Diversifying Clinical Trials: A Path Forward

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# Disclosures

<table>
<thead>
<tr>
<th>Affiliation/Financial Relationship</th>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity &lt;1% in:</td>
<td>Applied Therapeutics, Elixir Medical, Stel, ControlRad (spouse);</td>
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<tr>
<td>No Fees from:</td>
<td>AMA (Scientific Advisory Board), SCAI (Women in Innovations Committee Member); Faculty CRF;</td>
</tr>
<tr>
<td>Honorarium:</td>
<td>JAMA Cardiology (Associate Editor), ACC (BOT Member, SC Member CTR Program);</td>
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</tbody>
</table>
Gender disparities in CV health
Women’s Cardiovascular Health: Extent of the Problem?
Prevalence of Cardiovascular Diseases in Women

Globally CVD prevalence decreased between 1990 and 2010, but it slightly increased since 2010.

Age-standardized CVD prevalence in women in 2019 (prevalence per 100,000)

Annual % change in CVD prevalence in women from 2010 to 2019

Globally Burden of Disease Study 2019 (GBD 2019) Results.
Available from http://ghdx.healthdata.org/gbd-results-tool
CVD is the Leading Cause of Mortality in Women

Total Deaths in Women in USA 2016: 1,236,003

With regard to cardiovascular disease subtypes, **ischemic heart disease is the most common cause of cardiovascular death in women** globally.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>412,244 deaths</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
<td>81,551 deaths</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>70,500 deaths</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>40,920 deaths</td>
</tr>
</tbody>
</table>

Benjamin EJ et al. Circulation 2019
The median survival time after a first MI is as follows: at ≥45 years of age, 8.2 for males and 5.5 years for females.

Of those who have a first MI, the percentage with a recurrent MI or fatal CHD within 5 years is as follows: at ≥45 years of age, 17% of males and 21% of females.
There is an Increase in Myocardial Infarction in Young Women

**French women <65 years of age**

<table>
<thead>
<tr>
<th>Year</th>
<th>overall ACS</th>
<th>UA</th>
<th>STEMI</th>
<th>NSTEMI</th>
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<tr>
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<tr>
<td>2014</td>
<td></td>
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</tbody>
</table>

Data from US

- **Hospital admissions with acute coronary syndrome in women younger than 55 years**
  - **INCREASE**
    - 21% in 1995–99
    - 31% in 2010–14

Gabet A et al., Eur Heart J 2017; Arora S et al., Circulation 2019
Not only gender disparities, but also ethnic/racial disparities exist!
In 2045, >50% of the population is expected to be other than non-Hispanic White
Incidence of myocardial infarction by age, sex and race

- Remarkably higher risk in black females and males
- Consistent across all ages

Diversity in RCTs
Enrollment of ethnic minorities in NIH clinical trials

Share of Hispanic participants in clinical trials by NIH institutes

Share of African American/Black participants in clinical trials by NIH institutes

Rate of African American/Black participants in cardiovascular trials by time frame

Recruitment characteristics of NIH funded CVD trials (n=62 analysed from 2000-2019)

Number of clinical trials population composed of Black participants, by timeframe

- 46% of trials reported enrolling <25% Black participants
- No significant change in the recruitment of Black adults between 2002 and 2017
Setting and achieving recruitment goals for enrollment of Black participants

Rate of studies that defined recruitment target for Black participants, by timeframe
- Majority of trials do not define or report on recruitment targets for black participants

Rate of studies that achieved recruitment target for Black participants, by timeframe
- Only 1 trial explicitly documented achieving recruitment goals for Black participants during this period

Findings:
35 novel drugs

Study Participants (n=296,163)
- 81% White
- 36% Women
- 4% Black
- 12% Asian
- 11% Hispanic/Latino

Women: underrepresented (particip. to prev. ratio of 0.5 for HF, CAD)

No change in enrollment over 10 years
Women have been under-represented in heart failure, acute coronary syndrome, coronary heart disease, stroke, and arrhythmia trials.

