

2019

COMPPARE

WORKSHOP



JOHNS HOPKINS
M E D I C I N E

RADIATION ONCOLOGY &
MOLECULAR RADIATION SCIENCES

Generalizability and Reaching all Men

Clinical Panel #3 with Q&A: Meeting Recruitment & Retention Challenges

COMPPARE ACTIVATION WORKSHOP:

RECRUITMENT, RETENTION, AND MAXIMIZING THE VALUE OF COMPPARE

March 24, 2019

Amelia Island, Florida

Curtiland Deville, MD

Associate Professor of Radiation Oncology and
Molecular Radiation Sciences, Johns Hopkins
University School of Medicine
Clinical Director, Sibley Radiation Oncology and
National Proton Therapy Center

Background

- Health disparities and inequities exist in the use of radiation therapy for prostate cancer:
 - Diagnostic/Staging work-up
 - Treatment Delay, Omission, and Type
 - Clinical outcomes
 - EXCEPT prospective Clinical Trials where equivalent and sometime better outcomes have been noted for certain demographic groups

What About Clinical Trials?



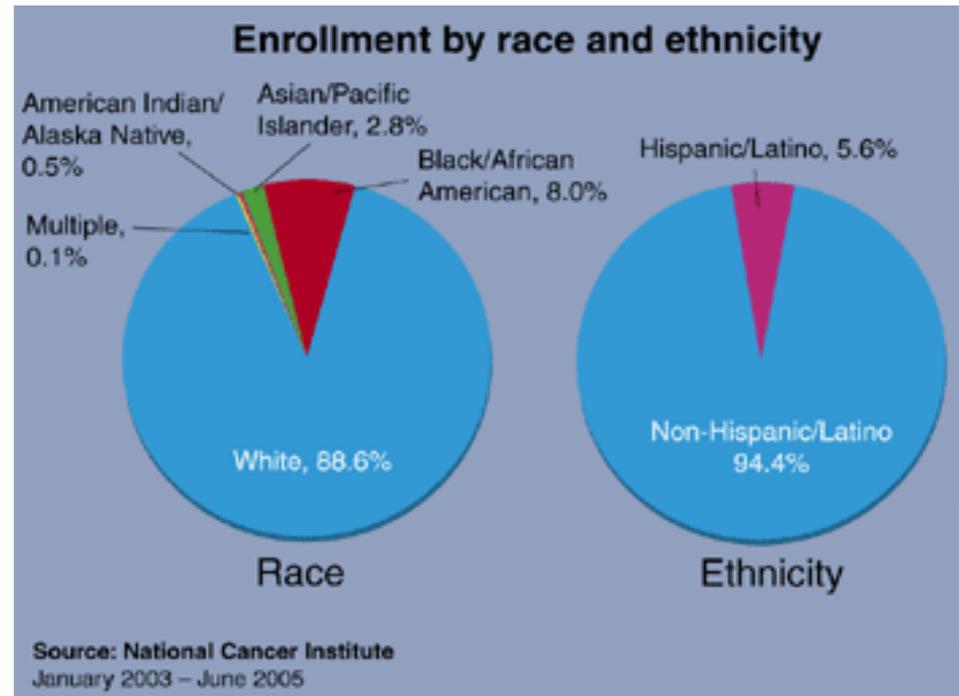
**Clinical trials may be the only opportunity
for patients to access new treatments**

Statistics about Clinical Trial Enrollment

- 2% of the US population gets involved with clinical research trials each year
- Among people who suffer from severe, chronic illnesses, only 6% participate.
- 44% of people find out about studies through the media
- 14% gain the information from their physicians

Low Minority Participation

- Minorities are less likely to enroll in studies
- <5% of participants in Breast and Prostate Cancer prevention trials were minority
- 1996-2002 annual # of trial participants increased from 8,000-12,000 but minority participation decreased.



Murthy, 2004

Screening for Prostate Cancer in African American Men?

- The USPSTF searched for evidence about the potential benefits and harms of PSA-based screening for prostate cancer in African American men.
 - PLCO trial enrolled **4% African American men**, which is **not enough to determine whether the overall trial results differed for African American men.**
 - ERSPC trial did not record or report any race-specific subgroup information. The low proportion of **persons of African descent** in European countries during the study period makes it likely that **these groups were not well represented.**

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Archived Final Recommendation Statement

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Prostate Cancer: Screening

Originally published on: December 30, 2013

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Archived: Recommendation Summary		
Population	Recommendation	Grade (What's This?)
Men	The U.S. Preventive Services Task Force (USPSTF) recommends against prostate-specific antigen (PSA)-based screening for prostate cancer.	D

“it is problematic to selectively recommend PSA-based screening for black men in the absence of data that support a more favorable balance of risks and benefits.

A higher incidence of cancer will result in more diagnoses and treatments, but the increase may not be accompanied by a larger absolute reduction in mortality.”

