

**Encouraging and Facilitating  
Diverse Participation in Clinical Trials  
with Dr. Eddilisa Martin Neighborhood Trials  
An Empowered Patient Podcast Published May 2, 2023**

- Karen Jagoda: Welcome to the EmpoweredPatientPodcast.com Show. I'm Karen Jagoda. And my guest today is Dr. Eddilisa Martin. She's the creator of Neighborhood Trials, NeighborhoodTrials.com. And the idea there is opening up access to clinical trials. So I want to welcome you to the show today, Eddilisa. I appreciate you taking a few minutes to be with us.
- Dr. Eddilisa Martin: Oh, thank you so much for having me.
- Karen Jagoda: Tell us a little bit more about the mission of Neighborhood Trials.
- Dr. Eddilisa Martin: I'll back it up a little bit. I'm the CEO and owner of a company called M & B Sciences. So Neighborhood Trials is our online platform as well as an app that we created that is in the Apple Store and in the Google Store. So anybody that has a smartphone and can download apps can also download the Neighborhood Trials app.
- Dr. Eddilisa Martin: The purpose and mission is to make clinical trials accessible to all. That is our overarching mission. And so whether that is through an app or other means, the Neighborhood Trials platform, that is what it's all about. We think that this is very important for many reasons. So our mission is to make information on clinical trials accessible to all interested people, whether they're patients or providers or whether you're a caregiver looking for an option for loved ones, making it accessible to anyone.
- Dr. Eddilisa Martin: The Neighborhood Trials app just makes that a little simpler, and tries to put it more in lay language. If you're utilizing the app on a smartphone, you can pull up clinical trials near your location for whatever disease you're interested in.
- Karen Jagoda: And why is diversity so important in clinical trials? And why is what you're doing in general so important?
- Dr. Eddilisa Martin: Oh, goodness. I could speak on and on about that. But diversity in clinical trials is very, very important. I'm sure lots of people have heard of different diversity initiatives. It was highlighted and a spotlight kind of thrown on it by the whole COVID pandemic and just highlighting, really, inequities in healthcare in general. And then also, I believe, and I don't know if most people caught this during the discussion of vaccine trials and that type of thing, but there are inequities and disparities in participants in clinical trials. Having diversity is important for a number of reasons.

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Dr. Eddilisa Martin: And the way I boil it down is that every patient who takes a medication deserves to know and be sure that that medication or that therapy or that surgical procedure or device or whatever it is has been tested in someone who truly represents them. So the analogy that we give, there was a new asthma treatment that was geared toward kids 9 to 17. But you only had participants who were 17, and none of the younger ones that participated. That wouldn't really be representative. And you would want kids who were being raised by foster parents. You'd want kids in all types of socioeconomic statuses. You want kids that were in the city versus in a rural area. And definitely, you'd want kids of different races and ethnicities.

Dr. Eddilisa Martin: When we talk about diversity, people most often think of race and ethnicity. And that's very, very important. But diversity means having representation across a whole spectrum of things. So whether that's age, whether it's your sexual preference, whether you live in the country versus the city, whether you have lots of comorbidities, lots of illnesses in conjunction with the disease that's being tested, or whether that's the only thing you have. There are a whole host of things that we're talking about when we say diversity.

Dr. Eddilisa Martin: I guess I'll classify myself as a middle-aged Black woman. That's hard to do, but I am. So if I'm a middle-aged Black woman and I'm going to take a new medication for my heartburn, even, I want to know that there were middle-aged Black women in the trial. So what we often see, though, when you look at lots of journal articles and medical literature, you'll see the most common characteristics of participants. And it's almost, like a joke within clinical trials, so to speak, because it's so common. But the common participant would be the 50-year-old white male that is 70 kilograms or about 190 pounds. So what's your most common participant in a clinical trial?

Dr. Eddilisa Martin: And if I am taking a medication and the trial was made up of 85% of people who were white males that were 50 and 190 pounds, that may not represent me because me with my heartburn, I'm a middle-aged woman that struggles with my weight. So that may not be a representation. The outcomes that they get may not represent me. So you may have a therapeutic that's approved because it worked in a certain set of patients that were in the clinical trials. But then, when it gets out to the market, you find that there are differences in how people are responding. But if you have people in the trial that represent the patient population that's going to take the drug, then you're more likely to have more representative results. Is that making sense?

