With more than a decade of consistent growth, the Association of American Cancer Institutes (AACI) Clinical Research Innovation (CRI) program has expanded from an initiative into a permanent fixture among cancer center clinical trials professionals. CRI’s forward momentum also drives the programming of the 12th Annual AACI CRI Meeting, titled “Cancer Clinical Research: Focus on the Future.” The CRI annual meeting program aligns with AACI’s strategic goal of stimulating cancer center interactions to maximize resources by creating opportunities for peer-to-peer networking and collaboration. CRI participants fill a variety of leadership roles and possess a comprehensive understanding of the clinical trials system.

**CRI Strategic Plan Goals**
1. Increase AACI cancer center participation in CRI
2. Share cancer center clinical trial best practices through the collection and dissemination of benchmarking data
3. Integrate CRI into AACI programs/initiatives
4. Assist the centers in increasing patient engagement and enrollment into clinical trials
5. Develop outcomes to drive change and advance cancer center clinical research programs
6. Increase engagement with industry and other stakeholders to support CRI
7. Create a network for clinical trials office medical and administrative directors to foster communication and mentoring opportunities
AACI CRI Meeting Objectives

- Utilize novel technologies, including telemedicine and wearables, to improve cancer clinical trial efficiency and bring more trials to remote or rural sites
- Understand how generational differences impact the clinical trials office (CTO) workforce and capitalize on diverse strengths to build a stable research program
- Apply change management principles to CTOs to encourage innovation, productivity, flexibility, and accountability
- Apply an understanding of the National Cancer Institute (NCI) Cancer Center Support Grant to set clinical research priorities and prepare for a virtual site visit

Who Attends This Meeting?
- Individuals from AACI member cancer centers, including:
  - CTO administrative directors, medical directors, managers, and supervisors
  - Deputy/associate directors of clinical research administration
  - Cancer center administrators
  - Research regulatory management and staff
  - Clinical research finance directors, managers, and supervisors
  - Biostatisticians and informatics specialists
- Employees of U.S. Department of Health and Human Services agencies and offices, including the NCI and the U.S. Food and Drug Administration
- AACI sustaining members
- AACI Corporate Roundtable members
- Representatives from industry, including drug development companies, clinical research organizations, and consultants
- Information technology companies that support cancer center clinical research management
- Like-minded organizations promoting patient access to clinical trials

MEETING PROGRAM

12th Annual AACI Clinical Research Innovation Meeting
Tuesday, July 7 – Wednesday, July 8 | Virtual Meeting
All session times are in Eastern Daylight Time.

Tuesday, July 7

10:00 AM Exhibits Open

10:00 AM Abstracts Open

11:00 AM Welcome

Theresa L. Werner, MD
Huntsman Cancer Institute, University of Utah

A Message From Florence

11:10 AM Harnessing Technology to Allow Your CTO to Work Remotely

Brought to you by Florence

Choosing the right information technology—and successfully implementing it—can be daunting in the best of times. In recent months, clinical trials offices have had to respond and adapt to a public health emergency using the technology available to them. Panelists will discuss how electronic signatures, eConsent, remote monitoring, wearables, eRegulatory platforms, telemedicine, and other tools have improved their cancer centers’ clinical trials operations in a rapidly changing environment.

Moderator: Collette M. Houston
Memorial Sloan Kettering Cancer Center

Muhammad Beg, MD
Simmons Comprehensive Cancer Center,
UT Southwestern Medical Center

Theresa Cummings, RN, MS, CCRP
University of Maryland
Marlene and Stewart Greenebaum Comprehensive Cancer Center

Leslie Pettiford, RN, MS, OCN, CCRC
University of Florida Health Cancer Center

A Message From Veeva Systems

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Managing Change in Clinical Trials Offices

The COVID-19 pandemic is dramatically altering who we work with and how we do it. Consequently, resilience is essential. Panelists will highlight successful strategies for managing and facilitating change in clinical trials offices, including maximizing staff retention by creating a work environment that offers flexibility without sacrificing accountability, productivity, and quality.

