LESSON INTRODUCTION

Welcome to Clinical Trials, part of the Oncology Patient Navigator Training: The Fundamentals course. My name is Dr. Janette Merrill, Senior Director of Care Innovation with the American Society of Clinical Oncology, and I will be your presenter for this lesson of the course.

Before we begin, we would like to acknowledge the Centers for Disease Control and Prevention for supporting this work. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

We would also like to thank the following for their assistance with content revision:

- Dr. Janette Merrill, American Society for Clinical Oncology
- Zarek Mena, Patient Navigation Advisors
- Jess Quiring, Patient Navigation Advisors
- Reesa Sherin, Association of Cancer Care Centers

After completing this lesson, you will be able to:

- Define what clinical trials are
- Identify the risks and benefits of clinical trials
- Describe strategies for helping patients understand clinical trials
- Identify resources for patients on how to learn more about clinical trials

This lesson is divided into two sections. In the first section, we will explore what clinical trials are, examine diversity and disparities in participation, and discuss the associated risks and benefits. In the second section, we will focus on patient protections,

strategies for guiding patients through the decision-making process, and available resources to support patients in learning more about clinical trials. Let's begin.

LESSON SECTION I

Clinical trials test new ways to find, prevent, and treat cancer. They also help doctors improve the quality of life for people with cancer by testing ways to manage the side effects of cancer and its treatment.

Why are clinical trials important? Thanks to the outcomes of past cancer clinical trials, many people today are living longer and healthier lives. When individuals participate in a clinical trial, they contribute to our growing knowledge about cancer and help advance cancer care for future patients.

People join clinical trials for various reasons. Some living with cancer participate because they want to help improve treatment for future patients. Those with certain risk factors may join to help researchers find ways to prevent cancer. Healthy volunteers often participate to assist doctors in discovering early detection methods. Whether living with cancer or healthy, participants in clinical trials play a vital role in advancing cancer research and helping shape the future of cancer care.

This chart from the National Cancer Institute provides an overview of the different types of clinical trials.

Treatment clinical trials are meant for people currently diagnosed with cancer.

Prevention trials are meant for people who have had cancer in the past and also people who have not had cancer and no known significant health problems
Screening Clinical Trials are open to any individual.

Supportive Care Clinical Trials and are for people diagnosed with cancer and the goal of these trials are to improve palliative care approaches.

Observational studies are for anyone and helps follow patients over time to collect health information.

When patients are considering joining a clinical trial, they often have many questions about the process, their role, and what they can expect. Understanding these key aspects can help patients feel more confident in their decision-making. Let's address some of the most common concerns about participation, care, and safety in clinical trials:

Why are clinical trials important?
Clinical trials are important because they help us find ways to improve people's health. Advances in medicine are the result of discoveries made through research. The treatments we use today were found to be safe and effective through clinical trials.

Who are the people involved in a clinical trial?
Although researchers collect data and study results, they are not the only people involved in a clinical trial. Clinical trials require a team of doctors, nurses, patient navigators, pharmacists, researchers, other healthcare team members and patients.

What do clinical trials study?
Clinical trials study a variety of ways to find, prevent, diagnose or treat disease:

- Prevention trials explore ways to keep people from getting a disease. They also look for ways to keep a disease from returning. These studies may look at diet, exercise, preventive medicine, vitamins, vaccines or lifestyle changes.
- Screening trials study the best ways to detect diseases or health conditions
- Diagnosis trials look for better tests or procedures to diagnose a disease or health condition
- Treatment trials test new drugs, treatments, surgery options or combinations of treatments
- Quality of Life trials look for ways to assess and improve comfort or quality of life for individuals with a chronic disease or medical condition

Who pays for a clinical trial?

It depends on the study. Every study is different, so be sure to check about who covers the costs of a clinical trial. The costs of a clinical trial could be covered by the:

- The Sponsor of the study: Some clinical trial costs are paid for by the sponsor, which is the group doing the study. This could be the government, a drug maker or a medical technology company. They may pay for the treatment, special tests or extra doctor visits.
- The Insurance company: Some clinical trial costs are covered by the patient's insurance company
- Medicare: Medicare will pay for routine costs for many clinical trials, including all trials funded by the National Institutes of Health, the Centers for Disease Control and Prevention and the Veterans Affairs Medical system.
- The Patient: Patients may need to pay some costs not covered by the sponsor or the insurance company, but the Affordable Care Act now requires commercial

health insurance plans and the Federal Employee Health Benefits Plan to cover routine care costs for many clinical trials.

