

Travel Distance Remains Barrier for Patients to Access National Cancer Center–Funded Sites

Nearly 38% of the U.S. population over 35 years old would have to drive over 50 miles to obtain care at an NCI-funded site

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A new paper in the [Journal of Clinical and Translational Science](#) finds that travel distance to National Cancer Institute (NCI)–funded sites remains a key barrier for patients wanting to participate in clinical trials or research at these locations.

The paper explores how NCI-funded sites tend to be in urban centers and are less accessible to low-income or rural patients. Nearly 38% of the U.S. population over 35 years old would have to drive over 50 miles to obtain care at an NCI-funded site, and almost 17% would have to travel 100 miles or more. Several U.S. regions, including the South and Appalachia, have particularly limited access to NCI-funded sites despite high cancer incidence, and much of the West and Great Plains are distant from any cancer facilities. This barrier is evident in data showing that the percentage of patients enrolling in cancer clinical trials is five times higher at NCI-designated cancer centers compared with community cancer programs, where most patients receive their care.

Additionally, the paper explains how the number of people without access could be reduced from 17% to 1.6% if NCI funding were provided to currently unsupported cancer facilities.

“The evidence is clear that research opportunities for patients with cancer are not equally accessible to all, and multiple administrations have identified the same solution to this barrier,” said Sharon P. Shriver, Ph.D., Senior Analyst, American Cancer Society Cancer Action Network (ACS CAN), and lead author. “Public policy and public funding can expand research opportunities into more rural areas where cancer incidence and mortality are higher than in urban areas. We hope that our study will help make the case with policymakers that now is the time for broadening the base of institutions receiving research infrastructure support.”

Sharon P. Shriver, ACS CAN, is the lead author of the paper. Other authors include Liora Sahar, Vanhvilai L. Douangchai Wills, Devon Adams, and Mark E. Fleury.

A blog post with further commentary on the findings can be found [here](#).

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