Cancer Clinical Trial Disparities

GEORGIA CORE :

CURRENT EFFORTS FOR DIVERSITY IN CLINICAL TRIALS

GA CORE

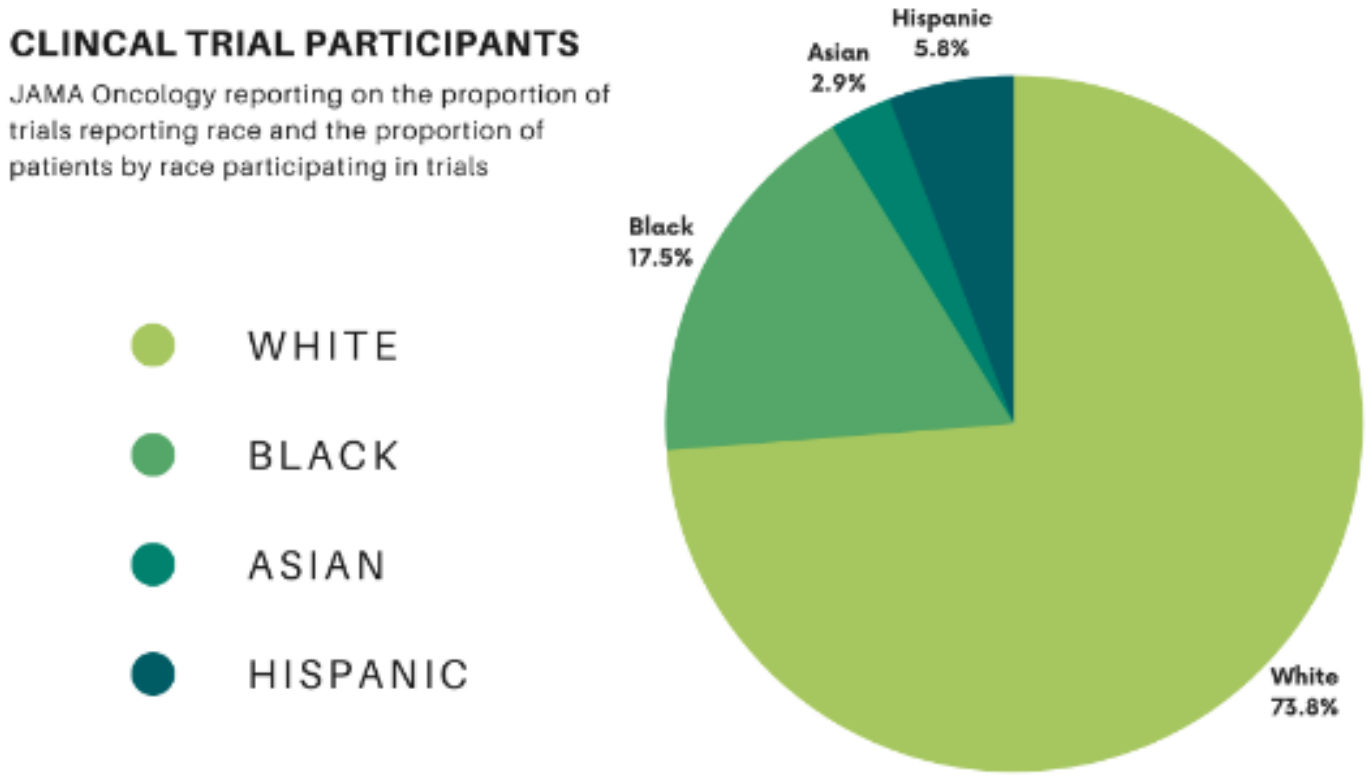
Twenty years ago, Georgia's political and cancer treatment leaders made cancer research and clinical trials a priority for the state.

"No Georgian should leave the state to obtain quality cancer care" Gov. Roy Barnes

Since then, there has been an eight-fold increase in the number of clinical trials, but barriers to participation remain

GA CORE Focus:

- Enhancing awareness about clinical cancer research and its impact on quality;
- Creating a cancer research network
- Increasing access to and availability of clinical trials.