Can a patient get paid to be in a clinical trial?
Sometimes. Paying patients to be in a study can be unethical. However, some clinical trials pay small amounts of money for costs related to the clinical trial such as travel or day care expenses.

Do patients in a clinical trial still see their own doctor?
Generally the answer is Yes. The patient's primary care doctor or specialist will likely follow their care closely. Patients will have regular appointments with their doctor to see how the new treatment is working and to make sure that it does not conflict with other medicines or treatments.

Can a patient leave a clinical trial after it starts?
Yes. A patient can leave a clinical trial at any time. If a patient decides to leave a clinical trial it is important that they talk to the doctor first. The doctor needs to know so they can:

- Make sure there are no harmful effects of stopping treatment
- Help the patient choose a different treatment
- Let researchers know about any problems with the treatment
- Monitor the patient's treatment (some medications have harmful effects if a patients suddenly stops taking them)

Can some patients get a placebo or "sugar pill" instead of real treatment?

Yes, sometimes. A placebo, "sugar pill," or "fake pill" is a medicine that has no effect. Placebos are not used when patients need real treatment. However, if there is no known effective treatment for a condition, a placebo may be used. In this case, one group of patients is given the placebo and the other group is given the new treatment. Most cancer treatment clinical trials provide the current standard of care as a comparison, meaning that one group of patients will get the usual treatment and another group will get the experimental treatment. Experimental treatments are always testing what researchers think will be an improvement to the standard of care.

If a patient chooses not to participate in a clinical trial, will they be treated differently? No. It is entirely your choice to participate in a trial or not. You will not be treated any differently by your health care providers.

One method used to compare treatments in clinical trials is randomization. In a randomized study, participants are placed into groups by chance, much like flipping a coin. This random assignment is often done by a computer to ensure fairness and objectivity.
In these trials, one group, known as the investigational group, receives the new drug or intervention being studied. The other group, referred to as the control group, receives the current standard treatment.
In some studies, neither the patient nor the doctor knows which treatment is being given. This is known as a double-blind study, where both the patient and clinician are unknown to the treatment assignment to eliminate bias in how the results are observed and reported.

There are some important facts to keep in mind about clinical trial participation:

- Participation in a clinical trial is entirely voluntary, and patients have the freedom to make their own decisions about whether to join.
- Patients are free to leave a clinical trial at any point, and it's important to inform their doctor if they choose to do so.
- Federal laws are designed to safeguard the rights and well-being of all clinical trial participants.
- While clinical trials offer valuable opportunities for some, they may not be the right fit for everyone. It's crucial to weigh the potential benefits and risks before making a decision.

Across the continuum of cancer care, patients receive a vast amount of information, and details about clinical trials can sometimes be overlooked or seen as secondary to more immediate concerns. In fact, only an estimated 7.1% of adults participate in clinical trials. This is where a knowledgeable patient navigator can make a difference. By being well-informed about available clinical trials, navigators can help patients understand their options.

Patient navigators often spend more time with patients than other members of the healthcare team, learning about their personal lives and building trust. As a result, patients often turn to navigators for guidance. With a solid understanding of clinical trials, navigators can offer valuable information and assist patients in discussing these options with their healthcare providers.

The trusted relationships between navigators and patients not only foster better communication but may also help increase patient enrollment in clinical trials.

Additionally, these relationships enable navigators to identify potential barriers patients might face in participating in clinical trials, and work toward overcoming them.

Adolescents and young adults, or AYAs, with cancer are also encountering the medical system at a time of intense change and development, introducing potential conflicts from personal, professional, and family obligations that may hinder participation in clinical trials. Physical and procedural barriers may directly conflict with their ability and willingness to participate in a clinical trial.

Examples of specific barriers for this group include the additional processes of enrollment, potential increased length of treatment, required quick decision making in times of crisis, and the potential for long and intense therapies that put pressure patients and their support networks to adhere to frequent clinic visits and complex medication regimens.

