

Setting Diversity Goals and Measuring Success

Lessons learned and the path forward

Rachael Fones, Director, Government & Public Affairs;
Strategic Advisor, and Diversity in Clinical Trials, IQVIA
Chair, ACRO Diversity, Inclusion & Equity Committee
January 31, 2023

Pursuing Diversity in Context of Overall Trial Goals:

Proactive, concerted effort – setting diversity goals is critical to downstream success



Operational Success Factors

Validated Goals, Established Early

Having defined goals (% ranges) is key to downstream success – setting and communicating goals

Predictability and Calibration

Starting with population and site selection, through recruitment/retention.

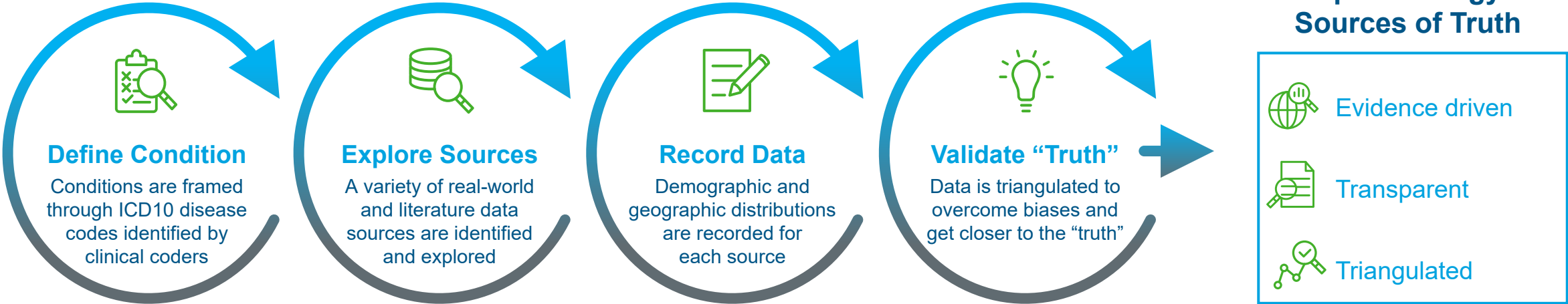
Understand site potential, site gaps, explore tradeoffs and calibrate accordingly

Monitoring and adjusting in real-time

Track and adjust; identify trouble spots, deploy support resources and realign contribution expectations to stay on course

Developed & Tested Real-world Demographic Assessment Process

Ran process against 27+ indications to identify data and build a better understanding of the true reality of disease burdens



Key Takeaways: RWD for DICT Planning



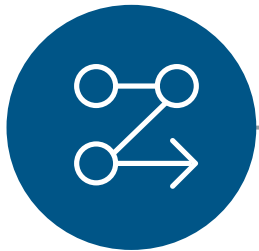
RWD Informs, not answers

- Strengths and limitations transparent and clear
- Plan and enrollment goals informed by knowledgeable team – epi and clinical



Diversity is specific

- Each condition has a different path to DICT recommendations
- Improvements in representativeness is complex



Synthesize the evidence

- Background and contextualization of estimates through a synthesis of existing studies or cohorts

Variability inherent across data sources and by condition of interest

COPD- Example

Race/ Ethnicity	CDC/ NHIS	EMR In-Patient	EMR Ambulatory	Literature
White/ Caucasian	77.8%	86%	89%	69%
Black/ African American	11.0%	13.0%	8.3%	13.6%
Hispanic	6.9%	4.0%	0.2%	10.6%
Asian	1.0%	1%	0.7%	1.6%
Other	3.2%			5.3%