Screening for Prostate Cancer

US Preventive Services Task Force Recommendation Statement

US Preventive Services Task Force

Screening for Prostate Cancer in African American Men?

- Although it is possible that screening may offer greater benefits for African American men compared with the general population, currently no direct evidence demonstrates whether this is true.
- reasonable for clinicians to inform African American men about their increased risk of developing and dying of prostate cancer as well as the potential benefits and harms of screening so they can make an informed, personal decision about whether to be screened.

Barriers to Participation

- Lack of awareness of clinical trials
- Ineligibility (comorbidities)
- Fear, distrust, or suspicions of research
- Practical or personal obstacles
 - Work/Transportation
- Insurance or cost problems

Barriers to Participation

- Demands of the study
 - Time/Finances
- Preference for a particular treatment
- Concerns about side effects
- Comfort level with physician
- Loss of privacy
- Portrayal as guinea pig

Barriers Unique to Underserved Populations

- Lack of cultural sensitivity in communications
- Lack of resources to treat the uninsured or underinsured
- Language and literacy



THE LATINO HEALTH INSURANCE PROGRAM, Inc
"Helping minorities get access to medical care and food in Massachusetts"

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Latino Health Insurance Program is Celebrating 10 Years in Helping Communities!



The Latino Health Insurance Program is an intervention designed to respond to the causes of Latinos in MA being uninsured and under-insured. It aims to address the obstacles that impede Latino residents from applying for medical coverage, most notably lack of information and working for employers who do not sponsor health insurance.



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Perceptions of Cancer Care and Clinical Trials in the Black Community: Implications for Care Coordination Between Oncology and Primary Care Teams



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» Abstract

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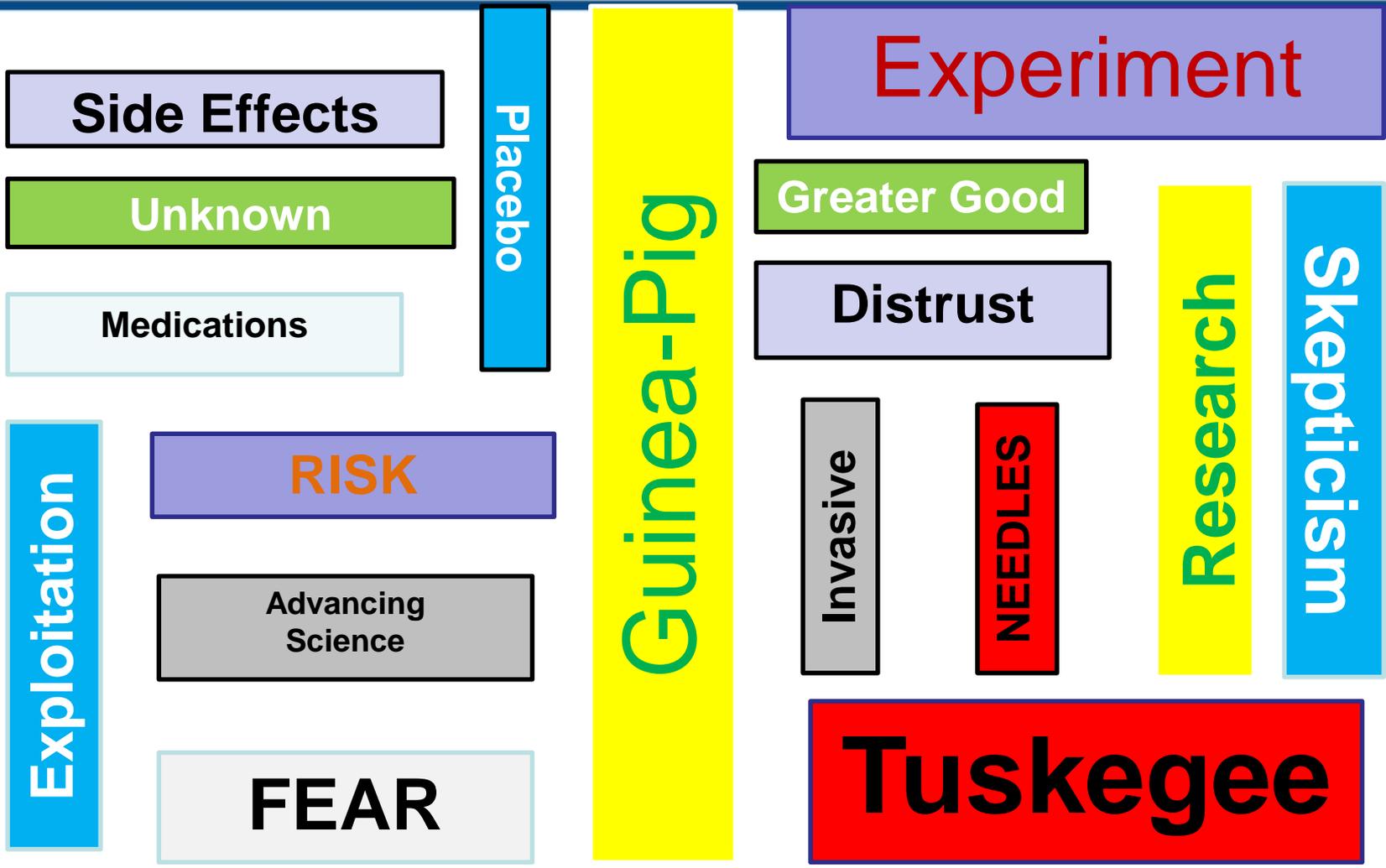
Conference Perspectives

