Patient Navigation to Increase Minority Accrual into Clinical Trials

Cancer Health Disparities Summit 2008
Recruitment & Retention Issues

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Background

- Only 2.5% of eligible patients actually enroll in cancer treatment trials
- All minority populations are under-represented
- This threatens efforts to reduce the unequal burden of cancer in these vulnerable populations
Background

Barriers to Minority Accrual

- Fear
- Mistrust
- Narrow Eligibility Criteria
  - Co-morbidities
  - Language
MBCCOP

- Minority-Based Community Clinical Oncology Programs
- Provides access to NCI-sponsored cancer prevention and treatment trials in minority populations
- Has significant unmet potential to increase minority enrollment
Patient Navigation

- Aims to reduce cancer disparities
- Targets vulnerable populations
- Identify barriers to quality care
- NCI Patient Navigation Research Project (PNRP) is a multi-site study currently underway
  - Goal: reduce delays in diagnosis/tx
- Potential to bridge the gap between MBCCOP and minority accrual
Objective

Demonstrate feasibility and effectiveness of patient navigation:

- Promote access to cancer prevention and control clinical trials
- Increase minority accrual at inner city academic medical centers.
Methods

- Jan 2007- March 2008
- Study Site: Boston Medical Center
- Pilot Intervention= Nurse Navigator
- Outcome= minority accrual
Boston Medical Center

- Largest safety net health institution in New England
- Low-income, inner-city residents
  - 2/3 racial/ethnic minorities
- NCI PNRP site since 2005
- Not currently MBCCOP
Outcomes

- Integrate Patient Navigation
- # new Cancer Prevention Trials
- Minority Accrual
  - #eligible cancer patients screened (%minority)
  - #eligible cancer patients enrolled (%minority)
Results: Integration

- Hired Nurse Navigator

- Train navigator and Clinical trial office
  - Monthly Seminars
  - Standardized and individual training
  - Focus on identifying barriers
  - Electronic Medical Record (EMR)
Patient Navigator Activities

- Provide insight into appropriate trials
- Identify eligible patients
- Work with providers to access eligible patients
- Face to face meeting to identify barriers to enrollment
- Tracking and follow-up
Results: New Trials

- Reviewed all active DCP trials
- Collaborated Cook County MBCCOP
- ECOG trial E2 Z02 Symptom Outcomes and Practice Patterns (SOAAP)
  - Survey of Disease and Treatment Related Symptoms of Invasive Cancer from the Breast, Prostate, Lung, or Colon/Rectum.
Results: Accrual to E2 Z02

<table>
<thead>
<tr>
<th>Oct 07-Mar 08</th>
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<tbody>
<tr>
<td>Number of Patients approached</td>
<td>62</td>
</tr>
<tr>
<td># Ineligible (20 due to language)</td>
<td>21</td>
</tr>
<tr>
<td># Eligible</td>
<td>41</td>
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<td># Enrolled (83%)</td>
<td>35</td>
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Demographic Characteristics

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
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<tbody>
<tr>
<td>African American</td>
<td>12 (35%)</td>
</tr>
<tr>
<td>African American-Hispanic</td>
<td>1 (3%)</td>
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<tr>
<td>Caucasian</td>
<td>22 (62%)</td>
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<table>
<thead>
<tr>
<th>INSURANCE STATUS</th>
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<tr>
<td>Private</td>
<td>10 (29%)</td>
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<tr>
<td>Medicare</td>
<td>8 (24%)</td>
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<td>Medicaid/No insurance</td>
<td>17 (47%)</td>
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Conclusions

- Patient Navigation is a viable model to increase minority accrual into cancer clinical trials
- Need for access to trials with broad eligibility
- EMR is a promising method for identifying and tracking eligible patients
Next Steps

- Supplement to Boston PNRP
  - Open 2 new trials over 12 months
  - Refine EMR tools

- BMC application for MBCCOP
  - Expand navigation
  - Involve Community Health Centers