

Interventions Reducing Racial/Ethnic Disparities Across the Cancer Care Continuum: A Scoping Review

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Background

- Racial/ethnically minoritized populations have higher cancer mortality across nearly all cancer types.
- Disparities in mortality occur due to **persistent** differential uptake of evidence-based practices (EBPs) across the cancer care continuum, **from prevention to end-of-life**.
- Reducing disparities will require widespread adoption of **effective and sustainable** interventions to increase EBPs.
- Numerous research studies have evaluated interventions to reduce disparities in EBPs, but to our knowledge, no review has systematically collated and characterized these studies.
- Our findings will:
 - Serve as a comprehensive source **on successful strategies to reduce disparities in cancer EBPs**.
 - Highlight gaps in research**.
 - Suggest **future research directions and potential policy changes**.

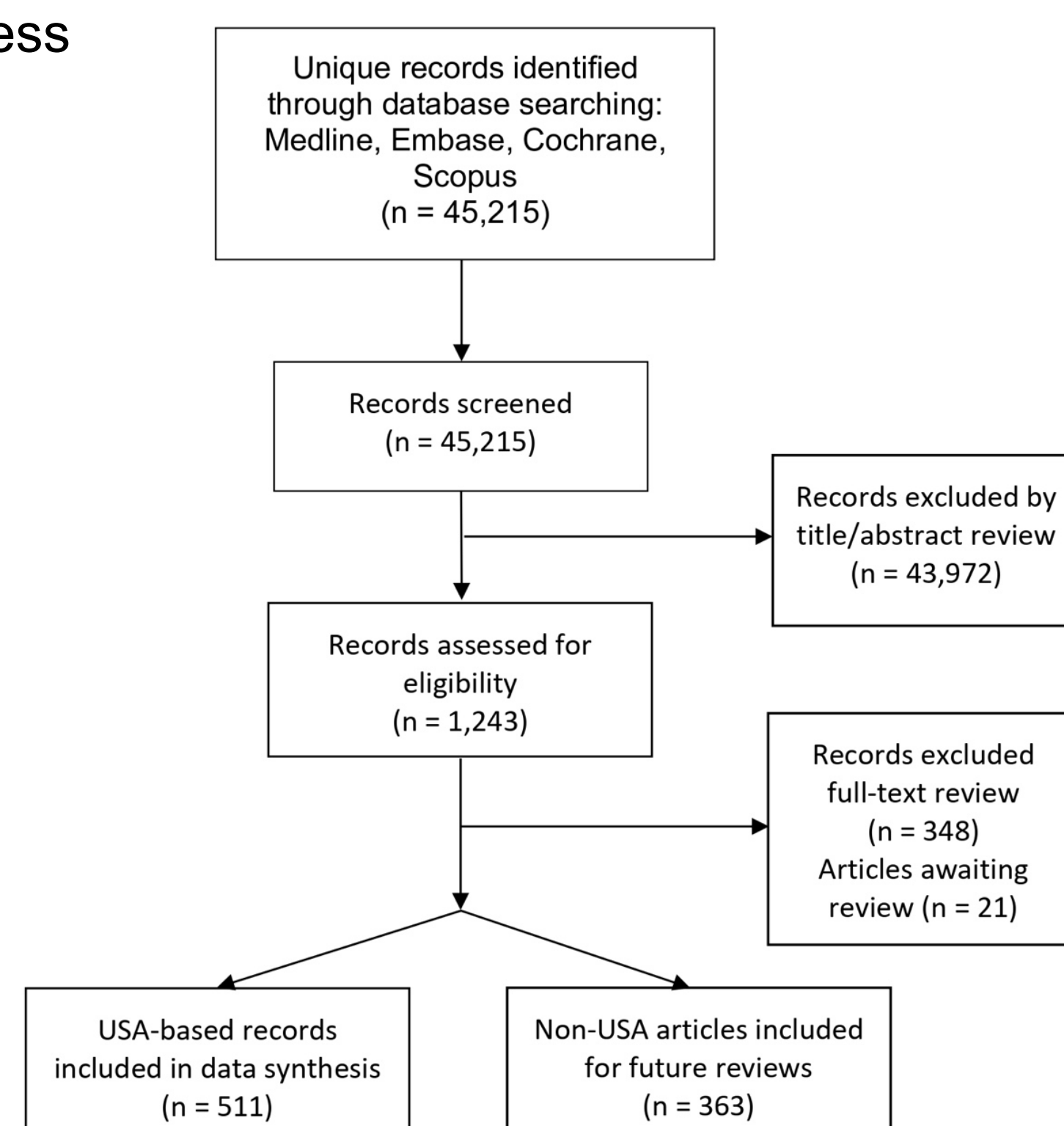
Objective

