

Clinical Diversity Impacts Patients

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MPNE is a volunteer based network some of whose activities are funded by balanced support from project and support funding from : Amgen, BMS, Merck MSD, Novartis and Roche. Support never includes editorial rights or influence on MPNE's program or activities.

Gilliosa SPURRIER-BERNARD has received honoraria from MSD, Servier, BMS.

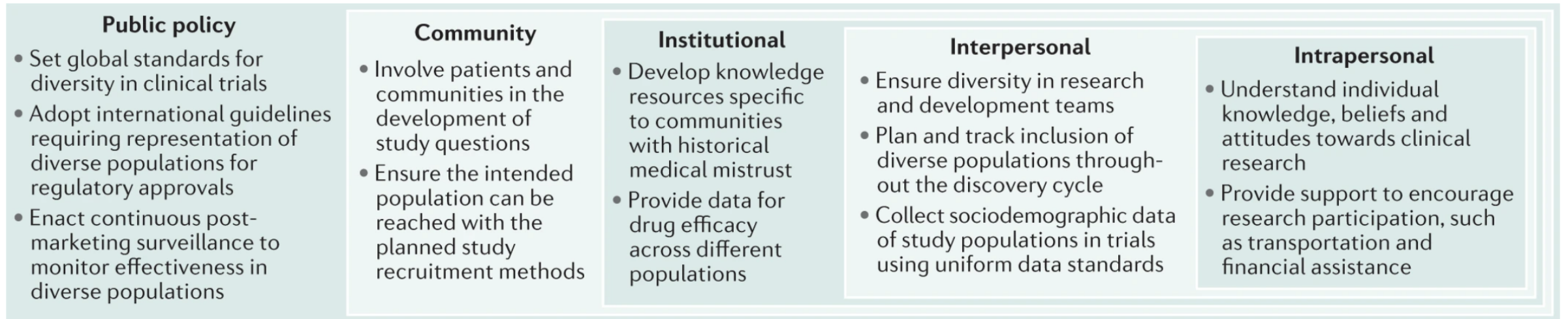
Diversity Gaps in Melanoma

- The BRAF gap is still causing access issues 10 years on
- Brain Mets kill the most people and yet they are almost always excluded
- Mucosal, Acral and Uveal Melanoma exclusions cost lives and miss opportunities
- QOL Tools need to pick up diversity – toxicity disparities, dosage, etc.
- Diverse Clinical Trials sites will pick up different populations

Making a start on Solutions

Fig. 1: Socioecological framework to increase diversity in clinical research.

From: [Improving diversity in medical research](#)



Changes to public policy, community, institutional, interpersonal and intrapersonal domains can result in increased diversity in research and help overcome inequalities in health care and patient outcomes.

Conclusions

- Recognize the domains of diversity and their relevance in different settings
- Assess how much a Clinical Trial differs from Reality – coefficients ?
- Penalize those that don't match the Real Patient Population
- Be accommodating in the Trial design to allow access to patient populations that need the trial as treatment option
- Reduce the efficacy and effectiveness gap by coordinating RWE and CTs by matching criteria and relevant endpoints
- Truly fair Precision Medicine Trials for those out of options can be diverse if supported everywhere

Thankyou for Listening

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