

**Leave No Veteran Patient Behind:
Expanding Access to Clinical Trials**


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NAVREF Spotlight

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National Association of Veterans Research
and Education Foundations

**Partnering to Expand Veteran
Access to Clinical Trials**
NCODA Spring Forum 2026

Prepared by the National Association for Veterans Research & Education Foundations (NAVREF)
www.navref.org

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Expanding Trial Access for Veterans Across Care Settings

Veterans are a large, underserved population in oncology research:

 ~ 20 million Veterans nationwide	 ~9 million enrolled in VA care	 1,200+ VA points of care nationwide	 ~3 million receive care in community oncology settings
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Why Do Research at the VA?

- **Largest** Integrated Health Care System in the country
- Single Electronic Medical Record System with **9M+** Patients with racial diversity
- Relatively study-naive population; highly altruistic and motivated
- **101 Year Old Research Program** with a Proven Track Record of Success Pioneering Health Care Innovation
- **More than 60% of VA researchers are also clinicians who provide direct patient care** – allows VA research to move quickly from the research setting to care delivery

1 Single Electronic Health Record

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Underrepresentation in Trials

 Largest integrated healthcare system in the U.S.	<p>However, despite these advantages...</p> <ul style="list-style-type: none">• Data indicate that only about 7% of patients with cancer enroll in clinical trials.• The participation rate among veterans receiving care within the Department of Veterans Affairs (VA) is estimated to be even lower, at approximately 2%.¹ <p>NAVREF helps bring more high-quality clinical trials to veterans by streamlining processes, increasing efficiency, and reducing timelines for veteran patient clinical trials.</p>
 Unified EHR	
 Longitudinal patient relationships	

1. Oncology Practice Management, "Team Efforts Needed to Boost Veteran Cancer Clinical Trial Access and Participation," June 2025, 15(6).

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When Care Is Split Across Systems, Trial Access Can Be Impacted

This fragmentation:

- Disrupts referral pathways
- Limits trial awareness
- Makes trial matching harder

Trial protocols may also:

- Exclude based on comorbidities
- Prior exposures
- Complex treatment history

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Expanding Trial Access Requires Collaboration Across Systems

- Accelerate trial start-up timelines**
- Expand dedicated research workforce capacity**
- Support flexible hiring of study coordinators and navigators**
- Streamline industry contracting and partnership agreements**
- Enable multi-site coordination across VA medical centers**

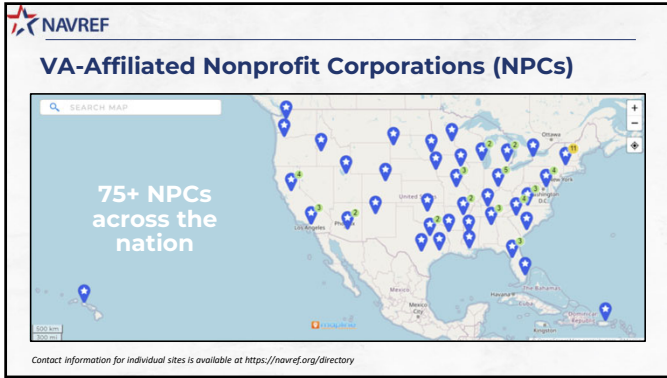
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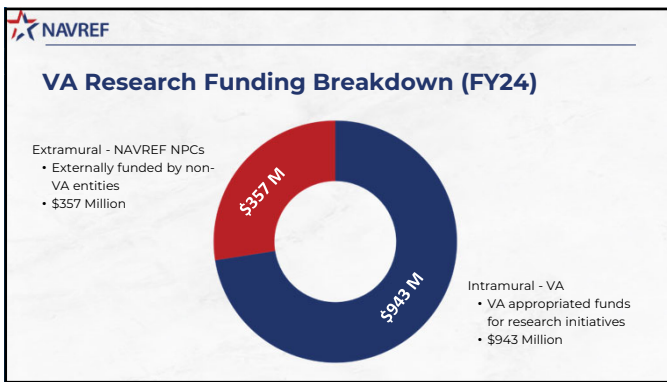
VA-Affiliated Nonprofit Corporations (NPCs)

- Authorized by Congress in 1988 to support **VA research and education**
- Independent 501(c)(3) partners that manage **contracting, staffing, and research administration**
- **75+ NPCs** nationwide
- Facilitated **\$357M+** in clinical research & education investments in 2024
- **NAVREF** represents this national network of VA-affiliated nonprofits

