National Cancer Institute (NCI)

Triennial Report

Monitoring Adherence to the NIH Policy on the Inclusion of Women and Minorities in Clinical Research as Reported in FY2019 – FY2021

I. Background and Overview

The NIH is mandated by the Public Health Service Act §. 492B, 42 U.S.C. §. 289a-2 to ensure the inclusion of women and minority groups in all NIH-funded clinical research in a manner that is appropriate to the scientific question under study. The primary goal of this law is to ensure that research findings can be generalizable to the entire population.

As required by the NIH Revitalization Act of 1993 (PL 103-43) and amended by the 21st Century Cures Act, the advisory board or council of each Institute must prepare a triennial report describing the manner in which the Institute has complied with the NIH guidelines on inclusion of women and minorities as subjects in clinical research studies and the NIH requirements for tracking and reporting enrollment to clinical research studies by ethnicity, race, and sex/gender. This triennial report provides information on inclusion of participants in National Cancer Institute (NCI) clinical research from FY2019–2021.

A. NCI Mission Statement

NCI leads, conducts, and supports cancer research across the nation to advance scientific knowledge and help all people live longer, healthier lives.

B. NCI Portfolio for Inclusion Reporting

NCI's inclusion data include information from grant and contract NCI-funded studies that meet the NIH definition for clinical research. The NIH definition of clinical research includes research with human subjects that is:

1) Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens, and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. It includes: (a) mechanisms of human disease, (b), therapeutic interventions, (c) clinical trials, or (d) development of new technologies.
2) Epidemiological and behavioral studies.
3) Outcomes research and health services research.

NCI's portfolio for inclusion reporting includes studies supported by the following NCI Divisions and Centers:

Extramural Research
Division of Cancer Biology
Division of Cancer Control and Population Sciences
Division of Cancer Prevention
Division of Cancer Treatment and Diagnosis
OD, Center for Cancer Genomics
OD, Center for Cancer Training

OD, Center for Global Health
OD, Center for Strategic Scientific Initiatives
OD, Center to Reduce Cancer Health Disparities
OD, Office for Cancer Centers
OD, Office of HIV and AIDS Malignancy
OD, Small Business Innovation Research Development Center

Intramural Research
Division of Cancer Epidemiology and Genetics
Center for Cancer Research

II. Strategies for Ensuring Compliance

A. Peer Review

The implementation of inclusion guidelines involves the participation of review, program, policy, and grants management staff. Inclusion is first addressed by peer review. Reviewers on NIH peer review panels are given specific guidance on reviewing inclusion on the basis of sex/gender, race, ethnicity, and age when considering clinical research applications. Reviewers evaluate applications for the appropriateness of the proposed plan for inclusion by sex/gender, race, and ethnicity. For NIH-defined Phase III clinical trials, enrollment goals are further assessed for plans to conduct analyses of intervention effects among sex/gender, racial, and ethnic groups. Unacceptable inclusion plans must be reflected in the priority score of the application and documented in the minutes of the review session. Initial review groups make recommendations as to the acceptability of the proposed study population with respect to the inclusion policies. If issues are raised in review, program staff notify principal investigators, who are required to address these issues prior to funding. The National Cancer Advisory Board performs the second level of review and makes recommendations for funding to the NCI Director considering the overall impact score, percentile ranking, and summary statement in light of the NCI's research priorities. Applications with unacceptable inclusion plans receive a bar to funding; an award is not issued until an acceptable resolution is received.

B. Program Monitoring and Grants Management Oversight

Prior to an award, program officials/program directors are responsible for reviewing the inclusion information in the application and indicating whether the plans are scientifically appropriate. Program staff monitor actual enrollment progress in annual progress reports and provide consultation when necessary. For NIH-defined Phase III clinical trials, program officials/program directors monitor requirements for plans and reporting of sex/gender and race/ethnicity analyses in applications and annual progress reports. Grants management staff ensure that appropriate terms and conditions of award are included in the Notice of Award, and that this information is appropriately documented in the official grant file.

C. Intramural

All intramural clinical research studies require investigators to provide plans for the appropriate inclusion of women and minorities and/or a justification whenever representation is limited or absent. These plans are considered during the scientific review process. With the annual scientific review and IRB review renewal, the investigator documents the number, sex/gender, race, and ethnicity of those who were accrued during the past year; any issues with accrual are addressed and plan to increase recruitment

reviewed by both the Institute and the pertinent IRB. The Clinical Center's Office of Protocol Services (OPS) coordinates annual reporting of demographic participant data to the Office of Extramural Research (OER) and the Office of Research on Women's Health.

