SYMPOSIUM

BLACK WO(MEN) SPEAK

Session 2

How Healthcare Provider Communication Can Impact Clinical Trial Enrollment

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SPEAKER

Dr. Adaeze Nwosu Iheme

Breaking Barriers, Building Trust and Finding Solutions

black-women-speak.org

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Breaking Barriers
Building Trust
Finding solutions...

Adaeze Iheme, MD

Assistant Professor, Breast Medical Oncology

MD Anderson Cancer Center

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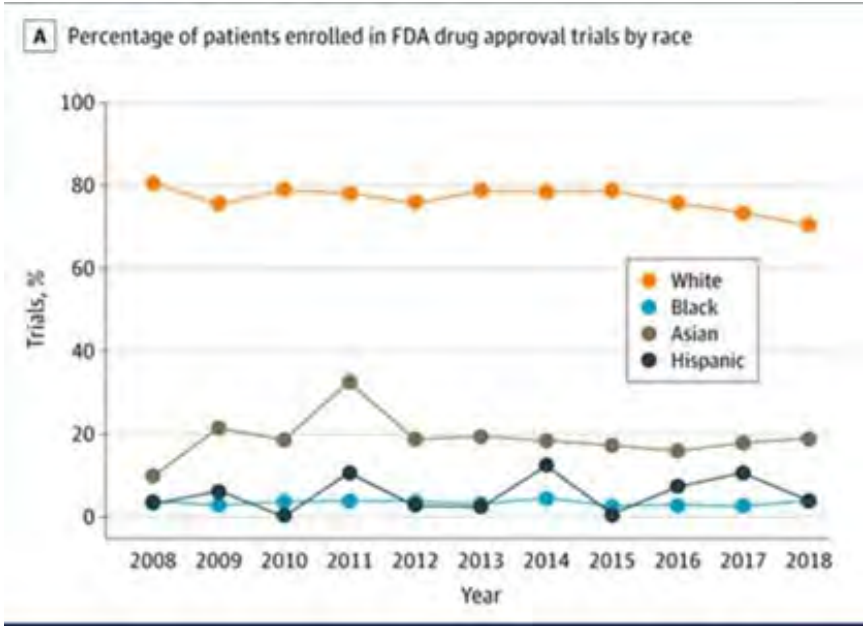

Racial/Ethnic Group	No. of Trial Enrollees No.	%	2013 Cancer Prevalence %	EF %
All cancers				
Non-Hispanic white	46,431	83.4	79.0	1.2
African American	3,270	6.0	10.0	0.7
Hispanic	1,484	2.6	7.0	0.4
Asian/Pacific Islander	2,982	5.3	3.3	1.9
American Indian/Alaskan Native	190	0.3	0.3	1.3
Other	1,332	2.4		

Loree et al, Jama Onc 2019

Duma et al…JOP 2018

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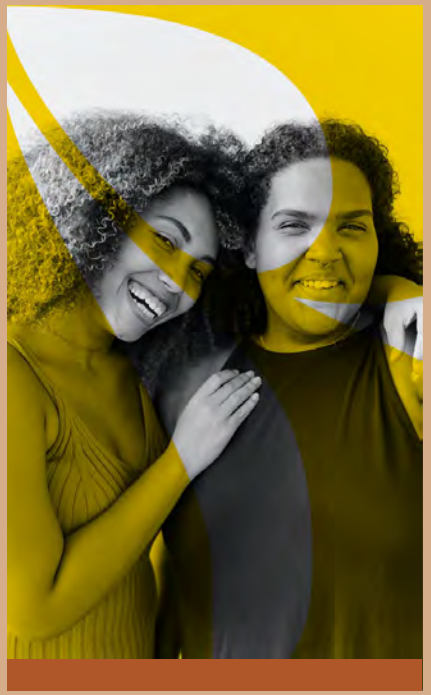
Having Breast Cancer while Black...

. Mortality rate **40%** higher in BW even though Black women = White women in rate of developing cancer.

. BW twice more likely to get an aggressive form of breast cancer .