Balancing these additional requirements from participating in a trial with educational and employment expectations, family responsibilities, and romantic relationships can be overwhelming and reasons why it can be difficult for people with cancer in this age category to enroll.

That is in addition to other factors such as socioeconomic barriers, including lacking health insurance or needing financial assistance.

A patient navigator plays an important part in having discussions about clinical trials early and often with patients and then assisting them with resources can reduce barriers to clinical trial awareness and enrollment.

A 2023 analysis published in the Journal of American Medical Association found that precision oncology studies for breast, lung, prostate, and colorectal cancers vastly underrepresented racial and ethnic minority populations relative to their cancer incidence in the US population. In addition, several reports point to a further worsening of disparities in clinical trial participation for minority populations over the past decade.

According to the American Association for Cancer Research, patient navigation and community engagement can reduce disparities in clinical trials and cancer treatment among underserved groups. Enrollment of diverse participants in clinical trials, as well as the race- and ethnicity-specific reporting of the benefits and potential risks, can help show ancestry-related differences in cancer biology, disease biomarkers, or treatment responses including and inform how newly developed treatments can be safely used in the real-world patient population for whom these treatments are ultimately intended.

[VIDEO]

Evidence indicates a range of structural barriers for clinical trial participation, many of which apply to all participants but some cited specific barriers. American Indian, Asian American, and African American communities have identified mistrust of medical research and researchers as a reason for their resistance to medical research.

People who have immigrated to the U.S., those from rural communities, people facing poverty and people with cancer who work full-time have cited logistical concerns, including issues with transportation, life responsibilities, lack of insurance and out of pocket expenses, as inhibiting their ability to participate in research.

Numerous studies have investigated the barriers that limit participation of racial and ethnic minority groups and medically underserved populations in cancer clinical trials. Most people stated that their health care providers never informed them of clinical trials. Other individual-level barriers for patients include limited health literacy, as well as financial barriers such as costs of cancer treatment and medication, transportation, child care, lost work, and inadequate or complete lack of insurance, among others.

Many barriers also exist at the provider level, including lack of knowledge of clinical trials and implicit biases such as health care providers perceiving minoritized patients as being less interested in participating compared to White patients. Implicit bias among health care staff who are responsible for recruiting patients in clinical trials can contribute to the exclusion of medically underserved populations.

Beyond individual-level factors, there are institutional barriers as well. Many of these barriers are driven by structural inequities and social injustices. Some of the major system-level and structural barriers include lack of trial availability, complexity of clinical trials; time constraints for proper informed consent and clinical trial paperwork; patient exclusion due to narrow eligibility criteria; medical distrust; lack of facilitators, such as interpreters or patient navigators; and lack of community engagement in low-resource settings.

To improve diversity among clinical trial participants, health care professionals will need to offer clinical trial options to all patients regardless of race, ethnicity, geography, or other sociodemographic factors such as health insurance.

As we just discussed, improving diversity in clinical trials requires addressing barriers at both the individual and institutional levels. Now, let's dive into the specific factors that determine who can participate in a clinical trial and why diversity is so important.

Who can join a clinical trial?
It depends on the study. Clinical trials are scientific experiments and have strict requirements for who can join. Requirements may be based on many factors such as age, sex, disease or treatment history. If a patient is eligible for a clinical trial, it means that they meet the requirements for who can participate in that study. Although clinical trials have eligibility requirements, it is also important that they include a wide variety of patients.

Why do clinical trials need a variety of people to participate?
Clinical trials need a wide variety of people to participate so we know that a treatment works on people with different characteristics. If a new treatment works but is only tested on one group of people, we know it works for that group, but it may not work for others. For example, if a clinical trial tests a new medication only on young Asian females, we can learn how well it works for young Asian females, but we don't know how well it works for other age groups, races, sexes or genders.

Why is it important to include underserved patients in clinical trials?
Underserved patients may be people in a racial or ethnic minority group or people who have low income or low education. Older adults, people who live in rural areas or patients who have a comorbidity, which means more than one disease, can also be underserved. They must be included in trials so we know whether treatment options

work for that population, and historically these populations have often been left out of therapeutic trials.

