

Disparities and underrepresentation in research access and treatment

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Representation of Minorities and Women in Oncology Clinical Trials: Review of the Past 14 Years

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Table 1. Participants in All Therapeutic Cancer Trials, 2003-2016 (N = 55,689)

	Current Trial Participants		1996-2002 Trial Participants*		2013 Cancer Prevalencet	2010 US Census
Characteristic	No.	%	No.	%	%	%
Race/ethnicity						
Non-Hispanic white	46,431	83.4	64,355	85.6	79.0	66.0
African American	3,270	6.0	6,882	9.2	10.0	12.6
Hispanic	1,484	2.6	2,292	3.1	7.0	16.0
Asian/Pacific Islander	2,982	5.3	1,446	1.9	3.3	4.8
American Indian/Alaskan Native	190	0.3	240	0.3	0.3	0.6
Other	1,332	2.4	NA			

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Race of participants in pembrolizumab trials by cancer site

Site	Trials	White	Black	Asian	Other	All
Ovary	5	118	2	7	8	135
Cervix	2	100	2	12	8	122
Uterus	2	61	3	4	10	78
Breast	10	1427	115	451	134	2127
All gynecologic	9	279 (83%)	7 (2%)	23 (7%)	26 (8%)	335
All sites	19	1706 (69%)	122 (5%)	474 (19%)	160 (6%)	2462

Enrollment of black patients, expected versus observed

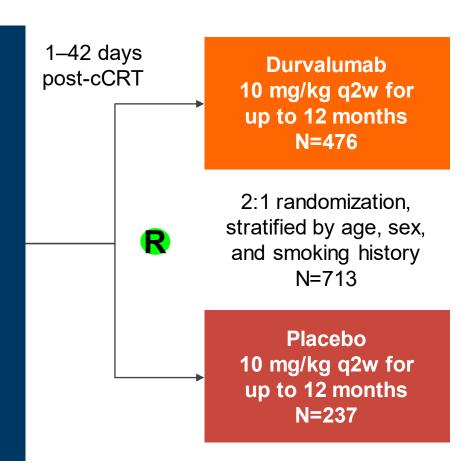
Incidence per 100 000

Site	White patients	Black patients	Expected* black	Observed black	Difference	P value
Ovary	10.4	8.1	1211	38	32-fold lower	< 0.0001
Cervix	7.3	8.3	229	12	19-fold lower	< 0.0001
Uterus	27.2	27.5	105	7	15-fold lower	< 0.0001
Breast	125	121	3048	282	11-fold lower	< 0.0001

PACIFIC: A double-blind, placebo-controlled Phase III study of durvalumab after chemoradiation therapy in patients with Stage III, locally advanced, unresectable NSCLC

- Patients with stage III, locally advanced, unresectable NSCLC who have not progressed following definitive platinum-based cCRT (≥2 cycles)
- 18 years or older
- WHO PS score 0 or 1
- Estimated life expectancy of ≥12 weeks
- Archived tissue was collected

All-comers population



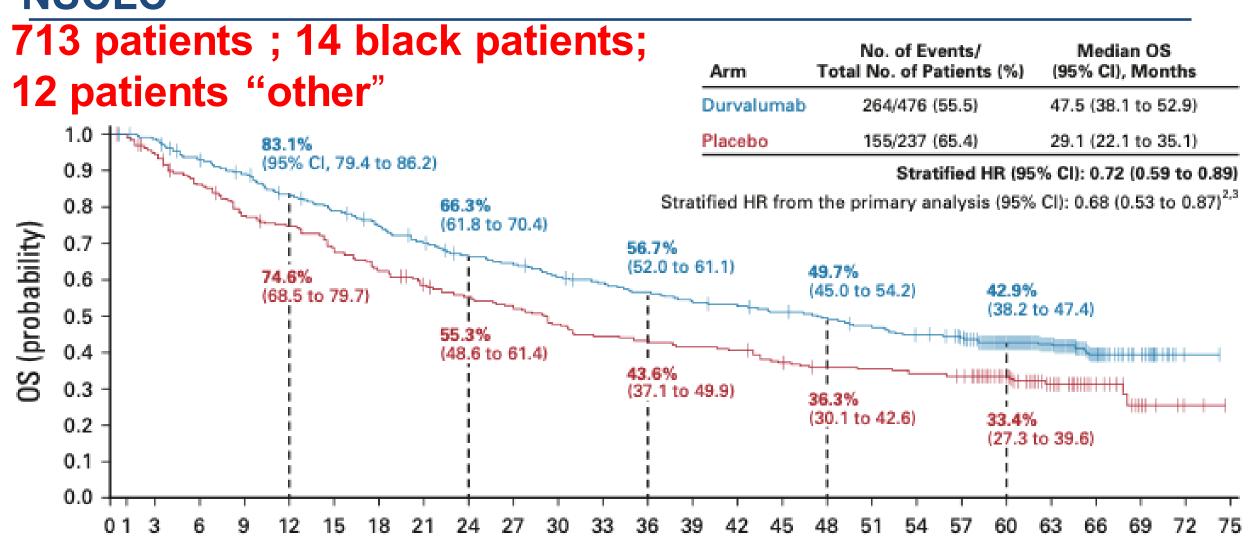
Co-primary endpoints

- PFS by BICR using RECIST v1.1*
- OS

Key secondary endpoints

- · ORR (per BICR)
- DoR (per BICR)
- · Safety and tolerability
- PROs

PACIFIC: 5-yr Survival With Durvalumab After CRT in Stage II NSCLC



Time Since Random Assignment (months)

