**Additional File 3. Description of included studies from targeted scoping review**

**Cancer studies**

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| **Underserved population(s)** | | **Country** | **Barriers (extracted from Title, Abstract)** | **References** |
| Paediatrics | - | USA | Socio-demographic characteristics - age, sex, race/ethnicity, parental language, cancer type, and insurance status | Aristizabal P; Singer J; Cooper R et al. (2015) |
| Children (incl. racial and ethnic minorities) | Lymphohematopoietic (LH) tumours and solid tumours | USA | Focused accrual | Nooka AK; Behera M; Lonial S et al. (2016) |
| Adolescents and young adults (AYAs, 15 to 39 years) | Sarcomas | USA | Cross-network collaboration for cancers that affect AYAs | Davis LE; Janeway KA; Weiss AR et al. (2017) |
| Older patients (defined as age >= 65 years and >= 70 years) | Breast | USA | Disease characteristics, therapy cessation | Freedman RA; Foster JC; Seisler DK et al. (2017) |
| Older adults | - | USA | Trials designed specifically for older adults are rare | Hurria A; Levit LA; Dale W et al. (2015) |
| Older adults | Cervical | Global | Treatment complications and optimisation of outcomes | Venkatesulu BP; Mallick S; Rath GK (2017) |
| Older adults | Non-small-cell lung cancer (NSCLC) | USA | Multiple chronic conditions, polypharmacy, geriatric syndromes, and heterogeneity | Presley CJ; Reynolds CH; Langer CJ (2017) |
| Older adults | Lung | USA | Medical comorbidities | Schulkes KJ; Nguyen C; van den Bos F; et al. (2016) |
| Older adults | Pancreatic | Global | Medical comorbidities, functional status | Garcia G; Odaimi M (2017) |
| Older adults | Prostate | Global | Medical comorbidities, functional status, clinical management | Caffo O; Maines F; Rizzo M et al. (2016) |
| Older adults | - | USA | Balance the risks and benefits of existing cancer therapies; available clinical trial end points pertinent to the older adult population (preservation of function, cognition, and independence) | Hurria A; Dale W; Mooney M et al. (2014) |
| Women | Gynaecological malignancies | USA | Lack of institutional funding for ‘orphan’ cancers | Hall, JB (2015) |
| Women (incl. Black, Hispanic, and elderly) | Gynaecological malignancies | USA | Overrepresentation of privately insured women; National Cancer Institute (NCI) funded trials vs incident population | Mishkin G; Minasian LM; Kohn EC et al. (2016) |
| Women and minorities | - | Global | Defining, recruiting, and reporting | Kwiatkowski K; Coe K; Bailar JC et al. (2013) |
| Minorities | - | USA | Topic placement and topic framing (communication) | Barton E; Eggly S; Winckles A et al. (2014) |
| Minorities, the elderly and persons with more advanced disease | Multiple myeloma (MM) | USA | Industry-sponsored trials vs National Cancer Institute (NCI) or investigator-sponsored trials | Costa LJ; Hari PN; Kumar SK (2016) |
| Minority groups (race, socioeconomic status) | - | USA | Increased cancer clinical trial complexity, financial burden to institution | Gerber DE; Lakoduk AM; Priddy LL et al. (2015) |
| Ethnically diverse cancer populations | - | USA and Canada | Culturally and linguistically appropriate outreach, education, research studies accessible in local communities; infrastructure to support engagement of key stakeholders, clinicians, and organisations serving minority communities; testimonials by ethnically diverse cancer survivors; availability of medical interpretation services | Napoles, A; Cook, E; Ginossar, T et al. (2017) |
| Hispanic cancer populations | - | USA | Spanish-language multimedia | Wells KJ; McIntyre J; Gonzalez LE et al. (2013) |
| African American cancer populations | Lung, breast, prostate or colorectal | USA | Information gathering, intrapersonal perspectives, and interpersonal influences (presence or absence of decision regret and satisfaction) | Wenzel JA; Mbah O; Xu J; Moscou-Jackson G et al. (2015) |
| African Americans | - | USA | Differences in the way clinical trials are discussed in oncology visits with African American vs. White patients | Eggly S; Barton E; Winckles A et al. (2015) |
| African Americans | - | USA | Negative attitudes towards clinical trials, low levels of knowledge and awareness regarding CCTs, religious beliefs, and structural barriers such as transportation, childcare, and access to health care | Rivers D; August EM; Sehovic I et al. (2013) |
| African American men | Prostate | USA | Socioeconomic status, education and awareness, eligibility barriers (comorbidities), willingness to participate, cultural barriers, type of institution where patients are treated | Ahaghotu C; Tyler R; Sartor O (2016) |
| American Indians and Alaska Natives (AIs/ANs) – University students | - | USA | Unknown attitudes toward clinical trial participation | Sprague D; Russo J; LaVallie DL et al. (2013) |
| Socioeconomic status | - | Global | Socioeconomic deprivation | Sharrocks K; Spicer J; Camidge DR et al. (2014) |
| Cancer trial recruitment processes | - | USA | Low research literacy; few tools exist for facilitating dialogue between researchers and potential research participants during the recruitment process | Torres S; de la Riva EE; Tom LS et al. (2015) |