Discussions with Don S. Dizon

The Oncologist in Europe

Future Tables of Content

What comes to mind when you hear the words... “clinical trials”



Findings

Perceptions of Cancer Care and Clinical Trials in the Black Community: Implications for Care Coordination Between Oncology and Primary Care Teams [↗](#)

Linda Sprague Martinez^{a,b}, Elmer R. Freeman^b and Karen M. Winkfield

- People are familiar with research but don't have a full understanding of the goals of cancer clinical trials.
- Trust in hospital-based doctors is low.
 - Providers may not recognize diversity in the Black community.
 - Institutionalized racism needs to be addressed.
- Community health center providers are connected to the community.
- There is no centralized way to get information about clinical trials to health center providers.

Effective Recruitment and Retention of Minority Research Participants

- 1) Community engagement
- 2) Cultural adaptations (of study and marketing materials)
- 3) Oversampling - sampling approach/ identification of targeted participants
- 4) Incentives and logistical issues

Community Engagement



Community engagement is the art of creating partnerships through the exchange of information and expertise that will empower and strengthen both the internal and the external community

~Nikki Rineer, President, Holleran

Community Engagement

The Abramson Cancer Center's Office of Diversity

The Abramson Cancer Center joined CityLights Network and American Cancer Society at the Ezekiel Baptist Church in southwest Philadelphia for a free community education program about prostate and breast cancer.

Right: Carey Davis, director of CityLights Network, Tom Henry, Brenda Bryant, senior research / outreach coordinator for the ACC Office of Diversity, Curtiland Deville, Jr., MD radiation oncologist and Carmen Guerra, MD, Penn physician.



The Abramson Cancer Center Office of Diversity was established in 2013 by the former Abramson Cancer Center director, Dr. Chi Van Dang. The Abramson Cancer Center Office of Diversity supports the Abramson Cancer Center's mission, vision and values by promoting diversity and inclusion as an integral part of the Center's goals to understand, prevent, treat and cure cancer.

The Abramson Cancer Center's Office of Diversity supports initiatives like the Minority Cancer Health Awareness Week seeking to raise the awareness of cancer health disparities.

Be sure to subscribe to our blog to learn more about cancer disparities research happening at Penn.

Cultural adaptations

- Materials adequately reflecting diversity

We are committed to conquering cancer



Let us know how we can partner!

- ▶ Health fairs
- ▶ Cancer education sessions
- ▶ Staff/faculty training
- ▶ Research support
- ▶ Cancer clinical trials

To learn more about the Office of Cancer Health Equity or to schedule an education/training session, call **336-713-3665** or email canceroquity@wakehealth.edu.

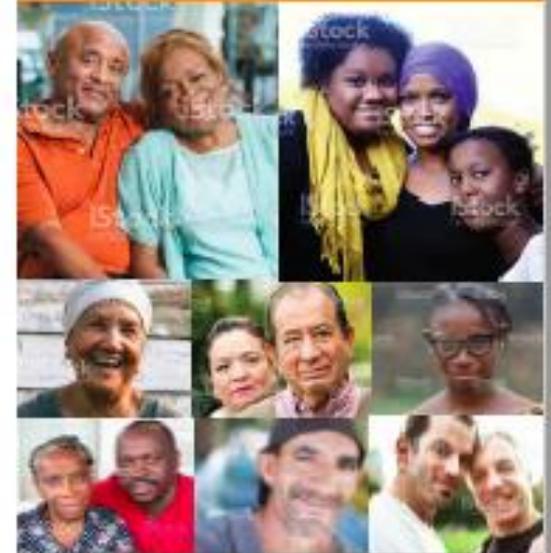

Wake Forest*
Baptist Health



Comprehensive Cancer Center

Office of Cancer Health Equity
 Medical Center Boulevard
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Office of
**CANCER HEALTH
 EQUITY**




Wake Forest*
Baptist Health

A Mission to Cure. A Mission to Cure.

Effective Recruitment and Retention of Minority Research Participants

- 1) Community engagement
- 2) Cultural adaptations (of study and marketing materials)
- 3) **Oversampling** - sampling approach/ identification of targeted participants
- 4) **Incentives and logistical issues**