ASCO 2020 Cancer Opinions Survey

2020 Key subjects: COVID-19 and Cancer Care, Health Inequities in Cancer Care, Clinical Trial Myths, Key Trends

September 2020
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Research Methodology

Mode: Online survey
Length: 20 Minutes

Qualification Criteria:
**General Population**
- US residents
- Age 18+

**Cancer Patients**
- US residents
- Age 18+
- Ever diagnosed with cancer by a healthcare professional

<table>
<thead>
<tr>
<th>Sample Size:</th>
<th>General Population</th>
<th>Cancer Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>n=4,012*</td>
<td>*includes n=162 cancer patients (natural fallout)</td>
<td>n=1,142**</td>
</tr>
<tr>
<td></td>
<td></td>
<td>**includes n=162 cancer patients from the gen pop natural fallout + an oversample of n=980</td>
</tr>
</tbody>
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Field Dates: July 21 – September 8, 2020

For all US adults age 18+ figures for age by gender, education, region, household size, income, marital status, and employment status were adjusted, as needed to population distributions from the US Census Bureau, separately for Hispanic, Black/African American (not Hispanic) and all other (not Hispanic). Then each race/ethnicity group was combined into an overall total based on their proportion within the US adult population. The adults age 18+ with cancer were weighted separately, as needed, using population distributions from the CDC’s NHIS for those diagnosed with cancer, using the same demographic variables as above.
Report Notes

- Percentages may not add up to 100% due to weighting and/or computer rounding and the acceptance of multiple responses.
- Unless otherwise noted, results for the Total (general population) are displayed.
- Statistical significance testing (at 95% confidence) is included where applicable – significant differences are noted throughout the report with letters (A,B,C, etc.).
- In certain instances, some subgroups may be too small to report quantitatively for PR. Anything too small to report quantitatively is noted with *Caution: small base (n<100). Results should be interpreted as directional only. Subgroup sample sizes that are even smaller (<50 or <30), are noted with **Caution, very/extremely small base (n<50/30), results should be interpreted as qualitative in nature.
- Colors and icons differentiate which audience is being represented within the detailed findings as shown below.

**General Population**
Includes family member/loved ones, caregivers, those with no cancer experience, and the n=162 cancer patients that naturally fell out in the gen pop sample

**Have/had cancer**
Have been diagnosed with cancer themselves

**Family member/loved one**
Immediate family member/loved one has had cancer, but is not a caregiver

**Caregiver**
Immediate family member/loved one has had cancer, and provides unpaid care for that person

**No cancer experience**
Self or immediately family member have not been diagnosed with cancer

Collectively, these 3 audiences are referenced to as those touched by cancer for brevity.
Key Findings
The Pandemic Takes Its Toll on Patients and Prevention

Most patients are limiting contact with others because of COVID-19, leaving caregivers wishing they could do more

- Most patients (81%) are limiting their contact with others because they are scared of getting COVID-19 and half (49%) feel they have had to make a lot of sacrifices to their daily life because of their heightened risk for COVID-19
- Roughly two-thirds of family members and caregivers wish there was more they could do to support their loved one, both practically (69% and 71%, respectively) and emotionally (67% and 69%, respectively)
- For caregivers whose loved one’s cancer is active or in partial remission, this is especially true - 84% wish there was more they could do to help and 77% wish there was more they could do to emotionally support their loved one during the pandemic

The pandemic causes major delays in cancer screenings – meanwhile, many are not taking basic steps of cancer prevention

- Nearly one in four adults (24%) delayed or cancelled routine cancer screening tests because of the pandemic
- Among those who delayed or cancelled, two-thirds of the time (66%) it was the patient who chose to delay/cancel
- More than six in 10 (63%) who delayed or skipped their appointment(s) are concerned about being behind on their cancer screening(s)
- At the same time, fewer than half of Americans report that they take important preventive actions to reduce their cancer risk such as using sunblock (48%), maintaining a healthy weight (47%), and limiting alcohol consumption (42%)
Americans acknowledge there are inequities – but most are unaware of the impact race has on cancer care and survival

- Nearly three in five (59%) agree racism can impact the care a person receives within the U.S. healthcare system
- And, half of Americans (53%) feel Black Americans are less likely to have access to the same quality of cancer care as White Americans
- Despite this, only around a quarter of Americans (24%) say a person’s race status affects the likelihood they will get the best possible cancer care and less than one in five (19%) believe race has an impact on a person’s likelihood of surviving cancer

People of color are far more likely to be aware of inequities

- Non-white adults are more likely to agree racism can impact care within US health system (Black 76%, Hispanic 70%, and Asian (66%) compared to 53% of White adults)
- And, 71% of Black adults say that Blacks are less likely to have access to the same quality of care as Whites, compared to 47% of White adults
- Black and Hispanic adults are more likely than White adults to say race impacts both access to the best possible cancer care (Black 41% and Hispanic 28% compared to 20% of White adults) as well as survival (Black 27% and Hispanic 22% compared to 16% of White adults)
Most Do Not Understand Realities of Clinical Trials

