



## **Physicians, not Study Details, Play a Pivotal Role in Clinical Study Enrollment**

Clinical studies in ALS are the only hope for developing new treatments, and they rely on rapid and sufficient patient enrollment in order to produce meaningful, timely results. But study enrollment is far from ideal, with many studies taking many months to achieve full enrollment. Trial results are delayed, and the potential to use those results in the search for better treatments is frustrated. Some trials remain underenrolled, and thus underpowered to produce meaningful results.

A recent study of ALS clinical researchers found that trial enrollment varied far more from center to center than from study to study, suggesting that clinician behavior is of paramount importance in driving enrollment rates.<sup>1</sup> Elements intrinsic to specific trials—the use of a placebo, for instance, or the invasiveness of the treatment—were not significant factors driving differences in enrollment, suggesting that ALS patients are influenced to enroll in a trial less on the basis of trial details and more on the basis of their treatment team and how they approach trial involvement for their patients.

In that study, Bedlack et al. compared site-specific and overall enrollment rates in 85 ALS clinical trials published since 1990.<sup>1</sup> Variations in enrollment did not correlate with any of the 14 trial-specific variables identified, including use of a placebo, randomization ratio, availability of the intervention outside the trial, forced vital capacity exclusion criteria, number of enrolling sites, or invasiveness of the intervention. Enrollment rates remained relatively steady over the two decades' worth of studies included, and averaged about 2 patients per site per month.

In the same study, surveys of ALS treatment centers showed that the percentage of patients enrolled in at least one trial offered at the center within the past year ranged from 0% to 75%, with a mean of 25%. Although the authors suggest this is likely an overestimate, it nonetheless highlights the wide disparity by site in trial participation.

The problems of trial enrollment are not unique to ALS, and indeed have been more extensively studied in the cancer field. Those findings confirm that “physician factors,” rather than “trial factors,” play a primary role in patient decision-making. Lack of awareness of appropriate trials is a surprisingly common factor in low enrollment. Fear of insurance denial, concern for out-of-pocket expense, perceived loss of control over decision-making, and confusion about the purpose or methods of a trial were all important reasons patients offered for lack of participation.

Physicians can play a major role in overcoming these barriers to patient participation in ALS trials. Key steps to take include:

- Learn about available studies. Details of clinical studies in ALS, including locations and entry criteria, can be found through a simple search at [www.clinicaltrials.gov](http://www.clinicaltrials.gov)
- Talk to your patients about the importance of trials.
- Listen to your patients' concerns about enrolling in a trial.
- Inform your patients about trials that may be appropriate for them.



--Suggest to your patients that they sign up at the RDCRN Contact Registry for the CReATe Consortium. This will allow CReATe researchers to contact them directly when an appropriate study is recruiting. <https://www.rarediseasesnetwork.org/cms/create/patients/Contact-Registry>

--Tell your patients where to get more information, including the NEALS hotline for questions about clinical research, by phone at (877) 458-0631 or [alstrials@partners.org](mailto:alstrials@partners.org)

Reference:

1. Bedlack RS, Pastula DM, Welsh E, Pulley D, Cudkowicz ME. Scrutinizing enrollment in ALS clinical trials: room for improvement? *Amyotroph Lateral Scler.* 2008 Oct;9(5):257-65