INTRODUCTION

Recruitment of participants constitutes a significant portion of the workload associated with the DECAMP studies. Therefore, the DECAMP project at your site will operate more effectively and efficiently if you develop and implement a well-thought out recruitment plan.

The recruitment strategies presented in this manual are intended to combat the anticipated barriers to DECAMP participant accrual, such as:

1) Informing patients of their eligibility for the trial (increasing knowledge of the trial in the community and encouraging referral from a pulmonologist or radiologist);
2) Discussing costs, including costs not covered by insurance and potential additional travel for protocol procedures (especially to comply with DECAMP-2 screening procedures);
3) Describing the long-term benefits of a trial that has no immediate treatment benefit; and
4) Adequately educating participants about the tasks associated with submitting samples.

DECAMP investigators should note that all recruitment and patient education materials must be reviewed and approved by your local IRB prior to implementation. At some participating sites, the IRB may require review and approval of your site-specific recruitment plan.

DECAMP Recruitment Goals
As part of the DECAMP studies, patients will be asked to complete a questionnaire and submit blood, urine, nasal, buccal, sputum, bronchial brushing, bronchial biopsy, and lung tissue specimens for banking once enrolled in the study. Bronchial brushings are obtained via bronchoscopy. In addition to the above requirements, DECAMP-2 patients will undergo two (2) bronchoscopy procedures; three (3) blood, urine, buccal, sputum, and nasal sample collections; and four (4) CT scans.

The required sample size for DECAMP-1 is 500 participants, and DECAMP-2 is 880. Accrual goals for participating DECAMP sites are as follows:

<table>
<thead>
<tr>
<th>ACRIN Inst #</th>
<th>Institution Name</th>
<th>DECAMP-1 Accrual Goal</th>
<th>DECAMP-2 Accrual Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>4790</td>
<td>VA Boston Healthcare System</td>
<td>32</td>
<td>39</td>
</tr>
<tr>
<td>4791</td>
<td>VA North Texas Health Care System</td>
<td>28</td>
<td>31</td>
</tr>
<tr>
<td>4792</td>
<td>VA Eastern Colorado Health Care System</td>
<td>28</td>
<td>31</td>
</tr>
<tr>
<td>4793</td>
<td>Nashville VA Medical Center</td>
<td>40</td>
<td>55</td>
</tr>
<tr>
<td>4714</td>
<td>Philadelphia VA &amp; UPenn Medical Centers</td>
<td>32</td>
<td>39</td>
</tr>
<tr>
<td>4794</td>
<td>VA Pittsburgh Healthcare System</td>
<td>28</td>
<td>31</td>
</tr>
<tr>
<td>4278</td>
<td>Roswell Park Cancer Institute</td>
<td>32</td>
<td>39</td>
</tr>
<tr>
<td>4438</td>
<td>VA Greater LA Health Care System</td>
<td>40</td>
<td>55</td>
</tr>
<tr>
<td>4795</td>
<td>National Naval Medical Center</td>
<td>60</td>
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<tr>
<td>4796</td>
<td>Naval Medical Center San Diego</td>
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<td>140</td>
</tr>
<tr>
<td>4238</td>
<td>Brooke Army Medical Center</td>
<td>60</td>
<td>140</td>
</tr>
<tr>
<td>4797</td>
<td>Naval Medical Center Portsmouth</td>
<td>60</td>
<td>140</td>
</tr>
</tbody>
</table>

In order to meet these aggressive accrual targets, DECAMP sites require recruitment strategies that minimize barriers to recruitment and emphasize rapid recruitment of the required number of individuals, as well as retention of participants for the entire trial duration.
**Essentials of Recruitment Planning**

It is essential that the recruitment process take into account factors that will optimize the type and number of participants enrolled in the study while minimizing time and expense. Failure to meet target accrual goals can affect the “power” of a study, making it less successful in providing quality results.

Delays can result in increases in cost, workload, and pressure from funding agencies. Therefore, in order to have a successful recruitment campaign, it is important to:

1. Develop a specific site recruitment plan;
2. Monitor the response of the plan set forth;
3. Evaluate the campaign’s effectiveness; and
4. Revise and further refine the plan as necessary.

The steps required to develop a successful recruitment plan are described below.

