

The Reinvigoration of Alliance Membership and Accrual: From Almost Losing Membership to a High-Performing Site in 2 Years

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1. Background

The University of Illinois Cancer Center (UICC) experienced repeated years of low accruals. Over calendar year 2017, as part of an effort to apply for cancer center designation, the UICC Clinical Trials Office (CTO) underwent a complete reorganization. In January 2018, the UICC received a warning letter for not meeting required minimum accrual to maintain Alliance membership. The UICC was given until the end of 2018 to increase accrual to the required three (3) year minimum or lose main membership and have to affiliate with another main site.

2. Goals

Increase accrual to Alliance trials from an average of approximately 5 accruals per year to a three year total of 45 accruals over a 3 year period (representing a minimum of 15 accruals per year, or 35 accruals in a single year to make up for low accrual in the previous 2 years).

3. Solutions and Methods

In response to the warning letter, the UICC CTO implemented an action plan to increase accrual. Changes implemented included opening all appropriate Alliance and AFT trials, re-focusing principal investigators on Alliance and AFT trials already open, and carefully selecting the right trials for the UICC patient population. Additional changes implemented, both in response to the warning letter and as part of structural changes in anticipation of applying for NCI designation included: Increasing CTO resources and decreasing CTO staff turnover, decreasing study start time through concentrating study start-up with a start-up analyst and making process and policy changes, implementing disease teams, PRC accrual monitoring and feasibility reviews to assure the appropriate studies are opened and to review barriers to accrual, address accrual barriers for the UICC subject population such as providing transportation and meal vouchers to participants, and implementing screening processes to assure that all patients are screened for available studies.

4. Outcomes

In January 2019 the UICC was approved to maintain membership after increasing accrual from 4 in 2016 and 5.5 in 2017, to 29.2 in 2018. This was a 430% increase between 2017 and 2018. Approval to continue Alliance membership was contingent upon achieving 15 or more accruals in 2019. In 2019, the UICC was credited with 33.75 Alliance accruals for a 3 year total of 80.45 for 2017, 2018, and 2019 representing a 387% increase from the total enrolled in the previous two years. In October 2019, NTCN designated UICC as a high performing Alliance site.

5. Lessons Learned

Lessons learned:

Category: Trial Recruitment & Community Outreach and Engagement – Completed Project

- Regular meetings/discussions with PIs is critically important as is having a dedicated clinical trials office staff.
- Adequate resourcing is critical
- Centralization of start-up tasks and disease focused teams is a more efficient organizational structure
- Data driven decision making, and assuring correct data used for all decision making, allows corrections to be made prior to major effects experienced
- Meaningful faculty discussion at disease team meetings is critical to decision making and implementation of studies

Future directions:

- Further adjustments to organizational structure
- Maintain adequate staffing in the face of space challenges
- Further pair down and be more selective with studies opened
- Apply lessons learned to develop a vigorous AYA program