**Non-cancer**

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| **Underrepresented population(s)** | | **Country** | **Barriers (extracted from Title, Abstract)** | **References** |
| Paediatrics | Sickle cell disease (SCD) | USA | Decision-making processes of youth with SCD and their caregivers regarding enrolment in clinical trial research incl. potential harm, potential benefits, manageable study demands, trust in medical staff | Patterson CA; Chavez V; Mondestin V et al. (2015) |
| Older adults, patients aged >=75 | Cardiovascular disorders | USA | Medical comorbidities, significant physical or cognitive disabilities, frailty, or residence in a nursing home or assisted living facility | Rich MW; Chyun DA; Skolnick AH et al. (2016) |
| Older adults (aged >=75) with multiple comorbidities, concomitant treatments and/or frailty | Aging populations of Europe | Europe | Recruitment, process of informed consent, role of ethics committees | Diener, L; Hugonot-Diener, L; Alvino, S et al. (2013) |
| Older adults | Multimorbidity | Global | Trial methodology, disease-centred indicators vs patient-centred indicators, education of future geriatricians, lack of public awareness campaigns | Marengoni A (2013) |
| Older adults | Transplant recipients | USA | Clinician, sponsor, and investigator engagement with the FDA | Meyer JM; Archdeacon P; Albrecht R et al. (2013) |
| Older adults | Interventional trials | Global | Studies are few, small in scope (even for conditions that affect almost exclusively the elderly) | Bourgeois FT; Olson KL; Tse T et al. (2016) |
| Men, older adults | Osteoporosis | Global | Trials of interventions that are not required to be registered in ClinicalTrials.gov may be underrepresented; majority of sampled trials enrolled only women with research trials also excluding older adults (>65 years of age, >75 years of age) | Barnard K; Lakey WC; Batch BC et al. (2016) |
| Women | Information gap on medical device safety and effectiveness between sexes | USA | Encouraging female participation | Zusterzeel R; O'Callaghan KM; Canos DA et al. (2016) |
| Women (Military) | Retention of military women in research studies | USA | Logistical, cultural, social, ethical, and methodological issues (lengthy deployments, unpredictable military exercises, and foreign assignments) | Braun LA; Kennedy HP; Sadler LS; Dixon J (2015) |
| Women (Pregnancy) | Socioecological model | Global | Influence and reach of prenatal providers, engagement with existing community-based organisations | Frew PM; Saint-Victor DS; Isaacs MB et al. (2014) |
| African American women | Community-Engaged Research Core (CERC) | USA | Participant retention, drug adherence | Johnson DA; Joosten YA; Wilkins CH et al. (2015) |
| African Americans, Latinos | Community Partnered Participatory Research (CPPR) | USA | Communities are often described as difficult to engage in research | Sankare IC; Bross R; Brown AF et al. (2015) |
| African Americans, Latinos | Solutions from African Americans and Latinos reflecting their cultural backgrounds and historical experiences | USA | Costs, recruiting in community contexts, conducting community and individualised patient education, and sharing patient safety information | Ford ME; Siminoff LA; Pickelsimer E et al. (2013) |
| African Americans | Culturally tailored intervention (church/university partnership) | USA | Matching volunteers to appropriate studies | Langford AT; Resnicow K; Beasley DD (2015) |
| African Americans | Obesity | USA | Culturally tailored intervention materials, reporting of outcomes by race | Goode RW; Styn MA; Mendez DD; Gary-Webb TL (2017) |
| African Americans | Culturally Competent Strategies for Recruitment and Retention | USA | Distrust, compensation, education disadvantage, lack of interest, and inability to have study partner | Otado J; Kwagyan J; Edwards D et al. (2015) |
