2022
EDI Blueprint Report
Building the foundation for high-quality, equitable cancer care for all
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WELCOME LETTER

A commitment to equity, diversity, and inclusion (EDI) is not just a timely initiative for the American Society of Clinical Oncology or for Conquer Cancer®, the ASCO Foundation: It’s a long-standing imperative, one that goes back to our very beginnings. But today, our commitment to EDI is stronger than ever.

Our journey began with Jane C. Wright (1919 – 2013), one of the seven founding members of the American Society of Clinical Oncology (ASCO) in 1964. The daughter of one of the first Black graduates of Harvard Medical School, she graduated from medical school in 1945 when women doctors—particularly Black women—remained a rarity in the medical field. Her contributions to ASCO’s development and future, and to the field of oncology, were foundational. And from our founding, we have been determined to honor her legacy in all that we do.

Building on that legacy, Dr. Lori J. Pierce’s 2021 Presidential address, “Equity: Every Patient. Every Day. Everywhere,” strengthened our resolve to better address cancer care inequities worldwide. This year, as we embrace ASCO President Eric P. Winer’s theme—“Partnering with Patients, the Cornerstone of Cancer Care”—we recognize that our consistent pursuit of equity, diversity, and inclusion plays a critical role in achieving that vision.

The work is challenging, the journey is long, and the advances are slower than we would like, but we are proud of the progress we are making on behalf of our members, patients with cancer and staff. Please take a moment to read this report and learn more about the work we’re doing to make cancer care more equitable around the world.

Clifford A. Hudis, MD, FACP, FASCO  
Chief Executive Officer  
American Society of Clinical Oncology

Nancy R. Daly, MS, MPH  
Chief Executive Officer  
Conquer Cancer, the ASCO Foundation
MISSION, VISION, CORE VALUES

The missions, visions, and core values of ASCO and Conquer Cancer®, the ASCO Foundation, are aligned in their intention to advance equity, diversity, and inclusion in cancer research, education, and quality care.

**ASCO**

**Mission:** Conquering cancer through research, education and promotion of the highest quality, equitable patient care.

**Vision:** A world where cancer is prevented or cured, and every survivor is healthy.

**Values:** Evidence. Care. Impact.

**Conquer Cancer®**

**Mission:** Accelerate breakthroughs in lifesaving research and empower people everywhere to conquer cancer.

**Vision:** A world where cancer is prevented or cured, and every survivor is healthy.

**Values:** People. Discovery. Impact.
EDI ACTION PLAN AND PROGRAM SPOTLIGHTS

In December 2021, we unveiled ASCO’s *Equity, Diversity and Inclusion Action Plan*. Organized around **ASCO’s mission pillars of research, education and quality**, this plan describes three overarching goals that our professional society intends to achieve through its work:

**Research:** Clinical trials will more accurately represent the population of patients with cancer; clinical trials will be routinely offered as a treatment option; and all patients will have equitable access to clinical trials.

**Education:** The oncology workforce will better reflect the diversity of the population and will be well-equipped to deliver high-quality, equitable care for every patient.

**Quality:** There will be fewer barriers to accessing cancer care, and practices will have the resources needed to advocate for patients and sustainably deliver high-quality, equitable care to all patients.

<table>
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<th>WHAT WE WANT TO FIX</th>
<th>HOW WE PLAN TO FIX IT</th>
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<tr>
<td>Certain groups are underrepresented in clinical cancer research.</td>
<td>Promote improvements in trial eligibility to ensure trials include more underrepresented populations</td>
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<td>The oncology workforce is insufficient in low-resource settings and does not adequately understand how EDI issues affect patients and the professionals who care for them.</td>
<td>Enhance recruitment of underrepresented patients in clinical trials, including through a site assessment tool and inherent bias training program for the oncology research community</td>
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<td>Resources are limited and unevenly distributed, leaving practices without sufficient support to deliver high-quality, equitable care across diverse populations.</td>
<td>Design ASCO-sponsored research to ensure it reflects ASCO’s EDI mission</td>
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<td>Build diverse pipeline of oncology professionals and leaders by increasing participation in ASCO professional development programs by UIM* members or members from low- and middle-income countries (LMIC)</td>
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<td>Increase diversity of ASCO volunteers and leadership by recruiting women and UIM members to serve in ASCO leadership roles</td>
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<td>Increase awareness of EDI issues and opportunities by developing and delivering equity-related educational content to members</td>
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<td>Equip practices to address social needs of their patients by creating and sharing tools and resources</td>
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<td>Promote and protect equitable access to high-quality cancer care, especially in rural and low-resource settings, through quality improvement and capacity building initiatives</td>
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<td>Empower cancer care providers with evidence-based resources to advocate for patients, resources, and personnel to ensure equitable access to high-quality cancer care</td>
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To achieve these goals, 22 initiatives have been launched across the mission pillars. All programs are listed [in the figure and] in the appendix. In this report, eight are highlighted showing our progress for 2022 and next steps.

