NCRA Ad Hoc Working Group on Clinical Trials Enrollment & Retention
March 17, 2021

NOTE: Slides were prepared prior to NCI Council of Research Advocates discussion.

Any revisions based on that discussion will be noted verbally.

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Functional Statement

The NCI Council of Research Advocates convened a Working Group to identify opportunities to promote research aimed at identifying the most successful strategies for improving patient enrollment and retention in cancer clinical trials, particularly for patients from underrepresented and minority populations.

The primary focus was on the financial costs of participation in cancer clinical trials.

Secondary consideration was given to the role of researchers, clinicians, sponsors, and other health care organizations in addressing these financial burdens.

Literature Review

2,203	Publications identified via PubMed search
- 2,172	Excluded duplicates and irrelevant based on title, abstract, or article review
31	Relevant publications
+31	Identified from reviewed publications
62	Publications summarized
44	Original research reports from January 1, 2010, to July 1, 2020
18	18 editorials from January 1, 2018, to July 1, 2020

Literature Review Summary

Overall, the Working Group found that the existing pool of published and ongoing studies was inadequate to definitively address any of the Framing Questions. Further investigation is necessary to meet the goals of reducing cost barriers to trial participation and completion, to increase accrual overall and within disparity populations, and to promote equitable access to trials.

Framing Questions (“Data”)

1. To what extent are perceived and/or actual costs a barrier to adult cancer patients and survivors enrolling in and completing clinical trials?
2. What specific perceived and/or actual costs contribute most to patients not enrolling in or completing clinical trials?
3. Does the impact of perceived and/or actual costs on clinical trial enrollment in and completion of trials vary across different underserved populations for which data are available?
4. How are the specific perceived and/or actual costs most likely to contribute to patient decisions distinct from the costs of cancer care outside the trial setting?

Recommendation One

PRIMARY FRAMING QUESTION	GAP NOT ANSWERED BY LITERATURE
To what extent are perceived and/or actual costs a barrier to adult cancer patients and survivors enrolling in and completing clinical trials?	Perceived and/or actual total costs of clinical trial participation not systematically understood, including as potential contributor to disparities

RECOMMENDATION	FINAL OUTCOME
Identify the types of financial costs, financial concerns, and the extent of cost barriers to clinical trial participation	Identification of cost barriers to clinical trial enrollment and completion that could be addressed with programs and resources

Recommendation Two

PRIMARY FRAMING QUESTION	GAP NOT ANSWERED BY LITERATURE
What specific perceived and/or actual costs contribute most to patients not enrolling in or completing clinical trials?	Inadequate conceptualization and measurement of cost, including distinguishing trial from usual care costs

RECOMMENDATION	FINAL OUTCOME
Develop methodology, including novel technology, to collect cost-related data for those participating in clinical trials	Tools to facilitate ongoing monitoring of and research into perceived and/or actual cost barriers to clinical trial enrollment and completion, which would also support the evaluation of interventions aimed at reducing barriers

Recommendation Three

PRIMARY FRAMING QUESTION	GAP NOT ANSWERED BY LITERATURE
Does the impact of perceived and/or actual costs on clinical trial enrollment in and completion of trials vary across different underserved populations for which data are available?*	Few studies focused on or powered to look at potential disparities; no consideration of competing financial priorities

RECOMMENDATION	FINAL OUTCOME
Develop methodology to understand the role of social determinants of health in clinical trial participation in diverse populations	Establish programs that reduce or remove identified disparities and barriers.

*Each of other five recommendations include considerations specific to disparity populations.

Recommendation Four

PRIMARY FRAMING QUESTION	GAP NOT ANSWERED BY LITERATURE
How are the specific perceived and/or actual costs mostly likely to contribute to patient decisions distinct from the costs of cancer care outside the trial setting?	Crude insurance coverage classifications are inadequate to understand cost barriers

RECOMMENDATION	FINAL OUTCOME
Generate evidence to more fully understand the role of different types of payers and insurance plans as a barrier or facilitator to clinical trial participation for various populations	Inform regulatory efforts and insurance plan design. Develop resources to understand coverage and estimate out-of-pocket direct costs.

Framing Questions (“Intervention”)

5. What has research shown to be effective approaches to helping adult cancer patients and survivors overcome perceived and/or actual cost barriers to participation in clinical trials?
6. Are there particular trial participation requirements that increase perceived and/or actual costs to patients and survivors?
7. What steps can researchers, clinicians, health care organizations, regulators, and policymakers take to reduce excess costs in clinical trials?

