



## Addressing Cancer Disparities in the Hispanic Population in the US and LMICs

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### Abstract

This discussion focuses on addressing cancer disparities in the Hispanic population in the United States and middle- and low-income populations globally. It emphasizes the importance of access to determinations, molecular panels, genetic studies, new therapeutic modalities, diagnostic methods, palliative therapies, and good medicine. Strategies such as increasing awareness and education, improving healthcare access, providing culturally competent care, promoting research and data collection, fostering collaboration and partnerships, addressing socioeconomic factors, and supporting global initiatives are discussed. The goal is to achieve equitable healthcare outcomes and reduce cancer disparities through a comprehensive and multidimensional approach [1].

**Keywords:** Cancer; Healthcare; United States

### Introduction

Addressing cancer disparities in the Hispanic population in the United States and low- and middle-income countries (LMICs) is crucial for promoting equitable healthcare. Here are a few key strategies:

- **Awareness and Education:** Increasing cancer awareness and providing culturally appropriate education about prevention, early detection, and available resources can help reduce disparities. This includes community outreach, educational campaigns, and utilizing trusted sources like community leaders and healthcare providers.
- **Access to Healthcare:** Ensuring access to affordable and quality healthcare services is essential. This involves improving health insurance coverage, reducing barriers to care, and expanding the availability of cancer screening, diagnostic, and treatment facilities in underserved areas.
- **Culturally Competent Care:** Providing culturally sensitive care that considers the unique needs, beliefs, and preferences of the Hispanic population is crucial. Healthcare providers should receive training in cultural competency to ensure effective communication and personalized care.
- **Research and Data Collection:** Increasing research efforts to understand the specific cancer burden and factors contributing to disparities within the Hispanic population can guide targeted interventions. Collecting comprehensive data on cancer incidence, treatment outcomes, and risk factors is essential for developing evidence-based strategies.
- **Collaboration and Partnerships:** Collaborating with community organizations, advocacy groups, healthcare providers, and policymakers is key to implementing comprehensive solutions. By working together, stakeholders can identify and address the systemic issues that contribute to cancer disparities.

- **Socioeconomic Factors:** Addressing underlying socioeconomic factors such as poverty, limited access to education, and language barriers can help mitigate cancer disparities. Efforts should focus on improving economic opportunities, educational resources, and language access services.
- **Global Initiatives:** In LMICs, tackling cancer disparities requires international collaborations and targeted

interventions. Supporting infrastructure development, training healthcare professionals, and increasing access to affordable cancer treatments are critical steps.

By employing these strategies and fostering a multidimensional approach, we can work towards reducing cancer disparities in the Hispanic population both in the United States and LMICs [2,3].