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Karen Jagoda: That absolutely makes sense. And it's always amazed me how it was okay in the past just to do the trials with white men. And that was seen as standard operating procedure. You're just raising obvious questions. If it works for that person, how do I know it will work for me? And so I think what you're doing is extremely important, and you're shining a light on how limited some of the research has been in the past. I have one question- how do you encourage more people to participate in trials? Because I've talked to people with serious diseases who shy away from trials because they don't want to be a guinea pig. So how do you help people become more comfortable with actually participating?

Dr. Eddilisa Martin: Oh, that is the million-dollar question. And it's something that we try to tackle little by little, just understanding that this is the hesitancy that people have. It varies. There's not one bucket or one reason why people are hesitant. So it is understanding their reasons. And then what I'm on a mission to do, our mission is to make clinical trials accessible to all. But part of that is really education. So whether that's participating in podcasts or participating in health fairs or doing webinars or attending the health committee meetings at various churches or what have you to answer people's questions, then that's what I do.

Dr. Eddilisa Martin: But you hear people talk about their hesitancy to be a guinea pig. And so it really does help people to understand that things have changed from the way they used to be. People hear horror stories from years and years ago, but they don't realize all of the protections that are in place for patients now. So the FDA committee has oversight. There are all of these safety committees that are involved in every single clinical trial. There's a safety committee that's looking at results as they are going, so they're not waiting until the end of the trial and seeing if there are different side effects that are popping up. They're measuring that on an ongoing, continuous basis.

Dr. Eddilisa Martin: Everyone involved in a clinical trial should give informed consent. So informed consent is very, very important. And that's the very first kind of entry into the clinical trial, where if you have found out about a clinical trial, you've decided you want to think about participating, there should be someone from that trial or from that study that is going over every step of the process with you. They should be patient in answering all the questions that you have. You should know what all of the study visits are going to look like, what it is that they're going to have you do, et cetera.

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Dr. Eddilisa Martin: And they should be patient, like I said, in answering your questions. If you don't get a good feeling from that interaction, then I, as a potential participant, would walk away. So you should have a very good interaction in that informed consent process. And then everyone should know that if you start a clinical trial and you don't feel comfortable, you are able to withdraw your consent and stop participating at any time. So just because you start doesn't mean you have to go on if it's something that you're not comfortable with.

Dr. Eddilisa Martin: But some people are afraid of "I'm going to get a sugar pill," or something of that nature. Well, depending on your disease state, if you take cancer, for instance, there's no such thing as a sugar pill in a cancer clinical trial. All of these clinical trials, at a minimum, have to give the standard of care. So if a person is going for a cancer clinical trial, then they, at a minimum, have to get what is the standard treatment for that trial. And then there may be an add-on to that where you may get the add-on investigational drug, or you might get the add-on investigational placebo or sugar pill. But you're going to get treatment. You at a minimum, have to get the standard, and then they'll build up from there.

Dr. Eddilisa Martin: So, it's just educating people on the safeguards that have been put in place, answering their questions. And you may gain an inch, but you may not gain a whole mile in your first interaction with educating someone, so helping patients with that educational process, too. So I think things like what you're doing here, Karen, in your show is very important.

Karen Jagoda: Well, thank you. You raised the point, also, about retention, which I know is a big challenge for clinical trials. So are you finding that technology can really aid in that retention rate so that people can get their questions answered or have their concerns heard?

Dr. Eddilisa Martin: Oh, yes. Technology has helped quite a bit. I mean, people may have heard in the news the term decentralized trials. And what that means is just there's more and more progress being made toward not having every study where you have to go into one study site over and over. We're trying to think of ways where you can do a videoconference to meet one of your study visit requirements that can help. Or maybe you can see someone local that can video in with the investigator. So things like that are being put in place more and more.

Dr. Eddilisa Martin: I don't even know if people are aware, there are clinical trials for apps for depression or anxiety, where that would be totally decentralized. It would be you just downloading an app, filling out different questionnaires, and things that the study may ask you to do.

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Dr. Eddilisa Martin: There have been trials with Apple Watches that are seeing what type of information we can get that may help predict things like depression or Alzheimer's disease or things of that nature, where those things are totally decentralized. Then sometimes, there are trials where they'll just mail, whether it's a study drug, or it may be a device that's being used. It may be a device that tests for blood sugar and insulin or blood sugar in diabetics, where that could be just mailed to your house. And there could just be video. So, we are having technology more and more to make things easier for people.

