



April 9, 2021

Francis S. Collins, M.D., Ph.D.
Director
National Institutes of Health
Notice No. NOT-OD-21-066
9000 Rockville Pike
Bethesda, MD 20892

Re: NOT-OD-21-066: Request for Information (RFI): Inviting Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research

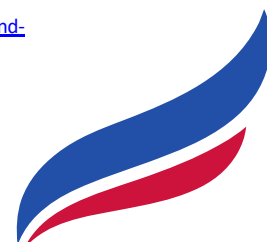
Dear Dr. Collins:

The American Cancer Society Cancer Action Network (ACS CAN) welcomes the opportunity to comment in response to the Request for Information (RFI): Inviting Comments and Suggestions to Advance and Strengthen Racial Equity, Diversity, and Inclusion in the Biomedical Research Workforce and Advance Health Disparities and Health Equity Research. ACS CAN is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influences evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

Almost 1.9 million new cancer cases are expected to be diagnosed in the United States this year.¹ While there have been notable advancements in cancer prevention, screening, and treatment over the past decade, not all people benefit equally from these advancements – leading to significant disparities in cancer outcomes. ACS CAN is actively pursuing evidence-based public policies at all levels of government that seek to reduce these disparities and improve health outcomes for all individuals, regardless of race, ethnicity, gender, age, sexual orientation, socioeconomic status (SES), or zip code.

Identifying, understanding, and addressing disparities requires multi-disciplinary research spanning the fields of both biomedical and social sciences. The National Institutes of Health (NIH) is an important driver of research which informs evidence-based solutions aimed at alleviating disparities; however, disparities within the research workforce itself can stymie efforts to understand and address disparities in cancer outcomes. The research workforce does not represent the U.S. population demographically, and many racial and ethnic minorities – who often bear a disproportionate burden of cancer – are underrepresented. A diverse research workforce broadens scientific inquiry and knowledge and can

¹ American Cancer Society, *Cancer Facts and Figures 2021*, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2021/cancer-facts-and-figures-2021.pdf>





enhance the ability to solve population specific health problems.² For example, many racial and ethnic minority scientists focus efforts, including disparities research, in their own communities.⁴

ACS CAN applauds the goals of the NIH's new UNITE initiative and stand against structural racism in biomedical research. Structural racism and bias has led to differences in achievement and opportunity for underrepresented researchers. Additionally, research conducted by the NIH and others have shown that racial and ethnic minority researchers receive research awards at a lower rate compared to researchers from non-minority groups.^{3,4} As racial and ethnic minorities in the U.S. grow and increasingly make up a larger share of the population, addressing cancer disparities in these groups can be enhanced by increasing their representation in the NIH-supported and the greater scientific community. The NIH should expand existing opportunities and programs that support career development for scientists and researchers from traditionally underrepresented minorities.

We commend the NIH's commitment to institute new ways to support diversity, equity, and inclusion and identifying and dismantling policies and practices that may harm the NIH workforce and science. We look forward to engaging with the NIH in this important effort to strengthen the biomedical research workforce and advance health equity and disparities research.

Conclusion

Thank you for the opportunity to comment on the RFI. If you have any questions, please feel free to contact me or have your staff contact Devon Adams, Senior Analyst, Policy & Legislative Support – Emerging Science at Devon.Adams@cancer.org.

Sincerely,

Lisa A. Lacasse, MBA
President
American Cancer Society Cancer Action Network

² NRC. Assessment of NIH Minority Research and Training Programs: Phase 3. Washington, D.C.: National Research Council (NRC). Committee for the Assessment of NIH Minority Research Training Programs. National Academy of Sciences; 2005.

³ Ginther, D. K., Schaffer, W. T., Schnell, J., Masimore, B., Liu, F., Haak, L. L., & Kington, R. (2011). Race, ethnicity, and NIH research awards. *Science (New York, N.Y.)*, 333(6045), 1015–1019. <https://doi.org/10.1126/science.1196783>.

⁴ Eroshova, E. A., Grant, S., Chen, M. C., Lindner, M. D., Nakamura, R. K., & Lee, C. J. (2020). NIH peer review: Criterion scores completely account for racial disparities in overall impact scores. *Science advances*, 6(23), eaaz4868. <https://doi.org/10.1126/sciadv.aaz4868>.

