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Diversifying Clinical Trials: Does presentation at gynecologic oncology tumor board increase equitable access to clinical trials for black and latinX patients?

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Presenter Information

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Introduction

- Clinical trials are integral to advancing cancer care
- Equitable accrual of research participants ensures that clinical outcomes represent patients from all backgrounds.
- Black and latinX patients are underrepresented in clinical trials despite constituting most urban areas where many clinical trials are available.
- This study aims to determine whether presentation at gynecologic oncology tumor board increases clinical trial enrollment of black and latinX cancer patients.

Methods

- A retrospective chart review of all cases presented at multidisciplinary gynecologic oncology tumor board from Jan 2019 – Jun 2022 was analyzed.
- Demographic and cancer-specific variables as well as tumor board discussions regarding clinical trials were collected.
- Continuous covariates were summarized within groups by reporting means and compared using Wilcoxon rank-sum tests.
- Categorical covariates were summarized reporting counts and compared using Fisher exact tests.

Results

- 349 cases reviewed. 43 cases excluded due to a diagnosis of preinvasive disease, borderline tumor, or non-gynecologic primary cancer.
- 226 patients had a clinical trial discussion at their gynecologic oncology tumor board presentation.
- Clinical trials were discussed at gynecologic oncology tumor board for 71.7% of latinX patients and 64.5% of black patients.

Clinical Trial Enrollment

Proportion of Patients Enrolled In Clinical Trial after GO TB discussion by Race

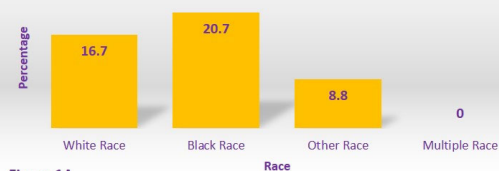


Figure 1A

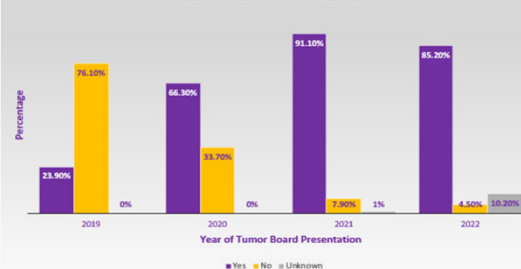
Proportion of Patients Enrolled In Clinical Trial after GO TB discussion by Ethnicity



Figure 1B

Clinical Trial Tumor Board Discussion

Proportion of Patients for whom a Clinical Trial Discussed At Tumor Board



Supporting literature: <https://www.ncbi.nlm.nih.gov/eproxy/lsuhsc.edu/pmc/articles/PMC8089053/>

Results (continued)

- There was no significant difference in clinical trial enrollment for black vs white patients (20.7% vs 16.7%, $p=0.26$).
- There was significantly lower enrollment on clinical trial for latinX patients than non-latinX patients (5.3% vs 18.4%, $p=0.034$) (fig 1)
- Patients with uterine sarcomas were less likely (28.6%) and patients with ovarian cancers (77.1%) were more likely to have clinical trials discussed at their tumor board presentation than those with other gynecologic cancers (65.4%).
- Uninsured and incarcerated patients (51.4%) had significantly lower rates of clinical trial discussions than patients with Medicare (72%), Medicaid (67.3%), and private (69.7%) insurance ($p=0.04$).
- There were significantly higher rates of clinical trial discussion in patients with a family history of cancer, 72.8%, vs 61.5% in patients without ($p=0.027$).
- Patients with advanced or recurrent cancer were more likely to have a clinical trial discussed than patients with lower stage disease (82.7% stage IV, 81.6% recurrent disease, 57.6% stage I, 55.9% stage II, 56.5% stage III, $p<0.001$).
- English-speaking patients were more likely to enroll on trial than Spanish-speaking patients (19% vs 3.8%, $p=0.035$).
- No significant difference in clinical trial discussion by primary language, marital status, age, distance to treatment.

Conclusions

- Nationally 6.6% of black cancer patients enroll in clinical trials. Here, we show that tumor board presentation led to 20.7% of black patients enrolling in clinical trials.
- We found a lower enrollment rate of patients who identify as latinX, this could be related to a language barrier as we found significantly lower enrollment in patients whose primary language was Spanish when compared to English speakers.
- Although latinX patients had a lower enrollment rate at 5.3%, it exceeded the national average of 1.9%.
- In this population, we have demonstrated that presentation at gynecologic oncology tumor board had a positive impact on clinical trial enrollment for black and latinX patients.