



May 11, 2022

The Honorable Patty Murray  
Chairwoman  
Committee on Health, Education, Labor & Pensions  
United States Senate  
Washington, D.C. 20510

The Honorable Frank Pallone  
Chairman  
Committee on Energy and Commerce  
United States House of Representatives  
Washington, D.C. 20515

The Honorable Richard Burr  
Ranking Member  
Committee on Health, Education, Labor & Pensions  
United States Senate  
Washington, D.C. 20510

The Honorable Cathy McMorris Rodgers  
Ranking Member  
Committee on Energy and Commerce United  
States House of Representatives  
Washington, D.C. 20515

Dear Chairman Pallone, Ranking Member McMorris Rodgers, Chairwoman Murray, and Ranking Member Burr;

The 89 undersigned organizations, representing patients with chronic and acute health conditions, write to urge that you take bold steps to improve the diversity of enrollment in clinical trials as part of this year's Prescription Drug User Fee Act (PDUFA) reauthorization.

Today, the majority of clinical trials fail overwhelmingly to achieve diverse enrollment - despite the fact that many serious and chronic diseases disproportionately impact underrepresented racial and ethnic minority groups. This lack of diversity in trial enrollment inhibits a full understanding of how safe and effective new drugs might be across their intended populations. It also exacerbates disparities in access to treatment when enrolling in a clinical trial may be a patient's most effective treatment option.

Improving clinical trial diversity is an imperative both for patient access and comprehensive scientific research. Despite racial and ethnic minority groups comprising nearly 40% of the US population, about 75% of participants in trials for drugs approved by the FDA in 2020 were white.<sup>1</sup> When compared against the disproportionate burden of acute and chronic disease across racial and ethnic minority groups, this stark contrast highlights a growing problem contributing to both health and socioeconomic disparities.<sup>2</sup>

Clinical trials should be available to all patients who qualify, including those who experience barriers to care and/or those who are from underrepresented communities. Reducing barriers to clinical trial participation is also good science. As America becomes more racially and ethnically diverse, a clinical trial system that fails to enroll patients from growing demographics will not support the pace of innovation that will help us meet our potential. We urge Congress to make real and meaningful reforms that will help ensure patients in every part of the country have access to the clinical trial care they need, while at the same time accelerating the development of new and better treatment options for patients for decades to come.

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<sup>1</sup> US Food and Drug Administration, *2020 Drug Trials Snapshots: Summary Report*, February 2021, <https://www.fda.gov/media/145718/download>

<sup>2</sup> Thorpe, KE. et al., *The United States can reduce socioeconomic disparities by focusing on chronic diseases*, August 17, 2017, Health Affairs Blog, <https://www.healthaffairs.org/doi/10.1377/hblog20170817.061561/full>.

### *Promoting Sponsor Accountability for Enrollment Diversity*

We are particularly pleased that the House Energy & Commerce Committee is taking up provisions related to promoting clinical trial diversity by increasing sponsor accountability. While the FDA encourages and supports sponsors developing diversity plans with enrollment targets, trial sponsors are not required to develop or submit these plans during the FDA's trial design review processes. Clinical trial sponsors should be required to build in specific, measurable enrollment targets as part of their trial design, prior to Phase II or III trials, to ensure that enrollment includes participants reflective of the diverse populations impacted by the specific disease or condition the therapy is intended to address. Incorporating diversity planning into the trial design process at its earliest stages would ensure that underrepresented groups aren't left behind and examine all aspects of trial design and conduct to diminish barriers.

### *Reduce Travel Burden for Trial Participants*

In many cases, underrepresented groups may be less able to travel long distances to participate in a clinical trial, either from rural areas or even within urban areas. To promote trial access for these patients, trial designs must consider delivering certain clinical trial services outside of the centralized academic medical center setting. Trial flexibilities extended by the FDA during the COVID-19 public health emergency allowed certain trial services to be provided at community health facilities or in a patient's home, including the ability to utilize telemedicine and have interim toxicity evaluation visits, as long as precautions were in place to ensure reliable data. With two years of experience under these flexibilities, it is clear that some standardized services such as phlebotomy, traditional diagnostic imaging tests, and vitals checks can be provided safely and accurately by community providers in many cases. We urge Congress to make these flexibilities permanent in order to dramatically reduce travel and cost burdens on patients and reduce a key barrier to trial enrollment and retention.

