

P1.301-385: Developing Consensus Statements for Strategies to Increase Women's Representation in Lung Cancer Clinical Trials

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INTRODUCTION

- Women remain underrepresented in lung cancer clinical trials relative to their disease burden, limiting our understanding of sex-related differences in tumour biology, treatment response and outcomes.
- Improving representation is essential to ensure that emerging evidence and therapeutic advances are relevant and accessible to all patients.
- In thoracic oncology clinical trials, the evidence points to two interdependent tracks requiring simultaneous action: increasing female patient enrollment and advancing women into thoracic oncology research workforce and leadership roles.

The purpose of this **IASLC Multidisciplinary Clinical Science Committee (MCSC)** project is to develop consensus statements and measurable benchmarks for the global lung cancer research community aimed at increasing participation of women in lung cancer clinical trials, spanning from the research workforce to patient enrollment.



METHODS

We conducted a non-systematic search of academic and grey literature between February to March 2026 to identify available data related to inclusion of women in thoracic oncology clinical trials. Keywords were used in PubMed and Google and included variations on thoracic oncology, gender equity, women, and clinical trials enrollment. MCSC members provided references they were aware of and forward and backward searching of references lists also identified relevant articles.

Consensus development: Findings were translated into draft consensus statements and proposed measurable benchmarks (Fig.1).

Global expert panel: A multidisciplinary panel of 60 international experts, representing diverse geographical regions, specialties, practice settings and career stages, was convened (Fig.2).

Modified Delphi process: Experts will complete two rounds of consensus voting within the following steps:

- Round 1:** rating of statements based on appropriateness, feasibility, and potential impact
- Steering Committee review** of Round 1 data and revision of statements based on ratings and qualitative input from expert panel
- Round 2:** voting for endorsement of final statements and relative rank order prioritisation