D. Training

Institute Program Officials/Program Directors and Scientific Review Officers attended the 2020 Inclusion Training for Program Staff and the 2020 Inclusion Training for Review Staff in April 2020. Staff may access the archived training on the NIH staff intranet.

III. Analysis and Interpretation of Data

A. Data and Key Limitations

The appended tables show enrollment data for fiscal years (FY) 2019 through 2021. It is important to note that the inclusion data are cumulative and do not provide a precise snapshot of the number of NCI trials. The data included represent cumulative reports submitted by grantees, contractors, and intramural researchers that cover the entire span of their project, rather than a single year. The cumulative nature of these data is especially relevant when considering the effect of the COVID-19 pandemic on enrollment. The counts of Inclusion Data Records (IERs) do not represent a count of the total studies or trials: for studies taking place in the US and internationally, a separate IER is submitted for domestic enrollment and international enrollment. Furthermore, when multiple centers are supported by individual grants and participate in multi-center studies, enrollment may be reported using separate IERs by each enrolling center. As a result, the IERs are an overestimate of the number of ongoing studies.

Additionally, grants that are recompeted in a fiscal year are not included in the inclusion data for that fiscal year. Type 2 Grant Applications are required to provide only their planned data. They do not provide their current enrollment data. As a result, their current enrollment data are not available for this report for the recompetition year. This issue had a significant impact in the Phase III trial reporting for NCI in FY2019 because the National Clinical Trials Network (NCTN) and NCI Community Oncology Research Program (NCORP) grants were recompeted in this year. As a result, no NCTN or NCORP trials were included in the FY2019 report and the reported number of Phase III records and enrollment declined significantly. These numbers then increased in FY2020 when the NCTN and NCORP trials were reported again.

The FY2021 data also includes an error which was identified after the data tables were frozen by NIH. A research project using a large existing dataset was erroneously coded as prospectively enrolling participants. Existing datasets are not typically included in the enrollment data presented in this report. This issue has been corrected for future years, but the FY2021 enrollment counts are significantly higher than they would be otherwise. This has been noted in the relevant tables and narrative discussion. This report presents both the frozen data, including the erroneous record, and the corrected data. The erroneous record was not coded as an NIH-defined phase III trial, and so this does not affect the data reported for NCI's phase III trials. A data error in the reporting for some clinical trials led to participants being erroneously coded as "More Than One Race" in FY2020 and FY2021, which altered the proportions of participants by race reported for the phase III trial data. This data error has been resolved and the participants will be accurately coded in the FY2022 data.

Given the limitations, NIH recommends viewing this report as a broad overview of the general inclusion trends which should allow the Institute to identify areas of concern but should not be used as a precise count of the total number of supported trials or enrolled participants.

B. Aggregate Inclusion Data

Table 2-1 (Appendix A) provides the numbers of inclusion data records (IERs) for NIH-defined clinical research conducted in both extramural and intramural settings between FY2019 and FY2021. The total number of IERs increased from 3,286 in FY2019 to 3,428 in FY2020 and 3,929 in FY2021. However, many of these IERs were records for studies that had not yet started enrollment. The number of IERs with enrollment remained relatively steady, with 2,401 in FY2019, 2,294 in FY2020, and 2,532 in FY2021. Of the IERs with enrollment, more than 90% were for enrollment at United States (US) sites in each of the three fiscal years.

Table 5-1-1-C (Appendix B) provides the number and proportion of all enrollments by sex/gender and cross-tabulated by race and ethnicity. Total enrollment increased from 3,208,121 in FY2019 to 3,750,202 in FY2020. There was a larger increase in the data shown in Table 5-1-1-C, to 5,620,774, based on the frozen FY2021 data. However, this includes 2,133,072 participants who were erroneously included because the participant information is being used from an existing dataset. When this erroneous record is excluded, the total number of participants in the corrected FY2021 data is 3,487,702, a slight decline from FY2020.