**Mission Pillar Programs**

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<th>Research</th>
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<td>ASCO-ACCC Collaboration</td>
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<td>Broadening Eligibility Criteria</td>
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<td>Targeted Agent and Profiling Utilization Registry (TAPUR)</td>
<td>International Development and Education Award (IDEA)</td>
<td>Komen Collaboration: Bringing Quality Care Training to Komen’s African-American Health Equity Initiative</td>
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<td>Medical Student Rotation (MSR)</td>
<td>Niarchos Grant: “Improving the Delivery of Cancer Care in Medically Underserved Communities”</td>
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<td>Oncology Summer Internship (OSI)</td>
<td>Quality Training Program (QTP)</td>
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<td>Researching Needs of Those Who Serve the Underserved (SUS Task Force)</td>
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<td>Rural Initiative: Increasing Access to Cancer Care</td>
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<td>Social Determinants of Health</td>
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Diversity in Clinical Trial Enrollment: Site Self-Assessment and Implicit Bias Training

Recent studies of cancer treatment trials found that Black and Hispanic patients continue to be underrepresented. Only 4% to 6% of trial participants are Black and 3% to 6% are Hispanic, whereas they represent 15% and 13% of all patients with cancer, respectively. The diversity in clinical trial enrollment focus of the site self-assessment and implicit bias training helps to address this issue by identifying local barriers to study accrual and providing tools to overcome them.

**Diversity Domain:** Race/Ethnicity

**Description:** The Diversity in Clinical Trial Enrollment initiative is designed to support research site efforts to enhance recruitment of people from racial and ethnic groups historically underrepresented in clinical trials. ASCO in collaboration with the Association of Community Cancer Centers (ACCC) released a joint statement with specific actions to engage the entire cancer clinical trial ecosystem in expanding the participation of underrepresented individuals in research to advance progress against cancer. The Site Self-Assessment was developed to help research teams identify potential opportunities and specific strategies to improve EDI in clinical trials through an internal review of their existing policies, programs, and procedures. The Implicit Bias Training identifies opportunities for change at the individual level and includes interactive modules to demonstrate key EDI concepts and the role of implicit bias in screening and offering clinical trials. A pilot study was conducted with 75 research sites, and both resources demonstrated feasibility and utility.

**What’s Next:** ASCO is conducting follow-on research (Screening and Enrollment Study) to understand site barriers and successful strategies to collect and assess screening and enrollment data. ASCO and ACCC are doing outreach to drive adoption of the Site Self-Assessment and Training. A manuscript from the ASCO-ACCC Patient Partners Advisory Group will be submitted for publication.

**LEARN MORE:**

ASCO-ACCC Initiative to Increase Racial & Ethnic Diversity in Clinical Trials | ASCO
Increasing Racial and Ethnic Diversity in Cancer Clinical Trials: An American Society of Clinical Oncology and Association of Community Cancer Centers Joint Research Statement
ASCO-ACCC Infographic
Increasing Racial and Ethnic Equity, Diversity, and Inclusion in Cancer Treatment Trials: Evaluation of an ASCO-Association of Community Cancer Centers Site Self-Assessment
An Assessment of the Feasibility and Utility of an ACCC-ASCO Implicit Bias Training Program to Enhance Racial and Ethnic Diversity in Cancer Clinical Trials

**2022 Progress and Outcomes:**
- Published joint statement in *Journal of Clinical Oncology*
- Submitted two manuscripts for peer-reviewed publication (published Jan 2023)
- Completed feasibility and utility pilot projects with 75 research sites
- Following public release of the Site Self-Assessment and Implicit Bias Training tools in July, 2022:
  - 251 research sites have accessed the Site Self-Assessment
  - 170 individuals have completed the Implicit Bias Training
ASCO- Friends of Cancer Research (FOCR) Study: Impact of COVID-19 Modifications on Interventional Trial Data

The coronavirus pandemic and resulting public health emergency led to reduced clinical trial enrollment, especially for historically underserved populations. The ASCO-FOCR Study was designed to build on the findings from ASCO’s 2020 Road to Recovery Report to learn from the COVID-19 experience to improve clinical research and cancer care.