**Which U.S. population groups experience cancer health disparities?**

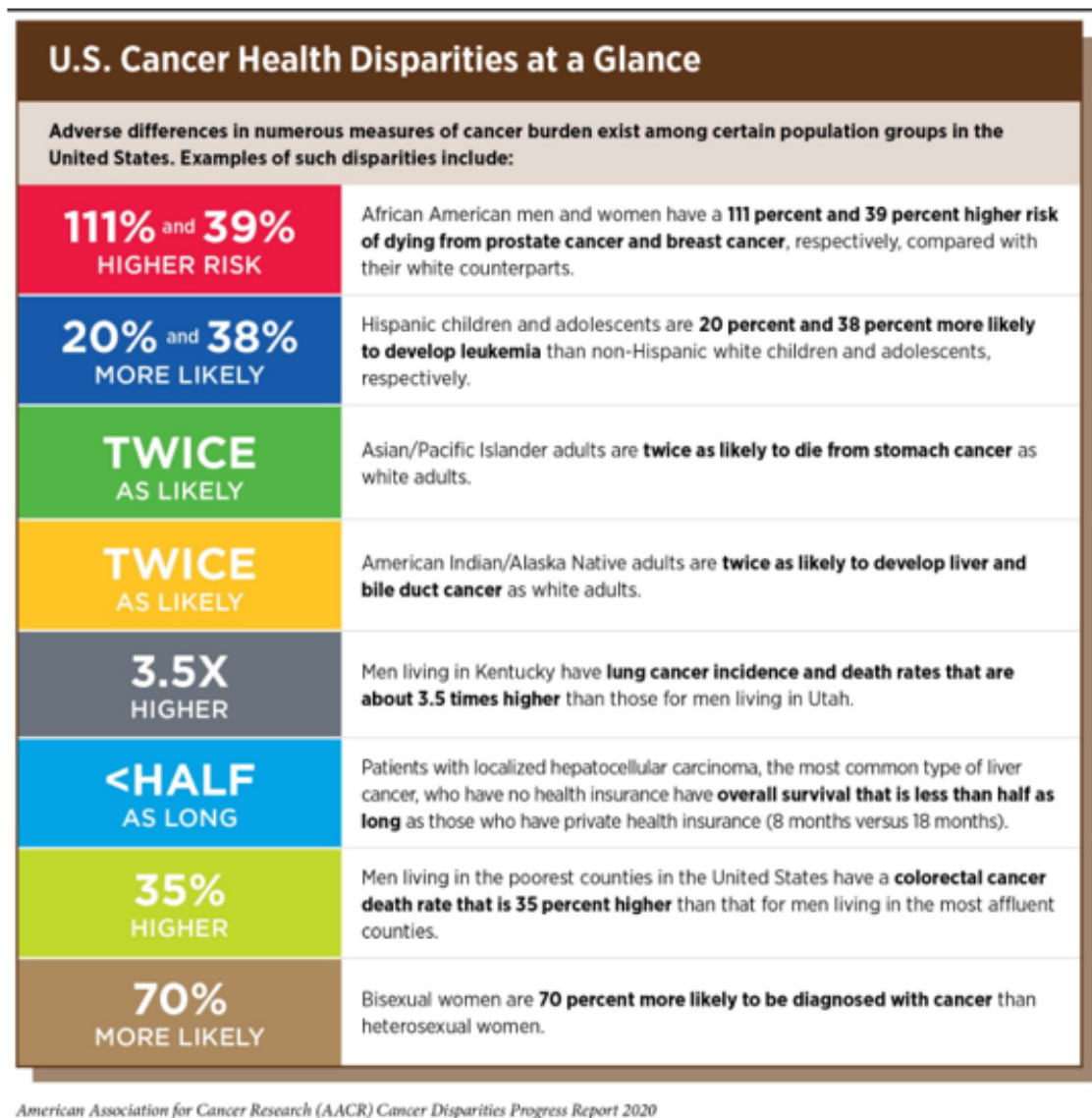


Figure 1

Cancer health disparities affect various population groups in the United States. Some of the groups that commonly experience cancer health disparities include:

- **Racial and Ethnic Minorities:** Racial and ethnic minority populations, including African Americans, Hispanic/Latinx individuals, Native Americans, and certain Asian subgroups, often experience higher cancer incidence rates, poorer survival outcomes, and disparities in access to timely and quality cancer care.
- **Socioeconomically Disadvantaged Populations:** Individuals from low-income backgrounds and those with limited access to healthcare services, including the uninsured or underinsured, often face barriers to timely cancer screenings, diagnosis, treatment, and supportive care. Socioeconomic factors can contribute to disparities in cancer outcomes.
- **Rural Populations:** Individuals residing in rural areas encounter challenges related to geographic distance, limited healthcare infrastructure, and reduced access to cancer screenings, specialized treatments, and clinical trials. These factors can contribute to disparities in cancer outcomes for rural populations.
- **LGBTQ+ Populations:** The LGBTQ+ community may face unique challenges related to cancer health disparities. Stigma, discrimination, limited access to culturally competent care, and lower screening rates can contribute to disparities in cancer prevention, early detection, and treatment outcomes.
- **Older Adults:** Older adults often experience disparities in cancer care due to age-related factors, including comorbidities, functional limitations, and underutilization of appropriate cancer treatments. Age-related disparities can impact cancer outcomes and survivorship in this population.
- **Underserved and Minority Populations:** Underserved communities, including those with limited access to healthcare facilities, transportation, and education, often experience disparities in cancer prevention, screening, and treatment. Language barriers, health literacy, and cultural differences can further contribute to disparities in cancer care.

It is important to note that these population groups may intersect, and individuals may face multiple layers of disparities. Addressing these disparities requires a multifaceted approach that encompasses culturally competent care, targeted interventions, health policy changes, community engagement, and equitable access to cancer prevention, screening, diagnosis, treatment, and survivorship care for all populations [4,5].

### U.S. cancer health disparities

U.S. cancer health disparities encompass a range of inequalities that affect different population groups. Here's a snapshot of cancer health disparities in the United States:

- **Incidence and Mortality Disparities:** Certain racial and ethnic minority groups, such as African Americans, Hispanic/Latinx individuals, and Native Americans, experience higher cancer incidence rates and/or poorer survival outcomes compared to non-Hispanic Whites.
- **Access to Care:** Socioeconomically disadvantaged populations, including those with low income or lacking health insurance, often face barriers to accessing timely and quality cancer care. Limited access to screenings, diagnostic tests, treatments, and supportive services contributes to disparities.
- **Screening Disparities:** Disparities exist in cancer screening rates across various populations. Some groups, particularly those with lower socioeconomic status or limited access to healthcare, may have lower rates of recommended screenings, such as mammography, Pap smears, and colonoscopies.
- **Stage at Diagnosis:** Racial and ethnic minority populations, as well as underserved communities, are more likely to be diagnosed with cancer at later stages when the disease may be more advanced and difficult to treat effectively.
- **Risk Factors:** Certain populations have higher exposure to cancer risk factors, such as tobacco use, obesity, environmental hazards, and occupational exposures. These factors contribute to higher cancer incidence rates in these groups.

- **Cultural and Language Barriers:** Language barriers, cultural beliefs, and limited health literacy can hinder effective communication, understanding of cancer prevention and treatment, and utilization of healthcare services, particularly among non-English-speaking and immigrant populations.
- **Research and Clinical Trial Participation:** Historically, racial and ethnic minority populations have been

underrepresented in cancer research studies and clinical trials, limiting the generalizability and availability of targeted treatments for these groups.

Addressing cancer health disparities requires comprehensive approaches that focus on equitable access to healthcare, culturally competent care, health education, outreach and awareness programs, policy changes, and targeted interventions to reduce barriers and improve outcomes for all population groups.



Figure 2

**Medium - and low-income countries and Cancer care**

Cancer care in medium- and low-income countries (LMICs) faces unique challenges due to resource constraints, limited infrastructure, and other systemic factors. Here are key considerations related to cancer care in LMICs:

- **Limited Resources:** LMICs often have limited financial resources, healthcare infrastructure, and healthcare workforce. This can lead to challenges in providing comprehensive cancer care, including access to diagnostics, treatment modalities, supportive care, and palliative care services.
- **Late-stage Diagnosis:** Late-stage cancer diagnoses are more common in LMICs due to limited access to screening programs, lack of awareness, and inadequate healthcare infrastructure for early detection. This results in poorer treatment outcomes and higher mortality rates.
- **Treatment Affordability:** The cost of cancer treatments, including chemotherapy, radiation therapy, and targeted therapies, can be prohibitive in LMICs. Limited insurance coverage and out-of-pocket expenses can make these treatments inaccessible for many individuals, leading to disparities in access and outcomes.
- **Access to Essential Medications:** Access to essential cancer medications can be a challenge in LMICs due to high costs, limited availability, and regulatory hurdles. Ensuring a consistent supply of quality-assured medications is crucial to provide optimal cancer care.
- **Palliative Care and Pain Management:** Palliative care, including pain management, is an integral part of

comprehensive cancer care. However, access to palliative care services, including pain medications, can be limited in LMICs. Efforts should focus on integrating palliative care into the healthcare system to improve quality of life for cancer patients.

