Whitepaper

A NEW PUSH FOR CLINICAL TRIAL DIVERSITY

Pharma companies must now act to ensure compliance with new trial diversity planning regulations that the FDA has enacted in December 2022. If you're affected, DontBePatient Intelligence can support you in laying the foundation needed for patient-centric and data-driven planning and decision-making, as well as compete and demonstrate industry leadership in this important area.

The sustained lack of trial diversity and implications for industry

Clinical trial sponsors will soon have to accompany approval requests to the FDA with detailed planning on how they will increase and ensure representation of minorities in their research, according to new legislature that was signed into US law in December 2022.[1]

This step should not come as a surprise: Awareness for the problem of a profound lack of minority representation in clinical research has been around for decades and, as a result, concerns about data gaps on the efficacy and safety of new drugs and treatments present have been voiced ever since.[2] And yet, not only but especially in breakthrough areas such as personalized medicine, we are far from achieving equitable access to clinical research and representation of underprivileged minorities.[3] For example, a recent study by researchers from the Harvard Medical School and the Dana-Farber Cancer Institute shows a staggering underrepresentation of Black, Hispanic, and American Indian and Alaskan Native populations in precision oncology studies, ranging from only 25% to 50% representation compared to US population-wide incidence of the respective cancer types.[4] The FDA, as well as other stakeholder groups such as patient and medical associations, have long started to address this issue, e.g., by publishing guidance and recommendations for sites and sponsors to increase racial and ethnic diversity in clinical trials, for example on broadening inclusion and exclusion criteria as well as partnering with patient advocacy groups dedicated to this topic.[5, 6] Support also comes from publishers, for example the prestigious 'New England Medical Journal' has announced a requirement for authors of research studies to prepare

> *"We have since adapted this community engagement model to academic –community – government – industry partnerships, to address the lack of diversity in clinical trials."*
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> from Darrel M Gray II *et al.*, Lancet, 2021[3]

[1] Kozlov. FDA to require diversity plan for clinical trials. Nature. 2023 Feb 16. doi: 10.1038/d41586-023-00469-4

[2] Powell and Fleming. Making medicines for America: the case for clinical trial diversity. J Natl Med Assoc. 2000 Nov;92(11):507-14. PMCID: PMC2568328

[3] Gray *et al.* Diversity in clinical trials: an opportunity and imperative for community engagement. Lancet Gastroenterol Hepatol. 2021 Aug;6(8):605-607. doi:10.1016/S2468-1253(21)00228-4

[4] Aldrighetti CM *et al.* Racial and Ethnic Disparities Among Participants in Precision Oncology Clinical Studies. JAMA Netw Open. 2021 Nov 1;4(11):e2133205. doi: 10.1001/jamanetworkopen.2021.33205

[5] https://www.regulations.gov/document/FDA-2019-D-1264-0094

[6] Oyer RA *et al.* Increasing Racial and Ethnic Diversity in Cancer Clinical Trials: An ASCO and ACCC Joint Research Statement. J Clin Oncol. 2022 Jul 1;40(19):2163-2171. doi: 10.1200/JCO.22.00754

a supplementary table that provides background information on the disease, problem, or condition and the representativeness of the study group.[7]

All this makes clear that study sponsors, and especially pharmaceutical companies, will have to develop the right processes and strategies to ensure that their research will continue to be accepted by regulatory bodies and journals, and that they are able to conduct future studies, publish their results, and avoid unnecessary delays to approval of their new substances going forward.

What you can do about this

Of course, the industry is not just now waking up to the problem for the first time. Initiatives to address the issue of trial diversity date back almost as long as the discussions around it. There have been considerable successes: GSK for example have already published a commitment to advocate for clinical trial diversity by achieving a rate of over 75% of their new interventional trials having a written demographic plan.[8] If such a public commitment is still too vague to your taste, there's also data – a recent study has analyzed demographic diversity against US census for over 100,000 subjects in more than 200 interventional studies sponsored by Pfizer that were initiated between 2011 and 2020. It shows that on average for the US subject populations, these studies slightly overrepresented not only White but also Black populations and at least came quite close to equitable representation of the Hispanic population. As a good reminder that trial diversity covers more than race, gender was also analyzed and resulted in a ratio comparable to US census.[9]

Now, what are concrete steps that can be taken towards increasing trial diversity and drafting up diversity plans to supplement protocols and clinical operations? Such a list of options cannot ever be complete, but some good and proven ideas that have also been discussed in the articles cited above include:

[7] Editors; Rubin E. Striving for Diversity in Research Studies. N Engl J Med. 2021 Oct 7;385(15):1429-1430. doi: 10.1056/NEJMe2114651

