and Illinois.

This first of seven regional meetings to explore why proven cancer interventions are not reaching all Americans. Testimony presented in Omaha, Nebraska, contained graphic evidence of the disconnect between cancer research and delivery of cancer care, a finding in support of the Panel's conclusion its 1999 report to the President of the United States . Participants also focused of local and regional factors that contribute to disparities in cancer care, offered recommendations for improving the delivery of cancer care at the State and community levels, and described promising models for overcoming local barriers to accessing quality cancer care.

Speakers presented statistical evidence of disparities in the burden of cancer. One study showed an inverse relationship between risk factors (smoking, obesity, and lack of access to screening) and both educational level and income. Other data indicated that while cancer incidence among African Americans and whites is similar, mortality is significantly higher among African Americans. Nearly all speakers made reference to characteristics of underserved and vulnerable populations that should be considered in the design of community-based programs. These include language and literacy issues; differences in cultural norms; lack of transportation, particularly for elderly patients who live in rural areas; mistrust of authority; and fatalism about the outcome of a cancer diagnosis.

Also highlighted were economic and systemic barriers that prevent many Americans from receiving the best available cancer care. It was noted that the current health care system often pays for screening to detect cancer but fails to provide funds for the treatment of the condition once it is diagnosed. Inadequacy of health care resources, including shortages of both primary care physicians and oncologists were also cited; for example, 72 of Nebraska's 93 counties have been designated as medically underserved. Many primary care physicians are not adequately trained in prevention, screening, and patient education-**many physicians simply are inadequately prepared to talk to patients.** Incidents of delayed diagnosis caused by physician bias and by HMO-related cost containment were described by several cancer survivors who addressed the Panel.

Recommendations ranged from consolidating fragmented state grant programs to establishing statewide cancer advisory boards and community-based wellness centers. Participants also suggested new mechanisms for measuring the quality of

cancer care and monitoring disparities. Several speakers described effective programs in their States that provide integrated services in underserved areas, increase participation in clinical trials, and build public-private partnerships for cancer control.

Further regional meetings will be held in other sections of the country; additional meetings will explore international perspectives and present findings from the regional meetings to Federal agencies, State government officials, and other stakeholders in the effort against cancer. The process will culminate in the President's Cancer Panel Report to the President of the United States in 2001.

The President's Cancer Panel is an advisory group established by Congress to monitor the Nation's effort to reduce the burden of cancer and report directly to the President on delays or blockages in that effort. For more information about the President's Cancer Panel, visit the Panel's web site at http://deainfo.nci.nih.gov/ADVISORY/pcp/pcp.htm or call 301-451-9399.