There is a lack of understanding of clinical trials – even among cancer patients

- Only about half of U.S. adults (53%) say they are knowledgeable about clinical trials
- Even among those who have/had cancer, only 1 in 10 (11%) report being very knowledgeable
- Most adults (91%) feel that clinical trials involve some risk with about 1 in 5 (21%) believing there is a lot of risk
- But, nearly half of people (48%) believe cancer patients who participate in clinical trials are not receiving the best possible care and are just part of an experiment
- Further, three quarters of Americans (75%), including 87% of cancer patients, believe that some people who participate in cancer clinical trials receive a placebo rather than actual treatment

Despite a lack of understanding, most Americans say they would be willing to participate in a cancer clinical trial

- Three in four Americans (75%) say they would be willing to participate in a clinical trial for a cancer treatment if they had cancer
- And, nearly three quarters of adults (74%) agree participating in a clinical trial is worth the risks for benefit of greater good
- That said, two-thirds (67%) say they wish they knew more about how clinical trials worked
Key Trended General Population Findings

Findings signal an increase in understanding of key risk factors – but may not actually be taking meaningful steps to reduce cancer risk

- When it comes to risk, people are more likely to say that they think smoking e-cigarettes (53% up from 42% in 2018) and alcohol (34% up from 30% in 2017) increases a person’s risk of getting cancer
- Adults are more likely to say that they care deeply and incorporate cancer prevention into their daily life (27% vs. 24% in 2019)
- They are also more likely to say they talked with their doctor about what they can do to reduce their cancer risk (22% vs. 18% in 2019) – but at the same time are more likely to say they thought they had cancer based on information they found online (12% vs. 9% in 2019)
- However, when it comes to making actual changes, the only significant change in behavior was an increase in taking supplements to reduce risk (50% vs. 44% in 2017-2019) and also a drop in concern about getting cancer (54% down from 57% in 2019 and 63% in 2017) - which may be due to an increased focus on overall health due to the pandemic

Knowledge about the dangers of e-cigarettes seem to be growing though it is coupled with an increase in users

- Adults are less likely to say e-cigarettes are a healthier alternative to traditional cigarettes (34% vs. 39% in 2019) and to say that the long-term health effects of e-cigarettes aren’t yet known (70% vs. 76% in 2019)
- And, there seems to be growing support for banning e-cigs (48% vs. 41% in 2019) and flavored e-cigs (55% vs. 46% in 2019)
- However, adults are more likely to say they have tried e-cigarettes (34% vs. 27% in 2019) and the proportion saying they use daily or recreationally has grown (15% vs. 13% in 2019)
Detailed Findings
COVID-19 and Cancer Care
1 in 4 U.S. Adults Say Routine Cancer Screening Tests Have Been Delayed or Cancelled Because of the Pandemic

Among those who were scheduled for a routine cancer screening test during the pandemic, nearly two-thirds say the test was delayed or cancelled, most commonly by their own volition.

Delayed/Skipped Routine Cancer Screening Tests

Black adults are more likely than White adults to have not been scheduled for any cancer screening tests during the pandemic (68% vs. 61%)

Yes, I chose to delay/cancel
Yes, my provider delayed/ cancelled
No, had tests as planned
N/A, was not scheduled for any

COVID-19 AND CANCER CARE

BASE: QUALIFIED RESPONDENTS (n=4012)
Q11n2020 As a result of the COVID-19 pandemic, have you had to delay or cancel any routine cancer screening tests such as a mammogram, colonoscopy, lung scan, skin check, or PAP/HPV test?

BASE: SCHEDULED FOR CANCER SCREENING DURING PANDEMIC (n=1587)
Q11n2020 As a result of the COVID-19 pandemic, have you had to delay or cancel any routine cancer screening tests such as a mammogram, colonoscopy, lung scan, skin check, or PAP/HPV test?
COVID-19 AND CANCER CARE

More Than 3 in 5 Who Delayed or Skipped Routine Cancer Screenings Concerned

Regardless of whether the delay was a personal choice or HCP requested, the concern remains the same.

