



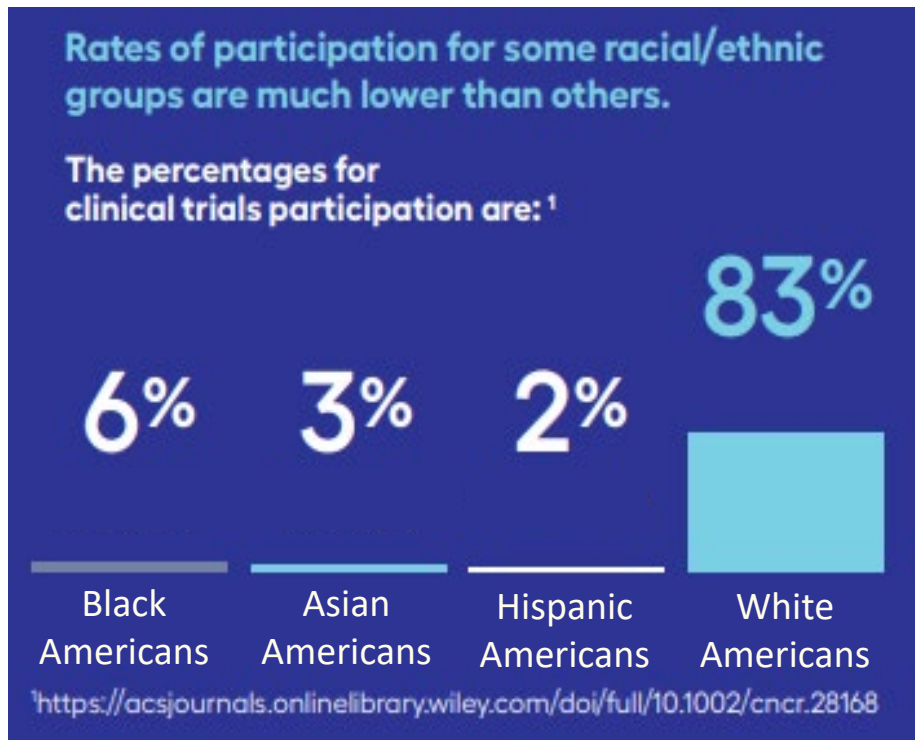
NATIONAL LUNG CANCER ROUNDTABLE

**STUDYING TRIAL DETERMINANTS OF SUCCESS (STRIDES):
UNDERSTANDING BARRIERS AND FACILITATORS
TO CLINICAL TRIAL ACCRUAL AMONG
PATIENTS WITH LUNG CANCER IN THE DEEP SOUTH**

Andrew Ciupek, PhD



Underrepresentation in Clinical Trials Remains an Issue



Only 6% to 8% of people with lung cancer participate in clinical trials²

In trials leading to immunotherapy approvals only 4% of participants were black³

A Multi-Disciplinary, Team-Based Approach

GO2 Foundation for Lung Cancer



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Initial Development of Culturally Relevant Educational Resources

Clinical Trial Mythbusters
Let us clear up some myths you may have heard about clinical trials.

MYTH #1	MYTH #2	MYTH #3
“They don’t know anything about the treatments we are testing.”	“They won’t give us treatment if we sign up.”	“I better do this if I want my doctor to continue treating me.”
FACT We already have information about the treatment and how it works.	FACT You may get the newest treatments early and you still get good care and treatment during a trial.	FACT It is up to you if you want to do a clinical trial or not. Even if you start doing a trial you can stop doing it at any time you want.

Representation Matters!
Clinical trials can help anyone but did you know everyone is not equally represented?

Rates of participation for some racial/ethnic groups are much lower than others.