Moderator: Michael Sainz
Dartmouth-Hitchcock Norris Cotton Cancer Center

Kimberly Jenkins, MSNM
Cleveland Clinic Cancer Center

Stefanie Belanger, CCRP
UNC Lineberger Comprehensive Cancer Center
University of North Carolina at Chapel Hill

Andrea Skafel, MSc, CCRP
UCSF Helen Diller Family Comprehensive Cancer Center

1:20 PM Break Sponsored by Essex Management

1:35 PM Keynote Presentation: Zap the Generational Gap

For the first time in history, there are five generations working side by side. Each generation has been influenced by the major historical events, social trends, and cultural phenomena of their time. Consequently, each has different values, standards of quality, and attitudes toward customers and coworkers. In this highly-charged, participatory presentation, generational humorist Meagan Johnson will outline the dominant generational forces in the workplace and how each generation’s “signpost” drives motivation and influences company loyalty, delivery of customer service, and communication between coworkers.

Meagan Johnson
Johnson Training Group

2:40 PM Building a Foundation to Thrive in the New Clinical Research Landscape

Vendor Presentation: Advarra, home of Forte Technology Solutions

Over the span of just a few months, clinical research has changed dramatically. The industry is adapting to the challenges brought on by COVID-19 and must continue to evolve in an increasingly remote environment. Advarra leadership will provide an overview of the current state of clinical research, where the industry is headed, and how you can set your institution up for success. Advarra-Forte customers and AACI members will share their successes using technology to keep research moving during the pandemic and ensure stability in the post-COVID landscape.

Jivan Achreja
Advarra

3:10 PM Adjourn
12:15 PM Poster Session
Abstract authors will share challenges they experienced within their clinical trials offices and the innovative solutions implemented to improve cancer center operations.

Moderator: Theresa L. Werner, MD
Huntsman Cancer Institute, University of Utah

Ryan Chiechi, MBA
City of Hope Comprehensive Cancer Center

Tiffany Cull, CIP, CCRP
University of Colorado Cancer Center

Maureen Kelley, MS, CCRP
Barbara Ann Karmanos Cancer Institute, Wayne State University

Rachel Kingsford, MS, CCR
Huntsman Cancer Institute, University of Utah

Victor Santana, MD
Comprehensive Cancer Center, St. Jude Children’s Research Hospital

Caitlin Sanford, MBA, CCRP
Memorial Sloan Kettering Cancer Center

Jaime Wurth, CCRP
Masonic Cancer Center, University of Minnesota

1:20 PM Break

1:35 PM Completing the NCI Cancer Center Support Grant and Meeting New Expectations
Panelists will explore recent changes to the National Cancer Institute (NCI) Cancer Center Support Grant, with a focus on the P30 Funding Opportunity Announcement, and how cancer centers can successfully navigate the application process and conduct virtual site visits, if needed. They will also discuss modifications to and future application of the clinical trials reporting program.

Moderator: Alex Zafirovski, MBA
Robert H. Lurie Comprehensive Cancer Center of Northwestern University

Henry Ciolino, PhD
National Cancer Institute

Carrie Lee, MD, MPH
UNC Lineberger Comprehensive Cancer Center
University of North Carolina at Chapel Hill

Gisele Sarosy, MD
National Cancer Institute

2:40 PM Regulatory Work Simplified: Providing Higher Quality Service to Sponsors

Vendor Presentation: Complion

In a time of remote work, as inefficiencies are further highlighted, many are considering technology investments to make work easier and more effective. But how do you go about choosing the right vendor to partner with for regulatory work management on all of your studies? During this presentation, Complion will review core understandings that need to be shared across the entire internal decision-making team, including cost, the need to prioritize regulatory-related investments, and the aspects of technology that are best suited to the needs of your clinical trials office.

Jaclyn Clark
Complion

3:10 PM Closing Remarks

Theresa L. Werner, MD
Huntsman Cancer Institute, University of Utah

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AACI CRI Meeting 2020 Abstracts

FIRST PLACE: Standardized and Personalized Training Results in Increased Job Satisfaction and a Reduction in Turnover
K. Jenkins, J. Workman, L. Mooney, M. Kilbane
Cleveland Clinic Cancer Center

SECOND PLACE: The Challenges and Successes of Enrolling Participants on the Tomosynthesis Mammographic Imaging Screening Trial (TMIST or study EA1151) in Hawaii’s Minority/Underserved NCI Community Oncology Research Program (M/U NCORP)
S. Cheng1, S. Wakuk1, S. Lieu1, N. Ramos1, K. Bryant-Greenwood1, K. Cassel1, J. Berenberg1, M. Ka’aihue1, R. Lee1, E. Capps1
1University of Hawai‘i Cancer Center, University of Hawai‘i at Mānoa; 2Queen’s Medical Center

