Canadian
Cancer Clinical
Trials Network

Improving EDI in Clinical Trials

Stephen Sundquist, Canadian Cancer Clinical Trials Network (3CTN)
Michelle Audoin, OICR Patient and Family Advisory Council (PFAC)

ICRP Annual Meeting 2024
International Cancer Research Partnership

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

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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

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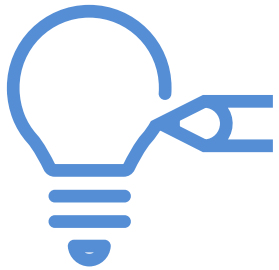
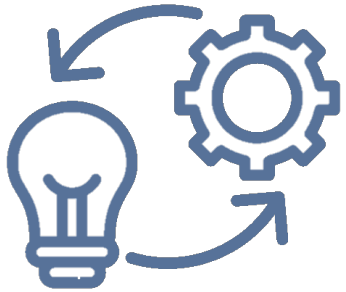
Addressing EDI Challenges in Clinical Trials – Our Approach





Environmental Scan

Framework and Toolkit Development

Knowledge Mobilization

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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

Michelle Audoin PFAC, Ontario Institute of Cancer Research	Anna Johnson Canadian Cancer Trials Group	Tina Hsu University of Ottawa
Doreen Ezeife Tom Baker Cancer Centre	Holly Longstaff Provincial Health Services Authority	Vinesha Ramasamy AYA CAN - Canadian Cancer Advocacy
Evani Goll C17 Council	Laura McNab-Coombs BC Network Environment for Indigenous Health Research	Roel Schlijper-Bos BC Cancer – Prince George

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CANADIAN PARTNERSHIP AGAINST CANCER
PARTENARIAT CANADIEN CONTRE LE CANCER

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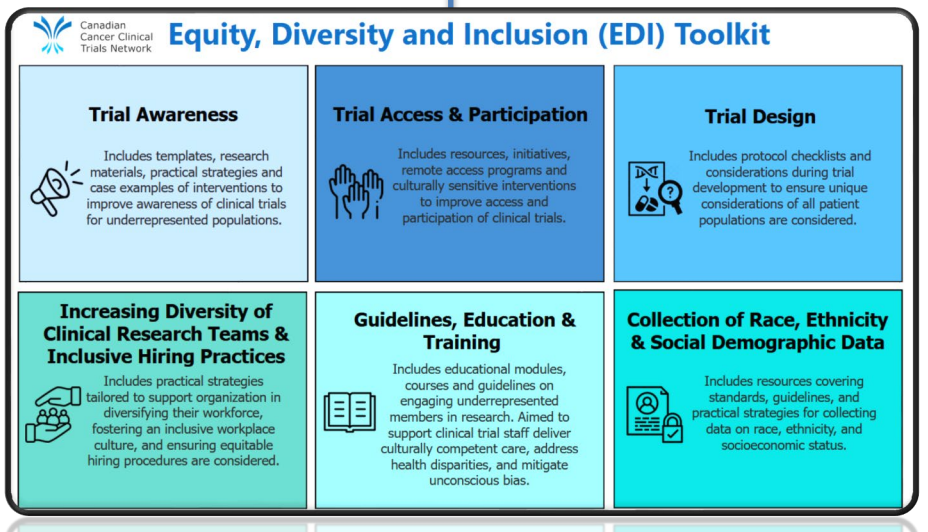
EDI Framework and Resource Toolkit

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



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Framework Recommendations – Shared Responsibilities

