

Disparity of Equitable Representation in Cancer Clinical Trials: Nursing Perspectives

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Racial and ethnic minority groups are underrepresented in cancer clinical trials. The lack of underrepresented groups limits valid analyses of racial and ethnic differences in response to treatment. This can contribute to cancer-related disparities as well as worsening morbidity and mortality in these populations. This article explores how oncology nurse clinicians can help improve recruitment and retention of participants from racial and ethnic minority groups in cancer clinical trials.

AT A GLANCE

- Oncology nurses can be cognizant of individual and systemic barriers that prevent people from racial and ethnic minority groups from participating in cancer clinical trials.
- Oncology nurses may use interprofessional approaches and community-based participatory research to increase cancer trial participation among underrepresented racial and ethnic groups.
- Oncology nurses can advocate for diverse representation in clinical trials by pushing for policy changes and making concerted efforts to allocate resources for individuals from low resource settings.

KEYWORDS

racial; ethnic; underrepresented group; clinical trials; representation

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The proportion of underrepresented racial and ethnic groups in the United States is rising (U.S. Census Bureau, 2019). There is also a rise in a wide range of comorbid medical and mental health conditions among these populations (Ahmed & Conway, 2020). For example, African Americans constitute 20% of the U.S. population affected by multiple myeloma, a rare and aggressive plasma cell dyscrasia, but they constitute only 13% of the U.S. population (International Myeloma Foundation, n.d.; U.S. Census Bureau, 2019). Despite the elevated incidence of multiple myeloma among African Americans, they frequently experience treatment delays and are less likely to receive effective myeloma-directed therapies than non-Hispanic White patients (Pierre & Williams, 2020). Although mortality rates have decreased for all cancers, the incidence of cancer remains higher among underrepresented racial and ethnic populations compared to the non-Hispanic White population. The American Cancer Society (2021) found that the five-year survival rate among Black people is lower for all cancers as compared to other populations. Black or African American men have a higher incidence of prostate cancer and twice the mortality rate as compared to non-Hispanic White men (Centers for Disease Control and Prevention [CDC], 2021b). Higher incidence and mortality rates were also found among American Indians and Alaska Natives with kidney cancer as well as Black women with breast cancer (Breast Cancer Research Foundation, 2022; CDC, 2020).

Many factors contribute to cancer disparities in underrepresented racial and ethnic populations. There is a higher rate of comorbid conditions such as obesity, chronic kidney disease, diabetes mellitus, and hypertension among patients from underrepresented racial and ethnic groups compared to non-Hispanic White patients (Daw, 2017). Boakye et al. (2021) reported that comorbid conditions had a positive association with advanced-stage cancer diagnoses. The increased incidence of comorbid conditions may contribute to increased morbidity and mortality rates among patients from underrepresented racial and ethnic groups compared to non-Hispanic White patients. Other factors contributing to cancer disparities leading to increased morbidity and mortality are related to socioeconomic indicators that may be associated with underrepresented racial and ethnic populations, such as low income, lack of reliable healthcare access, long travel distances,