Better Cancer Treatment for All

The best scientific and technological advances may reduce cancer-related mortality only when they are fully available to the people at risk. Availability is a multifaceted construct that includes economical and social resources, education, and cultural adherence. This issue of *Cancer Control* could not be timelier because it addresses the obstacles that prevent access by different minority groups to cancer diagnoses and treatments. The articles in this issue propose practical solutions to this mounting problem.

Minority groups include African Americans, Hispanics, Asian Americans, new immigrants, and gay, lesbians, and transgender persons, among others. When taken together, these select minority groups represent a sizable portion of the US population as well as many Americans living with cancer. Given our globalization and the reduced birth rate among white Americans, these minority groups may embody a majority of patients with cancer in the future. These minority groups deserve to become a main focus of cancer control in our country, because the rate of cancer-related mortality is highest among them.1

In the accompanying editorial, our guest editors describe the burden of cancer affecting selected minorities and found that it is largely due to remediable causes, including poor access to screening and early detection, lifestyle choices, cultural beliefs, and limited socioeconomic resources. In addition, they outline some biological issues that have been largely ignored until recently and instead deserve immediate attention, such as the development of deadly types of breast cancer in young African American women.

Cancer control in minorities is an ethical and social imperative. In addition to improving the welfare of the general population, it will likely reduce the cost of medical care and provide a trait d’union among the different ethnic/racial, religious, and gender-identity groups that represent the demographical richness of our country. It is not far fetched to assume that the common fight against the suffering related to cancer may cement the alliance of these different groups and provide a sense of common national identity.

Older patients with cancer represent another group with increased rates of morbidity and mortality due in part to the inadequate care they receive.2 This group has been the subject of multiple studies and the focus of medical societies,3 but they have not been included in the present review — appropriately in my opinion.

My personal experience with the Middle Eastern Cancer Control group, which was led by a visionary Israeli surgeon and included representatives of 32 countries in the Middle East, taught me that the common goal to relieve pain and discomfort caused by cancer may bring peace and cooperation, even in the most war-torn regions of the world.4,5 The cooperation of different cultures, even those from the poorest countries, is a 2-way street. I learned how important spirituality can be in the delivery of palliative care, even when the technology is primitive and the resources are scarce. I wish we could look to our minority patients as an opportunity to learn to provide better cancer treatment to all patients.

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References