[8] https://www.gsk.com/en-gb/innovation/trials/diversity-in-clinical-trials/

[9] Rottas *et al.* Demographic diversity of participants in Pfizer sponsored clinical trials in the United States. Contemp Clin Trials. 2021 Jul;106:106421. Doi:10.1016/j.cct.2021.106421

1. Analyze your trial protocol, especially the inclusion and exclusion criteria, against data from real-world populations to identify where Black people, or members of other minority populations, may be systematically excluded from participation.[10, 11]
   As in interesting side note, the often-cited reservation against clinical research, that people of color supposedly have for various reasons, is at least questionable: A recently published meta-analysis of patient agreement found that, once offered, the rates at which Black (58%) and White (55%) patients would consent and enroll into a clinical trial were similar.[12]
2. Staying with real-world data, it is essential to characterize the disease population and understand which subpopulation will be most affected epidemiologically, by the burden defined by protocol design, as well as by unmet needs such as their disease burden, comorbidities, barriers to care. Also, it is important to explore potential differences of preferences between these groups.[13]
3. No less important for pharmaceutical industry sponsors is a proactive involvement of and interaction with all stakeholder groups – especially the patient community, but also healthcare professionals, and the government. In order to achieve real impact, such interaction needs to be in the form of real partnerships; collaboratively exploring and implementing novel and innovative solutions, building trust, and pooling each group's strengths and perspectives to generate real impact on trial diversity.

If you want to act now, look no further – we can support you!

From the above list of items, it becomes clear that new ways to tackle the diversity gap will not work without data that is fit for purpose and specific to your target population and target markets, and it is almost impossible to go this way alone, without buy-in and commitment from the relevant stakeholders.

A digital patient survey of minority groups, developed in cooperation with advocacy and HCP representatives, regarding the patients' attitudes and expectations, as well as key differences between typical patient journeys and access / treatment landscape for relevant minority populations can deliver the data needed to develop your trial diversity plan and mitigation strategies for potential issues affecting diversity and even enrollment in general, and effectively to avoid losing time to meet the FDA's and other regulatory bodies' requirements. To achieve this goal, our expertise and proprietary targeting strategies enables you to directly address minority populations with your real-world research questions.

At the same time, such a collaborative project, embedded in the local key opinion leader and patient organization ecosystem, demonstrates not only industry leadership but your commitment to racial equity in healthcare access and clinical research.

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[10] Riner *et al.* Eligibility Criteria Perpetuate Disparities in Enrollment and Participation of Black Patients in Pancreatic Cancer Clinical Trials. J Clin Oncol. 2022 Jul 10;40(20):2193-2202. doi: 10.1200/JCO.21.02492
[11] Dagenais *et al.* Use of Real-World Evidence to Drive Drug Development Strategy and Inform Clinical Trial Design. Clin Pharmacol Ther. 2022 Jan;111(1):77-89. doi: 10.1002/cpt.2480
[12] Unger *et al.* "When Offered to Participate": A Systematic Review and Meta-Analysis of Patient Agreement to Participate in Cancer Clinical Trials. J Natl Cancer Inst. 2021 Mar 1;113(3):244-257. doi: 10.1093/jnci/djaa155
[13] Ibid. (#11)

We recommend a truly scientific, open, and transparent approach to build trust with stakeholders and create a win-win situation that benefits you, the healthcare community, and most importantly, the patients.

Importantly, once you think about data generation for this problem, the potential to create deep data sets that can be utilized beyond clinical R&D, to address business problems and fill evidence gaps across all pharma business functions and the entire product lifecycle is enormous.

If you are interested in discussing this opportunity with a partner who can support the ideation and execution of such a project, as well as manage the required stakeholders to ensure broad success, reach out to us any time at: **info@dontbepatient.com**

About the authors

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Reiner is the CEO and a founder of DontBePatient Intelligence. He has a medical background, and 25 years of clinical and patient-centered research experience as trial investigator, site manager, and executive manager in a large global CRO. Reiner combines his strong industry experience with his dedication to amplify the patient voice.

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Nils is CCO and one of the founders of DontBePatient Intelligence. He is a physician and has started his career in clinical research as a trial investigator. After that, he has founded his own company and developed it to become the global leader of digital patient recruitment for clinical trials.

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Henning heads the scientific project team at DontBePatient. With a PhD in molecular biology focused on oncology, he has more than 10 years of experience in the pharmaceutical industry, working in different roles across patient recruitment, medical affairs, and real-world evidence.

About DontBePatient Intelligence

Since founded in 2015, DBPi is your partner for innovative, global data sourcing and smart data interpretation to support your entire drug development lifecycle.

We generate mission-critical, global real world patient insights for our customers, through partnerships and eye-level collaboration between patients, communities, Pharma and the medical research community. Our digital toolbox allows us to generate and connect high-quality data from different sources for your decision-making needs such as survey and PRO data, especially if you are looking to increase the voice of under-represented and minority populations in your research.

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