e.g.,: CRAFT DCT model

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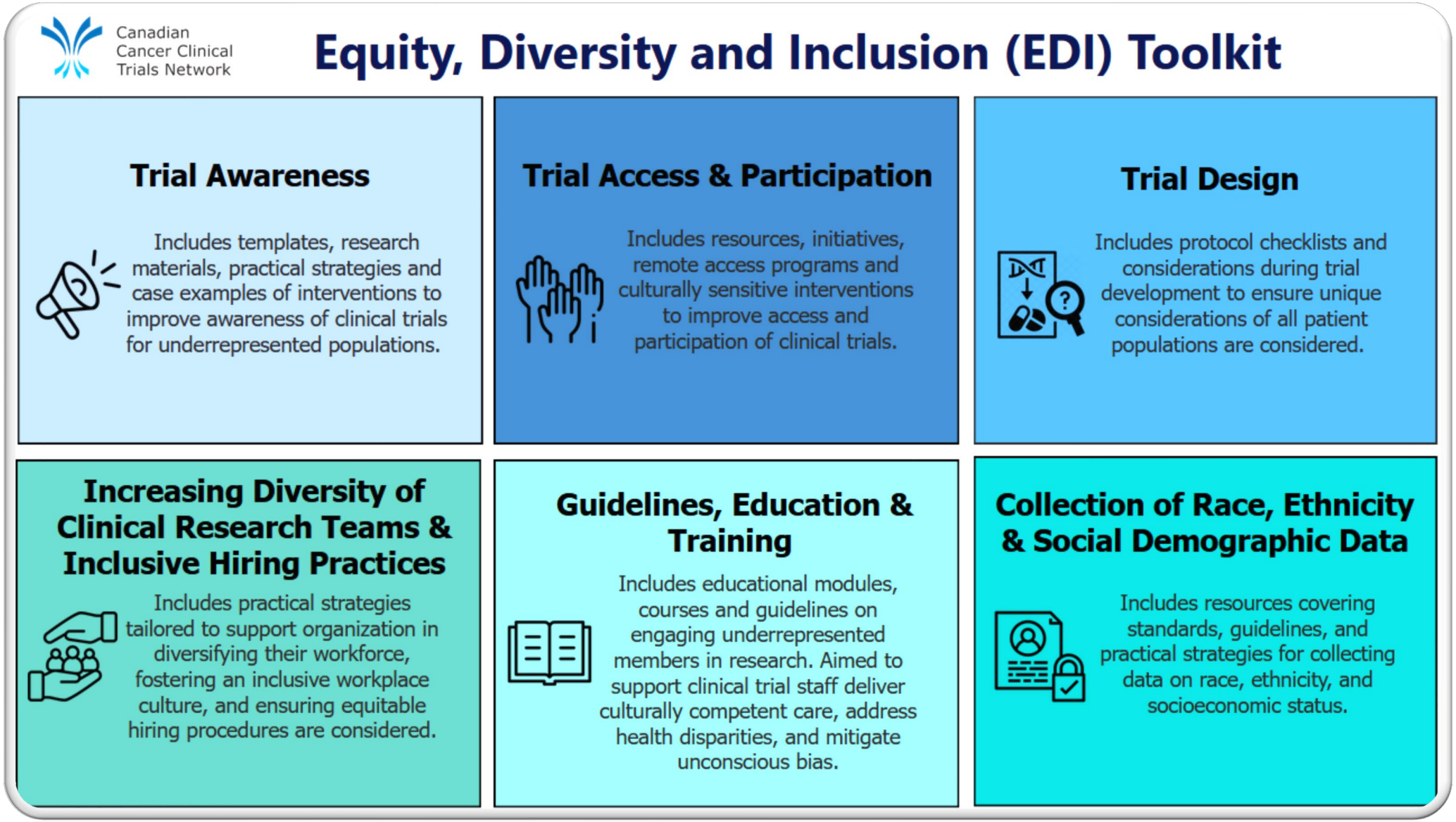
EDI Toolkit



