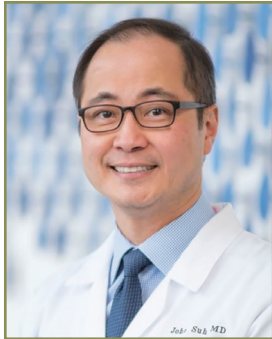


EDITORIAL

Breaking Barriers to Racial Disparities in Cancer Care



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Editor-in-Chief

With more than 300,000 US lives lost to COVID-19 and months of egregious racial injustice, 2020 is a year that we will always remember given the magnitude of its volatility, uncertainty, complexity, and ambiguity. Unfortunately, COVID-19 and race also share more than just an unprecedented year: Growing evidence shows that various racial and ethnic minority groups are disproportionately impacted by the coronavirus.¹ These disparities, which are evident throughout the entire health care system, magnify its impact on cancer detection and treatment and accentuate our obligation to be part of the solution, especially for those who are most vulnerable.

Earlier this year, we postponed our original June lineup to provide timely coverage of COVID-19 and radiation oncology. We have taken similar steps for the December edition to focus on racial disparities in cancer care, underscoring the critical need to raise awareness and the need for action.

The first article presented, *Disparities in Lung Cancer for Black Patients in the US: An Overview of Contributing Factors and Potential Strategies for Radiation Oncologists to Bridge the Gap*, offers an important literature review and key strategies to help reduce and overcome shortcomings relating to incidence, screening, treatment and outcomes for Black patients. The second review, *Disparities in Colorectal Cancer Outcomes Among Young Adults and African Americans in the United States*, is a well-written update that examines screening options, disproportionate surges in diagnosis, and trends to aid groups with the worst colorectal outcomes. Both reviews offer free SA-CME credit.

We are also pleased to feature the thoughtful Resident Voice editorial, *Health Disparities in Radiation Oncology: Our Call to Action*, discussing financial toxicity, delayed access, lack of diversity in radiation oncology, and implicit physician bias, as well as the dire need for social accountability, equality and ultimately, justice.

Beyond health care disparities, our December issue presents several novel case reports, research articles, and additional content that we hope will enrich your knowledge base and provide pragmatic applications.

As we head into 2021, we look forward to greater safety, stability, and health, and offer sincere gratitude for those working tirelessly to achieve those goals, especially health care workers who have clearly epitomized the definition of being a hero. I also extend my deepest thanks to our Editorial Advisory Board for their time, direction, and tremendous support of *ARO*. They have been instrumental in our efforts to offer SA-CME credit, create specialty sections, build a robust Peer Review Panel, and so much more. We also offer special thanks to our knowledgeable reviewers who offer detailed, constructive and punctual feedback to authors, ensuring our high-quality content. Finally, thank you, our subscribers, for your feedback, social media callouts, and staunch support over the past nine years. You are the reason for our journal, and it is an honor to serve you.

As we transition to a New Year filled with hope, promise, and growth, we wish you an abundance of joy, health and purpose. Please continue to mask up, socially distance, and wash your hands so we can overcome this pandemic together and see each other in person very soon. Happy holidays!

REFERENCE

1. Center for Disease Control and Prevention. COVID-19 (Coronavirus Disease). Health Equity Considerations & Racial & Ethnic Minority Groups. Accessed December 15, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

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