July 6, 2021

National Cancer Institute
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

Re: Request for Information (RFI): Seeking Stakeholder Input on Enhancing Diversity and Inclusion in the Cancer Research Workforce (NOT-CA-21-067)
Submitted electronically to NCI.RFI.DiversityandInclusionWorkforce@nih.gov

The Association of American Medical Colleges (AAMC) appreciates the opportunity to provide feedback to the National Cancer Institute (NCI) on how to enhance diversity and inclusion in the cancer research workforce. The AAMC is a not-for-profit association dedicated to transforming health through medical education, patient care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 115,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC strongly shares the National Institute of Health’s commitment to end structural racism and racial inequities in biomedical research through the newly launched UNITE initiative and has submitted detailed recommendations for achieving these goals in response to the agency’s recent RFI. We recommend these comments to the NCI, particularly on the following issues:

• Increasing the hiring, retention, and promotion of underrepresented minority (URM) faculty;
• Addressing obstacles that URM trainees and researchers encounter over the course of their career, especially during transition points;
• Creating extramural research mentoring opportunities for URM scientists; and
• Diversifying NIH peer review panels to represent a broader pool of researchers.

The AAMC appreciates the NCI’s creation of the NCI Equity and Inclusion Program (EIP) as a vehicle to address these important issues, and its engagement of the cancer research community through RFIs. However, in order for the EIP to achieve its desired outcomes through the most inclusive and transparent process, and with strong external input, we recommend that the NCI expand the working groups under the NCI Equity Council to include extramural researchers.

Finally, we note the importance of intersectionality (the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage) in properly addressing structural racism, and hope NCI will consider in its work all groups facing inequities in the biomedical research workforce, including racial and ethnic minorities, women, persons with disabilities, LGBTQ individuals, and first-generation college students as well as other individuals from diverse backgrounds.

The AAMC is committed to working with the NCI on these critical issues and identifying and implementing strategies to create a more diverse and inclusive research workforce. Please feel free to contact me or my colleague Anurupa Dev, PhD, Lead Specialist for Science Policy (adev@aamc.org) with any questions about these comments.

Sincerely,

Ross McKinney, Jr., MD
Chief Scientific Officer