

From the University of Mississippi Medical Center Division of Public Affairs

MULTI-STATE RESEARCH CONSORTIUM CONVENES AT UMMC TO FIGHT CANCER

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JACKSON, Miss. – A two day conference at the University of Mississippi Medical Center Cancer Institute is bringing together scientists and physicians from nine Southeastern U.S. centers to improve cancer research by designing population studies and drug clinical trials that include minorities and by building tissue banks that better represent the region's diversity.

The GMaP/BMaP Region 3 conference, scheduled for Monday and Tuesday, April 23-24 at the Jackson Medical Mall, is attracting an expert consortium of 50-60 physicians and scientists from nine institutions – Tulane University, University of Alabama at Birmingham, Moffitt Cancer Center, Emory University, Tuskegee University, Moorehouse College, Ponce School of Medicine and Health Sciences, Xavier University and UMMC.

"Overall we are working together to study the environmental, cultural, clinical and biological aspects of health disparities in cancer," said Dr. Lucio Miele, director of the UMMC Cancer Institute.

The group addresses health disparities in cancer through two main avenues: GMaP – or Geographic Management Program – and BMaP – or Biospecimen Management Program.

GMaP's purpose is to find ways the institutions can collaborate on population studies and clinical trials. By identifying regional and ethnicity-based differences in cancer outcomes, the consortium can design population research and clinical trials that include statistically significant numbers of minorities.

"There is no such thing as a single cancer. Cancers happen in the same place – breast, lung, bones – but there are many different types. Environmental, behavioral, genetic and epi-genetic risk factors affect cancer incidence and outcome, and these are in part influenced by an individual's ethnicity," Miele said.

"A majority of cancer drugs have been developed and approved based on studies that did not include a significant number of minorities. So we don't know if these drugs are optimal for minorities.

"The South has a heavier burden of cancer than other U.S. regions, and minorities are disproportionately affected. But ultimately, the cost of cancer health-care disparities affects everyone nationwide. The best way to reduce this burden is to find effective strategies to prevent cancer, to diagnose it earlier and to treat it more effectively. This cannot be accomplished without understanding cancer risk factors and biology in all Americans, irrespective of ethnicity and socioeconomic status."

BMaP is an effort to create a regionally shared bio-repository system that will allow researchers throughout the Mid-South to study novel biomarkers of disease. Understanding differences in cancer subtypes may help explain why certain ethnic groups experience different incidence of cancer and different outcomes in treatment.

"Gene expression and molecular profiling data do not exist on many minorities' cancers. So we don't know if we are dealing with different disease subtypes. It's why we need biospecimen repositories," Miele said.

"We want to ensure we build tissue banks that are as broad and diverse as the U.S. population."

The GMap/BMap Region 3 consortium formed in 2009 with funding from the National Cancer Institute's Center to Reduce Cancer Health Disparities. The members meet quarterly and hold monthly teleconferences. This gathering marks the consortium's first meeting in Jackson. Dr. Mary Ann Van Duyn, program director at the Center to Reduce Cancer Health Disparities, is also scheduled to attend.

"To my knowledge there hasn't been such a gathering of cancer centers in Jackson ever," Miele said.

The Region 3 consortium members represent five states – Louisiana, Mississippi, Alabama, Florida and Georgia – and Puerto Rico. Those areas share various demographic, cultural and socioeconomic features including large minority populations, urban and rural poverty, poor education track records, and inadequate access to health care.

Miele said African-Americans and Latinos have been just as willing as any other races to donate cancer tissue samples and to participate in population studies and clinical trials.

"But the infrastructure to do those things has not been strong enough. All these things cost money - handling, banking and human costs of tissue storage, and the immense costs of conducting long-term population research," Miele said.

"The idea is that between these nine members, we can share each other's strengths and compensate for each other's weaknesses. We're trying to provide the infrastructure so people who have not been able to participate in research, tissue specimen banking and clinical trials can participate."

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