

Disparities in Cancer Research and Clinical Trials



Overview

Research is critical to understanding and reducing cancer disparities, as well as examining gaps in cancer prevention and care delivery that contribute to these disparities. Clinical trials are a key part of research and enable the development of better drugs and treatments for cancer.

All individuals should have equitable access to quality cancer care and an equal opportunity to live a healthy life. Our ability to continue to make progress against cancer relies heavily on eliminating the inequities that exist in cancer care, including in the area of research and clinical trials.

Who is missing from clinical trials?

Patients with household incomes of less than \$50,000 per year are

0.25

Ratio of National Cancer Institute (NCI) trial participation to cancer incidence among individuals ages 75+

1/3

less likely to participate in clinical trials

36%

of patients in clinical trials used for drug approval in the U.S. are from North America

Clinical Trials Participants Do Not Accurately Reflect the U.S. Cancer Population

- ⦿ Clinical research is governed by a system of patient protections to ensure no one can take advantage of patients. However, these regulations also make it more difficult for some groups to access clinical trials.
- ⦿ Racial and ethnic disparities are especially pronounced in clinical trials for oncology drug approval, while NCI trials have an enrollment that more closely matches the U.S. cancer population demographics.
- ⦿ Despite Congressional mandates to include racial/ethnic minorities in publicly funded research, racial/ethnic minorities remain underrepresented. This raises the possibility that the clinical trial results may not be fully applicable to these populations.
- ⦿ The elderly population is less likely to be represented in clinical trials than younger populations, as fewer trials are available to them (often due to increased comorbidities) and fewer are asked to enroll.



Note: Representation in clinical trials typically is not sufficient to determine if a therapy works differently in different groups. Trials have to be specifically designed for that purpose and require significantly more patients



Barriers to Clinical Trial Participation

Demographic and socioeconomic disparities in trial enrollment can occur anywhere along the pathway from the design of the trial, to provider-patient interactions, to factors affecting patient enrollment decisions.

Lack of institutional resources. The majority of patients with cancer in the U.S. are treated in the community setting, which often lacks the clinical trial portfolio management support found at large academic cancer centers, leading to poor local patient/trial match and lower accrual rates.

Insurance coverage. Medicare and non-grandfathered private plans cover clinical trials, but Medicaid, which covers low-income populations, does not.

Lack of awareness. Studies have documented the prevalence of providers failing to discuss trial options with up to three-quarters of their trial-eligible patients. This is especially true for patients from minority groups or who are 65 or older.

Logistics. Particularly in more rural areas, switching to a different treatment location where trials are available may require significant travel.

Costs. The indirect costs of trial participation, such as travel, time off work, or day care needs, can be prohibitive, especially to lower-income individuals.

ACS CAN is Taking Action

ACS CAN is pursuing evidence-based policies at the local, state and federal levels that aim to reduce disparities and improve health outcomes for all individuals



- Advocating for regulatory changes to enable financial support of patients in clinical trials
- Supporting Medicaid coverage of clinical trials



- Supporting policies to fund, collect and make available detailed race/ethnicity data and data on socioeconomic status to better identify disparities in research



- Supporting legislation requiring the study of barriers to clinical trial participation



- Advocating for increased funding for National Institutes of Health (NIH) and National Cancer Institute (NCI) to accelerate new discoveries



- Encouraging trial designs that ensure more inclusion

Sources:

1. American Cancer Society Cancer Action Network. Barriers to Patient Enrollment in Therapeutic Clinical Trials for Cancer: A Landscape Report. Washington, D.C.: American Cancer Society Cancer Action Network, Inc., 2018.

2. American Cancer Society Cancer Action Network. Cancer Disparities: A Chartbook. Washington, D.C.: American Cancer Society Cancer Action Network, Inc., 2018.