We also look forward to working with you moving forward to address other barriers to increasing clinical trial participation and diversity and respectfully offer our support of the following policies for future consideration:

### *Improve Outreach to Underserved Patients & Providers*

Investing in community-based providers is more likely to reach patients historically underrepresented in clinical trials. Community health centers are key to breaking down the barriers between the academic medical center and the healthcare teams patients already know and trust. However, many of these community providers are already stretched thin and lack the capacity to engage their patients in clinical trial enrollment. Federal resources should be directed towards community health center grant programs that support hiring and training culturally competent on-site personnel to conduct and recruit for trials, as well as implementing the IT systems necessary to seamlessly educate and enroll patients.

### *Minimize Financial Barriers*

The cost associated with getting to a clinical trial location and making arrangements for family members can make enrolling in a clinical trial impossible. However, current federal fraud and abuse laws discourage sponsors from paying directly for digital technologies, transportation, lodging, and meals to trial participants and their families without the threat of legal action. This disincentive should be removed, and federal rules should clarify that sponsors can provide this assistance to trial enrollees without the threat of liability.

## **Conclusion**

As America becomes more racially and ethnically diverse, a clinical trial system that fails to enroll patients from growing demographics will not support the pace of innovation that will help us meet our potential. We urge you to take real and meaningful steps towards this future.

Sincerely,

The Leukemia & Lymphoma Society  
American Cancer Society Cancer Action Network  
Academy of Oncology Nurse & Patient Navigators  
Accessia Health  
AliveAndKickn  
ALS Association  
American Heart Association  
American Kidney Fund  
American Liver Foundation  
American Lung Association  
American Society for Radiation Oncology  
Anxiety and Depression Association of America  
Association for Clinical and Translational Science  
Association for Clinical Oncology  
Association of American Cancer Institutes  
Association of Community Cancer Centers (ACCC)  
Association of Oncology Social Work  
Asthma and Allergy Foundation of America  
Bladder Cancer Advocacy Network  
Cancer ABCs  
Cancer Support Community  
CancerCare  
Case Western Reserve University School of Medicine  
Children's Cancer Cause  
Clinical Research Forum  
College of American Pathologists  
Color of Crohn's & Chronic Illness  
Colorectal Cancer Alliance  
Dana-Farber Cancer Institute  
Debbie's Dream Foundation: Curing Stomach Cancer  
Digestive Disease National Coalition  
Duke Health

Epilepsy Foundation  
Exon Group  
Fight Colorectal Cancer  
FORCE: Facing Our Risk of Cancer Empowered  
Friends of Cancer Research  
GBS-CIDP Foundation International  
GLMA: Health Professionals Advancing LGBTQ Equality  
Global Liver Institute  
GO2 Foundation for Lung Cancer  
Hemophilia Federation of America  
ICAN, International Cancer Advocacy Network  
International Myeloma Foundation  
JDRF  
Karen's Club  
KidneyCAN  
Lazarex Cancer Foundation  
Livestrong  
LUNgevity Foundation  
Lymphoma Research Foundation  
Malecare Cancer Support  
Moffitt Cancer Center  
National Brain Tumor Society  
National Cancer Registrars Association  
National Comprehensive Cancer Network  
National Eczema Association  
National Health Council  
National Hemophilia Foundation  
National Kidney Foundation  
National LGBT Cancer Project  
National Marrow Donor Program/Be The Match  
National MS Society  
National Organization for Rare Disorders  
National Pancreas Foundation  
National Patient Advocate Foundation  
National Psoriasis Foundation

National Scleroderma Foundation  
NephCure Kidney International  
Oncology Nursing Society  
Ovarian Cancer Research Alliance  
Pennsylvania Prostate Cancer Coalition  
Perelman School of Medicine, University of  
Pennsylvania  
Prevent Cancer Foundation  
Project Sleep  
Prostate Health Education Network, Inc.  
Seattle Indian Health Board  
Sleep Research Society  
St. Baldricks Foundation

Susan G. Komen  
The Consortium of MS Centers; The  
International Organization of MS Nurses  
The Jed Foundation  
The University of North Carolina at Chapel  
Hill  
Tigerlily Foundation  
Triage Cancer  
U.S. Against Alzheimer's  
wAIHA Warriors  
WomenHeart: The National Coalition for  
Women with Heart Disease  
ZERO - The End of Prostate Cancer