

# SYSTEMIC LUPUS ERYTHEMATOSUS

Patient recruitment of  
underserved patients in US



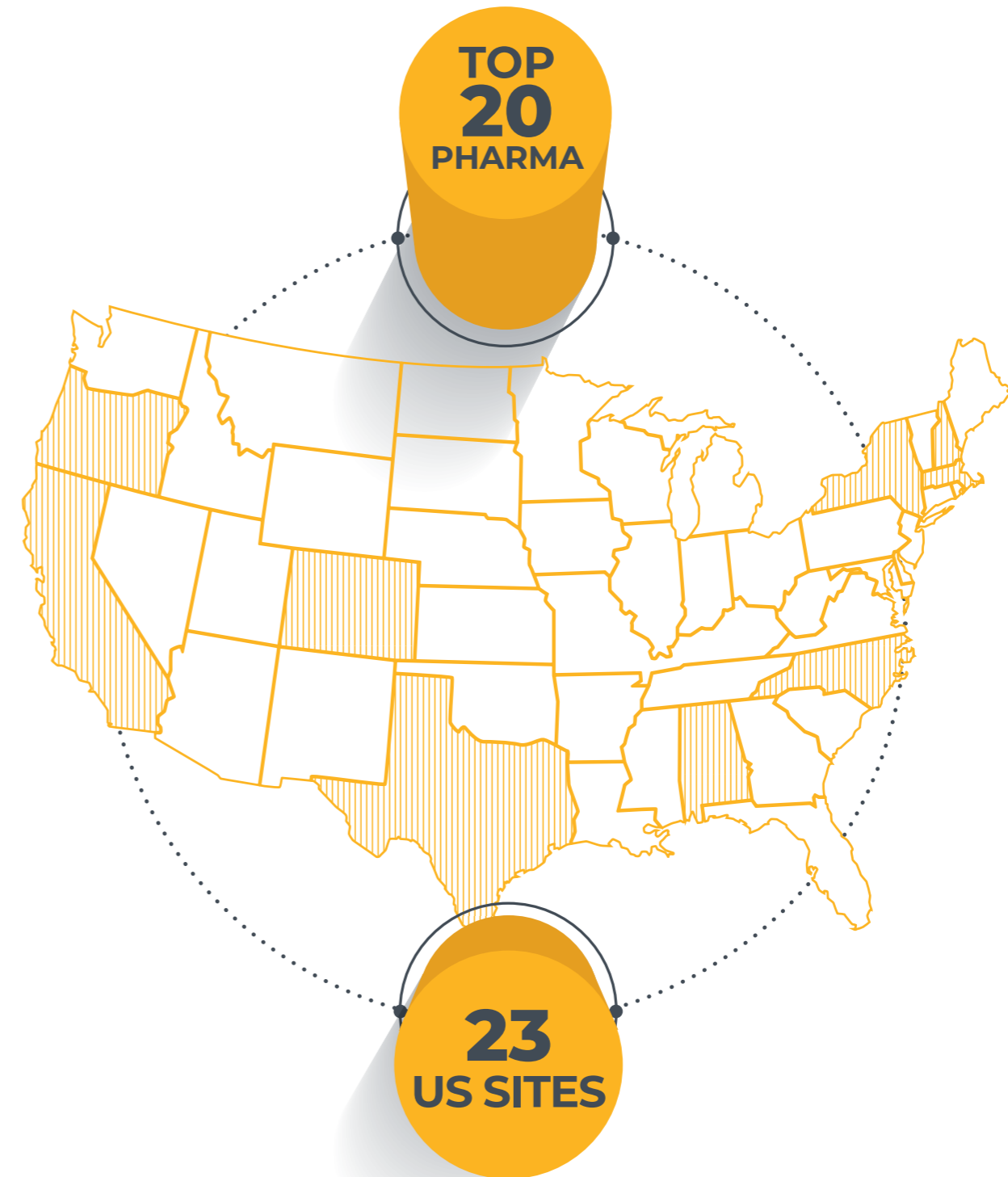
# SYSTEMIC LUPUS ERYTHEMATOSUS PATIENT RECRUITMENT

## SNAPSHOT

COUCH Health were commissioned by a **top 20 pharmaceutical company headquartered in the US.**

The company commissioned COUCH Health to improve diverse representation in their Phase 3 systemic lupus erythematosus (SLE) clinical research study. The reason was two-fold: A need to accelerate enrolment, and to improve enrolment from underserved populations.