Patient Diversity in ICI Clinical Trials

NSCLC

Checkmate 017 90% White

Checkmate 057 91% White

Keynote 001 82% White

OAK 71% White

Impower 150 82% White

Keynote 010 73% White

HNSCC

Checkmate 141 83% White

Keynote 048 73% White

Most cancer-related phase III clinical trials fail to report ethnicity.



Why should there be diversity in clinical trials?

"Common Sense"

 It should be self-evident that new drugs should be tested in the patient populations in whom they are intended to be used

different ethnicities, different sexes, different ages

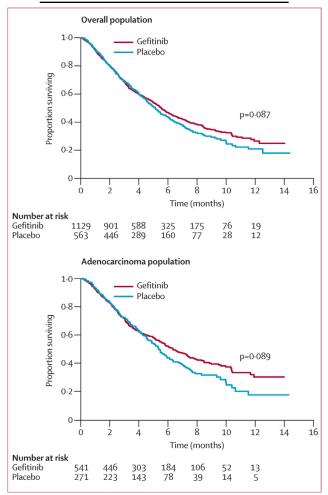
Good Science

 Health Equity – equal access to innovative treatments for all cancer patients

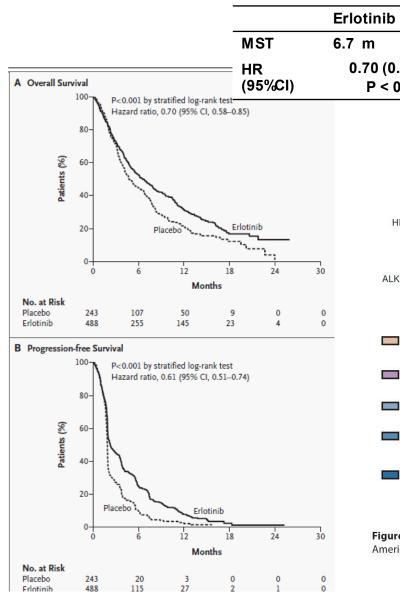
Gefitinib vs Placebo (ISEL)

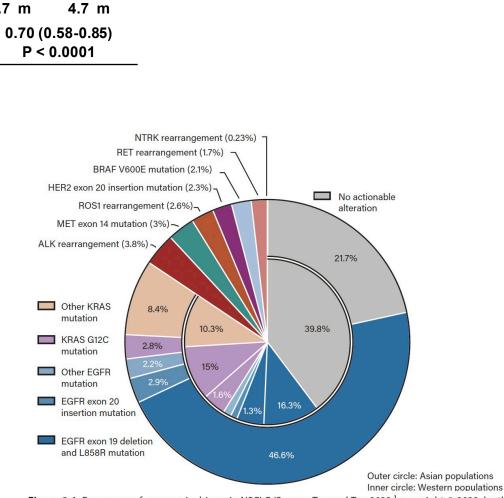
Erlotinib vs Placebo (BR21)

	Gefitinib	Placebo		
MST	5.6 m	5.1 m		
HR	0.89 (0.77-1.02)			
(95%CI)	P = 0.0871			



Thatcher Net al. Lancet 366:1527-1537, 2005





Placebo

Figure 2-1. Frequency of oncogenic drivers in NSCLC (Source: Tan and Tan 2022, ¹ copyright © 2022, by the American Society of Clinical Oncology. Published by Wolters Kluwer. All rights reserved.)

Shephard F et al. N Engl J Med 353: 123-32, 2005

What are some of the reasons for this inequity?

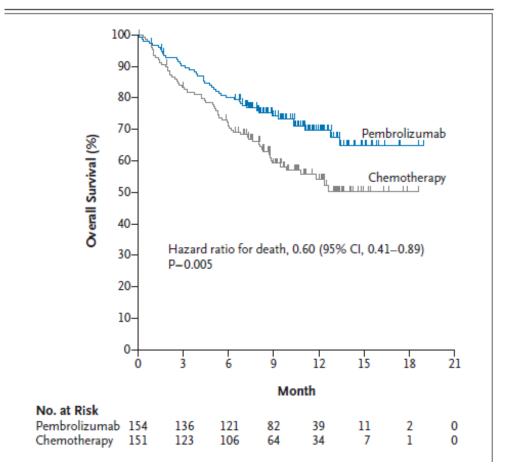
- Socio-economics
- Access real barriers, and perceived barriers
- Inappropriate clinical trials
- Complexity of trials
- Unconscious bias of health care providers
- Distrust of the health care system

• How do we fix this ?

