

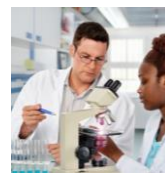
# Barriers and enablers to participation in cancer clinical trials across socioeconomic and ethnically diverse communities: A qualitative systematic review

Lorraine Turner<sup>1,3</sup>, Dr Sally Taylor<sup>2,3</sup>, Ashleigh Ward<sup>2</sup>, Professor Janelle Yorke<sup>2,3</sup>

<sup>1</sup> Department of Research & Innovation, The Christie NHS Foundation Trust, UK, <sup>2</sup> Christie Patient Centred Research, Department of Research & Innovation, The Christie NHS Foundation Trust, UK, <sup>3</sup> Division of Nursing, Midwifery and Social Work, School of Health Sciences, The University of Manchester, UK. For more information please contact [Lorraine.turner@nhs.net](mailto:Lorraine.turner@nhs.net)

## Background

- Cancer clinical trials help improve cancer patient outcomes by testing novel cancer therapies and developing new and advanced treatments.
- Equity of access and diversity in randomised clinical trials (RCT) is paramount to ensure the findings are generalisable across tumour and patient specific variations.
- However many racial and ethnic minority groups and patients with lower-socioeconomic status are underrepresented in clinical trials.
- Greater understanding of the barriers and facilitators to clinical trial participation is necessary in order for effective interventions to be developed.
- The results of the systematic review will be used to develop an intervention to increase cancer trial participation in underrepresented communities in Greater Manchester (GM).



**Aim:** To develop a conceptual model that illustrates the barriers and facilitators associated with under-representation of lower socioeconomic and ethnic diverse communities in cancer clinical trials.

## Methods

A qualitative systematic review using meta-ethnography analytic synthesis was carried out. Ovid MEDLINE & EMBASE, CINAHL plus, PsychINFO, ASSIS, Social Sciences Index & The Cochrane library databases searched including backward searching of reference lists, from 01/01/2000 onwards.

Inclusion criteria:

- Empirical, peer reviewed qualitative studies published in English 2012 to 2022
- Patients aged 18 and over with any cancer diagnosis and stage from with lower socioeconomic status (SES) and ethnically diverse communities.
- Cancer patients' family / carers, health care professionals (HCP) and health care leaders (HCL) involved in the care of adult oncology patients and / or delivery of cancer clinical trials.

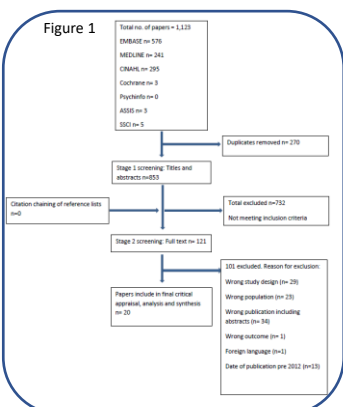
Study selection process carried out by two researchers (LT & AW) using PRISMA guidelines (Figure 1). Quality appraisal of included studies using JBI Critical Appraisal Checklist for qualitative research.



## Results

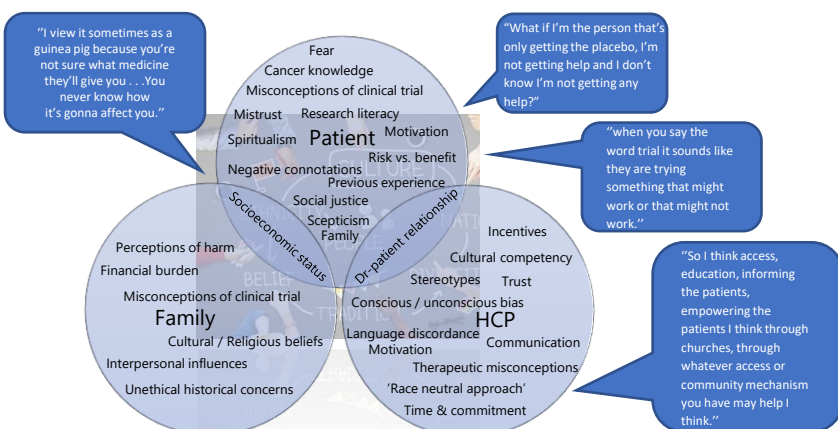
- 20 qualitative studies exploring barriers and facilitators to cancer clinical trial participation from patients of lower SES and ethnic diverse communities. Including, family & carers, HCP & HCL.
- 19 studies conducted in United States, 1 Singapore (Chinese, Malay, non-English speaking patients).
- Most common ethnic subgroup were 'African American' or 'Black' and Hispanic.
- Breast cancer was most common cancer, prostate for men.
- Majority of patients were aged 50 plus and had annual income below \$35,000; many of which reported >\$20,000 per annum; college level education with several unemployed across the papers.
- Four papers included barriers & facilitators from a rural vs. urban population perspectives.
- Majority of studies undertaken in a National Cancer Institute (NCI) cancer centre.
- Most papers portrayed patients' perspective. Seven papers included patients, family / carers, HCP & HCL (5 papers were from the same qualitative study).

Preliminary data synthesis using meta-ethnography: Phase 1 - Determining how studies are related



## Conclusion

- Qualitative systematic review methodology provides analytical depth and contextual detail to help understand the experiences and beliefs around the phenomena in question.
- The first phase of data synthesis highlights the complexities surrounding the barriers that affect patients' from ethnic diverse and lower socioeconomic communities participating in oncology clinical trials.
- A limitation of this systematic review is that most research is carried out in the United States with English-speaking, predominantly African American, 'Black' ethnicity cancer patients. Therefore can the results be generalisable to the diverse ethnic populations in GM.



"I view it sometimes as a guinea pig because you're not sure what medicine they'll give you... You never know how it's gonna affect you."

"What if I'm the person that's only getting the placebo, I'm not getting help and I don't know I'm not getting any help?"

"when you say the word trial it sounds like they are trying something that might work or that might not work."

"So I think access, education, informing the patients, empowering the patients I think through churches, through whatever access or community mechanism you have may help I think."

HCL perspectives around facilitators

- ❖ Community engagement to build trusting relationships.
- ❖ Outreach models of care.
- ❖ Formal & integrated referral processes across academic & local hospitals.
- ❖ Institutions to implement equality, diversity and inclusivity strategies.
- ❖ Appropriate training for HCP which supports cultural competency.