- **Workforce Capacity and Training:** LMICs often face a shortage of healthcare professionals trained in oncology and palliative care. Building healthcare workforce capacity through training programs, knowledge transfer, and collaboration with international partners can help strengthen cancer care delivery in these countries.
- **Prevention and Public Health Initiatives:** Emphasizing cancer prevention through public health initiatives, including awareness campaigns, tobacco control, vaccination programs (e.g., HPV vaccine), and lifestyle interventions, can help reduce the burden of cancer in LMICs.
- **International Collaboration and Support:** Collaboration with international organizations, governments, NGOs, and academic institutions can provide valuable support in capacity building, knowledge sharing, access to resources, and technology transfer to improve cancer care in LMICs.

Efforts to address cancer care in LMICs should focus on building sustainable healthcare systems, increasing access to diagnostics and treatment, strengthening workforce capacity, promoting prevention, and integrating palliative care services. International support, policy advocacy, and resource mobilization are crucial to bridge the gaps in cancer care between high-income and low-income settings.

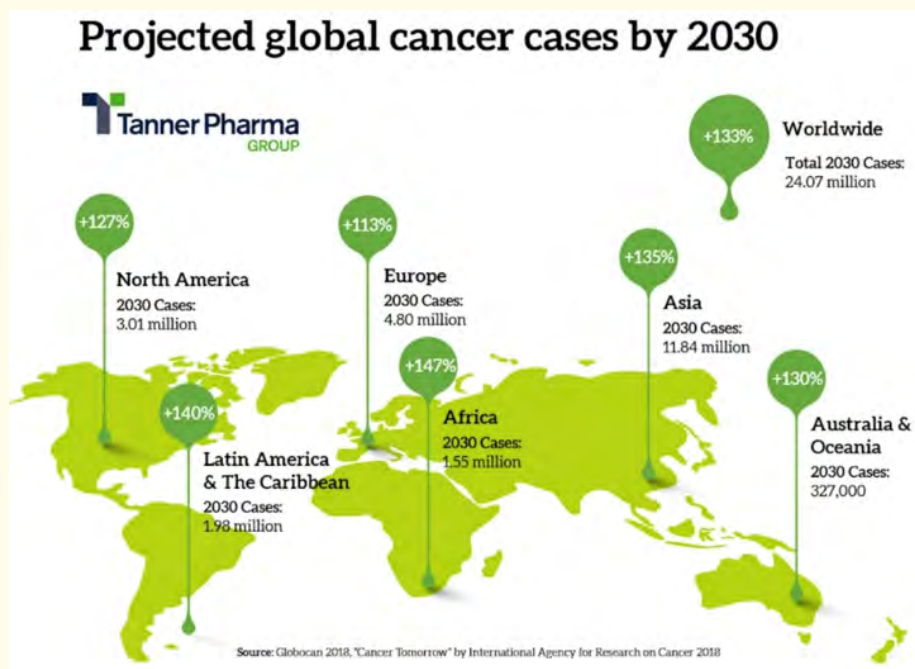


Figure 3

### Access to determinations, molecular panels and genetic studies

Access to determinations, molecular panels, and genetic studies plays a significant role in cancer diagnosis, treatment, and personalized care. Here are some points related to this topic:

- **Diagnostic Determinations:** Timely access to diagnostic determinations, such as biopsies, imaging studies, and pathology evaluations, is crucial for identifying and confirming cancer. Ensuring efficient referral systems, reducing wait times, and improving access to diagnostic facilities are essential for early detection and treatment planning.
- **Molecular Panels:** Molecular panels, also known as genetic or genomic panels, can provide valuable information about the genetic alterations or mutations present in a person's cancer cells. These panels help in identifying targeted therapies and predicting treatment responses. Efforts should be made to expand access to molecular panels and promote their integration into routine cancer care.
- **Genetic Studies:** Genetic studies, including germline and somatic genetic testing, can provide valuable insights into a person's inherited risk factors and tumor characteristics. Access to genetic studies can help identify individuals at higher risk for certain cancers, facilitate personalized screening and prevention strategies, and inform treatment decisions.
- **Equity in Access:** It is crucial to address disparities in access to determinations, molecular panels, and genetic studies. Efforts should be made to ensure equitable access regardless of socioeconomic status, geographic location, or cultural background. This may involve policy changes, reducing financial barriers, and promoting equal distribution of resources.
- **Research and Innovation:** Continued research and innovation are essential to improve the availability and affordability of determinations, molecular panels, and genetic studies. Advancements in technology and cost reduction strategies can help expand access to these tools, particularly in resource-limited settings.

- **Education and Awareness:** Enhancing healthcare provider and patient education regarding the importance and benefits of determinations, molecular panels, and genetic studies is crucial. Increasing awareness about these tools can empower individuals to advocate for appropriate testing and personalized care.

Efforts to improve access to determinations, molecular panels, and genetic studies are vital in advancing cancer care and tailoring treatments to individual patients. It requires collaboration among healthcare systems, policymakers, researchers, and advocacy groups to ensure equitable access and promote precision medicine approaches in cancer management [6,7].

Overall cancer death rate differences are narrowing (Figure 4).

