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RARE CAMELLIAS: A study in the feasibility of a hybrid virtual platform support system in expanding accessibility of gynecologic oncological clinical trials to rural Louisiana

Rural Americans face considerable barriers in access to specialized cancer care, especially regarding clinical trials. This issue is particularly pronounced in Louisiana, where nearly one-third of the population resides in rural areas. The RARE CAMELLIAS (viRtual pLAtfoRm to improvE Cancer cAre, coMMunity outREach and cLinical triAl enrollment) program offers a novel solution through a hybrid model that integrates centralized trial coordination with decentralized follow-up care to address the burdens rural residents face in accessing clinical trials. This study aims to assess the feasibility, patient satisfaction and describe healthcare provider professional fulfillment and burnout experiences in association with participation in this program.

A retrospective chart review of participants on a single surgical clinical trial comparing RARE CAMELLIAS patients to our standard patients was performed. Feasibility was measured through adherence to study procedures and enrollment rates. A cross-sectional survey design to assess both patient satisfactions, using the PSQ-18, and provider well-being, using the Stanford Professional Fulfillment Index (PFI) and Burnout surveys. Descriptive statistics were utilized to summarize survey outcomes and demographics.

To date, the total number of clinical trial participants is 24, with 5 of those participants being enrolled and followed through the RARE CAMELLIAS program. The remaining 19 participants were standard of care patients. Seventeen RC follow-up visits were completed, with 2 (11.8%) of those visits occurring outside the protocol timeframe. In comparison, 78 standard follow-up visits were completed, with 28 (35.9%) of those visits experiencing a deviation outside the protocol timeframe. Two RC participants completed the trial and 3 remain enrolled. Of the 19 participants in the standard model, 2 withdrew and one was lost to follow-up, resulting in an 89.5% retention vs %100 in the RC group. Three RC patients completed the PSQ-18 with an average score of 4.65 of 5. They rated communication (5) the highest followed by interpersonal manner (4.83), both technical quality and accessibility/convenience (4.75), time spent with doctor (4.5), general satisfaction (4.33) and financial aspects (4.17). Eight providers completed the PFI on RC visit days compared to 17 that completed the PFI on non-RC visit days. Overall trends favor RC for professional fulfillment (3.96 vs 3.63), work exhaustion (0.03 vs 0.34), interpersonal disengagement (0.02 vs 0.11), overall burnout (0.02 vs 0.22). Additionally, it was found that on average each RC participant traveled 249.2 miles less roundtrip per follow-up visit to the designated community health center (UHC Lafayette) than had they traveled to UMC New Orleans for follow-up.

Preliminary results suggest that the RC model is feasible and associated with reducing logistical barriers and enhancing both provider well-being and patient satisfaction. This model displays promise in promoting equity and quality in cancer clinical trial access, redefining what cancer treatment and care can look like for underserved rural Americans.