

Multilevel predictors of cancer clinical trial enrollment among CCOP physicians

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Abstract: Despite the potential benefits, only 3-5% of American adults with cancer participate in cancer clinical trials. One intervention aimed at increasing participation in clinical trials is the Community Clinical Oncology Program (CCOP), a cancer focused provider-based research network administered by the National Cancer Institute (NCI). Although drivers of enrollment at the CCOP level are well understood, no research has exclusively examined enrollment among CCOP physicians.

The objective of this dissertation was to understand the factors that predict enrollment of patients in NCI-sponsored cancer clinical trials among CCOP physicians. Data were obtained from the 2011 Annual CCOP Progress Reports, two surveys conducted in 2011 among CCOP administrators and physicians, and the 2012 American Medical Association Physician Masterfile. The sample consisted of 485 CCOP physicians. We used structural equation modeling to analyze three models that predicted physician enrollment.

Our first analysis sought to determine the physician characteristics, attitudes, and CCOP factors associated with physician enrollment. Our results demonstrated that physicians' attitudes toward participating in CCOP, and CCOP policies and practices (e.g. trainings offered, expectations instituted, support provided) were both significant in directly predicting enrollment, although neither physician characteristics nor CCOP factors were indirectly associated with enrollment operating through physician attitudes. In the second analysis, we included physicians' perceptions of CCOP, and tested whether fit between CCOP and physicians' values moderated the effect of physicians' perceptions of implementation climate (i.e., a climate that supports, rewards, and expects implementation) on enrollment. Our results demonstrated that both constructs were significantly associated with enrollment and including the moderator improved overall fit of the model. Lastly, we included both CCOP factors and perceptions of context in a single model. Our results confirmed that implementation climate mediated the relationship between organizational policies and practices and enrollment.

Overall, the results have both theoretical and practice implications. This dissertation extends the setting and unit of analysis in which innovation implementation theories have been tested. In addition, the findings from this dissertation could be used to develop physician directed strategies aimed at increasing involvement in clinical research. These strategies will be increasingly important as the CCOP network continues to evolve.

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