Transcript Details
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Systemic Racism & Disparities in Oncology

Dr. Sands:
Welcome to *Project Oncology* on ReachMD. I'm Dr. Jacob Sands, and I recently caught up with Dr. Christopher Lathan, Associate Medical Director of the Dana Farber Cancer Institute Network. Dr. Lathan spoke with me about racial disparities in oncology and even shared an example of what it can look like in practice.

Here's Dr. Lathan now.

Dr. Lathan:
If you really think about this in cancer care, we do a lot of things. We specifically say things like "You're going to come in and you're going to come in every day for your radiation," and we don't think what if that person says "Well, I can't do that because I really can't get here." There's no option for that; we kind of blink and we're doctors or nurses, or PAs, or NPs in a busy clinic and we just don't know how to fix that. If you think about that, that affects not just black folks but poor folks in general. It's just that black folks tend to be concentrated in a specific area. And I think that if you continue to extrapolate these hard barriers, and there's data that shows this, right. Distance from radiation oncology actually impacts people being able to continue their therapy. If you look at lung cancer and you look at targeted therapy, in the early studies that when it first came out, we really were looking at only white patients and East Asian patients. People thought that there was not EGFR mutation in black patients but that's only because they were never studied, so the first five or six years people weren't getting tested because they were looking for these clinical characteristics. And it took the literature another seven or eight years to determine actually the mutation pattern in EGFR is very similar to that as whites and we should be looking at it. And not only that, there's some other groups that are ethnic minority groups like people in South America that have higher rates than whites and we never even looked at them until much later. The point is, there are many different aspects of how systemic racism has impacted outcomes. If you take a whole population of people, and they are disproportionately impoverished, then you understand how many times they are limited, right.

If you live in a state that has not expanded Medicaid and you are poor, the quality of health care that you get is disproportionately terrible, and I will tell you a specific anecdote, right? There was a patient who was in the ICU, and this isn't about cancer specifically, but I think it illustrates what we could do better, and this was a young person who unfortunately had sudden cardiac death, like his heart had stopped. He was in his 20s and this was a Haitian gentleman, and he was in the ICU and his family was coming in to pray because he unfortunately had been in a coma. And the ICU nurses, most of them were all white, and they were very disconcerted about the volume that was happening that was coming out of the room, people were praying quite loudly, and when they came in to ask people to be quiet, they didn't ask nicely. They said, "You have to stop that." And of course the family members just wanted to pray, and there was this whole thing, and they wanted to call security. And this is a little over 20 years ago, and I actually said, "Do you mind if I come in and talk to the family?" I talked to the family and said, "Oh, you know, if you want to go into the waiting room, you can pray there and then it's a little quieter," and of course everybody was nice and it worked out very well. And when I went back to the nurse, who is not a bad person, I said, "You know this was not anything bad that they were trying to do, but I understood that they were praying." What was happening is the nurse was unfamiliar with this culturally and it made her uncomfortable.

Meanwhile, we had a gentleman who was a white gentleman, professional, he was a physician. He had lots of problems that caused him to have difficulty with impulse control and he was in the ICU for amyloid, and he had done lots of things. He would throw things, he'd be really inappropriate, but the nurses had compassion for this family because they felt like that could be them.

This is the place where we can make it better, because when I talked to that nurse and explained what happened she integrated that into her experience and she remembered that, and I think we need to teach our young physicians that this is important, and we need to

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have conversations with people who are not like us, so that we can understand how we can make systemic changes, yes, increase Medicaid, give people more opportunities, empower different communities, talk to them, but also we need to be trained differently, because we certainly can make a difference. But we have to believe that a difference can be made and we have to understand that these systemic changes are real and they create tremendous negative impact.

Dr. Sands:
That was Dr. Christopher Lathan from the Dana Farber Cancer Institute Network talking about racial disparities in oncology. For ReachMD, I'm Dr. Jacob Sands. To hear more insights from Dr. Lathan on racial disparities in oncology and to access other episodes in our series, visit ReachMD.com/ProjectOncology where you can Be Part of the Knowledge. Thank you for listening.

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