Category: Training & Quality Assurance – Work in Progress

Increasing Minority Oncology REpresentation (MORE) in Clinical Trials

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1. Background

Clinical trials (CTs) are scientifically significant for the safe development and evaluation of new treatments for debilitating diseases like cancer. For this reason, minority representation is essential to decrease ethnic and racial disparities in cancer outcomes. The National Institute of Health (NIH) Revitalization Act of 1993 was implemented to combat issues caused by recruitment barriers, enforcing that women and minorities are proportionately included in all NIH-funded clinical research studies. To date, minorities remain underrepresented while having disproportionately higher rates of chronic diseases (Heller et al, 2014). Clinicaltrials.gov enrollment data showed a decrease in minority accruals between 2003 and 2016 (Duma et al, 2018). As minority populations continue to increase in the United States, their representation in CTs is imperative to decrease disproportionate cancer burdens within minority groups.

Low participation and representation in CTs among minority populations, indicated in local and national data, is caused by provider, system and patient barriers but mediated by awareness and knowledge given that appropriate educational programs set in place for providers and patients moderate the causes. Socioeconomic factors, genetic pre-disposition, lack of access or knowledge of CTs, and historic mistrust in providers, exist prior to the causes.

2. Goals

1: Provide awareness of CTs for academic fellows by engaging fellows in recruitment

2: Increase the number of minorities recruited and enrolled onto CTs at IUSCC and Eskenazi Health

Objective 1: By end of Q2 (July 2019), current fellows and faculty will be aware of current and upcoming CTs available at IUSCC and Eskenazi Health through use of a clinical trial database

Objective 2: By end of Q3 (Oct 2019), minority accruals onto hematology/oncology CTs will have increased by 5% at IUSCC and Eskenazi Health

3. Solutions and Methods

Increased collaboration and communication will occur between clinical disease oriented teams (DOT), academic fellows and other CT staff at IUSCC and Eskenazi Health starting January 2019. Use of Epic software, creation of a clinical trial database, and staff participation in monthly DOT meetings along with a review of trial portfolios will solidify outcomes.

A pre and post evaluation survey will be conducted using Redcap and distributed to fellows March and July 2019 to assess for changes in attitudes, behaviors and awareness of CTs. As new fellows rotate through their academic training, a baseline evaluation will be conducted on month 1 and comparison at

the end of month 6 to look for changes in attitudes and awareness as well as accrual increases in minority populations.

4. Outcomes and Future Directions

- Total minority accruals to oncology CTs
- Increases in fellows' awareness of CTs, confidence recruiting, and number of discussions about CTs, RedCap survey results pre and post evaluation

Future

- Re-evaluate curriculum and expectations of all incoming fellows with commitment from IUSCC and Eskenazi Health to increase clinical trial participation.
- Long term future directions are to survey patients about their perceived barriers to clinical trial recruitment and begin establishing new strategies to overcome patient specific barriers to CT recruitment. Focus will be placed on minority patients and location at Eskenazi Health clinic.
- Identify other resources and opportunities to increase minority accruals