Although the study was global, COUCH Health were commissioned to support with **23 US sites** based in underserved areas.



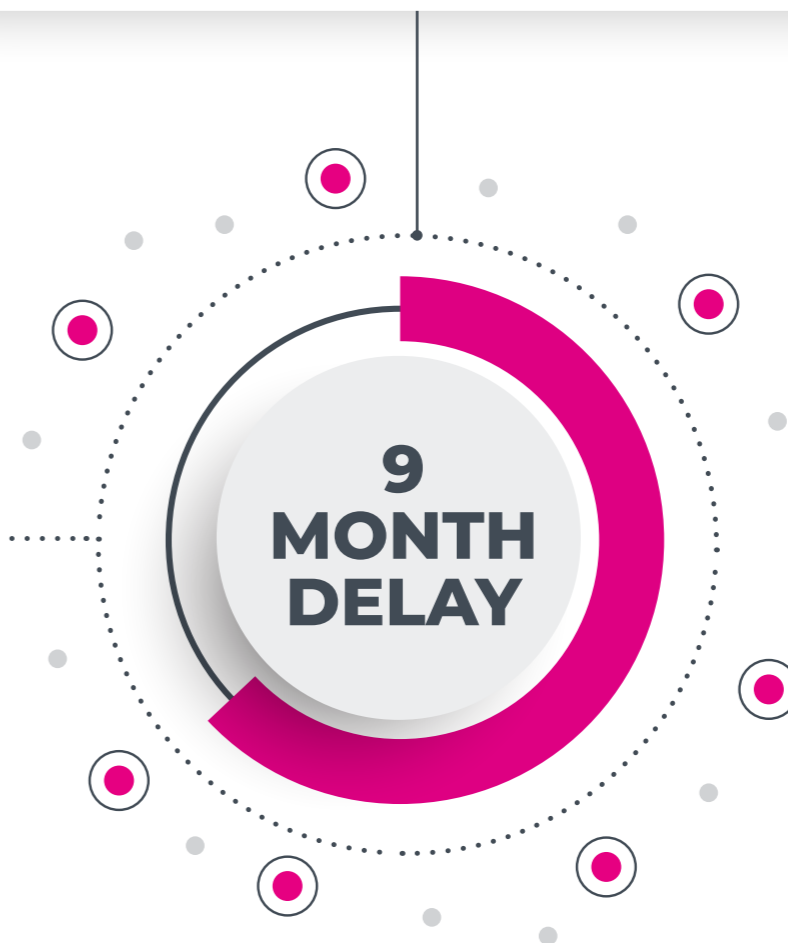
# PROBLEM

People who are African American, Hispanic, and those of Indian descent have a **higher incidence of developing SLE**, and these underserved populations have historically **not been represented in SLE research**. The reasons for this are complex and varying.

The study was not enrolling at rates expected and had already been delayed in meeting enrolment goals by approximately **9 months**.

## The challenges the sponsor was facing:

- + There was no centralised patient recruitment strategy, the strategy was to act on site requests if received.
- + Screen failure rate of 65% was high.



