Preface

Surgical Oncology for All: Why We Must Prioritize Inclusion and Equity for Our Patients and Ourselves

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Editor

Cancer does not happen in a vacuum. Behind every patient with cancer is a story, and attached to every cancer diagnosis are real people, humans changed by the unwelcome discovery of the Big C in their own body or that of a loved one. But at the dawn of 2020, the C word at the center of our professional world was supplanted by another, buoyed aloft on a wave of fear and uncertainty. This new entity, COVID-19, has redefined our lexicon and our planet, and on arrival, it completely upended the provision of oncologic care around the world.

We stopped performing “elective” cases. We halted screening. We pivoted to less conventional care pathways, as we sought to find a way forward for those unlucky enough to be diagnosed with cancer in the midst of a global pandemic. We became intensivists and phlebotomists, organizers of home school and virtual conferences. We made mistakes, and we made amends. We prayed for vaccines, and we wept with relief when we received them.

And we mourned. We mourned the millions of lives worldwide that COVID-19 has taken from us. We mourned the unrealized unity that has eluded our country, as mask-wearing and other public health measures were mocked, politicized, and ignored by those who should know better. And we mourned the many patients with cancer that we never met, the individuals for whom job loss and childcare and bankruptcy caused screenings to be skipped and symptoms to be ignored.

The outsized effect the pandemic has had on communities of color laid bare the long-standing inequities in housing, income, employment, and other social determinants of health that fueled observed disparities in COVID-19-related morbidity and
mortality. It gave voice to the long-simmering rage felt in so many black and brown communities, as a new viral scourge raged through homes and neighborhoods already strained to the point of breaking. The pandemic also shed light on the vitriol that has long been endured by members of the Asian community in this country and that has, unfortunately, flourished as those inclined to imbibe hateful misinformation suddenly felt emboldened to act upon it. Finally, the importance of recruiting, retaining, and supporting physicians of color and an acknowledgement of the role that systemic racism has played in perpetuating their underrepresentation in medicine were universally embraced by professional societies within and beyond surgery, groups who also, often for the first time, took concrete steps toward eliminating these gaps in equity.

In response to our changed and changing world, I have had the great honor of serving as the guest editor for the latest issue of *Surgical Oncology Clinics of North America*, titled “Disparities and Determinants of Health in Surgical Oncology.” In this issue, our colleagues review a number of topics reflected in this issue’s title, ranging from disparities in receipt of palliative care and participation in clinical trials to disease-specific examples of disparate treatment and outcome. We also examine the structural features of our healthcare system (e.g., fragmentation and suboptimal integration of care) that contribute to financial toxicity and treatment non-adherence. Most importantly, we offer concrete steps for change.

Our great talent as surgeons is the ability to innovate and adapt in response to new data, unfamiliar terrain, and unexpected circumstances. Now, as we face the most significant public health crisis of our generation, we have an obligation to make the most of this talent and to channel this crisis into building a more just world for our patients, our neighbors, and ourselves.

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