



Scientific Abstract

SU2C Health Equity Breakthrough Team:

“DISRUPT: Diversity & Inclusion in Research Underpinning Prevention & Therapy Trials”



[This abstract was provided by the scientists when their application was accepted.]

That Black, Indigenous, and People of Color (BIPOC) experience worse cancer outcomes is well documented. Despite decades of progress, basic discovery and clinical innovation in cancer care remain grounded in research with mostly white populations. Reasons for these inequities traverse patient, provider, health system and scientific levels- cancer clinical trials (CT) are viewed as being outside the norm. Recent estimates put overall CT enrollment in the United States at 8%.

These low overall rates of CT participation are due to: health systems' lack of capacity; unavailability of trials for patients with certain comorbidities; inadequate clinical support for enrollment and retention; logistics and costs of care; and patient concerns about risks and randomization. These barriers disproportionately impact BIPOC patients from low income communities. We argue that no matter how much investment we make in translational science research, unless we move away from a focus at the end based on BIPOC counts and reconceptualize the way research is developed, viewed and brought to patients in clinical settings, the massive inequities in the cancer burden will remain.

This proposal brings together multidisciplinary teams from four New York City institutions serving approximately two million people residing in some of the most diverse and underserved communities in the United States.

Our collaborative research's intent is captured by its acronym, DISRUPT: Diversity & Inclusion in Research Underpinning Prevention & Therapy Trials. To disrupt the norms that maintain increased risk and poorer outcomes experienced by BIPOC, we propose three integrated and synergistic aims to improve diversity and inclusion in CTs through disruptive approaches at the community (Aim 1), provider, system and patient (Aim 2), and basic and translational scientist levels (Aim 3). All three aims focus on changing norms reified in institutional policies and established practice that will provide essential evidence to translate and scale these changes to institutions and networks involved in cancer treatment research.

- In **Aim 1**, we will partner with local organizations to formulate and disseminate new norms regarding cancer care & research and diffuse these new norms throughout the community via community organizations and Health Ambassadors bringing a different vantage point on CTs, raising awareness and increasing demand for access to cancer research.
- In **Aim 2**, we will create an electronic approach to identify key clinical characteristics of patients and trials and match patients and trials and bring these data to patients and their physicians at the time of key decisions.





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- In **Aim 3**, we will provide and integrate essential experiential training in diversity, social determinants of health and the importance of conducting community relevant work into basic and translational science training.

This DISRUPT proposal provides the foundation to disrupt norms about cancer clinical trials in our communities, delivery systems and scientific research enterprises.

