

Facilitators, Barriers, and Strategies to Advance Inclusive mNSCLC Clinical Trials: Findings from a Multi-Stakeholder Survey

Eric K Singhi, MD¹, Cosmina Hoge, PhD², Tiffany Bratts, EdD², Jennifer D’Souza, PhD³, Shivani K Mhatre, PhD²

¹University of Texas MD Anderson Cancer Center, Houston, TX, USA; ²Gilead Sciences, Inc., Foster City, CA, USA; ³IQVIA, Parsippany, NJ, USA

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Conclusions

- This contemporary, patient and physician survey identified key factors influencing clinical trial participation among a racially and ethnically diverse population with mNSCLC
- The survey identified access to potentially life-saving treatment, the possibility of fewer side effects, physician recommendation, and financial compensation as key patient-reported facilitators while common barriers included concerns about efficacy, side effects, and financial burden
- Logistical, communication, and trust-related barriers were found to disproportionately affect minority patients
- Patients and physicians identified financial and logistical support as key strategies to improve clinical trial participation, while community-informed approaches addressing communication and trust may help enhance enrollment among minority populations
- The alignment between patient and physician perspectives on strategies to improve clinical trial participation highlights a clear opportunity to move beyond awareness toward implementation of practical, equity-focused strategies in mNSCLC clinical trials

Introduction

- Despite widespread recognition of the importance of clinical trials in advancing treatments and improving outcomes for patients with cancer, participation in oncology clinical trials remains critically low, particularly among under-represented racial and ethnic groups^{1,2}
- Under-representation of these populations limits the generalizability of clinical trial findings because of underlying genetic, environmental, and sociodemographic factors and affects real-world clinical decision-making^{2,3}
- To better understand these disparities in participation, specifically for clinical trials in non–small cell lung cancer (NSCLC), we conducted a contemporary survey of patients and physicians to:
 - Identify barriers and facilitators to clinical trial participation as well as potential strategies to increase participation
 - Evaluate how these factors differ across racial/ethnic groups

Methods

- This quantitative, exploratory survey was conducted in the United States between March and November 2025 and comprised 3 phases:
 - Survey development: based on a targeted literature review and focus groups
 - Phase 1 (survey refinement): based on initial survey deployment to 6 patients (n=2 with metastatic NSCLC [mNSCLC]) and 6 physicians (Phase 1 participants were not eligible for Phase 2)
 - Phase 2: final online patient and physician survey deployment between July and September 2025
- Eligibility criteria for patients and physicians are shown in **Table 1**
- The patient survey included questions regarding concerns and factors affecting their decisions or likelihood to participate in a clinical trial; the physician survey evaluated strategies for improving recruitment in minority populations
 - Survey questions were rated on a 5-point Likert scale (1=no impact; 5=great impact)
- Descriptive analyses were conducted separately for patient and physician populations; patient subgroup analyses included race/ethnicity (non-Hispanic White [NHW], Black, Hispanic, and Other)
 - The most influential factors were identified by combining the proportion of patients or physicians who rated an item as 4 (would significantly impact) or 5 (would greatly impact)

Table 1. Eligibility Criteria

	Inclusion	Exclusion
Patients	- US residents ≥18 years of age diagnosed with metastatic cancer within the last 5 years (since Jan 2020) - Received ≥1 line of treatment - Able to read and write in English or US Spanish - Willing and able to complete a 30- to 45-minute online interview (Phase 1) or a 30-minute online survey (Phase 2)	Has severe cognitive impairment, legal incapacity or limited legal capacity, or any other lack of fitness that, in the opinion of the screener, would preclude participation in or ability to complete the study
Physicians	- Medically trained and board-certified medical oncologist practicing in the United States - Acted as a principal or co-investigator in ≥1 metastatic cancer clinical trial within the past 5 years - Has ≥5 years of experience participating in clinical trials - Able to read and write in English and willing to complete a 30-minute online survey (Phase 2)	Unable to adhere to study requirements

Results

Patient and Physician Characteristics

- In total, 110 patients with mNSCLC (mean [SD] age, 65.6 [9.1]; 38.2% female) completed the survey and were categorized into the following racial/ethnic groups: NHW, 30.9% (n=34); Black, 25.5% (n=28); Hispanic, 29.1% (n=32); other, 14.6% (n=16; **Table 2**)
- A total of 32 physicians treating NSCLC (mean [SD] age, 50.5 [8.9]; 31.3% female) completed the survey; 68.8% had 5–15 years of clinical trial experience, and most practiced in academic centers (65.6%), followed by community settings (18.8%), and private practice (15.6%)

