



## **Barriers to Participation in Cancer Clinical Trials in New Hampshire**

Prepared For:

New Hampshire Comprehensive Cancer Collaboration

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ABSTRACT

The purpose of this investigation was to describe the barriers to oncology clinical trial enrollment that currently exists in the state of New Hampshire. The Barriers to Clinical Trial Enrollment Survey was developed from the literature and from the preliminary discussion of the NHCCC Treatment & Survivorship Workgroup/ Clinical Trials Subcommittee. A list of potential items was generated and divided into the following three domains: patient related barriers, protocol related barriers, and healthcare provider barriers.

Thirty - two facilities that provide cancer care in the state of New Hampshire were identified by the NHCCC and the investigator. An invitation to participate in the study was sent to a contact person at each facility followed by an e-mail with a link to the online survey. Ten completed surveys (31%) were returned to the investigator and included in the final analysis.

A majority of the individuals responding to the survey identified themselves as Clinical Research Coordinators. The sample was predominantly made up of hospitals with less than 250 beds or oncology clinics. All but one of the participants reported that they conducted clinical trials on site and referred patients to other facilities for clinical trials when necessary. The three most common types of clinical trials conducted by the sample were treatment clinical trials, collaborative group trials, and industry sponsored trial. The three most commonly reported disease specific trials were breast cancer trials, colorectal trials and “other” clinical trials. The average number of clinical trials open to accrual was 137.9 and 28.6 trials were closed. There was an average of 59.5 patients receiving clinical trial treatment and 107.5 patients receiving follow – up treatment. Three facilities reported that estimated number of enrollments in oncology clinical trials had decreased from 2006 to 2007.

A majority of the sample considered 22 of the 33 items in the survey to be a barrier to enrolling patients onto oncology clinical trials (rated as either somewhat or a significant barrier). One item, “physicians lack time to meet the complex requirements of clinical trial participation”, was rated a significant barrier to clinical trial enrollment by 50% of the sample. Additional items considered a significant barrier by a majority of the sample include: inadequate financial resources to manage clinical trials at our facility, the lack of public awareness about cancer clinical research and advances in treatment that are available and lack of administrative support to assist with paperwork. One item, “available protocols have rigid inclusion and exclusion criteria”, was considered to be a barrier by the entire sample.

Clinical trials of new cancer therapies are a necessary step in the process of translating scientific discovery and technical advancement into treatments that may offer oncology patients the prospect of a better life. The results of this investigation indicate that for the facilities in this sample the process of enrolling patients onto oncology clinical trials is a complex process influenced by many barriers. Four barriers to enrollment were identified as being significant by this sample: the rigidity of protocols, lack of communication, lack of education about the value and purpose of clinical trials and lack of support for the conduct of clinical trials.