

## **Telemedicine Electronic Consenting Preference Among Clinical Trial Participants**

M. Buckley, S. Chimonas, S. Shah, Y. Redelman-Sidi, C. White, K. Seier, R. Baser, G. Kuperman, R. Panchal, J. Lengfellner, S. Terzulli, P. Sabbatini

*Memorial Sloan Kettering Cancer Center*

### **1. Background**

Telemedicine disparities in the U.S. during the pandemic are well-reported. However, the use of telemedicine by diverse participants providing electronic informed consent (eIC) for clinical trials in oncology remains unexplored.

### **2. Goals**

To evaluate trial participant characteristics associated with preferences for eIC via telemedicine versus in-person.

### **3. Solutions and Methods**

Clinical trial participants with in-person clinic visits and telemedicine eIC visits from August 2021 to January 2023 received anonymous, uncompensated surveys via patient portal. We assessed age, sex, primary language, ethnicity, race, and three groups of survey questions generated from factor analysis: 1) telemedicine usability; 2) telemedicine satisfaction; and 3) eIC process comfort (comfort using telemedicine for key deliberations in the eIC process) (Figure). A multivariable multinomial regression model evaluated association between factors and eIC preference, a survey item assessing overall preference for eIC via telemedicine or in person or no preference.

### **4. Outcomes**

Among 1,154 respondents (28% response rate), 52% preferred telemedicine for eIC, 29% had no preference, and 19% preferred in-person. Respondent median age was 65 (interquartile range 57, 72); 51% (n=591) were male, 49% (n=563) female; 97% (n=1,123) English speaking, 2.7% (n=31) other primary language; 94% (n=1,017) were not Hispanic, 6% (n=65) were Hispanic, and n=72 unknown; 84% (n=928) White, 7.7% (n=85) Asian-Far East/Indian Subcontinent, 5.3% (n=58) Black, 2.6% (n=29) other, and n=54 unknown. Non-native English speakers (odds ratio (OR) 0.31; 95% CI (0.1, 0.93), p=0.037) and Black participants (OR 0.37; 95% CI (0.16, 0.83), p=0.016) had decreased odds of preferring telemedicine to in-person for eIC. Similarly, increased age (OR 0.98; 95% CI (0.96, 0.99), p=0.008) was associated with a decrease in no preference compared to in-person preference for eIC. Increased telemedicine satisfaction (telemedicine [OR 1.04; 95% CI (1.03, 1.05), p<.001] and no preference [OR 1.02; 95% CI (1.01, 1.03), p=.001]) and eIC process comfort (telemedicine [OR 1.07; 95% CI (1.06, 1.09), p<.001] and no preference [OR 1.03; 95% CI (1.02, 1.05), p<.001]) were associated with increased odds of preferring telemedicine or having no preference for eIC.

### **5. Lessons Learned and Future Directions**

In our study nearly all participants preferred telemedicine for eIC or had no preference. However, adjusting for eIC process comfort, telemedicine satisfaction, and other demographics, participants who were Black, older, or non-native English speakers were more likely than others to prefer in-person for eIC. Our future research will target these areas to help support equitable consenting standards and care.

Figure

	Survey Items	Response Options
<b>Telemedicine Usability</b>	<ul style="list-style-type: none"> <li>• I was satisfied with the instructions I received about how to connect to my telemedicine visit</li> <li>• It was easy to use my tablet, smartphone or computer to connect</li> <li>• I was satisfied with the time it took to connect</li> </ul>	<ul style="list-style-type: none"> <li>• Strongly agree</li> <li>• Agree</li> <li>• Neither agree nor disagree</li> </ul>
<b>Telemedicine Satisfaction</b>	<ul style="list-style-type: none"> <li>• I would have another telemedicine visit</li> <li>• I would recommend telemedicine to other patients</li> </ul>	<ul style="list-style-type: none"> <li>• Disagree</li> <li>• Strongly disagree</li> </ul>
<b>eIC Process Comfort</b>	<p><b>Would you be more comfortable doing the following in person or through telemedicine?</b></p> <ul style="list-style-type: none"> <li>• Asking for more information to better understand a clinical trial.</li> <li>• Sharing a concern about taking part in a clinical trial</li> <li>• Asking for more time to make your decision about taking part.</li> <li>• Telling your providers that you don't think a clinical trial is right for you</li> <li>• Looking for information online</li> <li>• Including friends/family/caregivers in the discussion</li> </ul>	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telemedicine</li> <li>• No preference</li> </ul>
<b>eIC Preference</b>	<p>Considering everything about your visit, such as time, cost, convenience, care quality, interaction with your providers, what type of appointment would you have preferred for the informed consent process?</p>	