Diversity Domain: Age, Race/Ethnicity, Sex

Description: ASCO partnered with FOCR in early 2022 to establish a task force to develop recommendations for retaining COVID-19-era flexibilities in cancer treatment trial protocols. Through surveys and interviews, the study team collected data from industry and NCI Network group sponsors of trials in the U.S. to assess the impact of the COVID-19 pandemic on their interventional anti-cancer trial protocols and data. The findings will inform our recommendations for retaining pandemic-era flexibilities that improve patient access and reduce burden without a demonstrable negative impact on trial data integrity.

What’s Next: In 2023 we are conducting a meta-analysis of sponsors’ pre-pandemic and pandemic-era oncology treatment trial deviation data. Our hypothesis is that the impact on data integrity and patient safety was minimal after May 2020. If confirmed, this observation combined with earlier findings will inform recommendations for sponsors to retain flexible/decentralized elements that can make clinical trials less burdensome and more equitably accessible for patients and other stakeholders. Final recommendations are expected in early 2024.

Collaborators: The ASCO-FOCR Task Force includes representatives from: U.S. Food and Drug Administration Oncology Center of Excellence (FDA OCE), National Cancer Center (NCI), academic and community-based cancer centers, pharmaceutical companies, a patient advocacy organization, and a contract research organization.

2022 Progress and Outcomes:
- Surveyed 20 sponsors
- Interviewed 11 sponsors
- Presented to approximately 1,000 attendees at the 2022 Friends of Cancer Research Annual Meeting
- Published a white paper for the 2022 Friends of Cancer Research Annual Meeting

LEARN MORE:
Recording of Panel Session from Friends 2022 Annual Meeting
JCO Global Oncology

Diversity Domain: Geography, Global Distribution, Underrepresented in Medicine

Description: JCO Global Oncology (JCO GO) is an online-only, open-access journal focused on cancer care, research, and care delivery issues unique to countries and settings with limited healthcare resources. JCO GO aims to provide a home for high-quality literature that fulfills a growing need for content describing the array of challenges health care professionals face in resource-constrained settings.

2022 Progress and Outcomes:

- Total number of citations in 2022 to all content in the journal: 1,530
- Total number of submissions overall in 2022: 423
- Total number of article downloads in 2022: 799,345
- Special issue published: Driving Innovation to Advance Cancer Care Equity

Collaborators: Union for International Cancer Control (UICC)

What’s Next: In 2023, JCO GO will receive an Impact Factor, publish a special series on Asian Pacific Cancer Care, and publish an editorial on the journal’s diverse authorship.

LEARN MORE:

JCO Global Oncology (ascopubs.org)
Awards

The Annual Meeting Research Award (AMRA), formerly the Resident Travel Award, offers an opportunity for non-oncology medical residents from populations underrepresented in medicine to meet oncologists and to learn more about career options in the field of oncology. Awardees attend the ASCO Annual Meeting, where they have opportunities to hear the latest advances in cancer research, participate in a meet-and-greet event with ASCO members, and present their research at the Abstract Forum for medical students and residents. The AMRA includes a monetary award and complementary ASCO Annual Meeting registration.

In 2022, 16 AMRA recipients were selected.

The International Development and Education Award (IDEA) provides professional development opportunities to early-career oncologists in low- and middle-income countries. The program pairs each IDEA recipient with an ASCO member mentor, enables the recipient to attend the ASCO Annual Meeting followed by a post-meeting visit to their mentor’s institution, and supports long-term relationships between the recipient, their mentor and ASCO to help the recipient improve cancer care in their country.

In 2022, 10 IDEA recipients were selected.
Oncology Summer Internship

The oncology workforce is insufficient in low-resource settings and frequently is not reflective of the population served, a gap that can reduce cultural sensitivity and quality of care. To address this, the Oncology Summer Internship is helping build a diverse pipeline of oncology professionals by exposing medical students from populations that are underrepresented in medicine to the field of oncology early in their education. If successful, the composition of the oncology professional workforce will evolve as a more diverse group of oncologists are trained and enter practice, research, and education themselves.