To conduct a scoping review of interventions to reduce **racial/ethnic disparities** in uptake of EBPs across the cancer care continuum **from prevention to end-of-life**, using an **implementation science framework**.

Methods

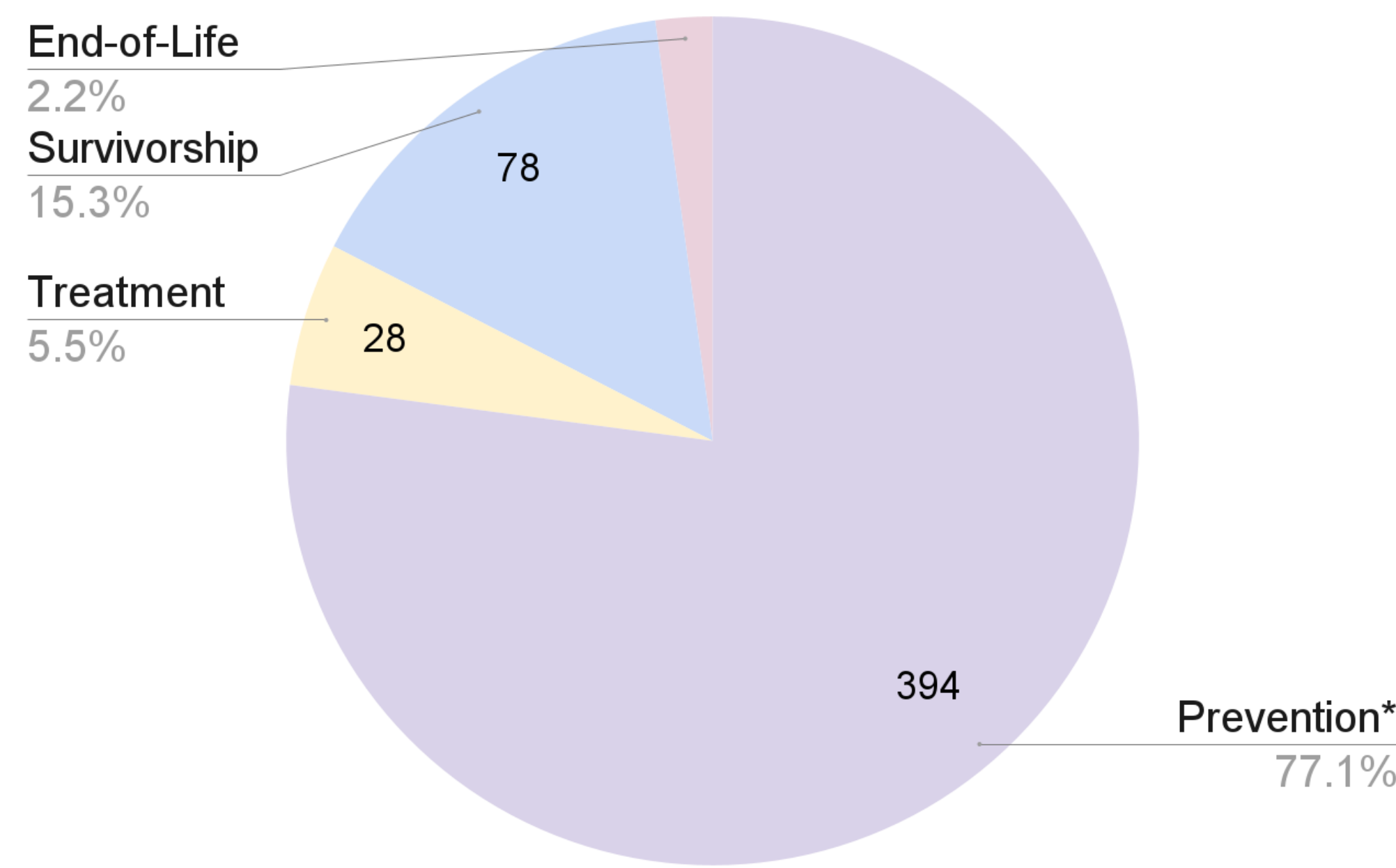
- Inclusion Criteria:** USA-based intervention studies that aimed to improve the uptake, and reduce racial/ethnic disparities, of an EBP along the continuum: prevention (HPV vaccine), secondary prevention (i.e. screening/diagnosis), treatment, survivorship, and EOL care, published between January 1st, 2010 to June 30th, 2022.
- We focused on HPV vaccines in the prevention continuum due to prior reviews on tobacco cessation, diet, and physical activity interventions.
- Title/abstract and full-text reviews performed by two reviewers, with a third reviewer resolving discrepancies.
- Included articles were tagged by cancer type and continuum area during full-text review.
- Relevant data were collected by one reviewer via RedCap, with a second reviewer performing random validations on collected data to ensure accuracy of data.
- Our protocol used the PRISMA-ScR checklist and scoping review framework and is registered in OpenScience Framework.

