

Principal Investigator:

Bruce Allan Chabner, MD
Hematology/Oncology Associates
Massachusetts General Hospital
Dana-Farber Cancer Institute

This proposal addresses the low accrual rates of minorities to early (Phase I - Phase II) cancer clinical trials. We have identified low referral rates of minority patients to the hospitals comprising the Dana-Farber/Harvard Cancer Center, a consortium of the Beth Israel Deaconess Hospital, Brigham and Women's Hospital, the Dana-Farber Cancer Institute, and the Massachusetts General Hospital, as a major barrier to recruitment of minority patients to early phase trials. Historically, eight percent of our 15,000 new patients each year come from minority communities, and 6-8% of patients entering our early clinical trials are minorities. To address the problem of low referral rates, we propose to establish a system for expediting referral of patients from community medical oncology practice at the Cambridge Hospital. Dr. Lisa Weissmann, a member of the Harvard Medical School faculty, is the primary provider of care for 400 new cases of cancer each year, as referred from the Cambridge Health Alliance, a network of 15 community health centers in Cambridge. Her practice serves a largely (70%) minority population, fewer than 5 of whom are referred to academic health centers for clinical trials. Dr. Weissmann will partner with the Experimental Therapeutics Program of the DF/HCC to establish a simplified, navigator based referral system to the DF/HCC, with the object of referring 40 patients per year to our hospitals for early drug trials. The system will contain the following elements:

- (1) A practice based navigator at Cambridge Hospital, who will be responsible for making direct contacts with the an Early Trials Office at the DF/HCC,
- (2) A fund to provide travel and day care for patients coming to the DF/HCC from Cambridge Hospital,
- (3) An on-line protocol information system (Oncpro) to be extended to Dr. Weissmann's office, providing up to the date information on protocols open and eligibility requirements,
- (4) Culturally relevant literature and information in Spanish, Portuguese, and Creole/French, available in Cambridge and at DF/HCC,
- (5) An extensive program to ensure coordination of efforts between Cambridge and the DF/HCC staffs, and training in cultural sensitivity for DF/HCC staff, and
- (6) An evaluation of accrual, disposition of referrals, and patient satisfaction, with refinement of existing satisfaction surveys.

Principal Investigator:

S. Gail Eckhardt, MD

Division of Medical Oncology

Department of Medicine

University of Colorado Health Sciences Center

(Only the geriatric portion of the application was recommended for funding.)

This proposal is in response to the RFA CA-03-50I entitled "Overcoming Barriers to Early Phase Clinical Trials" to be conducted at the NCI-designated University of Colorado Comprehensive Cancer Center (UCCC). The focus of this proposal is to identify and develop methods to minimize age-dependent barriers to enrollment on early-phase clinical trials in oncology. With the increasing numbers of mechanism-based therapies undergoing clinical development, it is becoming more difficult to enroll the older or younger-aged patients due to the intensity of the early-phase trials that often incorporate multiple biological, clinical and pharmacological endpoints. Likewise, community-based oncology practices experience difficulty referring these patients due to the lack of adequate infrastructure to provide the patients with transportation; to maintain frequent follow-up visits; to handle and process research specimens; and to transmit data. The two barriers approached in this proposal are centered around the adolescent/young adult and geriatric patient populations. Although related, each barrier incorporates an initial survey tool to assess what the perceived barriers are from each patient population in addition to preliminary strategies to facilitate and maintain community referral and participation in the early-phase trials. Outcomes assessments have been included with the intent of redirecting accrual strategies according to interim results of surveys. Collateral benefits that may be expected from enhancing accrual of the older and younger patient in early clinical trials include:

- 1) Refinement of dosing strategies and improved tolerability with new agents,
- 2) Earlier participation and thus enhanced familiarity of community oncologists with new agents, and
- 3) Broader age representation in biological and pharmacological specimens.

The ultimate goals of this proposal are to formulate strategies for overcoming age-dependent barriers that may be exported to other Cancer Centers; and to form the basis for further work in age-dependent barriers to clinical trial participation.

Principal Investigator:

Paula M. Fracasso, MD, PhD

Associate Professor of Medicine

Division of Oncology

Section of Medical Oncology

Washington University School of Medicine

Siteman Cancer Center

(Only the coaching intervention portion of the application is recommended for funding.)

