

Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard

Bioethics Collaborative | January 23, 2018

Enabling Informed Selection of Clinical Trials: Institution, Provider and Participant Responsibilities

Meeting Summary

The fifth meeting of the MRCT Center Bioethics Collaborative brought together 30 stakeholders from academia, government, industry, patient advocacy organizations, foundations and independent IRBs to examine **Enabling Informed Selection of Clinical Trials: Responsibilities of Institutions, Providers and Participants**.

Introduction:

As the pace of scientific discovery quickens, the number of clinical trials registered in the United States continues to grow. Realization of these trials' potential benefits will depend largely on successful recruitment of study participants. Significant obstacles to patient recruitment, however, persist. Insufficient recruitment can cause delays in the clinical trial process, early termination of trials, loss of statistical power, and inability to draw meaningful conclusions at trial completion.¹ Insufficient recruitment also has ethical implications for research participants,² as they have been exposed to the risks of research without many of its potential benefits. Barriers to clinical trial recruitment are well-studied and include a number of patient-, protocol-, and clinician-related factors, such as perceived complexity of enrollment, lack of resources, and mistrust between patients and providers.³

According to the Institute of Medicine (IOM), one of the most noteworthy obstacles to participation in clinical trials is physicians' and patients' lack of awareness of them.⁴ Currently, the main mechanism by which patients learn about potential clinical trials is through their primary care provider. Nonetheless, nearly three quarters of physicians have never discussed

¹ Mahon E, Roberts J, Furlong P, et al. Barriers to clinical trial recruitment and possible solutions: a stakeholder survey. *Applied Clinical Trials* 2015

² The ethical implications of trials that are terminated prematurely was the focus of the Second Meeting of the MRCT Center Bioethics Collaborative in January 2017.

³ Stein MA, Shaffer M, Echo-Hawk A, et al. Research START: a multimethod study of barriers and accelerators of recruiting research participants. *Clinical and Translational Science* 2015; 8(6): 647-654.

⁴ IOM (Institute of Medicine). 2012. *Public Engagement and Clinical Trials: New Models and Disruptive Technologies: Workshop Summary*. Washington, DC: The National Academies Press.

clinical trials with their patients.⁵ Studies show that physicians' hesitancy to discuss clinical trials with their patients is multi-factorial, including, but not limited to: limited time during clinical interactions;⁶ insufficient communication between investigative site staff, physicians, and nurses;⁷ perceived lack of experience, resources, infrastructure, and/or institutional support;⁸ and an inability to access clinical trial information relevant to their patients.⁹ With the rise of patient advocacy groups, disease advocacy organizations, and various clinical trial registries, the Internet has become a robust source of clinical research knowledge. However, these resources are highly fragmented by disease state and necessitate time and expertise to navigate. As a result, many patients have difficulty finding a trial that is "right" for them. Resolving this fragmentation of clinical trial resources and, at the same time, increasing the ability to navigate the available resources present an opportunity to reduce the barriers faced by participants and providers, thereby facilitating informed selection of clinical trials.

Meeting summary:

Following a general introduction, the wife of a cancer patient engaged in a discussion describing, in compelling detail, her husband's journey navigating the healthcare system after his diagnosis with an aggressive form of prostate cancer at a young age. The caregiver then highlighted the complexities of locating the right care team, seeking enrollment in a clinical trial, and weighing the risks and benefits of investigational treatments. The experience was both emotionally and financially strenuous for the couple. Group discussion highlighted, in part, the need for a system that effectively and efficiently assists patients and their caregivers in understanding, identifying, and selecting a clinical trial for which a patient may be eligible.

A member then summarized one pharmaceutical company's efforts to understand and improve the mechanisms by which people learn about, and eventually enroll in, clinical trials. Qualitative market research revealed that most American patients hear about clinical trials through their treating physicians, whereas European patients tend to obtain information through advertisements and online resources. The need for both clearer communication about the potential benefits of clinical trial enrollment and coordination of trial registries across institutions was highlighted. Visibility of available trials across geographic and institutional

⁵ National Poll for Clinical Research. Zogby Analytics on behalf of Research! America. July 2017.

