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Clinical trial diversity is key to increasing access to routine care and innovative treatment options

By Luther T. Clark, MD Deputy Chief Patient Officer, Merck

he COVID-19 pandemic has ities and unpaid adult caregivers. When shone a light on longstanding patients delay or avoid medical care, they health care disparities and am- increase both their morbidity and mortality plified the importance of clinrisks. For example, ical trial diversity, especially participation of those patients and communities disproportionately impacted by the disease being studied. Since clinical trials function as the gatekeeper to bringing new medicines safely to patients and communities, it has become increasingly important that diverse communities be represented in cine demand our research efforts. Similarly, while routine cancer screen-

Clinical trial participation provides access to possible new and innovative treatment options for patients, an especially important benefit for those who have conditions with limited treatment options - such as some forms of advanced cancer. It is important to

note that, while not all clinical trial participants will receive the investigational treatment being evaluated in the clinical trial, all patients receive high quality standardof-care, which is the standard treatment that is used for the health condition. During the



COVID-19 pandemic many patients have delayed or avoided routine medical care for underlying conditions - a hidden harm that has further amplified its already enormous health toll. While pandemic associated medical care delays and avoidance may be understandable, safely returning to essential care is imperative for improving patient

outcomes and reducing disparities as well as increasing patient access and ability to participate in clinical research.

Pandemic Associated Medical Care **Delays and Avoidance**

- helping to protect people from preventable diseases, but data show concerning 73% experienced disruptions in vac-
- breast cancer screenings, 95,000 colon ness, education and building trust. cancer screenings and 40,000 cervical

ple with cancer.

Social Determinants of Health (SDOH):

Social and economic factors, referred to ately some groups and communities - racial as social determinants of health (i.e., edu- and ethnic minorities, rural communities cation, economic stability, neighborhood, and individuals of lower socioeconomic stahealth and health care access, social and tus (6). Without recognition and action, the · Vaccines play an important role in community context) not only contribute digital divide will only widen. to healthcare disparities but may also negatively impact the decision and the ability Summary and Conclusions decreases in vaccination rates since the of patients to participate in clinical research onset of the COVID-19 pandemic. A (2-4). By recognizing and understanding lic health community, policymakers, emrecent international poll revealed that the SDOH, we can help accelerate return to ployers and health advocates around the medical care, overcome barriers to minori- world to come together to encourage people ty participation in research, and ultimately improve patient outcomes. Effective and ings have contributed to important meaningful community engagement, colcancer survival gains, screening rates laborations, and partnerships are critically have dropped during the pandemic. In important for addressing all of the SDOH, the U.S. alone, approximately 285,000 and especially helpful for increasing aware-

to differences in access and digital literacy, structural inequities (i.e., lack of broadband internet availability) impact disproportion-

It is important for the medical and pubwithin our communities to get the care they need.

• As we join the multi-sector effort to combat COVID-19, we must also focus on helping people in our communities get the routine care they need to protect their long-term health.

> · It's vital to support individuals and patients in returning to care because delays or cancellations are associated with significant health risks.

> • While the COVID-19 pandemic has caused unprecedented disruption to the healthcare system, it has also led us to identify opportunities to strengthen it for the future. We are committed to working with stakeholders to enact solutions that will improve patient care and help protect public health over the long term.

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exams were missed between March 15 and June 16, 2020.

Cancer is a particularly powerful example of how longstanding inequities in care coupled with the pandemic's impact on reduced access/utilization of routine During the COVID-19 pandemic, delays health care can converge and create an even and/or avoidance of medical care for both more devastating impact on patients, famroutine and serious conditions have been ilies and communities. Cancer incidence is the "digital divide", there is a considerable widely reported. According to one recent known to be disproportionately higher in analysis (1) an estimated 41% of adults in under-represented minorities compared to nities that have access to digital technolothe U.S. delayed or avoided medical care other groups, and access -- to timely diagbecause of concerns about COVID-19 - in- nosis, quality care and to clinical trials of them effectively (digital literacy) and those cluding both routine care (31.5%) and ur- promising therapies -- is suboptimal among who do not. For example, access and utigent or emergency care (12.0%). Avoidance people of color. Furthermore, cancer and its lization of digital healthcare technologies of urgent or emergency care was more prev- treatment predispose to many other health are known to be significantly lower among alent among individuals with underlying outcome disparities, as demonstrated by the older Black and Hispanic patients than their medical conditions, Black adults, Hispanic disproportionate impact of COVID-19 on white or Asian counterparts. In addition adults, young adults, persons with disabil- morbidity and mortality rates among peo-

Bridging the Digital Divide

Digital technologies have many potential benefits for improving healthcare, including the potential to improve healthcare quality, patient safety and reduce disparities (5). However, inequities in access to virtual technologies do exist and may lead to or exacerbate disparities. Often referred to as difference between those patients/commugies and the ability to understand and use