

Time to Activation: Are We Comparing Apples to Apples?

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1. Background

Time-to-activation is a key metric that the National Cancer Institute (NCI) and Sponsors use to evaluate centers when determining their ability to conduct and be successful in clinical trials. While centers aim to activate trials in 90-120 days, the literature reveals that majority of centers activate trials in around six months. Clinical Trials Office (CTO) staff are constantly seeking learned practices from other institutions to improve time-to-activation, but it is difficult to understand where your center sits, compared to the targets, when definitions of time-to-activation, and methodologies to count days in the activation definition differ across centers. Through a survey to Cancer Center CTO staff, we sought to investigate the differences in time-to-activation definitions and metrics across the country.

2. Goals

1. Determine commonalities and differences in time-to-activation metrics used at Cancer Centers
2. Understand the situations where Cancer Centers may manipulate the time-to-activation calculations
3. Suggest best practices for time-to-activation definitions

3. Solutions and Methods

In February 2020, we sent a survey to the AACI-CRI listserv asking one representative to complete the 22-question survey about time-to-activation at their center. The survey inquired about time-to-activation definitions and goals for industry, institutional, national and externally peer reviewed trials. In addition to definitions used, questions included targets for time-to-activation, use of central or Cancer Center controlled resources for activation processes and, reasons for 'pausing' the time-to-activation clock e.g. FDA holds, sponsor delays, etc.

4. Outcomes

To date, 26 centers completed the survey. The majority of the centers were NCI designated Comprehensive Cancer Centers (76%) and operated a matrix unit within their institution (88%). 72% who responded activated more than 75 interventional trials in 2019.

For industry trials, 81% of responding centers started the clock at Protocol Review Committee/Scientific Review Committee (PRC/SRC) submission. The end time varied between receipt of sponsor activation letter, Institutional Review Board (IRB) approval, site initiation visit, and enrolment ready. All centers are targeting between 90-120 days to activate industry trials. Similar data was collected on institutional, national and externally peer-reviewed trials.

Almost half the centers (46%) remove extended holds (e.g. FDA), sponsor delays and PRC/SRC exempt studies (e.g. registries). Holds and sponsor delay criteria vary anywhere from 5-30 days depending on the center.

5. Lessons Learned

Given the inconsistency in time-to-activation definitions and methodologies used to count days in the activation definition, we are proposing a working group of NCI designated Cancer Centers to develop a best practice definition for time-to-activation, which can be endorsed by the NCI and reported by centers. The definition needs to use data points that are measurable at all NCI designated Cancer Centers and not be onerous on centers to collect. Additionally, the definition needs to reflect the true reality of opening a trial. Delays from all parties are inevitable, and the aim should be to implement practices to reduce delays where feasible. Ultimately, opening trials as quick as possible is a benefit to patients and science, but manipulating the metrics simply to demonstrate that you can meet arbitrary goals is an exercise in futility if the trial is not available to patients.