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From the Community to Capitol Hill

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Dear Editor:

Telemedicine has increasingly gained more attention and use since the onset of the pandemic as quality healthcare can be delivered at a distance, reach underserved populations, decrease the burden of patients needing medical care,[1] and potentially reduce healthcare costs. Further, access to cellular and internet networks has outpaced access to healthcare.[2,3] Teledermatology has been proposed as a way to address dermatologic disparities in access as it overcomes barriers to time, transportation, distance, and mobility. Teledermatology is not only useful for clinical dermatology but also for dermatology clinical trials in regards to recruitment/retention, clinical trial patient representation (reaching historically underrepresented patients), and facilitating virtual clinical trial visits.

Many patients who are otherwise eligible for clinical trials may not be able to participate due to lack of transportation or financial means to pay for travel costs. While some clinical trials compensate for travel, others do not. Research on health-related outcomes demonstrates that patients who live in non-metropolitan counties have poorer outcomes due to reduced access to care, particularly if specialized, and longer travel times.[4] Though our nation's overall poverty rate has increased, Blacks/African Americans had the highest poverty rate as of 2020,[5] and non-metropolitan Blacks/African Americans had the highest incidence of poverty.[6] Virtual clinical trials have the unique benefit of enabling access to vulnerable populations and patients living in geographically remote and underserved areas, eg, rural and non-metropolitan, which may potentially lead to more representation and generalizability of rare diseases but also patients with skin of color (SOC), and SOC patients with rare diseases. Teledermatology may curtail issues with tardiness and no-shows for participants who have difficulty committing to frequent on-site appointments. Other advantages include efficiency for study coordinators as there is less time spent on recruitment/retention. It also supports centralizing data and decreases the number of sites to maintain, thereby cutting costs and accelerating trial completion.[1]

The evolution of clinical trial research has come a long way since 500 BC.[7] As a Dermatology Clinical Research Fellow and Sub-Investigator, I realize there is room for change in the realm of clinical trial research. However, change often requires collaboration and sometimes, unconventional and nontraditional ways of thinking and doing. Advocacy can take place at any (or every) level of our training, eg, during medical school or residency, as part of an organization, as an attending, or in clinical trials, and can occur locally in the community or nationally on Capitol Hill.

DISCLOSURES

The author has no conflicts of interest relevant to this article to disclose.

REFERENCES

1. Laggis CW, Williams VL, Yang X, et al. Research techniques made simple: Teledermatology in clinical trials. Journal of Investigative *Dermatology.* 2019;139(8):1626-1633.e1. doi:10.1016/j.jid.2019.04.004
2. Wong C, Colven R. Teledermatology in underserved populations. *Curr Derm Rep.* 2019;8:91–97. doi:10.1007/s13671-019-0260-2
3. Tran A, Gohara M. Community engagement matters: A call for greater advocacy in dermatology. *Int J Womens Dermatol.* 2021;7(2):189-190. doi:10.1016/j.ijwd.2021.01.008
4. Segel JE, Lengerich EJ. Rural-urban differences in the association between individual, facility, and clinical characteristics and travel time for cancer treatment. *BMC Public Health.* 2020;20:196. doi: 10.1186/s12889-020-8282-z
5. Shrider EA, Kollar M, Chen F, Semeg J. Income and poverty in the United States: 2020. Census.gov. https://www.census.gov/library/publications/2021/demo/p60-273.html. Accessed September 26, 2022.
6. Economic Research Service: U.S. Department of Agriculture. Rural Poverty & Well-being. USDA ERS - Rural Poverty & Well-Being. https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/. Accessed September 26, 2022.
7. Bhatt A. Evolution of clinical research: a history before and beyond James Lind. *Perspect Clin Res.* 2010;1(1):6-10.

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