Enabling Wider Participation in Research via Digital Technologies

ERIC PERAKSLIS: I think one of the important things about thinking about diversity and inclusion in research is just how to do better research. You know, at the end of the day, everybody wants their product, their tool, their app, you know, their device, their drug, to help as many people as possible. Everybody universally wants that. The way to do that is to test it on as wide a variety of people as possible. And that's what we haven't always been able to do.

We really have to think about what we've learned with COVID vaccines. If you look at the COVID vaccines, a couple of those vaccines were tested in more, far more diverse populations than the others. And it's because they intended to do that. They were very intentional and thoughtful about it, and actually if you read, there's been some great write-ups. It actually cost more money, and it took a little longer, but it was absolutely the right thing to do because we have a better sense of how that vaccine now behaves in different ethnicities. That actually is what we need to do in every single clinical trial.

So if you think about what's going on with digital health from the standpoint of wearables, remote apps, and health apps, what we're figuring out is more medicine can probably happen at home, and more research can probably happen at home.

And if you think about the ability to do things at home, one of the things that I think is promising in that about equity is especially geography. You know, if you look at clinical trial participation it's like, who lives next to MD Anderson or who lives next to Duke, right, as opposed to living in Fargo or someplace else. So first and foremost, you know, the ability to do things remotely—remote data collection, telehealth visits, and stuff like that—on one hand, that should make it equitable, meaning that people around the country and around the world should have access to clinical trials and research that they didn't have before because they didn't live close enough to a place or they couldn't get off work to go there.

What we're seeing are a lot of wonderful hybrids where, instead of having to go to the doctor for this clinical trial eight times this year, you're going to go four times and you're going to do four home visits. So it can also just be used to really, really drop the burden of that. The other thing is, is that to really get into populations that may not be mainstream in their access—they may have language issues; they may live in, you know, semi-isolated ethnic communities and stuff like that. The ability to set things up in churches, barbershops, ethnic centers, you know, meeting houses and things like that—that creates opportunities for pop-us clinics, clinical trials, and stuff like that in ways we haven't thought about before.