There has been progress in narrowing overall cancer death rate differences in the United States. Over the past few decades, advancements in cancer prevention, early detection, and treatment have contributed to improved outcomes and reduced mortality rates. Here are some key points:

- **Overall Decline in Cancer Death Rates:** The overall cancer death rates have been declining steadily in the United States. This decline is attributed to various factors, including advancements in screening, early detection, and treatment options.
- **Reduction of Disparities:** Efforts to reduce cancer health disparities have contributed to narrowing the gaps in cancer death rates among different population groups. Targeted interventions, increased access to screenings and treatments, and improved healthcare quality have played a role in reducing disparities.
- **Success in Specific Cancer Types:** The narrowing of overall cancer death rate differences is observed across several specific cancer types. For instance, advancements in screening and treatment have led to significant declines in mortality rates for certain cancers, such as breast, colorectal, and lung cancer.

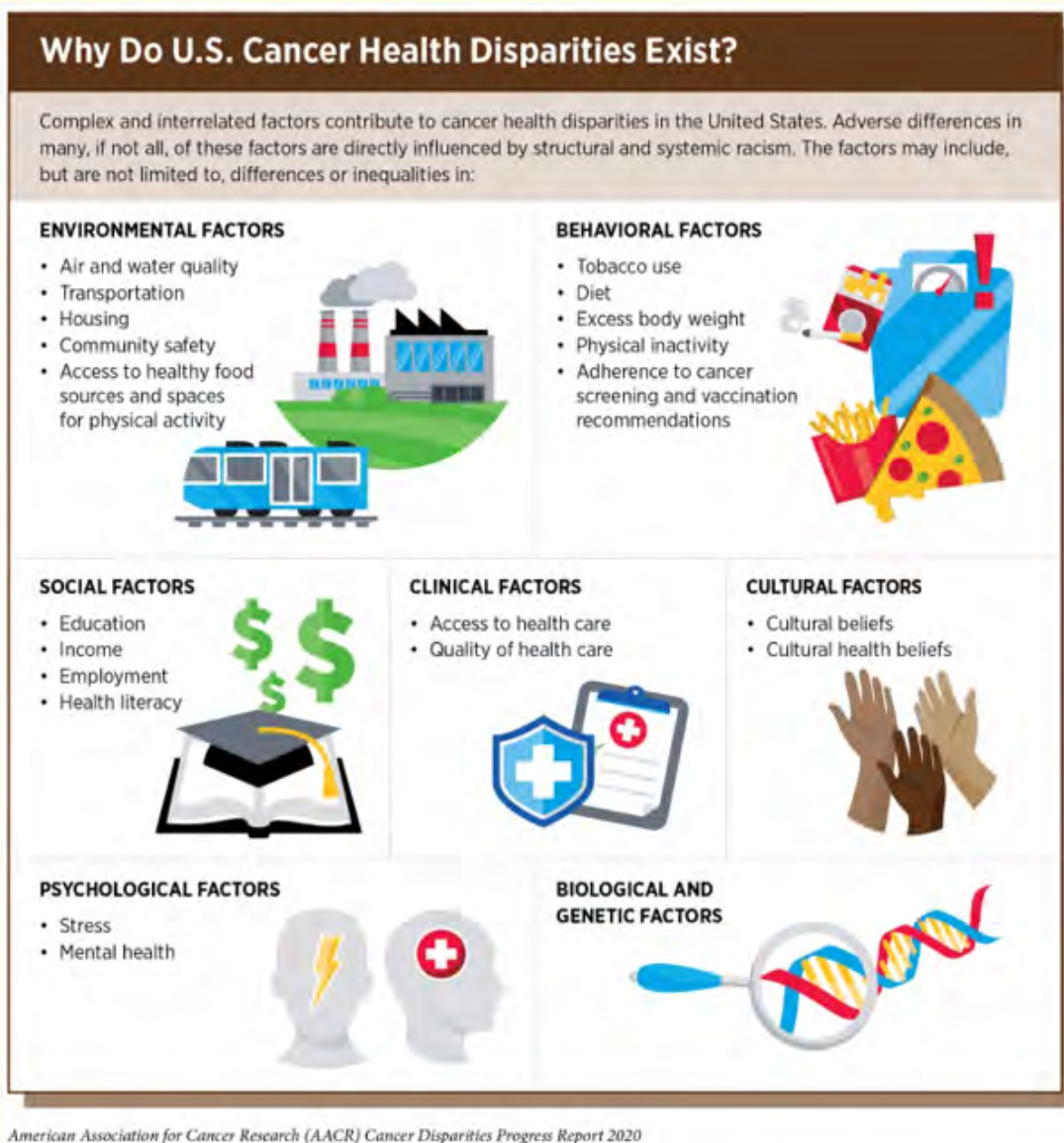


Figure 4

- **Improved Access to Care:** Expanding access to healthcare services, including screenings and treatment, has helped ensure more equitable outcomes. Efforts to increase insurance coverage, such as the Affordable Care Act, have played a role in improving access to care for underserved populations.
- **Targeted Interventions:** Targeted interventions aimed at specific populations, such as increasing awareness and promoting screenings among racial and ethnic minorities, have helped address disparities and contribute to the narrowing of cancer death rate differences.

While progress has been made, it is important to continue efforts to further reduce cancer disparities and improve outcomes for all population groups. Ongoing research, enhanced access to care, health education, and continued investments in cancer prevention and treatment will be crucial in achieving more equitable outcomes in the fight against cancer [8,9].