Table 2. Patient Characteristics

Characteristic ^a	Total (N=110)	NHW (n=34)	Black ^b (n=28)	Hispanic (n=32)	Other (n=16)
Age, mean (SD), years	65.6 (9.1)	67.9 (7.7)	63.8 (12.4)	65.1 (6.2)	64.9 (9.9)
Gender, female	42 (38.2)	11 (32.4)	9 (32.1)	11 (34.4)	11 (68.8)
Caregiver for children	17 (15.5)	3 (8.8)	4 (14.3)	8 (25.0)	2 (12.5)
Vehicle ownership	82 (74.5)	31 (91.2)	17 (60.7)	25 (78.1)	9 (56.3)
Education					
High school or less	41 (37.3)	9 (26.5)	13 (46.4)	14 (43.8)	5 (31.3)
Some college or an associate degree	35 (31.8)	11 (32.4)	9 (32.1)	12 (37.5)	3 (18.8)
Bachelor's degree	25 (22.7)	11 (32.4)	5 (17.9)	6 (18.8)	3 (18.8)
Master's degree	9 (8.2)	3 (8.8)	1 (3.6)	0	5 (31.3)
Gross household income, USD					
\$25,000–\$50,000	36 (32.7)	9 (26.5)	9 (32.1)	9 (28.1)	9 (56.3)
>\$50,000–\$75,000	29 (26.4)	16 (47.1)	3 (10.7)	7 (21.9)	3 (18.8)
>\$75,000–\$100,000	23 (20.9)	7 (20.6)	5 (17.9)	9 (28.1)	2 (12.5)
>\$100,000	11 (10.0)	2 (5.9)	5 (17.9)	3 (9.4)	1 (6.3)
Number of treatments for mNSCLC received					
1 line	35 (31.8)	15 (44.1)	9 (32.1)	9 (28.1)	2 (12.5)
2 lines	42 (38.2)	9 (26.5)	11 (39.3)	10 (31.3)	12 (75.0)
≥3 lines	25 (22.7)	8 (23.5)	7 (25.0)	8 (25.0)	2 (12.5)
None or not sure	8 (7.3)	2 (5.9)	1 (3.6)	5 (15.6)	0

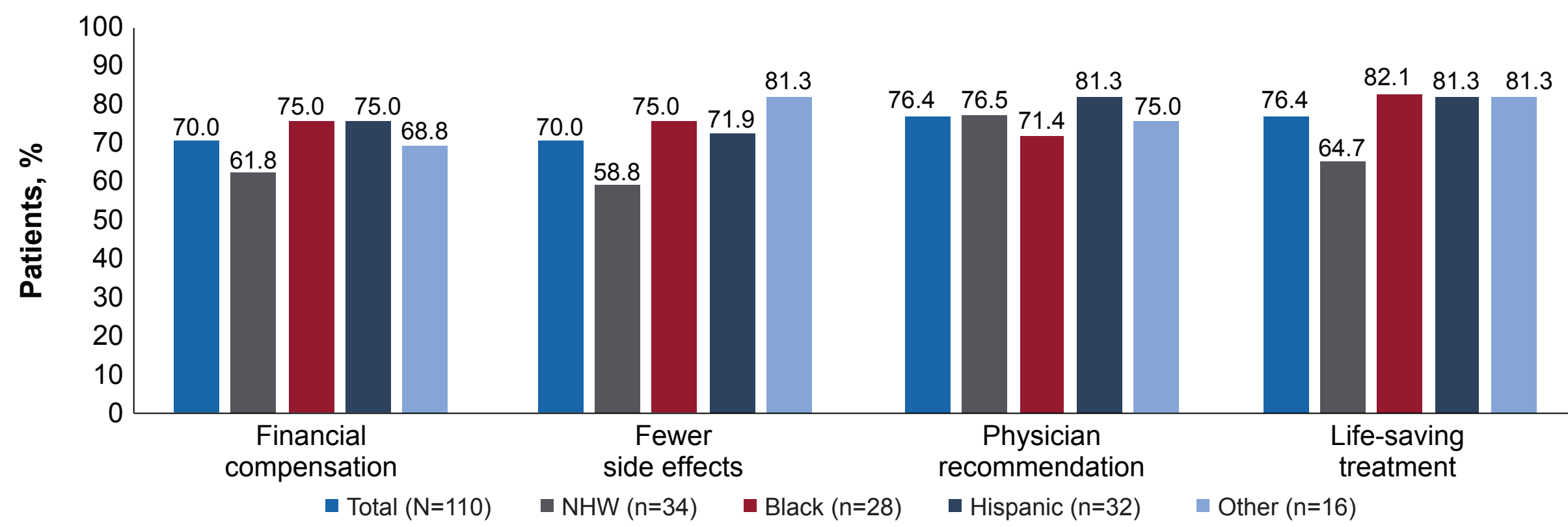
^aData are presented as n (%) unless otherwise noted.