**Diversity Domain:** Career Advancement/Promotion, Race/Ethnicity, Underrepresented in Medicine

**Description:** The ASCO Oncology Summer Internship (OSI) is a four-week hybrid oncology internship hosted each summer that introduces rising second-year medical students from populations underrepresented in medicine to the field of oncology. The program is hosted in partnership between ASCO and select US medical schools. The program provides an immersive and tailored introduction to oncology through Physician Shadowing, Peer and Faculty Networking, Virtual Education, and Longitudinal Support.

The OSI seeks to increase the representation of the four historically underrepresented in medicine (UIM) populations, as defined in the ASCO Workforce Diversity Strategic Plan as American Indian/Alaska Native, Black/African American, Hispanic/Latino, and Native Hawaiian/Other Pacific Islander, in the oncology workforce.

**Race and Gender of 2022 OSI Participants**

- **Hispanic/Latino:** 61%
- **Black/African American:** 37%
- **Male:** 63%
- **Female:** 37%
- **Native Hawaiian/Other Pacific Islander:** 2%
- **Undisclosed:** 2%
- **American Indian/Alaskan Native:** 0%

**2022 Progress and Outcomes:**

- Increased the number of enrolled students from **29** in 2021 to **52** in 2022
- Feedback from the 2022 OSI graduates (n=51) was that they:
  - Feel more connected to their institution: **100%**
  - Feel more connected to their peers: **96%**
  - Feel more confident in making decisions around their specialty choice: **96%**
  - Rated themselves as more knowledgeable about career paths in oncology: **98%**

**Collaborators:** ASCO partners with medical school and oncology department leadership at each academic institution. Each partner has a senior champion(s) as well as a team of administrative staff to schedule and coordinate the OSI activities.

Below is a quote from an OSI mentor about the long-term impacts for patients and why this type of program is important for the oncology community:

“My hope is that patients from underserved, and minority backgrounds will trust their providers more when there is a diversity of providers and a diversity of cultural experiences. Having oncologists from different ethnic and cultural backgrounds can help all providers expand their perspective and better understand the complex psychosocial issues faced by underserved patients, especially ethnic minorities.”

- OSI Mentor on the potential patient impact

**LEARN MORE:**

Oncology Summer Internship | ASCO
Quality Training Program

Assuring high quality care for every American is an important goal of health reform efforts. A related goal of the Quality Training Program is to improve the delivery of cancer care in medically underserved communities by improving the ability of practices serving these patient populations to engage in quality improvement education and training.

Diversity Domain: Age, Career Advancement/Promotion, Gender, Geography, Global Distribution, Oncology Sub-Specialties, Race/Ethnicity, Sex, Underrepresented in Medicine

Description: The ASCO Quality Training Program (QTP) is a six-month program which includes five days of in-person learning across three sessions, as well as hands-on learning at the participants’ practices. To ensure a well-rounded experience, sessions include seminars, case examples, and small group exercises. Participants who complete the course are eligible for CME credits. An aim of QTP is to improve the delivery of cancer care in medically underserved communities (both domestic US and LMICs) with participating practices engaging in an individualized, structured quality improvement program to advance health equity in cancer care.

In addition to the conventional educational sessions, conducting projects at the teams’ practice sites allows for immediate translation of training into action to improve cancer care quality. The QTP also offers a condensed, 1-day Introduction to Quality Improvement Workshop.

2022 Progress and Outcomes:

- 10 published papers and national meeting posters in 2022
- 2022 brought QTP’s decade-long total of trainees and practices to: 1,258 trainees and 445 practice or institution trained teams

Collaborators: CMSS, ECO Foundation (Spain), Medisprof (Romania), ASCO Volunteers

What’s Next: QTP aims to increase the number of sites able to provide cancer treatment, reduction in related patient travel, and increase in patient satisfaction.

LEARN MORE:
Quality Training Program | ASCO Practice Central
Increase Cancer Care Access for Rural Americans

Approximately 15% to 19% of the U.S. population lives in rural areas outside of major metropolitan centers, which is associated with worse cancer outcomes. To address this inequity and attempt to develop a scalable and sustainable approach, ASCO developed and launched a pilot program in Montana that aims to increase cancer care access for geographically isolated populations through formal linkage with a pre-identified and committed “hub” site.