**Develop a site recruitment plan**

It is critical to think about the recruitment plan and media campaign early and address the development of the plan using a team approach. First, review the study protocol and other materials to gain an understanding of the scope of work and, from that understanding, build an appropriate site team responsible for developing and implementing the recruitment plan and overall study conduct. The most successful approach involves convening this group regularly throughout the course of the study. Often, this can take the form of weekly/monthly meetings with all representatives present – the Principal Investigator, Co-investigators and referring physicians, Study Coordinator, Research Associates, Public Relations Department representative (if applicable), etc.

As you begin to develop your recruitment plan:

- Examine the DECAMP-1 & DECAMP-2 inclusion and exclusion criteria. Assess where your site team can best capture individuals that will meet these requirements. In addition, it is important to get a good sense of/map out the demographics of the catchment area in which you are looking to recruit. Plan to monitor the catchment area to assess areas of high recruitment during the study.

- Set site goals (refer to accrual goal table). How many participants per month are you comfortably able to see with the current processes in place at your site? Be sure to review those goals and whether or not you are meeting them as part of your campaign’s ongoing effectiveness reviews.

- Review staffing patterns. You will need to decide on the staffing structure and number of personnel needed to meet your goals. It is a good idea to involve key personnel at your site in the planning of staffing structure and formulate a plan to train your personnel adequately on the recruitment plan and study designs. You will want to establish a back up system of staff for issues like cross training. You may go so far as to document specific duties and procedures in a formal site recruitment/training manual.
Choose your recruitment strategies

**Media Strategies.** We are exposed to so much print, radio, and television advertising we might be tempted to assume that media strategies and tactics for participant recruitment are quite simple. However, they can be as complex and sophisticated as the protocol itself. It is important to note, though, that media strategies are only one part of the entire recruitment plan. Therefore, this section should be used in conjunction with the other, equally important components outlined throughout this document.

The primary objective of a media strategy for participant recruitment is to create interest in the DECAMP protocol(s) that leads to action – usually a phone call to inquire further. To do this, we need to figure out:

- **What to say:**
  Be mindful of language that might be considered coercive. To spur interest, focus recruitment materials on explanations of the study’s potential long-term impact and eligibility requirements. For example, “Are you a current or former smoker?” may perk a potential participant’s ears to listen to the rest of your message. Your IRB will need to approve all final advertising materials as well as any scripted call guides or other materials that interface with potential participants.

- **How to say it:**
  It is critical to balance regulatory considerations with the media vehicles available. For example, a television advertisement will most likely be held to 30 seconds, a print advertisement might be only 15 to 25 words, and a radio ad will have no visual content. The challenge is to engage the target audience and build community around the study’s objectives while maintaining compliance with regulatory requirements.

- **Where to say it:**
  Our targeted demographic, the demographics of your local area, the scale of the program at your site, and the budget will ultimately dictate your mix of print, radio, television, mass mailings, internet, or other media sources. Each format has strengths that can be leveraged for our target audience as well as weaknesses that can be minimized in most situations. For example, an advertisement outside located at eye-level in a designated smoking area may be of higher impact and lower cost than a television advertisement mid-day while military personnel are working.

- **When to say it:**
  It is critical to understand the media habits of the target audience for DECAMP in order to maximize the desired response and investment. For example, when is the target audience most likely to intersect with the advertisement? At routine appointments to follow up on COPD or emphysema for DECAMP-2? At pulmonologist or surgical follow-up visits for DECAMP-1? Where do people who smoke gather in your local area? Is there a “smoke shop” where you might post a flyer?

It will be valuable to outline the basic tenets of each media format available to you before deciding upon and implementing your media strategy. The positioning and content of the advertisement may be the most important parameters of your campaign.
**Public Relations Department Engagement** Discuss the recruitment plan with your site’s public relations (PR) department. The PR team can assist in strategizing how to inform the medical community about DECAMP and access media outlets for free. Public relations strategies may include:

- Press releases
- Public service announcements
- Media events, including health fairs
- Presentations
- Letters
- Luncheons

**Recruitment Materials** Some recruitment materials may be ordered centrally from ACRIN headquarters (brochures and posters), while others will be the responsibility of each site (letters on intuition’s letterhead, post cards or appointment cards, newsletter or website advertisements, etc.).

