

Increasing Awareness and Faith in Clinical Trials

Disclaimer: These views and opinions expressed are those of the authors and do not necessarily reflect the position of our employers and universities. These views are neither advocating nor opposing any religion.

Description

Addressing clinical trial patient accrual and education is the main focus of our proposal. Updating technology and ease of access may increase efficiency in enrollment, however with patients that are over 65 not well represented in clinical trials, we believe utilizing technology and apps an option that can be supplemented at a later time. Our goal is to reach a broader audience, including those that do and do not have access to technology. In times of crisis, many people turn to their religions to help them cope with the potential consequences of their diagnoses.¹ With the approval of these various places of worship, we can raise clinical trial awareness and opportunities directly to those who need them the most.

How will you do it?

Our solution is to request permission from the congregation's leader to provide general information about clinical trials and raising awareness in places of worship. The entire process must be flexible based on how much permission is given by the congregation leader. The scalability of this project is a core strength by pinpointing communities near clinical trial sites, thus making these services more accessible. Another key component is that by targeting certain religious centers, we can try to target specific cancers that may be more prevalent in certain ethnic populations. The main goal is to raise awareness, clarify misconceptions, and answer how people can find out if they qualify or where to enroll for clinical trials.

How does it work / What does it look like?

A committee who work by contacting places of worship and providing general information about clinical trials in an area. Each member of the committee would have a list of congregations with the highest attendances that are near large clinical trial sites and contact the leaders who can then provide information to those who may come to them in need. We believe pamphlets will be the easiest method to provide information. Seminars or special sessions may be requested and provided as well. Should the congregation leader feel comfortable enough, perhaps even educating how they should answer their own congregation's questions or where to find answers to their questions.

This solution is only an idea and will be heavily dependent on the stakeholders involved. For example, if a foundation focused on specific cancers wishes to utilize this solution, the pamphlets and information may be catered towards populations with higher prevalence of that specific cancer. It may also depend on partnerships and cooperation between multiple foundations and nonprofits. Individual clinical trial sites can implement this plan as seen with the Mayo Clinic in Florida. Working with a large organization may also have local teams and local volunteers that may assist to speed up the process and lower costs for implementation.

How will you implement it / Where will you implement?

It is critical to have the consent of whoever is in charge. Specifically places of worship near large clinical trial sites and expanding outward on an as needed basis. Upon receiving consent, we will work with the congregation leader to identify what options may be best to raise awareness with that particular congregation. Information such as clinical trial locations, along with contact information will be provided to the leaders who can then pass that information to those they lead in the best way possible. Another key component is to explain common misconceptions and answer frequently asked questions.

Who will be involved (stakeholders)?

Those who lead the congregations and the people who attend religious services are the targeted stakeholders. Other stakeholders include possible coordination with the companies sponsoring the trials, clinical trial sites, cancer foundations, and charity foundations that may be able to help with the costs of treatment.

How much will it cost to create the solution (an estimation)?

The cost to create the solution will depend on existing manpower within a foundation to form the committee, office space, and supplies. The creation of the pamphlets, print media, and analyzing specific locations and religious centers may take additional resources as well. Exact dollar amounts will be highly dependent on existing support and stakeholder involvement.

How much will it cost to implement the solution (an estimation)?

The costs of implementation will depend on the scope. The larger the geographic area, the more it may cost to have information distributed to every house of worship in that area. In addition, as the program expands, costs may increase when targeting smaller houses of worship as there become diminishing returns from smaller congregations. Printing and sending the materials will be an additional cost as well as continual updates. Working with an established foundation with access to local communities and volunteers will cut costs tremendously.

How many people will be impacted?

If we target the largest 26 urban agglomeration in the United States, this population tallies up to 131 million.^{ii, iii} A Gallup poll in 2013 shows 39% Americans attended religious service,^{iv} which means we may reach out up to 51 million people within the 26 urban agglomeration. From the American Cancer Society, there are 1.68 million new cancer cases in 2015,^v meaning 0.5% Americans are diagnosed with cancer per year. Potentially 260,000 people of the 51 million people will be diagnosed with cancer that year. Assuming 60% people are willing to participate based on the Mayo Clinic Pilot Program^{vi}, there may be up to 160,000 people a year that may be interested in enrolling in a clinical trial within the 26 urban areas. This does not account for patients that are currently diagnosed with cancer; therefore, the pool of potential candidates may actually be larger. This also assumes the program can reach all houses of worship.

How long will it take to create the proposed solution?

The time to work on this solution is very dependent on the scale of the outreach, as the scale will determine how large the committee must be. Attempting to reach every house of worship in the country may be very time consuming. However, attempting localized outreach in specific areas near cancer research centers may be quicker. Creating the proposed solution can be done in three to six months. Full implementation and outreach may take years.

Why will it work? Why is it viable?

It will work because we are not just informing people about what is out there, we are actually giving the tools to leaders to help those in their congregations find the help they need from existing infrastructure with strong community support. In doing so, they will help with cancer research by being in these trials. This support can help these communities remove the stigma and misconceptions regarding cancers and clinical trials.

It is viable because we have seen it work before in targeted populations. Now we just need to extend it to the greater populace.

Sources

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