

Transforming In-Person Research Procedures to a Virtual Platform During the COVID-19 Pandemic for Newly Diagnosed Acute Myeloid Leukemia Patients



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Purpose

To determine whether remote consenting and quality of life (QOL) data collection were feasible during COVID-19 pandemic for non-therapeutic research.

Background

- In-person research accrual failures result in 19% of trials being closed.¹
- Researchers need novel methods for delivering research to meet accrual goals.
- Acceptance of mobile device use and video chat use for research has been noted which may improve the social, financial and mobility limitations posed by in-person research.²
- Moffitt Cancer Center (MCC) temporarily halted in-person research due to the COVID-19 pandemic for non-therapeutic research.
- Our team developed virtual platform processes and procedures for remote recruitment and collection of QOL data.

Materials & Methods

- Patients 60 years of age and older with newly diagnosed acute myeloid leukemia (AML) were recruited from MCC.
- Assessments included QOL questionnaires.

Remote Transformation Occurred in 3 Phases

Phase 1

Designed the remote delivery options (Zoom and telephone), patient contact procedures and submission for IRB approval.

Phase 2

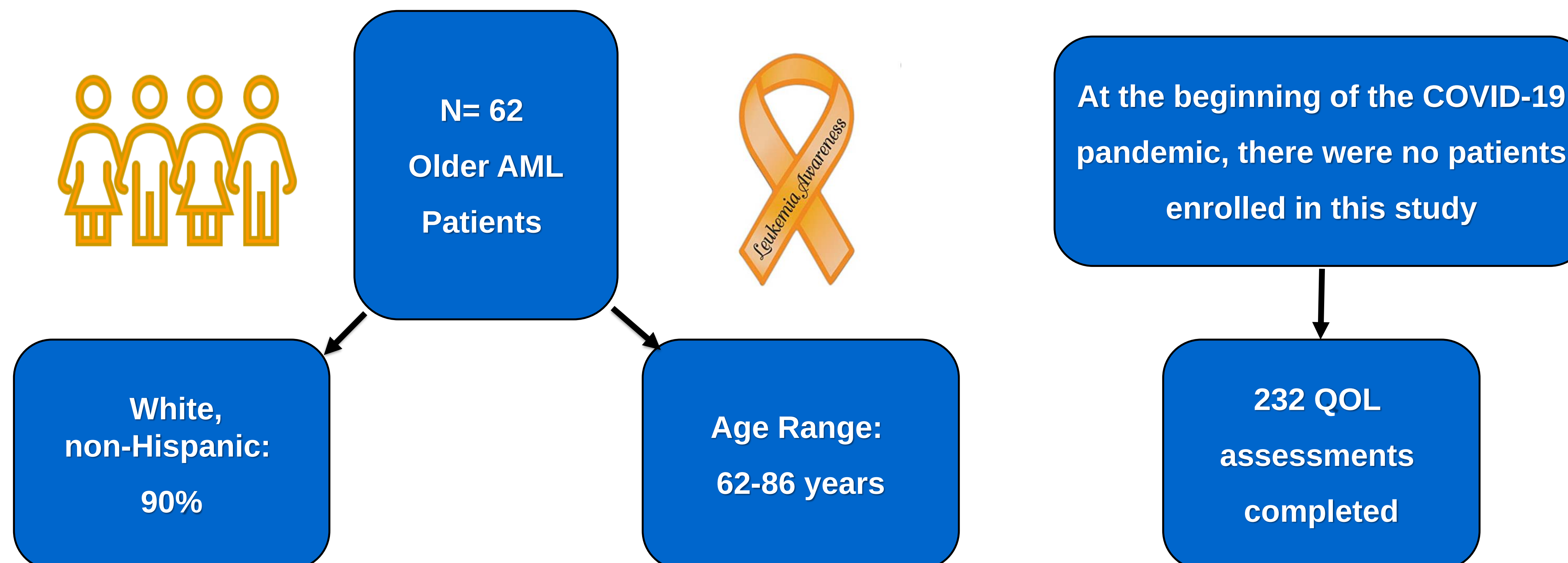
Identified and began scheduling patients who met the inclusion criteria.



Phase 3

Patients consented virtually and completed baseline questionnaire with research staff.

Results



Summary

- Virtual consenting and administration of QOL questionnaires proved feasible for observational studies.
- Refined research teams skills for including patients who decided to receive treatment locally.
- Allowed research for non-therapeutic trials to continue, with slight delay during the transformation phase.

Discussion

Patients accepted the limitation posed during the COVID-19 for face to face, personal contact by research staff.

Transitioned methods of delivery of information to the virtual space and adapted to the evolving international crisis.

Research staff encounters with patients provided remote contact with healthcare staff for assistance when needed.

References

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2. Hansen WB, Scheier LM Specialized Smartphone Intervention Apps: Review of 2014 to 2018 NIH Funded Grants *JMIR Mhealth Uhealth* 2019;7(7):e14655doi: 10.2196/14655