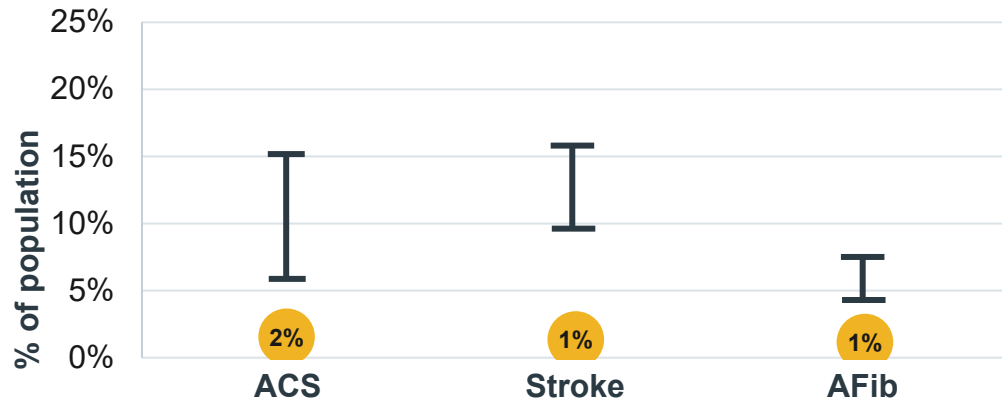
Context is key - apply scientific and clinical rationale

Setting goals will be subjective – interpretation and estimation

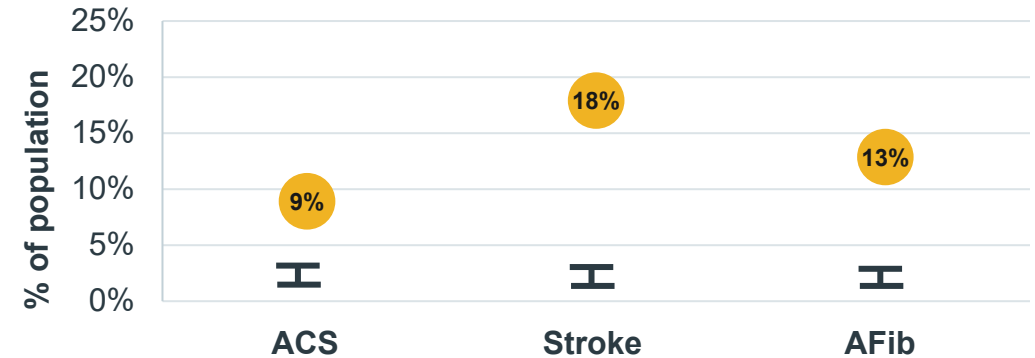
Setting Goals in Context – What Does Good Look Like?

Historical share of trial population* vs RW diagnosed population

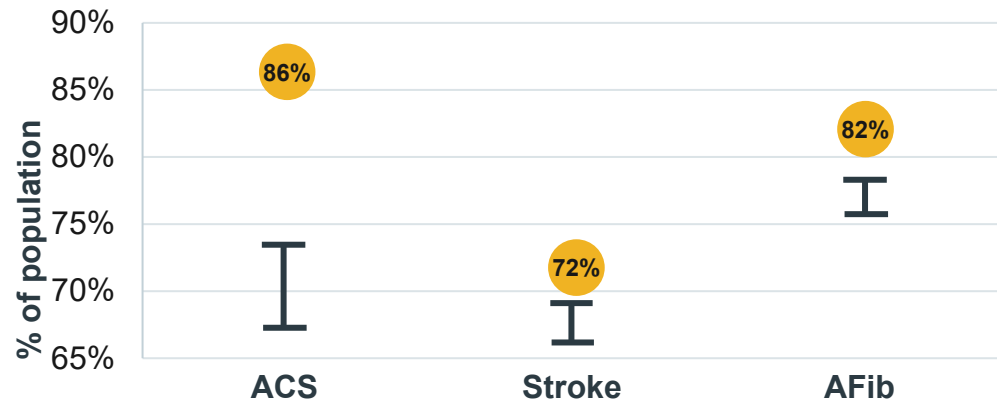
Black / African-American Patients



Asian Patients



White / Caucasian Patients



Hispanic Patients



No Hispanic data available for Afib Trials

I = % Range of Real-World Indication Population (AMB, IHN and CDC*)

● = % of Clinical Trial Population Includes global and US only trials

*As available

Observations & Opportunities – Setting Goals

**IQVIA
Recommended
Approach
(now expected)**

**Identify trial
population
goals upfront,
communicate
and monitor
throughout**



Observation/ Common issues

Having a defined goal is key to downstream success, BUT:

