

## ***Interest, attitudes, and participation in clinical trials among lymphoma patients with online access***

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**Background:** There is an increasing number of investigational agents for lymphomas and a limited patient pool, approximately 5% of available patients. Thus, identifying and addressing obstacles to study enrollment is vital to making progress.

### **Methods:**

This analysis was made from a non-random population of 251 lymphoma patients with online access to our survey.

### **Results:**

In this cohort, 43% reported High Interest in clinical trials, 50% have Considered Trials; and 27% Have Participated.

Patients who considered studies (126) ranked the following reasons for declining as significant: Randomization (70), Insurance (49), Study Risks / Toxicities (42), Travel and Lodging (30), Eligibility (28), Tests and Procedures (12), and a perception that Regular Treatment is superior (6).

Associations with consideration of clinical trials and participation:

<b>Participants (n = 251)</b>	<b>Overall</b>	<b>Considered Trial</b>	<b>Have Participated</b>
Oncologist Discussed Trial	112 (45%)	95 (85%)	59 (53%)
Oncologist is Specialist	141 (56%)	75 (53%)	44 (31%)
Oncologist is Investigator	96 (38%)	66 (69%)	42 (44%)
Pt had Second Opinion	168 (67%)	107 (64%)	60 (36%)
Pt had Second Pathology Evaluation	152 (61%)	91 (60%)	51 (34%)
Overall	251	126 (50%)	67 (27%)

(Table 1)

### **Conclusions:**

In this cohort, interest in clinical trials and participation rates were much higher than generally cited.

As expected, the discussion of clinical trials with the patient's oncologist was associated with the highest consideration (85%) and participation (53%) rates, suggesting a need to increase awareness of study protocols among treating physicians so that this discussion can become more routine.

Patient issues and perceptions regarding randomization, study risk, eligibility, and tests and procedures suggest an opportunity to improve enrollment in clinical trials by focusing on these aspects of study design, specifically, attending to the rationale of the protocol as a treatment decision – having the potential to optimally meet the clinical needs and treatment goals of the participants, in addition to answering important clinical questions.