

EMPACT

General Approaches to Minority Recruitment for Cancer Clinical Trials

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Approaches can be targeted or tailored.

Targeted approaches are comprised of recruitment methods specifically aimed at a particular racial or ethnic population to reach members of that subgroup with greater frequency.

Tailored approaches are comprised of recruitment methods designed in accordance with the cultural framework of a particular minority population.

These approaches may be used alone or in combination.

Examples of Targeted Approaches include social marketing, such as TV, Radio, and Newspaper Ads consumed more frequently by a racial or ethnic subgroup of interest.

Examples of Tailored Approaches include the use of patient navigators to bridge potential cultural gaps between potential minority participants and research institutions. Another example may include the adaptation of standard recruitment materials or approaches to fit the cultural norms of a particular subgroup.

Here are some minority recruitment strategies currently in use...

Community Clinical Oncology Program, or CCOP

Patient Navigation

Clinical Trials Shared Resource, CTSR

Increasing Minority Participation in Clinical Trials, or IMPACT

Facility for Access to Enrollment Services, FACES

and the Midwest Cancer Alliance, or MCA

Let's look first at the Community Clinical Oncology Program, or CCOP, sponsored by the National Cancer Institute, Division of Cancer Prevention

The CCOP includes a subset of Minority-Based Community Clinical Oncology Program (MBCCOP) awards, which are cooperative agreements designed to build clinical trials outreach and management capacity in community healthcare facilities providing cancer care to minority patient populations.

The Minority-Based Community Clinical Oncology Program (MBCCOP) awards connect community physicians serving minority populations to research institutions in order to increase accrual of minority participants into clinical trials.

A Minority-Based-CCOP must have 40% of their new cancer patients from minority populations.

Investigators and community health care providers may access

Links to resource databases, population databases, and registries;

Access to a large and broad menu of NCI-sponsored Phase I, II, and III clinical trials within the CCOP network for potential collaborations;

Access to the Biometry Research Group for statistical analysis;

and references and a publication database for cancer prevention science in the clinic and laboratory;

For more information visit [the CCOP program online](#).

Now let's look at another Minority Recruitment Strategy Currently in Use – Patient Navigation.

Patient Navigation was founded and pioneered by Harold P. Freeman at Harlem Hospital in New York City in 1990 for the purpose of eliminating barriers to timely cancer screening, diagnosis, treatment, and supportive clinical care.

Concepts for Clinical Care include recruitment practices for clinical trials to increase minority participation.

Patient navigation: Initiatives across time

In the last 10 years the exploration of patient navigation has been funded by federal agencies such as the National Cancer Institute, *Health Resources and Services Administration*, and the *Centers for Medicare and Medicaid Services*. In addition, nonprofit foundations such as the American Cancer Society have supported the development of dozens of patient navigation programs at hospitals nationwide.

Let's review barriers to care typically addressed by patient navigation.

Health System Issues include location of health-care facility, system problems with scheduling care, and medical and mental health comorbidities.

Communication Issues include Language discordance, communication barriers with medical personnel, and literacy.

Financial Issues include insurance, transportation, employment.

Other Considerations include child or adult care issues, attitudes towards providers, out of town or country, and patient disabilities.

Psychosocial Issues include perceptions or beliefs about tests or treatments, fear, and emotional or practical support.

When applied to minority recruitment...

patient navigators provide support services to overcome common barriers for minority patients who are considering enrollment in clinical trials. Common barriers include psychosocial issues such as fears of experimentation and discomfort with randomization and blinding. Navigators also may address health system issues such as coordinating study visits. Finally, patient navigation may be valuable in addressing communication issues including answering patients' questions during the recruitment and enrollment process and sharing patients' needs with research staff.

Examples of patient navigation services to address these issues include brief clinic-based education about clinical trials; finding community resources to meet needs (local housing, transportation, etc.); solving problems that interfere with adhering to recommended treatment; and assistance in communicating with insurance agencies.

Next we will discuss two models for Patient Navigation for minority recruitment

Clinical Trials Shared Resource CTSR and Increasing Minority Participation in Clinical Trials IMPACT

Let's look at the Clinical Trials Shared Resource, or CTSR, in use at Nashville General Hospital at Meharry and Vanderbilt Ingram Cancer Center, both in Nashville, TN

Meharry Medical College is a minority-serving educational institution with Nashville General serving as its clinical facility. Nashville General provides outpatient and inpatient care predominantly for patients who are under-insured or uninsured; 55% of the patients are African American. The CTSR was established at Nashville General and in collaboration with the Vanderbilt-Ingram Cancer Center.

The CTSR Model...

uses databases to match trials to patients' needs, identify patients' needs while employing nurse and research staff navigators.

Investigators developed a model for successful recruitment of minorities into clinical trials based on patients' needs. An infrastructure was created to facilitate communication between Nashville General and Vanderbilt toward the goal of identifying Nashville General patients who may be eligible for clinical trials.

You can learn more about [the CTSR model online](#).

Another strategy is IMPACT, which stands for Increasing Minority Participation in Clinical Trials.

IMPACT is in use by Morehouse School of Medicine-Tuskegee University and the University of Alabama at Birmingham Comprehensive Cancer Center Partnership.

Investigators are Dr. Upender Manne, Dr. Ed Partridge, Dr. Mona Fouad

Patient Navigators and Community Health Advisor Networks aim to provide equal access to clinical trials for low-resource and minority patients. Navigators also overcome barriers to participation and help patients navigate through the healthcare system. Finally, patient navigators assist with both the recruitment and retention of African American cancer patients in therapeutic cancer clinical trials.

Learn more about [IMPACT on the UAB website](#).

Another Minority Recruitment Strategy Currently in Use is the Recruitment and Retention Shared Facility or RRSF.

It is based at the University of Alabama at Birmingham (UAB) in the Division of Preventive Medicine. The RRSF is led by Dr. Mona Fouad and was founded in 1998.

Based on years of successful minority trial recruitment, the RRSF staff collaborates with UAB researchers to enroll minority trial participants.

The RRSF utilizes innovative recruitment techniques and culturally relevant materials to engage participants from minority.

Services Provided by RRSF include...

help with developing minority specific recruiting/retention plans; maintaining a real-time tracking by racial and ethnic subgroups; identifying potential population-specific participants and reaching them; and conducting community outreach activities, onsite clinical trial recruitment, workshops on recruitment, and focus groups.

For more information please visit <http://www.uabfaces.com>.

The last Minority Recruitment Strategy we'll explore is the Midwest Cancer Alliance, or MCA.

MCA's medical director is Dr. Gary C. Doolittle.

The Midwest Cancer Alliance (MCA) is a network comprised of the University of Kansas Cancer Center and 14 institutional partners, including universities, health system clinics, and hospitals throughout Kansas and western Missouri.

The MCA utilizes telemedicine to reach out to the community and provide care close to home for rural residents in the region.

Through the Alliance, patients can enroll in cooperative group and pharmaceutical trials at their local hospitals. This minimizes the burden of travel to access these trials, which are traditionally available only in urban cancer centers..

Learn more about the strategy at [the Midwest Cancer Alliance website](#).

Find more information about Patient Navigation and Clinical Trials in these related articles.

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