**Access to new molecules, monoclonal antibodies, tyrosine kinase inhibitors, immunotherapy and CAR T cells**

Access to new molecules, monoclonal antibodies, tyrosine kinase inhibitors, immunotherapy, CAR-T cells, and other

innovative treatments is crucial for advancing cancer care. Here are some important points regarding access to these therapies:

- Regulatory Approval:** New molecules, monoclonal antibodies, tyrosine kinase inhibitors, immunotherapies, CAR-T cells, and other innovative treatments go through a rigorous regulatory approval process. Regulatory agencies, such as the U.S. Food and Drug Administration (FDA) and other national regulatory bodies, evaluate the safety and efficacy of these therapies before they can be made available to patients.
- Clinical Trials:** Clinical trials play a vital role in studying and establishing the safety and effectiveness of new cancer treatments. Participation in clinical trials allows patients to access cutting-edge therapies that may not be available through standard treatments. Increasing awareness about clinical trials and ensuring diverse representation in research studies are important for equitable access to these new treatments.
- Insurance Coverage and Reimbursement:** Access to innovative cancer treatments can be influenced by insurance coverage and reimbursement policies. Ensuring that these therapies are covered by insurance plans and that reimbursement is provided at a reasonable level is crucial for patients to afford and access these treatments.
- Affordability and Cost Considerations:** The cost of new molecules, monoclonal antibodies, tyrosine kinase inhibitors, immunotherapies, CAR-T cells, and other innovative treatments can be high. Efforts should be made to address the affordability of these therapies, particularly through negotiations, cost-sharing arrangements, or price reductions, to ensure wider access for patients.
- Equity and Disparities:** It is important to address disparities in access to these advanced treatments. Efforts should focus on reducing barriers related to socioeconomic status, geographic location, and disparities based on race, ethnicity, or other demographic factors. This may involve initiatives to improve access in underserved areas, advocacy for equitable distribution of resources, and addressing systemic barriers.
- Research and Development:** Continued investment in research and development is necessary to bring forth new molecules, monoclonal antibodies, tyrosine kinase inhibitors, immunotherapies, CAR-T cells, and other innovative treatments. Supporting scientific advancements and

fostering collaborations between academia, industry, and government can accelerate the availability and accessibility of these therapies.

Efforts should be made to ensure that patients have timely access to new molecules, monoclonal antibodies, tyrosine kinase inhibitors, immunotherapies, CAR-T cells, and other cutting-edge cancer treatments. This requires collaboration among healthcare providers, policymakers, pharmaceutical companies, insurers, and patient advocacy groups to address regulatory, financial, and systemic barriers that may hinder access [10,11].

**Disparities in incidence and death rates between Hispanics and Whites can vary across different cancer types.**

Here are some examples of selected cancer types where disparities have been observed (Figure 5).

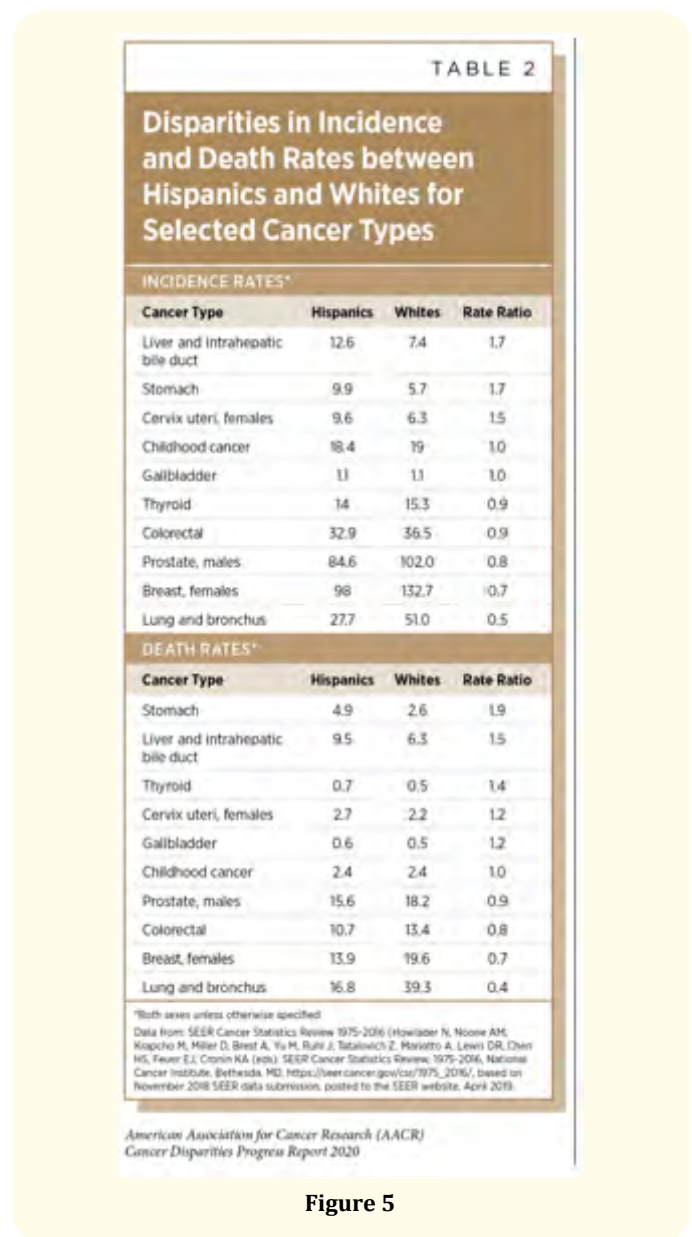


Figure 5



- **Cervical Cancer:** Hispanic women have higher incidence rates of cervical cancer compared to non-Hispanic White women. Additionally, cervical cancer death rates are higher among Hispanic women, indicating disparities in both incidence and mortality.
- **Liver Cancer:** Hispanics have higher incidence rates of liver cancer compared to non-Hispanic Whites. Liver cancer death rates are also higher among Hispanics, suggesting disparities in both incidence and mortality for this cancer type.
- **Stomach Cancer:** Hispanics have higher incidence rates of stomach cancer compared to non-Hispanic Whites. Death rates for stomach cancer are also higher among Hispanics, indicating disparities in both incidence and mortality.
- **Colorectal Cancer:** Hispanics have lower incidence rates of colorectal cancer compared to non-Hispanic Whites, but they tend to be diagnosed at later stages, resulting in higher death rates. This highlights disparities in colorectal cancer outcomes between the two groups.
- **Breast Cancer:** Overall, non-Hispanic White women have higher incidence rates of breast cancer compared to Hispanics. However, breast cancer death rates can vary depending on the specific subgroups within the Hispanic population.
- **Lung Cancer:** Non-Hispanic Whites generally have higher incidence and death rates of lung cancer compared to Hispanics. However, disparities may exist within specific subgroups of the Hispanic population.