The proportion of participants who were female was 63.0% in FY2019, 64.8% in FY2020, 61.9% in the frozen FY2021 data, and 66.9% in the corrected FY2021 data. Excluding studies that solely enrolled male or female participants, the proportion of participants who were female was 47.8% in FY2019, 46.6% in FY2020, and 44.1% in the corrected FY2021 data. In the NIH inclusion data, minority participants are defined as participants with a non-White race and/or participants who are Hispanic or Latino. The proportion of minority participants was 28.7% in FY2019, 28.0% in FY2020, 28.2% in the frozen FY2021 data, and 27.9% in the corrected FY2021 data. Participant race and ethnicity are reported as separate categories to NIH. The proportion of participants who were Hispanic or Latino was 9.2% in FY2019, 9.0% in FY2020, 7.5% in the frozen FY2021 data, and 8.4% in the FY2021 corrected data. Several large observational trials had high proportions of participants with ethnicity unknown or not reported across all three fiscal years. The proportion of participants who were not Hispanic was 78.1% in FY2019, 74.7% in FY2020, 77.7% in the frozen FY2021 data, and 77.9% in the corrected FY2021 data.

The proportion of participants who were American Indian or Alaska Native was 0.5% in FY2019, 0.5% in FY2020, 0.5% in the FY2021 frozen data, and 0.5% in the FY2021 corrected data. The proportion of participants who were Asian was 10.3% in FY2019, 9.7% in FY2020, 8.6% in the FY2021 frozen data, and 9.7% in the FY2021 corrected data. The proportion of participants who were Black or African American was 7.9% in FY2019, 7.8% in FY2020, 10.1% in the FY2021 frozen data, and 8.3% in the FY2021 corrected data. Of note, the erroneous record in the FY2021 data included a relatively high proportion of Native Hawaiian or Pacific Islander participants. The proportion of participants who were Native Hawaiian or Pacific Islander was 0.2% in FY2019, 0.2% in FY2020, 1.1% in the erroneous FY2021 frozen data, and 0.1% in the FY2021 corrected data. The proportion of participants who were White was 69.8% in FY2019, 65.8% in FY2020, 62.9% in the frozen FY2021 data, and 64.7% in the corrected FY2021 data. The proportion of participants reporting more than one race was 1.4% in FY2019, 1.6% in FY2020, 1.0% in the frozen FY2021 data, and 1.6% in the corrected FY2021 data.

C. NIH-Defined Phase III Trial Data

There are special inclusion considerations for NIH-defined phase III clinical trials. The following definition is used for NIH-defined phase III trials:

> An NIH-defined Phase III clinical trial is a broadly based prospective Phase III clinical investigation, usually involving several hundred or more human subjects, for the purpose of evaluating an experimental intervention in comparison with a standard or controlled intervention or comparing two or more existing treatments. Often the aim of such investigation is to provide evidence leading to a scientific basis for consideration of a change in health policy or standard of care. The definition includes pharmacologic, non-pharmacologic, and behavioral interventions given for disease prevention, prophylaxis, diagnosis, or therapy. Community trials and other population-based intervention trials are also included.

Table 2-2 (Appendix C) provides the numbers of inclusion data records (IERs) for NIH-defined phase III trials performed in both extramural and intramural settings between FY2019 and FY2021. As was noted in the Data and Key Limitations section above, data from the NCTN and NCORP clinical trials programs was not reported in FY2019 because those programs were being recompeted. These clinical trials programs support the vast majority of NCI's phase III trials. As a result, the number of phase III trial IERs in FY2019 is significantly lower than in FY2020 and FY2021. IERs with enrollment increased from 30 in FY2019 to 191 in FY2020 and 201 in FY2021. The proportion of IERs with enrollment that were for US sites was 93.3% in FY2019, 72.2% in FY2020, and 78.6% in FY2021. The greater proportion of non-US site IERs for phase III trials in the latter two years is largely driven by international participation in NCTN trials.

NIH-defined phase III clinical trials are also required to report a "valid analysis" of group differences for each primary outcome measure by sex/gender, race, and ethnicity. This requirement is waived for trials that are designed to study participants from only a single group. In 2019, NIH introduced a new methodology to monitor valid analyses in NIH-defined phase III trials. Table 2-3 (Appendix D) shows the proportion of all IERs, with and without enrollment, that require a valid analysis by sex/gender and that require a valid analysis by race/ethnicity. Most NIH-defined phase III trials supported by NCI plan to enroll participants from more than one racial or ethnic group and thus require a valid analysis by race and ethnicity. However, the proportion of IERs requiring valid analysis by sex/gender is smaller because NCI supports a significant number of NIH-defined phase III trials in disease areas such as breast cancer, prostate cancer, and gynecologic cancers that plan to enroll participants from a single sex/gender.

