

Evaluating Barriers to Clinical Trial Enrollment in Head and Neck Surgical Oncology

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Introduction

- Referral patterns often bring head and neck cancer patients into surgical oncology offices
- Clinical trials are an important priority within otolaryngology cancer centers and busy surgical practices can often pose barriers to identification and enrollment of patients
- It has been reported that fewer than one in 20 adult patients with cancer enroll in cancer clinical trials [1]
- It has also been reported that more than 20% of US clinical trials fail to accrue sufficiently [2]
- To increase clinical trial enrollment within our surgery oncology clinic, we seek to determine the barriers to patients and providers when it comes to offering and accepting enrollment

Objective: To determine the barriers to clinical trial enrollment for both head and neck oncology surgeons and patients

Methods

Inclusion Criteria: New patients with a diagnosis of head and neck cancer

- These were matched with eight current head and neck oncology clinical trials at a tertiary academic institution between August 2020 to April 2021

Study Design: Prospective observational study

- Epic EMR SmartPhrase was utilized to collect data on whether a trial was offered or not and why, if the patient declined enrollment, reasons why, and wait time to see the provider

Table 1: Clinical Trial Enrollment SmartPhrase

Clinical trial discussion is relevant to this patient encounter?	Yes
Was the patient offered a clinical trial?	No
Was the patient offered a clinical trial?	Yes: Patient agreed to enroll Patient agreed to surgeon but declined to clinical trial staff Patient to make decision at future appointment Yes, but patient declined
	No: Discussed trial, trial to be offered after surgery Biopsy ordered/results pending, trial TBD Patient not eligible for open trials at Jefferson Trial not appropriate treatment Poor performance status Poor clinical picture No trial available for patient's cancer No cancer diagnosis Provider overlooked offering
Which trial was offered?	List of all trials offered at our institution
Patient declined due to:	Time commitment
	Distance
	Wait time
	Concerns about clinical trial involvement
	Concern regarding perceived delays in treatment
	Generally uninterested

