way. One is lack of educational opportunities. Most Native Americans live either in inner cities or on rural reservations, outside the mainstream of recruitment for higher education, Hampton said.

Another hurdle is cultural. To progress in medical school, students of some tribes have to defy cultural traditions against dissecting cadavers. Also, a lengthy medical education seems like an unusually individualistic endeavor to people who emphasize community, he said.

"That is a cultural barrier for Native American students — to stay with an academic situation for the length of time it takes to become a medical oncologist," he said.

For these and other reasons, fewer than average make it through medical school. In 1995, Native Americans made up 0.9% of the U.S. population but accounted for 0.7% of entering students and 0.4% of graduates at the nation's medical schools, according to the U.S. Census Bureau and the Association of American Medical Colleges.

Several Programs

Several programs aim at getting more Native Americans into the medical school pipeline. The University of North Dakota's INMED (Indians into Medicine) program offers summer enrichment courses for Native Americans in grades 7 to 12 from the 5-state region (North and South Dakota, Wyoming, Nebraska, Montana) and tutoring and other support for premedical and medical students at the university.

Medical schools at the universities of Oklahoma, Colorado, Minnesota, and Washington actively recruit Native Americans, Hampton said. And the National Cancer Institute last month launched an initiative to train physicians of Native American and other un-

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**NCI Steps Up Minority Recruitment Into Oncology**

The National Cancer Institute has launched a new training effort to bring more minority physicians into medical oncology. The initiative provides each award winner with a maximum of $65,000 annually for up to 4 years to get research and clinical experience in medical oncology. Total funding for the first year of the program is $750,000.

"Minority individuals are very much underrepresented in medical oncology," said Lester Gorelic, Ph.D., program director of NCI's Comprehensive Minority Biomedical Program. "This initiative is intended to be a first step in the direction of remedying that situation." He said other steps are also being considered.

**Physicians With Expertise**

The Minorities in Medical Oncology Initiative, announced in February, focuses on minority populations — including African-Americans, Hispanics, and Native Americans (see story) — that are underrepresented in medical oncology, with the goal of increasing the number of physicians with the expertise and cultural sensitivity to manage cancer in these groups, Gorelic said.

"There's so much difference in the way you approach minority populations, as opposed to majority, that . . . you really need individuals who have that cultural sensitivity, especially when you're dealing with anything that's related to cancer," he said.

Advances in the development of biomarkers for cancer risk, for example, may allow physicians to identify persons at high risk for certain cancers, Gorelic said. These persons may have to be persuaded to change their lifestyle or, perhaps, not to have children in order to avoid the cancer risk or not pass it on to the next generation.

"It's very difficult for someone outside the culture to be able to communicate these things to a person in a particular ethnic minority group," he said. "You really need someone from within the culture."

The Minorities in Medical Oncology Initiative also aims to get more minority persons to participate in clinical trials, both as investigators and as patients, he said. After exposure to clinical research through the initiative, some minority physicians may become involved with clinical trials, while others may be more inclined to encourage their minority patients to enroll in them.

Gorelic said the initiative provides physicians with $50,000 per year in salary and up to $15,000 for supplies, equipment, travel, and other expenses. Applicants must identify two mentors, one for research and another for clinical work, to create the training program and monitor progress. The deadline to apply for the first round of funding is May 14.

— Hugh McIntosh