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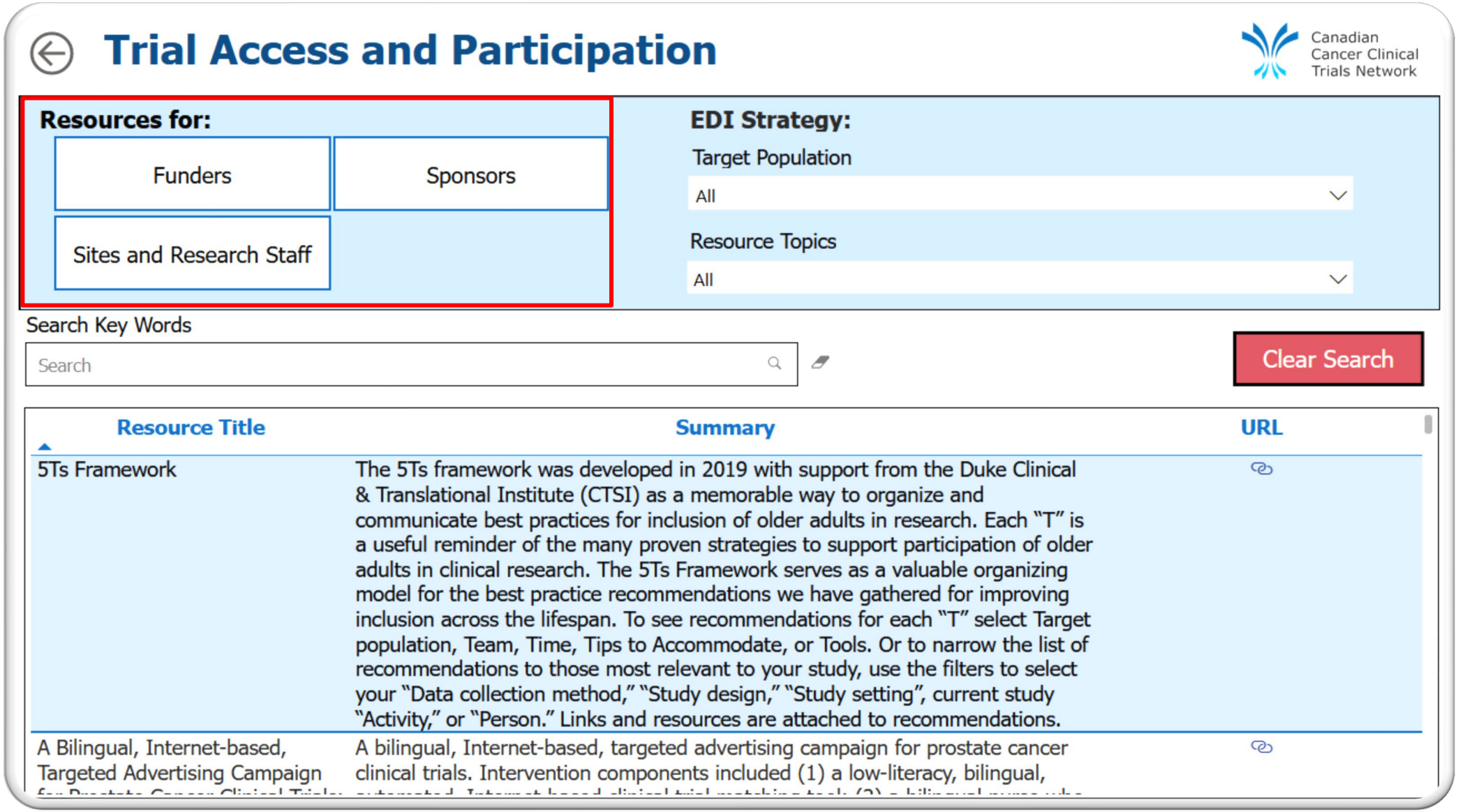
EDI Toolkit



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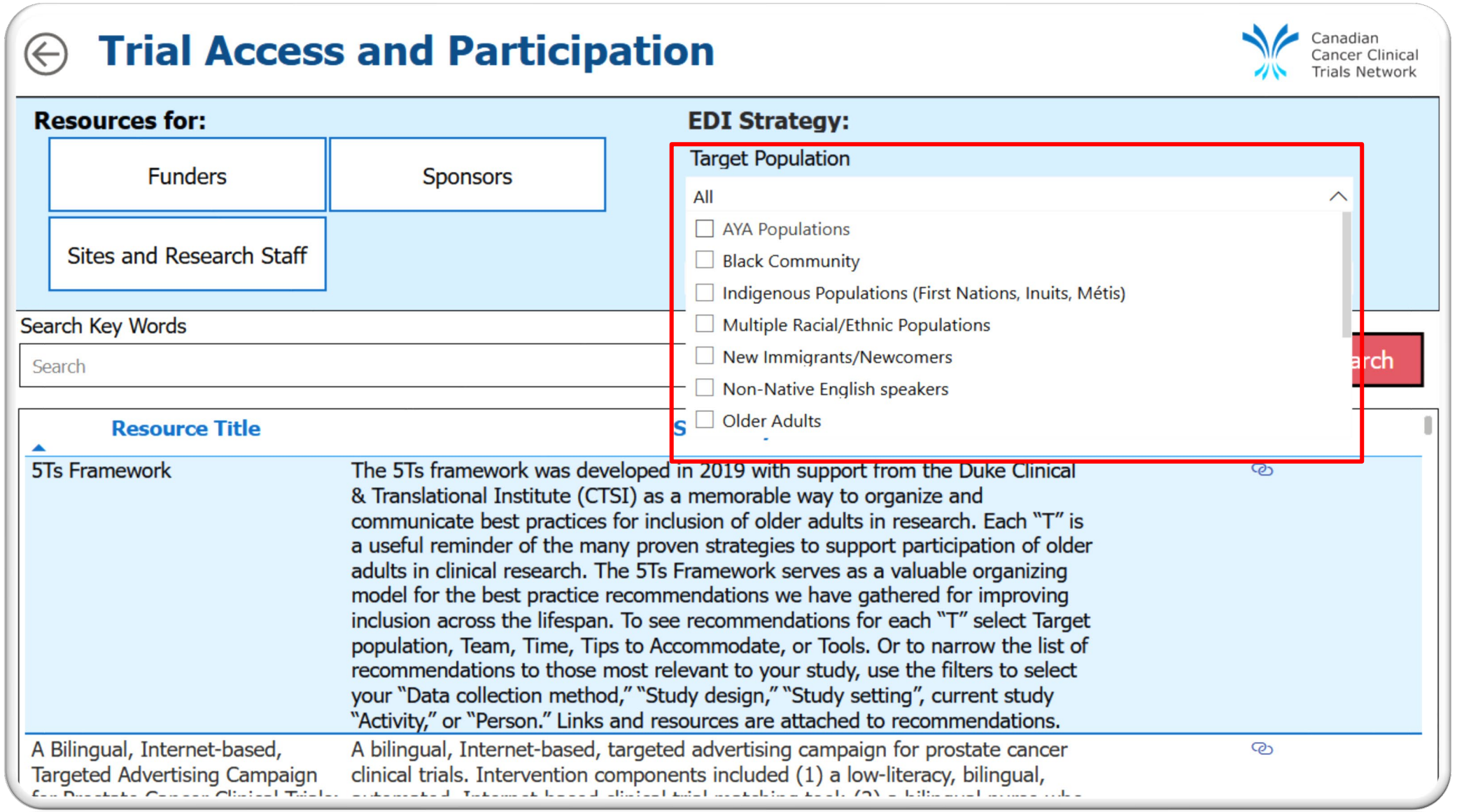
EDI Toolkit