- Appropriate Clinical Trials there should be equipoise
- Build Trust
- Workforce Diversity "our caregivers should look like us"
- -Re-engineer clinical trials (real world data, pragmatic trials)

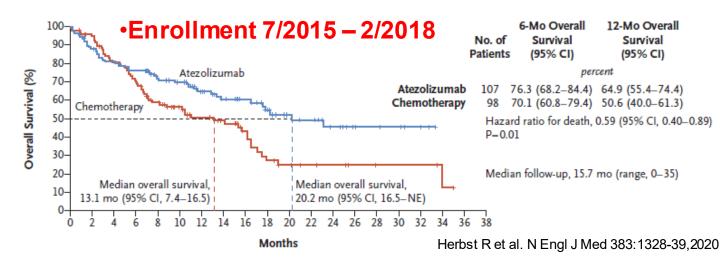
Pembrolizumab vs Chemotherapy

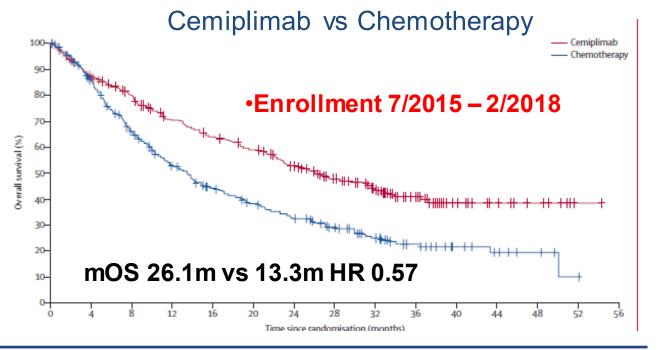
mOS 30m vs 14.2m HR 0.63



 Pembrolizumab accelerated approval October 21, 2015 •Full approval October 24, 2016

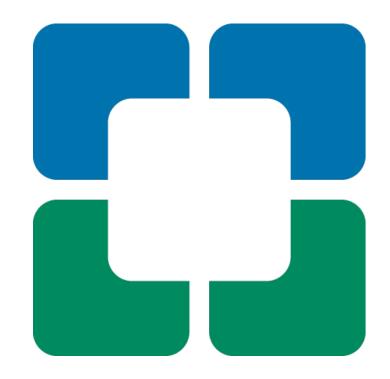
Atezolizumab vs Chemotherapy





Building Trust: Cleveland Clinic Taussig Cancer Center

Community Outreach and Patient Navigation



Taussig Cancer Center Community Outreach and Patient Navigation

Evidence-based approach to understanding which communities and/or populations are impacted by health disparities

Zip code analysis

- Cancer incidence rates
- · Late stage disease
- Overall survival
- Social determinants of health
- Urban vs. Rural

Research and Documentation

- Community Health Needs Assessments (CHNAs)
- State of Ohio Cancer Control Plan (Ohio Dept. of Health)



Community Outreach Programs

- Women's Health
 - •HPV
 - Colorectal
 - Breast
 - Lung

·Men's Health

- Prostate
- Colorectal
- •Lung

Population-Based

- •LGBT
- •Hispanic
- •Faith-Based (SCIIT)
- Veterans
- Disabled
- Undocumented immigrants/refugees

•Access

- Tobacco Cessation
- Medical Home

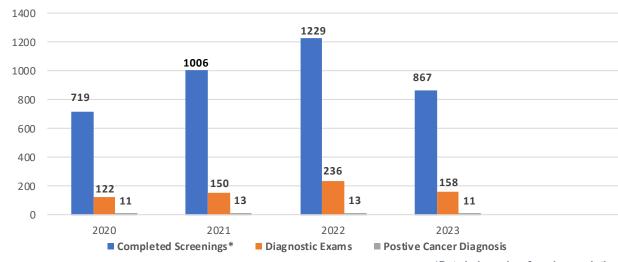
•Research

- Surveys
- Quality improvement

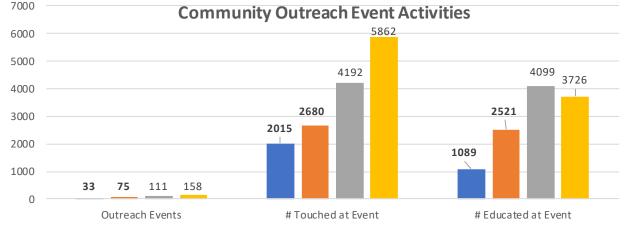
What we don't have on this list is Clinical Trials !!!!

Community Outreach Events and Completed Screenings





*Data is based on female population





 Our providers should look like our population

Workforce diversity

Clinical Trials Workshop for Minority Physicians : Coral Gables FL, 2014



Clinical Trials Workshop for Minority Physicians : Pomona CA, 2015



Clinical Trials Workshop for Minority Physicians: Ft Lauderdale FL, 2016



Robert A. Winn Diversity in Clinical Trials:Design and Implementation of Clinical Trials Workshop in partnership with the American Association for Cancer Research November 15-19, 2023 | Hilton La Jolla Torrey Pines | La Jolla, CA

Cleveland Clinic

Every life deserves world class care.



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