**Concern About Being Behind on Cancer Screening(s)**

*Among those who delayed or skipped*

<table>
<thead>
<tr>
<th>Top 2 Box Concern</th>
<th>Among those who personally delayed or skipped</th>
<th>Among those whose HCP requested delay or skip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very concerned</td>
<td>64%</td>
<td>64%</td>
</tr>
<tr>
<td>Somewhat concerned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not very concerned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all concerned</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BASE:** DELAYED OR SKIPPED ROUTINE CANCER SCREENINGS (n=1066); PERSONALLY DELAYED (n=704), HCP REQUESTED DELAY (n=451)

Q12n2020 How concerned are you about being behind on your cancer screening(s)?
COVID-19 AND CANCER CARE

At Least Three-Quarters Concerned About Themselves or Their Loved One with Cancer Contracting COVID-19

8 in 10 patients are concerned about contracting the virus and a similar proportion of caregivers are concerned their loved one will get COVID-19.

Concern About [Loved One] Contracting COVID-19
Among those who have/had cancer or whose love one is not deceased

Have/Had Cancer (A)
- 45% Very concerned
- 34% Somewhat concerned
- 14% Not very concerned
- 5% Not at all concerned

Family Member/Loved One (B)
- 37% Very concerned
- 38% Somewhat concerned
- 18% Not very concerned
- 6% Not at all concerned

Caregiver (C)
- 58% Very concerned (AB)
- 23% Somewhat concerned
- 11% Not very concerned
- 5% Not at all concerned

71% of those with no cancer experience are very/somewhat concerned about contracting COVID-19

BASE: HAVE/HAD CANCER (n=1142), FAMILY MEMBER/LOVED ONE AND PERSON IS NOT DECEASED (n=284), CAREGIVER AND LOVED ONE IS NOT DECEASED (n=259); NO CANCER EXPERIENCE (n=2847)

Q6n2020 How concerned are you, if at all, about [your loved one] contracting COVID-19?
**COVID-19 AND CANCER CARE**

**Most Patients Limiting Contact with Others, with Half Feeling They Have Had to Make a Lot of Sacrifices Because of Their Heightened Risk for COVID-19**

Patients with active cancer are particularly likely to agree they have had to make a lot of sacrifices, that they wish they had more emotional support, could have used more practical support, and that the pandemic has had a negative impact on their physical health.

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**Agreement with Statements About COVID-19**

(% Strongly/Somewhat agree)

*Among those who have/had cancer*

- **I have limited my contact with others because I am scared of getting COVID-19**
  - Active Cancer: 81%
- **I have the help I need during the COVID-19 pandemic (e.g., someone to run errands if I need, help picking up medications, etc.)**
  - Active Cancer: 76%
- **I have had to make a lot of sacrifices in my daily life because of my heightened risk for COVID-19**
  - Active Cancer: 49%
- **The COVID-19 pandemic has had a negative impact on my mental health**
  - Active Cancer: 43%
- **I wish I had more emotional support during the COVID-19 pandemic**
  - Active Cancer: 33%
- **The COVID-19 pandemic has had a negative impact on my physical health**
  - Active Cancer: 30%
- **I could have used more help during the COVID-19 pandemic (e.g., someone to run errands if I need, help picking up medications, etc.)**
  - Active Cancer: 22%

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**BASE: HAVE/HAD CANCER (n=1142), ACTIVE CANCER (n=148)**

Q7n2020 To what extent do you agree or disagree with the following statements?

84% White cancer patients vs. 73% Black cancer patients

61% Black cancer patients vs. 47% White cancer patients
### Agreement with Statements About COVID-19 (% Strongly/Somewhat agree)

Among those whose loved one is not deceased

<table>
<thead>
<tr>
<th>Statement</th>
<th>Family Member/Loved One (B)</th>
<th>Active/Partial Remission</th>
<th>Caregiver (C)</th>
<th>Active/Partial Remission</th>
</tr>
</thead>
<tbody>
<tr>
<td>My loved one has the help they need during the COVID-19 pandemic (e.g., someone to run errands if they need, help picking up medications, etc.)</td>
<td>83%</td>
<td>81%</td>
<td>76%</td>
<td>75%</td>
</tr>
<tr>
<td>I wish there was more I could do to support my loved one during the COVID-19 pandemic (e.g., run errands if they need, help picking up medications, etc.).</td>
<td>69%</td>
<td>69%</td>
<td>71%</td>
<td>84%</td>
</tr>
<tr>
<td>I wish there was more I could do to emotionally support my loved one during the COVID-19 pandemic</td>
<td>67%</td>
<td>66%</td>
<td>69%</td>
<td>77%</td>
</tr>
<tr>
<td>I have limited my contact with my loved one because I am scared of them getting COVID-19.</td>
<td>55%</td>
<td>59%</td>
<td>51%</td>
<td>57%</td>
</tr>
<tr>
<td>The COVID-19 pandemic has had a negative impact on my loved one’s mental health.</td>
<td>53%</td>
<td>67%</td>
<td>62%</td>
<td>72%</td>
</tr>
<tr>
<td>My loved one has had to make a lot of sacrifices in their daily life because of their heightened risk for COVID-19.</td>
<td>48%</td>
<td>50%</td>
<td>73%</td>
<td>82%</td>
</tr>
<tr>
<td>The COVID-19 pandemic has had a negative impact on my loved one’s physical health.</td>
<td>33%</td>
<td>49%</td>
<td>51%</td>
<td>64%</td>
</tr>
</tbody>
</table>

