

Masonic Cancer Center

UNIVERSITY OF MINNESOTA

Comprehensive Cancer Center designated by the National Cancer Institute

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Expanding Access, Removing Barriers



People living in rural areas face barriers to high quality cancer care. Additionally, they are often diagnosed with more advanced disease and have worse outcomes than those living in urban areas.

42% of Minnesotans live in counties (blue) beyond the practical reach of the state's two NCI-designated Comprehensive Cancer Centers (green).

Barriers to participation in the clinical trials offered at these institutions include:

- **Time.** Enrollment requires significant time away from work and family.
- Cost. Enrollment incurs many indirect costs to patients such as fuel, lodging, childcare, and meals.
- Comfort. A familiar setting, doctors, and being 'at home' reduce the emotional burden on participants and caregivers.

Mission

The Minnesota Cancer Clinical Trials Network (MNCCTN) aims to improve cancer outcomes for all Minnesotans through greater access to cancer clinical trials in prevention and treatment.

Funded by the State of Minnesota, MNCCTN:

- Increases access to cancer clinical trials through a statewide cancer clinical trials network
- Provides statewide access to clinical trials developed at Minnesota academic centers
- Enhances provider and public knowledge of cancer clinical trial activity in Minnesota

https://www.mncancertrials.umn.edu





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MNCCTN: Challenges to Opening a Statewide Network and the Pathway to Success - a Two Year Perspective

Minnesota Cancer Clinical Trials Network, Masonic Cancer Center, University of Minnesota

Network Structure and Coverage

Acting as a research coordinating center, MNCCTN has partnered with five of the state's largest healthcare providers.

MNCCTN has provided funding for 27 clinical sites to be opened by 2020.

Current Sites

Future Sites



MNCCTN focuses on interventional investigator-initiated trials from academic institutions and increasing access to cooperative group trials though our NCI Community Oncology Research Program partners.





Medical Director: Charles Loprinzi, MD Senior Manager: Marie L. Rahne, MBA

Lessons Learned

Partnering with distinct healthcare organizations requires transparency and consistent communication to establish mutually agreeable procedures and to maintain productive working relationships.

Research Staff and Education

Rural sites can have difficulty hiring and retaining qualified research staff, and once hired, these staff can be pulled in competing directions (clinical).

Objectives

- Ensure protected research time.
- Provide methods for integrating research into daily clinical operations.
- Offer funding for training and education to maintain engaged, quality staff.

Results

- \checkmark 79 personnel are working on MNCCTN initiatives.
- ✓ 21 research coordinators have been hired and trained.

Standardization and Efficiency

MNCCTN has prioritized the implementation of standardized procedures and documents to better:

✓ Network Standard Operating Procedures Streamline start-up ✓ Quality Assurance Program Efficient reporting ✓ Study Manual of Procedures Ensure quality and consistency ✓ Aggregate reporting for prescreening/screening efforts

MNCCTN is exploring three methods of IRB review for multi-site studies.

sIRB review at an Academic Pilots projects will evaluate cost, efficiency, and general Institution compliance 2. sIRB review by a Commercial • With the aim of balancing IRB compliance, costs, and time. Individual local IRB review