- Specific numbers cause angst: Perceived risk and trial delays; constrained enrollment
- Lack of clarity on what good looks like; No one source of truth, US vs Global site contribution, historical results



Path Forward

- Enrollment goals set, measured and reported as ranges: within x% = good, better, best
- Moving past diversity as an ‘either/or’ tradeoff with time and cost; set goal and plan to achieve alongside other goals
- Regulator clarity on ‘representative’; on what not meeting goals means, US vs Global %s
- Adopt an industry metric for measuring progress and success

To Maintain Momentum and Achieve Lasting Change: Need to Measure and Report Diversity in Context

A systematic way to measure performance, understand strategy impact, and track improvement

1

Quantification

Need for a simple, intuitive metric to evaluate and compare inclusiveness, through a validated approach

2

Standardization

Importance for a consistent perspective and language on what inclusiveness in clinical trials looks like

3

Actionability

Need for visibility into drivers of representativeness to enable strategic solutioning and tactical planning

4

Monitoring

Urgency for a mechanism to track D&I within a clinical study, to inform rapid decision making

Without a standardized measure, there can be no common and shared targets, commitments or measures of progress...

ACRO's Diversity, Equity, and Inclusion Principles

- Associated actions CROs and Tech can take to support DE&I

Improving Health Equity Through Access to Trials

- **Increase awareness and opportunities** for clinical trial participation among diverse populations
- **Reduce the burden** of participation for diverse communities through innovative methodologies, decentralized trial support services, and digital technologies
- **Work with** predominantly underrepresented **communities** to build trust between stakeholders

Partnering with Stakeholders & Policymakers

- **Work with policymakers and regulators** around the world to promote policies that improve diversity and inclusion of underrepresented study participants
- Embed a patient-centric mindset in policy recommendations by partnering with patient and minority advocacy groups
- **Collaborate with other industry groups** to drive progress towards inclusive clinical trials