- *JAMA Oncol.* 2019;5(10)

ASCO, ACCC collaborate to increase diversity in cancer trials

1

Black and Hispanic individuals account for 13% to 15% of patients with cancer in the US.

2

These individuals account for only 3% to 6% of cancer clinical trial participants.

3

ASCO and ACCC seek novel strategies that are sustainable, scalable and address common barriers to trial participation.

Healio

Why Do U.S. Cancer Health Disparities Exist?

Complex and interrelated factors contribute to cancer health disparities in the United States. **The factors include, but are not limited to, differences or inequalities in:**

ENVIRONMENTAL FACTORS

- Air and water quality
- Transportation
- Housing
- Community safety
- Access to healthy food sources and spaces for physical activity

SOCIAL FACTORS

- Education
- Income
- Employment
- Health literacy

CULTURAL FACTORS

- Cultural beliefs
- Cultural health beliefs

PSYCHOLOGICAL FACTORS

- Stress
- Mental health

BEHAVIORAL FACTORS

- Tobacco use
- Diet
- Excess body weight
- Physical inactivity
- Adherence to cancer screening and vaccination recommendations

CLINICAL FACTORS

- Access to health care
- Quality of health care

BIOLOGICAL AND GENETIC FACTORS

Adapted from American Association for Cancer Research (AACR) Cancer Disparities Progress Report 2020

ASCO special articles

Increasing Racial and Ethnic Diversity in Cancer Clinical Trials: An American Society of Clinical Oncology and Association of Community Cancer Centers Joint Research Statement

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Increasing Racial and Ethnic Diversity in Cancer Clinical Trials: An American Society of Clinical Oncology and Association of Community Cancer Centers Joint Research Statement

- (1) Clinical trials are an integral component of high-quality cancer care, and **every person** with cancer should have the opportunity to participate;
- (2) Trial sponsors and **investigators** should design and implement trials with a focus on reducing barriers and enhancing EDI, and work with sites to conduct trials in ways that increase participation of under-represented populations;
- (3) Trial **sponsors, researchers, and sites** should form long-standing partnerships with patients, patient advocacy groups, and community leaders and groups;
- (4) Anyone designing or conducting trials should complete recurring education, training, and evaluation to demonstrate and maintain cross-cultural competencies, mitigation of bias, effective communication, and a commitment to achieving EDI;
- (5) Research stakeholders should invest in programs and policies that increase EDI in trials and in the research workforce; and
- (6) Research stakeholders should collect and publish aggregate data on racial and ethnic diversity of trial participants when reporting results of trials, programs, and interventions to increase EDI.

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.

Health Care System Policies : open trials for more patients and cancers

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.

Private pay patients

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.

Clinician awareness and willingness

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

Access to trials in rural areas

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.

Financial toxicity

GA CORE:
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Panelists:

- Trena Davis, BSN RN CCRC, Oncology Research Nurse Manager for Northeast Georgia Medical Center Research Department, Northeast Georgia Medical Center

- Theresa Gillespie, PhD MA FAAN, Professor, Department of Surgery, and Associate Director for Community Outreach and Engagement, Winship Cancer Institute at Emory University

- Anand Jillella, MD Professor of Medicine, J Harold Harrison MD Distinguished Chair of Medical Oncology, Georgia Cancer Center, Augusta University

- Margaret A. Ferreira, MS, RN, OCN Research Program Director, Northside Hospital Central Research Department

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How many clinical trials are available at your site and how many patients per year are enrolled?

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How are Systems/ Providers promoting diversity within clinical trials conducted at your site/practice?

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In the past, what has been most effective in enhancing participation by minority populations?

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Has the use of Patient Navigators improved your sites enrollment of patients in clinical trials?

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How can we improve clinical trial/ health literacy for patients who are in rural areas?

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How can we improve clinical trial enrollment for patients who have financial toxicity/ uninsured or underinsured?

GA CORE

- State-Wide Clinical Research Navigator Position
  - Responsible for communicating with all health systems and cancer providers in GA about clinical trial availability
    - Especially NGS/targeted therapy-based trials
  - Facilitate referral and enrollment in trials between different systems

  - Hope to increase enrollment in all systems
  - Funding for this position is being obtained