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MEDIA RELEASE

TELETRIALS BRING BENEFITS FOR REGIONAL CANCER PATIENTS

EMBARGOED UNTIL 12:01am Monday 31 August 2020

TELEHEALTH provides an opportunity to increase the participation of rural and regional cancer patients in crucial clinical trials, according to the authors of a Perspective published online today by the Medical Journal of Australia.

“Clinical trials remain a gateway to accessing cutting edge therapies and technology,” wrote the authors, led by medical oncologist Associate Professor Ian Collins from the Victorian Comprehensive Cancer Centre (VCCC).

“Currently, less than 5% of regional cancer patients participate in any clinical trial; barriers include travel distance to a metropolitan site, a lack of trials available locally, and costs involved for patients and carers such as travel and accommodation and loss of earnings.

“While there are no set targets for participation rates, there has been a correlation between trial participation rates and improved cancer survival, such that a higher rate is desirable.”

Collins and colleagues wrote that telehealth strategies had gained acceptance as a delivery mode for patients closer to home, including anti-cancer therapies.

“A logical extension is integration into clinical trial models.”

The VCCC has established a teletrials program, using a framework developed by the Clinical Oncology Society of Australia, to build relationships between regional/rural Victoria and metropolitan centres, using telehealth to provide patients with the opportunity to access clinical trials closer to home.

Collins and colleagues wrote that potential benefits of teletrials included:

- improved recruitment: as trials have a wider reach, they may recruit faster, translating new interventions to patients faster in a real-world setting;
- improved retention: making trial access easier may improve participant retention, reduce missing data and accelerate trial objectives;
- increased diversity: teletrials may allow for easier access to the increasingly specific and rare subsets of cancer trial populations;
- professional development: partnerships developed from the trial network may translate into improved routine clinical care delivery and opportunities; and
- trial cost-savings: while teletrial costs will be evaluated, the resources required to open a teletrial may be reduced, as much of the trial data will be retained at the primary site.

They also addressed potential and perceived risks:

- clinical safety of new treatments in a regional setting: while a trial may involve a novel therapy, toxicities are often managed on a patient’s return home to their regional site. Involving local clinicians in the trial can actually reduce this risk through better education regarding managing novel therapies;
- clinical trial expertise: most regional sites already have extensive experience in clinical trials, and Good Clinical Practice training is standard;

- trial monitoring challenges: with rapidly increased use of secure digital platforms, monitoring is increasingly becoming a remote activity, so location is not a barrier.

"Teletrials do more than just meet trial metrics," the authors concluded.

"They develop synchronous partnering between regional and metropolitan centres, allowing regional equity of access to cutting edge diagnostics and therapeutics while maintaining patients' care delivery closer to home, thereby avoiding disruption to family, work and social interactions."

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