

Leading Oncology Organization Issues Call-to-Action to Expand Access to Clinical Trials

Strategies for oncology research community reflect urgent need to preserve, strengthen pandemic-era flexibilities.

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A new call-to-action published today, January 9, [in the journal Cancer](#) details practical steps for the oncology research and clinical care communities to expand access to clinical trials and enable patients to participate closer to their homes.

The paper, authored by members of an American Society of Clinical Oncology (ASCO) Task Force, illuminates the importance of enabling patients to receive trial related testing and care near their homes, rather than requiring patients to travel to major research institutions hours from where they live.

“There are patients who travel 3-4 hours for routine labs and imaging at research centers even though it’s testing that is readily available in their communities,” said ASCO Chief Medical Officer Julie Gralow, MD, FACP, FASCO. “Enacting these strategies makes participation in clinical trials a possibility for far more patients, especially those who are often underrepresented.”

Unnecessary roadblocks perpetuate the underrepresentation in cancer treatment trials. While 15% to 19% of the U.S. population live in rural areas, over half (66%) of rural counties do not have an oncologist. Forcing patients in rural areas to travel further than necessary to receive routine care to participate in clinical trials is not a sustainable model, nor does it allow all patients access to novel treatment options.

These concepts are not new to the research community. During the COVID-19 pandemic, the Food and Drug Administration (FDA) and the National Cancer Institute (NCI) made several accommodations, moving cancer research towards a decentralized model, which allowed research to continue and kept patients safe. While the pandemic-era accommodations showed the feasibility and benefits of decentralizing elements of clinical trials, the Task Force identified current instances of sponsors and institutions reverting to traditional research models as the stressors of the pandemic decreased.

Calls-to-action and tangible opportunities for change identified in the paper include:

1. Clarifying the requirements of the FDA Statement of Investigator (Form 1572)
2. Routinely accepting testing from local laboratories and imaging centers
3. Creating and nurturing partnerships to increase patient and clinician local access to trials

“Inequities in cancer care begin with the underrepresentation of certain populations in cancer research, which is why it’s so important that the research community removes barriers to trials,” explained R. Donald Harvey, PharmD, BCOP, FCCP, FHOPA, FASCO, co-author of the paper, and Director of Phase I Clinical Trials Program at Winship Cancer Institute of Emory University. “The strategies in this paper are tangible, actionable ways to do that and we are optimistic and eager to help ensure they are adopted.”

To learn more about the calls-to-action and what methods would help decentralize clinical trials, [read the full publication: A Call to Action to Advance Patient-Focused and Decentralized Clinical Trials](#).

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