Welcome to the Materials to Increase Minority Involvement in Clinical Trials (MIMICT) module – Referring Patients to Clinical Trials.

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By the end of this module, you will be able to: (1) understand the definition of a clinical trial referral, (2) discuss the clinical trial referral process with patients and clinical trial sites, and (3) identify lupus clinical trial information online.

Introduction

Learning Objectives

By the end of this module, you will be able to:

- Understand the definition of a clinical trial referral
- Discuss the clinical trial referral process
- Identify lupus clinical trial information online.
Specifically, this course will cover: the definition of a referral and the referral process, preparing to make a referral, referral discussion considerations, what to expect from clinical trial sites, and examples of provider involvement during a clinical trial.

Typically, in clinical research a referral is the act of introducing a clinical trial to patients as a quality treatment option (Harper and Reuter, 2009; Baer et al., 2012). This may involve sending a patient to a clinical trial principal investigator who will tell them more about a specific clinical trial, evaluate the patient for eligibility determination, and discuss enrollment procedures. In lupus clinical trials, the principal investigator is usually a rheumatologist.

In some cases, clinical trial sites may directly ask referring providers go beyond an introduction. Providers may be asked to perform a pre-screening exam or follow a procedure to determine eligibility. Some Institutional Review Boards (IRBs) allow for providers to be compensated for these more elaborate referrals (Harper and Reuter, 2009).

However, elaborate referrals can be time consuming and providers often assess their patients’ eligibility for clinical trials differently than clinical trial sites intended (Korieth, 2016).

Generally, the clinical trial sites avoid over-burdening providers by asking them to redirect patients to the site’s point of contact. From there, patients can reach out to the clinical trial site staff to determine eligibility and enrollment.

A successful referral is not measured by a patient’s decision to enroll. Referral and enrollment are two separate steps in clinical trial recruitment (Harper and Reuter, 2009).

The clinical trial research community agrees that providers are a valuable referral source because they are often a patient’s first point of contact to learn about clinical trial research. Still, the process of making a clinical trial referral may seem daunting for those unfamiliar with the process.
Ultimately, the referral occurs after achieving several preliminary milestones. Providers should: 1) have a solid understanding of clinical trials in general; 2) be aware of current, local lupus clinical; and 3) have the tools, and materials to communicate basic clinical trial information with patients.

A referral will be a more positive experience if providers establish a point of contact at the clinical trial site to which they are referring patients but having a point of contact at a clinical trial site before making a referral is not always necessary.

Besides linking patients to a point of contact at a clinical trial site, providers can also introduce patients to the idea of clinical trials, direct them to online databases such as clinicaltrials.gov to identify a trial. From there, patients can then find a phone number or email address for the clinical trial research coordinator, if interested.

MIMICT has resources providers can use to strengthen their background knowledge about lupus clinical trials and materials to distribute to patients to help them learn more about them. Visit the Basics of Clinical Trials and Barriers to Recruiting African American Patients module for more information about clinical trials. Also, visit the Patient Materials section of the MIMICT website for helpful, culturally appropriate content to share with patients.

Clinical trial sites may contact providers directly, but it’s also helpful to do a separate search of nearby clinical trial opportunities.

There are different ways to find lupus clinical trials. Here are three databases patients and providers can use to find contact information for local lupus clinical trial sites.

Www.clinicaltrials.gov and www.researchmatch.org have broad databases where visitors can search by specific disease and location. It is updated regularly.

The "find a trial" feature on www.lupustrials.org allows visitors to input their email address to have study site contact information sent directly to them. Enter a zip code or location to find trials being conducted nearby a specific area.

After obtaining a point-of-contact at a clinical trial site, be sure to ask questions that will address uncertainties and provide enough information to pass on to patients who may be interested in participating.
Clinical trial sites use eligibility criteria to help ensure patient safety and meaningful research findings.

As a provider making a referral, do not feel obligated to assess whether each patient fits a specific clinical trial’s criteria. Providers do not determine a patient’s eligibility for a clinical trial. Ultimately, the clinical trial site staff determine a patient’s eligibility. The provider’s role is to help make patients more familiar with clinical trial research and aware of potential opportunities.

Providers have unique insight into their patient’s environment and personal history. In addition to the general eligibility considerations, take a moment to assess the patient’s experience living with lupus, their health literacy level, any special accommodations they may need to participate in a clinical trial, and patient's safety and protections as a research participant.

