**The impact of diverse clinical trials personal on the diversity of clinical trials participants**

Victoria L. Seewaldt, Augusto Ochoa, Robert Winn

**Introduction:** Cancer Centers struggle to recruit individuals to clinical trials that represent the diversity in their catchment areas. While the National Cancer Institute (NCI) has focused on the diversity of subjects recruited to clinical trials, there has been little attention paid to the diversity of individuals who recruit the subjects. Accordingly, we designed a prospective population-based mixed-methods investigation to examine the consenter-participant relationship and factors contributing to successful recruitment of diverse research subjects to clinical trials at City of Hope Comprehensive Cancer Center (CoHCCC). We hypothesized individuals from diverse racial/ethnic backgrounds will be more likely to enroll in a clinical trial when consented by someone who looked like them, spoke their language, and understood their culture.

**Methods**: Between 2018 and February 2020, 205 women were approached for participation in one of three non-therapeutic BCTs and were eligible for the survey questionnaire assessing factors related to clinical trial enrollment. The investigation comprised of two components, a survey questionnaire and in-depth in-person interviews. Surveys were conducted by clinical research associates of diverse race, ethnicity, gender, and language.

**Results**: Of 205 women, 24 (11.7%) women declined to participate in this survey. Of the 181 participants who completed the survey questionnaire, 94 (51%) were self-identified as non-Hispanic White (NHW) and 87 (48%) self-identified as Latina/Hispanic, Asian, Pacific Islander, Indigenous, or African American/Black (Women-of-Color; WoC). For WoC, like NHW participants, there was a statistically significant difference though in the feeling that the consenter created an atmosphere of trust and support. Ninety-four percent (n=77) of the enrollers but only 60% of the decliners (n=3) agreed with that statement (p=0.05). The consenter’s gender was considered “Not important” across racial groups (93% among NHW enrollers, 85% in WoC enrollers, p=0.08). However, there were statistically significant differences according to the importance of the consenter’s characteristics in the decision to enroll or decline participation in the trial. Among NHW enrollers, none (0%, n=0) reported that consenter race was important in influencing their decision to enroll while 22% (n=18) of the WOC enrollers stated the consenter race was important (p=0.0009). Similarly, none of the NHW enrollers rated the consenter “looks like people in my community” as important while 24% (n=20) of the WoC enrollers rated this as an important factor influencing their participation in a clinical study (p=0.0004). Surprisingly, consenter language was equally important to both NHW enrollers (69%) and WoC (56%) (p=0.07). This reflected the diversity of individuals in our catchment area who were classified as NHW but had recently immigrated from another region of the world (e.g. Armenian, Middle Eastern, Eastern European).

**Conclusions**: These results highlight the importance of diversity of the individuals who consent for clinical trials in enrolling clinical trial subjects that reflect the diversity of cancer center catchment areas.