PPR of <0.8 indicates underrepresentation in relation to disease prevalence.
Diversity in RCTs - Why does it matter?

- Generalizability of results
- Ethical considerations: provide equal opportunities
- Address health disparities
- Practice precision medicine
- Detect potential differences in safety and efficacy
- Tailor practical guidelines
- Improve public health outcomes
Strategies to increase the proportion of women in clinical trials

Be Inclusive
- Avoid upper and lower age limits in exclusion criteria for enrolment in trials

Meet women where they are
- Target outreach in community settings frequented by women
- Involve primary care physicians and family members
- Provide education and information about the risk but also the benefits of participation

Exchange knowledge
- Educate recruiting personnel on importance of enrolling women
- Share experience of enrolling women after each study
- Conduct routine surveys on motivations for participation and non-participation in trials

Remove barriers
- Arrange childcare and free transportation
- Offer flexible hours and at-home follow-up

Strategies to increase diversity in CVD trials

1: Ensure your eligibility criteria and recruitment pathway do not limit participation in ways you do not intend
   Ensure that eligibility criteria do not disproportionately affect the ability of ethnic minority groups to take part in the trial.

2: Ensure your trial materials are developed with inclusion in mind
   Consider language and not just in written form but also verbal and expressed in other ways.

3: Ensure trial staff are culturally competent
   Provide support and training to all staff on cultural competency to avoid stereotypes and increase their confidence to engage with different ethnic groups.

4: Build trusting partnerships with community organisations that work with ethnic minority groups
   Spend time to build relationships with local community organisations and ensure you allocate time and resources to this when designing the trial.
Temporal trends in principal investigator gender and association with patient diversity

Female PIs lead to a higher rate of female recruitment!

56% of leadership committees had no female representation.

42% of trials had NO women investigators.

9% of trial publications had women in first authorship position.
Women are less frequently mentored than men and experience less sponsorship for NIH Mentored Career Development grants.

Because first author roles do not track into later senior authorships as often for women, they represent only 1 in 10 lead authors of cardiovascular trials published in high-impact journals.

More than one-half of cardiovascular trials published in 3 high-impact factor journals between 2014 and 2018 lacked women investigators on their executive committees.

Workforce Considerations
Contemporary trends in underrepresentation in medicine

Cardiologists by race in the US: Temporal trends

## Representation of American race groups in the cardiology workforce

Data from US Census and Association of American Medical Colleges (AAMC)

<table>
<thead>
<tr>
<th>US Federal Definition</th>
<th>AAMC Terminology</th>
<th>Terminology used in this Review</th>
<th>% of US Population</th>
<th>% of US Adult Cardiology Physician Workforce</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native.</td>
<td>Native American</td>
<td>Indigenous</td>
<td>1.3</td>
<td>0.2</td>
<td>−1.1</td>
</tr>
<tr>
<td>Asian.</td>
<td>Asian or Pacific Islander</td>
<td>--</td>
<td>5.9</td>
<td>19.9</td>
<td>+14.0</td>
</tr>
<tr>
<td>Black or African American.</td>
<td>Black</td>
<td>Black</td>
<td>13.4</td>
<td>3</td>
<td>−10.4</td>
</tr>
<tr>
<td>Hispanic or Latino.</td>
<td>Latino/Hispanic</td>
<td>Latinx</td>
<td>18.5</td>
<td>4.2§</td>
<td>−14.3</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander.</td>
<td>Native Hawaiian</td>
<td>--</td>
<td>0.2</td>
<td>Data not available</td>
<td>Unknown</td>
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<tr>
<td>White.</td>
<td>White</td>
<td>White</td>
<td>60.5</td>
<td>51.2</td>
<td>−9.3</td>
</tr>
</tbody>
</table>

Women in cardiovascular medicine

Women are only

- 18% of cardiology fellows
- 10-15% of practicing cardiologists
- 4% of interventional cardiologists

https://www.acc.org/Membership/Sections-and-Councils/Medical-Residents/Women-in-Cardiology
Optimizing CV health requires diversification of the cardiology workforce