<http://www.researchamerica.org/sites/default/files/July2017ClinicalResearchSurveyPressReleaseDeck.pdf>

⁶ Tufts Center for the Study of Drug Development. Poor physician and nurse engagement contributes to low patient recruitment rates. Jan 11, 2017.

⁷ Ibid.

⁸ Med Assoc 2008; 100(11): 1298-1303.

⁹ Rahman S, Majumder AA, Shaban SF. Physician participation in clinical research and trials: issues and approaches. *Advances in Medical Education and Practice* 2011; 2: 85-93.

boundaries is important, since patients may prefer certain trials over others (e.g. novel therapies that are high risk but high reward versus low risk but low risk of cure) and for patients, institutional affiliation should not necessarily dictate individual choice.¹⁰ Further, knowledge of competing trials beyond one institution would allow treating physicians to recommend suitable clinical trials to their patients and would be important for both site investigators and IRBs in their determination of potential enrollment goals. Careful

The importance of patient and community engagement in clinical trial design was emphasized. Methods to formalize the process of recruitment, engagement, and retention in clinical research in a manner that can be replicated, tested, and scaled were discussed. A call to close the knowledge gap that exists in communities was made, to start from “step 0,” by designing clinical trials that are responsive to the needs of communities, and by communicating the potential benefits of enrollment in plain language. The continuous need for caution with regard to therapeutic misconception was also discussed, underscoring that clinical trials are research – not treatment– even if participation holds the potential to benefit an individual. Thus, any further approach for better connecting participants and clinical trials should be designed and operated accordingly.

Results from the [2017 CISCRP Perceptions & Insights study](#) reiterated patients’ perceived barriers to clinical trial identification and enrollment, including lack of knowledge about the clinical trial pathway, difficulty understanding the aims of specific studies, and confusion about site locations. Further, survey participants, while recognizing the value of clinical research, were unaware of opportunities that were directly available to them. Patient awareness of clinical trials, connectivity of patients with peers and resources, and setting realistic expectations for patients about the goals of clinical research were emphasized.

Patient advocacy groups and foundations assist in raising awareness of clinical trials, leveraging existing communication channels (e.g. social media, the Internet) and creating online tools that match patients to trials for which they are eligible. Some (e.g. Fox Trial Finder) use electronic medical record data (e.g. demographics, health data points, geographic location), easing the burden of searching for and locating relevant clinical trials and offering an automaticity that many patients find empowering. In support of disease-specific clinical trial resources is the argument that each disease has its “own ecosystem,” not only in terms of methods of patient engagement but importantly by defining the appropriate time within a patient’s journey to consider clinical trial enrollment, a time that may vary by disease state.

¹⁰ Medical insurance issues and costs were beyond the scope of this discussion.

Artificial intelligence (AI) and real world data can be leveraged to simplify the process of identifying suitable clinical trials. For example, the electronic medical record (EMR) can be engineered to present available and appropriate clinical trials so that physicians can easily see the trials for which their patients are eligible. This technology has been prototyped and will no doubt be optimized in the future.

Potential future work

Participants of the MRCT Center Bioethics Collaborative discussed potential solutions to the current, fragmented landscape of clinical trial resources, particularly those relevant to providing informed selection of study participation. With the goal of enabling clinical trial participation, attendees recognized the importance of:

- Harmonizing the often disparate, and at times inaccurate, information about clinical research
- A concerted effort in education, communication, and outreach to communities to further clinical research
- A needed shift in the intersection of clinical care and clinical research, to include:
 - the potential to allow patients to be contacted directly about potential clinical trials, and not only through their health care provider
 - “opt out” approaches to information rather than “opt in”
 - the creation of an institutional resource tentatively called a Clinical Trials Navigator—a member of the care team whose sole role is to guide patients through the clinical trials ecosystem
- Clarification of the role of IRBs in reviewing recruitment plans, information and access
- A better understanding of insurance coverage for clinical trial participation

A comprehensive commentary highlighting the challenges of harmonizing clinical trial resources and enhancing informed selection of clinical trials was proposed.

The MRCT Center is grateful to the participants of the Bioethics Collaborative for the productive dialogue and for their commitment to enable informed participant selection of clinical trials.