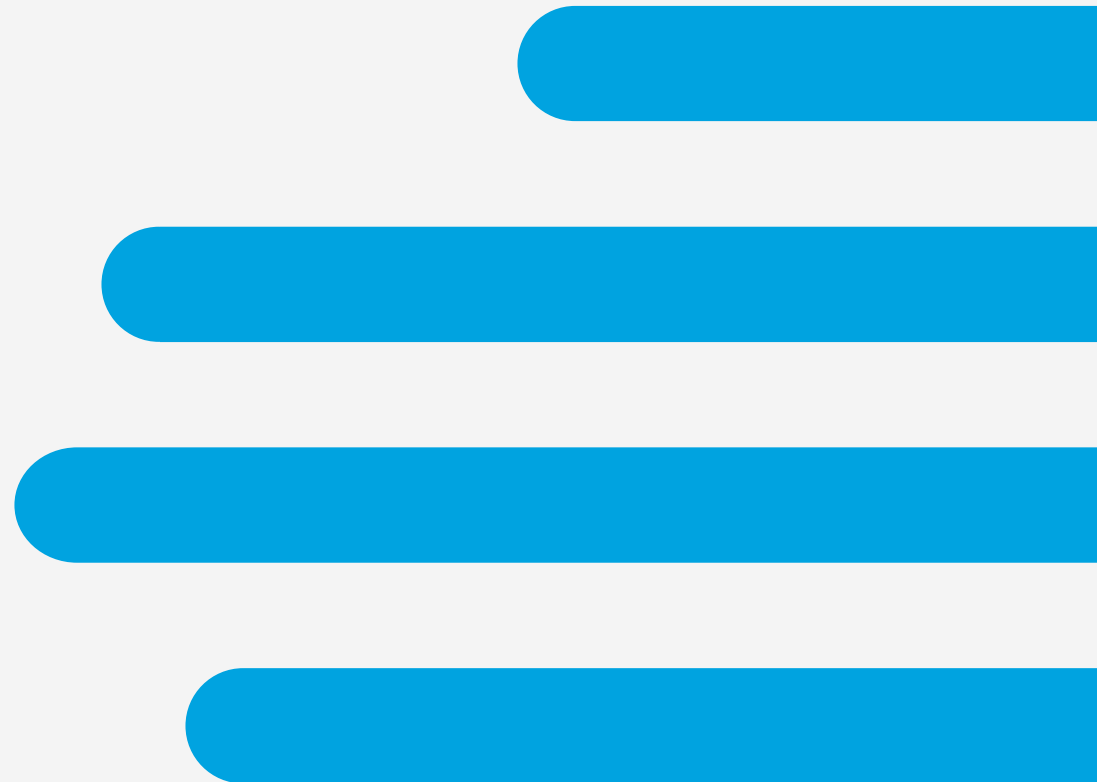
Empowering Research Partners

- **Educate and engage patients** as research partners throughout the clinical development lifecycle
- **Harness data to better characterize relevant patient populations**
- **Support sites** with training and culturally relevant materials to work with diverse communities
- Use data to **identify investigators with** access to clinically relevant, **diverse patients**

Driving Workforce Diversity, Equity, & Inclusion

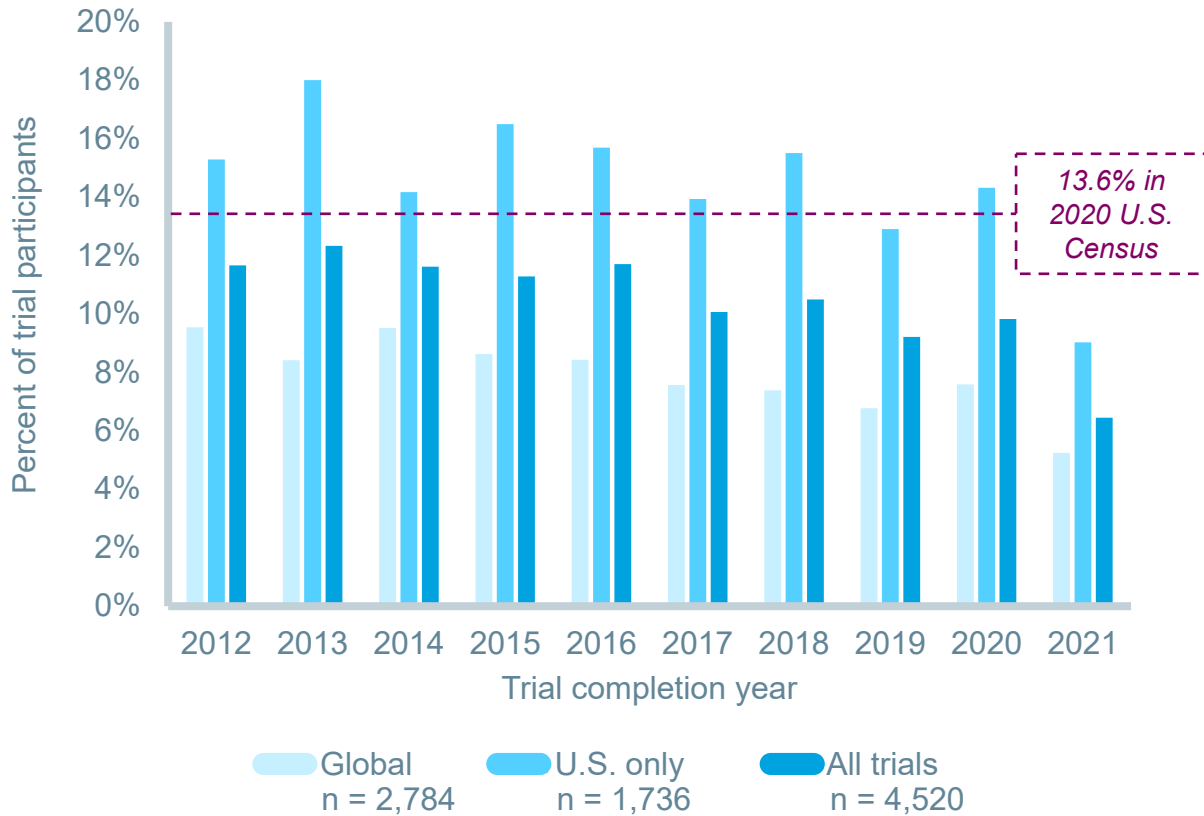
- **Support programs** that drive diversity and inclusion in the clinical research industry workforce including employee retention, recruitment, and development
- **Foster relationships** with minority healthcare associations and other groups to bring new generations into clinical research