- **Centrally Printed Recruitment Materials**
  1. **Brochures (DECAMP-1 Appendix B & DECAMP-2 Appendix C)**
     ACRIN will print and store the DECAMP-1 & DECAMP-2 brochures, and update content as appropriate based on protocol amendments. Participating sites can request additional copies of the brochure. Please submit requests for additional brochures to Irene Mahon (imahon@acr.org) or decamp_suppliesrequest@acr.org.
     - Initial shipment: 50 copies
     - Sites will be able to personalize brochure with local information via a sticker/label on the back panel, but text will not be changed.
     - Brochure may be used in direct mail recruitment efforts, placed in health care providers’ offices, placed in senior centers, displayed at health fairs, etc., after local IRB approval.

  2. **Posters (DECAMP-1 Appendix D & DECAMP-2 Appendix E)**
     The DECAMP-1 poster (.pdf available to sites) will be printed by ACRIN. Space is provided for you to include site-specific contact information. Sites are permitted to personalize the poster template with local information and reproduce it, but text cannot be changed. You will be able to order additional copies of the poster upon request.

  3. **Eligibility Cards for Referring Physicians (DECAMP-1 Appendix F & DECAMP-2 Appendix G)**

- **Locally Printed Recruitment Materials**
  Participating sites are encouraged to use institution letterhead to produce recruitment letters; reach out to potential participants in your encashment area via e-mail distribution lists and local mailing lists; and develop advertisements for local newsletters or websites. The following templates are provided to assist with local recruitment and advertising:

  1. **Newsletter advertisement template (DECAMP-2 Appendix H)**
  2. **Newsletter article template (DECAMP-1 Appendix I)**
  3. **Short-letter template (DECAMP-1 Appendix J)**
  4. **E-mail broadcast template (DECAMP-1 Appendix K)**
  5. **Craig’s List advertisement template (DECAMP-2 Appendix L)**
**Other Recruitment Materials**

1. **DECAMP Patient Recruitment Web Site** ([www.decampresearch.com](http://www.decampresearch.com) or [www.decampresearch.org](http://www.decampresearch.org))

   The DECAMP website was developed and will be maintained by ACRIN, and serves as a resource for patients. Key information available on the DECAMP website includes: Study Design, Eligibility Criteria, Participating Institutions, Contact Information, Driving Directions, and a link to MapQuest. In addition, the DECAMP website provides links to patient education resources, such as information on participating in a clinical trial and smoking cessation programs, and links to third-party resources that are supporting and promoting the DECAMP studies, such as the DOD Lung Cancer Research Program (DOD LCRP) web page. The patient website also provides an opportunity to link DECAMP information with your local institution’s “Home Page” or DECAMP-specific portal.

   The DECAMP website ‘News’ tab includes a link to a video interview with DECAMP PI, Dr. Avi Spira, as described below.


   The DOD’s Congressionally Directed Medical Research Programs (CDMRP) website includes a video interview with DECAMP PI, Dr. Avi Spira. In the video, Dr. Spira discusses the DECAMP consortium infrastructure, background and significance of the DECAMP research, and the importance of the DECAMP clinical trials. The DECAMP patient website includes a link to the video in the ‘News’ tab.

3. **DECAMP Logo** *(Appendix A)*

   The DECAMP logo is IRB-approved for use on recruitment communication and letterhead, as well as any materials that communicate the results and/or follow-up of DECAMP screening exams.

**Running the operation**

ACRIN encourages personnel to share their successes and continuing obstacles during DECAMP site teleconferences, or at any time with study project managers. Sharing information among the internal team will allow for community troubleshooting of new or ongoing issues.

**Getting started: Tracking and monitoring systems**

Tracking and monitoring systems should be designed and implemented as your recruitment efforts begin. The system is used to document all recruitment efforts, to monitor short and long-term goals, and to calculate yields and costs – which ultimately provide a site with rapid feedback as to which recruitment strategies prove most effective. These data may include calculating the number of participants enrolled and randomized as a result of the various media efforts and the costs of advertising per phone screen. Simple charts of this information can distinguish between successful and unsuccessful tactics, and how to adjust ongoing recruitment planning.