THIRD PLACE: Enhancing Productivity: Utilizing the ONBASE Application and Pharmacist Created Order Sets to Streamline the Trial Launch Process
Mays Cancer Center, UT Health San Antonio

Additional abstracts (by category and alphabetical order by AACI cancer center):

Clinical Research Operations

1. Metropolitan Management of Mitten-wide Clinical Trials: Coordination From Our Own Backyard
   J. Ventimiglia, E. Doppel, B. Olsen
   Barbara Ann Karmanos Cancer Institute, Wayne State University

2. The Dog Ate My Pill Diary and Other Stories From the Frontlines of Drug Accountability
   Barbara Ann Karmanos Cancer Institute, Wayne State University

3. *Centralized Research Patient Scheduling & Authorizations
   R. Chiechi, P. Herena, M. Kenney, B. Williams, M. Licata
   City of Hope Comprehensive Cancer Center

4. Research Operations Innovation Program
   City of Hope Comprehensive Cancer Center

5. Operationalizing Protocols Through Treatment Plan Guidelines
   City of Hope Comprehensive Cancer Center

6. Moving Cellular Therapy Clinical Trials in the Outpatient Setting: Aligning With Institutional Standards and FACT
   P. Herena, M. Licata, B. Williams, C. Krygsman, R. Chiechi, A. Lee, M. Shields, A. Chung
   City of Hope Comprehensive Cancer Center

7. Improving Staff Engagement and Retention Through a Staff Engagement Committee and Subsequent Collaboration Between Staff and Management
   Laura and Isaac Perlmutter Cancer Center at NYU Langone

8. Optimizing Clinical Trial Conduct for CAR T Therapies Improves Trial Efficiency
   J. Bruggeman, G. Bouska, K. Croghan, C. Grimont, M. Burt, C. DuBois, Y. Lin
   Mayo Clinic Cancer Center

9. One Small Step: Eliminating Investigator Sign-offs on Individual Epic Lab Reports
   R. Selle, J. Thomas, B. Oleson
   Medical College of Wisconsin Cancer Center

10. Clinical Research Strategic Partnerships (CRSP) Program Initiatives and Future Goals
    S. Salvati, S. Yoon
    Memorial Sloan Kettering Cancer Center

    J. Migliacci, B. Seko, A. Bijwe, S. Hanley, K. Kaufman, J. Lengfellner, R. Cambria, A. Rodavitch
    Memorial Sloan Kettering Cancer Center

12. Registering 100% of Clinical Trial Participants: How Memorial Sloan Kettering Ensures Registration Accountability
    R. Panchal, M. Buckley, B. Search, K.-H. Lin, D. Caron-Fabio, J. Yan, J. Lengfellner
    Memorial Sloan Kettering Cancer Center

13. Staffing Model Reported Effort and Study Budgets: Are We In Sync?
    E. Siglinsky, S. Goksu, H. Phan, K. Crane, M. Beg, E. Williams
    Simmons Comprehensive Cancer Center, UT Southwestern Medical Center

14. Utilizing the Clinical Trial Management System (CTMS) to Batch Load Accrual Data to the Clinical Trials Reporting Program (CTRP) System
    M. Aguilar1, S. Antony1, E. Williams1, S. Nonemaker-Cox2
    1Simmons Comprehensive Cancer Center, UT Southwestern Medical Center; 2Essex Management

15. Creating a Culture of Continuous Improvement in a Cancer Clinical Trials Office
    E. Anderson, Y. Pang, L. Craveiro, B. Hann, A. Nika
    Stanford Cancer Institute

16. New Study Feasibility: Harnessing the Power of REDCap
    M. Ashland, L. Craveiro
    Stanford Cancer Institute

17. Conquering Resourcing
    B. Broome, D. Pal Mudaranthakam
    The University of Kansas Cancer Center

*Honorable Mention
2020 Abstracts

18. Connecting the Chain – Part Two
D. Pal Mudaranthakam1, J. Thompson1, D. Streeter1, R. Jensen1, M. Mayo1, A. Chahal1, S. Yadav1, J. McIlwain2
1The University of Kansas Cancer Center; 2nPcoup Inc.

