



## Minority Accrual in Rural America

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The South Jersey Hospital System in Millville, N.J., serves a community of five primarily rural counties situated between Philadelphia, Pa., and Atlantic City, N.J. Since 1995 SJHS has offered a wide variety of treatment and prevention trials to its patients, initially through RTOG, and more recently through affiliation with the Fox Chase Cancer Network in Philadelphia. Most treatment and prevention trial arms are filled with patients who are Caucasian; however, when adjusted for socioeconomic status, many participants qualify as minority accruals.

Melanie R. Pirollo, M.S., R.N., A.O.C.N., director of the South Jersey Regional Cancer Center, and SJHS Medical Director Joseph W. Fanelle, M.D., recently spoke with *Oncology Issues* about the challenges of enrolling members of an underserved population to clinical trials.

**Q:** Please explain the significance of enrolling people of low income onto clinical trials.

Pirollo: Many of the patients we see have little to no social support, few financial resources, and limited education. Many literally live hand to mouth. When these patients have complications from

a treatment regimen, the outcome is likely to be far worse than for someone who is financially well off, has support at home, and knows how to navigate through the health care system. Patients who lack these support mechanisms tend to show up in the emergency room with full-blown complications. By merely selecting the "cream of the crop," we overlook less favorable outcomes, thus possibly skewing the results of clinical trials.

**Q:** Distrust of the medical community is often cited as a barrier to participation in clinical trials. How do you convince patients to enroll?

Pirollo: Our protocol nurse spends a great deal of time with people with limited resources, sometimes as many as two to three hours with each patient, trying to get them on the study. Through education and other programs, we do try to change attitudes about patients taking an active role in their health and participating in clinical trials. Our protocol nurse attends local health fairs to educate people about clinical trials. We also have worked in conjunction with the NCI on its initiative to promote cancer research awareness through the clinical trials lecture series.

**Q:** How do you balance a relatively small cancer program with an appropriate number of clinical trials open for enrollment?

Fanelle: You begin by balancing the requirements of the clinical trials

group with the needs and demands of patients. We offer Phase II and Phase III as well as pharmaceutical-sponsored trials. That's a lot for a small place like us.

At any one time, SJHS can have as many as sixty trials open, including cancer treatment trials and chemo prevention and pathology studies. I never know who's going to walk into my office and what they're going to need. Every week I search the Internet to find out what clinical trials are open and subsequently decide if they are appropriate for our patient population.

Success begins with realistic expectations based on your population. For example, SJHS activated an RTOG quality-of-life study on a product to prevent radiation dermatitis for patients with breast cancer. The study closed within two months; however, I managed to enroll three patients, a significant number for our program.

**Q:** Many smaller cancer programs have complained about the burden of operating a clinical trials office. Have paperwork and other time-consuming tasks been a concern?

Fanelle: As a clinical trials affiliate of the Fox Chase Cancer Network, SJHS had to meet certain requirements, such as hiring a full-time protocol nurse, administrative director, and data manager to handle paperwork and other operations related to the clinical trials office. These changes involved a significant financial investment; however one that paid off dividends. ☐