Table 5-2-2-C (Appendix E) provides the number and proportion of NIH-defined phase III trial enrollment by sex/gender and cross-tabulated by race and ethnicity. Total cumulative enrollment in the phase III trials increased from 50,562 in FY2019, when there was no enrollment reported for the NCTN and NCORP, to 90,982 in FY2020 and 123,025 in FY2021. The vast majority of enrollments were female: 60.8% in FY2019, 77.4% in FY2020, and 80.5% in FY2021. This was largely driven by significant enrollments to the Tomosynthesis Mammographic Imaging Screening Trial (TMIST) trial being conducted in the NCORP. Enrollment in this breast cancer screening trial is limited to women. The TMIST trial reported enrollment of more than 25,000 women in FY2020 and more than 44,000 women in FY2021. Excluding studies that solely enrolled male or female participants, the proportion of participants who were female was 47.7% in FY2019, 55.0% in FY2020, and 59.2% in FY2021. These higher proportions of female participants in FY2020 and FY2021 is likely attributed to a number of breast cancer studies supported by the NCTN that are open to male patients with breast cancer, although the great majority of participants are female.

The proportion of minority enrollment in phase III trials was relatively steady at 44.3% in FY2019, 46.2% in FY2020, and 43.7% in FY2021. However, there were changes in the proportions by race and ethnicity. In FY2020 and FY2021 there were proportionately fewer enrollments of Black or African American participants. The proportion of White participants increased from 58.2% in FY2019 and 59.3% in

FY2020 to 65.3% in FY2021; additionally, a data error led to some participants being erroneously coded as More Than One Race in FY2020 and FY2021, so the proportion of White participants in these fiscal years would be even higher. The proportion of Asian participants decreased from 8.1% in FY2019 and 6.7% in FY2020 to 2.5% in FY2021; this was due to a grant that enrolled significant numbers of Asian participants and concluded in FY2020. The proportion of Hispanic or Latino participants also increased from 18.8% in FY2019 to 20.5% in FY2020 and 22.1% in FY2021.

D. Inclusion Enrollment Data by Research Condition and Disease Categorization (RCDC) Category

Inclusion enrollment data by Research Condition and Disease Categorization (RCDC) category are available after the data are finalized in March 2022 at this link: https://report.nih.gov/RISR/.

IV. Appendices

Note: The data presented in these appendices show only inclusion data records labeled as prospective data. Inclusion data records labeled as existing data are excluded.

Appendix A. Table 2-1. Total Inclusion Data Records (IERs) for Extramural and Intramural NIH-Defined Clinical Research Studies Reported Between Fiscal Years 2019 and 2021.

Appendix B. Table 5-1-1-C. Enrollment for All NIH-Defined Clinical Research Studies, Sex/Gender by Race and Ethnicity.

Appendix C. Table 2-2. Total Inclusion Data Records (IERs) for NIH-Defined Extramural and Intramural Phase III Clinical Trials Reported Between Fiscal Years 2019 and 2021.

Appendix D. Table 2-3. Valid Analysis Requirements for NIH-Defined Phase III Extramural Grants Reported Between Fiscal Years 2019 and 2021.

Appendix E. Table 5-2-2-C. Enrollment for Extramural and Intramural NIH-Defined Phase III Clinical Trials, Sex/Gender by Race and Ethnicity.

Appendix A. Table 2-1. Total Inclusion Data Records (IERs) for Extramural and Intramural NIH-Defined Clinical Research Studies Reported Between Fiscal Years 2019 and 2021.

Metrics Based on Inclusion Data Records (IERs) for NIH-Defined Clinical Research Studies

Fiscal Year	Total IERs	IERs Without Enrollment	IERs With Enrollment	Among IERs With Enrollment: US Site IERs	Among IERs With Enrollment: Non-US Site IERs	Among IERs With Enrollment: Female Only IERs	Among IERs With Enrollment: Male Only IERs	Among IERs With Enrollment: IERs Excluding Male-only and Female-only*
2019	3,286	885	2,401	2,221	180	428	235	1,738
2020	3,428	1,134	2,294	2,069	225	370	178	1,746
2021	3,929	1,397	2,532	2,338	194	404	226	1,902

*Inclusion Data Records (IERs) excluding male only and female only include unknown sex/gender, and combination of unknown and any sex/gender(s).

