

INTRODUCTION

The U.S. landscape for clinical trial engagement faces an uphill struggle, with patient participation in treatment-directed oncology trials *averaging only 7%*; despite the fact that national U.S. oncology groups advocate for all patients to consider participation in a clinical trial. GO2 for Lung Cancer (GO2), a patient advocacy organization, examined real-world patient and clinician-reported data to better understand barriers to trial participation from multiple stakeholder perspectives.

METHODS

Data for this analysis was derived from 2 primary data sources: The GO2 for Lung Cancer LungMATCH program, and the GO2 Centers of Excellence Network (COE) 2024 Benchmark and Practice Variation Report.

Dataset	Time Frame	Description	N
LungMATCH	2017-2025	Personalized trial and treatment matching; Participants are followed from time of first contact to enrollment, with patient reported outcomes and barriers recorded.	300
COE Network Benchmark & Practice Variation Report	Nov 2024-Jun 2025	Clinician-reported data from 400+ GO2 designated Centers of Excellence (a network of mostly community-based lung cancer care centers). HCPs (healthcare providers) were asked to report on trial enrollment aids and barriers.	152 (for clinical trials module)

DISCUSSION AND CONCLUSION

- Shared decision-making practices should be employed when discussing trials with patients to increase awareness and review concerns.
- Providers should proactively ask all patients about trial participation when a treatment decision is warranted, particularly early in diagnosis when performance status may be higher and patients are more likely to meet inclusion criteria.
- Incorporating feedback from frontline HCPs and patients/advocates into study design allows for more pragmatic trials that more patients may qualify for.
- The U.S. biomedical industry faces persistent challenges with clinical trial enrollment due to stringent eligibility criteria and study requirements.

REFERENCES & ACKNOWLEDGEMENTS

The authors would like to thank the many patients, advocates, and healthcare professionals who make this work possible. To learn more about our research, please use the QR Code below.



RESULTS

As shown below, 100% of responding HCPs to the GO2 COE 2024 Benchmark asserted that all potential patients at their facilities are screened for clinical trial eligibility. In practice though, this translated to a median trial enrollment rate of only 5%.

This information contrasts with the patient-reported data obtained via LungMATCH. When patients reach out to GO2 to seek clinical trial navigation, they are asked if they discussed clinical trials prior to their consult; 64% reported yes while nearly 30% said they had not.

Though 78% would discuss trials after consultation, only 27% made it onto a study.

The data between the patient and the provider do highlight similarities as well. For both groups, the stringent inclusion/exclusion criteria defined in the trial protocol are the top reported enrollment barrier (when the barrier can be determined). There are also similar rates of enrollment re-consideration within these groups, as shown in figures 4 and 5.

