

## **Implementing a Multifaceted Strategy to Overcome Challenges in Participant Recruitment Within Diverse Populations**

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### **1. Background**

In 2019, Sidney Kimmel Comprehensive Cancer Center at Jefferson (SKCC) collaborated with the University of Delaware on a clinical trial analyzing the usefulness of a family-based program for African American parents/primary caregivers with newly diagnosed solid tumor cancer and their adolescent children. The program's primary objectives include fostering improved family communication and mitigating depressive symptoms in adolescents. The intervention model is based on remote, group-based therapy sessions. The trial encountered initial recruitment challenges including complications related to the COVID-19 pandemic and staff turnover, resulting in a lower-than-anticipated accrual rate over three years.

### **2. Goals**

Devote extended efforts to reach out to potential participants, leverage multiple channels to broaden the outreach, allocate a study team with availability to oversee participant recruitment and engagement, and successfully enroll five or more participants within six months.

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

To improve enrollment, the study transitioned its staffing to the Recruitment Enhancement Service (RES) team within SKCC's Clinical Trials Office. Weekly meetings between the study team and sponsor serve as a platform to discuss progress, exchange ideas, and align efforts consistently. The RES team strategically leveraged partnerships with various SKCC teams including Community Outreach Engagement (COE), marketing, nurse navigation, and social work. The aim was to disseminate trial information during community events within the catchment area, through social media campaigns, and to existing patient populations. For patient outreach, direct communication with SKCC patients was facilitated through email and postal mail. Additionally, a collaboration between SKCC and the Thomas Jefferson University Hospital (TJUH) tumor registry, a pre-existing recruitment mechanism, was used to identify and discuss participant interest.

### **4. Outcomes**

The study encompasses all cancer diagnoses, presenting a unique challenge where standard recruitment practices, which typically rely on disease-specific criteria, cannot be directly applied. After implementing our targeted recruitment strategies, we successfully enrolled four participants with two individuals scheduled for baseline assessments within six months. The tumor registry proved to be the most effective method for identifying eligible candidates with 82 responses. Email outreach was second with 22 responses and our social media strategy was third with results yielding 4,500 clicks to the trial website and one response.

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

Enrolling parent/child dyads present intricate challenges. The eligibility criteria do not align with available data points for prescreening such as whether a patient has children and their respective ages. Moreover, we learned that barriers in communication affected enrollment. Multiple attempts of contact through various channels were made to schedule consent and baseline assessments stretching time to enrollment to over three months from the initial encounter. Challenges to recruiting participants in this

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trial are multifactorial including coping with diagnosis, raising children, and working. We will continue to explore ways to be persistent in follow-up while remaining cognizant and sympathetic to those issues without crossing into intrusiveness. For future recruitment attempts, we will continue to prioritize the utilization of the TJUH tumor registry. We also recently introduced a messaging strategy via EPIC's MyChart platform to enhance visibility. Fostering secure relationships with internal SKCC groups and the broader community remains essential for effectively disseminating trial information to those who are eligible.