

Disparities in Hispanic Care

Attendees at a 2019 ONS Congress session about disparities in clinical trials seemed to be aware that African Americans are underrepresented. But what about Hispanic patients with cancer? I sensed that some of my colleagues had not considered Hispanic recruitment before and were surprised to learn the facts about clinical trial disparities in this population.

Hispanics are the most rapidly growing minority group and account for 18% of the U.S. population (Parra, Karnad, & Thompson, 2014). However, the mean nationwide enrollment of Hispanics in cancer clinical trials is only 1.1%, compared to 89% for Caucasians (Hamel et al., 2016). Hispanics are diagnosed with cancer at an earlier age and have a higher incidence of certain cancers when compared to non-Hispanic Caucasians (Yanez, McGinity, Buitrago, Ramirez, & Penedo, 2016). These include gastric, cervix, gall bladder, liver, and thyroid cancers, as well as acute lymphocytic leukemia (ALL). In addition, the cancer mortality rate exceeds that of non-Hispanic Caucasians by 50% in ALL and gastric, liver, and cervix cancer, making cancer the leading cause of death in patients aged younger than 50 years and accounting for 21% of deaths in this population (Yanez et al., 2016).

Because of this disparity, scientific evidence showing the biologic, genetic, and therapeutic differences of cancer and cancer treatment responses that are specific to Hispanic patients is lacking. Low accrual rates also jeopardize the ability of researchers to draw conclusions about the efficacy, toxicity, and treatment adherence of cancer therapies in Hispanic patients with cancer (Hamel et al., 2016). Studies show that low enrollment is associated with language barriers, awareness and knowledge of clinical trials, fear of

experimentation, side effects from cancer treatment, lack of time, income, transportation, cost, mistrust in healthcare providers in general, and cultural beliefs (Yanez et al., 2016).

Are you helping to increase awareness and knowledge about clinical trials? Let's increase the 1.1% clinical trials enrollment statistic so that it better represents our Hispanic population. Spread the word!

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I am sharing this information as a call to action. Oncology nurses make a difference in patients' lives by providing quality patient care and education that is applicable to a diverse patient population. If we are unaware about clinical trial disparities with Hispanic patients, how can we better understand the problem and take responsibility to address it? Most importantly, what resources are in place within your institutions to ensure that you remain culturally competent on health disparities and literate on clinical trials enrollment for minorities? How can you best translate empirical knowledge into practical application in context of awareness of clinical trials? It is critical that we address these questions. Increasing Hispanic representation in clinical trials will help researchers and nurses have a better understanding of the safety and effectiveness of different cancer therapies and improve the generalization of clinical trial results to a population that is significantly at risk.

I challenge each of you to consider the following questions: How much do you know about the problem? What steps are you taking to address the problem? Do you have culturally tailored resources within your institution to educate your diverse patient populations about clinical trials?



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