These data should be monitored weekly/monthly:

1. Total number of responses to all recruitment methods;
2. Comparisons of media (type vs. type);
3. Ratio of preliminary screen passes to fails;
4. Number of scheduled potential participants;
5. Number of pending appointments;
6. Number of people that did not qualify;
7. Number of people that qualified but did not participate;
8. Reasons for non-participation;
9. Number that drop-out, are lost-to-follow-up, or complete the trial.
• **Prescreening**

It may be helpful and efficient to obtain as much eligibility information via the DECAMP ‘Eligibility Checklist’ before approaching a potential participant at a clinic visit. The U.S. Department of Health and Human Services, National Institutes of Health HIPAA Privacy Rule “Activities Preparatory to Research” provision permits covered entities to use or disclose protected health information for purposes preparatory to research, such as to aid study recruitment. The preparatory to research provision allows investigators to identify prospective research participants.

If your institution permits identification of prospective research participants, study coordinators may review medical records, nodule registries, radiology logs and/or other institutional resources to identify patients who may meet the study’s eligibility criteria. Another common method for pre-screening may include telephone interviews. Please comply with your institution’s policy on the activities preparatory to research/study recruitment provision.

Participating institutions must submit and obtain approval and/or acknowledgement of the institution-specific recruitment plan from their local IRB, if applicable, prior to implementation. All recruitment materials to be used in pre-screening, including the telephone interview script, must be reviewed and approved by both ACRIN and the local IRB. All participating institutions must comply with their local IRB guidelines and must satisfy the informed consent requirements of HHS regulations.

Once deemed to be eligible for DECAMP, then the eligible participants may be invited to the clinic for a screening/enrollment visit.

• **Screening/enrollment visits**

The screening/enrollment visit is scheduled after a participant is deemed to be eligible via the Eligibility Checklist. A second visit should be scheduled if the potential participant wants time to consider joining the study.

• **Reporting the success of your recruitment plan**

DECAMP sites will participate in weekly teleconferences to report the number of patients screened for participation and the number of patients enrolled. Study coordinators will discuss:

- Recruitment methods that have been most successful;
- Recruitment methods that have not been successful;
- Problems you have been encountering either with recruitment efforts or with the trial in general; and
- Any noticeable trends.

**Conclusion**

Your recruitment efforts are greatly appreciated. You play a vital role in the conduct and continued success of the DECAMP consortium, and in these efforts to find tools for early diagnosis of lung cancer. The DECAMP protocol team will work with you to ensure that your recruitment goals are met. Please feel free to contact the team if you have questions or would like to discuss your local recruitment plan. A sample/template DECAMP recruitment plan that incorporates multiple strategies suggested in this manual is included as Appendix M. Please use the sample plan as a reference and template as you develop a site-specific plan.
Appendix A
DECAMP Logo Example
Contact Irene Mahon (imahon@acr.org) for artwork file (.jpg)
Appendix B
DECAMP-1 Brochure (Version Amendment 3)

Page 1:

STUDY INFORMATION
Every year, thousands of men and women in the United States develop lung cancer. There is a significant need to improve the outcomes for patients with lung cancer through innovative treatment options.

PURPOSE OF THE STUDY
The purpose of this study is to determine if the drug X can help in treating the disease.

STUDY PARTICIPATION
Eligible participants will be randomized into different treatment groups. The study will involve regular visits to the study site.

Page 2:

FREQUENTLY ASKED QUESTIONS
Who can join the study?

If you take part in this study:

If you receive treatment:

WHAT AM I ELIGIBLE TO DO IN THIS STUDY?

If you are eligible to participate in this study:

WHAT AM I ELIGIBLE TO RECEIVE IN THIS STUDY?

HOW DO I GET THE MOST OUT OF THIS STUDY?

ARE THERE COSTS FOR TAKING PART IN THIS STUDY?
Appendix C
DECAMP-2 Brochure (version April 2015)

Page 1

About DECAMP Study 2

Doctors want to determine the best way to monitor people who are at high risk for developing lung cancer. This monitoring is often called "lung cancer surveillance." The study’s goal is to identify biomarkersthat can be collected easily from patients to obtain information about their risk for developing lung cancer.

What are biomarkers?

Biomarkers are "biological" markers that are most often used to monitor the presence of disease, monitor disease progression, detect recurrence, or predict treatment response. These types of substances may help doctors learn how quickly a cancer is developing. Biomarkers that identify the early stages or severity of cancer could improve lung cancer surveillance, as well as the detection and treatment of early-stage cancer.