Patient accrual is a longstanding obstacle to clinical research. Despite widespread importance placed on clinical trials of all phases, research estimates that less than 5% of new cancer patients are enrolled on clinical trials of all phases and types. The barriers to clinical trials enrollment are multi-faceted, with physician, patient, and system components. Similar barriers seem to affect the entire country and, specifically, all NCI-designated Cancer Centers. This is particularly the case in early phase clinical trials, where therapeutic effectiveness is less definitive than in later phase studies. This application proposes to explore four major barriers to early phase clinical trials - lack of insurance coverage, communication issues, physician time constraints, and trust/understanding issues – utilizing simple and reproducible models that, if effective, could be easily translated in other Cancer Centers, or in other disease areas.

The specific aims of this proposal are:

- 1) To determine if there is a significant difference in treatment cost for patients treated on early phase clinical trials versus an alternative commercially available chemotherapeutic agent(s) or best supportive care, and to assess the effectiveness of using the resulting data in overcoming insurance coverage barriers to accrual,
- 2) To evaluate the extent to which new communication models/technologies can bolster early phase clinical trials accrual,
- 3) To assess the ability of a new staffing model to overcome the barrier of physician and staff time constraints and to increase accrual to early phase clinical trials, and
- 4) To test whether a coaching intervention engenders trust and communication in minority patients thereby enhancing accrual to early phase clinical trials.

Principal Investigator:

Samuel A. Jacobs, MD

Clinical Professor, Department of Medicine

University of Pittsburgh School of Medicine

UPCI Associate Director for Clinical Investigations

UPMC Cancer Centers

This proposal is to develop a community (network) model for conducting and enhancing patient participation in early phase clinical trials. In our model, the academic cancer center remains the focal point for these studies, which will be made available at selected community sites. To accomplish this goal, a number of barriers will need to be clearly elucidated and overcome. Since the vast majority of early phase clinical trials are currently conducted at academic medical centers under the direction of academic faculty, faculty attitudes and concerns about extending their trials to community sites will need to be explored and barriers overcome. For our clinical faculty, i.e. community-based oncologists/hematologists, who choose to participate in early phase clinical trials, this will be a new effort. Despite having experience in cooperative group and phase II/III pharmaceutical trials, these physicians and their staffs have not participated in early phase clinical trials. Their attitudes and concerns about participating in these trials will need to be defined and are likely to include perceptions about faculty-clinical faculty interactions, their own lack of time, training, and resources. In addition, patient barriers that exist in the community setting that up to this time has prevented wider participation in early phase clinical trials will be investigated. Based on our assessments to date, community-based oncologists perceive that patient barriers to increased participation include age, comorbidities, poor understanding of the clinical trials process, and the fear and expense of leaving the community to travel to the academic center. Procedures will be developed to measure attitudes and changes in attitudes, develop the needed infrastructure to provide closer links between the academic center and community-site, the necessary on-site resources to conduct safely and completely these trials, and to develop outreach programs within the community sites to increase the awareness, understanding and availability of early phase clinical trials

Principal Investigator:
Primo N. Lara, Jr., MD
Associate Professor of Medicine
UC Davis Cancer Center

Only 2-4% of all adult patients with newly diagnosed cancer participate in clinical trials, including early phase studies, annually. In addition, representation of minorities and the elderly in clinical trials has been low. Low accrual rates have a negative impact, prolonging trial duration, delaying analysis of results, or leading to early study closure. Barriers to patient enrollment must be identified and overcome to increase accrual. Work by UC Davis investigators and others have identified several barriers, including misperceptions, misinformation, an ethnically homogenous population, geographic and data management problems, reimbursement issues, and physician bias, which may translate into deficient interactions with patients. This proposal will explore and address the issues surrounding early phase trial accrual through an intensive investigation of barriers encompassing various layers of cancer care access: from macro-level, population based information-gathering and dissemination strategies to meso-level efforts in overcoming eligibility/clinical trial design barriers, to micro-level interaction-based barriers. The overall hypothesis of this two-year plan is that patient accrual into early phase trials will be enhanced by developing and testing interventions to overcome these barriers, and will be addressed through the following three objectives:

- 1) To increase patient, public, and physician awareness of early phase clinical trials and the attendant reimbursement issues;
- 2) To develop a novel phase I trial design that enhances patient access to novel investigational anti-cancer agents;
- 3) To improve communications between patients, family, health care providers, and the clinical trials research team.

This proposal is strengthened by the expertise of a multidisciplinary team (medical oncology, cancer control, health services research and communications, bioethics, sociology, epidemiology, marketing, and advertising, among others), led by Principal Investigator Dr. Primo N. Lara, Jr., MD. To oversee the conduct of this 2-year research plan, a Barriers Steering Committee (BSC) comprised of established leaders in cancer control and health services research will be organized. The underserved, minority, elderly, and women populations, and where possible, children will be specifically targeted where appropriate, to increase their participation in early phase trials.