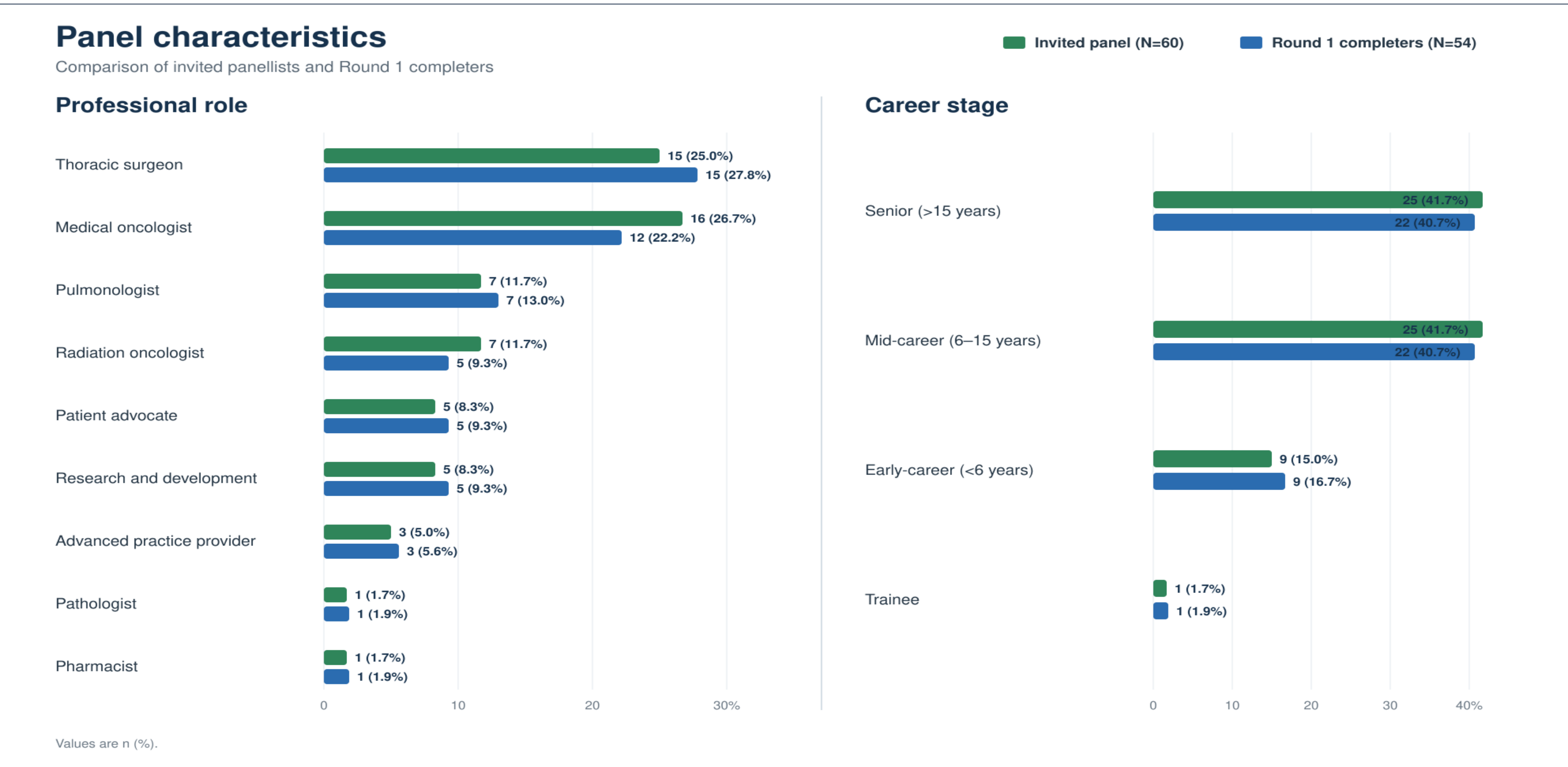
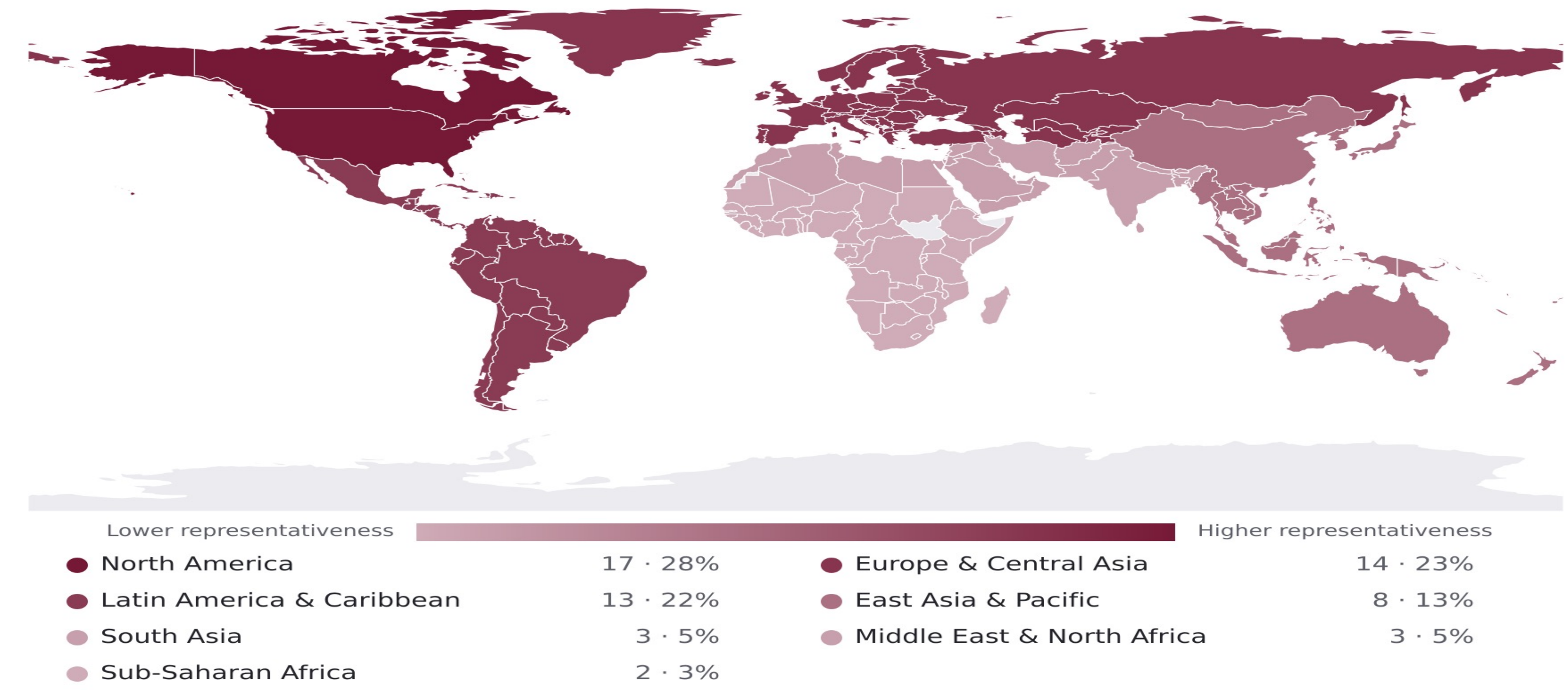
RESULTS

Fig 1: Statement building process



The Delphi panel shows broad geographical representation (Figure 1), with diversity across professional disciplines and career stages.

Fig 2: Full Panel (60); Geographic Representation (World Bank Region)



This diversity was maintained among the 54 Round 1 respondents, with a high overall response rate (90%) Fig.3.

Fig 3: Full Panel (60) and Round 1 completers' characteristics

DISCUSSION AND CONCLUSION

Women remain underrepresented in lung cancer research, limiting the equity and generalisability of the evidence generated.

This global Delphi developed 21 draft statements: 11 addressing clinical trials and 10 addressing research workforce and leadership.

The diverse, globally representative panel achieved an excellent Round 1 response rate (90%; 54/60). Round 2 will assess agreement on the proposed actions and metrics to define practical recommendations (Fig.3).



Diversity across geography, career stage, and specialty ensures that recommendations are inclusive, relevant, and feasible in real-world practice

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