19. Adverse Event Reporting System
A. Annis, M. McAdoo, A. Hanlyn, Z. Feng, A. Smith, K. Simpson
UAMS Winthrop P. Rockefeller Cancer Institute

20. Arkansas-Patient Study Calendar
K. Simpson, A. Annis, C. Golden, Z. Feng, A. Smith, K. Zorn
UAMS Winthrop P. Rockefeller Cancer Institute

21. Using Video Remote Interpretation to Overcome Language Barriers With Non-English Speakers in Clinical Trials
C. Garcia, J. Bourgeois, D. Harvey, C. Lewis
Winship Cancer Institute of Emory University

22. Winship Clinical Trials Office CAPA Review Process – CAPA Review Team
P. Bourbo, C. Sharp, K. Nguyen, T. Kurilo, M. Hananel
Winship Cancer Institute of Emory University

23. Piloting a "Just-in-Time" Model to Improve Efficiency and Accuracy in Phase I Clinical Trials Pharmacy Order Creation Process
E. Judson-Barton, M. Williams, C. Belmore
Winship Cancer Institute of Emory University

Finance/CCSG/PRMS

24. Capturing Metrics for the First Stage of Protocol Review at a Consortium Cancer Center
K. Hoy1, A. Firstencel1, H.J. Pounardijian1, J. Chan1, K. Jenkins1, L. Mooney2, M. Kilbane2
1Case Comprehensive Cancer Center; 2Cleveland Clinic Cancer Center

25. Building the NCI Network Program
Memorial Sloan Kettering Cancer Center

S. Hanley, J. Migliacci, C. Ryan, X. Lekperic, K. Napolitano, A. Rodavitch
Memorial Sloan Kettering Cancer Center

27. *Time is Money: The Impact of Clinical Research Finance Centralization
C. Sanford, B. Zakrzewski
Memorial Sloan Kettering Cancer Center

28. Utilizing OnCore Capabilities to Automate Annual Continuation Review Submissions to PRMC
S. Phillips
Siteman Cancer Center

29. Building the Post-award Management Infrastructure and Process Support to Reduce Turnaround Time to Collect Study Invoice(s) for Sponsor Clinical Trials
P. Chang
Stanford Cancer Institute

30. Clinical Research: Following the Money
C. Golden, A. Annis, L. Hutchins, D. Drum, R. Geary, A. Smith, Z. Feng, N. Pruss
UAMS Winthrop P. Rockefeller Cancer Institute

31. Revising an Institutional PRMC Charter to Achieve NCI Standards: Impacts, Efficiencies, and Potential for Further Improvement
C. Vollmer, N. Kurtzweil, C. Allen, E. Kantemneni, T. Herzog
UC Cancer Center

32. Streamlining Feasibility Assessment Within the Scientific Review Process
A. Anderson, A. Ivey, T. Guinn, T. George
University of Florida Health Cancer Center

33. An Approach to Revitalizing PRMS Scientific Progress Reviews
S. Brogan, D. Martinez
Yale Cancer Center, Yale School of Medicine

Investigator-Initiated Trials

34. The Sample Collection and Tracking Process for Multisite Investigator-Initiated Trials
A. Bauchle, L. Sego
Indiana University Melvin and Bren Simon Cancer Center

35. Stimulating Investigator-Initiated Trial Development: A Comprehensive Approach to Provide Guidance, Mentorship, and Logistical Support for Principal Investigators
A. Anshu, B. Oleson, B. Brito, M. Larson, A. Szabo, K. Marquardt, E. Gore, H. Rui, J. Thomas, B. Shaw, S. Wong
UC San Diego/UC San Diego Cancer Center

36. A Risk-Based Approach to Monitoring and Auditing Multicenter Investigator-Initiated Trials
Memorial Sloan Kettering Cancer Center

37. Increasing Interventional Treatment IITs in the Study Start-up Pipeline With an IIT Committee Approach
N. Kurtzweil, S. Palackdharry, M. Racic, T. Wise-Draper
UC Cancer Center

38. *Investigator-Initiated Trials in the Wild, Wild West: Implementation of the Oncology Clinical Research Support Team at the University of Colorado Cancer Center
S. Grolnic, T. Cull
University of Colorado Cancer Center

