

INTRODUCTION

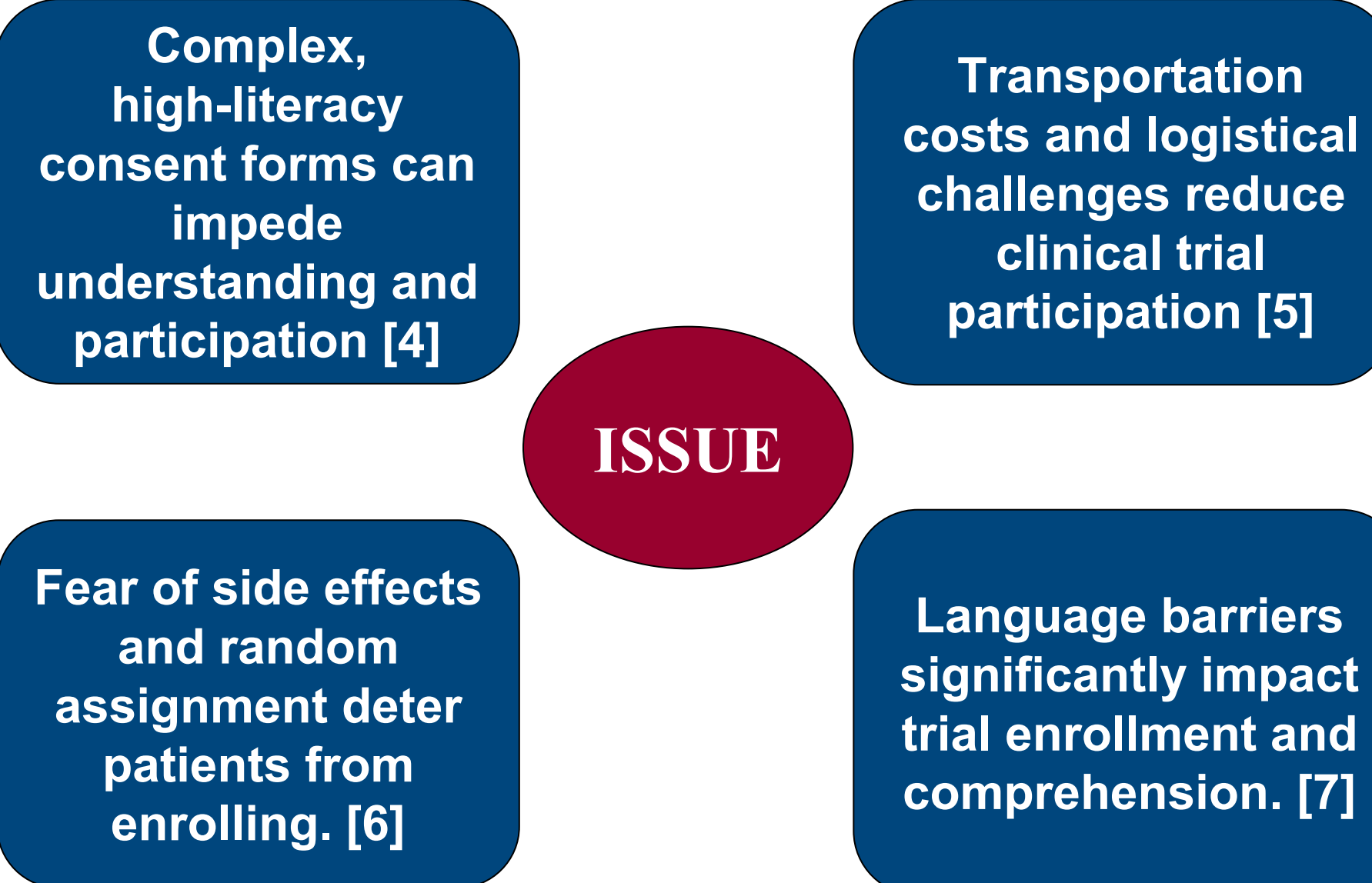
Despite advancements in cancer care, enrollment in clinical trials remains disproportionately low [1]. Several barriers contribute to this, including lack of transportation, limited health literacy, language differences, fear of randomization, and mistrust in the healthcare system due to historical injustices [2][3].

Patient advocates play a critical role in identifying and addressing these challenges. As trusted community voices, advocates can help make research more patient-centered by improving communication, promoting transparency, and ensuring that consent forms and study materials are culturally and linguistically appropriate. Involving advocates early in protocol development also helps shape research that is more accessible and equitable.

Ultimately, improving enrollment in clinical trials requires a collaborative effort between researchers, clinicians, and patient advocates to break down barriers and ensure all patients have the opportunity to participate in and benefit from research.

BACKGROUND

Common barriers include mistrust, lack of awareness, cultural and language differences, provider bias, and financial strain—factors frequently cited across systematic reviews as major contributors to low enrollment among underserved groups [3].



Solutions to Key Barriers

- **Simplify and culturally tailor consent forms and materials.** Use plain language, translated documents, and visual aids. Engaging patient advocates in the review process improves comprehension and trust. [4]
- **Train providers on unconscious bias and inclusive trial recruitment.** Incorporate cultural humility training and standardized scripts to help ensure all eligible patients are offered trial participation. [8]
- **Offer transportation support and flexible visit options.** Providing gas cards, rideshare services, or remote monitoring alternatives can significantly reduce logistical barriers. [6]
- **Address fears about side effects and randomization with clear, empathetic communication.** Encourage investigators to allow time for questions, use analogies patients can relate to, and involve navigators or advocates in explaining the trial process. [7]

ENGAGEMENT STRATEGY

- **Engage patient advocates early in trial design** to ensure protocols, consent forms, and recruitment materials reflect patient needs and concerns. Their insights can improve clarity, feasibility, and cultural appropriateness. [8]
- **Build partnerships with trusted community organizations**, such as local clinics, advocacy groups, churches, or cultural centers, to raise awareness and improve trust in clinical research. These partnerships help bridge the gap between institutions and underrepresented populations. [9]
- **Incorporate peer navigators or community ambassadors**—patients or survivors who reflect the population being recruited. These individuals provide emotional support, demystify the research process, and foster trust. [9]
- **Provide training to research staff on health literacy, cultural humility, and implicit bias** to improve communication and engagement with diverse patients. This creates a more inclusive and respectful trial environment. [5][9]
- **Establish feedback loops** where patient advocates and enrolled participants can provide real-time input during the study. Their feedback helps identify concerns early and improves participant retention and satisfaction. [9]



CONCLUSIONS

Clinical trial participation is essential for equity in cancer care. Patients face barriers such as language differences [8], transportation challenges [6], mistrust [3], and fear of randomization [7]. Addressing these requires patient-centered strategies, including early advocate involvement [8], culturally appropriate materials [4][8], and provider training [5].

Patient advocates help ensure trials are accessible, respectful, and inclusive. With collaboration and community engagement [8], we can create research environments where all patients have the opportunity to participate and benefit.

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