

The Challenges and Successes of Enrolling Participants on the Tomosynthesis Mammographic Imaging Screening Trial (TMIST or study EA1151) in Hawaii’s Minority/Underserved NCI Community Oncology Research Program (M/U NCORP)

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1. Background

The University of Hawaii Cancer Center (UHCC) and our M/U NCORP does not have its own hospital or ambulatory treatment facility and instead enrolls patients through a formal affiliation with local hospitals (Hawaii Cancer Consortium). ECOG-ACRIN EA1151 “TMIST” (digital mammography vs tomosynthesis) is one such enrolling trial currently open at a single consortium site, the Women’s Health Center (WHC) of The Queen’s Medical Center (QMC) in Honolulu. Hawaii’s population is highly diverse and ethnic minority enrollment to TMIST ensures study findings are universally applicable. It is of particular interest for our team to enroll as many women in our community as possible, especially Native Hawaiians and other Pacific Islanders. Accrual barriers that we overcame included increased workload vs staff available, cultural sensitivity, language, and lack of access to healthcare.

2. Goals

- Increase number of participants enrolled onto the study
- Enroll more Micronesian participants as these groups have the lowest frequency of mammography screenings in Hawai’i
- Provide resources to those who are uninsured or without a primary care provider (PCP)
- Provide education about clinical trials and the TMIST study within our community

3. Solutions and Methods

- Increase recruitment efforts by soliciting help from volunteers, engaging CRAs, and calling patients a few days before their scheduled mammogram.
- Work closely with the WHC Patient Navigator/BCCCP Coordinator to ensure participant’s coverage for tomosynthesis and referral to a PCP.
- Partner with the National Cancer Institute’s Center to Reduce Cancer Health Disparities and administrative supplement P30 to further assist underserved populations.
- Collaborate with a community health educator and focus on three implementation methods:
 - One-on-one recruitment
 - Collaboration with community leaders to plan educational events
 - Hand out flyers and provide flip chart presentations at community events
- Use of translated documents (consent form and powerpoint) in Marshallese and Chuukese

4. Outcomes

Since the trial opened in June 2018, our site enrolled 241 participants. About 46% of enrollees are Asian, 23% are Caucasian, 19% are Native Hawaiian or Pacific Islander, and most of the remaining 12% identify

with two or more ethnic groups. Initially, recruitment procedures consisted of inserting a TMIST information and interest form into reminder letters for women to schedule routine mammograms. With this method, only 13% of recipients expressed interest and 3% enrolled onto the study. At that time, only 1 Micronesian woman had enrolled. After phone contact protocols were put in place in August 2019 to combat the low recruitment rate, the number of accruals increased by 42%. Additionally, our team conducted TMIST presentations at 15 events within the Micronesian community. As a result, 45 Micronesian women expressed interest, 6 have enrolled on the trial, and 6 are scheduled for their mammogram pending enrollment.

5. Lessons Learned

Creating a strong working structure among collaborators involved was crucial to enrolling a large number of women onto the study. Building good relationships with community leaders reinforced disease awareness and prevention. The TMIST team will continue to work towards increasing the number and diversity of TMIST participants in Hawaii as it offers an opportunity to enhance their access to screening and level of care.