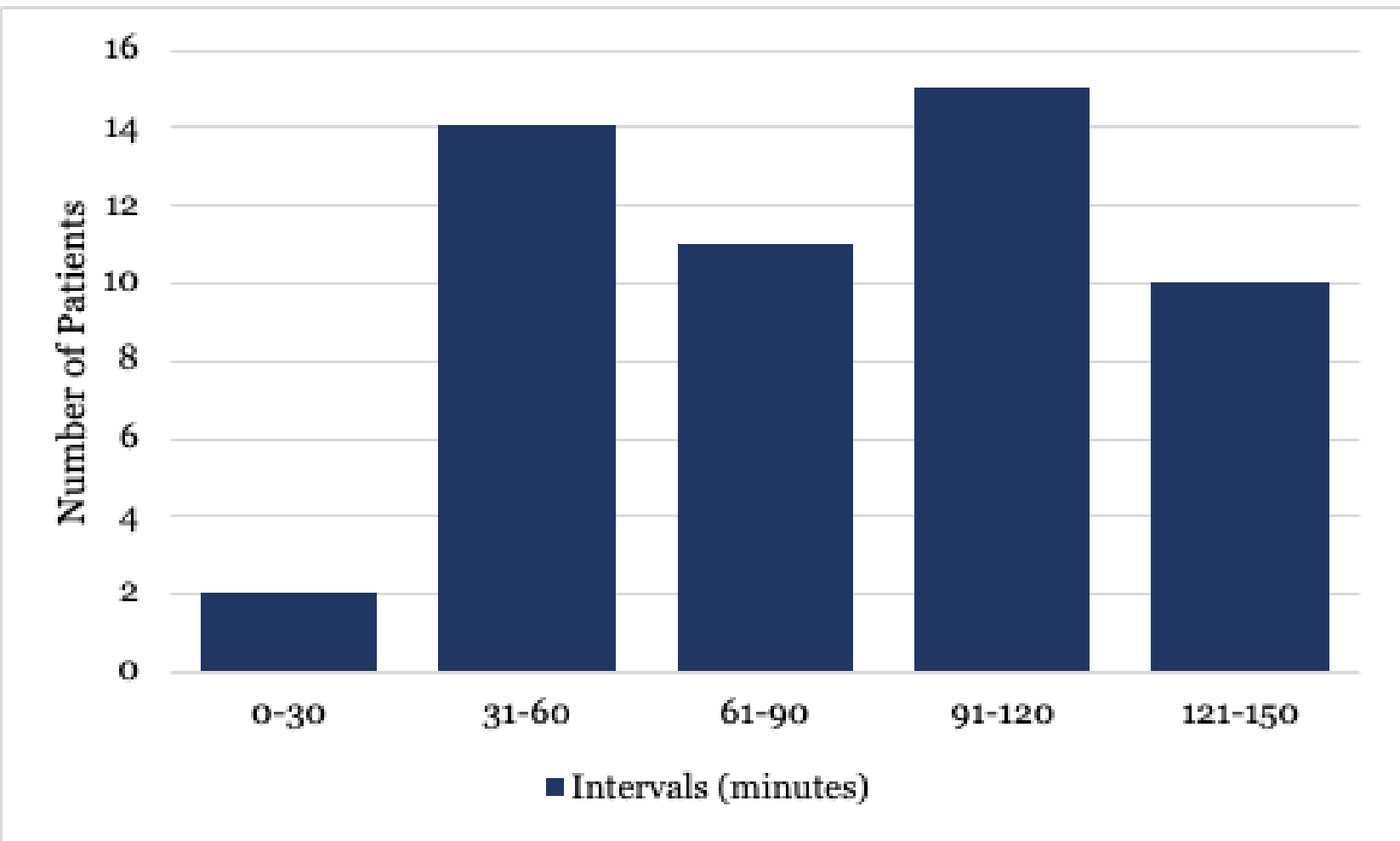
Results

- From September 23, 2020 to April 9, 2021, our clinic saw 145 new head and neck cancer patients that met inclusion criteria
- The SmartPhrase was utilized in the provider EMR notes with 97 (66.9%) patients

Table 2: SmartPhrase Results

SmartPhrase Prompt	N (%)
Was the patient offered a clinical trial?	97 (100%)
Yes:	
Patient agreed to enroll	14 (14.4%)
Patient agreed to surgeon but declined to clinical trial staff	0 (0%)
Patient to make decision at future appointment	6 (6.2%)
Yes, but patient declined	17 (17.5%)
Discussed trial, trial to be offered after surgery	2 (2.1%)
Biopsy ordered/results pending, trial TBD	16 (16.5%)
No:	
Patient not eligible for open trials at Jefferson	2 (2.1%)
Trial not appropriate treatment	12 (12.4%)
Poor performance status	1 (1.0%)
Poor clinical picture	1 (1.0%)
No trial available for patient's cancer	4 (4.1%)
No cancer diagnosis	1 (1.0%)
Provider overlooked offering	21 (21.6%)
Patient declined due to:	15 (15.5%)
Time commitment	0 (0%)
Distance	1 (6.7%)
Wait time	2 (13.3%)
Concerns about clinical trial involvement	5 (33.3%)
Concern regarding perceived delays in treatment	2 (13.3%)
Generally uninterested	6 (40%)