For example, a patient’s reaction to information about clinical trials may differ if they’re newly diagnosed with lupus and new to any lupus related treatment compared to a patient who has lived with lupus for several years. Likewise, the amount of information about clinical trials a patient may be able to digest will depend on their health literacy level.

In addition, patients may think that travel or childcare needs automatically exclude them from being able to participate in a clinical trial. However, trial sponsors may have resources available to overcome those barriers. Some clinical trial sites pay for childcare, lodging, and travel for the duration of the study.

Finally, it is important to consider and discuss the patient’s safety and protections as a research participant. Due to previous instances of unethical research, patients may be hesitant to trust researchers conducting clinical trials. Patients should know that they have specific rights and legal protections when participating in clinical trials. Educating patients about their rights as research participants is an important part of the clinical trial referral process. In the next slides, we discuss several important points about patient safety and research participants’ protections.
In response to the unethical medical research practices, the scientific and medical communities created legal protections to better protect research participants’ rights. These recommendations were established soon after the Tuskegee Syphilis study and are widely implemented throughout clinical trial and human subjects’ research today.

The National Research Act of 1974 established the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, which is a guiding body with the task to establish principles and set guidelines on the conduct of research involving human subjects. The Commission published the Belmont Report which established the three ethical principles of all research involving human subjects: beneficence, respect for persons, and justice.

The National Research Act also mandated that institutional review boards (IRBs) review all research involving human subjects. The institutional review board (IRB) is an independent committee that oversees the ethics of research involving human subjects at the institution affiliated with the research study. The committee reviews the scientific merit, ethical soundness, and the extent to which to the research plan (e.g. recruitment, informed consent) follows regulatory requirements. All clinical trials must pass IRB review.

Later, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research set specific protections for vulnerable populations involved in research. Prisoners, children, and pregnant women are considered to have diminished autonomy and are especially vulnerable.

Providers should be reassured that a clinical trial follows these recommendations when making referrals.

Ultimately, one of the most important takeaways from the National Research Act of 1974, besides the ethical duties of researchers conducting clinical trials, is that the research participants always maintain the right to say no. As always, patients can simply choose to refuse not to enroll in a clinical trial. But, even after enrolling in a clinical trial, research participants can withdraw consent and choose to leave a study at any time without explanation. These rights are meant to empower patients at every stage of research when participating in studies.

Consent is non-binding and participation is not contractual. Patients are not obligated to stay in a clinical trial through completion.

Emphasize these rights to patients when making clinical trial referrals.

Please refer to the provider response matrix for suggested phrasing to address patient questions when making a clinical trial referral.

Clinical trial site staff facilitate the referral process and build relationships with referring providers before, during, and after a clinical trial. Here are some things providers can expect from a clinical trial site.

Providers may reasonably expect that clinical trial site staff will provide: (1) a clear explanation of the referral process; (2) contact information to give to patients, (3) ongoing communication about the referred patient’s status and medication guidance during the trial (e.g. prohibited medication based on the clinical trial protocol), and (4) transition plans so that referred patients will be able to return to the provider’s care at the end of the trial.

Sometimes clinical trial site staff will approach share information about the trial with providers and ask them to distribute specific materials to patients when making a referral. Some materials will usually have contact information for patients to contact a research coordinator or other clinical trial site point of contact.

The referral process may look different depending on the clinical trial site. Ultimately, the clinical trial site staff are responsible for ensuring that providers have a clear understanding of what their trial’s referral process involves. Providers can always ask questions.
As mentioned previously, the referral process may look different depending on the clinical trial site. Next, we will explore three examples of what providers might expect if their patient participates in a clinical trial.

In this example, the patient will continue to see their provider while they participate in a clinical trial. The patient will visit the clinical trial site to receive the experimental treatment, but also visit their provider for their routine care needs, such as a mammogram or annual physical exam. The clinical trial period may last less than 6 months to over a year, depending on the trial.

In some cases, there will be communication between the clinical trial site and the provider about any changes in the patient’s condition, especially any potential side effects, during the duration of the clinical trial. Clinical trial sites and providers may share lab results or patient charts to monitor patient progress.
In this example, the patient will continue to see their provider until they begin the clinical trial. During the trial, the patient will only visit the clinical trial site to receive the experimental treatment and any additional care from the clinical trial site staff. Upon completion, the patient will return to their provider for their routine care needs. The clinical trial period may last less than 6 months to over a year, depending on the trial.

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Upon completion, the patient will continue to see their provider for their routine care needs. As noted in the previous examples, the length of the clinical trial period will vary.