

Increasing Clinical Trial Accrual of Minority Patients by Expanding Clinical Operations at Satellite Sites

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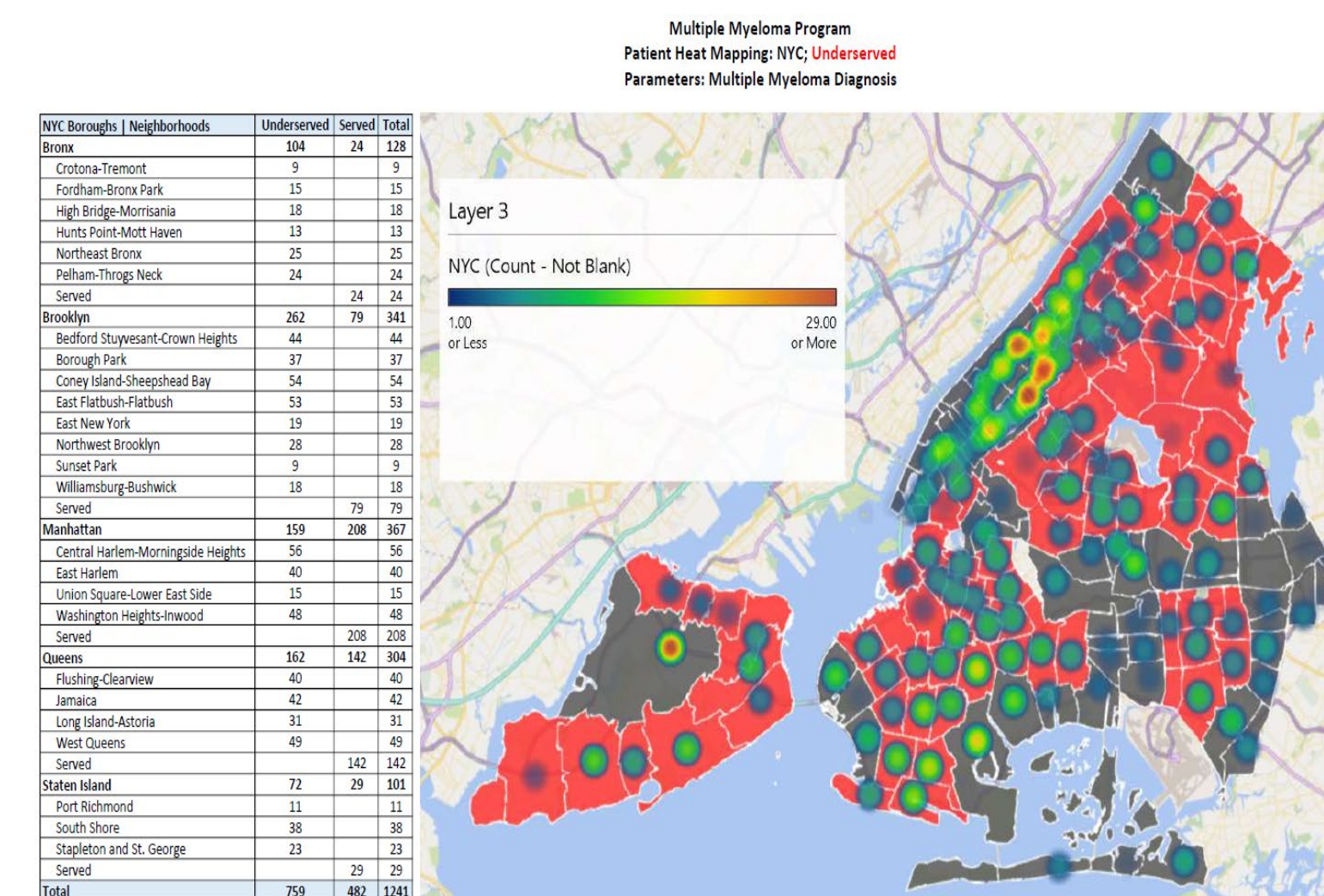


BACKGROUND

Multiple myeloma (MM) is the most common blood cancer among African Americans (AA). Despite the fact that AA comprise ~20% of the population of MM patients, they only represent 6% of patients in clinical trials. Moreover, the MM mortality rate among AA is two-times greater than Whites with a 5-year age-adjusted mortality rate of 6.2 per 100,000 vs. 3.1 per 100,000 among Whites.¹ However, when enrolled in clinical trials, AA patients fare as well as, or better than, White patients underscoring the critical need for inclusion of underserved minority patients in our clinical trials. There is also a clinical and regulatory need to generate efficacy and safety data in minority patient populations that are representative of the background incidence of the disease for inclusion in labeling.

