



Canadian
Cancer Clinical
Trials Network

Improving EDI in Clinical Trials

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ICRP Annual Meeting 2024
International Cancer
Research Partnership

CCRA
ACRC Canadian Cancer
Research Alliance
Alliance canadienne
pour la recherche sur le cancer

Improving Equity, Diversity and Inclusion in Clinical Trials

Clinical trial participants need to reflect the diverse people living with cancer



*Better generalizability
and validity of trial results*

*Equitable access to
trials offering innovative
therapies and
improved surveillance*

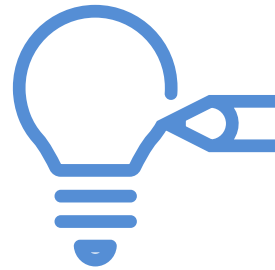
*All communities can benefit from scientific
advances – trial results can help improve
treatment efficacy and outcomes*



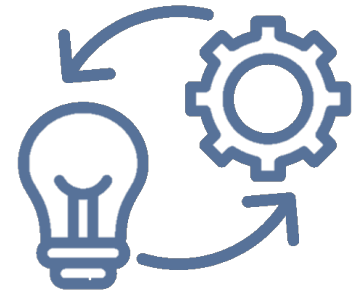
Addressing EDI Challenges in Clinical Trials – Our Approach



Environmental Scan



Framework and Toolkit Development



Knowledge Mobilization

Representative Stakeholder Working Group

- Provided expertise and strategic advice as PWLE, research knowledge leads
- Identified practical, best practice resources
- Assessed feasibility and priority-setting for implementing recommendations



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of Cancer Research



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Canadian Cancer Trials
Group



Tina Hsu
University of Ottawa



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C17 Council



Laura McNab-Coombs
BC Network Environment for
Indigenous Health Research



Roel Schlijper-Bos
BC Cancer – Prince
George

Acknowledgement of financial support



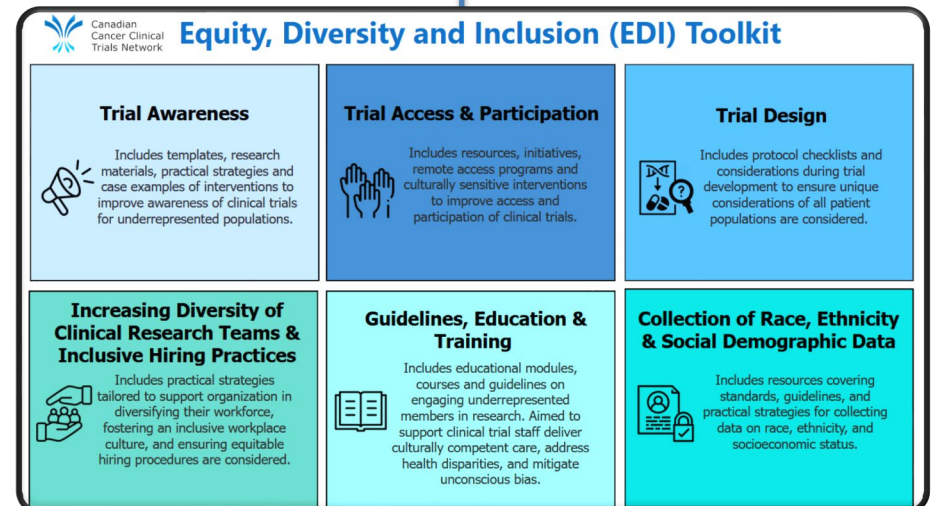
EDI Framework and Resource Toolkit

Themes

- Improving Trial Participation – Fostering Trust and Improving Communication
- Improving Trial Awareness
- Improving Trial Access
- Developing Inclusive Trial Design
- Education and Training for Clinical Research Staff
- Increasing Diversity of Clinical Research Teams and Inclusive Hiring Practices
- Collection of Trial Participant Data – Race, Ethnicity, Demographic Data

Equity, Diversity, and Inclusion (EDI) Framework for Clinical Trials

A Framework to support sites, clinical research staff, sponsors, and funders for accessing information and resources focusing on improving and sustaining equitable and inclusive best practices for underrepresented populations in clinical trials.