Barriers

1 Health Provider

-Poor Physician and Team Communication

-Physician –patient Bias

-Cultural Differences and Diversity in Workforce

-Provider not aware of potential trials

2 Patient

-Distrust/Broken Trust

-Socioeconomic factors

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Rates of agreement to participate if asked…

Comparison Group	Black	Hispanic	Asian
All Studies			
No. of studies	13	7	6
Rate, %	58	67	64
Rate in white patients, %	55	61	57
p	.88	.48	.62

Unger et al. JNCI 2021

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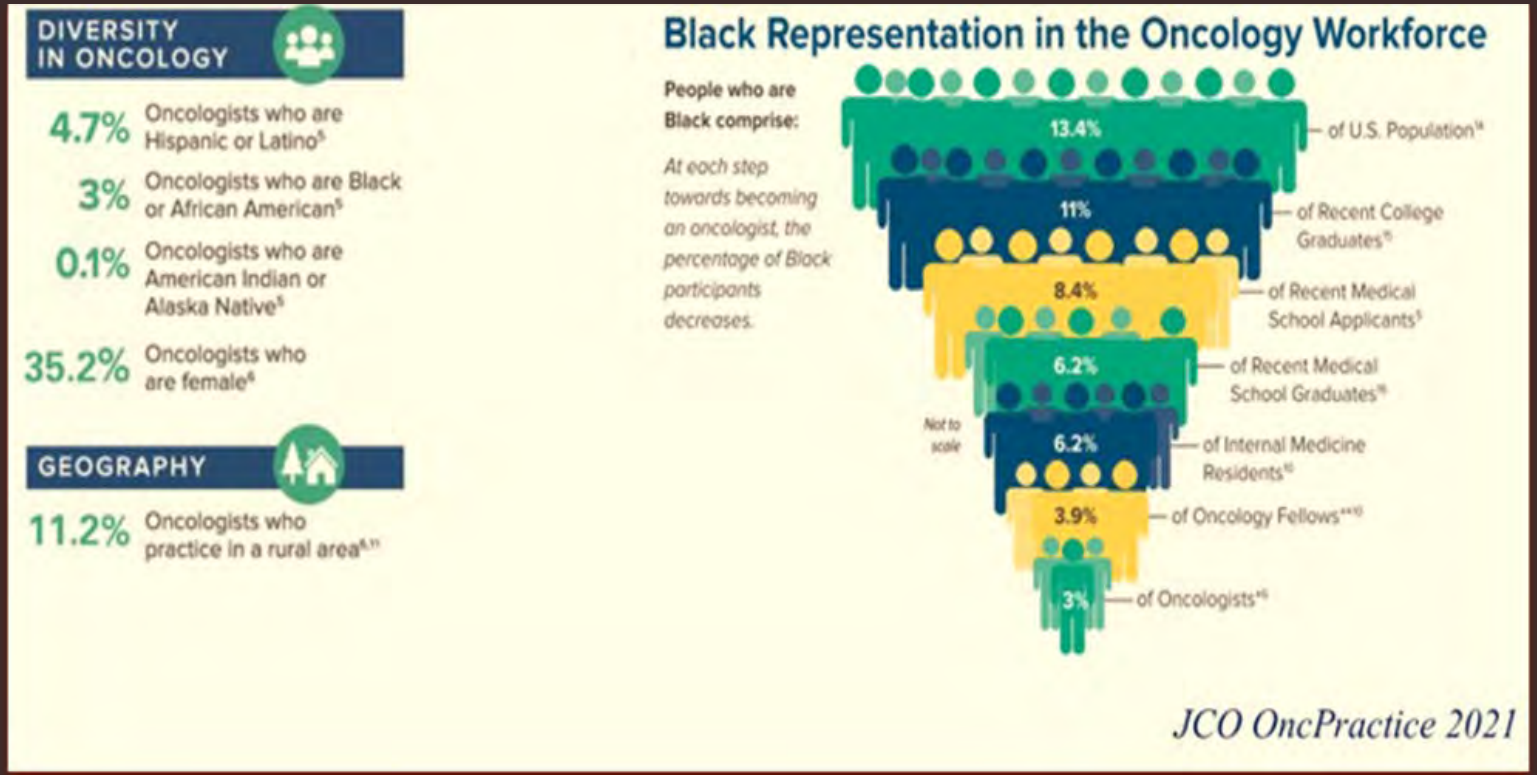
State of Workforce in Oncology ..2021



Patient Barriers...

1. Distrust/Broken Trust
   -Ask family/advocates for recommendations/referrals to providers they trust
- Seek a second opinion(trust your instincts)

2. Socioeconomic factors
   -

OTHER BARRIERS...

-Trial access

-Limited Eligibility

ASCO- Friends of Cancer Research Joint Statement..