DECAMP Study 2 will include approximately 800 study participants who are current or former smokers and have one additional risk factor for lung cancer.

PURPOSE OF THE STUDY

Participants who agree to participate in the study because they are at high risk for developing lung cancer. Participants are selected to develop lung cancer during the 4-year study period. Doctors will compare the biomarkers of these study participants to the biomarkers of a control group of people who do not develop lung cancer. By comparing the biomarkers of the two groups, the study team hopes to discover specific biomarkers that will help identify which patients are most likely to develop lung cancer.

Trial Conduct Information

National Trial Principal Investigators

Avinash Spin, MD, MSc
Boston University School of Medicine, Boston, MA
Michael Swenich, MD, PhD
University of Pennsylvania, Philadelphia, PA

Program Coordinators

Emily Meeks, Program Guest Coordinator
Boston University, 22 East Concord Street, Boston, MA 02116
Shawn M. Mobley, DECAMP Project Manager
American College of Radiology Imaging Network
111 Market Street, Suite 17 70
Philadelphia, PA 19102

For Local Trial Information, Contact:

Research Sponsor

The DECAMP Trial is funded by the National Cancer Institute (NCI) Lung Cancer Research Program.

FREQUENTLY ASKED QUESTIONS

Who can join this study?

You may be eligible to participate if you:

• Are at least 50 years old
• Are an adult smoker (people at least 18 years old) or former smoker who quit more than 20 years ago and has at least 10 pack-years of smoking
• Have not had a lung cancer diagnosis or treatment

Who can join this study?

• Are willing to undergo fiberoptic bronchoscopy
• Are able to tolerate the biopsy specimen collection procedures

How will you be followed?

You will be followed for about 4 years. Study participants who are diagnosed with lung cancer during the study will continue to be followed to have any further study-related procedures. This study is expected to end once all patients have completed the follow-up visits and all information has been collected.

What are the possible benefits of taking part in the study?

Participation in this study may not make you better or improve your health. Your participation in this study may help doctors discover biomarkers to help identify patients who are most likely to benefit from treatment. The results of the biopsy specimen tests will not change your treatment.

What are the possible costs of taking part in the study?

You will not be responsible for any costs associated with the biopsy specimen collection, treatment, care, or other costs in the future.

www.decampresearch.org

The image above is a CT scan of a lung nodule.
VOLUNTEERS ARE INVITED TO PARTICIPATE IN THE STUDY:

DECAMP 1 - DETECTION of EARLY LUNG CANCER AMONG MILITARY PERSONNEL

✔ Are you 45 years or older?

✔ Are you a current or former heavy smoker*?

* Defined as ≥20 pack years ... pack years are determined by: number of packs smoked/day X number of years smoked

✔ Have you been told you have a lung nodule?

You may be eligible to participate in a study aimed at helping diagnose lung cancer in the future.

Open to all eligible beneficiaries
(active duty, retired, family members & spouses)

If interested, please contact:

Sponsored by the Department of Defense (DoD) Lung Cancer Research Program
Poster version: Amendment 3
Appendix E
DECAMP-2 Poster (Version April 2015)

Volunteers are invited to participate in DECAMP
DETECTION of EARLY LUNG CANCER AMONG MILITARY PERSONNEL

DECAMP Study 2:
Screening Patients at High Risk for Developing Lung Cancer

If you...
• Are aged 50 to 79 years
• Have either:
  • Emphysema or chronic bronchitis (often referred to as chronic obstructive pulmonary disease, or COPD)  
  OR
  • At least one immediate family member (parent, brother or sister, child) diagnosed with lung cancer
• Are either a current or former heavy smoker

You may be eligible to participate in a study aimed at helping diagnose lung cancer in the future

Open to all eligible beneficiaries
(active duty, retired, family members & spouses)

If interested, please contact:

DECAMP
BIOMARKER RESEARCH
Detection of Early Lung Cancer among Military Personnel

www.decampresearch.org

Sponsored by the Department of Defense (DOD) Lung Cancer Research Program
Poster Version: April 2015
Appendix F
DECAMP-1 Eligibility Card (Version 8/6/2014)

