



UCSF Benioff Children's Hospital Oakland

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Letter to Editor

As a pediatric oncologist, I cared for many patients who were cured as a result of their participation in nationwide cooperative clinical trials. Due to the rarity of childhood cancer, cooperative clinical trials offered the only way to recruit sufficient numbers of patients for each trial in a timely manner. This cooperative approach catapulted the overall survival rate for childhood cancer from 10% to nearly 90% in forty years.

Cancer incidence is much higher in adults than in children. Due to the abundance of cancer patients, institution--based trials have been the norm. However, this practice is not efficient and has resulted in a barrier to access, limiting trial participants to residents living within the vicinity of the trial centers and patients who have sufficient financial resources to travel.

We are at the threshold of a new era in cancer treatment, with breakthrough therapeutics emerging on a regular basis. I believe it is time to address the inefficiency and social injustice inherent in regionally restricted clinical trials. Toward that end, I propose the formation of a National Organization of Cooperative Clinical Adult Oncology Trials (NOCCAOT) paid for by the National Institutes of Health and the Cancer Moonshot Program.

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