Barriers to Patient Accrual on ARST1321

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Background: ARST1321 is a COG/NRG phase II/III study evaluating neoadjuvant pazopanib and radiation in soft tissue sarcoma (STS) patients ≥ age 2 years. Although it is the only study available through the NCI National Clinical Trial Network for non-metastatic STS, fewer than 30 patients were enrolled during the first year.

Questions/Purposes: The purpose of this study is to explore barriers to enrollment amongst self-identified sarcoma specialists.

Methods: With IRB approval, a 7-question anonymous web-based survey was delivered to 82 physicians associated with a weekly multidisciplinary sarcoma videoconferenced tumor board shared by over 10 institutions. The response rate was 50% (41/82). Respondents' specialties included medical oncology (44%), radiation oncology (24%), orthopedic oncology (10%), pediatric oncology (10%), surgical oncology (10%), gynecologic oncology (1%), and pediatric surgery (1%). The majority of respondents practiced in an adult hospital (51%), with the remainder in a combined adult/pediatric hospital (44%) or pediatric hospital (5%). At the time of the survey, ARST1321 was active for approximately 1 year and a total of 22 patients were enrolled on ARST1321 (15 through COG and 7 through NRG).

Results: Overall, 66% of the survey respondents had not enrolled any patients on ARST1321. Thirty-four percent of respondents were unaware the study existed. Less than half (10/21) of the respondents working at adult hospitals were aware that the study existed and was open to adult patients. Twenty-nine percent of respondents were at institutions which opened the study in the last 12 months and 34% planned to open the study in the future; 37% had no plans to open the study. Of those respondents with no plans to open the study, 48% stated that the barriers were "unknown." Otherwise, the four most common reasons stated why the study was not open were the lack of patients who fit enrollment criteria (20%), lack of interest in study question (16%), concerns about study design (16%), and low per-patient reimbursement (12%). Among institutions where the study was open, the most common reasons patients declined enrollment included patient travel barriers (44%) and financial barriers (both insurance- and non-insurance-related) (22%).

Conclusions: We identified a striking lack of study awareness among multidisciplinary sarcoma specialists as the primary barrier to ARST1321 enrollment. Better approaches are needed to inform investigators about new sarcoma trials, particularly those working at adult hospitals. Among institutions serving an adequate sarcoma population, perceptions related to study design and per-patient reimbursement also serve as deterrents to study participation. At centers that currently offer enrollment on ARST1321, patient-specific barriers are mainly logistic and financial.