Framework Recommendations – Shared Responsibilities

Improving Trial Access

Recommendations



Establish trial sites in diverse locations (rural and community sites). Modify compliance policies to align with this initiative.



Establish partnerships between providers from large academic health care systems with community providers. Build strong rapport that will improve local enrollment for rural and diverse patients.



Implement decentralized trial procedures (e.g., e-consent, remote data collection, assessments, use of local laboratory, etc.) and decrease frequency of study visits.



Provide resources and funding to support and coordinate complex trials at all sites.



Engage participants in discussions regarding accommodations and support they may need prior to visits.



Incorporate funds for costs associated with participation such as transportation, lodging and childcare, within trial budget.



e.g.,: CRAFT DCT model





Equity, Diversity and Inclusion (EDI) Toolkit

Trial Awareness



Includes templates, research materials, practical strategies and case examples of interventions to improve awareness of clinical trials for underrepresented populations.

Trial Access & Participation



Includes resources, initiatives, remote access programs and culturally sensitive interventions to improve access and participation of clinical trials.

Trial Design



Includes protocol checklists and considerations during trial development to ensure unique considerations of all patient populations are considered.

Increasing Diversity of Clinical Research Teams & Inclusive Hiring Practices



Includes practical strategies tailored to support organization in diversifying their workforce, fostering an inclusive workplace culture, and ensuring equitable hiring procedures are considered.

Guidelines, Education & Training



Includes educational modules, courses and guidelines on engaging underrepresented members in research. Aimed to support clinical trial staff deliver culturally competent care, address health disparities, and mitigate unconscious bias.

Collection of Race, Ethnicity & Social Demographic Data



Includes resources covering standards, guidelines, and practical strategies for collecting data on race, ethnicity, and socioeconomic status.



Trial Access and Participation

Resources for:

Funders

Sponsors

Sites and Research Staff

EDI Strategy:

Target Population

All ▼

Resource Topics

All ▼

Search Key Words

Clear Search

Resource Title	Summary	URL
5Ts Framework	The 5Ts framework was developed in 2019 with support from the Duke Clinical & Translational Institute (CTSI) as a memorable way to organize and communicate best practices for inclusion of older adults in research. Each "T" is a useful reminder of the many proven strategies to support participation of older adults in clinical research. The 5Ts Framework serves as a valuable organizing model for the best practice recommendations we have gathered for improving inclusion across the lifespan. To see recommendations for each "T" select Target population, Team, Time, Tips to Accommodate, or Tools. Or to narrow the list of recommendations to those most relevant to your study, use the filters to select your "Data collection method," "Study design," "Study setting", current study "Activity," or "Person." Links and resources are attached to recommendations.	🔗
A Bilingual, Internet-based, Targeted Advertising Campaign for Prostate Cancer Clinical Trials	A bilingual, Internet-based, targeted advertising campaign for prostate cancer clinical trials. Intervention components included (1) a low-literacy, bilingual, automated, Internet-based clinical trial matching tool; (2) a bilingual, nurse-led...	🔗



Trial Access and Participation

Resources for:

Funders	Sponsors
Sites and Research Staff	

EDI Strategy:

Target Population

All ^

- AYA Populations
- Black Community
- Indigenous Populations (First Nations, Inuits, Métis)
- Multiple Racial/Ethnic Populations
- New Immigrants/Newcomers
- Non-Native English speakers
- Older Adults

