

Social Determinants of Health (SDoH) and Quality of Care Contributors to Cancer Disparities in People with HIV (PWH) (U01)

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Disparities*

In collaboration with DCCPS, DCP and DCTD

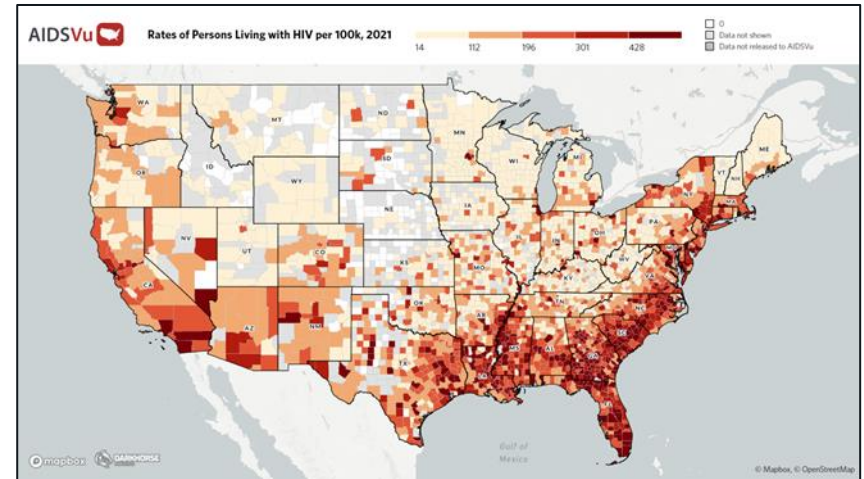
Background – HIV Epidemic

■ HIV Epidemic

- 1.2 Million PWH in the US
- ~32,000 new infections in 2021

■ Cancers in People with HIV (PWH)

- Prominent manifestation of HIV/AIDS
- Combination antiretroviral therapy (cART) led to decline of cancers associated with AIDS, however rates of decline have stabilized
- Increase in other cancers: anal, hepatocellular, and lung cancer
- Cancer is one of the most, if not the most, frequent cause of death in PWH in the United States



- New infections concentrated in 48 counties, DC and San Juan PR
- Over 52% of new infections occurring in the South

HIV-associated Cancer Disparities

- PWH (when compared to those without HIV):
 - Have lower cancer screening rates
 - Are less likely to receive cancer treatment
 - Have more advanced cancer diagnosis and higher cancer mortality
- Contributing factors to disparities:
 - Patient-driven
 - Provider-driven
 - Health systems-related issues
- Much research in SDoH and HIV care outcomes shows associations between a single factor (e.g., poverty.) and clinical outcomes
- SDoH are complex, intersecting and reinforcing
 - need to multilevel approaches to better improve cancer prevention and coordinated care in PWH



CANCER SCREENING



Purpose and Scope of RFA

Purpose:

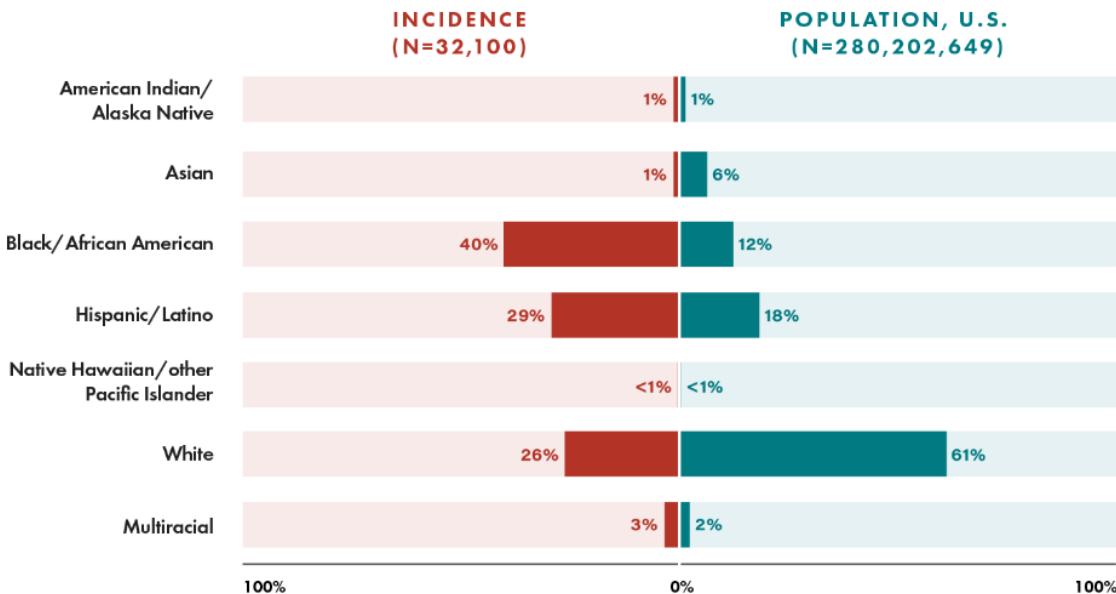
- Increase the NCI's research portfolio investigating cancer disparities in PWH
- Advance the understanding of which SDoH are important and how they intersect with cancer care inequities to contribute to disparities in the prevention, diagnosis, and treatment outcomes of PWH and cancer, with an expectation that the research may inform future interventions

Research Scope:

- Research to better understand how multiple SDoH interact and contribute to health disparities in cancer prevention, diagnosis, treatment and outcomes in PWH
- Research eliciting how provider-level and system-level factors influence the quality of cancer care to PWH
- Research identifying and testing strategies to alleviate SDoH that effect PWH receiving quality care, including enrolling in clinical trials, cancer screenings, etc.