Why are navigators important to underserved patients?
Clinical trials usually require that patients have health insurance, an address and phone number. Underserved patients do not always meet these requirements. This is why a patient navigator is so important: you may need to address the barriers that help underserved patients join and stay in a clinical trial.

Each clinical trial has different risks and benefits. Navigators can help patients learn about the risks and benefits of each treatment option when deciding whether to join a clinical trial. More information about tools you can use to help your patients think about risks and benefits are available in the resources section of the learning management system.

Risks

- New treatments are not always better or may not work as well as treatments already being used
- New treatments may have unexpected or worse side effects than current treatments
- Patients in a clinical trial may have more doctor visits, procedures or tests
- Patients in a clinical trial may have extra expenses, like travel, housing and childcare costs

Benefits

- The trial may help researchers learn more about cancer and help people in the future
- Participants may be the first to access a new study treatment before it is widely available
- The research team will carefully watch patients, adding an extra layer of care
- Patients in a clinical trial may be the first to benefit from new treatments

In this section, we explored the fundamentals of clinical trials, answered common questions patients might have, discussed strategies to support patients in making informed decisions about trial participation, and emphasized the critical role of diversity in clinical trials. In the next section, we will delve into the safeguards in place to protect patients, strategies to help them better understand clinical trials, and useful resources to guide them through the process.

LESSON SECTION II

Ensuring patient safety and protection is a top priority in clinical trials. Before any trial is approved, it must go through a rigorous ethical review process. Researchers are required to follow strict laws that safeguard and inform participants. This is especially important because, in the past, there were no such protections, leading to harmful and unethical research practices. Some individuals were forced into studies, while others who participated voluntarily were not properly informed about their illness or denied necessary treatment.

Today, several key procedures and laws are in place to protect patients from unethical or abusive treatment in clinical trials:

- Medical Ethics: In response to past abuses, the government and medical organizations established ethical guidelines outlined in the Belmont Report. These principles include:
    - Respect for persons: All participants should be treated with dignity and respect.
    - Beneficence: Researchers must aim to maximize benefits and minimize risks for participants.
    - Justice: The benefits and burdens of research must be distributed fairly among participants.
- Scientific Review: Before a trial begins, it must be reviewed by a group of experts, including researchers, doctors, and other professionals, to ensure it is safe, ethical, and scientifically sound. This review is conducted by an Institutional Review Board (IRB), a committee of people based at the institution where the study takes place. The IRB's primary goal is to protect patient safety by

approving, overseeing, and monitoring clinical trials. Federal law mandates IRBs, and there are strict rules governing their operations.

- Strict Research Protocols: Clinical trials are conducted according to detailed guidelines outlined in a research protocol. This protocol specifies everything researchers and doctors will do in the study, ensuring the trial is conducted with care and precision.
- Informed Consent: Federal law requires patients to give their informed consent before participating in a clinical trial. This means they must be fully informed about the study's procedures, risks, and benefits, and they must voluntarily agree to participate. Informed consent is provided by signing a document that outlines:
    - The purpose of the clinical trial
    - What will happen during the trial
    - The benefits and risks involved
    - The patient's rights and who to contact with questions or concerns

The rules around informed consent are strict, ensuring that patients fully understand the clinical trial. For non-English-speaking patients, the informed consent form must be provided in their native language.

So, what is the typical process of a clinical trial for a patient?

1. If a clinical trial is a potential option, the patient's doctor will discuss it with them. A clinical trial is just one of several options available, and the doctor should explain all of the patient's choices. Patients are never pressured to join a clinical trial—their decision is respected and supported whether they choose to participate or not. If the patient expresses interest, they will receive detailed

information and have the opportunity to ask any questions before making a decision.

2. The process of helping the patient fully understand the clinical trial is called Informed Consent. Once the patient understands the details, risks, and benefits, they are asked to sign an Informed Consent document. This document confirms that they are aware of the potential risks and benefits and that they are voluntarily choosing to participate.
3. Once enrolled in a clinical trial, the patient will either receive the new treatment being tested or a standard treatment that is already available. This allows researchers to compare the two and determine which is more effective. Sometimes the standard treatment may prove to be more beneficial than the new one.
4. Throughout the clinical trial, the patient will continue to meet with their doctor or the supervising nurse. If the treatment proves effective, the patient may be able to continue receiving it even after the trial concludes.