Search Key Words

Search Search

Resource Title

<p>5Ts Framework</p>	<p>The 5Ts framework was developed in 2019 with support from the Duke Clinical & Translational Institute (CTSI) as a memorable way to organize and communicate best practices for inclusion of older adults in research. Each "T" is a useful reminder of the many proven strategies to support participation of older adults in clinical research. The 5Ts Framework serves as a valuable organizing model for the best practice recommendations we have gathered for improving inclusion across the lifespan. To see recommendations for each "T" select Target population, Team, Time, Tips to Accommodate, or Tools. Or to narrow the list of recommendations to those most relevant to your study, use the filters to select your "Data collection method," "Study design," "Study setting", current study "Activity," or "Person." Links and resources are attached to recommendations.</p>
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← Trial Access and Participation

Resources for:

Funders Sponsors

Sites and Research Staff

EDI Strategy:

Target Population

All

Resource Topics

All

- Best Practices for Inclusion of Older Adults
- Culturally Sensitive Interventions
- Decentralized Clinical Trial Framework and Models - Remote access for clinical ...
- Financial Reimbursement for Trial Participants
- Improve Access for Adolescents to New Anti-Cancer Drugs
- Informed Consent Forms
- Patient Navigators

Search Key Words

Search

Resource Title

5Ts Framework

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A Bilingual, Internet-based, Targeted Advertising Campaign for Prostate Cancer Clinical Trials

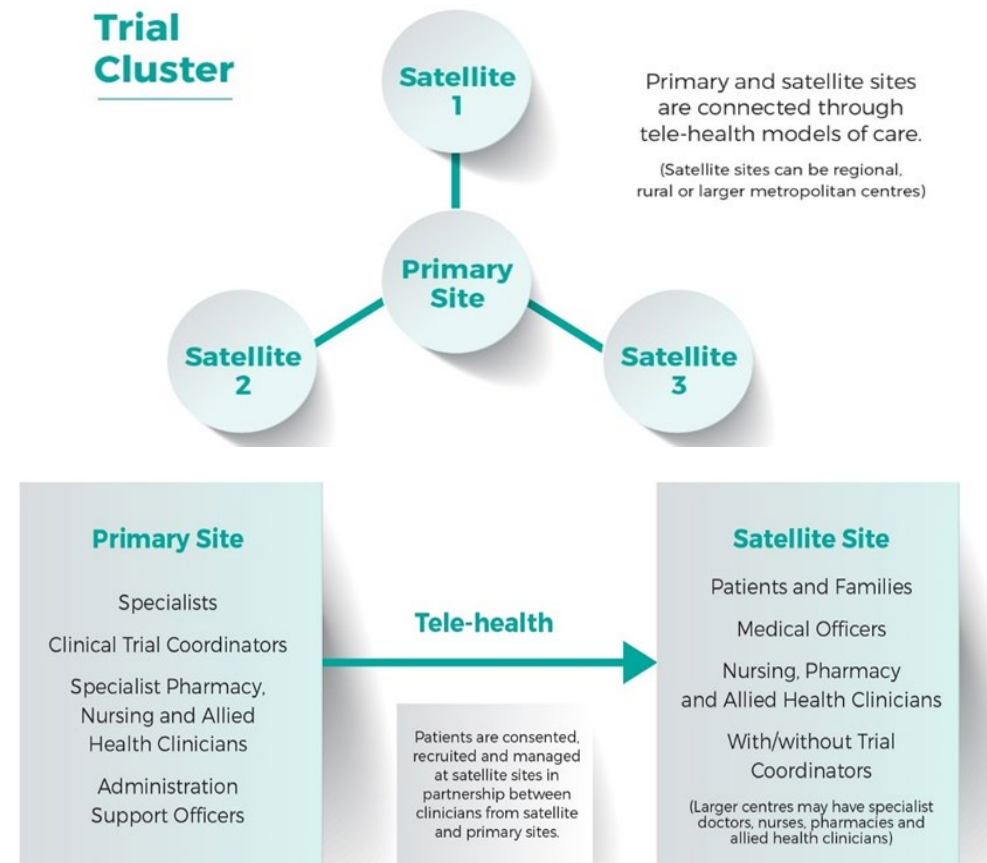
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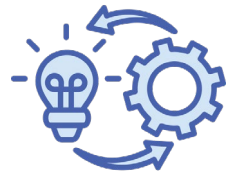


