

Introduction

- Frailty is a major concern in older adults with cancer
- Older adults are underrepresented in clinical trials
- Frailty interventions are needed
- Better recruitment strategies for older adults are needed

OBJECTIVE:

To identify barriers and facilitators to participation in supportive cancer trials for older adults

Methods

- We identified reasons for refusal in a 12-week frailty trial
- Eligible patients were aged 65+ with a Fried Frailty Score ≥ 2



- We explored sociodemographic patterns of those who declined
- Zip code data was mapped to two social determinants of health: employment and income

Results

Table 1. Demographic characteristics and reasons patients were not approached for the study

	Count (%) [n= 65]	Race/Ethnicity: N (%)		Sex: N (%)		Age: N (%)		
		White [n=52]	Non-White [n=13]	Male [n=33]	Female [n=32]	65-74 [n=42]	75+ [n=18]	Unknown [n=5]
Uninterested-Declined Approach	31 (47.7)	26 (83.9)	5 (16.1)	13 (41.9)	18 (58.1)	18 (58.1)	12 (38.7)	1 (3.22)
Coordinator couldn't contact	10 (32.3)	9 (90.0)	1 (10.0)	3 (30.0)	7 (70.0)	7 (70.0)	3 (30.0)	
Lack of interest	12 (38.7)	11 (91.7)	1 (8.33)	4 (33.3)	8 (66.7)	4 (33.3)	7 (58.3)	1 (8.33)
Time commitment	4 (12.9)	3 (75.0)	1 (25.0)	3 (75.0)	1 (25.0)	4 (100.0)	0 (0.00)	
Declined approach	5 (16.1)	3 (60.0)	2 (40.0)	3 (60.0)	2 (40.0)	3 (60.0)	2 (40.0)	
Ineligible Per Oncologist	15 (23.1)	11 (73.3)	4 (26.7)	10 (66.7)	5 (33.3)	14 (93.3)	1 (6.67)	
Too fit	7 (46.6)	6 (85.7)	1 (14.3)	6 (85.7)	1 (14.3)	6 (85.7)	1 (14.3)	
Restarting Treatment	3 (20.0)	2 (66.7)	1 (33.3)	0 (0.00)	3 (100)	3 (100)	0 (0.00)	
Recurrence/Metastatic Disease	4 (26.7)	3 (75.0)	1 (25.0)	3 (75.0)	1 (25.0)	4 (100)	0 (0.00)	
Cancer is past Stage III	1 (6.67)	0 (0.00)	1 (100)	1 (100)	0 (0.00)	1 (100)	0 (0.00)	
Oncologist Doesn't Recommend	16 (24.6)	12 (75.0)	4 (25.0)	8 (50.0)	8 (50.0)	9 (56.3)	5 (31.3)	2 (12.5)
Unreliable	6 (37.5)	5 (83.3)	1 (16.7)	5 (83.3)	1 (16.7)	4 (66.7)	1 (16.7)	1 (16.7)
Memory/Cognitive Issues	5 (31.2)	4 (80.0)	1 (20.0)	2 (40.0)	3 (60.0)	2 (40.0)	3 (60.0)	
Too Frail	3 (18.8)	1 (33.3)	2 (66.7)	0 (0.00)	3 (100)	1 (33.3)	1 (33.3)	1 (33.3)
Not a Good Candidate	2 (12.5)	2 (100.)	0 (0.00)	1 (50.0)	1 (50.0)	2 (100.)	0 (0.00)	
Lives too far away for study visits	3 (4.62)	3 (100.)	0 (0.00)	2 (66.7)	1 (33.3)	1 (33.3)	0 (0.00)	2 (66.7)

Table 2. Demographic characteristics and reasons patients were not consented onto study