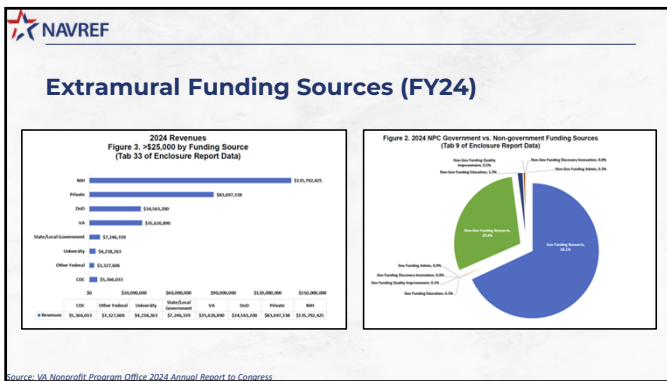
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Leave No Veteran Patient Behind: Expanding Access to Clinical Trials




National Assoc. for Veterans Research & Education Foundations




- Founded in 1992 with a mission to **build a stronger veteran research and innovation community through support and collaboration.**
- Our Role:
 - **Provide education, training, and core services** to our members to sustain a strong research environment across VA
 - Collaborate with outside entities **to expand clinical research opportunities for veterans**
 - Work closely with VA leadership to promote collaboration and efficiency

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Improving the Process

- Dedicated group of Specialty Team VA Research Attorneys dedicated to working with industry sponsors to improve Veterans' access to clinical research trials.
- Standard industry contracts (CDAs and CRADAs) can be reused at multiple VA sites; an opportunity to create Master CDAs and CRADAs
- VA's Acceptance of commercial IRBs
- Launch of a VA Partnered Research Program aimed at streamlining start-up activities for multi-site clinical trials



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Role for Community Oncology



Refer eligible Veteran patients



Increase clinician awareness of VA trials




Coordinate care transitions




Partner on outreach

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REACH OUT!




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Florida Cancer Specialists & Research Institute Veteran Care

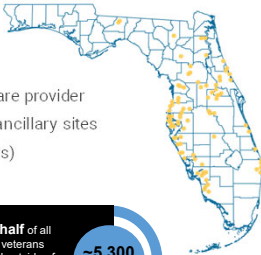
Lucio Gordan, MD
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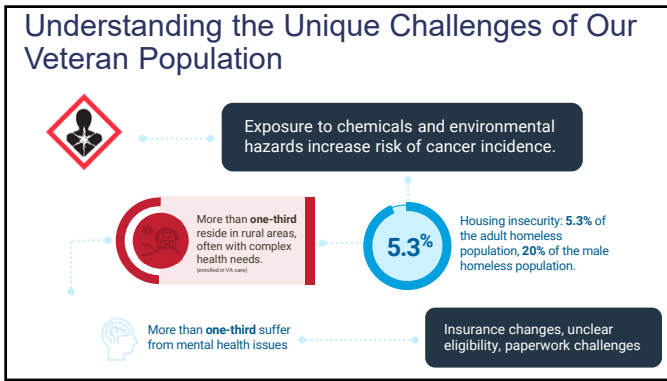
Practice Overview



- 40-year history as a world-class oncology care provider
- ~100 offices: 85 clinical sites, 7 corporate/ancillary sites
- 560+ providers (240+ physicians, 320+ APPs)
- 780+ nurses

Patient Volume & Growth New patients: ~100,000 Established patients: 1+ million Patient visits: 4.15+ million	Nearly half of all Florida veterans referred outside of VHA system receive care from FCS (2023)	~5,300 Patients in 2025
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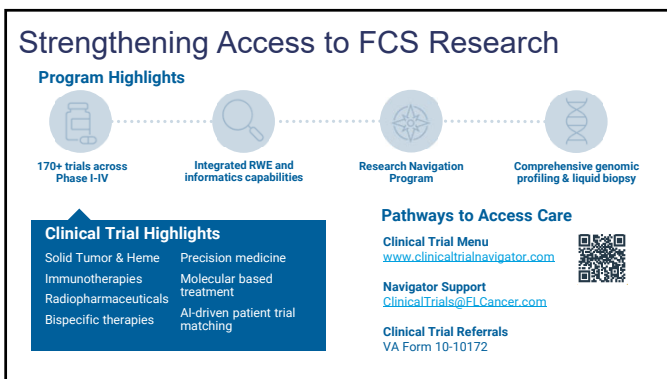
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Patient Cancer Journey

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Cancer Survivor

Florida Cancer Specialists & Research Institute Physicians and Staff
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Veterans' Clinical Trials Journey — Discussion: Perspectives From All Sides
Expert Panel Session

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Oncology Navigator, Health System

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President, Florida Cancer

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Challenges of Navigating "the System"

Oncology Nurse Navigators aim to identify barriers to care and work with the interdisciplinary team to eliminate those barriers.

