

Guest editorial

Improving Patient Access to Clinical Trials in Regional Australia

Diane Heart • RN MACN

Registered nurse and clinical trials coordinator

For referencing Heart D. Guest editorial Improving Patient Access to Clinical Trials in Regional Australia. Australian Journal of Cancer Nursing 2022; 23(2):2-3.

DOI <https://doi.org/10.33235/ajcn.23.2.2-3>

Hello *AJCN* readers, my name is Diane, I am a registered nurse and I work as a clinical trials coordinator. I am delighted to be invited to write a guest editorial for CNSA because it gives me the opportunity to talk about my work, why I love this area of nursing and explain in a little more detail what opportunities clinical trials hold for cancer patients facing life limiting disease. I would like to begin by covering the basics and talk about what a clinical trial is, broadly discuss some of the issues such as patient accessibility and how clinical trials improve patient outcomes and, most importantly, explain what you the nurse can do to assist patients to make informed treatment choices.

Clinical trials are research studies that test and evaluate new medications, surgical interventions, radiological procedures and medical devices; they are an important area of nursing because they extend treatment choices when conventional options have been exhausted. Clinical trials innovate healthcare delivery by allowing healthy participants to meaningfully participate in the discovery of new treatments that either improve quality of life or prolong or find new interventions to eliminate illness and disease completely.

Clinical trials were previously only accessible to people living in metropolitan areas, resulting in inequitable access to innovative healthcare to those living in regional areas. Some clinical trials require more interventions, including immunotherapy or targeted systemic treatments designed to shrink cancers before surgical intervention. This type of clinical trial requires an inpatient facility and, therefore, is inaccessible to people living in remote regional communities¹. However, due to advances in technology and the introduction of telehealth, some clinical studies can be carried out remotely, effectively improving access and reducing demographic disparity². Increasing the establishment of medical facilities and multidisciplinary care at sites removes the travel burden by treating patients locally. Additionally, increasing site locations increases the use of telecommunications to improve access to specialist consultations and clinical trial data collection efficiency³.

COVID-19 alerted the world to testing, monitoring and evaluating medications which, in some respects, was a great thing because

it got people thinking about the processes of medication development, raising the profile of clinical trials, and leading to the development of regional centres. An example of this is the Regional Trials Network Australia (RTNA) based in Victoria which offers the first regional based clinical trials network and aims to bridge the gap in cancer outcomes between rural and metropolitan cancer patients³. In 2016, the rate of cancer trial participation was 6.7% in metropolitan Melbourne, but only 1.2% in regional Victoria. The RTNA identified patients who participated in clinical trials had a 5% increase in survival rate compared to patients who did not³.

Improving health service provision in rural areas is an issue of national importance and one that all cancer nurses should be aware of. Research shows that cancer patients living in regional areas have a 5% decrease in survival rate following a cancer diagnosis than metropolitan patients, simply due to geographical location, accessible healthcare and treatment options⁴. Between 2010 and 2020, there was a 7% higher mortality rate or about 9,000 additional rural deaths per year compared to urban counterparts⁵. Another report by Chua et al.⁶ stated that between 2011 and 2015, 180.4 people per 100,000 individuals living in regional locations died from cancer compared to 157.8 per 100,000 in urban locations⁶.

Nurses make up the largest cohort of health professionals and we are the ones that have the most direct patient care. It's therefore up to us to advocate for our patients and lobby for better access to affordable, innovative healthcare accessible to all regardless of demographic.

I hope cancer nurses reading this short piece have been enlightened and I hope that perhaps, during appropriate consultation with cancer patients, you might feel confident to suggest participating in a clinical trial which may extend patient options as well as contribute to finding better treatments for the cancer patients that follow.

References

1. Steinberg ML, Fremont A, Khan DC, Huang D, Knapp H, Karaman D, Forge N, Andre K, Chaiken LM, Streeter OE. Lay patient navigator program implementation for equal access to cancer care and clinical trials: essential steps and initial challenges. *Cancer* 2006;107(11):2669–2677. doi:10.1002/cncr.22319

2. Menon D, Stafinski T, Gavin S. Access to drugs for cancer: does where you live matter? *Canadian Journal of Public Health* 2005;96(6):454–8.
3. Regional Trials Network Australia (RTNA). Improving access to high quality cancer trials for patients in regional areas; 2020. Available from: <https://cancertrialsaustralia.com/rtn>
4. National Rural Health Alliance. Cancer in rural Australia; 2020. Available from: <https://ruralhealth.org.au/sites/default/files/publications/fact-sheet-08-cancer-rural-australia.pdf>
5. Borno HT, Zhang L, Siegel A, Chang E, Ryan CJ. At what cost to clinical trial enrollment? A retrospective study of patient travel burden in cancer clinical trials. *The Oncologist* 2018;23(10):1242–1249. doi:10.1634/theoncologist.2017-0628
6. Chua A, Nguyen E, Pua LL, Soong J, Keesing S. Experiences of people with cancer from rural and remote areas of Western Australia using supported accommodation in Perth while undergoing treatment. *Current Oncology* 2011;29(2):1190–1200. doi:10.3390/curroncol29020101