

Background:

Patients from under-represented groups continue to face a higher risk of Alzheimer’s disease and are less likely to participate in a clinical trial (1). Throughout 2025 and early-2026, the total costs associated with patient enrollment delays are well-documented and staggering (2). The need to identify root causes and offer more acceptable (i.e., equitable, yet non-enticing) enrollment opportunities is essential.

Methods:

In November of 2025 we conducted an “anonymized” pilot survey (n = 42) of clinical research sites, sponsors, and contract research organizations (CROs), plus patient recruitment company representatives. These individuals were actively engaged in clinical trials in America, Canada, Great Britain and Europe. Our objective was to solicit candid commentary, i.e., observations and suggestions, relevant to the consistently reported enrollment challenges that often plague mild cognitive impairment (MCI) and Alzheimer’s disease (AD) placebo-controlled clinical trials. Specifically, we were looking for “common themes” in terms of substantive suggestions to bolster the recruitment of under-represented study participants.

Representativeness of AD Trials		
Income Equivalents for Participants 70 to 75 Years of Age		
Country	Annual Income	Notes
USA	\$60k-\$95k	Strong socioeconomic status (SES) skew; many participants college educated
UK	\$40k-\$65k	NHS recruitment broadens access somewhat
Canada	\$45k-\$70k	Similar to UK but somewhat higher urban SES skew
Spain	\$25k-\$45k	More public system recruitment
Australia	\$50k-\$80k	High urban recruitment bias
Japan	\$30k-\$55k	Older cohort with relatively stable pensions/savings
France	\$35k-\$60k	Public healthcare moderates SES exclusion
Italy	\$25k-\$50k	Regional disparities significant
Germany	\$40k-\$70k	Higher specialist center participation
Netherlands	\$45k-\$75k	Strong academic memory clinic recruitment

Results:

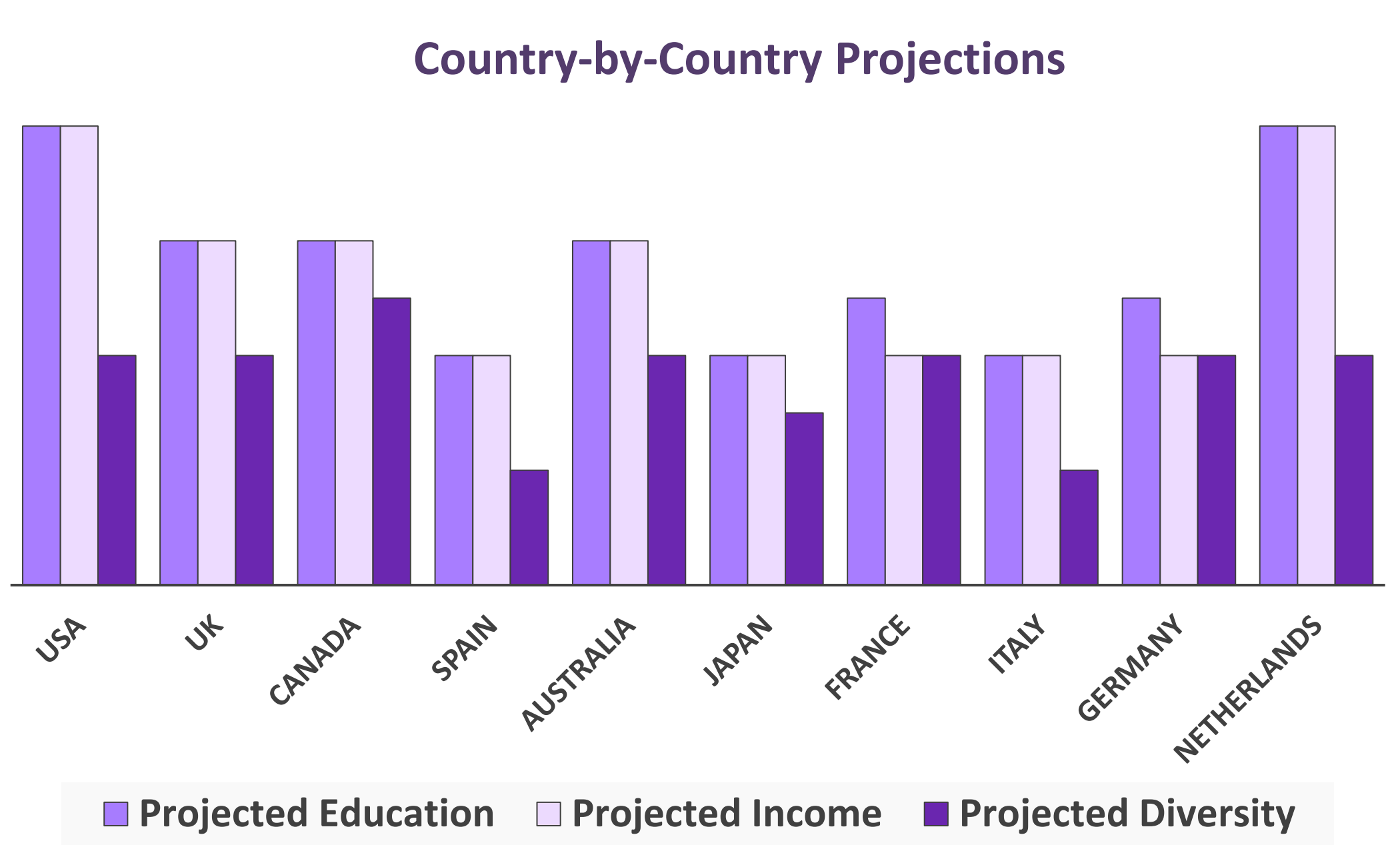
The most frequent observation was that in AD-MCI trials, participation for members of under-represented communities, often represents a materially different perceived risk-benefit and cost-benefit ratio.