Dr. Eddilisa Martin: Now, I don't want to give the impression that we're totally there because there are just some disease states where it's not amenable to a decentralized trial. There may be a particular type of specialist, or it may be a rare disease where there are certain specialist types of providers that need to see you. Or there may be blood work that needs to be drawn. I mean, sometimes they can actually send people to the house for that. But then sometimes, you may need to come in, or if you have to have a PET scan or an MRI or something like that. So we're making progress toward that, and technology is certainly, certainly helping.

Karen Jagoda: Would you say that we're entering a whole new era of clinical trials and the way people think about clinical trials and the kinds of trials that they'll hold?

Dr. Eddilisa Martin: I do think that we are entering a new era. I think things are certainly changing. I think there's just been more and more awareness. The COVID pandemic was just a game-changer in so many ways. I don't know if so many people thought about clinical trials until all of the news stories and talk shows. Everywhere you looked, somebody was talking about a vaccine trial. And there were lots of concerted efforts made to make sure those trials included underrepresented people, people of color, including a good representation of elderly people who were being adversely impacted. So I think the awareness, for sure, has been heightened in society about clinical trials.

Dr. Eddilisa Martin: And one of the things that I like to help people understand, especially in underserved communities, is that a clinical trial actually could be an option for providing care for your disease. So I brought up the example of heartburn or even cancer. If you are an uninsured or underinsured person and you've been hit with a big diagnosis, there may be a clinical trial that you can participate in that will cover your standard of care type of medications, testing, et cetera, in addition to being tested for whatever investigational drug or procedure. One thing that people don't often think about is that a clinical trial can be an option for providing healthcare for people who don't have it.

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- Karen Jagoda: My last question, I'm just curious about your background and some of the advantages you've seen as a female African American entrepreneur.
- Dr. Eddilisa Martin: I am a pharmacist by training. I spent quite a number of years doing a variety of things. Before becoming an entrepreneur, I spent about 18 years with a very large pharmaceutical company. So I was able to study data on clinical trials. And that's when I first became aware of the disparity with regard to participants in clinical trials, where you see these disease states that may be adversely impacting people of color, lower socioeconomic status people. For instance, asthma tends to affect people who are of lower socioeconomic status living in crowded conditions, versus those who do not. But you didn't often have the representation that was reflective of that in the clinical trial.
- Dr. Eddilisa Martin: I was able to see that during my time in the industry, and that was the first place where I began to realize that maybe I could have an impact by stepping out of my comfort zone a little bit, leaving a great job with a great company, but trying to make an impact more in my community. So that was one of the things that spurred that on, being in the industry, being a clinician, and even out in the pharmacy world practicing pharmacy, being behind the counter. I did spend a few days doing that, as well. You are kind of taken aback sometimes by the disparities that you see in the patients that you're serving. And so it spurred me to go ahead. I felt like we had a way to address that. Our Neighborhood Trials app is just one of the things in our toolbox to do that. And so I felt like I could make an impact, and that's what I'm trying to do on this side of the fence.
- Karen Jagoda: And Neighborhood Trials covers the whole US?
- Dr. Eddilisa Martin: Yes. It does.
- Karen Jagoda: Have you seen an uptick in interest because of COVID and people being more aware of the need to find answers sooner about things like the COVID infection?
- Dr. Eddilisa Martin: Absolutely there has been an increased interest in clinical trials and an increased awareness in clinical trials. I know we don't have time to cover it in full, but being from the African American community, there's a lot of hesitancy. But in talking with people, I'm seeing people more and more saying, "I want to be a part of the solution." I've even heard people say, "I feel like I need to be in this trial because I want people represented that are like me." So definitely, increased awareness and people becoming more aware of that earlier on.

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Karen Jagoda: Thanks to my guest today, Dr. Eddilisa Martin, CEO and Founder of M & B Sciences, creators of the Neighborhood Trials app, NeighborhoodTrials.com. I'm Karen Jagoda. And you've been listening to the EmpoweredPatientPodcast.com Show. Follow me on Twitter @KarenJagoda. Like us on Facebook at Empowered Patient Radio. Thanks for listening, and we'll see you next time.



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