Recruiting Participants to Cancer Prevention Clinical Trials: Lessons From Successful Community Oncology Networks

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Purpose/Objectives: To describe the organizational designs and task environments of community oncology networks with high accrual rates to cancer prevention clinical trials.

Design: Replicated case study design; structural contingency theory.

Setting: Local Community Clinical Oncology Programs (CCOPs) funded by the National Cancer Institute to test preventive and therapeutic interventions in community settings.

Sample: Primary sample: oncology professionals affiliated with four CCOPs ranking among the top 10 in earned cancer control accrual credits in fiscal years 1999–2003. Secondary sample: oncology professionals affiliated with three CCOPs ranking among the top 10 three to four times during the study period. A total of 63 people participated in the interviews.

Methods: Primary sample: on-site interviews with CCOP investigators, clinical research staff, and nononcology physicians. Secondary sample: telephone interviews with each CCOP's nurse administrator and at least one prevention research nurse.

Main Research Variables: Staffing patterns, organizational processes, recruitment strategies, and environmental characteristics.

Findings: All of the CCOPs employed dedicated prevention research staff. Recruitment through media publicity, mass mailings, or group information sessions worked best when prevention trials had flexible eligibility requirements and evaluated interventions with few health risks. Prevention trials evaluating agents with known toxicities in high-risk populations required more targeted recruitment through cancer screening programs, physician referral networks, and one-on-one discussions with protocol candidates.

Conclusions: High-performing CCOPs configured their structures, processes, and recruitment strategies to fit with accrual goals. They also benefited from stable and supportive task environments.

Implications for Nursing: Nurse-coordinated research networks have great potential to generate new knowledge about cancer prevention that can reduce cancer incidence and mortality significantly.

Key Points . . .

➤ All of the high-performing Community Clinical Oncology Programs (CCOPs) have established clear criteria for deciding which cancer prevention protocols are most feasible for implementation in their communities.

➤ Many high-performing CCOPs have assigned RNs to prevention trials to gain flexibility in task assignments and to prepare for future molecular studies of cancer risk and targeted prevention that are likely to require nursing expertise.

➤ Most of the high-performing CCOPs have sought and received grants from local entities to help cover participant recruitment expenses.

➤ Varied recruitment strategies are needed to achieve and sustain high levels of prevention trial participation.

Major advances in the molecular study of neoplasia, cancer risk assessments, and molecular-targeted drug development have established cancer prevention as an exceptionally promising area for scientific investigation and clinical practice (Lippman & Levin, 2005). Although expanded treatment options and improved medical management are helping patients with cancer live longer and better, interventions designed to prevent, arrest, or reverse the carcinogenesis process offer the greatest hope for reducing cancer incidence, morbidity, and mortality (Ford et al., 2003). Byers et al. (1999) estimated that, with accelerated efforts to develop and implement preventive interventions, the United States could achieve a 19% decline in cancer incidence rates by 2015 and a 29% decline below the 1990 levels in cancer

mortality rates. In absolute numbers, such interventions could prevent approximately 100,000 cases of cancer and 60,000 deaths from cancer each year.

The expanding scope of cancer prevention research has created opportunities for oncology nurses to lend their expertise to prevention clinical trials and to educate patients about evidence-based prevention strategies (Bailey, Bieniasz, Kmak, Brenner, & Ruffin, 2004; Jennings-Dozier & Mahon, 2000; Loescher, 2004; Oncology Nursing Society, 2001). Cancer centers and clinical cooperative groups increasingly are partnering with local networks of oncology professionals to assess the effectiveness of chemopreventive agents in reducing cancer risk and the diagnostic efficacy of new screening technologies (Hawk, Umar, & Viner, 2004; Lippman & Hong, 2002; Weiner, McKinney, & Carpenter, 2006). Community oncology networks already engaged in cancer treatment research