

June 2026



Eliminating Financial Barriers to Clinical Trial Participation

By Wendy Selig, MS



Wendy Selig, MS, is the project lead for the Equitable Access to Clinical Trials (EACT) initiative and founder and CEO of WSCollaborative.

Commentary Overview

- Costs associated with travel, lodging, meals, caregiving, and time away from work can cause patients and their doctors to decide against enrollment in a clinical trial that otherwise might be their best treatment option.
- Since its founding in 2022, the Equitable Access to Clinical Trials (EACT) initiative has been working to mitigate non-medical, out-of-pocket financial burdens for clinical trial participants in the United States.
- In the next several years, EACT aims to expand its scope and reach to other therapeutic areas impacted by financial toxicity and to adapt financial neutrality principles to international clinical research settings.

Out-of-pocket costs for clinical trial participants create barriers to enrollment and retention for patients and their families. Financial burdens associated with travel, lodging, meals, caregiving, and time away from work can cause patients and their doctors to decide against enrollment in a trial that otherwise might be their best treatment option.

Studies have shown that **individuals enrolled in cancer clinical trials often travel more than twice as far for treatment** as do patients receiving standard therapy, and trial-related travel burdens may be greatest for individuals living in low-income areas. In fact, according to the **American Cancer Society Cancer Action Network, patients cite cost as a top reason for declining clinical trial participation.** Financial considerations that may influence someone's

decision to join—or stay in—a study differ based on factors including geography, personal support networks, employment status, and government assistance.

Making Financial Support for Clinical Trial Participants the Norm

In 2022, [LUNgevity Foundation](#) launched and funded the [Equitable Access to Clinical Trials \(EACT\)](#) initiative. Today EACT is hosted jointly by the [Association of American Cancer Institutes \(AACI\)](#) and the [Multi-Regional Clinical Trials \(MRCT\) Center of Brigham and Women's Hospital and Harvard](#).

EACT engages patients and patient advocacy organizations; industry; academia; clinical research organizations (CROs); institutional review boards (IRBs), vendors; and professional societies in a collaborative forum to advance financial neutrality for patients participating in clinical trials.

Since its founding, EACT has been working to mitigate non-medical, out-of-pocket financial burdens for clinical trial participants in the United States. While the issues addressed by EACT pertain to clinical trials broadly, its initial focus has been on oncology as a case study. **EACT's strategic goal is making financial neutrality and financial support for trial participants the norm in all oncology clinical trials.**

Education, Outreach, and Events

Over the next several years, EACT will focus on accelerating the dissemination, implementation, and long-term adoption of strategies that reduce the financial burden associated with clinical trial participation. A central component of this work will be expanding education and awareness across the clinical research ecosystem.

To date, EACT has hosted—and co-hosted—four webinars with publicly available, evergreen content; the initiative has also developed an issue brief focused on the tax and legal considerations associated with financial compensation for trial participants, sponsors, and sites.

An EACT initiative update is scheduled for 8:00 am central time on **Thursday, June 25**, during the [18th Annual AACI Clinical Research Innovation \(CRI\) Meeting](#) at the Loews Chicago O'Hare Hotel in Rosemont, IL.

Educational webinars and conference presentations will continue to ensure that sponsors, sites, CROs, and IRBs have access to practical guidance, emerging best practices, and tools for the consistent implementation of participant support programs. EACT will continue hosting its quarterly "all hands" virtual meetings to bring these stakeholders together with patients, advocacy organizations, and academic institutions to discuss emerging challenges and identify opportunities to advance financial neutrality for trial participants.

Developing Evidence-Based Guidance and Policy

In addition to education and outreach, EACT will prioritize validating the resources it has already developed. This includes pilot testing EACT site implementation tools with participating clinical trial sites to better understand how these resources function in real-world settings. EACT aims to identify operational barriers, gather user feedback, and refine scalable approaches, not only to create guidance, but also to ensure that sites and sponsors have feasible models that can be integrated into existing workflows and compliance structures.

Policy development is another important pillar of EACT's future work. EACT plans to collaborate closely with IRB leaders and other regulatory stakeholders to explore standardized approaches to participant compensation and reimbursement, helping to reduce uncertainty among sponsors and sites while increasing consistency. EACT also intends to develop evidence-based policy recommendations that can inform future institutional practices, regulatory discussions, and broader industry standards related to participant financial support.