Appendix

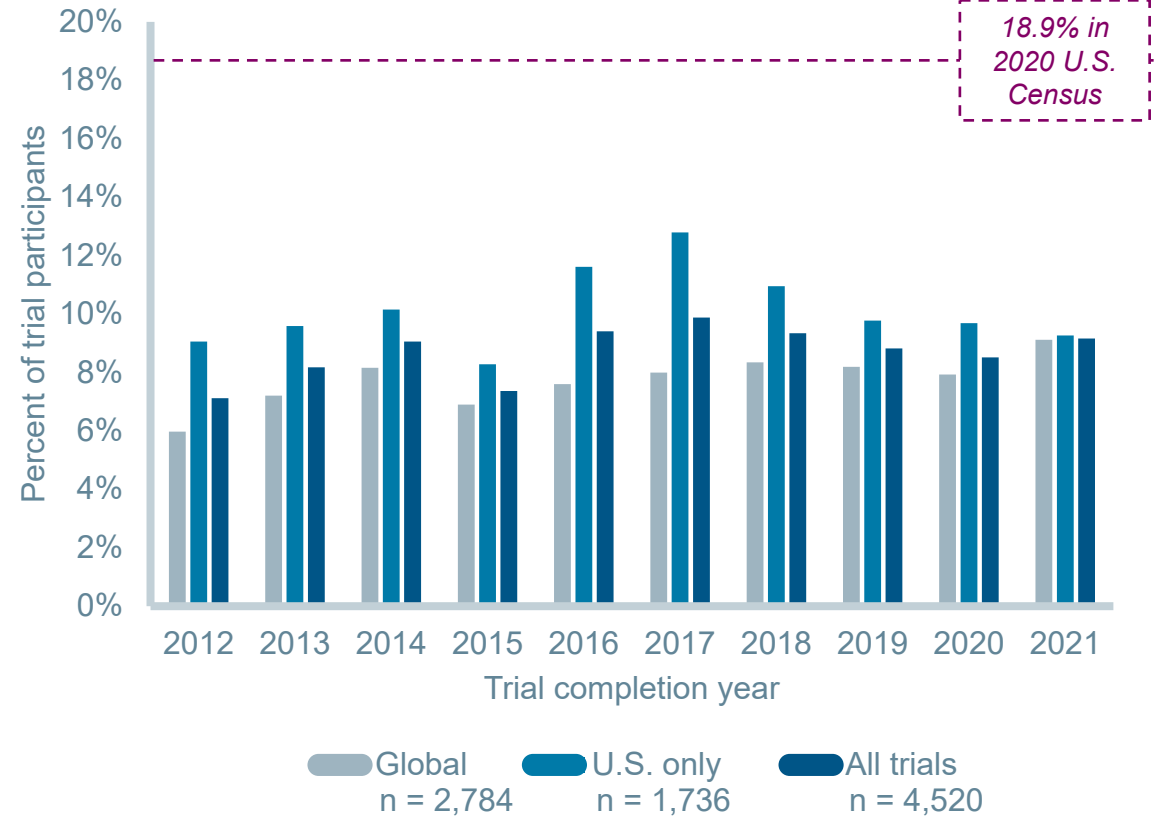


Selectivity: Site selection by geography impacts inclusivity

Black/African American Inclusion in Phase II and III clinical trials – by geography



Hispanic inclusion in Phase II and III clinical trials – by geography



Notes: Includes all interventional Phase II and III trials with industry involvement and any U.S. sites listed on ClinicalTrials.gov as starting after 2009 and completing in 2020. Global includes any trial that had U.S. sites and ex-U.S. sites; U.S. Only are trials with only U.S. sites and All Trials is all of the trials in the data set (Global and U.S. Only combined).

Source: ClinicalTrials.gov June 1, 2022; U.S. Census Bureau.

Advancing Diversity in Clinical Development through Cross-Stakeholder Commitment and Action. Report by the IQVIA Institute for Human Data Science.