Overview of the Minority-Based Community Clinical Oncology Program

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Minority Based Community Clinical Oncology Program (MBCCOP)

- Provide support for clinical research in communities with $\geq 40$ percent minorities

- Provide state-of-art treatment and cancer prevention and control

- Increase the involvement of primary health care and other specialties in cancer prevention and control
Funding Mechanism

• Cooperative Agreement (U-10)
  New  3 yrs.
  Continuing  5 yrs. maximum
Overall interest in increasing minority participation in clinical research

Obtain a better understanding of the impact of clinical trials in reducing health care disparities

A priori endpoints and recruitment goals are spare in the literature

Early implementation evaluation
Objectives

- Evaluate trends in accrual
- Determine the racial and ethnic distribution
- Evaluate factors affecting enrollment
Methods

- NCI database
- MBCCOP PIs meeting
- Electronic Survey
E-mail Survey

1. Community advisory board

2. The number of type A /B minority physicians

3. Level of support of other oncologists at your institution

4. Experiences in engaging minority physicians

5. Publications
MBCCOPs 2006

49 hospitals
510 physicians
37 percent minority MDs
MBCCOP Accruals to Cancer Treatment and Cancer prevention and Control Trials by Race

Number of Patients

0 100 200 300 400 500 600 700 800 900 1000


Tx Non-White  Tx White  CP/C Non-White  CP/C White
Minority Percentage of Patients Accrued to Cooperative Group Treatment Trials

![Graph showing minority percentage of patients accruing to MBCCOPs, All Other CCOPs, and Non-CCOPs over years 1995 to 2004. The graph indicates a decreasing trend in minority representation over the years, with MBCCOPs showing a steep decline.]
Minority Representation in the CCOP Network to NCI Trials 1995-2003

TREATMENT ACCRUAL

- CCOP: 69%
- MBCCOP: 33%

N=7073

CANCER PREVENTION & CONTROL

- CCOP: 56%
- MBCCOP: 44%

N=5221
<table>
<thead>
<tr>
<th>Year</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1993</td>
<td>- Inadequate trials for common cancers</td>
</tr>
<tr>
<td></td>
<td>- Patient ineligibility/comorbidity</td>
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<tr>
<td>2004:</td>
<td>- Inadequate trials for cancers among specific populations</td>
</tr>
<tr>
<td></td>
<td>(e.g., gallbladder, liver)</td>
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<tr>
<td></td>
<td>- Protocol Design and ineligibility</td>
</tr>
<tr>
<td>Year</td>
<td>Support Details</td>
</tr>
<tr>
<td>-------</td>
<td>----------------</td>
</tr>
<tr>
<td>1993</td>
<td>- Fragmented</td>
</tr>
<tr>
<td></td>
<td>- Strong university support</td>
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<tr>
<td></td>
<td>- Poor community infrastructure support</td>
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<tr>
<td>2004:</td>
<td>- Decreasing university support</td>
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<tr>
<td></td>
<td>- Lack of appreciation/understanding of research by administrators</td>
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<tr>
<td></td>
<td>- Increased support from pharmaceutical and local cancer centers</td>
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## Patient Characteristics

<table>
<thead>
<tr>
<th>Year</th>
<th>Issues</th>
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<tbody>
<tr>
<td>1993</td>
<td>- Fear, language barriers, attitudes education</td>
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<tr>
<td>2004:</td>
<td>- In-migration</td>
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<tr>
<td></td>
<td>- Increased gaps in education, income and health beliefs</td>
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<td>- Difficulties in securing protocol related drugs</td>
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## Community-Physician Involvement

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<tr>
<th>Year</th>
<th>Details</th>
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<tr>
<td>1993</td>
<td>- Barriers: patient load, incentives, inadequate staff and distrust.</td>
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</table>
| 2004 | - PIs 7 strong commitments  
      |     3 good  
      |     3 improving  
      | - Using oncology fellows, local oncologists and institution's alumni |
MBCCOP Mentoring Case Report

- Private Practitioner in San Juan, PR with staff to support practice
- Participating site in SELECT
- Accrued 1000 + men
- San Juan MBCCOP Mentoring:
  - Data management
  - IRB access
  - Audit preparation
Patient/Participant enrollment

(Higher Doses of Mitoxantrone Among Men with Hormone – Refractory Prostate ca., CALGB, Cancer 2002)

Specific population


Recruitment

(Enrollment of African Americans onto Clinical Treatment Trials: study design barriers, JCO 2004)

Group Committees

(Behavioral Science Research in the Cooperative Group Setting SWOG, JNCI)

Biology

(Prognostic factors in breast cancer, San Antonio Breast Symposium, 2005)
Summary and Future Directions

- The MBCCOPs have demonstrated an ability to facilitate the participation of racial/ethnic minorities.
- The program is a resource:
  - Identifying challenges and solutions for successful recruitment within institutions which serve minorities
  - Conduct of clinical and correlative science research
  - Development of research concepts/protocols which address questions relevant to minority populations
  - Mentoring of investigators interested in special populations
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Phase III Chemoprevention Trials Accrual
Study of Vitamin E and Selenium (SELECT)

CCOP: 10,444 (29)
MBCCOP: 1,662 (16)
CCOP minority: 2,463 (31)
MBCCOP minority: 1,368 (56)

U. of Illinois MBCCOP: #1 for African American accrual
Phase III Chemoprevention Trials Accrual Study of Tamoxifen and Raloxifene (STAR)

CCOP: 6,286 (33)
MBCCOP: 495 (8)
CCOP minority: 485 (39)
MBCCOP minority: 215 (44)
Phase III Chemoprevention Trials Accrual
STAR

Risk Assessment Forms:
CCOP: 18,769 (3)
MBCCOP 3,728 (6)
## Institutional Review Boards

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<tr>
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| 1993 | - Universities faired well  
- Lack of experience in community hospitals |
| 2004: | - Insurmountable volume of work  
- Fees  
- 5 MBCCOPs participating in CIRB |