Fig. 1: PRISMA Flowchart of Inclusion/Exclusion Process



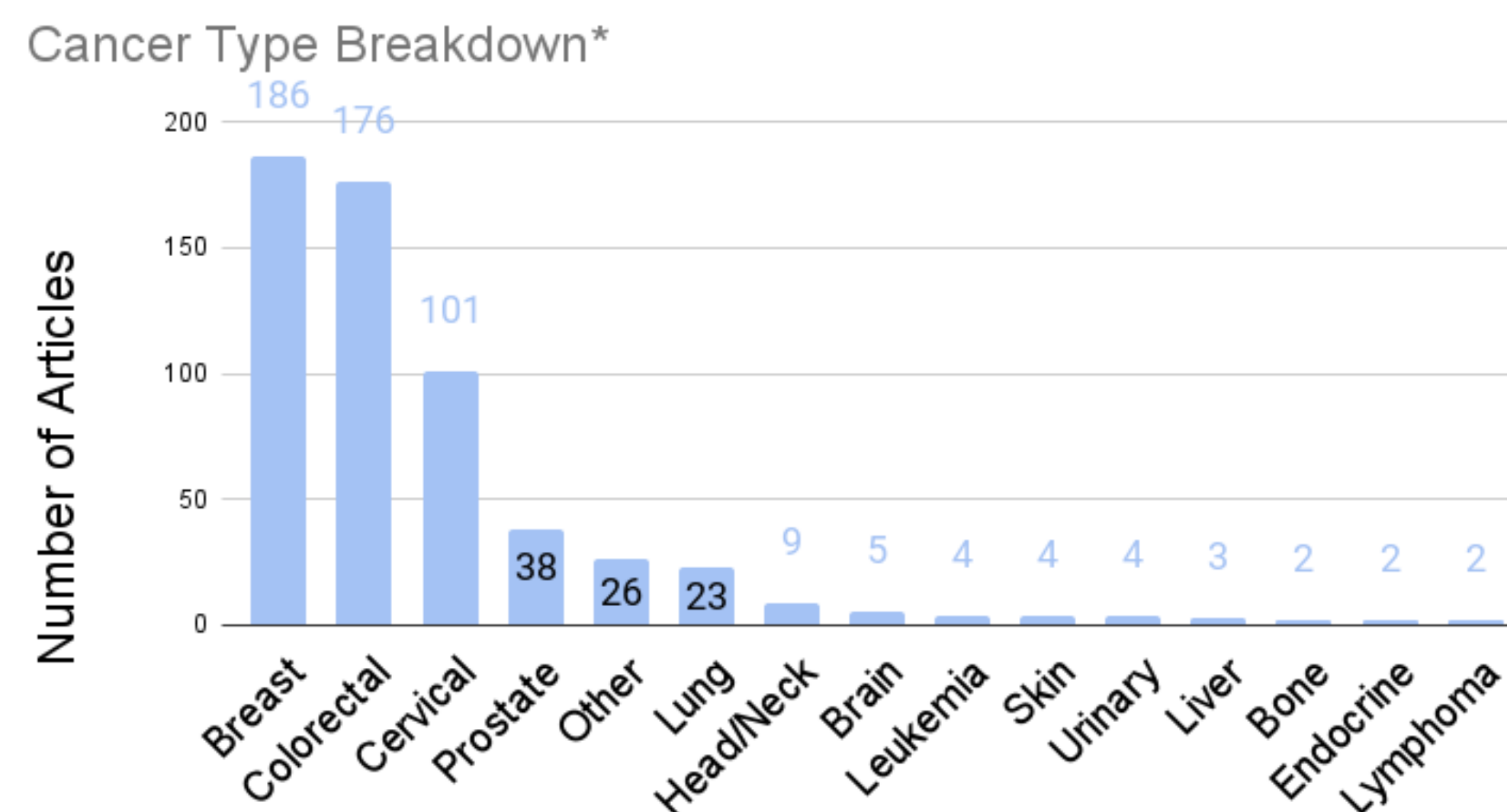
Results

Fig. 2: Articles by