Decamp Study 1: Diagnosis and Surveillance of Indeterminate Pulmonary Nodules

Inclusion Criteria

- Patients aged 45 years or older
- Diagnosed with an indeterminate pulmonary nodule (0.7 - 3.0 cm)
- Nodules must be of appropriate size at enrollment, but nodule(s) may have been first identified within 12 months prior to enrollment
- Current or former smoker with ≥ 20 pack years (pack years = number of packs smoked per day x number of years smoked)
- Willing to undergo fiberoptic bronchoscopy
- Able to tolerate biospecimen collections
- Able to comply with standard of care (initial and follow up) visits including clinical exams, diagnostic work-ups, and imaging for two years

Exclusion Criteria

- History or previous diagnosis of lung cancer
- History of diagnoses of pure ground glass opacities w/ no indeterminate pulmonary nodules
- Contraindications to nasal brushing or fiberoptic bronchoscopy procedure
- Allergies to any local anesthetic that may be used to obtain biosamples in the study

If you have a patient who may qualify for this study, please contact:

Version 08-06-2014
Appendix G

DECAMP-2 Eligibility Card (Version 8/6/2014)

DECAMP Study 2 – Group B: Patients at High Risk for Lung Cancer

Inclusion Criteria

Patients with a history of COPD, emphysema or at least one first-degree relative with a lung cancer diagnosis who are:

- 50 to 79 years old
- Current or former smokers
  - ≥ 10 cigarettes/day for at least 25 years duration for current smokers, or
  - ≥ 20 pack years for former smoker who quit 20 years ago or less (pack years = number of packs smoked per day x number of years smoked)
- Willing to undergo fiberoptic bronchoscopy
- Able to tolerate all biospecimen collection as required by protocol
- Able to comply with standard-of-care follow-up visits, including clinical exams, diagnostic work-ups, and imaging for up to four years or until diagnosis of lung cancer

Exclusion Criteria

- Contraindications to nasal brushing or fiberoptic bronchoscopy
- Allergies to any local anesthetic that may be used to obtain biosamples in the study
- History/prior diagnosis of lung cancer

If you have a patient who may qualify for this study, please contact:

Version: 08-06-2014
Appendix H
DECAMP-2 Newsletter Advertisement Template

DECAMP Study 2: A study for active and retired military personnel and their family members

IF YOU:
• Are a current or former smoker
• Are aged 50 to 79
• Have either emphysema OR an immediate family member diagnosed with lung cancer

You may be eligible to participate in a study screening patients at high risk for developing lung cancer.

To learn more, contact:

www.decampresearch.org
[Insert DECAMP Site Name] is recruiting adults to participate in a clinical trial that may uncover new ways to detect lung cancer at its very earliest and most curable stage. Lung cancer is the number one cancer killer of both men and women in the United States. Signs and symptoms of lung cancer most often do not occur until the disease is at an advanced stage, when a cure is not possible.

The [Insert DECAMP Site Name] is one of 14 US veteran and military medical facility members of a new consortium called “Detection of Early Lung Cancer Among Military Personnel,” or DECAMP. “We see a high incidence of lung cancer among veterans and military personnel,” says [Insert local PI quote or use suggestion]. “Specifically, these individuals have much higher rates of smoking than the general public and may be exposed to other cancer-causing substances during their service time.” The consortium’s goal is to identify and validate molecular biomarkers (measurable substances found in body fluids and tissue) that can determine the presence of early-stage lung cancer or the likelihood it will develop.

The first DECAMP study is now recruiting [veterans and their dependents] age 45 years and older who are current or former heavy smokers and have a recent diagnosis from a chest CT scan of an “indeterminate” lung nodule—a small, round growth whose benign or cancerous status is difficult to determine. Five hundred study participants at high risk for lung cancer will be enrolled in the study.

Study volunteers will undergo noninvasive or minimally invasive procedures in order to provide a variety of biospecimens, including cells scraped from the lining of their nose, mouth, and lungs. These biospecimens, along with those from samples of a participant’s blood, urine, and sputum, will be analyzed using microarray analysis technology. This advanced testing procedure measures the activity of the thousands of genes within a cell to determine which genes are “turned on” or “turned off” as a result of exposure to toxins.