Targeted Advertising Campaign for Prostate Cancer Clinical Trials
clinical trials. Intervention components included (1) a low-literacy, bilingual

CRAFT is a uniquely Canadian hybrid decentralized clinical trial (DCT) framework based on the Australasian Tele-Trials Model (ATM):

- **TRIAL CLUSTER** concept - agile & scalable
 - ❖ a single “site” entity, overseen by a Primary Site
- **RISK-BASED** organization on a **TRIAL BASIS**
- Explicit delegation of role accountabilities determined by:
 - a. Satellite suitability – research capacity, experience
 - b. Trial/activity complexity
- Sites’ involvement in multiple clusters expands CT portfolio activity & patient access





CRAFT Implementation - Proof of Concept (PoC)

- Demonstrate model implementation through PoC sites
- Evaluate qual./quant measures of success, primary site/satellite experiences, CRAFT Toolkit

Primary Site	Satellites
Health Sciences North: (Sudbury, ON) QI: Lacey Pitre	Sault Area Hospital (Sault Ste. Marie) Timmins District Hospital (Timmins)
BC Cancer: (Prince George, BC) QI: Robert Olson	Mills Memorial Hospital (Terrace) Kootenay Boundary Regional Hospital (Trail)
Eastern Health Sciences Centre: (St. John's, NL) QI: John Thoms	Central Newfoundland Regional Health Centre (Grand Falls – Windsor) Western Memorial Regional Hospital (Corner Brook)

EDI Demonstration Projects

- Support EDI activities and initiatives across the pan-Canadian Cancer Centre Network
- Provide funding to drive meaningful changes in trial conduct and patient access
- Evaluation and assessment of impacts

Coming Soon!



Patient Partner Perspectives

“Beyond addressing the WHY of EDI... the focus must be on WHAT we are doing next.”

- Michelle Audoin, 3CTN Patient Partner, EDI Working Group Member



The biggest impact on me and my family was the relief from indirect costs of travel to St. John’s and concerns about hazards – weather, moose – often encountered during the long drive...with the satellite clinic, that stress is lifted.

Making trial involvement more enticing for patients from a greater portion of the province can benefit cancer research.

It’s great news all around.

- Satellite Site Patient, NL ●



Small text caption below the satellite site image: Satellite site, Grand Falls-Windsor




Key Takeaways From My Experience

- We can offer world-class cancer care and still have unmet needs
- We can listen to patients and still be dismissive
- We can have intent to do good, but still do harm
- Patient-centered care is essential
- Community connections are key

Food for Thought

- How as an organization, team, individual, do we show we value diversity and equity?
- How are we challenging the status-quo to ensure our trials and practices are barrier-free and inclusive?
- How do we move beyond mission statements and symbolic posturing towards everyday actions?
- Are the needs of some communities still being addressed as parentheses or footnotes?
- Be the person that asks questions and acts

Thank You!

For more information on the EDI Framework and Toolkit
and CRAFT, please email  info@3ctn.ca



www.3CTN.ca





CRAFT Acknowledgements



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Kootenay Boundary Regional Hospital

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Lacey Pitre

Sheri Webb

Debbie Rainville

Robyn Huffels

Gillyan Gravelle

Terry MacKenzie

Stephanie McKague

Cathy Simeoni

Amanda Snyder

Timmins District Hospital

Nancy Woods

Lorna Green

Nancy Girard

Sault Area Hospital

Silvana Spadafora

Natalie Walde



Gretta Hutton

Janet Dancey

Diana Kato

Rebecca Xu

Rebecca Rose



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Helen McTaggart-Cowan



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Laura Genge

Marlise Ball

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Central NL Regional Health Centre

Penny Ralph

Western Memorial Regional Hospital

Amanda Park



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