Six pillars of increasing the proportion of women in cardiology

- EDUCATION
  - Radiation Safety
  - Negotiation Skills
  - Leadership Skills

- CULTURAL CHANGE
  - Changing Gender Bias
  - Schedule Flexibility
  - Culture of Respect

- MENTORSHIP
  - Supporting & Promoting Women Mentors & Sponsors

- DIVERSITY & INCLUSION
  - Active Recruitment
  - Societal Guidelines & Efforts

- LEADERSHIP
  - Endorsement of Women
  - Inclusive Institutional Policies

- CAREER ADVANCEMENT
  - Transparency
  - Equity in Hiring, Compensation & Promotion
  - Flexible Career Path

Eshtehardi P et al. Open Heart. 2022 Feb;9(1):e001967
How to improve (gender) diversity in clinical trial leadership?

Underrepresentation of women and minorities in cardiology and underrepresentation of women and minorities in cardiovascular research go hand in hand!
Women as One

Proactive Solutions for Diversifying Clinical Trial Leadership
Women as One was founded in 2019 by Dr. Roxana Mehran & Dr. Marie-Claude Morice, two internationally recognized leaders in cardiovascular care and research.

Our mission is to promote talent in medicine by offering women physicians unique professional opportunities. By doing this, we aim to build a more inclusive, diverse and just workforce in medicine.

https://womenasone.org
CLIMB Research Scholars
Uplifting women in clinical trial leadership

Congratulations to the 2023 Awardees

Erin Bohula
MD, PhD
Harvard Medical School, United States

Caroline Coats
MBBS, MSc, PhD
Queen Elizabeth University Hospital, Scotland

Sonali Gnanenthiran,
MD, PhD
Concord Hospital, Australia

Join the Talent Directory to be eligible for the 2024 program
www.womenasone.org/talent-directory

With thanks to 2023 program partners CMCT ESPERION REACHING GOALS
THE 2024 ESCALATOR AWARDS

- Gain professional visibility with targeted financial support
- Access to mentorship and exclusive networking opportunities

Focus on mentorship for 2024
- Pairs fellows-in-training (mentees) to women with more than 10 years of professional experience (mentors).
- Together, the match will develop a project that can be carried out over the course of the 12-month award cycle.

Take your career to the next level

Applications open January 2024
The Talent Directory

The Talent Directory is a global community of **2300+** women cardiologists.

**For women physicians**, the Talent Directory unlocks professional advancement opportunities.

**For organizations**, the Talent Directory provides access to the insights and qualifications of a global pool of women physicians.
Breakdown of the Talent Directory

**Subspecialty**
- Interventional: 26%
- General Cardiology: 17%
- Echocardiography: 11%
- Heart Failure: 10%
- Imaging: 10%
- EP: 8%
- Other: 18%

**Region**
- United States: 42%
- Europe: 28%
- South America: 8%
- North America: 6%
- Middle East: 6%
- Africa: 4%
- Asia: 4%
- Oceania: 2%

2345 total registrants
99 countries represented
Full CVs collected, sortable data
Researcher Registrant Snapshot

1017 Completed Research Profiles
- **222** registrants have Clinical Trial Leadership Experience.
- **435** registrants are interested in Clinical Trial Leadership.

### Research Topic Interests

- **Statistical Analysis**: 526
- **Manuscript Development**: 510
- **Grant/Proposal Writing**: 496
- **Publication Review**: 459
- **Protocol Development**: 457

### Clinical Research Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Observational Studies</td>
<td>317</td>
</tr>
<tr>
<td>Multicenter Clinical Trials</td>
<td>220</td>
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<tr>
<td>Single Center Clinical Trials</td>
<td>170</td>
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<tr>
<td>Quality Improvement Studies</td>
<td>26</td>
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<tr>
<td>Meta Analyses</td>
<td>18</td>
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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>735</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>186</td>
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<tr>
<td>Basic Science</td>
<td>131</td>
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<tr>
<td>Translational</td>
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<tr>
<td>None</td>
<td>95</td>
</tr>
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Women as One Institute for Research Innovation

Increasing and enhancing the participation of women within cardiovascular clinical research.