**BASE:** FAMILY MEMBER/LOVED ONE AND PERSON IS NOT DECEASED (n=284), ACTIVE/PARTIAL REMISSION (n=113); CAREGIVER AND LOVED ONE IS NOT DECEASED (n=259), ACTIVE/PARTIAL REMISSION (n=137)

Q7n2020 To what extent do you agree or disagree with the following statements?
COVID-19 AND CANCER CARE

Cancer Care Impacted by Pandemic for at Least 1 in 3 Touched by Cancer

Most common impacts relate to HCP visits being delayed or done via telemedicine instead of in-person. Caregivers are much more likely than patients or family member/loved ones to report COVID-19 has impacted their loved one’s cancer care.

COVID-19 Impact on Cancer Care
Among those who have/had cancer or whose loved one is not deceased

Healthcare provider visit(s) delayed or cancelled
- Have/Had Cancer (A) 16%
- Family Member/Loved One (B) 13%
- Caregiver (C) 24%AB

Met with healthcare provider via telemedicine (phone or video) instead of in-person
- Have/Had Cancer (A) 15%
- Family Member/Loved One (B) 14%
- Caregiver (C) 33%AB

Cancer monitoring test(s) delayed or cancelled
- Have/Had Cancer (A) 12%
- Family Member/Loved One (B) 12%
- Caregiver (C) 22%AB

Lost health insurance coverage
- Have/Had Cancer (A) 2%
- Family Member/Loved One (B) 1%
- Caregiver (C) 5%AB

Treatment (e.g., surgery, radiation, chemotherapy, immunotherapy, etc.) delayed or cancelled
- Have/Had Cancer (A) 2%
- Family Member/Loved One (B) 2%
- Caregiver (C) 4%

Changed a planned treatment regimen
- Have/Had Cancer (A) 1%
- Family Member/Loved One (B) 1%
- Caregiver (C) 5%A

Did not participate in a cancer clinical trial as planned
- Have/Had Cancer (A) 3%
- Family Member/Loved One (B) 3%
- Caregiver (C) 5%

Other
- Have/Had Cancer (A) 1%
- Family Member/Loved One (B) 1%
- Caregiver (C) 3%

None
- Have/Had Cancer (A) 44%
- Family Member/Loved One (B) 67%C
- Caregiver (C) 68%C

Cancer care was impacted (NET) | Active^ 
---|---
Have/Had Cancer (A) | 32% | 50% 
Family Member/Loved One (B) | 33% | 50% 
Caregiver (C) | 56% | 74%

^Family member/Loved one and Caregiver represent active and partial remission
COVID-19 AND CANCER CARE

Patients with Active Cancer Most Likely to Report Impacts to Cancer Care Due to Pandemic

Half of patients with active cancer report some impact on their cancer care. Comparatively, the proportion of cancer patients overall reporting impacts is roughly a third.

COVID-19 Impact on Cancer Care
Among those who have/had cancer

- Healthcare provider visit(s) delayed or cancelled: 16%
- Met with healthcare provider via telemedicine (phone or video) instead of in-person: 15%
- Cancer monitoring test(s) delayed or cancelled: 12%
- Lost health insurance coverage: 2%
- Treatment (e.g., surgery, radiation, chemotherapy, immunotherapy, etc.) delayed or cancelled: 2%
- Changed a planned treatment regimen: 1%
- Did not participate in a cancer clinical trial as planned: *
- Other: 1%
- None: 68%

Active Cancer
- 25%
- 24%
- 22%
- 14%
- 7%
- 3%
- 1%
- 50%

BASE: HAVE/HAD CANCER (n=1142), ACTIVE (n=148)
Q4n2020 In which of the following ways, if any, has your cancer care been impacted by the COVID-19 pandemic? Please select all that apply.
COVID-19 AND CANCER CARE

Majority of Patients Who Met with HCP via Telemedicine During Pandemic Report Their HCP Initiated

However, only about half report delays or cancellations of HCP visits and cancer monitoring tests were HCP initiated with more being self initiated compared to telemedicine visits.

Who Initiated Delay or Cancellation

Among those who have/had cancer and their cancer care was impacted

- Telemedicine instead of in-person visit (n=169)
  - HCP initiated: 83%
  - Self initiated: 17%

- Healthcare provider visit delay or cancellation (n=167)
  - HCP initiated: 56%
  - Self initiated: 44%

- Cancer monitoring test delay or cancellation (n=120)
  - HCP initiated: 53%
  - Self initiated: 47%

Note: Treatment delay or cancellation (n=18) and Change of planned treatment regimen (n=10) have not been included due to extremely small base sizes.