SOLUTIONS AND METHODS

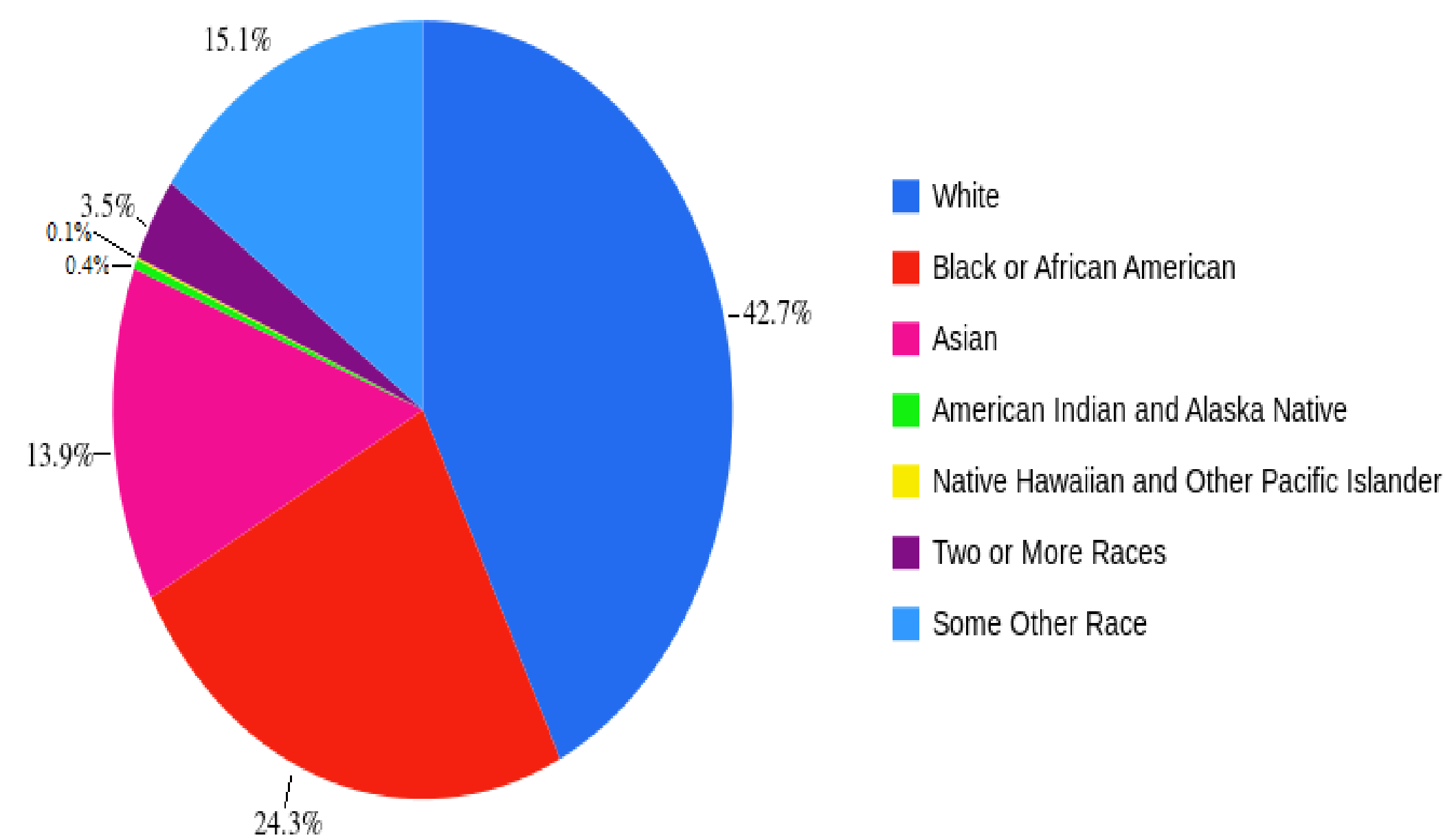
Underserved areas in NYC were identified by using the NYC.gov and overlaid a heat map of the MM patient population using underserved area parameters. We identified areas of the most need and matched the locations with our closest satellite site: Brooklyn and lower Manhattan. We hired advanced practice providers (APPs) who worked with clinical trial managers (CTMs) to lead the MM focused clinics and to advance the clinical trials programs at the sites. CTMs focused on clinical operations and logistics by assessing the feasibility of each clinical trial to the site population. AAPs train infusion nurses, pharmacy, and support staff on clinical trials and Good Clinical Practice. As of 12/31/2022, we have successfully opened clinical trials at our satellite and enrolled 12 patients. In addition we have several clinical trials currently in the study start up process.



OUTCOMES

There are many factors contributing to suboptimal clinical trial enrollment among minority MM patients including not being presented with the option to enroll in a trial, lack of awareness of clinical research, socioeconomic factors, and general mistrust of research due to historical mistreatment of minorities in medicine and research. One of the main contributing factors is that our trials are often not conducted at community sites where MM minority patients are treated due to lack of clinical trial resources including infrastructure, study coordinators and clinical staff.

NYC Population by Race



Graphics by Khristal Depina

GOALS

Minority patients continue to be underrepresented in clinical trials. Travel, cost and lost wages from work can significantly impact clinical trial enrollment. By offering our trials in the community, we hope to reduce the stressors of clinical trials and provide more equitable and representative care for our patients

LESSONS LEARNED AND FUTURE DIRECTIONS

- Getting buy-in from industry sponsors to open clinical trials across the network
- Regulatory, contract, budget needs
- Educational needs
 - Pharmacy
 - Infusion nurses
- Need for support services across the network sites
 - Social work, scheduling support, medical assistances
- Travel between sites can be challenging