[Insert local PI quote or use suggestion] “Using the information obtained from the microarray analyses, we aim to develop lung cancer biomarkers that can be measured in biospecimens readily obtained with minimal patient discomfort, to reliably confirm if an indeterminate lung nodule is likely to be cancerous. Such results would have an immediate impact on the way we practice medicine and in improving the care of patients who have an abnormal chest CT scan finding,” says [Insert PI Name].

The DECAMP consortium was formed in response to an early lung cancer detection initiative announced by the US Department of Defense, the consortium’s sponsor. It brings together the leading lung cancer research groups in the United States in an effort to expand the understanding of molecular biomarkers for lung cancer and to enable the earlier detection of the disease.

For more information, [Insert local contact information] or visit www.DECAMPresearch.org.
Appendix J
DECAMP-1 Short Letter Template

[Name of facility] is pleased to announce its participation in the DECAMP (Detection of Early Lung Cancer Among Military Personnel) consortium conducting lung cancer biomarker research. The DECAMP consortium is a multidisciplinary research initiative funded by DoD that includes 7 veteran hospitals, 4 military treatment facilities, and 3 academic hospitals. This project is evaluating different types of tests to better determine whether difficult-to-diagnose lung nodules seen on a computed tomography (CT) imaging scan are cancerous. The goal is to improve the efficiency of the diagnostic evaluation of patients with indeterminate lung nodules. The study is available for military members (active duty or retired) and their eligible family members.

PARTICIPATION CRITERIA:
1. Patients aged 45 or older
2. Diagnosed (within the last 12 mos.) with an indeterminate pulmonary nodule (0.7-3.0 cm)
3. Current or former smoker with >/= 20 pack years.
4. No previous history of lung cancer.

If you have a patient or know someone who qualifies for the study, please contact:

[List facility contact information]
Appendix K
DECAMP-1 E-mail Broadcast Template

Subject: DECAMP Research Study at [Insert Site Name]

[Insert Site Name] was selected as one of the DECAMP (Detection of Early Lung Cancer Among Military Personnel) study sites conducting biomarker research. DECAMP is a multidisciplinary and translational research consortium funded by DoD which includes 7 VA Hospitals, 4 designated Military Treatment Facilities, and 3 academic hospitals as clinical study sites. This project is being carried out to check the ability of different types of tests to predict if the nodules seen on imaging scan are benign or malignant. The goal is to improve the efficiency of the diagnostic evaluation of patients with indeterminate pulmonary nodules. The study is available for military members (active duty or retired) and their eligible family members.

PARTICIPATION CRITERIA:
1. Patients aged 50 or older
2. Diagnosed (within the last 12 mos.) with an indeterminate pulmonary nodule (0.7-3.0 cm)
3. Current or former smoker with ≥ 30 pack years.
4. No previous history of lung cancer.

If you have a patient or know someone who qualifies for the study, please contact:
PI: [Insert PI Name / Phone # / Contact information]
AI: [Insert AI Name / Phone # / Contact information]
Clinical Research Coordinator: [Insert RA/Coordinator Name / Phone # / Contact information]
Appendix L
DECAMP-2 Craig’s List Advertisement Template

Researchers from the [insert site name / department] are conducting a research study in a population considered to be at high risk for developing lung cancer. The goal of this research study is to evaluate whether the presence of specific biomarkers (substances or genes found in samples of bodily fluids and tissue) can be used as a tool in detecting and diagnosing early stage lung cancer in those who do not have lung cancer but are at an increased risk for getting lung cancer.

You may be eligible to participate in this research study if you:

- Are between the ages of 50-79 years old
- Are a current or former smoker
- Have been diagnosed with COPD/Emphysema or have a family member who was diagnosed with lung cancer

This research study involves annual follow-up visits and research procedures for up to 4 years. [Compensation will be provided – insert if applicable].

If you are interested in volunteering or would like to obtain additional information about this research study please call [insert phone number].
Appendix M
EXAMPLE / TEMPLATE: Components of Site-Specific DECAMP Recruitment Plan

Examples of Activities to Proactively Recruit Participants
DECAMP sites should create a diverse recruitment plan aimed at promoting DECAMP and its goals in your local community and creating avenues to identify potentially eligible patients who can be approached and asked to join the study. This sample recruitment plan includes suggestions only and should supplement what you know about your community, what creative methods you will include in your approach, and what resources are available to you.

