Achieving Diversity, Inclusion, Equity In Clinical Research

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The MRCT Center is a research and policy center focused on addressing the conduct, oversight, ethics and regulatory environment for clinical trials.
Our Vision

Improve the integrity, safety, and rigor of global clinical trials.

Our Mission

Engage diverse stakeholders to define emerging issues in global clinical trials and to create and implement ethical, actionable, and practical solutions.
The MRCT Center’s work

Addressing the pressing issues of MRCTs

Recognizing the need to focus on and with the participant

- Post trial access to medicines
- Return of Results
- Health literacy
- Diversity, Inclusion, Equity
Health disparities by race and ethnicity in the COVID-19 pandemic

**Coronavirus cases per 10,000 people**

<table>
<thead>
<tr>
<th>Race</th>
<th>Cases per 10,000 people</th>
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<tbody>
<tr>
<td>White</td>
<td>23</td>
</tr>
<tr>
<td>All</td>
<td>38</td>
</tr>
<tr>
<td>Black</td>
<td>62</td>
</tr>
<tr>
<td>Latino</td>
<td>73</td>
</tr>
</tbody>
</table>

**Adjusted for age, race and ethnicity widens the gap in mortality compared to Whites**

<table>
<thead>
<tr>
<th>Race</th>
<th>Fold increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>3.4</td>
</tr>
<tr>
<td>Latino</td>
<td>3.3</td>
</tr>
<tr>
<td>Indigenous</td>
<td>3.3</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>2.9</td>
</tr>
<tr>
<td>Asian</td>
<td>1.3</td>
</tr>
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</table>

The New York Times
July 5, 2020

The New York Times
September 15, 2020
https://www.apmresearchlab.org/covid/deaths-by-race

30 September 2020 NHC
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Racial Disproportionality in Covid Clinical Trials
Daniel B. Chastain, Pharm.D., Sharmen P. Osae, Pharm.D., Andrés F. Hernao-Martínez, M.D., Carlos Franco-Paredes, M.D., M.P.H., Joanna S. Chastain, Pharm.D., and Henry N. Young, Ph.D.

COVID-19 disparities: An urgent call for race reporting and representation in clinical research
Hala T. Borno a, Sylvia Zhang a, Scarlett Gomez b

Researchers call out lack of diversity in COVID-19 clinical trials
Mary Chris Jaklevic, MSJ
https://jamanetwork.com/journals/jama/fullarticle/2769611
Drug Trial Snapshots: Summaries

Participation of Black or African American individuals in clinical trials for oncology, cardiology, and psychiatry

Cardiovascular Disease
N = 92,329

- Black/African American: 2.50% (1,415)
- Other race: 97.50% (55,118)

Oncology
N = 7,691

- Black/African American: 2.74% (211)
- Other race: 97.26% (7,480)

Psychiatry
N = 5,810

- Black/African American: 24.18% (1,405)
- Other race: 75.82% (4,405)

https://www.fda.gov/media/106725/download
Background

• Clinical trials are needed to develop new treatments and new vaccines.
• Participants in trials should reflect the population affected by the disease, or those intended to utilize the intervention.
• We should not assume that all individuals respond similarly to interventions.
• Underrepresentation in clinical trials of Black, Latinx, Asian, Native American, and other underserved populations—as well as women and individuals at either end of the age spectrum—is not new, and persists in both industry and academic trials, and across therapeutic areas.
• Race and ethnicity are not a biological determinants, but social determinants of health have a real impact on real biology.
• Diverse representation in clinical trials is not simply a matter of biology, but a matter of health equity, fairness, and public trust.
Achieving Diversity, Inclusion, Equity In Clinical Research

Guidance and Toolkit
Released 6 August 2020

mrctcenter.org/diversity-in-clinical-trials
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- Hayat Ahmed, MS
- Laura Meloney, MS, MPH
- Joshua Smith-Sreen, MBE

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- Patients, Patient Advocates
- Academia
- Pharmaceutical companies
- CROs
- Non-profit organizations
- Trade associations
- Government agencies
- Research institutes

Each serving in their individual capacity.
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Crispin Woolston, Sanofi
Honghui Zhou*, Johnson & Johnson

*involvement limited in time
It starts with evidence, information, and trust

• Data must include those populations affected.

• It starts with public and community engagement.

• Clinical trials should:
  o address questions of importance to the community
  o be designed with study outcomes that people care about
  o use language and words that people understand
  o be conducted in ways that decrease burden for the participants, and
  o communicate results to the communities affected.

• We should hold each other accountable at every stage.
Sections of the Guidance Document

• Preface
• Part A – Building the Case
• Part B – Background, Ethical Principles, and Regulatory Directives
• Part C – Broadening Engagement
• Part D – Data Standards and Analysis
• Part E – Study Design, Conduct, and Implementation
• Part F – Stakeholder Commitments and the Future
• Part G – Appendix

Toolkit
Diversity exists across many dimensions

A broad definition of diversity

Intersectionality:
• Dimensions of diversity are not independent variables
Barriers: Every stakeholder has responsibility

Sponsors/Institutions/Sites/Regulators
- Lack of engagement
- Lack of diverse workforce
- Trial time and cost
- Variable regulatory expectations

Investigators/Referring Physicians/Staff
- Uncertain scientific utility of inclusion
- Eligibility criteria limiting
- Site feasibility inaccurate
- Inadequate staffing and time constraints
- Recruitment and retention challenges
- Lack of cultural competence and diverse staff

Data Collection/Data Analysis
- Lack of data standards
- Data collection and reporting variable
- Analyses inconsistent

Patients/Advocates/Communities
- Lack of awareness
- Lack of access
- Study design and research procedures burdensome
- Outcomes of uncertain value
- Logistics of trial conduct
- Payment and other concerns
- Mistrust
The patient and community to be in key leadership roles, as advisors, and as consultants.