^bOne participant in the Black population subgroup self-identified as Black and Hispanic; all other participants in this subgroup identified as non-Hispanic Black.

Patient-Reported Facilitators to Clinical Trial Participation

- Across all racial/ethnic groups, the most common patient-reported facilitators of clinical trial participation that were ranked most impactful, with a score of 4 or 5, were the possibility of receiving life-saving treatment (76.4%), physician recommendation (76.4%), possibility of receiving treatment with fewer side effects (70.0%), and financial compensation (70.0%) (**Figure 1**)

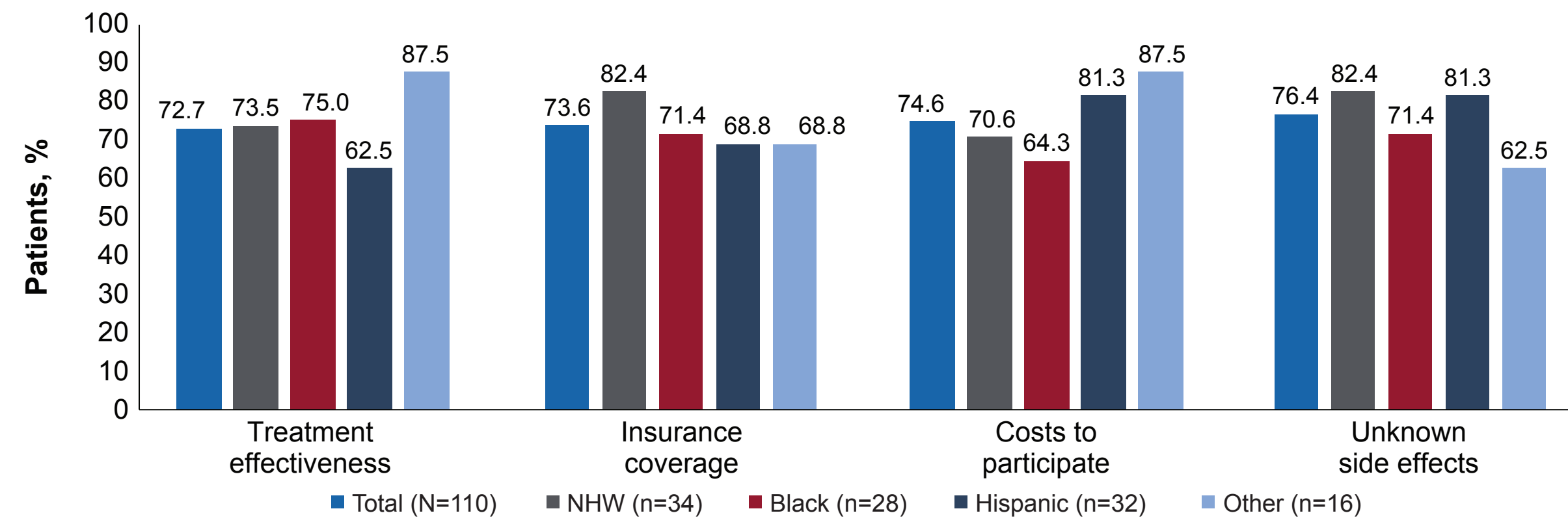
Figure 1. Top Patient-Reported Facilitators Significantly or Greatly Affecting Decision to Participate



Patient-Reported Barriers to Clinical Trial Participation

- Common barriers to clinical trial participation that were ranked most impactful, with a score of 4 or 5, across all racial/ethnic groups included concerns about unknown side effects (76.4%), participation costs (76.4%), insurance coverage (73.6%), and treatment effectiveness (72.7%) (**Figure 2**)