The percentages for clinical trials participation are:¹

6% for African Americans	3% for Asian Americans	2% for Hispanics	83% for Caucasians
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Clinical Trials

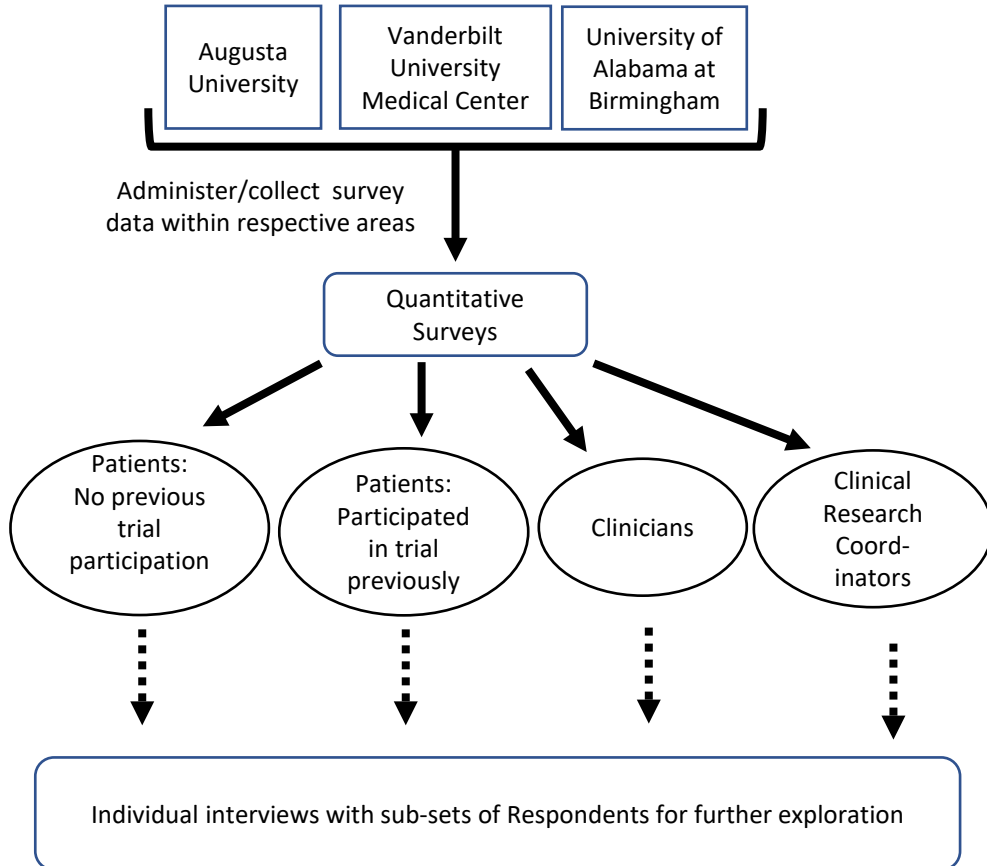
GO2 FOUNDATION FOR LUNG CANCER
Empower Everyone. Inspire No One.

<https://accjournal.oxfordjournals.org/doi/full/10.1002/clin.20168>

Treatments work differently in people. It is important to understand how ALL people respond to them. So, representation from ALL people is vitally important.

- Initial development with Office of Community Outreach and Engagement at University of Alabama at Birmingham
- Pilot distribution at Cancer Center and Birmingham VA
- Materials available now for broader distribution

A Mixed-Methods Approach with Multi-Level Interventions



Patients

- Validated Scales: medical mistrust, fatalism, discrimination, cultural concordance, trials knowledge
- Experiences with trials, patient/doctor communication, educational preferences

Clinicians/Coordinators

- Clinical trials recruitment workflow, diverse recruitment efforts /barriers
- Training/resource preferences

Grounding in Community Feedback

Design of study items incorporated community member feedback sessions

Advisory sessions have already identified initial themes of importance

- Importance of caregivers in trial decision process
- Difficult attribution of experiences in medical system
- Comfort with self-advocating
- Trial logistics and timing as barriers

STRIDES Project Plan

Project Phase 1

Data gathering through surveys followed by in-depth interviews
Quantitative and qualitative data analysis to identify targeted interventions

Project Phase 2

Pilot selected interventions with health systems of STRIDES team members
Initial focus on educational interventions: patient resources and clinician/staff training/guides

Future Phases: Expansion of Interventions and Dissemination