

## Increasing Colleague Interest and Involvement in Clinical Trials

Since 2003, the ASCO Cancer Foundation, the philanthropic affiliate of ASCO, has awarded the Clinical Trials Participation Award (CTPA) to community oncology practices for their efforts to improve the care of patients with cancer through participation in clinical trials. *Journal of Oncology Practice* has developed a series of articles highlighting these award-winning practices and providing insight into what makes them successful. For this article, selected 2008 CTPA winners were asked to provide examples of how they encourage the interest and involvement of their practice colleagues in clinical trials.

### Southern California Kaiser Permanente Oncology Research Program

The Southern California Permanente Medical Group (Pasadena, CA) includes 4,000 physicians, approximately 70 of whom are oncologists. These physicians contract with the non-profit Kaiser Foundation Health Plan to provide oncology care for its 3.2 million members in southern California. According to Jonathan Polikoff, MD, there are 10 satellite sites for the research program, and each has its own principal investigator (PI), dedicated research nurse, and research assistant. Each sub-investigator receives a monthly update as well as weekly trial highlights. Available protocols and open studies are accessible through a Web site. In addition, there are bulletin boards near the physicians' offices on which trial information is posted by organ system.

"We have been able to instill in investigators that doing clinical trials is part of standard oncology practice," says Polikoff, noting that about two thirds of the oncologists are active in clinical trials. "I try to keep trials open for all common malignancies. Some of the biggest accruals are for adjuvant trials. The only way to progress is to open good studies and accrue to get the answer of how to treat patients best."

Polikoff does not target researchers individually, but he does target lower-accruing sites by visiting them and conducting protocol reviews during lunch meetings. He tries to identify any roadblocks to enrollment and emphasizes that conducting studies does not add to the workload once patients are enrolled. Although he sometimes conducts protocol reviews by teleconference, Polikoff meets with each site PI in person every other month. "It's a good opportunity to talk to the sub-investigators," he says. "An important part of what I do is to let the investigators know what the study results are and when our practice has been a major player in a particular study. It's good for morale. For example, we were among the top recruiting sites for the NSABP (National Surgical Adjuvant Breast and Bowel Project) B30 trial. We also send our investigators to meetings, for example, NSABP and Cancer and Leukemia Group B meetings."

### Texas Oncology-Baylor Charles A. Sammons Cancer Center

The Texas Oncology-Baylor Charles A. Sammons Cancer Center (Dallas, TX) participates in oncology research primarily through the US Oncology Research network. Joanne Blum, MD, PhD, FACP, is director of the Hereditary Cancer Risk Program and US Oncology research site leader at the center. She points out that many of the physicians at the center are leaders in US Oncology disease-specific committees, and many play major roles in clinical trial development. She calls communication the number-one issue. Regular conference calls are held to inform members about trials, and a computer-based system allows everyone in the practice to learn when trials are initiated and open. Marnie Fisher, RN, CCRC, manager of Sammons/Texas Oncology Research, notes that all protocols are posted on the center's Web site and that physicians in the practice communicate well within the network and are good about referring patients to clinical trials. "The great thing about our clinical trial management system is that all physicians have access; even those not involved in research can refer patients," she observes. "Going forward, we are going to an electronic medical record system so that we will be able to alert physicians about the potential trials every patient might be eligible for."

Fisher attends monthly physician education meetings on protocols as well as meetings of the bone marrow transplantation and hematology groups to promote accrual to more trials. She also has sessions twice a month to train the infusion and pharmacy staff to make them aware of protocols and promote an integrated team approach to clinical research. Blum says, "I think we have a good system in place to get the word out about trials. We will be starting construction this year of a new cancer center. We needed something new and different to reflect the breadth and size of our research program." When the center is completed in 2010, it will accommodate both inpatient and outpatient oncology practices and provide facilities for the clinical research program. It will also house a separate phase I infusion center, laboratory, and conference center for educational forums.

### Cancer Consultants of Nevada

Cancer Consultants of Nevada (Las Vegas, NV) is a small practice that participates in cooperative group phase II and III trials and some pharmaceutical company-sponsored trials. "The standard of care is always a clinical trial," says John Ellerton, MD. "The ethical treatment is to offer a clinical trial." As PI of a community clinical oncology program, he says his practice has the broadest possible range of trials available. Lists of available trials are posted in all the examination rooms, the laboratory, and the pharmacy and are updated monthly. However, he observes that practitioners are at the mercy of the National Cancer

Institute and pharmaceutical companies, because there are often no studies for many patients because of particular eligibility requirements. He notes that there are many barriers to accrual in his practice; some are unique, but most are common to all practices that participate in trials. Accrual is only successful if the physician is committed to clinical trials and is aware of the trials that are available. This requires remembering the protocols, and the diseases for which protocols exist, as well as making time in a busy practice to focus on enrolling patients onto studies.

Ellerton sees a general lack of familiarity in the patient community with the concept of clinical trials as a barrier to participation and finds that referring physicians and surgeons may discourage their patients from participating in trials. He says it is important to set an example regarding the importance of clinical trials and maintain as a goal enrolling all eligible patients

on protocols. In this practice, a clinical research associate or nurse reviews all new patients with the physicians and staff, identifying those who might be candidates for protocols, including cancer control protocols. These professionals also introduce patients to protocols and review consent forms with patients. "As part of our practice, we recruit from the county hospital and care for those patients who are on protocol. As a result of the effort at the county hospital, 6% of minority cancer patients in the catchment area are on clinical trials."

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