



February 25, 2022

The Honorable Anna Eshoo
2367 Rayburn House Office Building
Washington, DC 20515

The Honorable Brian Fitzpatrick
271 Cannon House Office Building
Washington, DC 20515

The Honorable Robin Kelly
2416 Rayburn House Office Building
Washington, DC 20515

RE: The Diverse and Equitable Participation in Clinical Trials (DEPICT) Act

Dear Representatives Eshoo, Fitzpatrick, and Kelly:

I am writing to you on behalf of Susan G. Komen (Komen) to express support for the Diverse and Equitable Participation in Clinical Trials (DEPICT) Act and thank you for your leadership on this important issue. Komen believes that research to accelerate discovery and advance personalized care along with equitable access to affordable, high-quality breast health care for all patients are essential to reducing breast cancer deaths.

Breast cancer is the most common cancer diagnosed among women in the U.S. and is the second leading cause of cancer death among women after lung cancer. One in eight women in the U.S. will develop breast cancer over the course of her lifetime. With the increasing availability of mammography screening, earlier detection and improvements in breast cancer treatment, the overall breast cancer mortality rate among women in the U.S. declined by 41 percent over the last 30 years.¹ It is still expected that an estimated 290,560 people in the United States will be diagnosed with breast cancer and 43,780 will die from the disease in 2022 alone.

Research shows that despite recent scientific advancements, there are widespread racial health disparities in breast cancer. For example, Black women are, on average, 40 percent more likely to die of the disease as compared to white women.² Black women are also more likely than white women to be diagnosed with aggressive breast cancers, such as triple-negative breast cancer and inflammatory breast cancer, and are more likely to be diagnosed at a later stage. Breast cancer disparities also exist for other historically marginalized groups. Breast cancer is the most common cancer diagnosed and the leading cause of cancer death for Hispanic/Latina women.³ Also, Hispanic and American Indian/Alaska Native women are more than 30 percent more likely to be diagnosed with advanced stage breast cancer compared with white women.⁴

We support the DEPICT Act because inequitable care and outcomes are tied to inequitable research, including clinical trials. The participants in many clinical trials do not reflect the eventual patient

¹ American Cancer Society. Breast Cancer Facts & Figures 2019-2020. (2019)

² Howlader N. SEER cancer statistics review (CSR) 1975–2016. National Cancer Institute. Available from: https://seer.cancer.gov/csr/1975_2016/, based on November 2018 SEER data submission, posted to the SEER web site, April 2019.

³ Power EJ. Breast Cancer Incidence and Risk Reduction in the Hispanic Population. *Cureus*. 2018;10(2):e2235. Published 2018 Feb 26. Doi:10.7759/cureus.2235

⁴ AACR (2020).

communities that will utilize a therapy, which reduces access to the most novel therapies while they are under clinical review and leads to inequitable health outcomes once on the market. A recent study found that Black and Hispanic races were underrepresented with respect to their cancer incidence in clinical trials between 2008 and 2018 for FDA approved oncology drugs. Increased minority representation is required in trials to ensure the validity of results and reliable benefits to all.⁵ For example, comorbidities that are more prevalent among Black and Hispanic women undergoing treatment, such as hypertension, diabetes and high cholesterol, place them at risk of severe, life-threatening side effects when given standard forms of chemotherapy, which may not be perceived in clinical trials that were conducted on white, more affluent populations.

Additionally, we know that minority populations face significant barriers which hinder their inclusion in clinical trials. This includes not even being offered the opportunity to participate in the first place, limitations in clinical trial locations, and community perception and distrust of the government and medical providers. These populations also face systemic barriers including lack of diversity in the health care workforce, lack of geographic and financial access to health services, systemic racism in health care, and prohibitive exclusionary eligibility criteria. Addressing these flaws in our health care system—and by consequence making clinical trials more accessible—is critical to addressing health disparities.

Komen supports efforts to reduce barriers and increase equitable access to participation in clinical trials for all populations and the DEPICT Act has the potential to do just that. We applaud your commitment to addressing such a needed policy solution and stand ready to assist you in making it law. If you have any questions, or we may be of further assistance, please do not hesitate to reach out to Komen's Director of Federal Policy and Advocacy, Aracely Panameño, at apanameno@komen.org or (972) 701-2071.

Sincerely,

A handwritten signature in blue ink that reads "Molly L. Guthrie". The signature is written in a cursive, flowing style.

Molly Guthrie
Senior Director, Public Policy & Advocacy
Susan G. Komen

⁵ Loree JM, Anand S, Dasari A, et al. Disparity of Race Reporting and Representation in Clinical Trials Leading to Cancer Drug Approvals From 2008 to 2018. *JAMA Oncol.* 2019;5(10):e191870. doi:10.1001/jamaoncol.2019.1870