

Underrepresentation in clinical trials leads to cancer disparities, says expert

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Cancer survival rates are up, and death rates are down—yet racial minorities still bear a disproportionate burden of cancer, according to a new report from the American Association for Cancer Research.



Fox Chase Cancer Center's Camille Ragin, who studies <u>racial disparities</u> in cancer, says underrepresentation in <u>clinical trials</u> is among the underlying causes of cancer disparities that's critical to address.

Clinical trials are the backbone of <u>cancer research</u>, helping scientists and doctors better understand what new treatments will be most effective in treating cancer. But clinical trials overwhelmingly enroll white patients, which means doctors often don't know whether new therapies will be as effective for patients with <u>diverse backgrounds</u>.

The Inquirer spoke to Ragin, an epidemiologist and associate director of diversity, equity, and inclusion at Fox Chase, about how the Philadelphia comprehensive cancer center and others can reduce disparities by improving diversity in clinical trials.

Why is diversity in clinical trials so important?

One person's cancer is not the same as another's. It's the same way when you view populations—there are so many subgroups, different ethnic groups. When science is done, Black individuals are often all grouped into one group, as if they're one group. We have immigrants who come from other countries, African Americans who have for generations grown up and lived in the United States.

Different perspectives, different attitudes—all those things can increase <u>cancer risk</u>. They could have different environmental exposures, which affects their risk of cancer.

How can clinical trials account for that level of diversity at a statistically significant level?

When we design out studies and want to answer a question, we need to



make sure that within that study population, there is sufficient representation to come up with a finding that is generalizable. Whatever answer we get from our scientific studies, we want that answer to be applied to everyone, despite the fact that we know there is heterogeneity.

One solution to that is to make sure there's appropriate representation—then the findings will be relevant. If you don't, the findings are only relevant to the group you are studying.

How can research institutions improve clinical trial diversity?

There has been greater awareness of the importance of diversity and the importance of addressing a lack of representation. One of the things I think would truly contribute to addressing this is diversification of the biomedical workforce.

Having a diverse workforce sets you up to achieve what we all want, which is focused, innovative ways in making sure we are answering questions that will be applicable and generalizable. I do believe that will help drive toward the goal of making sure we are truly doing science that will be beneficial for all.

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