Date: 04/24/2026

Title: Pilot Qualitative Study of the Therapeutic Alliance between Latino/a Patients with Advanced Cancer and their Oncologists

NCT number: NCT04342611

IRB: 22466

Version Date: 03/11/2024

Document Type: Consent

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City of Hope

INFORMATION SHEET FOR PARTICIPATION IN RESEARCH ACTIVITIES

Pilot Qualitative Study of the Therapeutic Alliance between Latino/a patients with Advanced Cancer and their Oncologists
[IRB Protocol Number: 22466]
Patient Information - Interviews

KEY INFORMATION

You are invited to participate in a research study. The purpose of this study is to examine perceptions, barriers, and facilitators of a therapeutic alliance (TA) between advanced cancer patients and their oncologists. The information we gather will help inform the development of a future intervention aimed at improving the therapeutic alliance between Latino/a advanced cancer patients and their oncologists.

Participants in this study will complete a survey of questions regarding complete a short demographic survey now and participate in an interview ~~focus group~~ about their opinions and experiences they have had with their providers. Participation is expected to last up to 60 minutes.

There are no major risks associated with this study.

You do not have to join this research study. If you are interested in learning more about this study, please continue to read below.

I. **PURPOSE OF THIS RESEARCH STUDY**: You have been asked to participate in a research study. The purpose of this research study is to examine perceptions, barriers, and facilitators of a therapeutic alliance (TA) between advanced cancer patients and their oncologists. The information we learn by doing this research study may help inform the development of a future intervention aimed at improving the therapeutic alliance between Latino/a advanced cancer patients and their oncologists.

If you agree to take part in this study, you will be asked to complete a survey and participate in an interview~~focus group~~. This survey will ask about demographic information. The interview will ask about past experiences you have had with your providers and what you think helps or makes it more difficult to build relationships between patients and oncologists. It will take you approximately 5 minutes to complete the survey and up to 60 minutes to complete the interview~~focus group~~.

About 25 people will participate in this study.

II. **BACKGROUND**: The therapeutic alliance (TA) is a concept that reflects the depth and quality of a patient-physician interaction. Understanding perceptions, barriers, and facilitators of a TA may help inform future interventions at improving TA between patients and their oncologists.

III. **WHAT WILL BE DONE**: The survey will collect information regarding age, gender, and medical history. The interview will ask about past experiences you have had with your providers and what you think helps or makes it more difficult to build relationships between patients and oncologists Participants in this study will be asked to share their opinions via teleconferencing and will be asked for permission to record the focus group. You have the option not to have the focus group recorded. Your active participation in this study is expected to last the time it takes to complete the survey and interview~~focus group~~, approximately 60 minutes, and you will be provided a $50 gift card after the interview~~focus group~~ for your participation.

IV. **POSSIBLE BENEFITS**: You will not benefit from participation in this study. Potential benefit to others may result from the knowledge gained from your participation in this research study.

V. **POSSIBLE RISKS**: The risks and discomforts of this study are a possible breach of confidentiality and possibly becoming tired from the amount of time needed to complete the survey.

Risks associated with Breach of Confidentiality:
There is a small risk that people who are not connected with this study will learn your identity or your personal information.

VI. **ALTERNATIVES TO PARTICIPATION**: Your alternative is to choose not to participate in this study. Choosing not to participate will not interfere with any relationship with your provider or City of Hope.

VII. **CONFIDENTIALITY OF INFORMATION**

Survey data collected will be deidentified, and results will be aggregated for reporting purposes. Audio recordings and transcripts also will be deidentified, and all data collected will be stored separately from personal information. Your name and mailing address will only be collected for purposes of mailing a participant gift card. Any data collected will be used solely for the purpose of the study unless plans for future research are described below

By participating in the survey, you also allow the researchers to make your information available (as needed) to City of Hope Institutional Review Board (IRB) Office, the Office for Human Research Protections (OHRP), the National Cancer Institute (NCI), and other regulatory agencies as required by law. If information learned from this study is published, no identifiable information will be shared.

Future Use of Research Information and Specimens
In the future, the information that has been collected for this study will be de-identified, which

means any information that could be used to identify you will be removed from the collected. The de-identified information may be used for future research studies or shared with other researchers. You will not be informed of or asked to consent to these future research activities.

VIII. **OFFER TO ANSWER QUESTIONS**: If you have any further questions, you can contact Dr. Ana Tergas at (626) 256-HOPE (4673) ext. 87100.

X. **COST TO THE RESEARCH PARTICIPANT FOR PARTICIPATION**: Neither you nor your insurance carrier will be charged for your participation in this study.

XI. **VOLUNTARY PARTICIPATION WITH RIGHT OF REFUSAL**: You have been informed that your participation in this research study is voluntary. You are free to withdraw your consent for participation in this study without any loss of benefits, penalty, or interference with any relationship with City of Hope.

XII. **IRB REVIEW AND IMPARTIAL THIRD PARTY**: This study has been reviewed and approved by the Institutional Review Board (IRB). A representative of that Board, from the Office of Human Research Subjects Protection, is available to discuss the review process or your rights as a research subject. The telephone number of the Office of Human Research Subjects Protection is (626) 256-HOPE (4673) ext. 62700.

Confirmation of Consent:

By completing and submitting the survey, you are consenting to have the collected information used as part of this study.