Cancer Care Continuum



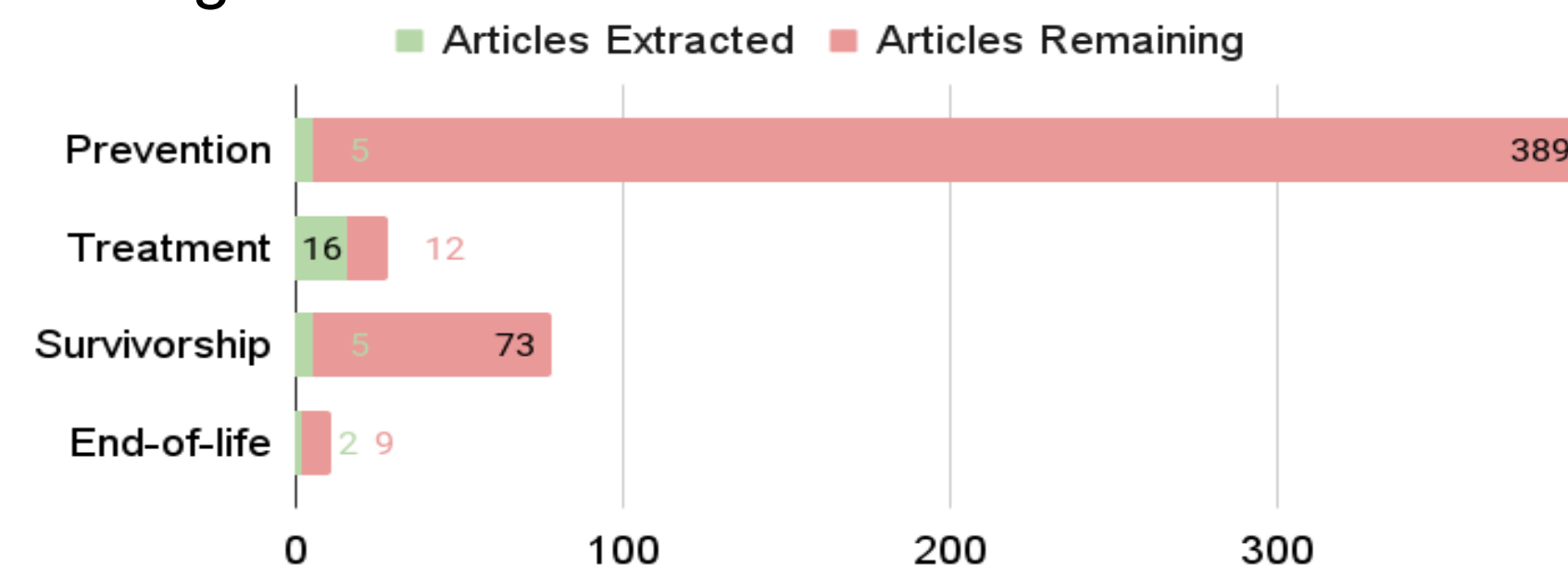
*Includes secondary prevention (i.e. screening/early diagnosis)

