

BETTER REPRESENTATION, BETTER OUTCOMES

WOMEN IN CLINICAL TRIALS

Women have historically been underrepresented in clinical trials - a gap that continues to impact diagnosis, treatment and outcomes in real-world care.

UNDERREPRESENTED IN TRIALS



Participation of women in trials has plateaued at a maximum of 25%, leading to under representation of women in data sets.



MISSED DIAGNOSIS

Women are often misdiagnosed during heart-related emergencies.



POOR OUTCOMES

Gaps in research lead to delayed treatment and worse health outcomes.

KEY BARRIERS



TIME AND COST

Childcare, travel and follow-ups create additional burdens.

PLANNING



Not recognising the need to disaggregate BEFORE recruitment leads to missed opportunities.



DECISION-MAKING

Need to consider the difference in preferences of each sex to tailor support.



MARKETING

Unintentional bias in clinical trial messaging and imagery can deter participation.



WOMEN IN TRIAL LEADERSHIP

Exclusively male trial environments can deter women.

CLOSING THE GAP

EASE PARTICIPATION

Reduce practical barriers with flexible visits and added support.



PLAN AND TRACK

Significant statistics require adequate numbers - plan female participation in advance and monitor on visible dashboards.

SUPPORT INFORMED CHOICES

Provide tailored information and time for decisions to be made.



REVIEW MESSAGING

Audit trial documents to ensure content is inclusive.



LEADERSHIP

Foster inclusive trial environments with visible female leaders.



BETTER REPRESENTATION = BETTER RESEARCH = BETTER OUTCOMES
A SHARED RESPONSIBILITY TO IMPROVE WOMEN'S HEALTH