Amplification of Disparities: Intersecting Multiple Marginalization

New HIV Infections US- 2021



70% among gay, bisexual and men who report male to male sexual contact

New HIV Infections – Intersecting Multiple Marginalization/Multiple Minorities

- 25% are in Black men who have sex with men (MSM); 23% Hispanic/Latino MSM
- Of the infections in women: 54% in Black/African women; 18% in Hispanic/Latina women
- 2% occur in transgender people with 76% occurring in people of color

Previous Efforts that Informed this Concept

FY2023: Administrative Supplements to P30 Cancer Center Support Grants

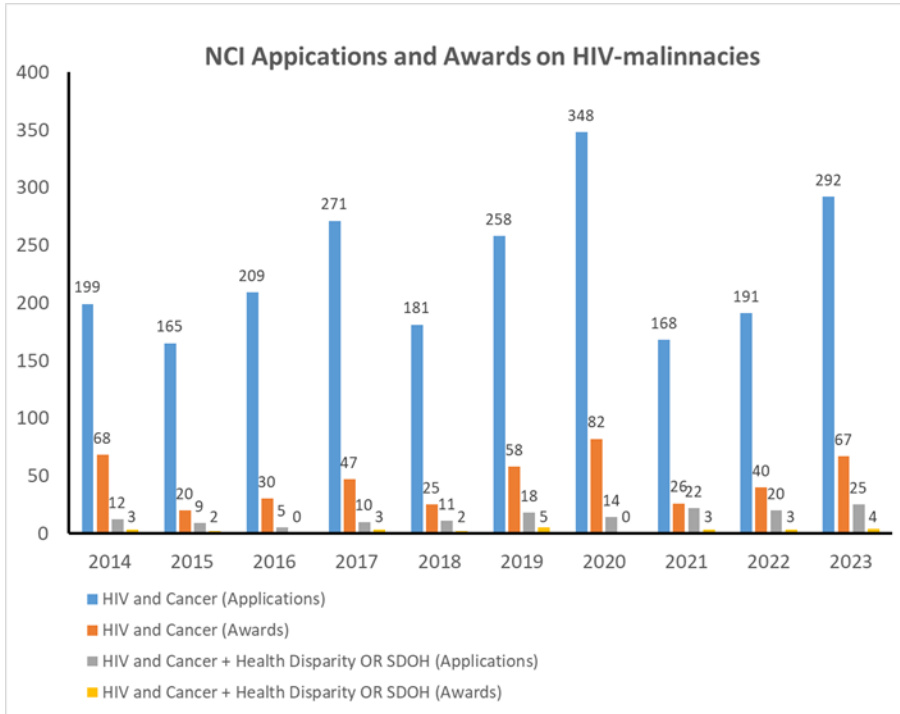
- 11 applications received; 6 awards made
- **Purpose:** Develop interdisciplinary teams, establish research infrastructure, and support exploratory projects seeking to understand the role of SDoH and cancer care inequities in leading to cancer disparities in PWH.

Encouraged collaborative efforts between Cancer Centers and Centers for AIDS Research (CFARs)

FY2023 –FY2024: Basic/Translational Research on Health Disparities in Underrepresented People Living with HIV (PLWH) and Cancer

- RFA-CA-22-056 (R01)
- RFA-CA-22-057 (R21)
- **Purpose:** Investigate biological interactions of cancer disparities in PWH from underrepresented groups to understand how HIV promotes disparities in cancer initiation, progression, and the resulting pathogenic disease sequelae.

Portfolio Analysis



- NCI has prioritized research investigating HIV-associated cancers
- Limited portfolio on SDOH and cancer disparities in PWH
- In FY2023 there were four grants regarding SDOH in cancer and HIV
 - Two in response to RFA-CA-22-051 (CASCADE Network)
 - One R01 in response to a PAR
 - One K01

RFA Management Logistics



- NCI-wide team, led by OHAM and CRCHD, will co-manage the RFA
 - Determine responsiveness and referral
 - Prepare funding plan
 - Conduct evaluation
- Applications will be referred across NCI DOCs according to DEA referral guidelines
- A U01 mechanism is proposed:
 - Allow Program Staff to facilitate regional/institutional collaborations between HIV and Cancer fields
 - Annual Principal Investigators' Meeting: Foster dissemination of information, discuss challenges, and identify opportunities for collaboration

Budget Request

- Three receipts requested (FY25 – FY27)
 - 3 - 4 U01s for each receipt date (up to 12 awards total)
 - **\$3 Million** for each Fiscal Year
 - **\$15 Million** overall requested for 5 years for each of three receipt dates (**\$45 million total**)

Funds will come from NCI “AIDS funds” received through the NIH Office of AIDS Research (OAR). (The concept has been reviewed by the OAR and deemed AIDS-aligned)

Questions?



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[cancer.gov](https://www.cancer.gov)

[cancer.gov/espanol](https://www.cancer.gov/espanol)