

Increased awareness, institutional commitment, and nurse champions are critical to expanding access to clinical trials in the community setting. Nursing leadership in clinical research can affect accrual and retention in research studies.

AT A GLANCE

- Clinical trials enrollment in the community setting is pivotal to extending opportunities for investigational treatment to patients.
- Even with limited infrastructure and personnel in the community setting, there is a unique opportunity for nurses to lead clinical research engagement.
- The role of nurses in the community setting can be leveraged to provide on-site expertise to increase enrollment in trials beyond academic medical centers.

KEYWORDS

oncology; nursing; research; clinical trials enrollment; community care

DIGITAL OBJECT

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Community-Based Clinical Trials

The role of nurses in increasing enrollment

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An estimated 3%–5% of eligible patients participate in clinical trials, which traditionally are offered in academic medical centers (Copur, 2019; Unger et al., 2016). In addition, one in five clinical trials for adults with cancer fails to reach target accrual (Unger et al., 2016). Clinical trial systems that enroll patients at a higher rate may produce treatment advances more rapidly, with corresponding improvements in cancer population outcomes. Therefore, a significant need exists to address barriers to trial participation; these barriers are structural, clinical, and attitudinal, and differ according to demographic and socioeconomic factors (Unger et al., 2016). This includes the financial burden of trial participation for patients and healthcare systems (Copur, 2019). A study of physicians (N = 207) suggested that interventions to reduce such barriers include increased support staff, streamlined regulatory burden, provision of greater funding for trials, and easier access to ancillary trials (Mahmud et al., 2018).

About 85% of patients with cancer are initially diagnosed and treated in the community setting in the United States (Copur, 2019). As such, an inherent disconnect exists between the site of primary oncology management and the location of clinical trials. The value of community-based research has long been recognized; however, creating a culture of research in a community hospital requires

leadership, engagement, an expanded trial portfolio, and an interprofessional approach (Dimond et al., 2015). Nurses, as researchers, administrators, and trial staff, are fundamental to the safe, efficient, and effective conduct of research (Pirschel, 2017). This article presents a foundation for new nurse roles and responsibilities to increase clinical trial enrollment in the community oncology setting.

Community Oncology in a Growing Health System

RWJBarnabas Health (RWJBH, 2019) provides treatment to more than three million patients each year through an integrated health delivery system throughout New Jersey. The Robert Wood Johnson University Hospital (RWJUH) Somerset and RWJUH Hamilton are sister hospitals within the RWJBH system; both hospitals are home to community-based cancer centers. The Steeplechase Cancer Center is located on the campus of RWJUH Somerset in Somerville, New Jersey, in Somerset County. The outpatient cancer center at RWJUH Hamilton is located on the hospital campus in Hamilton Township, New Jersey, in Mercer County. Both cancer centers are accredited by the Commission on Cancer as Comprehensive Community Cancer Programs and by the National Accreditation Program for Breast Centers. Both programs have been affiliated with the Rutgers Cancer Institute of New Jersey, a National Cancer Institute (NCI)–designated comprehensive cancer center. The approximate annual oncology