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**Understanding barriers to LGBTQ+ cancer clinical trial participation: A qualitative inquiry.**

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**Background:** It is well documented that LGBTQ+ cancer patients face severe challenges in accessing care and resources. Barriers are persistent despite recent advancements. Cancer clinical trial (CCT) participation rates for LGBTQ+ communities reflect this disparity. Understanding the reasons behind low participation rates and evaluating how LGBTQ+ specific experiences differ from the general population can help develop resources and programs that address the disparities in CCT participation, advancing LGBTQ+ health equity. **Methods:** In October 2022, CSC facilitated two virtual focus groups with 12 adults diagnosed with cancer and self-identifying as LGBTQ+. Participants were recruited from CSC's Cancer Experience Registry (CER), representing wide gender and sexual orientation spectrums, a variety of cancer diagnosis and treatment trajectories, were 26-83 years of age, and a majority were college educated. A pre-screener survey collected sociodemographics to diversify the participant profile. Focus group data included participants' background, their experiences living with cancer as members of LGBTQ+ communities, and knowledge, attitudes, and experiences with CCTs. Transcripts were analyzed using deductive codes of sociodemographic information and inductive codes based on emergent themes. **Results:** LGBTQ+ patients reported: 1—Perceived institutional discrimination by healthcare providers in addressing their needs resulting in trust issues among patients; and 2—Relational and informational barriers block LGBTQ+ participation in CCTs. 19/21 screening survey respondents and 11/12 focus group participants had heard of CCTs, though none had participated. Each expressed a strong desire to help others and contribute to cancer research. However, patients doubted the medical ethics and personal benefits of CCTs, and most believed there are selective biases in recruitment. **Conclusions:** LGBTQ+ patients feel discriminated against when advocating for their health, identity, and rights, and struggle to trust their medical providers. Experiences of mistrust and discrimination inform LGBTQ+ patients' perspective on and participation in CCTs. Findings suggest a need for 1—well-developed informational materials addressing the needs of LGBTQ+ communities; 2—better education and engagement of CCT teams on how to address those needs. Research Sponsor: None.