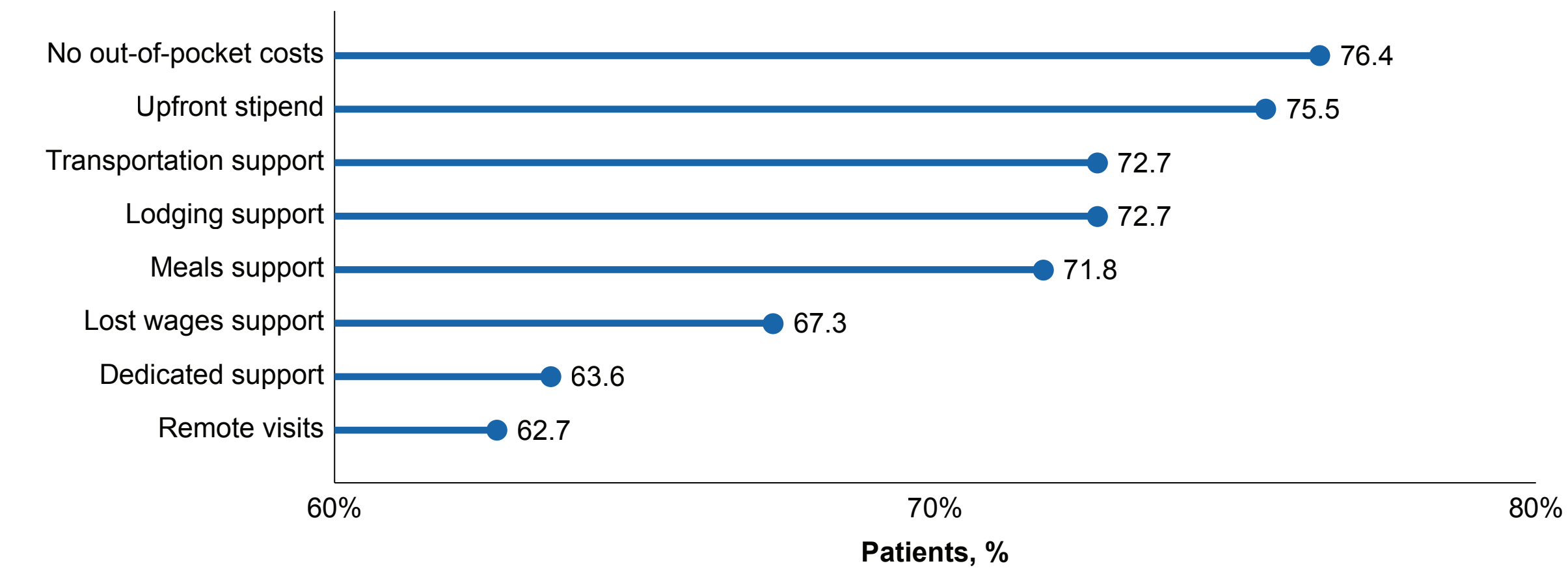
Figure 2. Top Patient-Reported Barriers Significantly or Greatly Affecting Decision to Participate



Patient-Prioritized Strategies to Improve Clinical Trial Participation

- Patient-reported strategies to improve the likelihood of clinical trial participation that were ranked most impactful, with a score of 4 or 5, predominantly focused on reducing financial and logistical burden (**Figure 3**)

Figure 3. Top Patient-Reported Strategies That Would Significantly or Greatly Affect the Likelihood of Participation



Key Differences by Race/Ethnicity

- Compared with NHW patients, racial and ethnic minorities more frequently reported logistical, communication, and trust-related factors as common barriers to participation (**Table 3**)

- Financial support was an important strategy across all NSCLC groups (**Figure 3**), with greater impact among Black, Hispanic, and other minority patients; Black, Hispanic, and other minority populations also prioritized trust-building, logistical support, and cultural and linguistically concordant strategies to improve clinical trial participation (**Table 3**)
- These priorities aligned with common physician-reported strategies (**Figure 4**), including providing information addressing medical mistrust (96.9%), dedicated trial navigation support (90.6%), replacing some clinic visits with remote/teleconference visits (87.5%), involvement of racially or ethnically concordant staff (87.5%), transportation compensation (84.4%), and compensation for lost wages (81.3%)

Figure 4. Physician-Reported Strategies That Would Significantly or Greatly Improve Minority Patients' Willingness to Participate