Patient perspective to influence research priorities and questions

Seek input to tailor study design and conduct to improve access, enrollment, and retention

Forming Relationships

Training and Support

Shared Goals

Sustained partnerships

Build Trust

Patient and community engagement support diverse participation
Participant’s Clinical Trial Journey

Early Interventions

- Access
- Recruitment Screening
- Awareness

Study Conduct

- Informed consent: Participant on study
- On Study visits
- Randomization
- Participant Last visit: End of study treatment
- Follow-up period
- End of trial LPLV

End of Study, Data Analysis, and Reporting

- Data Lock
- Data Analysis Complete And Reporting

Patient and Community Engagement
Education & Health Literacy
Feasibility Assessment
Eligibility Criteria

Study Design
- Informed consent simplification
- Logistical issues
- Decentralized trials
- Payment, transportation, childcare, etc.

Standardized data collection
- Post-trial access to medicines
- Referring physician engagement

Data standards
- Data analysis
- Results reporting
- Community outreach

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Product Development Pathway

DIVERSITY CONSIDERATIONS BY CLINICAL DEVELOPMENT LEVEL

- Drug discovery
- Pre-Clinical Studies
- Clinical Trials Phase 1, 2, 3
- Post-Marketing Studies Phase 4
- Continuous Pharmacovigilance

STUDY LEVEL DIVERSITY CONSIDERATIONS

- Recruitment
- Access
- Informed consent: Participant on study
- Participant Last visit: End of study treatment
- End of trial LPLV
- On-study visits
- Follow-up period
- On-study: Additional testing Randomization

Organizational Diversity Competence and Capacity Considerations

- Workforce Development
- Cultural competency
- Human and financial Resources
- Infrastructure
- Accountability

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Clear communications throughout the product development program
Clear communication is a shared responsibility

- It is not that the listener has “poor literacy.”
- The communicator is responsible for sharing information that is understandable to the listener.
- The listener should be comfortable communicating any lack of understanding

- Plain language
- Numeracy
- Visualization
- Clear design
- Cultural considerations
- Interactive techniques
- Teach-back

Written Materials
Verbal Communications

mrctcenter.org/diversity-in-clinical-trials
The MRCT Center Launched a “Health Literacy in Clinical Research” Website

In a language understandable to the participant

www.mrctcenter.org/health-literacy
"Should I join?"

Resources for the public

https://mrctcenter.org/blog/resources/covid-19-clinical-research-flyers/
Opportunities: What can we do?

- Determine access to potential target population to guide country, region, and site selection
- Use data-driven strategies
- Determine the feasibility of enrollment figures for target subpopulations in partnership with site(s)

Trial Design

- Characterize target population based on epidemiology, disease burden and demographics
- Engage patient population to maximize recruitment and retention strategies and minimize burden of trial

Site Selection

- Communicate targets for enrollment including demographic projections
- Assist sites with local recruitment plan and outreach activities
- Assess and support each site's cultural readiness
- Provide diversity training to Investigators and site staff

Site Support & Communication

- Ensure recruitment strategy is informed by patient preferences
- Connect with referral networks in the community, including organizations directly involved with target population
- Monitor and communicate site progress, address and adjust with site as needed

Accountability

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Solve for logistical challenges

- Easy and quick reimbursement processes
- Consider compensation for missed work or caregiver support
- Flexible, extended site hours (after work hours and weekends)
- Flexible appointments
- On-site childcare and eldercare
- Provide transportation or assist with arrangements
- Health literate study information in the correct language
- Culturally competent and linguistically-capable staff
Key Opportunities & Future Actions

- Patient and Community Awareness, Access, Engagement, and Participation; Trust, Trustworthiness
- Workforce Diversity
- Eligibility and Study Design
- Logistics and Flexibility
- Data Standards and Analyses
- Innovation
- Genetics
- Diversity in data sources and databases; RWE
Accountability in Partnership

Holding ourselves and one another accountable

- Metrics
- Transparency
- Dialogue
• Genentech/Roche:
  o Phase 3 trial of patients with COVID-19 associated pneumonia
  o Patients who received tocilizumab (Actemra®) in addition to standard of care were 44% less likely to progress to mechanical ventilation or death.
  o 85% of the 389 patients were from minority racial and ethnic groups, majority Hispanic, significant representation of Black or African American and Native American populations.

It can be done.
The work ahead

• What can each of us do now?
  › One step at a time towards change

• Targeted recommendations for special populations

• Additional tools and resources

• Need for local, national, and international focus going forward

• Committing to inclusion is our first step.

“...the real work of change is done year by year, month by month, and day by day, by all of us, by each of us...”

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Leaning in: *Practical Approaches to improving diversity in Clinical trials*

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<th>Webinar Topic</th>
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<tr>
<td>Community awareness, access, knowledge</td>
<td>October 14, 2020</td>
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<tr>
<td>Workforce Development</td>
<td>October 28, 2020</td>
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<tr>
<td>Study Design, Eligibility, Site Selection &amp; Feasibility</td>
<td>November 11, 2020</td>
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<td>Study Conduct (Recruitment, Retention)</td>
<td>December 9, 2020</td>
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<tr>
<td>Data Standards and Analysis</td>
<td>January 13, 2021</td>
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<td>Stakeholder Roles and Responsibilities</td>
<td>January 27, 2021</td>
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<tr>
<td>Role of Data in Diversity: Genetics &amp; RWD</td>
<td>February 10, 2021</td>
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*Leaning in webinars will be held Wednesdays 11 AM -12 noon ET*
Discussion and Questions