

Minority Oncology REpresentation (MORE)

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Abstract

Clinical trials 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 clinical trials is imperative to decrease disproportionate cancer burdens within minority groups (Chen et al, 2014).

Introduction

Low participation and representation in clinical trials among minority populations, indicated in local and national accrual 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. The socioeconomic factors, genetic pre-disposition, lack of access or knowledge of clinical trials, and historical mistrust in providers, exist prior to the causes. IU Simon Cancer Center (IUSCC) represents the IU Schools of Medicine, Nursing and Public Health, among others, in leading more than 600 active clinical trials for pediatric and adult cancers. Faculty educators train nearly 2000 students, residents and fellows each year. On the IUPUI campus is also Eskenazi Health. In partnering with IU, Eskenazi Health serves as the public hospital division to meet the needs of the underserved and all people of Marion County with facilities both on and off the IUPUI campus. This model of teaching and access to clinical trials allows exposure to clinical trials for the health care provider and for the patients at IUSCC and Eskenazi Health.

Materials & Methods

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

A new interface was developed, located on the Eskenazi Health website, which fellows and community-based faculty are able to access regularly. This ensures they can familiarize themselves with clinical trials open to accrual and refer eligible patients within the health systems network. This interface is in the form of a web based spreadsheet and contains key eligibility criteria to reference prior to an encounter with a patient. Providers using the Epic program messaging system can alert one another of potential clinical trials available for their patient population.

A pre and post evaluation survey was conducted using Redcap and distributed to third year fellows March and July 2019 to assess for changes in attitudes, behaviors and awareness of clinical trials. 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.

Goals and Objectives

Goal 1: Provide awareness of clinical trials for academic fellows by engaging fellows in recruitment

Goal 2: Increase the number of minorities recruited and enrolled onto oncology clinical trials at IUSCC and Eskenazi Health

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

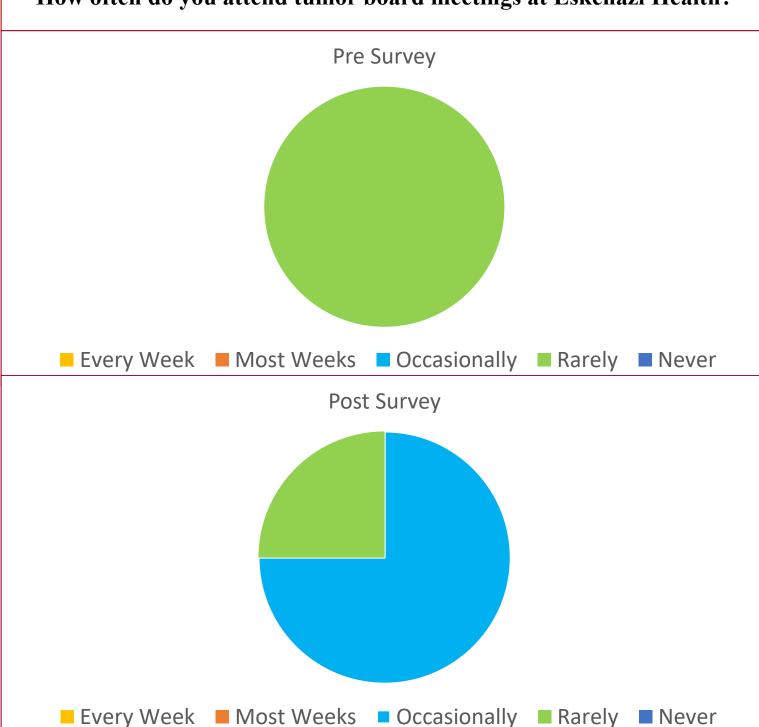
Objective 2: By end of Q3 (Oct 2019), minority accruals onto hematology/oncology clinical trials will have increased by an overall total of 5% at both IUSCC and Eskenazi Health recruitment sites