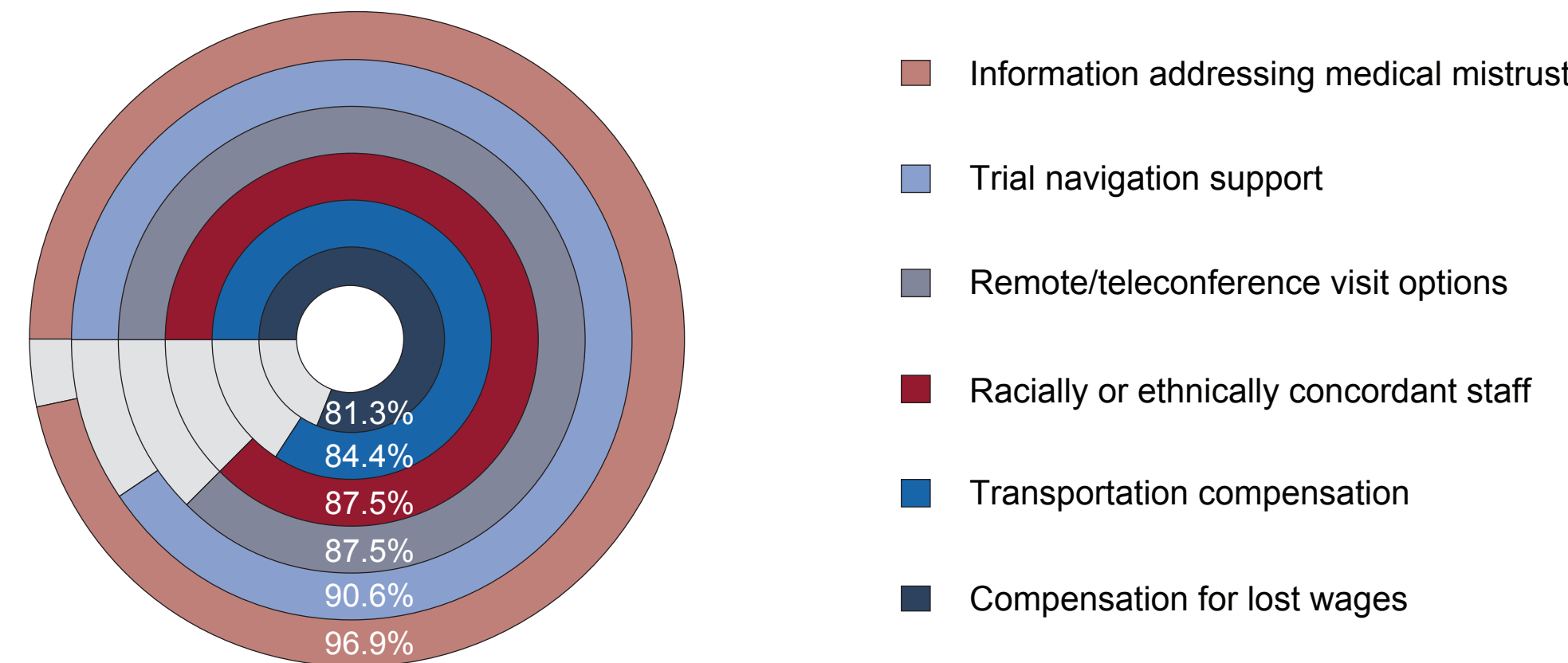


Table 3. Top Barriers and Strategies Reported as More Impactful by Patients from Minority Groups More Often than NHW Patients

Factors Impacting Participation	Total (N=110)	NHW (n=34)	Black (n=28)	Hispanic (n=32)	Other (n=16)
Barriers, %					
Concerns about being experimented on	54.6	38.2	53.6	71.9	56.3
Caregiver burden	50.0	29.4	50.0	62.5	68.8
Mobility challenges	45.5	17.6	50.0	59.4	68.8
Digital technology	42.7	20.6	42.9	53.1	68.8
Language barriers	40.0	14.7	42.9	62.5	43.8
Cultural barriers	37.3	14.7	35.7	59.4	43.8
Strategies, %					
Child/elder care support	59.1	41.2	60.7	68.8	75.0
Mental/emotional support	50.0	26.5	53.6	71.9	50.0
Shared belief systems	44.6	14.7	53.6	71.9	37.5
Shared racial and ethnic backgrounds	42.7	17.6	42.9	68.8	43.8
Language support	41.8	11.8	50.0	65.6	43.8
Information from religious leaders	37.3	11.8	42.9	59.4	37.5
Information from community leaders	33.1	11.8	46.4	50.0	31.3

Limitations

- Findings are based on self-reported responses to hypothetical scenarios and may not fully reflect actual patient or physician behaviors in real-world settings
- Several racial and ethnic subgroups had small sample sizes, requiring categorical grouping
- Analyses were descriptive and exploratory, with no formal group comparison or hypothesis testing

References: 1. Bloomberg New Economy International Cancer Coalition, et al. Cancer Discov. 2024;14:2317–2323. 2. Guadamuz JS, et al. JNCI Cancer Spectr. 2024;8:pkae085. 3. Khunti K, et al. BMJ. 2025;390:r1457.

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Correspondence: Shivani K Mhatre, Shivani.Mhatre@gilead.com