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National Institutes of Health
National Cancer Institute
9609 Medical Center Drive
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Via email: NCI.RFI.CHDRResearch@nih.gov

**Subject: NCI Cancer Health Disparities Research RFI
Notice Number (NOT-CA-21-066)**

The Society of Surgical Oncology (SSO) would like to thank the National Cancer Institute (NCI) for this opportunity to comment on enhancing progress on cancer health disparities research. SSO supports efforts to identify variation in cancer incidence and close disparities in care across different patient populations. There are three areas SSO feels best positioned to comment on:

Education and training. The first step toward progress is awareness of an issue. Incorporating information about cancer health care disparities in provider education would advance this agenda and encourage young researchers. To this extent, SSO encourages investment in the education and training of oncologists in cancer care disparities research as one way to help bridge this gap. Oncological training can help with the evolution of curricular design and broadly educate oncologists about clinical disparities in care and how to address them in practice and research (community engagement, clinical trials, implementation science). Many medical specialty societies provide education or have links to training programs that may be able to support these efforts. For example, SSO has a link to complex general surgical oncology training programs and their qualifying exam that is consistent with this. Inclusion of information about the spectrum of issues affecting health care disparities in the general surgical oncology curriculum and on the qualifying examination will help to establish the importance of this area for trainees.

Science. Many medical specialty societies can support cancer disparities research through their meetings and grant programs. SSO supports research related to cancer health disparities through opportunities to showcase research findings



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at its educational meetings, and this year, provided an award opportunity for surgeons who are under-represented specifically, Black, indigenous, and people of color (BIPOC), through a grant provided by industry. Industry may be an additional source of support for research grants provided by these societies.

One way to increase the representation of underserved populations in big data might be to encourage and incentivize existing data registries to share or pool data relative to specific populations. Additionally, it would be helpful to foster data collection from institutions that serve minoritized populations (e.g., historically black colleges and universities, the Puerto Rico medical schools, Hawaii-based programs), while also working with those institutions to optimize their research infrastructures to conduct analyses using their own patients' data. These institutions are more likely to be under-resourced compared to many institutions with very high research activity. Specifically, it is important for government and professional societies to put time and resources into developing these programs as sources of *research*, and not just data, otherwise there is a danger of real and perceived exploitation.

Global Surgical Oncology. Many societies like SSO have an international network and the infrastructure through which information exchange can occur. This infrastructure can leverage networks for scientific research collaboration on cancer health disparities and have access to different and expanded patient populations.

Thank you again for the opportunity to comment. We look forward to future opportunities to collaborate on these important issues.

Sincerely,

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