| African Americans | Church-based educational intervention | USA | Intention to obtain clinical trial information and intention to join a clinical trial | Frew PM; Schamel JT; O'Connell KA et al. (2015) |
| Asian Americans | Addressing community concerns | USA | More information required about clinical trials and benefits to science and the larger community; role of health-care providers in recruitment; basing recruitment goals on percentage representation in most US geographic areas does not provide sufficient numbers to allow for analysis of minorities | Ma GX; Seals B; Tan Y; Wang SY et al. (2014) |
| Minorities | HIV/AIDS research | USA | Enrolment strategies | Castillo-Mancilla JR; Cohn SE; Krishnan S et al. (2014) |
| Ethnic minorities | Cardiovascular disease | USA | Reporting of ethnicity/race | Zhang T; Tsang W; Wijeysundera HC et al. (2013) |
| Ethnic minorities | Community-engaged interventions | USA | Clinical trial awareness, opportunity to participate, and acceptance of enrolment | Heller C; Balls-Berry JE; Nery JD et al. (2014) |
| Ethnic minorities | Cystic fibrosis (CF) | Global | Failure to report the racial or ethnic background of study subjects | McGarry ME; McColley SA (2016) |
| Ethnic minorities | Mental health (bipolar disorder, schizophrenia, and major depression, along with trials of children and adults with attention-deficit hyperactivity disorder) | USA | Few ethnic-specific analyses are being conducted as they relate to racial-ethnic minority groups in the workforce with identified mental health disorders | Santiago CD; Miranda J (2014) |
| Persons Who Use Drugs (PWUD) | HIV-related research | USA | Individual (participant), institutional, and recruiter-level challenges | Batista P; Deren S; Banfield A et al. (2016) |
| Cognitive impairment | Delirium | Global | Influence of dementia | de Jonghe, A; van de Glind, EM; van Munster, BC et al. (2014) |
| Alzheimer’s Disease | Psychosocial interventions/gender bias | Global | Clinical trials do not currently routinely control for gender bias | Baron, S; Ulstein, I; Werheid, K. (2015) |
| Low-income countries | Clinical trials in Africa (Ethiopia) | Ethiopia | Cross-country collaborations, international funding support, motivation of academic staff to conduct clinical trials and the commitment and engagement of the leadership in research, administrative capacity, research infrastructure as well as financial support, enhanced university-industry linkage and translation of research findings into locally relevant evidence | Fekadu A; Teferra S; Hailu A et al. (2014) |
| Low income and minority individuals | Obesity | Global | Well-controlled behavioural interventions, access to treatment is often limited | Harvey JR; Ogden DE (2014) |
| Women, children, older adults, common comorbidities | Generalizability | Global | Gender, health insurance, comorbidities, age & motivation | Wang W; Ma Y; Chen H (2017) |
| Children, older adults, pregnant and lactating women, and individuals with physical and intellectual disabilities | Improving public health | USA | Paediatric drug doses were based on extrapolation from adults, comorbidities, pharmacodynamics/pharmacokinetic study designs, ability to provide informed consent, identification of subpopulations | Spong, CY; Bianchi, DW (2018) |
| Older adults, socially deprived, those with multiple comorbidities | Incentive payment to improve recruitment to clinical trials | United Kingdom | Socially deprived geographic areas | Jennings CG; MacDonald TM; Wei L et al. (2015) |
| Women, older adults, racial and ethnic minorities | Pivotal trials supporting 2011-2013 U.S. Food and Drug Administration approvals | Global | Demography | Downing NS; Shah ND; Neiman JH et al. (2016) |

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