*Honorable Mention
2020 Abstracts

Regulatory

39. * Redesigning the Delegation of Authority Log for the Modern Cancer Center
   J. Wurth, T. Presley, J. Feola, A. Vogt, D. Bullock, D. Berkow
   Masonic Cancer Center, University of Minnesota

40. MSKCC INDs Multicenter IITs: A Centralized Model in Regulatory Oversight
   H. Pham, W. Blouin, S. Yoon, J. Walkley, R. Ellis, M. Warren
   Memorial Sloan Kettering Cancer Center

41. The Regulatory and Product Development Road to the Future of Cancer Care
   A. Yadav, R. Ellis, Z. Shabani, D.A. Ho, L. Shrestha, M. Varghese, H. Pham
   Memorial Sloan Kettering Cancer Center

42. Electronic Regulatory Binders – A Homegrown System
   M. Kovak, D. Wade, B. Scanlon, B. Lehman, J. Holley, P. Newman, L. Hutchins, A. Annis
   UAMS Winthrop P. Rockefeller Cancer Institute

43. Assessing an ASCO Decision Aid for Improving the Accuracy and Attribution of Serious Adverse Event Reporting From Investigators to Sponsors
   L. Byatt¹, K. Mileham², S. Bruinooge², C. Davis³, E. Garrett-Mayer³, P. Hurley¹, L. Levit³, C. Schenkel³, M. Chuk⁴, A. Buchmeier⁵, R. Perez⁶, J. Vose⁷
   ¹University of New Mexico Comprehensive Cancer Center; ²Levine Cancer Center, Atrium Health; ³American Society of Clinical Oncology; ⁴U.S. Food and Drug Administration; ⁵Sarah Cannon Research Institute; ⁶Bristol Myers Squibb; ⁷University of Nebraska Medical Center

Training & Quality Assurance

44. Use of REDCap Database to Identify Trends in Non-compliance
   A. Kale, N. Cassim
   City of Hope Comprehensive Cancer Center

45. The Case for Physician-Led Education Sessions for Research Coordinators
   L. Waitkus
   Cleveland Clinic Cancer Center

46. Standardized and Personalized Training Results in Increased Job Satisfaction and a Reduction in Turnover
   K. Jenkins, J. Workman, L. Mooney, M. Kilbane
   Cleveland Clinic Cancer Center

   E. Beck, K. Thorne
   Huntsman Cancer Institute, University of Utah

48. * Development of a Competence-Based Quality Assurance Program
   R. Kingsford, J. Espinosa, S. Sharry, J. Moehle, L. Lujan, T. Werner
   Huntsman Cancer Institute, University of Utah

49. Advising and Trial Guidance for Investigators
   L. Sego, A. Bauchle, S. Edwards
   Indiana University Melvin and Bren Simon Cancer Center

50. New Employee Orientation – Joining the 21st Century
   F. Kerr, M. Cheviron, S. Edwards, S. Asche
   Indiana University Melvin and Bren Simon Cancer Center

51. Training the Masses – Electronic Protocol Training
   J. Norfleet, F. Kerr, S. Asche, J. Nichols
   Indiana University Melvin and Bren Simon Cancer Center

52. Approaching Goals With a Plan: Application of MSK Resources for Internal Audit Process Improvement
   C. Duarte
   Memorial Sloan Kettering Cancer Center

53. Improving Clinical Research Quality and Efficiency Through the Implementation of a Risk-Based Audit Approach
   S. Puleio
   Memorial Sloan Kettering Cancer Center

54. Expanding the Scope of an Internal Quality Assurance Program to Initiate Change on a Mezzo- and Macro-level
   E. Harms, N. Borror, K. Williams
   Siteman Cancer Center

   N. Borror, E. Harms, K. Williams, L. Menne
   Siteman Cancer Center

   L. Menne, E. Harms, N. Borror
   Siteman Cancer Center

57. UF Health Cancer Center (UHFCC) Research Fantasy League: A Novel Approach to Employee Engagement
   T. Guinn, A. Anderson, A. Ivey, R. Houlihan
   University of Florida Health Cancer Center

58. Minimizing Clinical Trial Deviations Through Lean Six Sigma and a CRO Compliance Committee
   A. Barkman, T. Cummings, J. Kessler
   University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center

59. Research Staff Orientation and Training
   M. Horak, D. Cleary, B. Pappu
   UPMC Hillman Cancer Center
2020 Abstracts

