Increasing Clinical Trial Accrual: Collaboration and Physician-to-Physician Contact

Working with physicians outside of an oncology practice can help a clinical research team gain more success with clinical trials. Collaboration with other oncology specialties, as well as academic physicians and institutions and local primary care physicians, not only enhances awareness of clinical trials but also engages other physicians in the process, both of which help to increase accrual.

“Collaborative relationships have assisted in creating a culture of research that is integrated in our entire community health care environment, supporting not only treatment trials but also trials in cancer prevention, screening, imaging, and symptom management,” says Beth LaVasseur, RN, MS, of St Joseph Mercy Hospital Cancer Program (Ann Arbor, Michigan). St Joseph and the other recipients of the ASCO 2006 Clinical Trial Participation Award (CTPA) have used various strategies to encourage collaboration and thus enhance clinical trial participation.

Seeking feedback on potential protocols is one approach used by several CTPA recipients to engage physicians in clinical trial research. “We invite specialists to attend our Scientific Review Committee meetings to provide their input on a trial relating to their area. For example, if the committee is scheduled to discuss a trial involving liver ablation, we would contact the interventional radiologist to participate in the review of that particular protocol,” says James Lockhart, MD, of Warren Cancer Research Foundation (Tulsa, Oklahoma).

Marshfield Clinic (Marshfield, Wisconsin) also notifies other physicians about protocols related to their specialties and requests comments during the evaluation process. Tarit Banerjee, MD, of that practice, points to another benefit of this approach: “We also ask the physicians if they are willing to refer eligible patients to the trials. If the physicians are agreeable, we invite eligible patients to participate in appropriate trials, and we write to the physicians to notify them of their patients’ participation.” Seeking feedback on potential protocols from a variety of specialists has yet another advantage—the various perspectives help research teams select trials that are appropriate for their particular practice (see “Choosing the Right Trials for Your Practice”¹).

Engaging other specialists can also help the research team carry out a trial more efficiently, as noted by Jane Harris, RN, MS, Clinical Research Manager at St Luke’s Mountain States Tumor Institute (MSTI; Boise, Idaho). “We have worked closely with the radiology department to develop guidelines for the review of imaging studies for patients in trials so that the target lesions are followed accurately and that the reports from the radiology department have precisely the information we need. We have also worked with the pathology department to ensure that we receive reports that communicate the information needed for the study,” says Harris.

Tumor boards are recognized as an important mechanism for identifying patients eligible for trials. Moreover, the award-winning practices note that tumor boards are one of the most common ways to educate other physicians about available clinical trials. Oncologists in the MSTI system attend 32 tumor boards at eight rural hospitals each month to provide oncology-specific advice. The oncologists also discuss open clinical trials that offer appropriate treatment for patients whose cases are being presented at the tumor board. “Discussion of clinical trials at tumor boards allows local practitioners to become familiar with studies,” says Harris. This familiarity helps physicians to refer potential patients in the future.

Another strategy to engage physicians is the concept of a physician champion. “When you ask a specialist, say a urologist, to be the local PI [principal investigator] for a protocol, he or she serves as the trial’s physician champion,” explains Robin Zon, MD, a member of the ASCO Cancer Research Committee and an oncologist at Michiana Hematology-Oncology, PC, which provides leadership for the Northern Indiana Cancer Research Consortium Community Clinical Oncology Program (CCOP; South Bend, Indiana). Use of a physician champion has been successful for Michiana and several other CTPA recipients. “The Physician Champion program has been a great investment for our research group,” says Dr Lockhart. “Initially, our gastrointestinal surgeon was matched to the NSABP [National Surgical Adjuvant Breast and Bowel Project] C-08 colon protocol. Before his involvement, there was no accrual. The close, collaborative relationship between this surgeon and his medical oncology colleagues paved the way for us to identify potential patients earlier, resulting in the accrual of 14 patients.” Dr Lockhart adds, “This collaborative effort has spread to other NSABP studies, resulting in 36 accruals, nearly three times our total NSABP accrual during the previous year.”

Forming partnerships, informally and formally, with academic institutions also promotes participation in trials. Carle Cancer Center (Urbana, Illinois) invites researchers from the University of Illinois to present their latest research to the practice’s clinical trial research team. “These meetings enable us to explore possible collaboration between the University and the practice on future clinical trials,” says Kendrith Rowland, MD, a physician in the practice.

Joni Richman, RN, BSN, OCN, Director of Research Operations at the Rocky Mountain Cancer Center (Greenwood Village, Colorado), adds, “Our partnerships with Colorado Health Sciences Center, US Oncology, Colorado Cancer Research Program (a local CCOP), Dana-Farber Cancer Institute, Seattle Cancer Care Alliance/Fred Hutchinson Cancer Research Center, and others have allowed us access to important trials for the patients in our community. With these trials, we have been able to increase our accruals year over year.”

Heightening awareness of clinical trials in the primary care setting is critical for research success, especially for practices within a CCOP, which must participate in prevention, control, and treatment trials in order to maintain CCOP status. Because prevention trials involve a patient population not typically seen in the oncology setting, these practices must rely on referrals from nononcology physicians. How to foster referrals varies among the practices and according to the research need. Thomas Saphner, MD, of Green Bay Oncology (Green Bay, Wisconsin), notes: "If we have a prevention trial open, it's not enough to put out a global communication. We call specific physicians, such as urologists or gastroenterologists, directly about a specific trial."

Other CTPA recipients agree. "When we have had a trial that was specific for a particular specialist, physician-to-physician communication has worked best," says Marge Good, RN, BSN, MPH, OCN, of Wichita CCOP (Wichita, Kansas). Adds Richman, "We have written trial-specific letters to community doctors letting them know about trials we think may be important to the patients in their practices." She adds that broad-based efforts have also been helpful. "We send a detailed newsletter to community physicians outlining the scope of our research program and highlighting specific trials for their consideration." One major campaign to encourage referrals was carried out by

the research team at Michiana. "When we were enrolling patients in the STAR [Study of Tamoxifen and Raloxifene] trial, we sent notices to 900 referring physicians to help increase accrual," says Dr Zon. "This campaign resulted in more primary care physicians having knowledge of the trial and being more supportive to patients who wished to participate."

The award-winning practices have also used educational events to engage physicians in research. The CTPA recipients organize continuing medical education lectures and seminars, as well as informal lunch-time presentations, for physicians and their staff. These events provide an opportunity to emphasize the importance of clinical trial research and to encourage physicians to become involved in clinical trials by talking with their patients and making appropriate referrals.

The success of clinical trial research depends on myriad factors. Seeking input from other oncologists, specialists, and the medical community at large helps research teams increase accrual to trials and enables more physicians to become engaged in the process. The result is high-quality research and high-quality care for patients with cancer.

DOI: 10.1200/JOP.0734603

Reference

1. Choosing the right trials for your practice. *J Oncol Pract* 3:149-151, 2007

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