Common barriers:

- the "system" itself, fragmented and overwhelming. Confusion about what is covered by VA, what services are available and where.
- distrust
- lack of understanding of treatment plan and clinical trials
- low health literacy
- financial toxicity of care (cost of treatment, loss of work, etc.)
- mental health disorders including PTSD
- substance use disorder
- housing instability
- lack of social/community support and/or isolation
- emotional distress
- historical trauma
- transportation and/or distance to care

Interventions and resources:

- Interdisciplinary approach to assessment at diagnosis, and ongoing during treatment to match the right resources at the right time.
- Close collaboration and relationship-building with veteran's VA care team to provide integrated care along the care continuum
- Provide culturally-competent education and reinforcement regarding the diagnosis and treatment plan, encouraging questions, second opinions and clinical trials.
- Referrals to organizations that help educate and match patients to national resources, including clinical trials: National Cancer Institute, American Cancer Society, Patient Advocate Foundation, Blood Cancer United
- Referrals to local supportive services: organizations providing housing assistance, street outreach, case management, pharmacists, and financial assistance
- Referrals to providers for behavioral health care, including psychiatric and counseling, substance use disorder treatment, palliative care and home care services.
- LISTENING to the veteran. Each veteran deserves individualized care and resources.

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Case Studies

- 53-year-old Air Force veteran
- Diagnosis of ALL, doing well on maintenance ponatinib, declining transplant
- Home owner and stable high-income earner before diagnosis
- Financial distress due to loss of income during use of STD and LTD for initial treatment. Gradual return to full-time work after 2 years.
- Young adult son who is an RN
- PTSD, military service-related

- 69-year-old Army veteran
- Diagnosis of AML, doing well on maintenance venetoclax and azacitadine
- History of incarceration, urban homelessness for more than half of his life after service, substance use disorder
- Low health and financial literacy, low literacy
- No family or social support
- Placed in VA-provided housing in suburban area after an inpatient drug rehab, with leukemia diagnosis shortly afterwards
- No financial distress due to SS and VA income, but has chronic difficulty with managing finances

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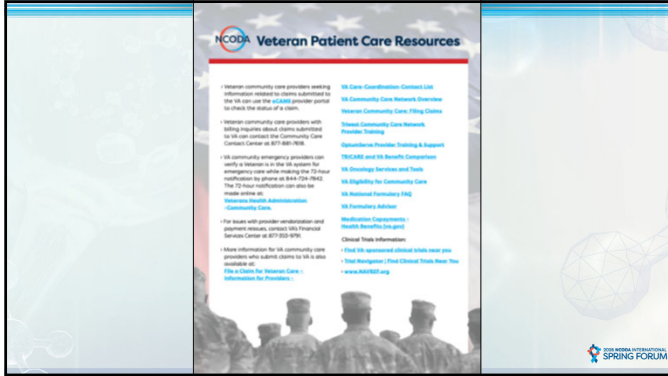
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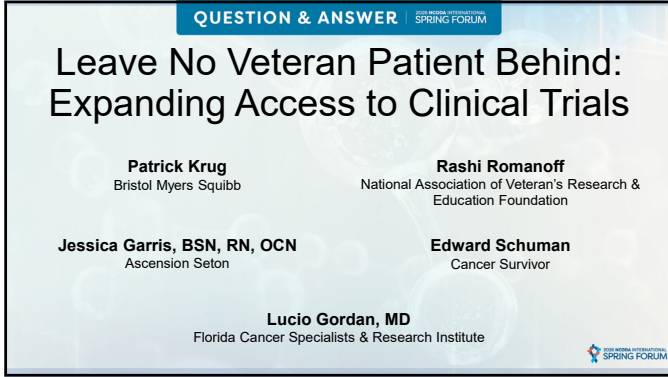
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