- Training, identification & qualification of women investigators
- Funding & promoting women researchers
- Consultancy services to increase representation of women in trials
- De novo study development
- Development & dissemination of best practices

COMING IN 2024
Female representation in cardiology trials over time

Nguyen QD et al. Circ Cardiovasc Qual Outcomes. 2018
## Colchicine in patients with chronic coronary syndromes: LODOCO


### Table 1. Characteristics of the Trial Patients at Baseline.*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Colchicine (N = 2762)</th>
<th>Placebo (N = 2760)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age — yr</td>
<td>65.8±8.4</td>
<td>65.9±8.7</td>
</tr>
<tr>
<td>Female sex — no. (%)</td>
<td>457 (16.5)</td>
<td>389 (14.1)</td>
</tr>
<tr>
<td>Country — no. (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>951 (34.4)</td>
<td>953 (34.5)</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>1811 (65.6)</td>
<td>1807 (65.5)</td>
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*Represents significant differences.
Colchicine in patients with chronic coronary syndromes:
LODOCO


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</tbody>
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**4S study:**

<table>
<thead>
<tr>
<th>No (%) of patients</th>
<th>Placebo (n=2223)</th>
<th>Simvastatin (n=2221)</th>
</tr>
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<tbody>
<tr>
<td>Male</td>
<td>1803 (81)</td>
<td>1814 (82)</td>
</tr>
<tr>
<td>Female</td>
<td>420 (19)</td>
<td>407 (18)</td>
</tr>
<tr>
<td>Age ≥60 yr</td>
<td>1126 (51)</td>
<td>1156 (52)</td>
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</tbody>
</table>

A Placebo-Controlled Trial of Percutaneous Coronary Intervention for Stable Angina

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>PCI (N = 151)</th>
<th>Placebo (N = 150)</th>
<th>Overall (N = 301)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age — yr</td>
<td>65±9</td>
<td>64±9</td>
<td>64±9</td>
</tr>
<tr>
<td>Male sex — no. (%)</td>
<td>120 (79)</td>
<td>118 (79)</td>
<td>238 (79)</td>
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</tbody>
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A Placebo-Controlled Trial of Percutaneous Coronary Intervention for Stable Angina

NEJM nov 2023

ORBITA-2

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</tr>
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33 randomized clinical trials
104,972 total enrolled trial participants
31 of the 33 randomized clinical trials were mentioned

Representation of women in heart failure with reduced ejection fraction trials

- Funding source:
  - Industry-funded trials
  - Government-funded trials

- Enrollment region:
  - North American and multiregional trials
  - European trials

- Temporal trends:
  - Did not improve over time

Searched 4 academic databases for randomized clinical trials reporting interventions resulting in reduced mortality or hospitalization for heart failure (1995-2021)

2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure
A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines
Figure 4. Parameters Through Which Sex May Affect an Individual's Response to Pharmaceuticals

**Absorption**
- Enterohepatic and renal handling
- Gastric enzymes
- Pulmonary function
- Transport proteins

**Pharmacodynamics**
- Membrane receptor sensitivity
- Interactions with macromolecules (eg, hormones, enzymes)
- Target organ response, adverse events

**Distribution**
- Body fat composition
- Cardiac output, regional blood flow
- Total blood, plasma, and RBC volumes
- Total body, intracellular, and extracellular water

**Elimination**
- Glomerular filtration rate
- Renal blood flow
- Tubular secretion, reabsorption

**Metabolism**
- Dose
- Lipid solubility
- Protein binding and cytochromes P450
- Route of exposure
sex and gender reporting in science:

Will the phenomenon or product under study affect organisms with biological sex?