# STRATEGY

## COMMUNITY GROUP OUTREACH

Due to the population to be engaged and the lack of trust in clinical research and healthcare on the whole, it was recommended to target community groups around a **20 mile radius of 23 key sites in the US.**

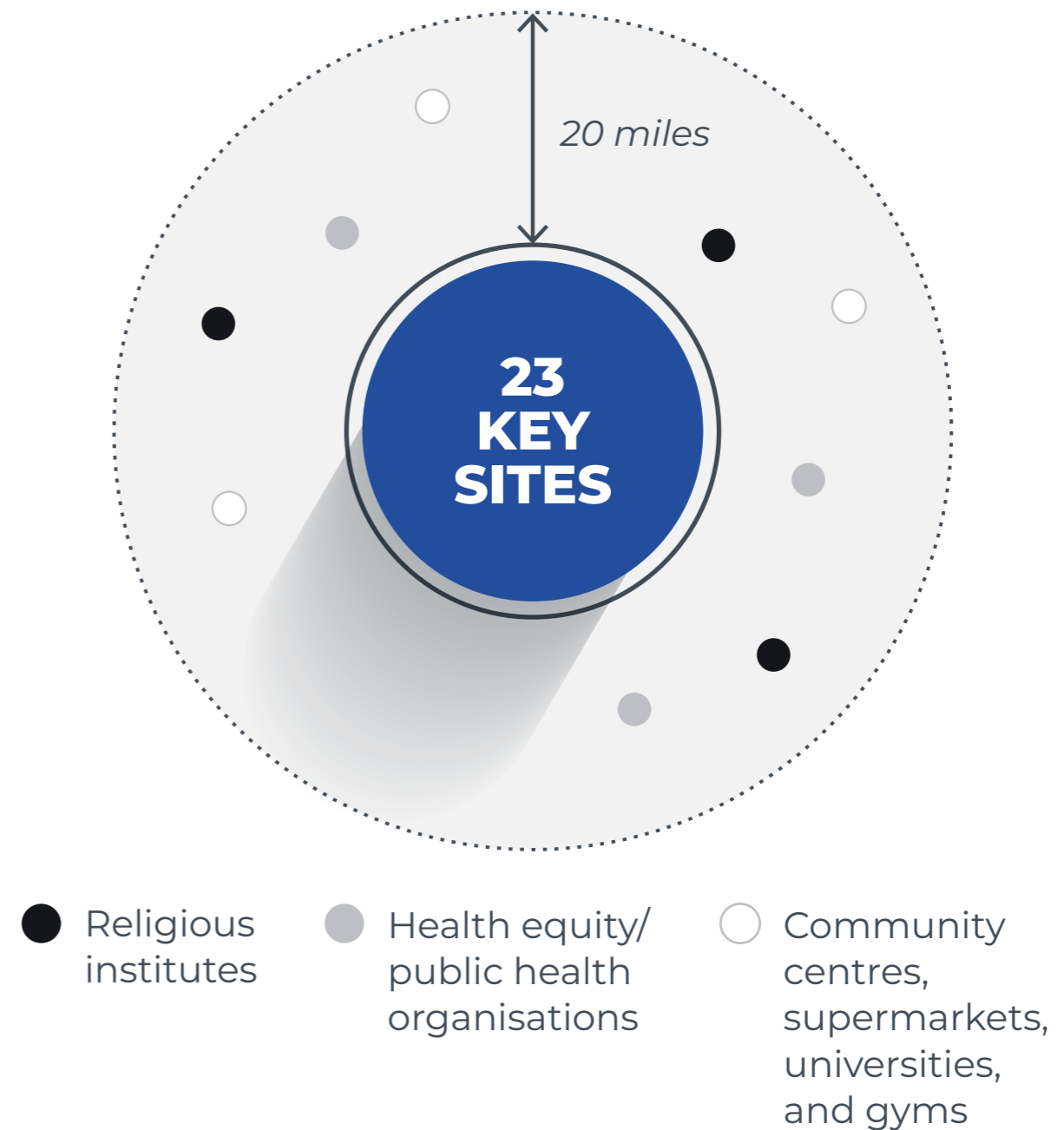
### These groups consisted of:

- + Religious institutions
- + Health equity/public health organisations
- + Community centres, supermarkets, universities, and gyms

The community groups were presented with the challenges facing underserved populations with SLE during local webinars/events over a 6 month period.