**Trial Start-up and Activation**

68. *The Road to 90*
M. Kelley, K. Donahue, M. Gorno, S. Bigelow, R. Jarrard, P. Dykema, R. George, V. Davis, V. Gorden
Barbara Ann Karmanos Cancer Institute, Wayne State University

69. **Sponsor and Collaborator Content Management System**
G. Balagot, N. Cassim
City of Hope Comprehensive Cancer Center

70. **Redefining Clinical Trial Start-up Through Continuous Improvement**
A. McCorkle, L. Mooney, M. Kilbane
Cleveland Clinic Cancer Center

71. **Improving Study Start-up Timelines: A Comprehensive, Multidisciplinary, Process-Improvement Initiative**
Masonic Cancer Center, University of Minnesota

72. **Enhancing Productivity: Utilizing the ONBASE Application and Pharmacist Created Order Sets to Streamline the Trial Launch Process**
Mays Cancer Center, UT Health San Antonio

73. **Clinical Trials Time to Activation: The Process, Structure, and People**
Y. Suri, M. El Shayeb
O’Neal Comprehensive Cancer Center at the University of Alabama at Birmingham

74. **C3OD User Interface – A Simple and Intuitive Solution to Feasibility Analysis for Clinical Trials**
D. Pal Mudranthakam, J. Thompson, D. Streeter
The University of Kansas Cancer Center

75. **Time to Activation: Are We Comparing Apples to Apples?**
A. Skafel, K. Shumate
UCSF Helen Diller Family Comprehensive Cancer Center

76. **Reducing Burdens of Site Feasibility Assessments for Conducting Clinical Trials**
L. Byatt, P. Hurley, C. Davis, J. Hofacker, E. S. Kim, D. M. Waterhouse, G. S. Nowakowski, D. Kurbegov
1University of New Mexico Comprehensive Cancer Center; 2American Society of Clinical Oncology; 3Association of American Cancer Institutes; 4Levine Cancer Institute, Atrium Health; 5Oncology Hematology Care, Inc.; 6Mayo Clinic Cancer Center; 7Sarah Cannon Research Institute

77. **Automatic Study Cost-Outs: A Tool Designed to Objectively Assess Trial Operations Costs for More Standardized and Efficient Budget Negotiations While Improving Overall Study Time to Activation**
J. Plassmeyer, M. Yarkowski, G. Hickman, B. Crocker, K. Richter, K. Yee
UPMC Hillman Cancer Center

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**Trial Recruitment & Community Outreach and Engagement**

60. **Development of an Integrated Orientation Program Using the Joint Task Force Core Competencies for Research Professionals**
E. Gainey, G. Beals
Vanderbilt-Ingram Cancer Center

61. **Let It Go! One Strategy to Maximize Limited QA Resources**
A. Gateman, E. Smas
Yale Cancer Center, Yale School of Medicine

62. **Crack the Walnut! How Community Outreach Research Coordinators Can Empower African American Men to Come Out of Their Shell to Make an Informed Decision About Prostate Cancer Screening, a Cancer Prevention Project**
Cleveland Clinic Cancer Center

63. **Completing the Circle: Lay Summary of Protocol Results for Study Participants**
V. Santana, D. Wallace, D. McGarry, E. Walker, L. Tanner, J. English
Comprehensive Cancer Center, St. Jude Children’s Research Hospital

64. **A Quick Guide to Affiliate and Satellite Site Activation and Oversight Process**
G. Nachaegari
Huntsman Cancer Institute, University of Utah

65. **The Challenges and Successes of Enrolling Participants on the Tomosynthesis Mammographic Imaging Screening Trial (TMIST or study EA1151) in Hawaii’s Minority/Underserved NCI Community Oncology Research Program (M/U NCORP)**
1University of Hawaii Cancer Center, University of Hawai‘i at Manoa; 2Queen’s Medical Center

66. **The Reinvigoration of Alliance Membership and Accrual: From Almost Losing Membership to a High-Performing Site in 2 Years**
M. Russell, D. Kitterman, O. Danciu, J. Quigley
University of Illinois Cancer Center

67. **Minority Accrual to Therapeutic Clinical Trials**
M. Russell, D. Kitterman, O. Danciu
University of Illinois Cancer Center

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Advarra empowers institutions to manage studies more easily, improve compliance, and streamline operations as the premier provider of global research compliance services, offering IRB, IBC, consulting, and research technology solutions. Forte software and services, now part of Advarra, provide clinical trial management, clinical data management, and research administration for more than 70 percent of NCI-Designated Cancer Centers.