- Yes
  - Identify adequate numbers of all sexes for inclusion in experiments
  - Analyse by sex
    - Does a difference exist when data are disaggregated by sex?
      - No
      - Determine the source of the sex difference
        - Environmental
        - Genetic
        - Hormonal
        - Anthropometric
        - Experimenter-participant interaction
          - Report findings by sex, explain underlying mechanism
          - Report when sex differences do not exist
    - Yes
      - Report when gender differences do not impact research

- No
  - Construct dataset that includes genders relevant to study; birth sex should not be used as a proxy for gender
  - Develop qualitative or quantitative methods that capture gender constructions appropriate for the cultural context
  - Analyse gender
    - Do differences and overlaps exist when data are disaggregated by gender?
      - No
      - Report findings by gender, explain underlying mechanisms
      - Consider options to mitigate gender bias and implement solutions
    - Yes
      - Determine sources of gender differences and overlaps
        - Gender norms
        - Gender identity
        - Gender relations
        - Experimenter-participant interaction
        - Product-participant interaction
        - Interaction with other factors
          - Report findings by gender, explain underlying mechanisms
          - Report when gender differences do not impact research

Tannenbaum C et al. Nature 2019
Development of methods of sex and gender analysis

Greater rigour, reproducibility, inclusion and transparency in research
Sources of bias in healthcare, even by experts:

2030
What is being done from a governmental, federal, scientific-community and industry based standpoint for diversity in clinical trials?
Launch of White House Initiative on Women’s Health Research

On November 13, President Biden announced the first-ever White House Initiative on Women’s Health Research, an effort led by First Lady Jill Biden and the White House Gender Policy Council.

**Aims:**
- Deliver concrete recommendations to advance women’s health research
- Take a targeted, high-impact approach
- Engage the scientific, private sector, and philanthropic communities

Under the 2023 Consolidated Appropriations Act (December 29, 2022)

- lawmakers have instructed FDA to require diversity plans for all Phase 3 clinical trials conducted for drugs and biologics
- the same for all devices and diagnostics that use the 510(k), premarket approval (PMA), de novo, and investigational device exemption (IDE) pathways

https://www.fda.gov/media/170844/download
Diversity, Equity, Inclusion, and Accessibility (DEIA) – targeted by the FDA and others

**Diversity** means the practice of including the many communities, identities, races, ethnicities, backgrounds, abilities, cultures, and beliefs of the American people, including underserved communities.

**Equity** means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment.

**Inclusion** means the recognition, appreciation, and use of the talents and skills of employees of all backgrounds.

**Accessibility** means the design, construction, development, and maintenance of facilities, information and communication technology, programs and services so that all people, including people with disabilities, can fully and independently use them. Accessibility includes the provision of accommodations and modifications to ensure equal access to employment and participation in activities for people with disabilities, the reduction or elimination of physical and attitudinal barriers to equitable opportunities, a commitment to ensuring that people with disabilities can independently access every outward-facing and internal activity or electronic space, and the pursuit of best practices such as universal design.

https://www.fda.gov/media/170844/download
Diversity Plans to Improve Enrollment of Participants from Underrepresented Racial and Ethnic Populations in Clinical Trials

Guidance for Industry

Enhancing the Diversity of Clinical Trial Populations — Eligibility Criteria, Enrollment Practices, and Trial Designs

Guidance for Industry

This guidance document is being distributed for comment purposes only.

April 2022

November 2020

https://www.fda.gov/media/157635/download
https://www.fda.gov/media/127712/download
Sites and sponsors now know they need to:

- Explain their specific diversity goals
- Justify why they chose those goals based on the disease they're treating
- Describe how they plan to reach those goals
Building on President Biden’s Executive Order 14035 “Diversity, Equity, Inclusion, and Accessibility (DEIA) in the Federal Workforce

7 objectives aimed at improving DEIA in the FDA and beyond

Objective 1: Increase inclusion of diverse groups by investing in community building and education
Invest in developing agency-wide Employee Resource Groups/Affinity Groups (ERG/AGs) with formal support mechanisms to respond to diversity priorities through agency actions. Increase the availability of DEIA training at all levels that celebrate diverse backgrounds and connect employees from different cultures.

Objective 2: Foster work environments that celebrate diversity and inclusion
Continuously work to promote a fair and protective workplace for all employees through standardized and centralized processes, procedures, and workflows, including technology-enabled tracking and learning. Establish a systematic and widespread approach to communicate and educate employees on anti-harassment.