Once community groups were engaged, IRB approved materials promoting the study were shared with the groups to include in newsletters, events, notice boards, and sermons.

## TARGETED COMMUNITY GROUPS

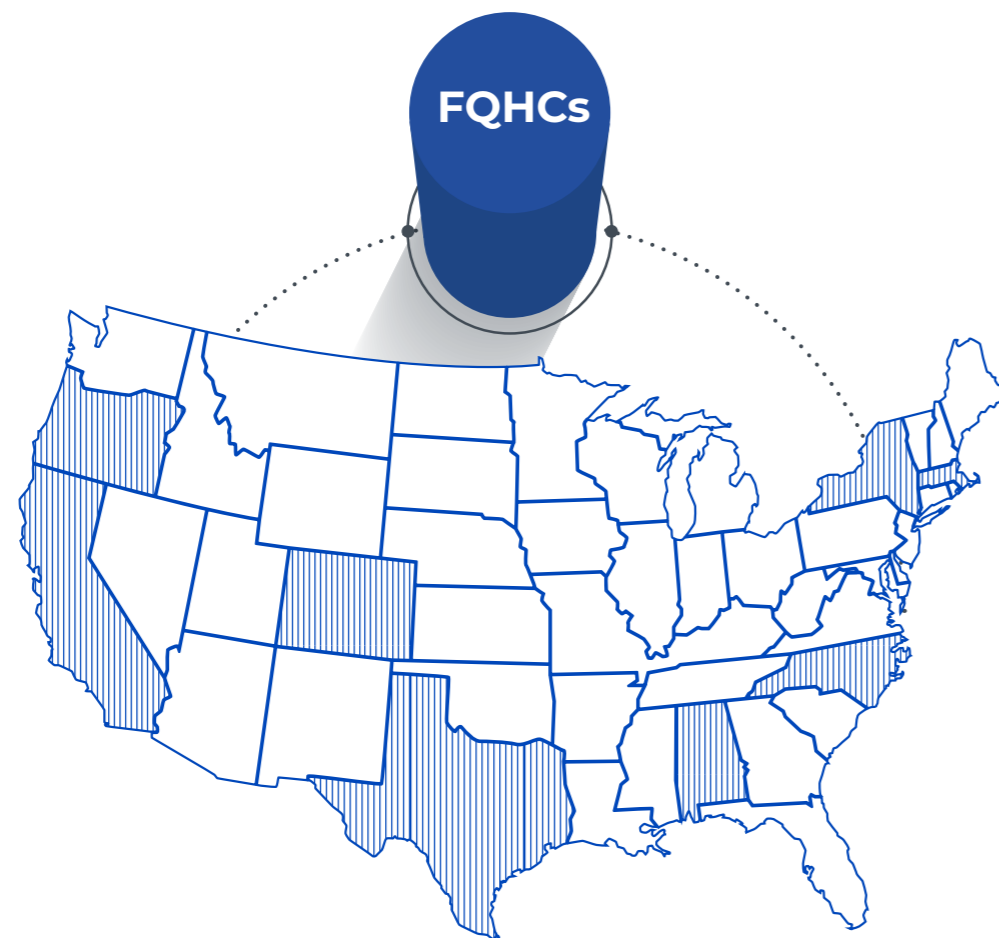


# STRATEGY

## LOCAL HEALTHCARE PROFESSIONAL REFERRALS

Due to the population being engaged, COUCH Health worked with **Federally Qualified Healthcare Centers (FQHCs)** across the US to refer patients to the study.

As people under FQHCs are on Medicare/Medicaid, referrals can be a quick-win.



## PRE-SCREENING PRIOR TO SITE-REFERRALS

Using our nurse-led call centre, we were able to qualify patients before site referrals.