IUSCC and Eskenazi Health Minority Accruals

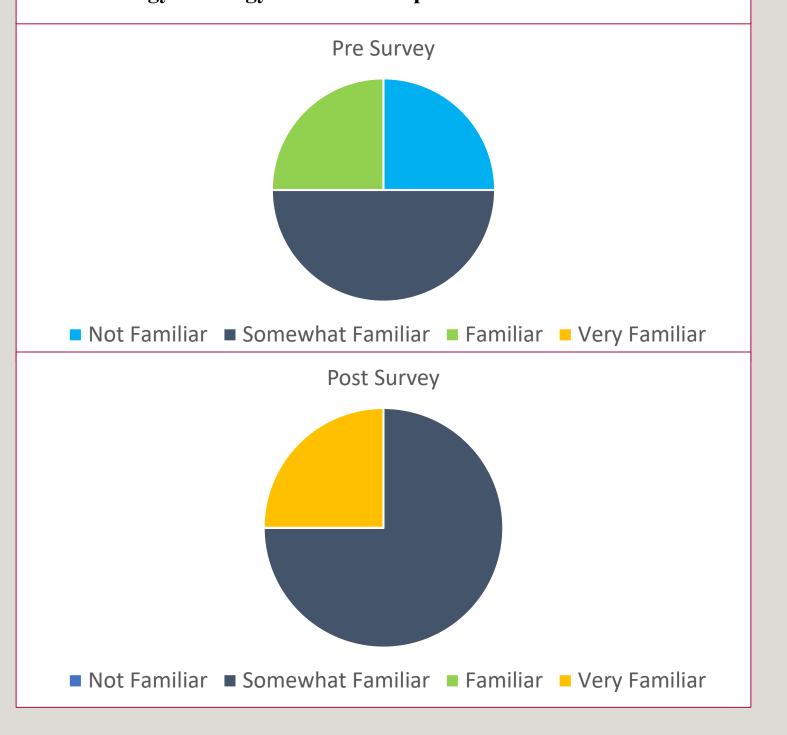
Jan-May 2018	Jan-May 2019
17	21

Results

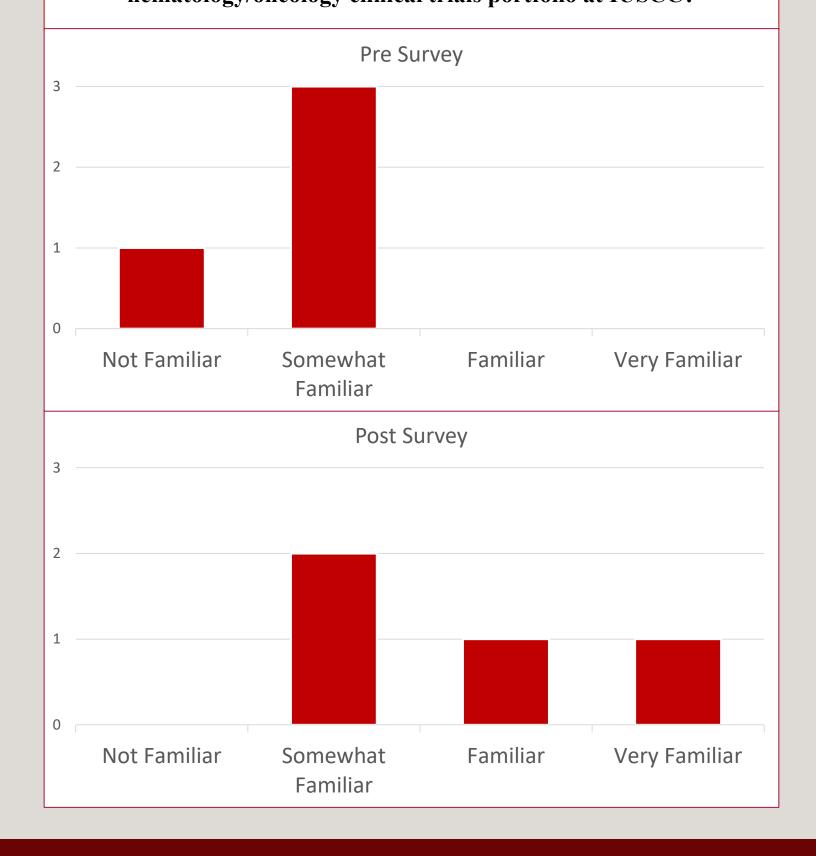
How often do you attend tumor board meetings at Eskenazi Health?



In the past 3 months, how familiar have you been with the hematology/oncology clinical trials portfolio at Eskenazi Health?



In the past 3 months, how familiar have you been with the hematology/oncology clinical trials portfolio at IUSCC?



Discussion

The MORE project created a model of teaching and access to clinical trials that allowed fellows exposure to clinical trials available to patients at IUSCC and Eskenazi Health. Outcomes were measured by total monthly and annual minority accruals to oncology therapeutic clinical trials and changes in fellows' recruitment behavior as shown through the RedCap survey responses. This data showed increases in fellows' awareness of IUSCC and Eskenazi Health clinical trial portfolios, confidence in recruiting, and number of discussions about clinical trials.

Conclusions

Overall minority accruals onto therapeutic clinical trials increased by over 23%. As the program continues, we may see more significant increases in overall minority accruals.

In the course of 5 months, fellows became more aware of and familiar with the clinical trials available to their patient population. Attendance at clinical research meetings showed an increase in collaboration and communication between academic fellows and the rest of clinical research staff at IUSCC and Eskenazi Health.

Going forward, all new IUSCC and Eskenazi Health academic fellows rotating through their academic training will receive a baseline evaluation (pre-survey) on month 1 of their service. A post survey will be distributed to fellows during the final month of their clinical rotation. A comparison will be made using data from the post survey to look for continued changes in attitudes and awareness. Therapeutic clinical trial accruals at IUSCC and Eskenazi Health will continue to be monitored for increases in minority population accruals.

Our center plans to re-evaluate the academic curriculum and expectations of all incoming fellows with a commitment from IUSCC and Eskenazi Health to increase clinical trial participation.

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 clinical trial recruitment. Focus will be placed on minority patients and location at Eskenazi Health clinic.

The IUSCC will continue to identify other resources and opportunities to increase minority accruals.

References

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