

Shouldering the Heavy Burden of Cancer

Under-served, minority patients in South Central Los Angeles now have access to leading-edge experimental cancer treatments under a new partnership between UCLA's Jonsson Comprehensive Cancer Center and Charles R. Drew University of Medicine and Science.

Funded in part by a two-year, \$500,000 grant from the National Cancer Institute, the partnership seeks to address the unequal burden of cancer on the working poor and minority communities that Drew serves, said Judith C. Gasson, director of UCLA's Jonsson Comprehensive Cancer Center.

"Studies have shown that individuals in under-served populations don't have access to the best cancer care and screening, due in part to cultural and economic barriers. As a result, their cancers often are advanced at diagnosis and their outcomes are poor," said Gasson, who has worked for five years to make the Drew/UCLA Cancer Partnership Program a reality. "This collaboration addresses the unequal burden that cancer places on those populations."

The partnership brings Jonsson Cancer Center clinical trials to Drew University patients, including studies of the new targeted therapies that are showing promise in fighting cancer. It also seeks to strengthen Drew University's cancer research and training programs through collaborative research projects and partnerships with UCLA's world-renowned scientists. Additionally, the partnership program will recruit and train individuals who, in turn, will stay and work with residents in South Central L.A.'s under-served communities.

"This affiliation will markedly enhance our research and clinical cancer treatment capability," said Dr. Keith Norris, Drew University's Associate Dean for Research. "In general, cancer death rates among African Americans and Latino Americans are higher than other racial groups in the United States. With broader treatment options, we will be able to produce healthier outcomes and decrease morbidity and premature mortality."

Founded in 1966, Charles R. Drew University of Medicine and Science serves about 1.5 million patients from the Crenshaw area south and east to Compton and Paramount. More than 30 percent of Drew patients live at or below the poverty level.

About 23 percent of patients are black, while 58 percent are Latino. Drew also serves a large Asian population, Norris said.

Dr. Charles K. Francis, president of Drew University, called the partnership "an important step in closing the gap of racial disparities related to cancer incidence in South Central Los Angeles."

The disparities are well documented.

In 1999, the Institute of Medicine released a report that examined cancer research and programs for ethnic minorities and the medically under-served. The report found that although many ethnic minority groups experience significantly lower levels of some types of cancer, other minorities had higher cancer incidence and mortality rates than those seen among whites.

For example, African American men develop cancer 15 percent more frequently than white men do. Breast cancer rates among African American women are not as high as those among white women, but African American women are much more

Scientist Jay Vadgama of Drew University (pictured center at left with clinic assistant Mary Wade) is committed to the success of the Drew/UCLA partnership. At far right, patient Jesse Corral receives his cancer treatment at Drew University.



likely to die from the disease once it's detected. Cervical cancer rates are higher among Latino and Vietnamese American women than among white women. Asian Americans are more likely to develop stomach and liver cancers than white Americans, while Native Americans have the lowest five-year cancer survival rates of any population.

In August, the American Cancer Society issued a report on the cancer risk profile in Latinos. The report found that Latinos have higher rates of some cancers and are more likely than whites to be diagnosed at a later stage, when the cancer is more difficult to treat. Latinos have higher rates of stomach, liver and cervical cancers, and are less likely to use screening tests for colon, prostate and cervical cancers. Latinos also are more likely to be overweight and less likely to exercise than whites—factors associated with an increased cancer risk. They're also much more likely to smoke, the report found.

Some of these disparities can be explained by late diagnosis, lifestyle factors and access to health care, while others are attributed to language and cultural barriers that thwart proven ways to detect and prevent cancer when it is

UCLA partners with Drew University to bring leading-edge treatments to working poor and minority communities

most treatable. For example, deaths from cervical cancer have been preventable since the introduction of the Pap smear in 1941. However, a recent study of 312,858 low-income women found that only 60 percent had ever had a Pap smear. According to the American Cancer Society, Latino women are the least likely of racial and ethnic groups to use screening tests like the Pap smear or mammography.

In an effort to address these disparities, the National Cancer Institute and the National Institutes of Health recommended redesigning the clinical trials system to improve recruitment of minorities and strengthening training in



Cancer Rates in Minority Patients

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- ❖ African American women are much more likely to die from breast cancer than white women.
- ❖ Cervical cancer rates are higher among Latino and Vietnamese American women than among white women.
- ❖ Asian Americans are more likely to develop stomach and liver cancers than white Americans
- ❖ Native Americans have the lowest five-year cancer survival rates of any population.
- ❖ Latinos are more likely than whites to be diagnosed with cancer at a later stage, when the disease is more difficult to treat.
- ❖ Latinos have higher rates of stomach, liver and cervical cancers than white Americans.
- ❖ Latinos are less likely to use screening tests for colon, prostate and cervical cancers

Source: The National Cancer Institute and the American Cancer Society

minority colleges and universities. The Drew/ UCLA partnership does both, Gasson said.

