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

The COVID-19 pandemic has shown a light on longstanding health care disparities and adversity among certain populations and communities disproportionately impacted by the pandemic (1). Clinical trial functions as the gatekeeper to bringing new medicines safely to patients and communities. It has become increasingly important that diverse communities be represented in our research efforts.

Clinical trial participation provides access to investigational treatments, diagnostic options, and innovative therapies for patients, especially important because of the area-specific conditions with limited treatment options—such as some forms of advanced cancer. It is important to note that, while not all NCI clinical trials participants will receive investigational treatment being evaluated in the clinical trial, all patients receive high-quality standard of care, which is the standard treatment that is used for that 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-unhealthy toll. While patients associated medical care delays and consider may be understandable, safety testing to improve vaccination outcomes and reduce disparities as well as increasing patient access and ability to participate are key.

Pandemic Associated Medical Care Delays and Avoidance

Clinical trial data from the 2019 novel coronavirus (COVID-19) pandemic, delay, and/or avoidance of medical care for both routine and serious conditions have been widely reported. According to one recent analysis (2), 11% of adults in the U.S. did not see a doctor or receive medical care because of concerns about COVID-19, in clinically significant numbers (31.3%) and urgent or emergency care (12.0%). Avoidance of routine medical care is more prevalent among individuals with underlying medical conditions, Black adults, young adults, persons with disabilities, and crop trial experts. When patients delay or avoid medical care, they increase their morbidity and mortality risk, for example.

• Vaccination delay: an important role in helping to protect people from preventable diseases, but data show concerning discrepancies in vaccine rates across the states of the COVID-19 pandemic. A recent national poll revealed that 7% experienced disparities in vaccine delivery.

• Similarly, while routine cancer screenings have contributed to significant cancer survival gains, screening rates have dropped during the pandemic. In the U.S., a “late” approach (2020) estimated that breast cancer screenings, 95.0% cancer screening for 16,000.000.

TREATING CANCER WITH NEW TREATMENTS

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Summary and Conclusions

It is important for the medical and public health community, policymakers, employers, and health advocates around the world to work together to encourage people within 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 care they need to protect their long-term health.

It’s vital to support individuals and patients in returning, and the care provider and collabora-
tions are associated with significant health risks.

While the COVID-19 pandemic has caused unprecedented disruption to the healthcare system, it has also led to an increasing opportunity to strengthen the future of the system. We are committed to working with stakeholders to develop solutions that will improve patient care and help protect public health over the long term.

References