1. Engage local clinicians and utilizing the VA & MTF network and resources;
2. Engage the media;
3. Target the general public; and
4. Involve health professional organizations and advocacy and volunteer groups.

Engage local clinicians and utilizing the VA & MTF network and resources
- Advertise and promote to VA/MTF staff.
- Place/distribute pamphlets in the Primary Care Clinic, Branch Clinics, and the CT scan waiting room.
- Collaborate with home oxygen department and your local smoking cessation program staff.
- Post informational flyer on bulletin boards where appropriate throughout the facility.
- Present at Grand Rounds and/or tumor board.
- Present to Pulmonary Department and/or Radiology Department staff.
- Present to branch medical clinics.
- Coordinate with patient referral center staff to facilitate the selective referral of a network patient with pulmonary nodules to the DECAMP study coordinator or PI.
- Plan educational sessions with the referral staff on the inclusion criteria and details of the study.
- If approved by the local IRB, review nodule tracking databases or nodule registries to identify patients that meet nodule size and other inclusion criteria.
- If approved by the local IRB, review medical records to identify patients that meet nodule size and other inclusion criteria.
- Place advertisements on the TRICARE website.
- Provide brief article in facility newsletter
- Explore where the video with Dr. Spira’s overview of the DECAMP trial might be placed for viewing in clinic waiting rooms (http://cdmrp.army.mil/pubs/video/lc/spira_video.shtml).
- Encourage sites to offer participants additional comforts as a courtesy for their study participation, i.e., free parking at the treatment facility the day of their bronchoscopy visit, a free cafeteria/café voucher for the day of their bronchoscopy visit, discount coupon/special rate for local hotel if an overnight stay is required; local IRB approval may be required for these courtesy measures.

Engage the Media
Sites should look to proactively engage the media in the recruitment effort initially and throughout the entire study. As possible, work with the institutions public relations/communications department to carry out activities. Ideas for the site to focus a story or press release on DECAMP include:
- Have a press release ready or hold a media event at your site at the half way recruitment point, or at the six month and year recruitment time points.
- Offer the local media a press conference after your site opens to enrollment. Ask your site PI to speak about the studies, outline eligibility, and explain the goals/potential national and military impact.
- Explore having the PI engage in radio interviews on local stations
- Explore the possibility of creating print and/or video Public Service Announcements (PSAs) for local placement.
- Provide periodic releases to markets where referral sites are located (such as the “first 100” accrual stat).
- Suggest interviews with local spokespersons.
- Post an informational ad in the local newspaper.
- Place an add on ‘Craig’s List’

**Increase Awareness Of DECAMP Among Members of the General Public Through Existing Opportunities and Concentrated Outreach**

- The DECAMP website ([www.decampresearch.org](http://www.decampresearch.org)) will include information about the studies, including participating sites and contact information.
- Place/distribute pamphlets at Health Fairs.
- Presentation to the local chapters of organizations such as the Better Breathers Club-American Lung Association.
- Participate in local events sponsored by Lung Cancer Alliance, American Cancer Society, and American Lung Association.
- Refer potential participants to advocacy websites (National Cancer Institute, Lung Cancer Alliance, American Cancer Society, American Lung Association).
- Check on the date of your site’s state Lung Cancer Awareness Month and promote the study along with awareness materials – the national month is November. States may differ, however, or proclaim a week or day, so sites should check.
- Coordinate DECAMP promotion with New Year’s Eve smoking cessation resolutions (sites may strategically place PSAs with information on how to quit smoking AND promote DECAMP at the same time).
- Coordinate with the Great American Smokeout in November. Sites may want to partner with the local group who coordinates this, as well as the American Cancer Society, to create PSAs.
- Provide information to senior centers, perhaps in coordination with flu shot clinics.
- Place flyers and other information at the VFW or military golf courses.
- Place an add on ‘Craig’s List’

**Involve Health Professional Organizations as Well as Advocacy and Voluntary Groups in the Education Effort**

- Contact colleagues at local pulmonary centers and outside facilities that could educate potentially eligible patients about the DECAMP research opportunity.
- Provide health professionals with information to share with potential participants.
- Place print ads and articles in organization publications and medical journals and newsletters.