

We Must Make Equal Access to Cancer Clinical Trials a Reality for Black Patients

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As leaders who advocate to improve the health and well-being of minority and underserved communities and all those facing a cancer diagnosis, we are determinedly working to achieve a reality where everyone has equal opportunity to lead a long, healthy life. A country where every individual, regardless of race, age, gender, sexual orientation, income level, or zip code, has the same chance at preventing, detecting, treating and surviving cancer. A health care system that is accessible, affordable and without discrimination or bias.

The current reality in this country falls woefully short of achieving those goals. Racial inequity exists throughout our communities and our health care system, and systemic racism has created and perpetuated devastating health disparities and outcomes. Black Americans still have the highest death rate and shortest survival duration of any racial/ethnic group for most cancers. Non-Hispanic Black women have a 7% lower risk of a cancer diagnosis than non-Hispanic white women, but a 13% higher risk of cancer death. And non-Hispanic Black men experience higher incidence and death rates for the most common cancers, including prostate, lung, colorectal, kidney, liver and pancreas, than non-Hispanic white men.

These are unacceptable statistics, and our organizations are dedicated to playing a leading role in the work required to change them. The American Cancer Society Cancer Action Network (ACS CAN) advocates on behalf of cancer patients, survivors and their loved ones at every level of government nationwide; the National Comprehensive Cancer Network (NCCN) is an alliance of leading cancer centers dedicated to improving and facilitating quality, effective, efficient, and accessible cancer care so patients can live better lives; and the National Minority Quality Forum (NMQF) assists health care providers, researchers, policymakers and community organizations in delivering appropriate health care to minority communities.

One key opportunity for overcoming these disparities is ensuring Black patients can access the latest innovations. Clinical trials serve as a means for cancer patients to receive the most cutting-edge treatments, and are often the catalyst for significant progress against a disease that will take the lives of more than 600,000 people in the U.S. this year. Yet, there is stark under-representation of Black Americans in many cancer clinical trials – despite the fact that certain types of cancer disproportionately affect them. Representation in clinical trials is important to help ensure that no one group receives a disproportionate benefit or bears a disproportionate burden of clinical research and that trial outcomes are more likely to be observed in the real-world population with the disease.

Fortunately, there are clear, concrete actions that our elected officials can take to rectify this issue. Recently our organizations united to execute a concerted effort to reduce racial and ethnic disparities in cancer care. The Elevating Cancer Equity Working Group – a group of 17 national experts representing patients, advocates, caregivers, providers, researchers and industry – developed recommendations to directly address how medical systems in our country too often disproportionately fail minority patients, particularly Black and Indigenous patients. Among the actionable policy strategies were recommendations to address barriers to diverse representation in clinical trials. Working Group members highlighted the challenges associated with the ancillary costs of clinical trials including parking, transportation, and lodging. We know that patients with household incomes less than \$50,000 per year are nearly one-third less likely to participate in clinical trials. One method to address this is through legislation clarifying the acceptability of trial sponsors providing financial support to patients to offset non-medical out-of-pocket costs associated with clinical trial participation.

Public policy is just one avenue through which we can address the longstanding barriers to clinical trial participation for people with diverse backgrounds – but it's an important one. Making clinical trials more accessible for traditionally underrepresented groups would be a significant step toward our collective goal of advancing health equity. Lawmakers can and must prioritize policies that break down the barriers that for too long have kept groundbreaking cancer treatments out of reach for Black Americans.

ACS CAN, NCCN and NMQF are resolutely committed to influencing public policy change that will reduce disparities in cancer care and outcomes. Our organizations take our responsibility to advance health equity for Black Americans with great conviction. We look forward to partnering with elected officials in Congress and nationwide to make equal access to cancer clinical trials a reality for all Black Americans.

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