**Diversity Domain:** Geography

**Description:** Many rural and small community hospitals are unable to deliver on-site cancer care services because of a lack of infrastructure and a shortage or absence of specialty physicians and oncology-trained care team members to deliver infusion services. Because of this, patients with cancer often must travel lengthy distances to receive treatment and survivorship care. Longer travel distance is associated with worse outcomes, including later stage of diagnosis and delayed or declined treatment. Montana was selected for this pilot project because cancer is the second leading cause of death there and it is one of the least densely populated states in the United States as almost half (45%) of its residents live outside of incorporated cities and towns. Travel to comprehensive cancer care centers in the state is further complicated by often severe winter weather that makes travel dangerous and slow. Our pilot program is designed to implement a hub-and-spoke model of cancer care delivery in the southwest region of the state. ASCO has partnered with Bozeman Deaconess Cancer Center (the hub), Barrett Hospital and Healthcare (the spoke), and Montana State University’s College of Nursing to implement chemotherapy infusion and support services and we intend to develop a blueprint of best practices for replication in other rural and low-resource settings.

**2022 Progress and Outcomes:**
- Established a volunteer task force to help advise and identify potential solutions to barriers to implementation
- Built relationships with local site partners to identify key challenges

**Collaborators:** Bozeman Deaconess Cancer Center, Barrett Hospital and Healthcare, Montana State University College of Nursing

**What’s Next:** ASCO is assessing the hub site to meet Quality Oncology Practice Initiative (QOPI) Certification standards and to develop a quality improvement plan to ensure the quality care delivery foundation is in place as cancer care services are extended. The spoke site will be outfitting an infusion suite and developing the care team with a goal of beginning to see patients locally by the end of 2023.

**LEARN MORE:**
Pilot Program Launching to Increase Access to Cancer Care for Rural Montanans | ASCO
EDI EMPLOYEE PROGRAMS

Equity, Diversity and Inclusion Efforts for ASCO Employees

In 2020 ASCO increased its efforts to optimize staff success by promoting a culture of greater equity, diversity, and inclusion within the workplace. This phase of our work began with a staff-led task force that then facilitated our first-ever Equity, Diversity, and Inclusion Strategic Plan and Roadmap which continues to guide our work. ASCO’s efforts to advance the organization’s internal EDI work stretch across four domains: Culture and Belonging, Infrastructure, Procurement, and Workforce.

Infrastructure
Infrastructure refers to the systems, processes, and resources that integrate our EDI efforts enterprise wide. In 2021 we formed the Center for Equity Diversity and Inclusion (Center for EDI) and in 2021 named the Vice President leading that center to be ASCO’s first Chief EDI Officer. The purpose of the Center for EDI is to concentrate our resources on integrating our EDI work and holding us accountable for its impact. The Center for EDI oversees cross-departmental collaboration of ASCO’s internal- and external-facing EDI work and engages with a diverse range of stakeholders across the oncology community. Partnering with an active staff EDI advisory council, the Center for EDI has emphasized staff communication and offered education and training opportunities to better enable Equity, Diversity and Inclusion as a strategic framework that results in a more diverse, inclusive, and equitable work environment for all employees.

Culture and Belonging
At ASCO, culture and belonging are linked. We believe an inclusive workplace fosters the acceptance, connection, and affirmation that we are valued for the unique people we are. Staff have taken a leading role in recognizing holidays, spotlighting observance months, and offering culturally diverse meals onsite.

Our aim is a work community that has a continuous feedback loop, helping uncover and resolve barriers to achieving our desired outcomes. Achievements to date include setting out inclusion standards, tracking employee experiences, elevating engagement, and beginning to develop EDI expectations and performance indicators for managers and staff.

For the third year, ASCO is offering a highly popular EDI Book Program where staff read and discuss a book—augmented by author talks and speakers—that furthers our collective understanding of the dynamics that present barriers to equitable opportunities and success in the workplace, as well as ways to mitigate those barriers and create lasting positive impact.

Procurement
We are currently developing a diverse supplier program, a first for ASCO. Our aim is to understand and increase the diversity of our supplier spending while raising the quality of services procured.