It's important to note that cancer disparities are influenced by a complex interplay of various factors, including socioeconomic status, access to healthcare, cultural factors, and biological differences. Efforts to address these disparities involve targeted interventions, culturally competent care, improved access to screenings and treatments, and health education tailored to the needs of Hispanic populations and other affected groups [12,13].

#### Access to new diagnostic methods, liquid biopsies, PET, magnetic resonance imaging, computed tomography for diagnosis and screening

Access to new diagnostic methods, such as liquid biopsies, PET (Positron Emission Tomography), magnetic resonance imaging

(MRI), and computed tomography (CT), is vital for accurate cancer diagnosis and screening. Here are some important points regarding access to these diagnostic tools:

- **Advancements in Diagnostic Methods:** New diagnostic methods, including liquid biopsies, PET, MRI, and CT, offer non-invasive and precise techniques for cancer detection, diagnosis, and screening. These technologies provide valuable insights into tumor characteristics, metastasis, and treatment response.
- **Healthcare Infrastructure and Availability:** Ensuring access to diagnostic facilities equipped with these advanced technologies is essential. It requires developing and maintaining healthcare infrastructure, including hospitals, clinics, and imaging centers, that are equipped with PET, MRI, and CT scanners.
- **Affordability and Insurance Coverage:** The cost of diagnostic procedures can vary, and affordability may pose a barrier to access for some patients. It is important to address issues related to insurance coverage and reimbursement policies to ensure that these diagnostic methods are accessible to all individuals who need them.
- **Screening Programs and Guidelines:** Incorporating new diagnostic methods into cancer screening programs and guidelines is essential. Evidence-based guidelines should be developed and implemented to ensure appropriate utilization of these tools for early detection and prevention.
- **Training and Expertise:** Access to these advanced diagnostic methods also requires trained healthcare professionals who can operate and interpret the results accurately. Ensuring sufficient training and expertise among healthcare providers is crucial to maximize the benefits of these technologies.
- **Equitable Distribution and Access:** Disparities in access to new diagnostic methods should be addressed. Efforts should focus on equitable distribution of these technologies across different geographical areas and populations, including underserved communities and low- and middle-income countries.
- **Research and Development:** Continued research and development are necessary to advance diagnostic methods

further. Investing in research to improve the accuracy, affordability, and accessibility of these technologies can lead to better cancer detection, diagnosis, and screening outcomes [14].

### Access to participate in clinical trials

Access to participate in clinical trials is essential for patients to access innovative treatments, contribute to scientific research, and potentially receive cutting-edge therapies. Here are some important points regarding access to clinical trials:

- **Inclusion Criteria:** Clinical trials have specific eligibility criteria that define the characteristics and conditions required for participation. These criteria help ensure participant safety and the validity of study results. It is important for patients to work closely with their healthcare providers to identify relevant clinical trials that align with their medical condition and characteristics.
- **Availability and Awareness:** Increasing awareness about ongoing clinical trials is crucial. Healthcare providers, patient advocacy groups, and research institutions play a vital role in disseminating information about available trials. Dedicated online platforms and registries also provide centralized resources for patients to find suitable clinical trials.
- **Geographic Access:** Access to clinical trials can vary geographically, with major research centers often offering more trials. However, efforts are being made to expand trial access, including through collaboration between academic centers and community-based healthcare providers. Telemedicine and virtual trial participation may also enhance access for individuals in remote or underserved areas.
- **Informed Consent and Education:** Informed consent is a critical component of clinical trials, ensuring that participants fully understand the study's purpose, risks, benefits, and potential alternatives. Patients should be provided with clear information and have ample opportunity to ask questions and seek clarification before deciding to participate.
- **Diversity and Representation:** Achieving diversity and representation in clinical trials is crucial to ensure that findings are applicable to a broad range of patients. Efforts

should be made to overcome barriers that historically led to underrepresentation of certain populations, including racial and ethnic minorities, women, the elderly, and individuals with comorbidities.

- **Financial Considerations:** Participation in clinical trials may involve additional costs related to study-related procedures, travel, and accommodations. It is important to consider financial implications and potential reimbursement options, such as coverage by insurance, study sponsors, or patient assistance programs, to facilitate broader access to clinical trials.
- **Ethical Considerations:** Ensuring ethical conduct in clinical trials is of utmost importance. Trials should adhere to rigorous ethical and scientific standards, protecting participants' rights and safety throughout the study. Regulatory bodies and ethics committees play a vital role in overseeing and monitoring trial conduct.

Access to clinical trials is an evolving field, and efforts should be made to expand opportunities for patients to participate. Collaboration between healthcare providers, research institutions, patient advocacy groups, and policymakers is crucial to enhance access, diversity, and ethical standards in clinical trials [15,16].