Appendix B. Table 5-1-1-C. Enrollment for All NIH-Defined Clinical Research Studies, Sex/Gender by Race and Ethnicity.*

Total Enrollment: NIH-Defined Clinical Research Studies

Fiscal Year	Sex Gender	Minority	% Minority	Total Enrollment	% Total by Sex Gender	Not Hispanic	% Not Hispanic	Hispanic Latino	% Hispanic Latino	Unknown Not Reported	% Unknown Not Reported
2019	Female	655,012	32.4	2,021,846	63.0	1,542,085	76.3	206,965	10.2	272,796	13.5
2019	Male	250,910	22.0	1,142,413	35.6	949,603	83.1	87,192	7.6	105,618	9.2
2019	Unknown	14,490	33.0	43,862	1.4	15,043	34.3	737	1.7	28,082	64.0
2020	Female	759,097	31.2	2,429,556	64.8	1,757,027	72.3	243,034	10.0	429,495	17.7
2020	Male	266,211	22.1	1,202,869	32.1	987,506	82.1	82,945	6.9	132,418	11.0
2020	Unknown	25,681	21.8	117,777	3.1	57,333	48.7	11,036	9.4	49,408	42.0
2021	Female	1,100,835	31.6	3,478,589	61.9	2,645,146	76.0	304,006	8.7	529,437	15.2
2021	Male	462,057	22.8	2,024,164	36.0	1,664,913	82.3	105,038	5.2	254,213	12.6
2021	Unknown	22,843	19.4	118,021	2.1	54,832	46.5	10,721	9.1	52,468	44.5

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Fiscal Year	Sex Gender	American Indian Alaska Native	% American Indian Alaska Native	Asian	% Asian	Black African American	% Black African American	Native Hawaiian Pacific Islander	% Native Hawaiian Pacific Islander	White	% White	More Than One Race	% More Than One Race	Unknown Not Reported	% Unknown Not Reported
2019	Female	10,457	0.5	233,303	11.5	185,891	9.2	3,145	0.2	1,328,632	65.7	32,052	1.6	228,366	11.3
2019	Male	3,941	0.3	84,850	7.4	67,415	5.9	1,706	0.1	909,335	79.6	12,832	1.1	62,334	5.5
2019	Unknown	40	0.1	12,844	29.3	559	1.3	6	0.0	2,158	4.9	379	0.9	27,876	63.6
2020	Female	14,376	0.6	258,711	10.6	215,875	8.9	3,851	0.2	1,509,888	62.1	45,541	1.9	381,314	15.7
2020	Male	5,528	0.5	92,959	7.7	74,458	6.2	2,023	0.2	951,835	79.1	15,841	1.3	60,225	5.0
2020	Unknown	62	0.1	12,927	11.0	1,319	1.1	8	0.0	7,615	6.5	444	0.4	95,402	81.0
2021	Female	19,835	0.6	335,673	9.6	387,706	11.1	33,086	1.0	2,105,329	60.5	43,192	1.2	553,768	15.9
2021	Male	10,089	0.5	137,938	6.8	175,627	8.7	29,970	1.5	1,420,952	70.2	13,741	0.7	235,847	11.7
2021	Unknown	57	0.0	10,392	8.8	1,631	1.4	4	0.0	6,931	5.9	269	0.2	98,737	83.7

*After the FY2021 data was frozen, a record using an existing dataset was identified and removed. The FY2021 data in this table includes 2,133,072 participants from this record; corrected information is noted throughout the report. The participants from this record will be excluded in FY2022 and moving forward.

Appendix C. Table 2-2. Total Inclusion Data Records (IERs) for NIH-Defined Extramural and Intramural Phase III Clinical Trials Reported Between Fiscal Years 2019 and 2021.

Metrics Based on Inclusion Data Records (IERs) for NIH-Defined Phase III Clinical Trials

Fiscal Year	Total IERs	IERs Without Enrollment	IERs With Enrollment	Among IERs With Enrollment: US Site IERs	Among IERs With Enrollment: Non-US Site IERs	Among IERs With Enrollment: Female Only IERs	Among IERs With Enrollment: Male Only IERs	Among IERs With Enrollment: IERs Excluding Male-only and Female-only*
2019	58	28	30	28	2	3	4	23
2020	267	76	191	138	53	44	21	126
2021	275	74	201	158	43	44	17	140

*Inclusion Data Records (IERs) excluding male only and female only include unknown sex/gender, and combination of unknown and any sex/gender(s).