	Count (%) [n= 39]	Race/Ethnicity: N (%)		Sex: N (%)		Age: N (%)		
		White [n=34]	Non-White [n=5]	Male [n=15]	Female [n=19]	65-74 [n=23]	75+ [n=10]	Unknown [n=4]
Patient Uninterested	10 (25.6)	9 (90.0)	1 (10.0)	8 (80.0)	2 (20.0)	6 (60.0)	3 (30.0)	1 (10.0)
Too Fit per Patient	4 (10.3)	4 (100.)	0 (0.00)	1 (25.0)	3 (75.0)	4 (100)	0 (0.00)	
Time commitment	6 (7.69)	6 (100.)	0 (0.00)	1 (16.7)	4 (66.7)	3 (50.0)	1 (16.7)	2 (33.3)
No further procedures	4 (10.3)	3 (75.0)	1 (25.0)	2 (50.0)	2 (50.0)	3 (75.0)	1 (25.0)	
No Response	7 (17.9)	6 (85.7)	1 (14.3)	1 (14.3)	4 (57.1)	4 (57.1)	2 (28.6)	1 (14.3)
Other	8 (20.5)	6 (75.0)	2 (25.0)	2 (25.0)	4 (50.0)	3 (37.5)	3 (37.5)	
Caffeine Allergy	2 (25.0)	1 (2.56)	1 (2.56)	0 (0.00)	2 (100)	1 (50.0)	1 (50.0)	
Restarting	1 (12.5)	0 (0.00)	1 (100)	0 (0.00)	1 (100)	1 (100)	0 (0.00)	
Not Good Candidate	1 (12.5)	1 (100)	0 (0.00)	-	-	-	-	-
Lives too far	1 (12.5)	1 (100)	0 (0.00)	-	-	-	-	-
Only want Intervention	1 (12.5)	1 (100)	0 (0.00)	1 (100)	0 (0.00)	0 (0.00)	1 (100)	
Bad past experience	2 (25.0)	2 (100)	0 (0.00)	1 (50.0)	1 (50.0)	1 (50.0)	1 (50.0)	

Conclusions

- Recruiting pre-frail/frail older cancer survivors into a nutraceutical trial is feasible
- Targeted recruitment strategies for underserved populations are needed

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Results

Figure 1: Flow diagram showing patient numbers at each stage of the trial recruitment