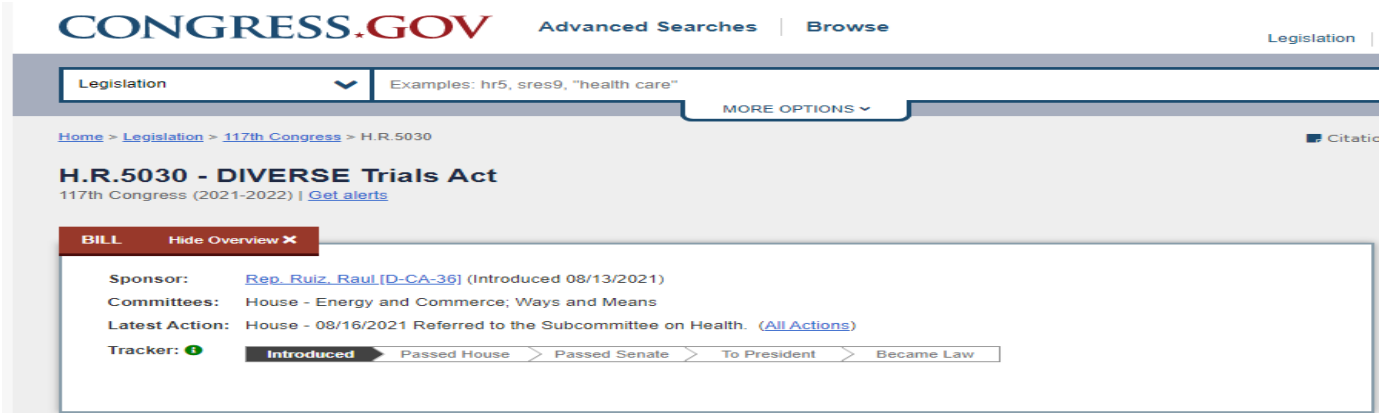
Washout periods	Time-based washout periods should be removed from eligibility criteria in most cases. 2. Relevant clinical and laboratory parameters should be used in place of time-based washout periods to address safety.
Concomitant medications	Only an exclusion factor if known drug-drug interactions exist or potential toxicities will impact efficacy.
Prior therapies	Not an exclusion unless it potentially interact with a prior therapy
Laboratory reference ranges and test intervals	should only be used as exclusion criteria when scientifically justified and when abnormal test results confer safety concerns
Performance status	Patients with reduced PS should be included unless there is a scientific and/or clinical rationale for exclusion justified by established safety considerations

Recommendations from ASCO'S Road to Recovery

- Allow more local/remote administration of treatment
- Make trials equitable/accessible and realistic
- Trials should be designed in a way that it can be easily integrated into routine clinical care.
- Limit collection of research biospecimens

Financial Barriers...Big deal

Nonmedical costs
Medical costs



Increasing Racial & Ethnic Diversity in Cancer Clinical Trials

The American Society of Clinical Oncology (ASCO) and Association of Community Cancer Centers (ACCC) jointly released recommendations to engage the entire cancer clinical trial ecosystem in expanding the participation of underrepresented individuals in research that advances progress against cancer and increases the equity, diversity, and inclusion (EDI) of cancer clinical trials.

ASCO-ACCC Recommendations

IMPROVE ACCESS
Every person with cancer should have the opportunity to participate in clinical trials, as an integral component of high-quality cancer care.

EQUITY FOCUSED DESIGN
Trials should be designed with a focus on reducing barriers and enhancing EDI and work with sites to conduct clinical trials in ways that increase participation of underrepresented populations.

PARTNERSHIPS
Clinical trial sponsors, researchers, and sites should form long-standing partnerships with patients, patient advocacy groups, and community leaders and groups.

EDUCATION & TRAINING
Those 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 in clinical trials.

INVEST IN EDI
Research stakeholders should invest in programs and policies that increase EDI in clinical trials and in the research workforce.

SHARING DATA & STRATEGIES
Research stakeholders should collect and publish aggregate data on racial and ethnic diversity of trial participants when reporting the results of trials, programs, and interventions used to increase EDI.

CLINICAL TRIAL ECOSYSTEM
Active participation and collaboration of multiple stakeholders is fundamental to changing the infrastructure of cancer clinical trials and advancing EDI goals. Stakeholders include:

- Academic Medical Centers
- Non-Academic Clinical Practices
- Healthcare Organizations
- Research Sites
- Clinicians & Investigators
- Clinical & Research Staff
- Community Leaders & Groups
- Patients & Patient Advocates
- Trial Designers
- Trial Sponsors
- Contract Research Organizations
- Site Management Organizations

Learn more and read the full research statement in the *Journal of Clinical Oncology*: asco.org/asco-accc

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Thank you.