

New Cancer Treatments: Why Aren't All People Reaping the Benefits?

In clinical trials for personalized cancer treatments, Black and Latino people are routinely understudied compared with whites.

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Precision oncology is changing the landscape of cancer care. The term refers to treatments tailored to individuals based on the molecular structure of their tumors and yields better outcomes for cancer patients. But Black and [Latino](#) people, who are glaringly underrepresented in many of the [clinical trials](#) for such therapies, are missing out on these lifesaving remedies, according to [recent study findings published online in JAMA Network Open](#).

Research on breast, prostate, lung and colorectal cancers is employing precision oncology to develop personalized therapeutic treatments for patients using [genetics](#).

For the inquiry, scientists identified U.S.-based cancer studies on breast, prostate, lung and colorectal cancers listed in the ClinicalTrials.gov registry that were conducted between 2004 and 2017. Researchers evaluated the trials' fulfillment of precision medicine objectives and reporting of racial and ethnic composition. In addition, using databases from The Surveillance, Epidemiology, End Results and the U.S. Census, researchers established cancer incidence by [race](#) and [ethnicity](#) connected to cancer type.

The research team zeroed in on 93 studies that included race and ethnicity information on the 5,867 participants enrolled. Of the population groups represented, 82% were non-Hispanic whites, 10% were Black and 4.1% were Asian. Scientists noted that whites and Asians were disproportionately represented in all clinical trials compared with Blacks, Latinos, American Indians and Alaskan Native participants who were underrepresented. (Black and Latino individuals were also inadequately represented at individual cancer sites in comparison to white participants.)

Critics of the lack of diversity in clinical trials say that although there have been unprecedented developments in precision oncology, these gains have not helped deliver cancer treatments to vulnerable minority populations. One such critic is Dana Dornsife, founder of the Lazarex Cancer Foundation, a nonprofit working to improve patient access to cancer clinical trials.

In an article published online by the Milken Institute titled "[Let's Improve Diversity of Cancer Clinical Trials](#)," Dornsife noted, "Cancer doesn't discriminate. If the population of participants in

clinical trials doesn't mirror our actual population, then we're not developing drugs for everyone. We have patients who are dying because they don't have access to clinical trials, and we have clinical trials that are dying because they don't have access to patients."

The authors of the JAMA study also voiced their concerns for a solution. "It is imperative to increase diversity among enrollees so that all individuals may benefit from cancer research breakthroughs and personalized treatments," researchers stressed.

To read more about precision oncology, read "[How Precision Medicine Has Transformed Cancer Treatment.](#)"

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