UCLA faculty member Jay Vadgama, a scientist who also serves as chief of the division of cancer research and training and director of the Molecular Oncology Program at Drew University, said the partnership offers new opportunities not only to Drew patients but to Jonsson Cancer Center clinicians as well.

“There has been a limited opportunity for UCLA faculty members to focus on clinical trials, basic and translational research, training and education with minority populations,” said Vadgama, who is co-principal investigator for the partnership program along with Gasson. “The partnership with Drew will open exciting avenues leading to better understanding of disparities in cancer incidence and survival in under-served communities. It will strengthen both the Drew and UCLA research portfolios.”

Unlike many Latino women she knows, Maria Gonzales, 52, of Bellflower, did get her annual mammograms. And in February 2000, an abnormality showed up. In March 2000, Gonzales was diagnosed with breast cancer and treated at Drew. She now volunteers there, driving patients to appointments, visiting them in the hospital and even bringing them wigs when treatments result in hair loss.

Gonzales said she’s excited about the new partnership program and the experimental treatments that will be available for patients there.

“There are a lot of Spanish-speaking people here that really

need help,” said Gonzales, who was treated with chemotherapy and radiation and remains cancer free today. “They need to know all that is available for them and this will give them even more choices.”

Barbara Hammett, a South Central Los Angeles breast cancer survivor who also volunteers at Drew, agrees. She spends much of her time educating patients, particularly African Americans, about clinical trials and urging them to join studies. It can be difficult, Hammett said, because government-sponsored research carries with it a certain stigma in the African American community.

“But we can overcome that with work,” Hammett said.

In addition to providing promising new therapies to minority patients and strengthening the training system, the Drew/UCLA Cancer Partnership Program also will focus on finding innovative ways to prevent cancers before they happen. The program will seek ideas from the youngest and sharpest minds at both institutions. Grants will be offered to the brightest public health students at UCLA and Drew University to develop novel intervention programs. Two to three such community outreach projects will be funded per year, Gasson said.

“The war on cancer cannot be won until we correct this unequal burden of cancer,” she said. ★

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President of Drew University





Breast cancer has made Barbara Hammett a modern day missionary.

Uninformed and without insurance when she was told she had cancer in 1995, Hammett now helps women newly diagnosed with the disease navigate their way through the treatment and beyond into survivorship. With help, she found her way. Now she helps others find their way.

An upbeat woman with a lyrical laugh, Hammett, 57, volunteers much of her time at Charles R. Drew University of Medicine and Science and at Martin Luther King Jr./Drew Medical Center, where she was treated. The South Central Los Angeles resident comforts patients going through treatment, advises women on the importance of enrolling in clinical trials and leads the same support group that brought her so much comfort when she was a patient herself.

“I feel I have to give back now,” said Hammett, mother of five, grandmother of 21 and great grandmother of two. “When I was diagnosed with cancer, I decided that I had to give back. I’m a missionary now.”

Hammett is a familiar sight around the Drew treatment center. She drives patients to appointments, waits with them before surgery and holds their hands when things get scary. She serves on the facility’s Cancer Control Committee and travels to Sacramento to lobby for patient rights.

“She’s a special person,” said Mary Ann Wade, a Drew University clinic assistant. “Everybody around here loves Barbara.”

Hammett said she spends much of her time educating patients about clinical trials and urging them to join studies.

“How can you have these trials be comprehensive when

Latinos and African Americans are not stepping up to the plate,” she said. “But we have to remove the stigma.”

Historically, minority enrollment in clinical trials has been low. Factors such as lack of information about trials, language and cultural barriers, distrust of the medical profession, lack of access to transportation or child care and even fear have played a role, experts say.

African Americans, in particular, are fearful of studies, Hammett said, citing the notorious Tuskegee, Alabama, syphilis trial in which African American men were infected with syphilis but not treated, even after a cure was found. The study was finally brought to light in the 1972.

Additionally, experts say, many minority patients do not have access to the high-tech academic health centers where these trials often take place.

The new Drew/UCLA Cancer Partnership Program solves that problem, bringing leading-edge clinical trials from the Westwood campus to patients at Drew.

Volunteers like Hammett and Spanish-speaking breast cancer survivor Maria Gonzales are vital to the program, helping to recruit reluctant patients to those studies.

“It’s going to be a very good program,” Hammett said. “But in order to bring the people they need to the trials, they have to use us, women who were patients themselves, to reach out to ethnic groups to overcome the language and cultural barriers.

“That’s the drum I’m beating,” she said. “And if I have to, I’ll get some foot soldiers to go out into the neighborhoods to talk to the community about clinical trials.”