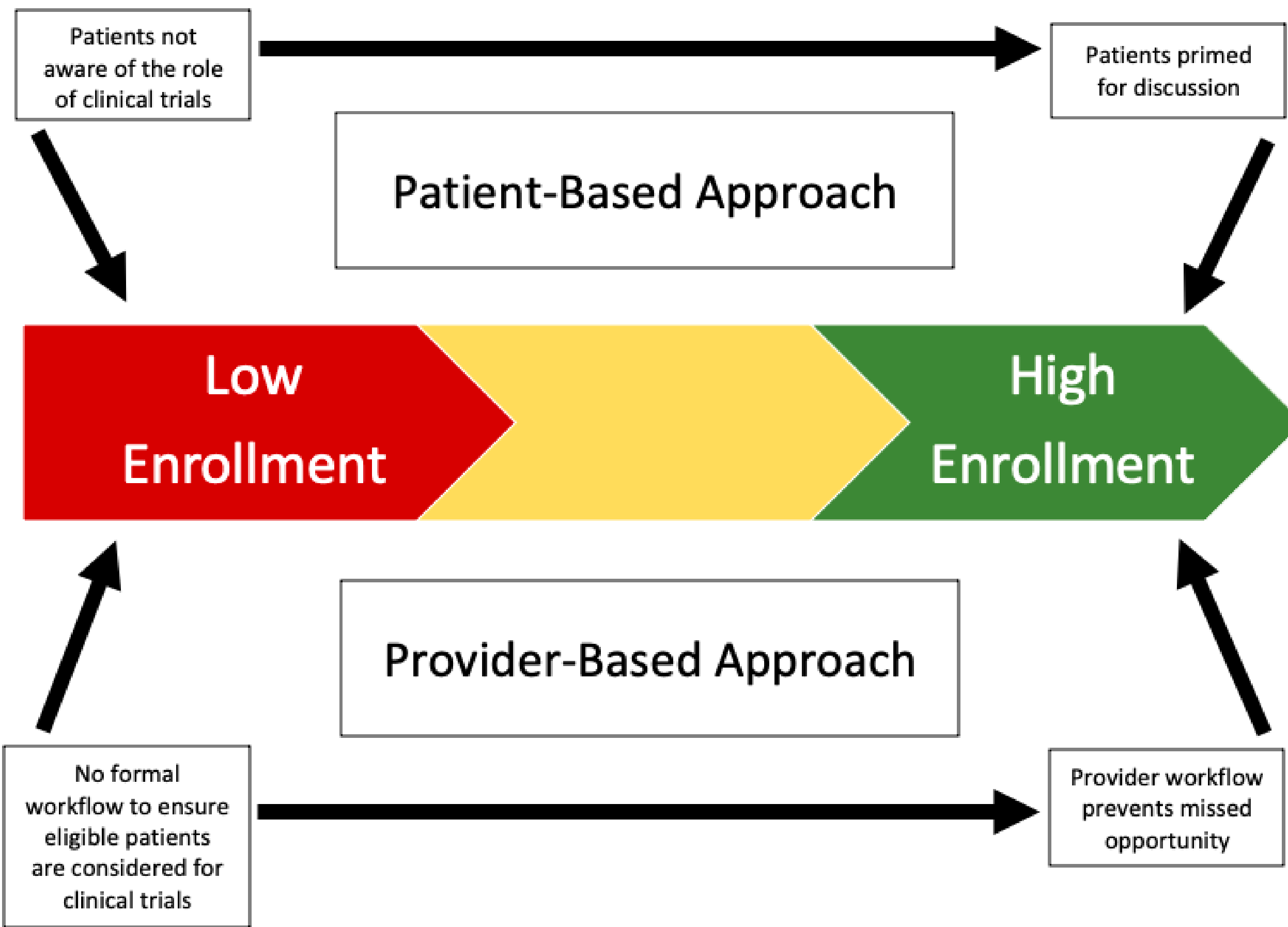
Figure 1: Wait Time Intervals



Wait time Results

- For those patients where the SmartPhrase was utilized:
 - Average wait time: 85 minutes

Discussion



Conclusion

- Utilization of a SmartPhrase prompts clinicians to enroll patients and gather information on why patients decline
- This systematic method to identify patients with newly diagnosed head and neck cancer allowed us to determine common barriers for both providers and patients that prevented clinical trial enrollment

References

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