BASE: HAVE/HAD CANCER AND CANCER CARE WAS IMPACTED (n=variable)

Q5n2020: For each of the following, please indicate whether the delay or cancellation was requested by you/your loved one or you/their healthcare provider?
Inequities in Cancer
Majorities Believe Certain Demographics Impact Cancer Access and Survival

For both, the most common impact is believed to be health insurance type or status, followed by income level and geographic location.

Items that Impact Likelihood a Person Is Able to...

- Health insurance type or status: 70%
- Income level: 55%
- Geographic location: 47%
- Citizenship status: 30%
- Race: 24%
- Disability status: 23%
- Level of education: 21%
- Sexual orientation or gender identity: 15%
- None of these: 27%

BASE: QUALIFIED RESPONDENTS (n=4012)

Q1n2020 Which of the following, if any, do you believe impacts the likelihood that a person is able to access the best possible cancer care? Please select all that apply.
Q2n2020 And, which of the following, if any, do you believe impacts the likelihood that a person will survive cancer? Please select all that apply.
Black Adults More Likely Than Any Other Race to Say Race Impacts Access

Black adults are twice as likely as White and Asian adults to say race impacts access to the best possible cancer care. Black and Hispanic adults are more likely than White adults to say race impacts both access to the best possible cancer care as well as survival.

**Items that Impact Likelihood a Person Is Able to…**

<table>
<thead>
<tr>
<th>Race</th>
<th>Access the best possible cancer care</th>
<th>Survive cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (A)</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Black (B)</td>
<td>41% ACD</td>
<td>27% A</td>
</tr>
<tr>
<td>Hispanic (C)</td>
<td>28% AD</td>
<td>22% A</td>
</tr>
<tr>
<td>Asian (D)</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td>White Cancer Patients (E)</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>Black Cancer Patients (F)</td>
<td>41% E</td>
<td>35% E</td>
</tr>
</tbody>
</table>

**BASE: QUALIFIED RESPONDENTS (n=4012; WHITE (n=1999), BLACK (n=552), HISPANIC (n=982), ASIAN (n=327), WHITE PATIENTS (n=900), BLACK PATIENTS (n=125)**

Q1n2020 Which of the following, if any, do you believe impacts the likelihood that a person is able to access the best possible cancer care? Please select all that apply.

Q2n2020 And, which of the following, if any, do you believe impacts the likelihood that a person will survive cancer? Please select all that apply.
For Patients Who Actually Feel They Did Not Receive the Best Care, Uncertainty of How to Assess or Access Quality Care Tops List

Patients also report being limited by geographic location and cost. More than 1 in 10 cancer patients who feel they aren't/didn't receive the best possible cancer care say believe it is because of their race.

**Reasons for Lack of Confidence in Quality of Cancer Care**

*Among those who have/had cancer and disagree about receiving good care*

- I don't/didn't know how/where to access best in class care: 29%
- I am/was not sure how to assess the quality of care I am receiving/received: 28%
- I go/went to the closest facility to where I live, but it is not the highest quality one available: 26%
- I can't/couldn't afford it: 21%
- Because of my race: 15%
- Providers (physicians, cancer specialists, etc.) are/were not available where I live: 15%
- Lack of transportation to cancer care facility (e.g., no vehicle, unable to drive): 12%
- I don't/didn't have health insurance: 12%
- Treatment delays due to appointment schedule: 11%
- Because of my sexual orientation or gender identity: 8%
- I have/had too many family obligations (child, elderly parent, etc.): 8%
- Because of a language barrier: 8%
- I can't/couldn't miss time off from work: 4%

New response option in 2020
Three in Five Agree Racism Can Impact the Care a Person Receives within the U.S. Healthcare System

Non-White adults are also more likely to believe Black Americans are less likely to have access to the same quality of cancer care as White Americans.

Agreement with Statements About Access to Cancer Care (% Strongly/Somewhat agree)

- Racism can impact the care a person receives within the U.S. healthcare system.
  - White (A): 53%
  - Black (B): 76% AD
  - Hispanic (C): 70% A
  - Asian (D): 66% A

- Black Americans are less likely to have access to the same quality of cancer care as White Americans.
  - White (A): 47%
  - Black (B): 71% ACD
  - Hispanic (C): 60% A
  - Asian (D): 60% A

Black cancer patients are more likely than White cancer patients to agree with these statements.
Two-Thirds Believe People in Rural Areas Are Less Likely to Have Access to Same Quality Care as Those in Urban or Suburban Areas

Those in urban areas more likely than those in rural areas to agree. Those touched by cancer are more likely than those with no cancer experience to agree there are geographical inequities.

