

Dr. Loretta Erhunmwunsee

2022-004: The Impact of Racism-Related Socio-Environmental Factors on African-American Non-Small Cell Lung Cancer (NSCLC) Mutational Signatures

CRAs: Danielle Shores, Aamna Akhtar

Summary of CPHS Approved Study

• Purpose:

- Investigate the impact of structural racism on specific lung cancer mutations in African-American (AA)/Black patients
- O Understand how factors may differently affect genes in AA/Black and Non-Hispanic White (NHW) lung cancer patients
- \odot This study served as the foundation for our recently awarded NIH grant

• Thank you!!

• Original Accrual:

 \circ N= 60 (40 AA/Black and 20 NHW)

Summary of Changes

• Amendment 1: Alignment with R37

 \odot Cohort dates, sample size, and aims revision

- Amendment 2: Adding Recruitment Site
- Amendment 3: One-Part Consent
- Amendment 4: Option for Independently Completing Consent

Justification of our Proposed Changes

- We are working with a historically marginalized population that have not been accurately represented across studies
- Adapting to non-traditional methods can be more inclusive for marginalized participants, given that they have a different experience in the research and clinical space
- Important to follow the lead of studies that have successfully recruited and enrolled AA/Black participants
- Patient feedback from initially approved CPHS study has also guided this amendment

Justification of our Proposed Changes: RESPOND

- Emory University was a site for a hallmark study titled: Research on Prostate Cancer in African American Men: Defining the Role of Genetics, Tumor Markers and Stress (RESPOND)
 - Emory is one of our sites in the R37
- RESPOND had a 42% response rate from 4800 AA/Black men, 50% of those respondents completed the study – our project has a 20% completion rate
- It is important to use studies that have successfully enrolled AA/Black participants as a guide, thus we are proposing to adopt a similar recruitment strategy to RESPOND

Amendment Change 1: Alignment with R37

- The aims and cohort dates were revised to align with the R37
- R37 funded for recruitment of 300 AA/Black patients across 4 recruitment sites:
 - California (Northern and Southern), Georgia, and Detroit
- Recruitment in California was expanded from 40 AA/Black participants to 100 AA/Black participants

Amendment Change 2: Adding PHI

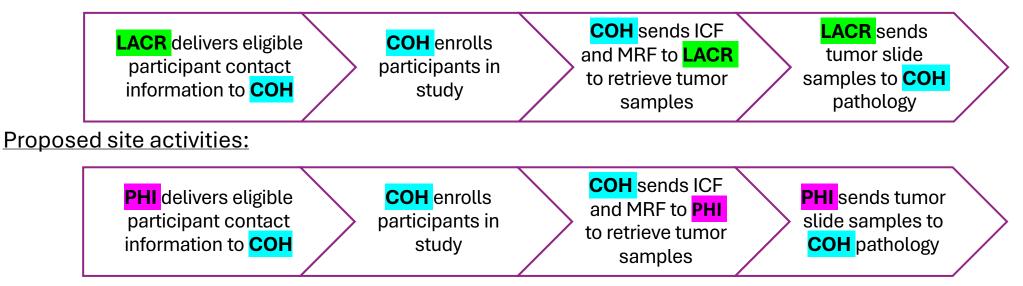
Adding Additional Recruitment Site:

 Public Health Institute/Cancer Registry of Greater California (PHI/CGRC) has been added to reach our California accrual goal of **100** Black/AA participants

• Role:

 $\,\circ\,$ PHI will deliver data and tumor tissue, in the same manner as LACR

CPHS Currently Approved site activities:



Amendment Change 3: One-Part Consent

Original Two-Part Consent Process:

- One Consent Information Sheet for the survey (Part 1) and another Signed Informed Consent Form for the Tumor Tissue/Medical Record Request (Part 2)
- Between Part 1 and Part 2, we have lost ~40% of participants who did not complete Part 2
 - $\circ~$ Participant feedback revealed 2-touch points is extensive and burdensome

Proposed One-Part Consent:

- The RESPOND study (which includes one of our collaborating sites) operated with a onepart consent - had a high accrual and completion N= 1,000
- o Survey and Tumor Tissue/Medical Record Request under <u>one</u> Informed Consent Form
 - One \$75 gift card will be sent to participants. This gift card covers \$25 for survey completion and \$50 for completion of the MRF

Amendment Change 4: Option for Independently Completing Consent

Original Consent Process:

- Consent forms completed remotely with the participant and study representative
- $\,\circ\,$ Patient feedback:
- "I do not have time to do another phone call to complete the Part 2 consent. Is there any way I could do it on my own time. I understand the study with the information presented."
 - $\circ~$ Did not continue participation in our research study after discovering we had to do another consent form over the phone

Proposed Consent Process:

- $\,\circ\,$ The RESPOND study operated with independent consent form completion and had a high accrual, N= 1,000
- Informed Consent Video and Cover Letter included for guidance
- $\circ\,$ Participants have the option to contact City of Hope Staff if they wish to undergo remote consenting
- $\circ\,$ If patients have not responded to our introductory packet, we will call them to follow-up
- $\,\circ\,$ We are not revoking the option of study staff completing informed consent with patients this is just an option that will be available to all participants.