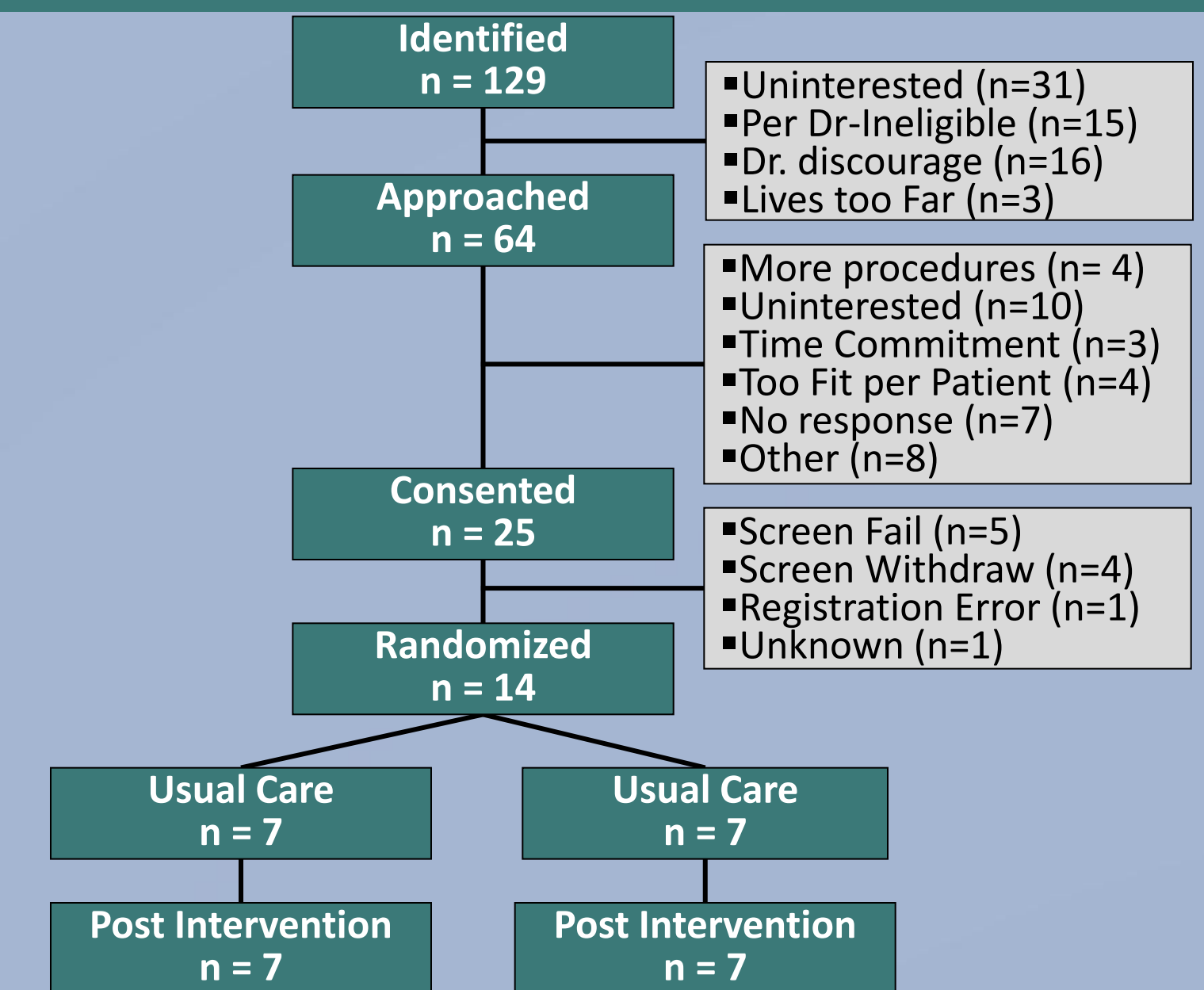


Figure 2: Average Annual Income of Approached Patients by Zip Code

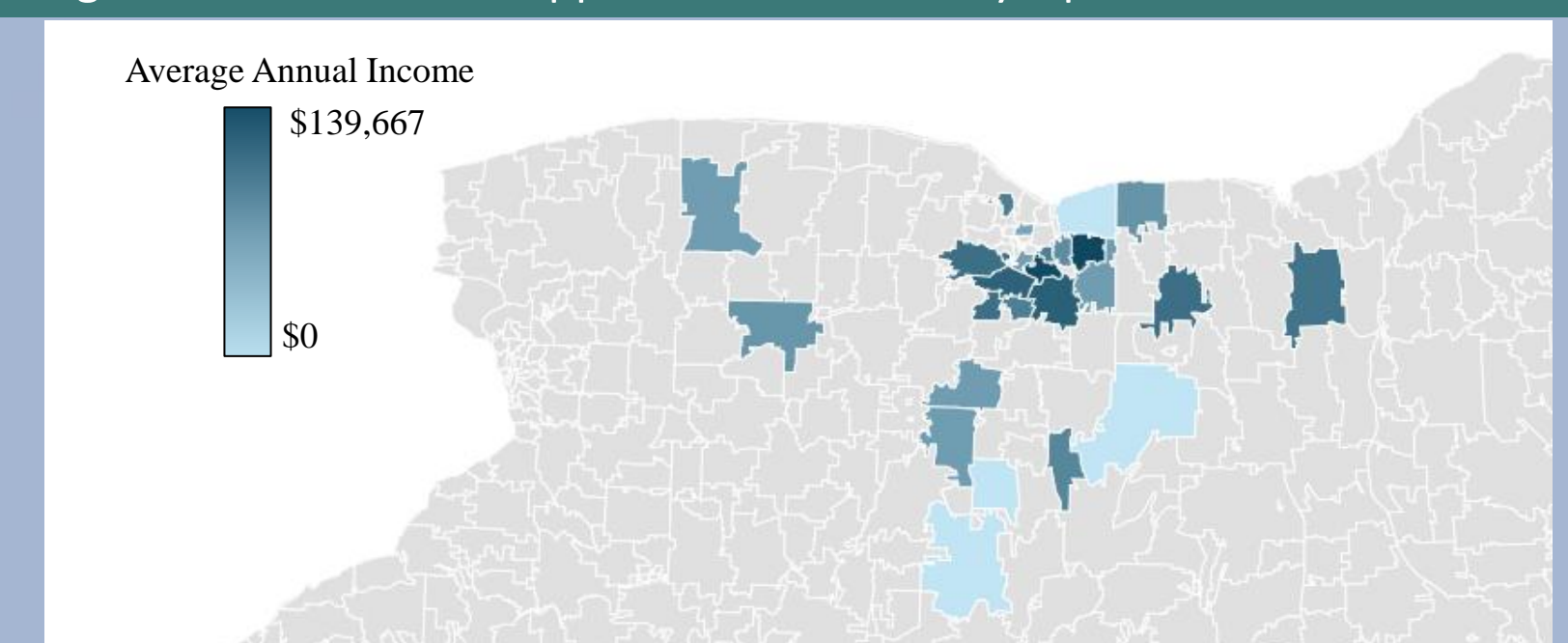


Figure 3: Comparison of the Distribution of Distance to Study Site: Approached vs Enrolled Patients