Agreement with Statements About Access to Cancer Care (% Strongly/Somewhat agree)

Someone living in a rural area is less likely to have access to the same quality of cancer care as someone living in an urban or suburban area.

67%  
Urban (A) 69%  
Suburban (B) 67%  
Rural (C) 62%  

Those who are touched by cancer are more likely than those with no cancer experience to agree (70% patients, 72% family member/loved one, 71% caregiver vs. 64% no experience)
Clinical Trial Myths
Only About Half of U.S. Adults Say They Are Knowledgeable About Clinical Trials

Few feel very knowledgeable - even patients. Three-quarters perceive there is some risk involved with clinical trials, with about 1 in 5 believing there is a lot of risk.

**Knowledge of Clinical Trials**
- 10% Very knowledgeable
- 43% Somewhat knowledgeable
- 33% Not very knowledgeable
- 14% Not at all knowledgeable

Even among those who have/had cancer, only 1 in 10 (11%) report being very knowledgeable.

**Perception of Risk Involved with Clinical Trials**
- At least some risk (NET) 91%
- A lot of risk 21%
- Some risk 71%
- No risk at all 9%

Those with no cancer experience are more likely than those touched by cancer to believe there is no risk at all involved with clinical trials (11% vs. 5% have/had cancer, 6% family member/loved one, 4% caregiver).

White cancer patients are more likely than Black cancer patients to say they are knowledgeable about clinical trials (60% vs. 45%).

BASE: QUALIFIED RESPONDENTS (n=4012; HAVE/HAD CANCER (n=1142)
Q8n2020 How knowledgeable would you say you are about clinical trials?
Q9n2020 In your opinion, how much risk, if any, is associated with participating in clinical trials?
## Three-Quarters of Adults Agree Participating in a Clinical Trail is Worth the Risks for Benefit of Greater Good

Fewer - though still a majority - agree the risks are worth it for their own benefit. Two-thirds wish they knew more about how clinical trials worked.

### Agreement with Statements About Clinical Trials

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>Agree (NET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating in a clinical trial is worth the risks for the benefit of the greater good</td>
<td>8%</td>
<td>18%</td>
<td>52%</td>
<td>22%</td>
<td>74%</td>
</tr>
<tr>
<td>If I had COVID-19, I would be willing to participate in a clinical trial for a COVID-19 treatment</td>
<td>14%</td>
<td>17%</td>
<td>43%</td>
<td>26%</td>
<td>69%</td>
</tr>
<tr>
<td>I wish I knew more about how clinical trials worked</td>
<td>9%</td>
<td>24%</td>
<td>46%</td>
<td>21%</td>
<td>67%</td>
</tr>
<tr>
<td>Participating in a clinical trial is worth the risks for my own benefit</td>
<td>11%</td>
<td>26%</td>
<td>49%</td>
<td>15%</td>
<td>63%</td>
</tr>
</tbody>
</table>

**BASE: QUALIFIED RESPONDENTS (n=4012)**

Q10n2020 To what extent do you agree or disagree with the following statements about clinical trials?
Despite Majority Reporting They Would Be Willing to Participate in Cancer Clinical Trial, Many Hold Inaccurate Beliefs About Them

Three-quarters of U.S. adults would be willing to participate in a cancer clinical trial, despite a similar proportion saying some patients receive a placebo and half saying cancer clinical trial participants are just part of an experiment and are not receiving the best possible care. Only two-thirds of patients would be willing to participate, perhaps because nearly 9 in 10 believe that they might receive a placebo, and many feel they are a last resort.

### Agreement with Statements About Cancer Clinical Trials

<table>
<thead>
<tr>
<th>Statement</th>
<th>BASE: QUALIFIED RESPONDENTS (n=4012; HAVE/HAD CANCER (n=1142))</th>
<th>Have/Had Cancer Agree (NET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[If I had cancer] I would be willing to participate in a clinical trial</td>
<td>Agree (NET)</td>
<td></td>
</tr>
<tr>
<td>for a cancer treatment</td>
<td>9% 16%</td>
<td>75% 66%</td>
</tr>
<tr>
<td>Some cancer patients who participate in clinical trials may receive</td>
<td>5% 20%</td>
<td>75% 87%</td>
</tr>
<tr>
<td>a placebo and not actual treatment</td>
<td>43% 32%</td>
<td></td>
</tr>
<tr>
<td>Clinical trials are usually a last resort for cancer patients who</td>
<td>8% 25%</td>
<td>67% 67%</td>
</tr>
<tr>
<td>have run out of all other treatment options</td>
<td>45% 22%</td>
<td></td>
</tr>
<tr>
<td>All cancer patients should consider participating in a clinical trial</td>
<td>14% 36%</td>
<td>51% 48%</td>
</tr>
<tr>
<td>Cancer patients who participate in clinical trials are not receiving</td>
<td>14% 38%</td>
<td>48% 46%</td>
</tr>
<tr>
<td>the best possible cancer care, they are just part of an experiment</td>
<td>35% 13%</td>
<td></td>
</tr>
</tbody>
</table>