Workforce
Beginning in 2019, ASCO has undertaken rigorous data analyses to establish a baseline and measure progress on accepted indicators of a diverse workforce. With this understanding we have taken concrete steps to assure that all job applicants and staff are evaluated, compensated, and treated equitably and individual success is enabled. To date, ASCO has increased usage of job boards and partnerships that reach broader diverse audiences, implemented a masked resume process to help mitigate unconscious bias, launched Inclusivity and Implicit Bias trainings for all employees, and expanded employee benefits to support fertility health and wellness, assisted reproduction, adoption, gestational carrier arrangements, donor assistance, pregnancy, menopause, and more, regardless of age, sex, sexual orientation, gender identity, or location.

What’s next: In 2023, ASCO will be instituting structured interview and candidate evaluation procedures, incorporating EDI expectations into performance review, and communicating EDI goals to our vendors.

The Center for Equity, Diversity, and Inclusion will embed disability inclusion into our EDI efforts.
Summary & Forward Look

The efforts described in this report demonstrate ASCO and Conquer Cancer’s commitment to and focus on creating and sustaining meaningful change that translates into high-quality, equitable care for all individuals with cancer. The work we’ve done and continue to do will build, create, and enhance health equity programs across the globe. Additionally, organizational changes have been made to further equity for our members. 2022 was a very productive and exciting year—but there is more to do.

In 2022

• The Center for Equity, Diversity, and Inclusion was established
• ASCO and Conquer Cancer Boards were the most diverse ever (see images)
• 19,437 members earned 65,038 FASCO points, reflecting changes in policies to ensure equity in how members are awarded points, and who can earn points

This report highlights just eight of our 22 health equity programs (see appendix), nine diversity domains, and the EDI efforts focused on our employees. None of this work would be possible without the commitment of our members, volunteers, collaborators, generous donors, and staff.

For 2023, our board has identified three areas that ASCO and Conquer Cancer should focus on now and over the next five years. These will be access to care, the profession, and knowledge (education). Efforts in these domains will advance our mission with respect to research, education, and quality care. Notably, in this new strategic plan Equity, Diversity and Inclusion and Global Impact will cut across and infuse all of our work so that we have accountability in ensuring that equity, diversity, and inclusion are delivered in every relevant area.
ACKNOWLEDGMENTS

ASCO and Conquer Cancer®, the ASCO Foundation, gratefully acknowledge these generous donors of our Equity, Diversity, and Inclusion Initiative.

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Association of Northern California Oncologists
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Nina Lesavoy Brady
Breast Cancer Research Foundation®
Bristol Myers Squibb
Casdin Family Foundation
Daichi Sankyo, Inc.
DMV Conquerors
Eisai Inc.
EQRx
Exelisix, Inc.
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Christine Luckscheiter
Massachusetts Society of Clinical Oncologists
Judith Mayzel
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Moulder Family Foundation
Nebraska Oncology Society
New Rhein Foundation
Northern New England Clinical Oncology Society
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Novocure
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Friends and Family of Hattie Sherman
Swim Across America
TAIHO Oncology, Inc.
Tomasello Family
Truist Charitable Fund
Vaniam Group LLC
The Vose Family
Women Leaders in Oncology LLC
Generous Supporters of the Women Who Conquer Cancer

*This list reflects commitment as of May 4, 2023.

Make a gift to support critical research and programs for oncology professionals, patients, and the entire cancer community. Use the QR code or visit CONQUER.ORG.
## Equity, Diversity, and Inclusion Programs

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<th>Name of Program</th>
<th>Program Description</th>
<th>Mission Pillar</th>
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<td>The Annual Meeting Research Award (AMRA), formerly the Resident Travel Award, offers an opportunity for non-oncology medical residents from populations underrepresented in medicine to meet oncologists and to learn more about career options in the field of oncology. Awardees attend the ASCO Annual Meeting, where they will have opportunities to hear the latest advances in cancer research, participate in a meet and greet with ASCO members, and present their research at the Abstract Forum for medical students and residents.</td>
<td>Education</td>
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<td>ASCO-ACCC Collaboration</td>
<td>The Site Self-Assessment initiative is designed to support research site efforts to enhance recruitment of people historically underrepresented in clinical trials by race and ethnicity. The pilot study revealed that the majority of 75 participating sites did not collect, or routinely collect, data for screening, offering, and consenting patients to clinical trials by race and ethnicity. Without the data, research sites are unable to evaluate and monitor whether their patients have equitable access to clinical trials or establish benchmarks and measure effectiveness of strategies to address disparities.</td>
<td>Research</td>
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## APPENDIX