Fig. 3: Articles by Cancer Type



*Some articles had more than one cancer type characterized

Fig. 4: Progress on Data Extraction on Inclusions



Outcomes and Interventions Utilized By Studies: Interim Results (n=28)

	Patient Educational Tool	Patient Navigator	Reminder Tool	Warning EMR System	Workplace Training Program	Decision Aid Tool	Mailed Screening	Financial Reimbursement	Other Patient-targeting	Other Provider-targeting
Prevention/Screening										
Screening Knowledge		2	0	1	0	0	0	1	0	0
Screening Intention		3	0	1	0	0	0	1	0	0
Screening Rate		1	0	1	0	0	0	1	0	0
Adherence To Recommendation										
Adherence To Recommendation		1	0	1	0	0	0	0	0	0
Treatment										
Knowledge of Treatment		2	0	0	0	0	1	0	0	0
Appointment Attendance		0	1	0	1	0	0	0	0	0
Concordant Decision-making		2	0	0	0	0	2	0	0	0
Time to Treatment		1	2	0	0	0	0	0	0	0
Treatment Adherence		2	2	2	3	2	0	0	1	1
Guideline-concordant Treatment		1	1	0	1	1	0	0	1	1
Survivorship										
Quality of Life		2	0	0	0	0	0	0	0	1
Physical Activity Level		1	0	0	0	0	0	0	0	0
Supportive Care		1	0	0	0	0	0	0	0	1
End-of-Life										
PPC Consult		0	0	0	0	1	0	0	0	0
Other (Not listed above)		4	1	1	0	0	0	0	0	0

Results (cont.)

Table 3. Implementation Science Characteristics: Interim Results

Development of Implementation Strategy	# of Articles (n=28)
Involvement of Stakeholders in Intervention Development/Evaluation	13
Adaption of Intervention for the Target Population	17
Tailored Intervention to Recipients/Deliverers	11
Evaluation of Implementation Outcomes	
Acceptability	7
Adoption	3
Appropriateness	3
Costs	3
Feasibility	3
Fidelity	2
Penetration	1
Sustainability	0

Conclusion

- There exists a robust research concerning prevention and screening, but a scarcity of studies addressing treatment, survivorship, and end-of-life (EOL) care.
- We observed limited research on hard outcomes and implementation outcomes, particularly concerning costs and sustainability, based on the available interim evidence.
- Implementation outcomes play a vital role in ensuring the effectiveness and long-term sustainability of interventions outside the research setting.
- Future research should utilize implementation outcomes to identify barriers and facilitators to the use of EBPs and interventions.

Acknowledgements

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