Generating new evidence to inform the field remains a critical priority. EACT plans to develop additional datasets evaluating current financial support practices across the clinical trial landscape, improving our understanding of how reimbursement and support programs are

currently used. The initiative will also analyze the impact of participant support programs on key research outcomes, including enrollment, retention, and participant diversity. By building a stronger evidence base, EACT hopes to demonstrate the practical and ethical value of reducing financial barriers to participation and to encourage broader adoption of participant-centered support strategies.

Looking Ahead: Expanding Scope and Reach

As the initiative evolves, EACT plans to expand its scope and reach. One major area of focus will be the development of operational models that support financial neutrality in academic and investigator-initiated trials, where resources and infrastructure may differ substantially from large, industry-sponsored studies.

EACT also intends to extend its work beyond oncology into other therapeutic areas where financial barriers similarly limit equitable access to clinical research opportunities. Future efforts will additionally explore the broader issue of patient medical out-of-pocket costs associated with trial participation, further examining how both medical and non-medical expenses influence decision making and access. Looking ahead to 2027, EACT aims to develop a global framework to adapt and expand financial neutrality principles to international clinical research settings.

Collectively, these initiatives reflect EACT's vision of creating a more equitable, patient-centered clinical trial ecosystem in which financial considerations no longer prevent individuals from accessing potentially beneficial research opportunities.



EACT offers webinars and other educational resources for clinical trial participants, sponsors, and sites.

[Learn More](#)

Resources and Publications

[EACT Webinar | Clinical Trials Site Personnel](#)
December 2024

[EACT Webinar | Industry Sponsors Best Practices](#)
March 2025

[MRCT Center Webinar | Mitigating Financial Toxicity for Participants in Clinical Trials: Best Practice Considerations & Recommendations for Sponsors](#)
December 2025

[LUNgevity Foundation Webinar | Advancing Cost Neutrality for Clinical Trial Participants](#)
February 2026

[“Financial Toxicity in Cancer Clinical Trials: An Issue in Need of Clarity and Solutions”](#)
Journal of Clinical Oncology, May 2025

[EACT Report | Tax and Legal Considerations for Compensation Programs for Clinical Trial Participants \(PDF\)](#)

[EACT Resources for Trial Sponsors](#)

[EACT Resources for Trial Staff](#)

EACT Steering Group

Barbara Bierer, MD
Multi-Regional Clinical Trials (MRCT) Center of Brigham and Women's Center and Harvard

Kendra Cameron, MBA
Association of American Cancer Institutes (AACI)

Donna Cooke, JD

David Gerber, MD
*Simmons Comprehensive Cancer Center
UT Southwestern Medical Center*

Cecile Gonzalez-Cerimele
Lilly

Lloryn Hubbard

ImpactSphere Clinical, LLC

Leigh-Ann Davis
Pfizer

Willyanne Decormier-Plosky, DrPH
Multi-Regional Clinical Trials (MRCT) Center of
Brigham and Women's Center and Harvard

Luke Gelinas, PhD
Advarra

Elizabeth George
Health equity leader

Daiichi Sankyo

Brittany McKelvey
LUNGEvity Foundation

Wendy Selig, MS
WSCollaborative

Kate Shaw, MA
Association of American Cancer Institutes (AACI)

Marc Taylor
Pfizer

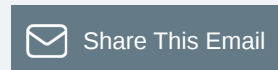
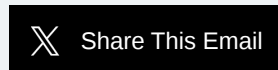
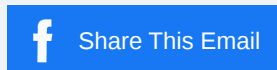
Our Mission

The Association of American Cancer Institutes (AACI) represents over 100 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by enhancing the impact of academic cancer centers and promoting cancer health equity.

About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, an editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.

Copyright 2026 | Association of American Cancer Institutes



Association of American Cancer Institutes (AACI) | 322 North Shore Dr, Bldg 1B, Ste 200, #362 | Pittsburgh, PA 15212-5875 US

[Unsubscribe](#) | [Update Profile](#) | [Constant Contact Data Notice](#)



Try email marketing for free today!