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<td>Research</td>
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<td>ASCO-Patient Centered Cancer Care Certification (APC4)</td>
<td>The ASCO Patient-Centered Cancer Care Certification will certify outpatient oncology group practices and health systems that meet a single set of comprehensive, expert-backed standards for patient-centered care delivery.</td>
<td>Quality</td>
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<tr>
<td>ASCO’s Quality Oncology Practice Initiative (QOPI) Low and Lower-Middle Income Countries (LMIC) Pilot</td>
<td>ASCO’s Quality Oncology Practice Initiative (QOPI®) program is a practice-based quality assessment program designed to measure and promote high quality cancer care for patients. The QOPI® Low and Lower-Middle Income Countries (LMIC) pilot program, launched in 2020, aims to provide access for LMIC oncology programs to participate in quality measurement. The LMIC pilot project enables practices to quantify clinical processes and outcomes by reporting on QOPI's oncology measures which are recognized as promoting high-quality care through self-assessment and practice improvement.</td>
<td>Quality</td>
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## APPENDIX

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<tr>
<td>Broadening Eligibility Criteria</td>
<td>This project is aimed at ensuring more patients with cancer are eligible for trials of agents that ultimately are used to treat patients ‘like them’. Specific criteria addressed include older individuals, ECOG performance status, those with HIV, AYA patients (i.e., lowering age limit), patients with brain metastases, among others.</td>
<td>Research</td>
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<tr>
<td>City Cancer Challenge (C/Can)</td>
<td>City Cancer Challenge is a city-based partnership initiative that aims to improve access to quality cancer care in cities around the world by transforming the way stakeholders from the public and private sectors collectively design, plan, and implement cancer solutions. ASCO joins other C/Can partners to provide oncology training, guidelines and other ASCO resources.</td>
<td>Education</td>
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<tr>
<td>Diversity Mentoring Program (DMP)</td>
<td>The Diversity Mentoring Program fosters relationship for medical students and residents from populations underrepresented in medicine with oncologists who provide career and educational guidance. The DMP is a flexible program that allows mentees to develop goals that meet their specific and individual career and professional development needs in collaboration with their mentors. Mentoring terms are 6- to 12-months and mentoring pairs meet virtually.</td>
<td>Education</td>
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<tr>
<td>Implicit Bias Training for Volunteers</td>
<td>ASCO volunteers play a critical and significant role in delivering the mission of the organization, to that end it is important that the work of the organization is done in a way that is equitable and inclusive and representative of ASCO’s full membership and the oncology community. ASCO intends to provide implicit bias training to all volunteers doing work on behalf of the organization. All volunteers will be required to complete training once during their terms as a condition of serving.</td>
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<td>International Cancer Corps</td>
<td>The International Cancer Corps program pairs ASCO member volunteers with healthcare centers in low-to-middle-income countries to improve cancer care quality through instruction in multidisciplinary care and palliative care, quality measurement and improvement and other ASCO tools and resources. Between site visits, volunteers help centers to access needed resources, such as training curricula.</td>
<td>Quality</td>
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<tr>
<td>International Courses</td>
<td>ASCO works with in-country organizations in primarily low- and middle-income countries to hold short training courses in multidisciplinary approach to patient care in low-to-middle-income countries, palliative care, cancer prevention and screening, and research skills. Content is tailored to the practice environment and the needs of the audience, covering cancer types common to the country or region and focusing on the complex decision-making process of providing the best available care to patients with cancer.</td>
<td>Education</td>
</tr>
<tr>
<td>International Development and Education Award (IDEA)</td>
<td>The IDEA program promotes the professional development of early-career member oncologists in low-to-middle-income countries and the sharing of knowledge between these oncologists and ASCO. The program pairs IDEA recipients with a leading ASCO member mentor, and enables recipients to attend the ASCO Annual Meeting, become an ASCO member, and develop long-term relationships to improve cancer care in their countries and inform ASCO programs in developing countries.</td>
<td>Education</td>
</tr>
<tr>
<td>JCO Global Oncology</td>
<td>JCO Global Oncology (JCO GO) is an online-only, open-access journal focused on cancer care, research, and care delivery issues unique to countries and settings with limited healthcare resources. JCO GO aims to provide a home for high-quality literature that fulfills a growing need for content describing the array of challenges faced by health care professionals in resource-constrained settings.</td>
