Community Recruitment Process for Cancer Trials: Expanding Access to Underrepresented Populations

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ABSTRACT

BACKGROUND
Many clinical trials (CT) struggle to recruit diverse participants, particularly from communities beyond the institution's established patient population.

OBJECTIVE
This project aims to create an efficient, scalable process for recruiting community participants in cancer CTs. By partnering with community organizations and using digital platforms, it seeks to boost enrollment and streamline the recruitment workflow.

METHODS
The recruitment process employed a multi-channel approach utilizing informative flyers shared online. QR codes on these materials directed potential participants to an electronic survey in REDCap or Qualtrics tailored with branching logic to assess eligibility.

RESULTS
Preliminary outcomes show that the process has successfully identified and enrolled 164 participants across three studies, all from underrepresented populations. Notably, 13 were not part of the centers immediate geographic region and participated in a fully decentralized CT.

CONCLUSIONS
The multi-channel recruitment strategy using community partnerships and digital tools effectively increased CT enrollment among underrepresented populations.

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INTRODUCTION

To address barriers such as geography, limited outreach, and institutional constraints, the MCCCC in Florida launched a community-based recruitment initiative. By using digital tools, local partnerships, and a decentralized trial model, we are expanding access to clinical trials for underrepresented communities. Early outcomes confirm the approach is both feasible and scalable.

OBJECTIVES

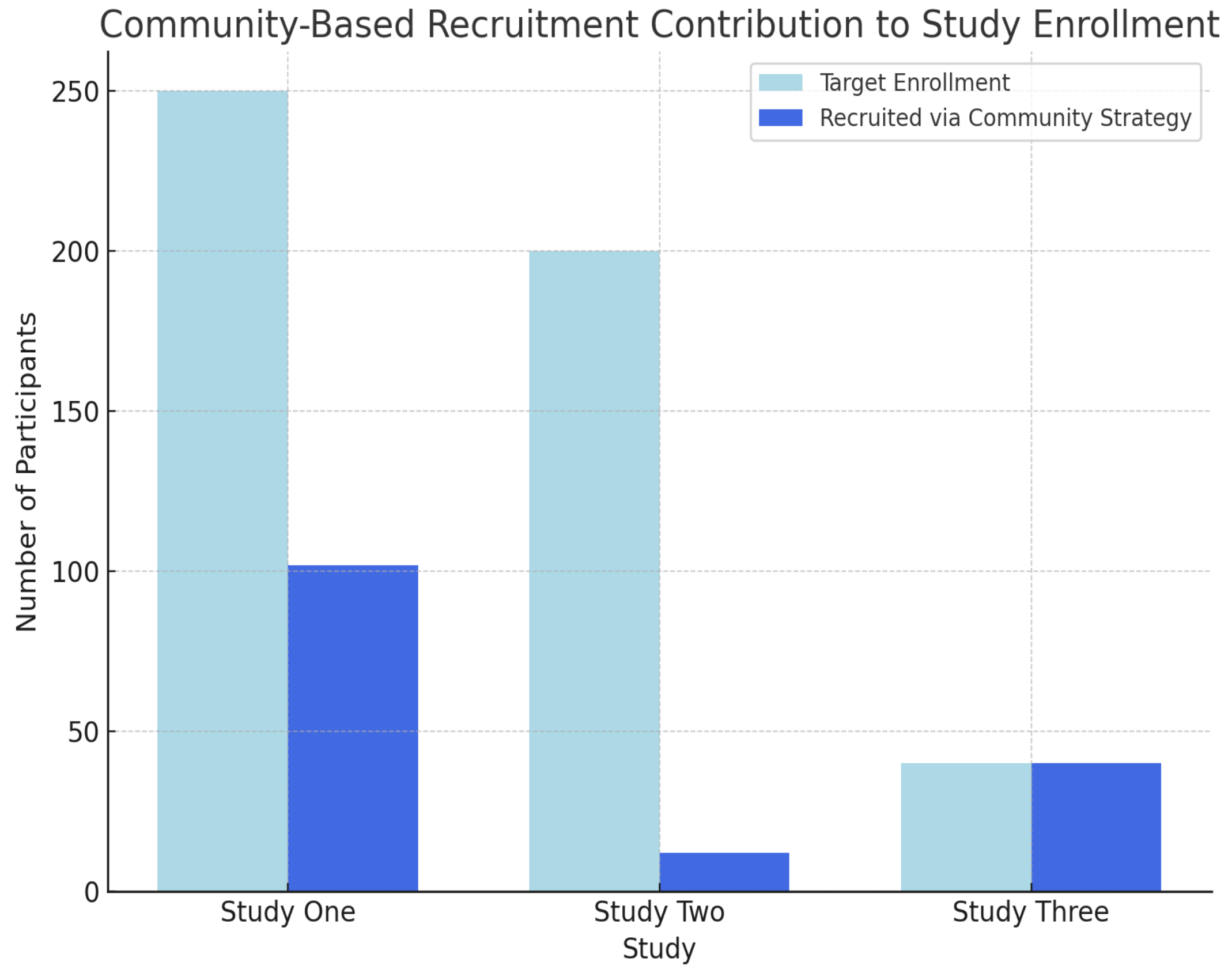
- Expand Demographic Representation
- Implement Evidence-Based Accessibility Protocols
- Develop Sustainable Community Engagement Framework
- Optimize Participant Acquisition Methodologies Maintain Adherence to Regulatory Parameters

METHODS

Outreach Channels: Shared study information through webinars, social media, and community events.
Eligibility Screening: QR codes linked to REDCap or Qualtrics surveys to assess preliminary eligibility.
Data Security: All surveys were hosted within the Mayo Clinic firewall, with external access for participants and internal access restricted to authorized study personnel, ensuring compliance and auditability.
Candidate Tracking: Eligible survey respondents were reviewed by the study team and tracked using Ptrax.
Medical Verification: When applicable, electronic Release of Information (ROI) forms were used to obtain outside records during the consent process.

RESULTS

- Successfully identified and enrolled 164 participants across three cancer-related studies.
- 100% of enrolled participants were from underrepresented populations.
- 13 participants enrolled from outside the immediate geographic region area through a fully decentralized clinical trial model.
- Remote consenting for minimal-risk studies removed logistical barriers and facilitated broader participation.
- Strengthened enterprise-wide research infrastructure to support diverse participant recruitment and retention .


Community-Based Recruitment Contribution to Study Enrollment

Study	# of Completed Surveys	# of Enrolled Patients
Study 1	443	111
Study 2	35	13
Study 3	69	40

DISCUSSION

Our community-based recruitment approach proved effective in increasing access and diversity in clinical trial enrollment. It enabled enrollment beyond institutional boundaries, particularly in Study One and fully met Phase I targets in Study Three. These early results show that digital outreach, secure remote consent, and community partnerships can reduce participation barriers and support decentralized trial models. Future efforts will focus on refining tools and expanding community collaborations to scale this approach.

CONCLUSIONS

Implementation of community-based recruitment methodologies significantly enhances participation of underrepresented demographics in oncological trials. Integration of digital platforms, remote consent protocols, and established community partnerships increases accessibility while providing a reproducible framework for future investigations.

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