With a strong belief in community, collaboration, and standards-based development, the company also facilitates the Onsemble Community, a customer-exclusive group for peer networking, best practices, and support. Additionally, Advarra helps make research altogether better with proven capabilities in research administration, HRPP, biosafety, billing compliance, regulatory, GxP auditing, clinical quality assurance, and interim professional staffing. For more information, visit [advarra.com](http://advarra.com).

**ASCO**
The American Society of Clinical Oncology and the Association for Clinical Oncology are committed to making a world of difference in cancer care. The Society and the Association represent nearly 45,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, the Society works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. The Association works to ensure that all individuals with cancer have access to high-quality, affordable care; that the cancer care delivery system supports oncology providers in their delivery of optimal cancer care; and that our nation supports federal funding for cancer research as well as efforts centered on cancer prevention, drug development, and clinical trials. Learn more about the Society at [ASCO.org](http://ASCO.org), explore patient education resources at [Cancer.net](http://Cancer.net), and follow us on Facebook, Twitter, LinkedIn, Instagram, and YouTube. Learn more about the Association at [ascoassociation.org](http://ascoassociation.org) and follow us on Twitter.

**Complion**
Complion is the eRegulatory pioneer, created by a researcher for researchers. The regulatory document and workflow management platform stores, organizes, and routes clinic trial documentation to enable seamless, paperless processes. Surpassing simple documentation digitization, Complion leverages advanced technology to intelligently file documents and provide controlled access to staff and monitors.
**Essex Management**
Essex Management is a biomedical informatics and health information technology-focused consultancy founded in 2009, and headquartered in Rockville, MD. Our staff comprises experts with extensive experience in strategically managing and developing complex health and biomedical information programs for clients in the federal government, research academia, and private sectors.

**Florence**
Florence is the #1 eISF platform in clinical research powering the document workflows of more than 7,200 study sites across 26 countries. In addition to streamlining internal workflows across eReg, eSource, eLogs, SOPs, contracting, and credentialing, research sites use Florence to remotely connect with study sponsors and CROs via our industry-first remote monitoring and access platform.

As the eISF becomes a requirement in research, we are dedicated to your successful implementation, training, and ongoing success. Our team works with you to build and execute a change management strategy to quickly ramp-up adoption and usage across your organization.

We look forward to Advancing Research Together with you.

**Huron**
Huron’s cancer center team is composed of leaders with 20-plus years of front-line experience in academic-based cancer centers. They rely on their firsthand knowledge of best practices to help improve your center’s performance across multiple dimensions, tailoring approaches and solutions to your center’s goals, issues and organizational environment. Our team has worked with over 75 aspiring and established cancer centers, notably assisting institutions in renewing or obtaining their first National Cancer Institute (NCI) designation award and designing a statewide, multi-institutional organizational structure for conducting clinical trials. We have extensive experience in the clinical research, clinical trials and biotechnology spaces, improving health, spurring innovation and advancing knowledge.

**Veeva Systems**
Veeva Systems Inc. is the leader in cloud-based software for the global clinical research industry. Committed to innovation, product excellence, and customer success, Veeva serves more than 850 customers, ranging from the world’s largest pharmaceutical companies to emerging investigative sites. For more information, visit veeva.com.

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**Restore Your Research**
Build a solid foundation for your institution to thrive in the new normal. Improve visibility into your research operations, streamline study activation, enhance compliance, build remote workflows, and enable strategic decision-making across your enterprise.

**OnCore.**
Manage finances, protocol lifecycle, and patient lifecycle with the industry-leading enterprise research management system.

**eREG.**
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Utilize the IRB trusted by more than 80% of AACI members, and the single IRB for the NCI Cancer Moonshot and ACCRU.

**Building a Foundation to Thrive in the New Clinical Research Landscape**
TUESDAY, JULY 7 • 2:40–3:10PM EDT
Join us after the AACI-CRI keynote to gain valuable insight into the changing research environment. We will provide an overview of the current state of clinical research, where the industry is headed, and how you can set your institution up for success.

advarra.com • fortereresearch.com
Are you tired of fighting with messy binders, cluttered inboxes or misplaced documents?

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