



Research Week 2020

Understanding Barriers to Recruitment Among Patients with Lung Cancer into an Exercise Study

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Abstract

Introduction

Exercise may mitigate functional decline among patients with cancer and the importance of partner support for engaging in healthy behaviors is increasingly being recognized. Clinical trials with dyads can explore this but can suffer from challenging recruitment. Understanding barriers to recruitment in exercise interventions among patients with lung cancer and their dyad partners is important when designing future studies.

Methods

In a clinical pilot trial of exercise in lung cancer dyads, we employed three recruitment strategies: in-person in lung cancer ambulatory clinics, cancer registry mailings, and posts on research study opportunities webpages. Our intervention required dyad attendance of twice weekly, in-person, one-hour yoga classes with a once weekly at-home practice for the first six weeks followed by six weeks of a once weekly in-person class with twice weekly at-home practices. Eligibility requirements: stage I-IV non-small cell lung cancer, physician clearance for exercise participation, and a partner willing to participate in classes and surveys.

Results

Clinic recruitment yielded 261 potentially eligible patients. 46 (18%) did not meet eligibility criteria and among those who declined to participate, 50 (19%) cited driving distance burden and 26 (10%) declined due to other reasons, primarily a lack of available partner. We mailed letters to 386 patients from the OHSU Cancer Registry, which yielded 3 eligible patients. No patients were recruited from the research study opportunities webpages. We enrolled 23/261 dyads (18%) into our study.

Discussion

Utilizing recruitment methods from two high-traffic lung cancer ambulatory clinics and posting study information on several research opportunity websites, our enrollment rate was only 18%. Due to the requirements of our study, and most eligible patients citing driving distance burden or lack of available partner as the main deterrent for participation, investment in home-based or telemedicine exercise trials, where support partners could join remotely, may increase study participation.

