

POSTER ABSTRACTS
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**Increasing enrollment onto the STAR trial in an HMO:
outreach to high-risk women"**

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Background: The Study of Tamoxifen and Raloxifene (STAR) is a randomized trial to assess the ability of two selective estrogen receptor modulators (SERMs) on reducing breast cancer incidence among postmenopausal women at high risk based on personal and familial breast factors. This work describes an outreach methodology for increasing enrollment of Kaiser Permanente of Colorado (KPCO) members onto STAR.

Methods: Women enrolled in KPCO who were at least 50 years of age and had a history of atypical hyperplasia or lobular carcinoma in situ (LCIS) were identified through the KPCO electronic pathology dataset, and those with a family history of breast cancer were identified through self-reported information on the KPCO Health Risk Assessment. These women received a letter mailed from KPCO explaining their potential increased risk for breast cancer, their potential eligibility for enrollment onto the STAR trial, and an invitation to attend any of four "town hall" meetings. The meetings were held at various KPCO medical facilities, and consisted of a 2-hour informational presentation by KPCO and STAR oncologists, and a STAR nurse researcher.

Results: A total of 4733 women were mailed invitations to the town hall meetings: 4268 women with a family history of breast cancer, and 465 with a history of atypical hyperplasia or LCIS. The 4 town hall meetings had an average attendance of 35 women. Of all attendees, 32% (45/140) have completed a STAR risk assessment, with 43 (96%) deemed eligible for trial enrollment. This is comparative to an eligibility rate of 56% for STAR nationwide. Of the eligible women, 49% are currently enrolled. Of the remaining 22 women, only 5 have declined, while the majority are waiting the 3-month period without hormone replacement therapy before being able to enroll. Thus we anticipate the town hall meetings to have resulted in an overall enrollment rate of nearly 30% (38/140), comparative to a 20% enrollment rate nationally.

Conclusions: Identifying women eligible for enrollment onto the STAR trial through existing data sources within KPCO led to town hall meetings with audiences highly appropriate for and highly interested in enrollment onto the STAR breast cancer prevention trial.