Recommendation Five

PRIMARY FRAMING QUESTION	GAP NOT ANSWERED BY LITERATURE
What has research shown to be effective approaches to helping adult cancer patients and survivors overcome perceived and/or actual cost barriers to participation in clinical trials?	Interventions targeting reducing and overcoming financial costs have not been adequately studied

RECOMMENDATION	FINAL OUTCOME
Create and Evaluate interventions aimed at reducing cost barriers to trial participation and completion, aligning decision-making stakeholders on operational details and specifications, and establish strong partnerships across stakeholder groups	Create and implement evidence-based and sustainable financial navigation services aimed at helping patients and survivors overcome cost barriers to clinical trial enrollment and completion

Recommendation Six

PRIMARY FRAMING QUESTION	GAP NOT ANSWERED BY LITERATURE
What steps can researchers, clinicians, health care organizations, regulators, and policymakers take to reduce excess participant costs in clinical trials?	Unique opportunity to determine if COVID-19-related changes address cost barriers to trial participation

RECOMMENDATION	FINAL OUTCOME
Examine whether COVID-19-related adjustments to clinical trial requirements may reduce perceived and/or actual cost barriers to patient and survivor enrollment in and completion of trials	Approaches to the conduct of clinical trials that simultaneously meet regulatory requirements and minimize perceived and/or actual cost barriers to clinical trial enrollment and completion

Further Suggestions for NCI

- Consider how to engage other funders in activities related to these recommendations.
- Convene similar groups to look at financial costs in the prevention and pediatric clinical trial settings.
- Monitor these concerns in cancer care delivery trials.
- Support efforts to understand and address non-patient-level barriers to clinical trial participation.
- Ensure that NCI Central IRBs and grantees understand the distinction between potentially coercive incentives and justifiable reimbursement.
- Implement recommendations to decrease trial complexity and cost, and decentralize trial activities, made by the Strategic Planning Working Group of the NCI Clinical Trials and Translational Research Advisory Committee.

Questions and Discussion

Backup

“Financial Costs” for Purposes of this Report

- 3 categories, all from trial participant perspective:

Out-of-pocket direct costs
(medical care)

Out-of-pocket indirect costs
(related to medical care)

Productivity losses

- Actual versus perceived

NCI Portfolio

- Could not identify NCI funding with relevant specific aims
  - Limited by low sensitivity of search terms
- Most studies supported by large initiative (CCSG, NCTN, & NCORP)
- Handful of R01 cited in publications
  - None included relevant specific aim

Possible NCI Activities in Response to Recommendations

- Call for grant applications
- Supplement funded grants (such as NCI-designated Cancer Centers)
- Encourage attention in cooperative agreements (such as NCTN and NCORP)
- Solicit “white paper(s)”
- Convene workshop(s)
- Collaborate with other stakeholders

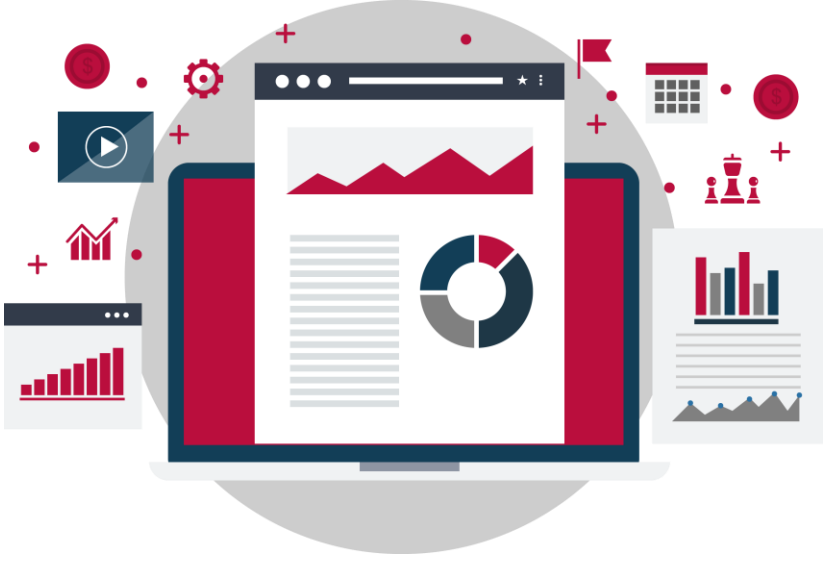
- Process:
  - NCI leadership and staff evaluate report and develop ideas
  - Assess funding availability
  - Obtain necessary approvals

Scope

- The Working Group decided to focus on adult cancer patients and survivors enrolling in and completing treatment, symptom management, and cancer control trials funded in part or total by NCI
- Several types of clinical trials were excluded:
  - *Adult primary prevention trials*
    - Deemed out of scope because they involve healthy participants—who could potentially have different motivations and barriers to participating in clinical trials.
  - *Pediatric cancer trials*
    - Not considered because financial barriers for children and their families are distinct from those of adults—in addition, philanthropic support for pediatric cancer may reduce financial costs to trial participants.
  - *Cancer care delivery trials*
    - A recent development for which there is inadequate information to evaluate patient costs.

Executive Summary

- The Working Group identified opportunities to promote research aimed at developing the most successful strategies for improving patient enrollment and retention in cancer clinical trials, centered around the financial costs of participation in cancer clinical trials.



- **How financial cost barriers influence trial participation from disparity populations was given special consideration.**