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National Institutes of Health  
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Via email: [NCI.RFI.DiversityandInclusionWorkforce@nih.gov](mailto:NCI.RFI.DiversityandInclusionWorkforce@nih.gov)

**Subject: NCI RFI: Enhancing Diversity and Inclusion in the Cancer Research Workforce Notice Number (NOT-CA-21-067)**

The Society of Surgical Oncology (SSO) would like to thank the National Cancer Institute (NCI) for this opportunity to comment on enhancing diversity and inclusion in the cancer research workforce. SSO supports diversity and inclusion efforts to build equity and provide additional perspectives on cancer research.

**Challenges.** Challenges faced by individuals who are underrepresented in medicine (URiMs) with regard to entering and remaining in cancer research must be identified and addressed. These may include access to mentors, career guidance and leadership training, as well as prejudice related to publishing, funding, and/or academic culture. There are also challenges faced by immigrants in obtaining visas and the limitations that immigration status—or lack of one in the case of Deferred Action for Childhood Arrivals (DACA) recipients—can impose on obtaining extramural funding.

**Strategies.** Recruitment and retention strategies must be identified and implemented. Approaches to address diversity need to be comprehensive across various levels of training—starting at the high-school level and extending through the collegiate and graduate levels. The Offices of Community Outreach and Engagement at NCI-designated comprehensive cancer centers are best equipped to determine how to target younger populations with funding opportunity announcements to solicit novel programs to promote cancer research awareness and training. For established cancer research training funding announcements, requirements could include increasing the percentage of grantees that must be from URiM candidates.

Encouraging and supporting development of mentoring networks and opportunities for career and leadership training to support URiM scientists are also important strategies. Creating a path for URiMs to effectively communicate and share a common ideology on a networking platform might also be a possible strategy.



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In addition, all National Institutes of Health (NIH) reviewers should be educated on the value of diversity and inclusion for funded scientists and their research topics (e.g., disparities research). As the de facto gatekeepers to the NIH, the participation of study section members is vital. Effectively deploying this approach means not only diversifying study sections, but also having a mechanism through which to protect the review process from the biases held by long-standing, often powerful, majority reviewers.


Finally, consideration should be given to aiding scientists with the immigration process at a federal level.

**Professional Society Contributions.** Professional societies have networks of members that give them unique reach into specialty communities and could assist in promoting opportunities. Societies could also direct research funding to URiM candidates. They also have programs that could help develop greater diversity and inclusion such as (in SSO's case):

- Defining ways to nurture the complex general surgical oncology and breast fellowship pipeline. For example:
  - Foster longitudinal mentorship of interested medical students, research fellows, and general surgery residents;
  - Encouraging diversity and disparity research programs in the fellowship curriculum and educating fellows regarding the importance of diversity research to help them stimulate interest towards pursuing disparity research in their professional career upon graduation.
- Using education to highlight the importance of surgical oncologists in research and to diversify the surgical oncologist research workforce specifically and the clinical surgical oncology workforce generally.

Thank you again for the opportunity to provide these comments.

Sincerely,



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