Principal Investigator:

Donn Curtis Young, PhD

Research Scientist

The Ohio State University

James Cancer Hospital and Solove Research Institute

(Recommended for funding excluding the consent form translation part of the application.)

Early phase VII clinical trials are the primary clinical intellectual 'capital' of Cancer Centers in providing clear evidence of the translation of basic research findings from the laboratory to the bedside. At The Ohio State University Comprehensive Cancer Center, 74% of all patients participating in therapeutic trials are registered on early phase trials. Nevertheless, barriers to the enrollment of patients on early phase trials hampers the evaluation of new agents and delays the adoption of new agents and regimens. We will address three barriers to the enrollment of patients on early phase trials:

Barrier 1: The inability to conduct and document screening of patients for eligibility for enrollment on clinical trials in a comprehensive and efficient manner. To overcome the complexity of determining eligibility for any of our 130+ active phase I/II clinical trials we will develop and implement a computerized eligibility checking system integrated with our existing clinical trials SQL database using a rules-based application providing results to clinical trials staff using wireless tablet computers and wireless Palm devices.

Barrier 2: The difficulty in enrolling patients from minority and underserved populations. To address the underrepresentation of minorities on early phase trials, we will develop educational programs addressing phase VII trials to target minority physicians, minority nurses, and the urban community. These multimedia programs will focus on increasing awareness of recent innovations in early phase trials that replace guesswork and serendipity with rationally designed agents addressing molecular targets. Designated Minority Recruitment Coordinators will insure that all minority patients are screened for potential clinical trial participation.

Barrier 3: The inability to provide full informed consent to patients unable to understand English, with limited English proficiency, illiterate, or visually impaired. The 21 million Americans who speak English "less than well" are often denied the opportunity to participate in clinical trials due to the inability to provide informed consent.

This project incorporates:

- 1) An educational program to train interpreters in clinical research, the protection of human subjects from research risks, and their role in this process;
- 2) Consent using an OPRR Short Form consent document;
- 3) Oral translation of the English language consent form; and
- 4) Videotaping the process with a copy being given to the patient for their reference.

Principal Investigator:

Amelie Ramirez, Dr. PH

Associate Professor, Department of Medicine

Deputy Director, Chronic Disease Prevention and Control Research Center

Baylor College of Medicine

Advances in cancer treatment are critically tied to the investigation of new therapeutic agents in early phase clinical trials. A significant barrier to progress has been the low participation rate onto these trials, especially among minority populations. Increasing minority accrual is critical to the development of novel cancer treatments. Without adequate minority participation in early phase clinical trials, researchers cannot assess differential effects among groups nor ensure the generalizability of trial results. The Chronic Disease Prevention and Control Research Center at Baylor College of Medicine will lead this project with support from the San Antonio Cancer Institute (SACI) that services a culturally and ethnically diverse population of largely Hispanics that historically has had a low participation rates onto early phase clinical trials.

The goals of this project are to:

- 1) Identify the cultural, economic, and structural barriers to early phase clinical trial participation faced by patients and oncologists; and
- 2) Develop effective interventions to reduce these barriers, thereby increasing participation on drug development trials.

To achieve these goals, the following are the specific aims:

- 1) Identify the sociodemographic, cultural, economic, and structural patient barriers to participation in early phase clinical trials among cancer patients using qualitative methodology;
- 2) Identify and quantitate the magnitude of barriers to patient referral to early phase clinical trials through semi-structured qualitative interviews with oncologists in Bexar County;
- 3) Confirm these findings in a larger cancer patient population by quantitating the sociodemographic, cultural, economic, and structural barriers to participation;
- 4) Design an experimental intervention trial to reduce the barriers to early phase clinical trial participation; and
- 5) Conceptually evaluate that intervention among a representative group of cancer patients and oncologists.

This proposed 2-year study will involve 200 Hispanic patients and 20 oncologists in the Bexar County, Texas. Both qualitative and quantitative formative research methods will be used to collect data to assess barriers. The results of these assessment activities will guide the design of a culturally sensitive intervention trial to overcome barriers encountered by both patients and oncologists when considering patient participation in an early phase clinical trial. The intervention protocol will be reviewed by patients and oncologists and finalized in preparation for a later phase of research (outside this 2-year project period) to be implemented and evaluated in the San Antonio area.