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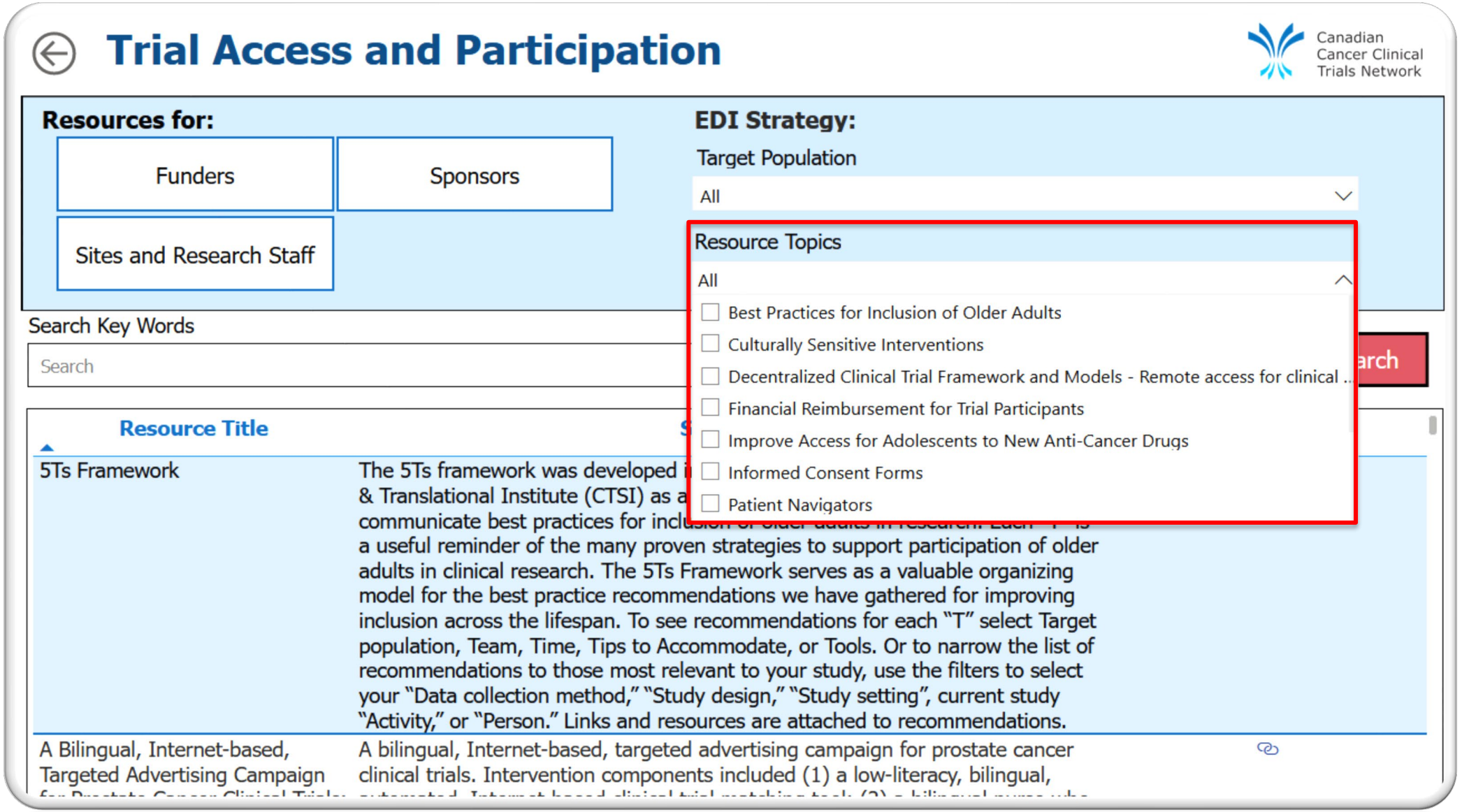
EDI Toolkit



