

Virtual Navigation to Clinical Trials

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In the current oncology clinical trials landscape, many barriers remain to clinical trial enrollment that affect both the oncologist and the patient.¹ Among these are trial locations, strict eligibility requirements, insufficient resources to support appropriate clinical trial education and screening, as well as patient and provider attitudes about trials.

When do you bring up clinical trial possibilities to your patients? How are you identifying the best trial options?

In lung cancer, we now have four approved immunotherapy drugs (all anti-PD-1/PD-L1 checkpoint inhibitors) and the number of clinical trials for combinations of these and other new immunotherapies is exploding. A quick search of clinicaltrials.gov for the generic term “immunotherapy” and a condition of cancer resulted in 820 actively recruiting studies. In addition, immunotherapy is being considered earlier in the treatment paradigm. Results of a study by Forde and colleagues provided early evidence that this type of drug could work even in a pre-surgical setting.² The implication is that it is critical for clinicians and patients to have conversations about IO clinical trials at every point in the treatment process—not just when patients with late-stage lung cancer have few options left. How do physicians and patients keep up with and make sense of this changing environment?

Fortunately, there are new tools and services that can help facilitate conversations and education about clinical trials. Companies such as Antidote (www.antidote.me) and Smart Patients (smartpatients.com/trials/search) are structuring and annotating clinical trial data from clinicaltrials.gov and the National Cancer Institute. These new search tools allow for simplified, patient-friendly language in searches and results as well as the ability to search for things like a specific molecular target or immunotherapy drug.

At Lung Cancer Alliance (lungcanceralliance.org), we use a combination of online tools and telephone-based navigation to educate and empower patients to have informed conversations about clinical trials with their healthcare team. Our trained treatment and trial specialists consider patients’ treatment histories, walk them through online tools, provide access to a molecular testing program if needed, research the most appropriate treatment, and send options for discussion with their physician along with general education about trials. In our follow-up, we’ve found that three quarters of patients go on to have a conversation about trials with their physician, including many who have not had those conversations before. In addition, half of those conversations lead to the patient connecting with a trial investigator. We find that this personalized discussion and education, which can be provided virtually through the phone and online, can demystify clinical trials and provide new options for the oncologist and patient to consider together.

As oncologists struggle with having enough hours in the day, telehealth-based services like this—provided by advocacy organizations or elsewhere—can help address barriers such as patient education, proper trial selection, and screening so that we can improve patient enrollment in clinical trials.

1. American Cancer Society Cancer Action Network. Barriers to patient enrollment in therapeutic clinical trials for cancer—a landscape report. Available online at: www.acscan.org/sites/default/files/... Last accessed September, 10, 2018.

2. Forde PM, Chaft JE, Smith KN, et al. Neoadjuvant PD-1 blockade in resectable lung cancer. *N Engl J Med*. 2018;378(21):1976-1986.



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