## RESULTS



of patients screened were from a **diverse background**.



of patients screened were **randomised**, substantially bringing down the screen failure rate.



of sites agreed they would **work with COUCH Health again**.



of the sites agreed to receive **cultural safety training** from COUCH Health, which was delivered via weekly lunch and learns (held virtually).

The number of sites actively enrolling was **higher for those receiving COUCH Health support** compared to those that were not supported by COUCH Health

**COUCH  
SUPPORT**



Sites that participated  
in cultural safety training  
with COUCH Health enrolled  
**26% more diverse patients**  
compared to those that  
did not receive training



**26%**  
**MORE DIVERSE**  
**PATIENTS**

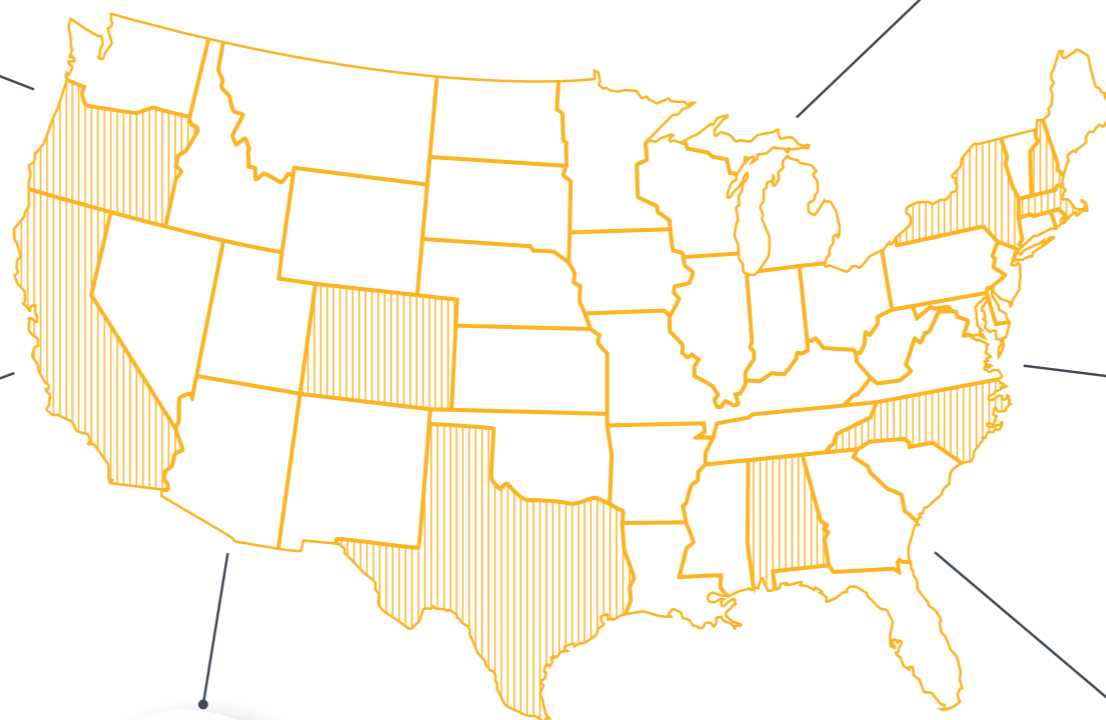




**57** patients  
randomised

**19**

sites engaged



Screen failure rate  
improved by

**21%**

**179**

community  
hospitals engaged

**13**

FQHCs engaged

**279**

communities  
engaged



# THANK YOU

For more information, please contact **Ash Rishi**, CEO  
[ash@couchhealth.agency](mailto:ash@couchhealth.agency)



COUCH Health  
2nd Floor, 5 Richmond Street, Manchester, M1 3HF  
United Kingdom

[www.couchhealth.agency](http://www.couchhealth.agency)



© COUCH Health, 2023. All rights reserved.