Objective 4: Enhance the collection, analysis, and reporting of demographic information
Drive a set of strategic initiatives to enhance the availability and quality of demographic information available across the employee lifecycle, starting with the recruiting process, and a commitment to analyze available information for actionable insights.

Objective 5: Enhance outreach, recruitment, and retention efforts to increase representation of underrepresented groups
Understand barriers to achieving representation that reflects the civilian workforce within each grade level and establish targeted programs to remove these barriers across various stages of the employee lifecycle.

Objective 6: Improve accessibility across the agency
Assess and bolster the effectiveness of practices used to provide accessibility for FDA employees and prospective employees, including reasonable accommodations, workplace accessibility, and accessibility in information and communication technologies.

Objective 7: Leverage innovation and creativity to meet Center/Office-specific DEIA needs
Provide Center/Office leaders additional flexibility in meeting the DEIA needs of their workforces. Center/Office-specific initiatives that do not align to Strategic Objectives 1-6 will be captured under Objective 7 and the measurement approach will be defined on an initiative-by-initiative basis.

A change in diversity in clinical trials will only come along with a diverse workforce!

https://www.fda.gov/media/170844/download
Three objectives:

- growing and sustaining diversity, equity, inclusion, and accessibility through structural and cultural change
- implementing organizational practices to center and prioritize diversity, equity, inclusion, and accessibility in the biomedical and behavioral research workforce
- advancing diversity, equity, inclusion, and accessibility through research
Inclusion of Women and Minorities as Participants in Research Involving Human Subjects

Proposals
- All NIH-funded studies must address plans for the inclusion of women and minorities.
- Any exclusions based on sex/race/ethnicity must include a rationale and justification.
- Appropriate outreach programs and activities to recruit and retain the proposed study population.
- Valid analysis of group differences on the basis of sex/race/ethnicity.

Review
- Scientific Review Groups will assess each application/proposal being acceptable with regard to the inclusion of racial/ethnic minorities/women.

Progress
- Annual report on sex/gender, race/ethnicity in progress reports.
Lack of representation compromises generalizability of clinical research findings to the whole U.S. population.

Lack of representation may hinder innovation and new discoveries.

Lack of representation may compound low accrual that causes many trials to fail.

Lack of representation may lead to lack of access to effective medical interventions.

Lack of representation costs hundreds of billions of dollars.
### Reporting and Accountability
- Establish an **intra-departmental task force** on research equity
- **Journal** editors, publishers, and the ICMJE should **require** information on the representativeness of trials
- Require a **detailed recruitment** plan appropriately reflecting the demographics of the disease or condition

### Federal Incentives
- **Enforce** existing accountability measures
- Expedite coverage decisions for drugs/devices that have been approved based on representative development programs
- **Incentivize community providers** to enroll and retain participants in clinical trials by reimbursing

### Remuneration
- Ensure that trials provide **adequate compensation for research participants**
- Federal regulatory agencies should develop explicit guidance to direct local IRBs on **equitable compensation** to research participants and their caregivers.

### Education, Workforce, and Partnerships
- Ensure a **diverse and inclusive workforce**, especially in leadership positions
- Leaders and faculty of academic medical centers should recognize research and professional efforts to advance **community engaged scholarship**
- Substantially invest in **community research infrastructure**

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Reaction of the industry

A multitude of diversity plans exist across the industry, implementation is however lacking!
Conclusions

- There is **not much change in inclusion of women minority populations in CVD trials** over recent years.

- **Increasing diversity among trial participants must be a top priority** in order to address health disparities and allow for optimal diagnosis and management of CVD in all.

- **Increasing diversity in trial leadership** is one of the most important strategies to increase diversity among RCT participants.

- Further efforts are urgently needed to **increase diversity in the cardiology workforce**, which will improve clinical trial diversity and cardiovascular health for all.

- Approaches from the **whole scientific community** to tackle the inequality in workforce, trial leadership and trial participants have to be developed.
THANK YOU FOR YOUR ATTENTION!