Although the results of the trial are shared with the medical community, the patient's identity remains confidential. Participation in clinical trials is always anonymous.

As previously mentioned, patient navigators are important to the success of clinical trials. There are a lot of rules about how clinical trials are conducted, so it is important to understand your role. It is important to know what IS and IS NOT typically part of a patient navigator's job when it comes to clinical trials:

Navigators should:

- Explain clinical trials generally. However, it might not appropriate to explain a clinical trial in depth to a patient – this responsibility may fall to a research nurse.

A navigator's job is to know how most clinical trials work, where to find more information and be able to explain them to patients. Doing so will help increase patient interest and help patients talk with their clinicians about whether a clinical trial is a treatment option. The navigator can help remove barriers to clinical trial participation by helping identify questions the patient can ask their doctor, helping patients meet qualifications, such as having health insurance, and providing resources to help patients better understand. Patient navigators should also know enough about the clinical trials in your their clinic so they can connect patients to the trial coordinators, help arrange appointments and keep patients on track with their care.

- Navigators may need to know eligibility criteria for specific trials that are available, but a clinician should describe the specific risks and benefits of a therapeutic trial along with other treatment options. Answering medically specific questions should be done by a trained nurse or other clinician.

It is important to know that it is NOT the navigator's role to:

- Encourage patients to join a clinical trial. Navigators help patients understand clinical trials in general and support them as they make a decision, whether they decide to join a clinical trial or not. The patient should talk about specific clinical trial options with their doctor.
- Decide if a patient can join a clinical trial. It is important that a navigator always refers patients to their doctor when determining whether a clinical trial may be helpful. Doctors know a patient's medical condition and whether a clinical trial may be helpful. If they believe the clinical trial could help a patient AND if the patient meets the eligibility requirements of the study, the doctor will explain the clinical trial and invite the patient to join. The patient's doctor can answer

medical questions about a clinical trial. They will also manage a patient's care with the patient's other doctors.

- A navigator will not enroll the patient in a clinical trial but will refer them to the clinical trials coordinator if this is part of the agreed-upon treatment plan. A clinical trials coordinator or a clinical coordinator is the person who meets with a patient to enroll them in a clinical trial and give them details such as costs, tests or appointments. Clinical coordinators can answer questions about a clinical trial. They may also communicate with patients regularly while the patient is in the clinical trial.

As a navigator you will be most helpful if you can stay informed about the current clinical trials going on in your clinic.

You don't need to know all the details, but learn about:

- What type of patients can participate based on their medical conditions
- Where to find information or brochures
- What costs are covered and if there are costs to patients
- Whether patients will get incentives such as money for their time or travel

Many people do not understand medical research. If a patient has been asked to join a clinical trial, it is important that they understand what clinical trials are and how they work. To decide whether to join a clinical trial they also need to understand the risks and benefits, costs, appointments and tests. When patients are asked to join a clinical trial, they are told verbally about the clinical trials by a doctor or clinical coordinator and given written information.

Patients may be overwhelmed by too much information, not understand medical terms or have language differences. Part of a navigator's job is to help patients understand all information they get. Encourage the patient to take notes and check to see that patients understand the information. If they do not, help them get questions answered by the doctor or clinical coordinator. There are several ways to see if a patient understands information. "Teach Back" is a useful strategy that asks the patient to put the information in their own words. For example, "Share with me what you understood about the clinical trial you are enrolled in?". Asking open-ended questions to help understand the patient's knowledge and attitudes is another helpful strategy. For example: "How do you feel about what you learned?" Use these tips when you check a patient's understanding or give information. You can also use these tips to help a patient learn about a medical condition, test or treatment. You can also connect a patient with the clinical coordinator to help them get more information.

Sometimes written information like brochures, documents and website links are given to patients who are interested in a clinical trial. Some of this information may be difficult to understand, especially if a patient does not read English well or if they do not know the medical terms. Review this information with patients to make sure they understand. When you talk with patients, use simple language with no technical or medical terms. If they are unfamiliar with a term, write it down with its definition. Find written information that is easy to understand and try to find information in other languages—clinical trial coordinators may have brochures in several languages. For more detailed information about the study, consult with the clinical coordinator. Always refer the patients to the clinicians or clinical coordinators if they are unclear or seem to not have the correct information about a study.