Results (Continued):

Overcoming the historical significance of evaluating the risk-benefit analysis is complicated and nuanced. In contrast, the cost-benefit calculation is simpler: “I (or we) simply cannot afford to participate...” Herein lies an opportunity to re-balance the cost-benefit ratio so that more diverse patients and study partners will potentially view participation more favorably.

In 2026, in the United States the taxable income threshold for research participants increased from \$600.00 to \$2,000.00. Using data from Clinical Trials dot gov, European Union, World Health Organization, Chinese and Japanese Trial Registries, etc., we identified the top ten countries for AD/MCI trials in 2025. We have listed the current taxable income thresholds for research patient stipends for each country.

2025 Alzheimer’s disease (AD) and Mild Cognitive Impairment (MCI) Trials		
Country	Phase 2 & 3 Trials	2025 Taxable Income Thresholds for Research Stipends
United States	55	\$600
United Kingdom	32	\$0.00 (w/ income < 16,000)
Canada	32	\$500
Spain	29	\$0.00 (w/ income < \$6,428)
Australia	23	\$0.00 (w/ income < \$12,265)
Japan	22	\$0.00 (w/ income < \$11,400)
France	20	\$0.00 (w/ income < \$13,465)
Italy	19	\$0.00 (w/ income < \$9,350)
Germany	19	\$0.00 (w/ income < \$12,557)
Netherlands	18	\$0.00 (w/ income < \$9,300)



Results (Continued):

Projected Country-Specific Impact(s) of Higher Stipends		
Country	Current Barriers	Projected/Estimated Impact
USA	Cost + Travel + Caregiver Burden	High/Very High
UK	Time + Caregiver Burden	Moderate
Canada	Geography + Travel	High
Spain	Regional Access Limitations	Low to Moderate/Modest
Australia	Long Travel Distances	Very High
Japan	Cultural Reluctance + Caregiver Time	Low to Moderate/Limited
France	Specialist Access Burden	Moderate
Italy	Transportation + Infrastructure	High
Germany	Specialist Access Burden	Moderate to High
Netherlands	Education/Academic Selection	Moderate

Conclusions:

- When diverse patients believe they cannot afford to enroll in a study, they decline the opportunity.
- Raising the taxable threshold for participation will re-calibrate patients’ assessments of the cost-benefit of participation.
- As demonstrated in the U.S., with patient advocacy groups and clinical research community collaboration, this is actionable – **now**.

Literature References:

- A. Gilmore-Bykovskiy, Y. Jin, C. Gleason, et al., “Recruitment and retention of underrepresented populations in Alzheimer’s disease research: A systematic review,” ScienceDirect Vol.5, 2019, pgs. 751—770. <https://doi.org/10.1016/j.trci.2019.09.018>, verified 01.05.2026.
- P. Aisen, D. Peneva, M-A Manetas, et al., “Advancing the science of recruitment for Alzheimer’s clinical trials: Challenges and opportunities,” Journal of Prevention of Alzheimer’s Disease [J Prev Alzheimer’s 2025 Jun 12; 12 (7). <https://doi.org/10.1016/j.tpad.2025.100230>.

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