



# Associations between Enroller Demographics and Subject Enrollment into a Randomized Cancer Prevention Trial



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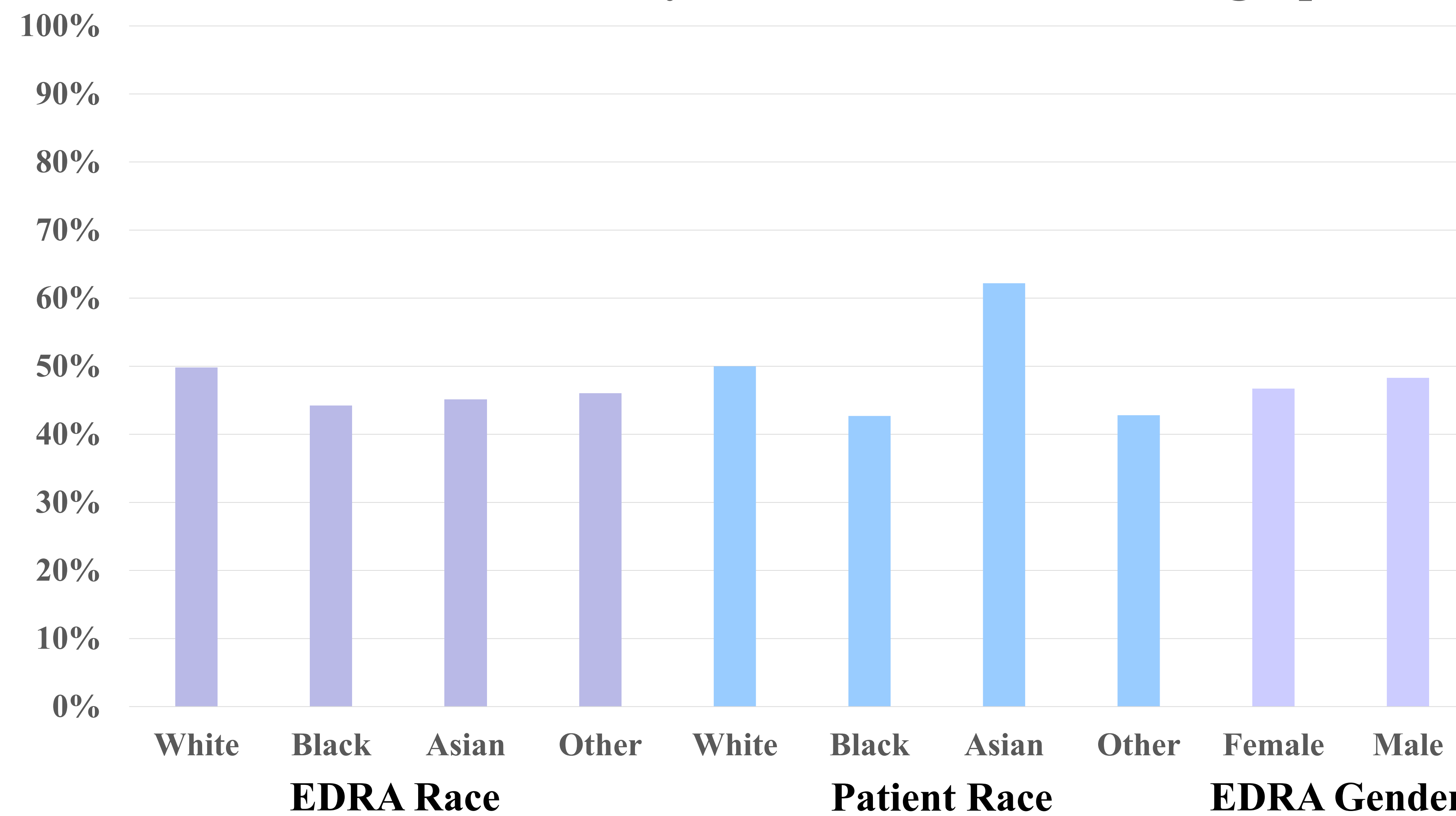
## Introduction

- Disparities in cancer clinical trial participation has long threatened external validity of findings.
- Potential explanations include research staff bias, lack of access to enrolling studies, and lack of racial concordance between research staff and patients
- Enrolling in a setting with a diverse patient population and mandating consecutive enrollment mitigate two of these concerns.
- Issues of concordance remain → current work seeks to relate enrollment and enroller demographics

## Methods

- Data comes from an NCI R01 study experimentally examining a text-message based intervention to improve cervical cancer screening among ED patients.
- Current study involves a retrospective analysis of REDCap enrollment data using the ED Research Associates (EDRA) program at URM.
- $\chi^2$  tests of independence were performed relating enrollment with patient and EDRA demographics.

Enrollment Rate by Patient and EDRA Demographics



## Results

- Total of 4,419 interactions between women patients and EDRA
- Patient race – White = 2,450 (55%), Black = 1,334 (30%), Asian = 74 (2%)
- Similar overall enrollment rates across EDRA race and gender
- Disparities in overall enrollment across patient race
- Concordance between patient and EDRA race not strongly tied to enrollment

## Discussion/Conclusion

- Conducting research in diverse settings such as the ED mitigates access to diverse populations as a barrier.
- Recruitment of diverse researchers is important, but it is not the only factor in ensuring representativeness in clinical trials.
- In addition, cultural competency training works to fight against biases researchers may have when approaching and explaining research to patients, therefore making patients more open to conversations and potentially enrolling into clinical trials.

Enrollment Rates among White Patients Across EDRA Race

