

Cancer clinical trials offer patients an opportunity to receive new and innovative treatment, as well as contribute to the future of cancer care. Enrollment onto clinical trials also may lead to better care and outcomes; however, few adult patients with cancer and even fewer ethnic and racial minority patients participate.

AT A GLANCE

- To address the known facilitators and barriers, multilevel approaches are needed.
- The authors present a case example of interventions to address and improve barriers to clinical trial enrollment at an urban National Cancer Institute–designated comprehensive cancer center.
- As frontline providers in cancer care, nurses are in a unique position to address barriers to clinical trial enrollment, particularly through interpersonal communication with their patients.

KEYWORDS

clinical trials; minorities; medically underserved communities

DIGITAL OBJECT

IDENTIFIER

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Cancer Clinical Trials

Improving awareness and access for minority and medically underserved communities

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Participation in clinical trials is associated with improved one-year survival, increased quality of life, and psychological benefit; although many pediatric patients with cancer enroll on clinical trials, less than 5% of adult patients with cancer do so (Hallquist Viale, 2016; Unger et al., 2014; Weber et al., 2015). Participation in cancer clinical trials is even lower for racial and ethnic minorities and other groups, such as older adults, low-income patients, and those living in rural areas (Kwiatkowski, Coe, Bailar, & Swanson, 2013). This may be a factor contributing to the poorer survival and differences in other health-related outcomes that have been reported in these groups.

Much effort has been dedicated to studying barriers and facilitators to clinical trial participation, specifically in minority and underserved populations (see Table 1). Common themes often are grouped into trial-, provider-, and patient-specific barriers. Another way of depicting barriers is by system-, individual-, and interpersonal-level factors that may contribute to barriers to clinical trial enrollment and, therefore, disparities in participation and patient outcomes (see Figure 1).

National Community Oncology Research Program

The National Cancer Institute (NCI) created the NCI Community Oncology Research Program (NCORP) “to bring cancer clinical trials and cancer care delivery research to

people in their own communities, thereby generating a broadly applicable evidence base that contributes to improved patient outcomes and a reduction in cancer disparities” (NCI, n.d., p. 1). Forty-six NCORP community sites accrue patients and participants to NCI-approved cancer clinical trials and research studies, including treatment, cancer control, prevention, and cancer care delivery. Of high interest is integration of disparities research within the network.

The NCORP network not only provides these community and minority-underserved (MU) sites with access to clinical trials, but also includes these sites in national discussions about cancer trials. For example, an NCI-led committee focuses on understanding and improving diversity among clinical trial participants. This initiative includes close examination of cancer clinical trials to ensure that appropriate eligibility criteria will promote the enrollment of a diverse group of participants. Other efforts include ensuring that appropriate translated materials, such as consents, patient-reported information surveys, and assessment tools, are available whenever possible. The aim is for patients to be eligible for trials regardless of race, ethnic group, gender, or age, unless science supports the limitation.

Local Institutional Strategic Approach

The Herbert Irving Comprehensive Cancer Center at Columbia University Irving Medical Center (CUIMC) in New