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<td>Komen Collaboration: Bringing Quality Care Training to Komen’s African-American Health Equity Initiative</td>
<td>ASCO and Susan G. Komen® offers funding for eight practices in specific U.S. urban centers with high proportions of African-American patients with breast cancer to participate in ASCO’s Quality Oncology Practice Initiative (QOPI®), QOPI® Certification, and Quality Training Program (QTP) for a three-year period.</td>
<td>Quality</td>
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<tr>
<td>Medical Student Rotation (MSR)</td>
<td>The Medical Student Rotation (MSR) provides financial support for U.S. medical students from populations underrepresented in medicine and who are interested in oncology as a career to experience a minimum 4-week clinical or clinical research rotation. The oncology rotation can take place in a private practice, hospital or academic setting, with a focus on either direct patient care or research, provided that the research is clinically-oriented.</td>
<td>Education</td>
</tr>
<tr>
<td>Niarchos Grant: “Improving the Delivery of Cancer Care in Medically Underserved Communities”</td>
<td>ASCO received grant funding from the Stavros Niarchos Foundation for 10 practices to participate in ASCO’s Quality Oncology Practice Initiative (QOPI®) and Quality Training Program (QTP) offerings for a three-year period. The grant, “Improving the Delivery of Cancer Care in Medically Underserved Communities,” aims to improve the ability of practices in medically underserved communities to engage in quality improvement. To achieve this goal, each participating practice will engage in an individualized, structured quality improvement program.</td>
<td>Quality</td>
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<tr>
<td>Oncology Summer Internship (OSI)</td>
<td>The ASCO Oncology Summer Internship (OSI) is a four-week hybrid oncology internship hosted each summer that introduces rising second-year medical students from populations underrepresented in medicine to the field of oncology. The program is hosted in partnership between ASCO and select US medical schools. The program provides an immersive and tailored introduction to oncology through Physician Shadowing, Peer and Faculty Networking, Virtual Education, and Longitudinal Support.</td>
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<td>Quality Training Program (QTP)</td>
<td>The ASCO Quality Training Program (QTP) 6-month program includes five days of in-person learning across three sessions, as well as hands-on learning at the participants’ practices. To ensure a well-rounded experience, sessions include seminars, case examples, and small group exercises. Participants who complete the course are eligible for CME credits</td>
<td>Quality</td>
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<tr>
<td>Researching Needs of those who Serve the Underserved (SUS Task Force)</td>
<td>The Supporting Providers Serving the Underserved (SUS) Task Force is charged with developing and executing a strategy to identify and understand the needs of providers who deliver care to underserved populations and communities in order to facilitate more equitable access and improve the quality of cancer care delivery. The Task Force is also charged with developing specific recommendations to better understand and address the needs of providers serving the underserved.</td>
<td>Quality</td>
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<tr>
<td>Researching Needs of Those Who Serve the Underserved (SUS Task Force)</td>
<td>The Rural Montana Pilot is a program designed to implement a hub-and-spoke model of cancer care delivery in this southwest region of the state. With funding granted via the Alliance for Equity in Cancer Care, a Merck Foundation Initiative, ASCO is partnering with Bozeman Deaconess Cancer Center (the hub), Barrett Hospital and Healthcare (the spoke), and Montana State Univ. College of Nursing to implement chemotherapy infusion services and ultimately develop a blue print of best practices for replication in other rural and low resourced settings.</td>
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<td>Social Determinants of Health</td>
<td>As part of ASCO’s commitment to addressing inequities in cancer care, the Task Force is charged with articulating recommendations for how ASCO can address social determinants of health through its three pillars of Research, Education, and Quality to reduce the burden of cancer care and its treatment. The Task Force will work in collaboration with other ASCO committees/groups to improve cancer outcomes to address the social determinants of health that have the greatest impact on cancer care through awareness and action.</td>
<td>Quality</td>
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<tr>
<td>Targeted Agent and Profiling Utilization Registry (TAPUR) Study</td>
<td>The Targeted Agent and Profiling Utilization Registry (TAPUR) Study is a precision oncology phase II pragmatic basket trial that evaluates the antitumor activity of commercially available targeted agents outside of their approved indication in patients with advanced cancers whose tumors harbors actionable genomic alterations.</td>
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