### Access to palliative therapies and management of physical and emotional pain (psycho-oncology)

Access to palliative therapies and effective management of physical and emotional pain are essential components of comprehensive cancer care. Here are some important points regarding access to palliative therapies and psycho-oncology:

- **Palliative Care:** Palliative care focuses on improving the quality of life for individuals with serious illnesses, including cancer. Access to palliative therapies involves providing relief from symptoms, managing pain, addressing psychological and emotional needs, and supporting patients and their families throughout the cancer journey.
- **Multidisciplinary Approach:** Palliative care typically involves a multidisciplinary team of healthcare professionals, including doctors, nurses, social workers, psychologists, and other specialists. Collaboration among these professionals

helps address the diverse needs of patients, providing holistic care.

- **Symptom Management:** Palliative therapies aim to manage cancer-related symptoms, such as pain, nausea, fatigue, and shortness of breath. Access to effective medications, including opioids and other analgesics, along with non-pharmacological interventions, can help alleviate physical symptoms and improve comfort.
- **Emotional and Psychological Support:** Psycho-oncology focuses on addressing the psychological, emotional, and social aspects of cancer care. Access to psycho-oncology services, such as counseling, support groups, and therapies like cognitive-behavioral therapy, can help patients and their families cope with the emotional challenges that cancer brings.
- **Communication and Advance Care Planning:** Palliative care involves open and compassionate communication between healthcare providers, patients, and their families. Discussions about treatment goals, advance care planning, and end-of-life preferences are important for ensuring that patients receive care aligned with their values and wishes.
- **Education and Training:** Healthcare providers should receive education and training in palliative care and psycho-oncology to enhance their skills in pain management, communication, and providing psychosocial support. This helps ensure that patients have access to knowledgeable and compassionate care teams.
- **Integration into Cancer Care Continuum:** Palliative care and psycho-oncology services should be integrated into the cancer care continuum, starting from diagnosis and continuing throughout the treatment trajectory. Ensuring seamless transitions and access to these services at various stages of care is important for optimal patient outcomes.

Efforts should be made to promote access to palliative therapies and psycho-oncology services as an integral part of cancer care. This includes addressing barriers related to awareness, availability, workforce training, reimbursement, and equity, ensuring that all individuals facing cancer have access to comprehensive support for managing physical symptoms and emotional well-being [17].

### Access to the telemedicine that helped so much during the pandemic, is it possible that it helps in middle- and low-income populations?

Telemedicine has the potential to greatly benefit middle- and low-income populations by improving access to healthcare services. Here's how telemedicine can help:

- **Overcoming Geographic Barriers:** Telemedicine enables individuals in remote or underserved areas to access healthcare services without the need for long-distance travel. This is particularly beneficial for populations residing in rural or resource-limited regions, where healthcare facilities may be scarce.
- **Enhanced Healthcare Access:** Telemedicine allows patients to connect with healthcare providers remotely, reducing barriers related to transportation, time constraints, and physical mobility. This can be especially valuable for individuals with limited access to transportation or those with disabilities.
- **Cost Savings:** Telemedicine can potentially reduce healthcare costs for patients. It eliminates expenses associated with transportation, parking, and time off work, making healthcare more affordable and accessible for individuals with limited financial resources.
- **Continuity of Care:** Telemedicine facilitates ongoing communication between patients and healthcare providers, promoting continuity of care. This is particularly beneficial for managing chronic conditions, follow-up visits, and medication management, ensuring that individuals receive timely and appropriate care.
- **Specialist Consultations:** Telemedicine enables individuals to access specialist consultations without the need to travel long distances. This is especially valuable in middle- and low-income populations where access to specialized care may be limited. Remote consultations allow for timely and expert input in patient care.
- **Telehealth Education and Training:** Telemedicine can also support healthcare provider education and training. Remote learning opportunities and virtual conferences help disseminate medical knowledge and best practices, allowing

providers in middle- and low-income populations to stay updated and deliver quality care.

- **Telemedicine Equity:** Efforts are being made to address the digital divide and ensure equitable access to telemedicine. Initiatives such as improving internet connectivity, providing technology resources, and promoting digital literacy can help bridge the gap and ensure that all populations can benefit from telemedicine.

While challenges related to technology infrastructure, connectivity, and cultural acceptance may exist, telemedicine has the potential to be a valuable tool in improving healthcare access and outcomes for middle- and low-income populations. Continued investment, policy support, and collaboration among stakeholders can help harness the full potential of telemedicine in underserved communities [18].

### How important is the access to good medicine in the Hispanic population of the United States and in middle- and low-income populations?

Access to good medicine is of paramount importance for the Hispanic population in the United States, as well as for middle- and low-income populations worldwide. Here's why it is crucial:

- **Health Equity:** Access to good medicine ensures that individuals have the opportunity to receive high-quality healthcare regardless of their socioeconomic background, race, or ethnicity. It is essential for promoting health equity and reducing disparities in healthcare outcomes.
- **Disease Prevention and Treatment:** Good medicine encompasses preventive measures, early detection, accurate diagnosis, and effective treatment options. Access to these medical interventions is vital for preventing diseases, managing chronic conditions, and improving overall health outcomes.
- **Improved Health Outcomes:** Access to good medicine can significantly improve health outcomes for individuals and communities. It allows for timely diagnosis, appropriate treatment, and ongoing management of diseases, leading to better patient outcomes, reduced morbidity, and increased life expectancy.

- **Reduced Healthcare Disparities:** Middle- and low-income populations, including the Hispanic population in the United States, often face healthcare disparities due to socioeconomic factors, limited access to healthcare services, and structural barriers. Ensuring access to good medicine helps mitigate these disparities by providing equitable healthcare opportunities.
- **Economic Impact:** Access to good medicine can have positive economic effects. When individuals have access to affordable and effective treatments, they can maintain better health, remain productive in their personal and professional lives, and contribute to the economic growth and stability of their communities.
- **Quality of Life:** Good medicine enhances the quality of life for individuals and their families. It alleviates pain, manages symptoms, and improves overall well-being. Access to effective medications, treatments, and healthcare services is crucial for individuals to lead fulfilling and productive lives.
- **Prevention and Public Health:** Good medicine extends beyond individual patient care. It also encompasses public health measures, such as vaccination programs, health education, and disease surveillance. Access to good medicine enables population-level interventions that promote preventive measures and reduce the burden of diseases.

