Clinical Trials in the Community: Building Patient Trust and Improving Access

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1. Background

Multiple barriers exist in enrolling patients on clinical trials. A common obstacle is the ability to easily access major academic centers due to logistical challenges such as travel distance, parking, and navigating a complex system. Continuity of care and established rapport are of high importance to oncology patients and an influential factor of trial consideration.

2. Goals

To empower patients within the community by providing additional options for treatment and creating a greater understanding of clinical trials.

3. Solutions and Methods

Eight regional sites offer clinical trials which closely align with the community's unique oncology treatment needs. Each site offers care across a variety of oncologic malignancies with specialized research personnel. The regional team also participates in community outreach screening trials to enhance our minority population's access to care. This promotes an atmosphere of trust and decreases misconceptions about research. To combat transportation challenges, regional sites coordinate van and uber services for patients in need.

4. Outcomes

Since implementing regional clinical trials, enrollment has increased; from a total of 380 in 2011 at five sites to 601 in 2023 at eight sites. These totals include interventional and non-interventional trials. Interventional trial enrollment increased from 43 in 2011 to 214 in 2023, an astounding 400 percent increase. As more regional sites were added, transfers to Main Campus decreased by 73 percent during those same years.

5. Learned and Future Directions

Current challenges at regional sites include lab processing limitations, lack of inpatient units, unwillingness of sponsors to ship medications to locations other than the main hub and limited staffing/resources. Offering clinical trials in our neighborhoods is a positive action for the community. Access to healthcare is a human right. As our data suggests, by eliminating transportation, financial and trust barriers, oncology research at regional sites can and should be the wave of the future.

Figure