**Strongly disagree** | **Somewhat disagree** | **Somewhat agree** | **Strongly agree**
Demographics
**DEMOGRAPHICS – GENERAL POPULATION**

**Age**
- 18-34: 31%
- 35-49: 23%
- 50-64: 25%
- 65+: 21%

Mean: 46.5

**Race**
- 62% White
- 16% Hispanic
- 12% Black/African American
- 6% Asian or Pacific Islander
- 2% Mixed race
- 1% Native American
- * Other race
- 2% Prefer not to answer

**Gender**
- 47% male
- 53% female

**Locale**
- 33% Urban
- 46% Suburban
- 21% Rural

**Children in HH**
- 61% 0 kids
- 34% 1 to 2 kids
- 6% 3+ kids

**Region**
- Midwest: 21%
- Northeast: 21%
- West: 24%
- South: 35%

**LGBTQ**
- 12% LGBTQ
- 83% Not LGBTQ

5% prefer not to answer

**BASE: QUALIFIED RESPONDENTS (n=4012)**

Demographics
DEMOGRAPHICS – GENERAL POPULATION

**Education**

- Less than high school: 9%
- High school to less than 4 year degree: 57%
- 4 year college degree or more: 34%

**Household Income**

- Less than $15,000: 7%
- $15,000 to $24,999: 7%
- $25,000 to $34,999: 7%
- $35,000 to $49,999: 11%
- $50,000 to $74,999: 16%
- $75,000 to $99,999: 13%
- $100,000+: 34%
- Prefer not to Answer: 5%

**Adults in HH**

- 1: 21%
- 2: 49%
- 3: 17%
- 4: 9%
- 5+: 4%

**Marital Status**

- 29% Never married
- 53% Married/Living with Partner
- 11% Divorced
- 2% Separated
- 5% Widow/Widower

**Employment**

- Employed full time: 41%
- Employed part time: 10%
- Self-employed full time: 5%
- Self-employed part time: 4%
- Not employed, but looking for work: 6%
- Not employed, and not looking for work: 2%
- Not employed, unable to work due to disability or illness: 4%
- Retired: 19%
- Student: 4%
- Stay at home spouse/partner: 5%

**Political Party**

- Democrat: 35%
- Republican: 32%
- Independent: 25%
- Other: 8%

BASE: QUALIFIED RESPONDENTS (n=4012)

Demographics
DEMOGRAPHICS – HAVE/HAD CANCER

**Age**
- 18-34: 3%
- 35-49: 12%
- 50-64: 27%
- 65+: 58%

**Race**
- 79% White
- 7% Black/African American
- 6% Hispanic
- 3% Asian or Pacific Islander
- 2% Mixed race
- 2% Other race
- 1% Native American
- 1% Prefer not to answer

**Gender**
- 42% male
- 58% female

**LGBTQ**
- 6% LGBTQ
- 92% Not LGBTQ
- 2% prefer not to answer

**Children in HH**
- 85% 0 kids
- 14% 1 to 2 kids
- 1% 3+ kids

**Locale**
- 22% Urban
- 51% Suburban
- 28% Rural

**Region**
- 20% West
- 23% Midwest
- 22% Northeast
- 34% South
## DEMOGRAPHICS – HAVE/HAD CANCER

### Education
- Less than HS: 4%
- High school to less than 4 year degree: 57%
- 4 year college degree or more: 38%

### Household Income
- Less than $15,000: 6%
- $15,000 to $24,999: 9%
- $25,000 to $34,999: 10%
- $35,000 to $49,999: 11%
- $50,000 to $74,999: 17%
- $75,000 to $99,999: 13%
- $100,000+: 28%
- Prefer not to Answer: 6%

### Adults in HH
- 1: 27%
- 2: 57%
- 3: 12%
- 4: 4%
- 5+: 1%

### Marital Status
- Never married: 7%
- Married/Living with Partner: 64%
- Divorced: 15%
- Separated: 2%
- Widow/Widower: 12%

### Employment
- Employed full time: 22%
- Employed part time: 9%
- Self-employed full time: 2%
- Self-employed part time: 3%
- Not employed, but looking for work: 4%
- Not employed, and not looking for work: 1%
- Not employed, unable to work due to disability or illness: 7%
- Retired: 50%
- Student: 2%
- Stay at home spouse/partner: 