Many patients may feel hesitant or reluctant to join a clinical trial due to fears or a lack of understanding. Misinformation, past abuses in medical research, or alarming stories in the news can reinforce these fears. The most effective way to address hesitations is by actively listening to a patient's concerns and providing clear, tailored information. Start by asking the patient how they feel about the clinical trial and what specific worries or misunderstandings they may have. Understanding their concerns will help you provide the appropriate information to ease their fears.

Here are a few questions you can use to uncover a patient's thoughts and concerns:

- What concerns you most about participating in this clinical trial?
- How do you think this clinical trial could benefit you?
- What potential risks are you worried about?
- What might prevent you from enrolling in this clinical trial?
- What information would help you feel more comfortable about participating in this clinical trial?

There are many reasons patients might be hesitant to enroll in a clinical trial. Some common fears and concerns relate to:

Quality of care. Some patients may think they will not see their regular doctor. They may also worry that they will not be followed as closely. Patients in a clinical trial often get a very high level of care with more medical tests and follow up. Doctors need to follow patients closely so they can see how well a new treatment works. If a new treatment does not work, or if there are bad side effects, the doctor can change the patient's treatment. If a patient in a clinical trial has a comorbidity, which means more

than one health condition, the doctor will work closely with the patient's other doctors to make sure a new treatment does not interfere with other conditions or treatment.

Some patients worry that a new treatment will not work as well as standard treatment. If a new treatment is being tested, it's because researchers believe that it will work better than current treatments available. However, sometimes a new treatment does not work or does not work as well as a current treatment. Some people may have unexpected side effects. Because of the risks and benefits of any clinical trial, it is important that patients understand the possible risks and benefits of a study.

Mistrust of medical research and being used as a "guinea pig." As previously mentioned, patients are protected by medical ethics principles, scientific review by a group of experts, strict rules and protocols and informed consent. Yet, many patients—especially those in ethnic minority groups—may have suspicion or distrust of clinical trials. Some of the mistrust has been earned as a result of past research studies that abused participants. Some patients are fearful of being "experimented upon" and not having control over their care. As a navigator you can reassure them that laws and ethical review processes were created to protect clinical trial participants. Researchers must follow these laws, and doctors must tell patients about not only the benefits of a clinical trial, but also the risks. It is important that the patient feel comfortable asking questions of the study doctor and clinical trial coordinator. The patient navigator can help the patient to make a list of questions to ask before enrolling in the study. If patients feel that they are being treated unfairly, they can leave a clinical trial at any time and continue to get care from their doctor.

Getting a placebo (sugar pill) instead of "real treatment." Some patients may have heard of placebos (fake or sugar pills) and worry that they may get a "fake" medicine. Placebos are used only in studies where there is not a proven method of treatment. Most of the time in cancer treatment clinical trials, patients will get either the standard treatment or the experimental treatment. A patient would never be given a placebo treatment if there is a treatment that exists and works.

[VIDEO]

[VIDEO]

Here are some additional resources for patients who are looking for clinical trials. These resources can also be found below this video. The National Cancer Institute lets you search through clinical trials and to learn more about clinical trials. Patients can search online, or they can call 1-800-4-CANCER to speak with someone who can help them.

The Center for Information and Study on Clinical Research Participation has information for healthcare professionals to talk about Clinical Trials and offers a database to search for clinical trials.

The National Institutes of Health also has an online search tool at clinicaltrials.gov.

This concludes the lesson on Clinical Trials, part of the Oncology Patient Navigator Training: The Fundamentals course. In this lesson, we've explored the key aspects of clinical trials, starting with a clear definition of what they are and examining the risks, benefits, and the importance of diversity in clinical trial participation. We also delved

into strategies for helping patients understand clinical trials and highlighted the critical resources available to support patients in making informed decisions.

By now, you should feel more confident in defining clinical trials, identifying both their risks and benefits, guiding patients through the process, and pointing them toward helpful resources. Equipped with this knowledge, you'll be able to better assist patients as they navigate their options, ensuring they feel informed, protected, and supported every step of the way.

Thank you for your participation.