Efforts should be made to ensure affordable and equitable access to good medicine for the Hispanic population in the United States and middle- and low-income populations worldwide. This requires addressing systemic barriers, promoting health policies that prioritize access, and fostering collaboration between healthcare providers, policymakers, pharmaceutical companies, and advocacy groups [19].

### Driving progress against cancer health disparities together

Driving progress against cancer health disparities requires collective efforts and collaboration from various stakeholders. Here are key strategies to make progress together:

- **Research and Data Collection:** Continued research on cancer health disparities is essential to better understand the factors contributing to disparities, identify effective

interventions, and evaluate the impact of interventions. Collecting comprehensive and accurate data, including demographic information, socioeconomic factors, and access to care, can help inform targeted strategies.

- Health Equity Approach:** Embracing a health equity approach is crucial. This involves recognizing and addressing the underlying social determinants of health, such as poverty, education, employment, housing, and discrimination, that contribute to disparities. It requires comprehensive policies and interventions that prioritize equitable access to cancer prevention, screening, diagnosis, treatment, and survivorship care.
- Culturally Competent Care:** Providing culturally competent care is essential to understand and address the unique needs and perspectives of diverse populations. Healthcare providers should receive training to ensure they can deliver respectful, patient-centered care that considers cultural beliefs, values, and language preferences.
- Community Engagement and Outreach:** Engaging communities affected by cancer health disparities is vital. Partnering with community-based organizations, faith-based groups, and local leaders can help raise awareness, improve access to screenings and resources, and tailor interventions to meet the specific needs of the population.
- Policy and Advocacy:** Advocating for policies that promote health equity and address systemic barriers is crucial. This includes advocating for affordable healthcare coverage, funding for cancer research, elimination of healthcare disparities, and equitable allocation of resources.
- Collaboration and Partnerships:** Collaborating across sectors, including healthcare providers, researchers, community organizations, policymakers, and patient advocates, is essential for a comprehensive approach. Partnerships can foster knowledge sharing, resource allocation, and implementation of evidence-based strategies to reduce cancer health disparities.
- Health Education and Empowerment:** Providing health education and empowering individuals with knowledge about cancer prevention, early detection, and self-advocacy is vital. Ensuring accessible and culturally appropriate educational materials and programs can help individuals make informed decisions about their health.

- Eliminating Barriers to Access:** Addressing barriers to access healthcare services, such as affordability, transportation, language, and health literacy, is critical. This involves expanding insurance coverage, improving healthcare infrastructure, and implementing strategies to reach underserved populations, including telemedicine and mobile health units.

By coming together and addressing cancer health disparities collaboratively, we can make significant strides in reducing disparities, improving outcomes, and ensuring equitable access to cancer care for all populations.

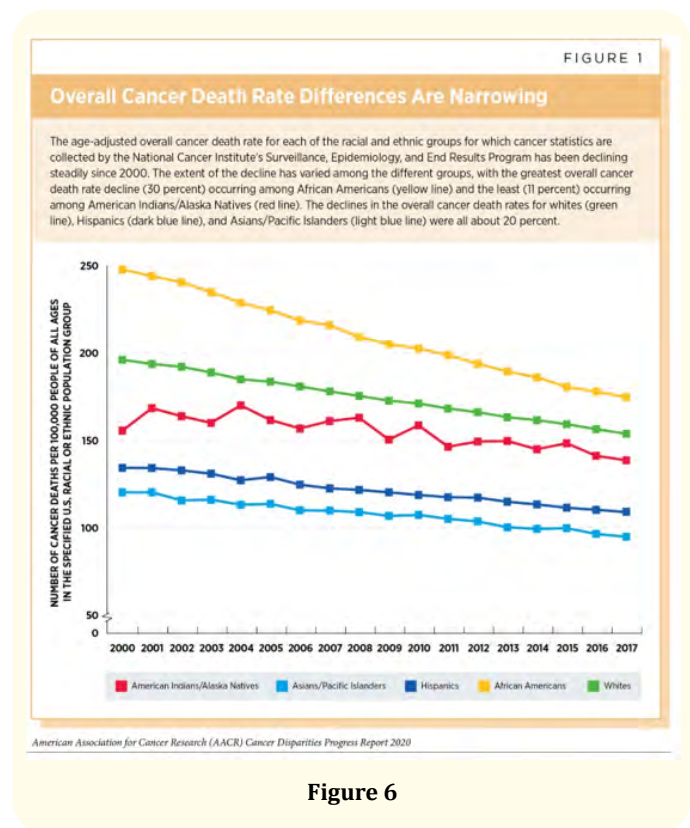


Figure 6

## Conclusion

In conclusion, addressing cancer disparities in the Hispanic population in the United States and middle- and low-income populations globally requires a comprehensive approach. Access to determinations, molecular panels, genetic studies, new therapeutic modalities, diagnostic methods, palliative therapies, and good medicine are crucial elements in achieving equitable healthcare outcomes. Efforts should focus on raising awareness, improving access to healthcare services, promoting cultural competency, enhancing research and data collection, and fostering collaboration and partnerships. Additionally, addressing socioeconomic factors, supporting global initiatives, and prioritizing health equity are key to reducing cancer disparities and ensuring that all individuals have access to quality care. By working together, we can strive towards a future where cancer care is equitable, accessible, and effective for all populations [20].

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