



¹LSU Health Sciences Center, School of Medicine, New Orleans, LA
²LSU Health Sciences Center, Biostatistics Program, School of Public Health, New Orleans, LA
³Louisiana Tumor Registry, LSU Health Sciences Center, School of Public Health, New Orleans, LA
⁴LSU Health Sciences Center, Department of Obstetrics and Gynecology, New Orleans, LA

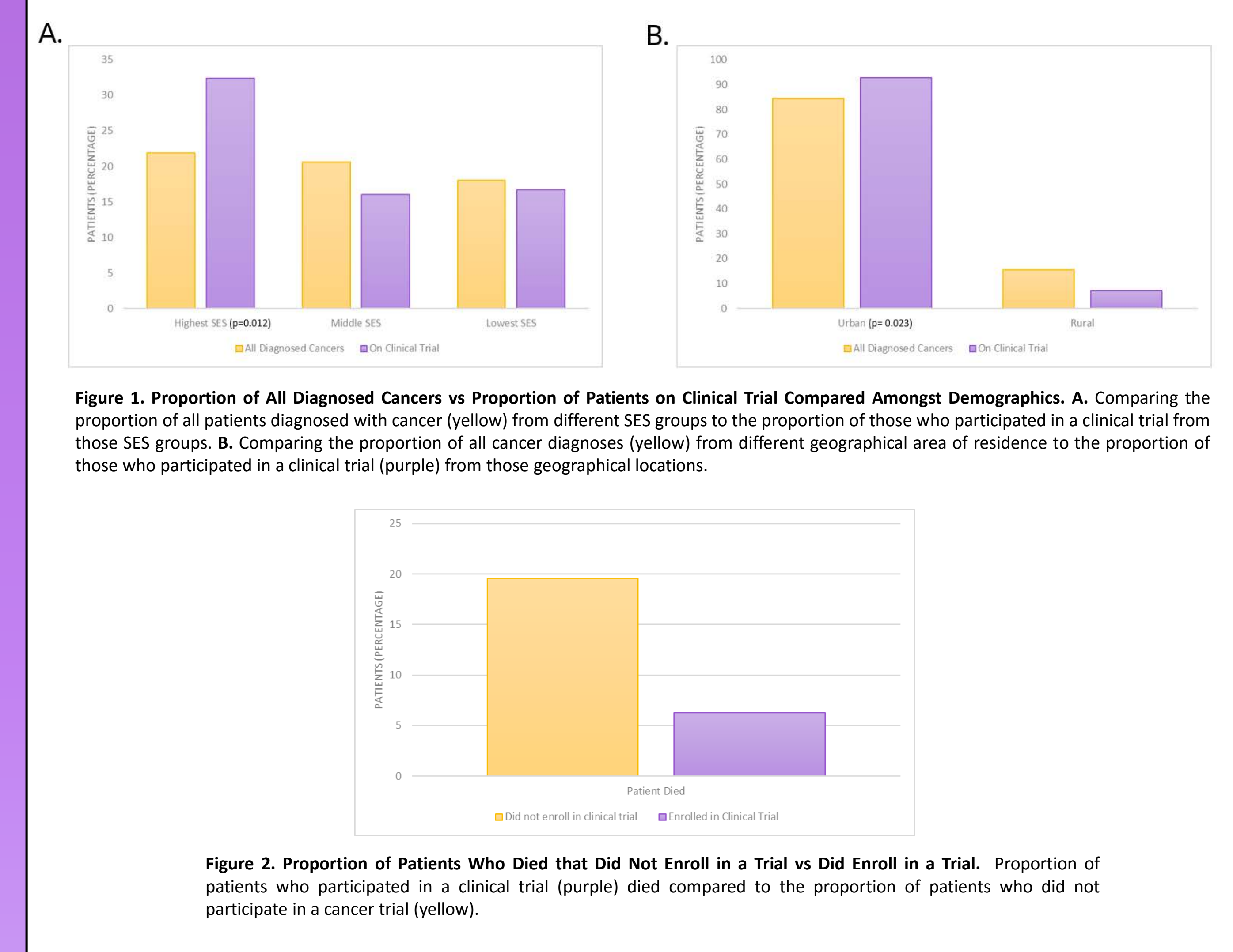
Background

- Racial, ethnic and socioeconomic homogeneity of clinical trial participants significantly contributes to health disparities by producing results that are not generalizable to the patient populations disproportionately affected by cancer
- There are several proposed barriers to minority recruitment in clinical trials including:
 - Lack of access to open clinical trials in diverse communities
 - Lack of encouragement to enroll in communities with less resources
 - Skepticism of the process
- The purpose of this study is to determine if lack of diversity in cancer clinical trials exists in Louisiana and define areas for improvement

Findings

- Patients of the highest socioeconomic group made up, n=5,444, (21.9%) of total cancers, a larger proportion, n=35, (32.4%), p=0.01 in a trial.
- A larger proportion, n=103, (92.8%), enrolled in trial were more likely to be from an urban location when compared to those who were not, p=0.02.
- We found a significant positive correlation (p=0.01) between clinical trial enrollment and residence in geographic areas with higher rate of high-school graduation
- A smaller proportion, n=7, (6.3%), of clinical trial participants died compared to those who did not participate, n=5176, (19.6%), p<0.01
- With a national average of about 5% clinical trial participation, Louisiana has shown to have relatively low clinical trial participation independent of race.
 - 25,484 new cancer diagnoses were made according to the LTR in 2019 with only 112 (0.44%) of all patients enrolling in a clinical trial.

Findings (Cont.)



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| Demographic | All, N, (%) | On clinical trial n, % | Not on clinical trial n, % | p value |
|------------------------|----------------|------------------------|----------------------------|--------------|
| SES Highest | 5479, (21.9) | 35, (32.4) | 5444, (21.9) | 0.012 |
| SES High | 5083, (20.3) | 22, (20.4) | 5061, (20.3) | 1 |
| SES Med | 5149, (20.6) | 16, (14.8) | 5133, (20.6) | 0.171 |
| SES Low | 4786, (19.1) | 17, (15.7) | 4769, (19.2) | 0.436 |
| SES Lowest | 4504, (18) | 18, (16.7) | 4486, (18) | 0.810 |
| Race | | | | |
| White/Caucasian | 18,766, (70.7) | 76, (68.5) | 18,690, (70.7) | 0.676 |
| Black/African-American | 7433, (28) | 34, (30.6) | 7399, (28) | 0.610 |
| Urban | 22,361, (84.5) | 103, (92.8) | 22,258, (84.5) | 0.023 |
| Non-urban | 4093, (15.5) | 8, (7.2) | 4085, (15.5) | -- |
| Patient Died | 5183, (19.5) | 7, (6.3) | 5176, (19.6) | 0.001 |

Table 1. Population Demographics. Data comparing the proportion of patients who enrolled in clinical trial vs those who did not amongst different SES groups, races, and geographical area of residence, including the proportion of those who died.

Conclusions

- Clinical trial access tends to favor those from higher SES communities, with higher levels of education and from more urban locations
- Clinical trial participation is associated with better survival outcomes
- Cancers that disproportionately affect a specific racial demographic (i.e.: prostate cancer in black males) did not show adequate representation of that demographic in cancer trials
- More work needs to be done to improve equitable clinical trial participation in Louisiana especially those in lower resourced communities

Methods

