

Announcing a New Journal Section: Community Outreach

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Disclosures of potential conflicts of interest may be found at the end of this article.



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Although there has been tremendous progress in all aspects of cancer research, the penetration of these advances to all segments of society has lagged. Minority, low socioeconomic status, rural, and medically underserved populations continue to bear disproportionate burdens of cancer incidence, morbidity, and mortality. These disparate populations are more likely to receive suboptimal cancer care, further exacerbating the problem. Both urban and rural communities experience the burden of cancer health disparities. Oncology clinicians and researchers must come together to demand that progress be made to achieve health equity for all.

To bring attention to these important issues in oncology, *The Oncologist* is proud to announce a new section, "Community Outreach." Through this new section, *The Oncologist* will provide a dedicated forum to discuss issues of access to care and cancer prevention across the economic continuum. Community Outreach will focus on publishing high-impact clinical, prevention, and applied research, and practical information and analyses on disparities in cancer care across the economic continuum.

This month, we are pleased to highlight the inaugural report for this section, "Racial Differences in Tobacco Cessation and Treatment Usage After Lung Screening: An Examination of the National Lung Screening Trial" by Dr. Pallavi Kumar and colleagues. Their report highlights the poor outcome of smoking cessation among blacks compared with that among whites. Blacks appear to have worse health consequences from smoking cigarettes, despite initiating smoking later and reporting fewer cigarettes smoked per

day. Black smokers are also at high risk for continued smoking and less likely to enroll in tobacco treatment programs. Dr. Kumar and colleagues found that although blacks are more likely than whites to initiate tobacco quitting attempts, they are not more likely to sustain smoking cessation. They appropriately call for targeted smoking cessation interventions for this population. Their report illustrates the importance of documenting the root causes of cancer in diverse communities and designing effective interventions to address these issues. We look forward to bringing these issues to the attention of the entire oncology community.

These papers will focus on community cancer care and prevention, clinical and epidemiological research, and care delivery issues unique to diverse populations, including racial and ethnic minorities, the poor, and the medically underserved. Contributions on health literacy, cultural competence, and community-based participatory research are also encouraged.

Community Outreach will publish original reports, review articles, commentaries, correspondence, special articles, and editorials. Authors from all regions of the world are encouraged to submit papers.

Visit <http://authors.theoncologist.com> for author guidelines and to submit your paper.

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EDITOR'S NOTE:

See the inaugural paper of the Community Outreach section, "Racial Differences in Tobacco Cessation and Treatment Usage After Lung Screening: An Examination of the National Lung Screening Trial," by Pallavi Kumar et al., on pages 40–49 of this issue.

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