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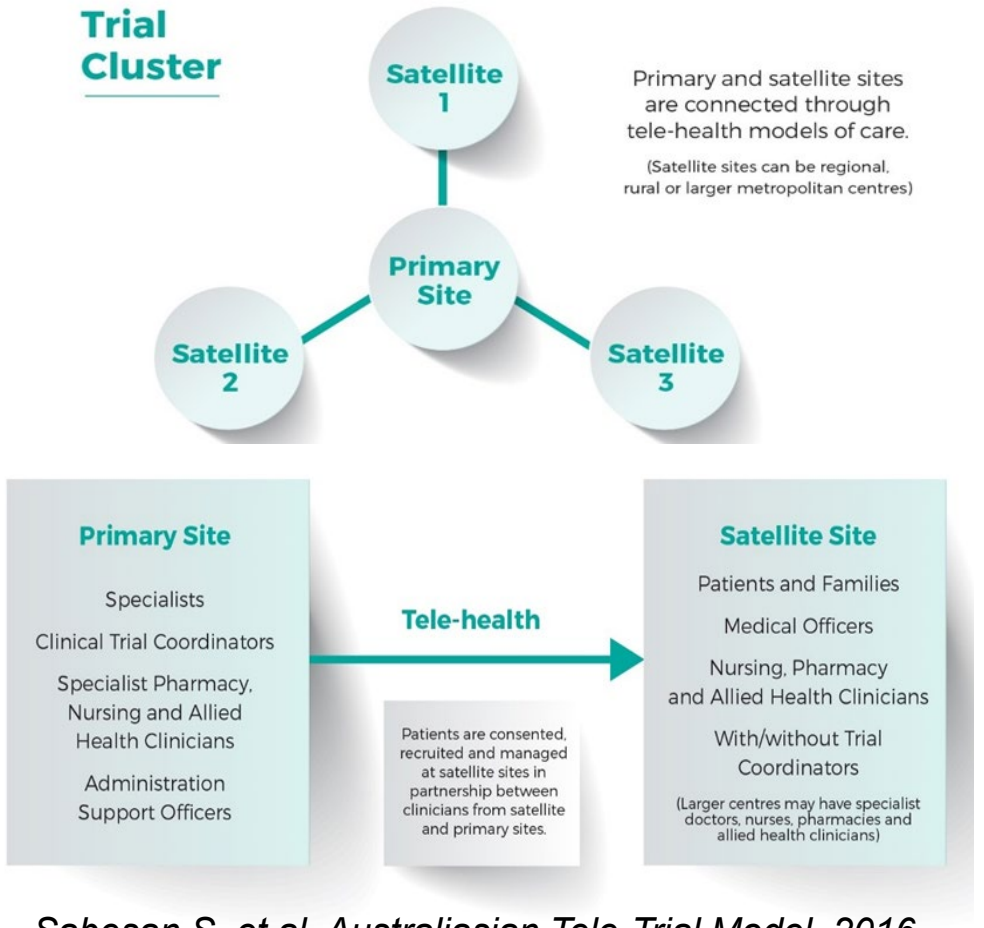
Canadian Remote Access Framework for clinical Trials

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



Sabesan S. et al, Australiasian Tele-Trial Model, 2016

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Putting Best Practices to Practice

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!

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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

Satellite site, Grand Falls-Windsor

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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

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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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Western Memorial Regional Hospital
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