Appendix D. Table 2-3. Valid Analysis Requirements for NIH-Defined Phase III Extramural Grants Reported Between Fiscal Years 2019 and 2021.^

Metrics Based on Inclusion Data Records (IERs) for NIH-Defined Phase III Clinical Trials Supported by Extramural Grants

Fiscal Year	Total IERs	IERs Requiring Race Ethnicity Valid Analysis	% IERs Requiring Race Ethnicity Valid Analysis	IERs Requiring Sex Gender Valid Analysis	% IERs Requiring Sex Gender Valid Analysis
2019	58	49	84.5	49	84.5
2020	267	263	98.5	206	77.2
2021	275	269	97.8	214	77.8

^Current methodology to monitor valid analysis began in 2019. Plans for valid analysis methodologies specified in the project application are reported for all IERs, including IERs that have no reported actual enrollment at the time of reporting.

Appendix E. Table 5-2-2-C. Enrollment for Extramural and Intramural NIH-Defined Phase III Clinical Trials, Sex/Gender by Race and Ethnicity.

Total Enrollment: NIH-Defined Phase III Clinical Trials

Fiscal Year	Sex Gender	Minority	% Minority	Total Enrollment	% Total by Sex Gender	Not Hispanic	% Not Hispanic	Hispanic Latino	% Hispanic Latino	Unknown Not Reported	% Unknown Not Reported
2019	Female	15,842	51.5	30,766	60.8	21,124	68.7	8,309	27.0	1,333	4.3
2019	Male	6,569	33.2	19,782	39.1	17,595	88.9	1,216	6.1	971	4.9
2019	Unknown	2	14.3	14	0.0	13	92.9	0	0.0	1	7.1
2020	Female	33,243	47.2	70,415	77.4	52,416	74.4	16,168	23.0	1,831	2.6
2020	Male	8,732	42.9	20,354	22.4	17,140	84.2	2,489	12.2	725	3.6
2020	Unknown	21	9.9	213	0.2	15	7.0	17	8.0	181	85.0
2021	Female	45,748	46.2	99,029	80.5	70,441	71.1	25,477	25.7	3,111	3.1
2021	Male	8,020	33.8	23,757	19.3	20,703	87.1	1,717	7.2	1,337	5.6
2021	Unknown	4	1.7	239	0.2	166	69.5	2	0.8	71	29.7

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Fiscal Year	Sex Gender	American Indian Alaska Native	% American Indian Alaska Native	Asian	% Asian	Black African American	% Black African American	Native Hawaiian Pacific Islander	% Native Hawaiian Pacific Islander	White	% White	More Than One Race*	% More Than One Race*	Unknown Not Reported	% Unknown Not Reported
2019	Female	248	0.8	2,044	6.6	5,324	17.3	19	0.1	15,436	50.2	30	0.1	7,665	24.9
2019	Male	146	0.7	2,066	10.4	3,193	16.1	22	0.1	14,004	70.8	88	0.4	263	1.3
2019	Unknown	1	7.1	0	0.0	0	0.0	0	0.0	9	64.3	1	7.1	3	21.4
2020	Female	306	0.4	3,512	5.0	7,450	10.6	128	0.2	41,461	58.9	6,593	9.4	10,965	15.6
2020	Male	117	0.6	2,604	12.8	1,830	9.0	77	0.4	12,472	61.3	1,943	9.5	1,311	6.4
2020	Unknown	2	0.9	0	0.0	0	0.0	0	0.0	23	10.8	3	1.4	185	86.9
2021	Female	405	0.4	2,291	2.3	9,971	10.1	137	0.1	65,161	65.8	8,612	8.7	12,452	12.6
2021	Male	123	0.5	756	3.2	2,066	8.7	51	0.2	15,059	63.4	3,817	16.1	1,885	7.9
2021	Unknown	0	0.0	0	0.0	0	0.0	0	0.0	159	66.5	2	0.8	78	32.6

* A data error led to some participants being erroneously coded as More Than One Race in FY2020 and FY2021.