Research examining reasons for lower clinical trial participation by older compared with younger adults with cancer is important because most cancer diagnoses and deaths occur in older adults, yet these individuals are underrepresented in cancer clinical trials. In *JAMA Network Open*, Sedrak et al have compared reasons for ineligibility and reasons for declining trial participation among older (≥70 years) vs younger (50-69 years) adults with cancer in a community setting. The investigators used data from a clinical trial screening database in the National Cancer Institute (NCI) Community Oncology Research Program (NCORP) and examined data from 2298 individuals who were screened and offered participation in a clinical trial. Reasons for ineligibility differed by age group, with older adults more often ineligible because of comorbidities, not meeting biomarker testing criteria, abnormal laboratory values or test results, performance status, and age outside the eligible range. However, once determined to be eligible and offered enrollment, the rates of enrollment and reasons for declining enrollment did not differ by age group. The authors conclude that older adults were as willing to participate in research as younger adults and that the age disparity in cancer research participation is driven by factors upstream of the patient, such as restrictive eligibility criteria. The study's focus on the community setting adds to the trial participation literature, which is concentrated on academic settings, although the generalizability of this study is limited to cancer patients with access to community clinics that offer NCI clinical trials.

Adults 70 years or older make up 42% of the overall cancer population, but less than 10% of patients in this age group participate in NCI-sponsored clinical trials. Those who do participate tend to have better functional status and fewer comorbidities and are not representative of older adults treated in clinical practice. Thus, although clinical trials inform oncologists of the efficacy and safety of therapies and are used to set treatment guidelines, the data gathered from younger, fitter, healthier patients cannot be readily applied to the typical older patient, resulting in a mismatch between the knowledge generated by trials and the knowledge needed to care for most patients. Understanding and addressing reasons for this mismatch is critical and urgent given the rapidly aging population of the US.

This study by Sedrak et al adds to the literature by focusing on older adults in community settings. Prior studies on the barriers to clinical trial enrollment were mostly focused on academic settings that tend to be more research orientated and have identified barriers to older adult participation in clinical trials at multiple levels upstream of the patient, including narrow eligibility criteria. However, approximately 85% of older adults receive cancer care in community settings, and there is a need to understand barriers to older adult trial enrollment in community settings as well. Sedrak et al found that in community settings many barriers to participation in cancer clinical trials similarly occur before the option is even offered to older adults. Of interest, although a previous qualitative study observed that community oncologists (compared with academic oncologists) more often cited patient attitudes, beliefs, and understanding as a reason for lower older adult participation in clinical trials, the current study found that, when given the opportunity, older adults in community settings agreed to participate in clinical trials just as often as younger adults.

Although patient decision-making is often thought to be a primary barrier to clinical trial participation, many obstacles upstream of the patient preclude older cancer patients from participating in trials before they are even offered the choice. These obstacles are multifaceted, including variables that are systemic or structural (eg, trial availability, trial design, infrastructure support, and funding), clinical (eg, eligibility criteria), and practitioner related (eg, concerns about...
toxic effects, concerns about age, and research administrative support). Different strategies to overcome these obstacles have been suggested, including but not limited to broadening trial eligibility to include more older adults with comorbidities; measuring outcomes relevant to older adults; modifying standard trial design to collect more evidence on older adults; increasing resources for institutions, clinicians, patients, and caregivers to promote older adult trial enrollment; and developing targeted interventions to increase enrollment. Some of these strategies, such as broadening eligibility criteria, have been increasingly used in oncology trials in recent years. Given the complexity of the problem, widespread efforts to address obstacles at different levels are needed to ensure that patients enrolled in oncology clinical trials are representative of the patients being treated in community settings.

ARTICLE INFORMATION
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