### Political Party
- Republican: 38%
- Democrat: 35%
- Independent: 23%
- Other: 4%

**BASE: HAVE/HAD CANCER (n=1142)**
Demographics
Cancer Profiles
### PROFILE – HAVE/HAD CANcer

#### Cancer Type

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>24%</td>
</tr>
<tr>
<td>Prostate</td>
<td>17%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>7%</td>
</tr>
<tr>
<td>Uterine/Ovarian</td>
<td>6%</td>
</tr>
<tr>
<td>Lung</td>
<td>5%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>5%</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>4%</td>
</tr>
<tr>
<td>Bladder</td>
<td>4%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>4%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>3%</td>
</tr>
<tr>
<td>Kidney</td>
<td>3%</td>
</tr>
<tr>
<td>Liver</td>
<td>2%</td>
</tr>
<tr>
<td>Pancreatic</td>
<td>1%</td>
</tr>
<tr>
<td>Stomach</td>
<td>1%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
</tr>
</tbody>
</table>

#### Time of Diagnosis

- **12%** in the past year
- **12%** 1 - less than 2 years ago
- **31%** 2-5 years ago
- **18%** 6-10 years
- **25%** More than 10 years ago
- **4%** Prefer not to answer
- **2%** Not sure

#### Metastatic Cancer Experience

- 14% Yes
- 82% No
- 4% Not sure

#### Current Cancer Status

- **Active**: 13%
- **Partial Remission**: 14%
- **Complete Remission**: 73%

**BASE**: HAVE/HAD CANCER (n=1142)  
Q765, Q900, Q10, Q12
### Cancer Type

- Breast: 21%
- Lung: 12%
- Prostate: 9%
- Uterine/Ovarian: 7%
- Colorectal: 7%
- Leukemia: 5%
- Kidney: 4%
- Melanoma: 4%
- Pancreatic: 4%
- Esophagus: 4%
- Liver: 4%
- Stomach: 4%
- Thyroid: 3%
- Non-Hodgkin Lymphoma: 3%
- Bladder: 1%
- Other: 9%

### Time of Diagnosis

- 8% In the past year
- 13% 1 - less than 2 years ago
- 23% 2-5 years ago
- 19% 6-10 years
- 33% More than 10 years ago
- 2% Prefer not to answer
- 3% Not sure

### Current Cancer Status

- Active: 8%
- Partial Remission: 12%
- Complete Remission: 32%
- Person is Deceased: 48%

**BASE: FAMILY/LOVED ONE HAS CANCER (n=539)**

Q765, Q901, Q12
### Cancer Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>21%</td>
</tr>
<tr>
<td>Lung</td>
<td>12%</td>
</tr>
<tr>
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<tr>
<td>Uterine/Ovarian</td>
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<td>Non-Hodkin Lymphoma</td>
<td>4%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>3%</td>
</tr>
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<td>3%</td>
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<tr>
<td>Thyroid</td>
<td>3%</td>
</tr>
<tr>
<td>Stomach</td>
<td>3%</td>
</tr>
<tr>
<td>Bladder</td>
<td>3%</td>
</tr>
<tr>
<td>Liver</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>9%</td>
</tr>
</tbody>
</table>

### Time of Diagnosis

- 10% In the past year
- 12% 1 - less than 2 years ago
- 31% 2-5 years ago
- 19% 6-10 years
- 26% More than 10 years ago
- 1% Prefer not to answer
- 1% Not sure

### Current Cancer Status

- Active: 14%
- Partial Remission: 12%
- Complete Remission: 28%
- Person is Deceased: 46%
Appendix
APPENDIX

Research Methodology

Method statement (to be included in all materials for public release)

This survey was conducted online in the U.S. by The Harris Poll on behalf of ASCO between July 21 – September 8, 2020 among 4,012 US adults aged 18+ and 1,142 adults with cancer. For all US adults age 18+ figures for age by gender, education, region, household size, income, marital status, and employment status were adjusted, as needed to population distributions from the US Census Bureau, separately for Hispanic, Black/African American (not Hispanic) and all other (not Hispanic). Then each race/ethnicity group was combined into an overall total based on their proportion within the US adult population. The adults age 18+ with cancer were weighted separately, as needed, using population distributions from the CDC’s NHIS for those diagnosed with cancer, using the same demographic variables as above.

All sample surveys and polls, whether or not they use probability sampling, are subject to multiple sources of error which are most often not possible to quantify or estimate, including sampling error, coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments. Therefore, The Harris Poll avoids the words “margin of error” as they are misleading. All that can be calculated are different possible sampling errors with different probabilities for pure, unweighted, random samples with 100% response rates. These are only theoretical because no published polls come close to this ideal. Respondents for this survey were selected among those who have agreed to participate in online surveys. No estimates of theoretical sampling error can be calculated.