Category: Trial Recruitment and Study Conduct (IITs) – Work in Progress

Measuring the Impact of a Provider Triggered Pre-Screening Workflow on Recruitment

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1. Background

The Genitourinary Medical Oncology (GUMO) Research Group at Fred Hutchinson Cancer Center utilizes a referral-based recruitment system for their 35 actively accruing interventional treatment trials where providers submit patients to clinical research coordinators (CRCs) for pre-screening. The department conducted a retrospective review of participant referrals to assess the effectiveness of the current workflow.

2. Goals

To determine the effectiveness of the current participant recruitment workflow we sought to:

1. Define and document the current system of provider referrals for actively recruiting studies
2. Identify potential points for improvement in the pre-screening process (period prior to informed consent)

3. Solutions and Methods

The department conducted a retrospective review of data from October 2022 to January 2023, looking at encounters, new or recurrent, and research trackers. The team reviewed data from first encounter to screen failure or study enrollment.

4. Outcomes

From October 2022 to January 2023, 1,500 GUMO provider encounters for 1,164 unique patients (215 new and 946 returning patients) were pulled from EMR. Separately, 79 unique patients were recorded on the research team trackers as completing the pre-screening process. Patients were cross-referenced with the encounter list. Of those 79 patients, 54 patients were able to be matched to an encounter and were coded as referred to the study team: 4 percent of new patients and 5 percent of returning patients.

Following the patients through the entire screening process, the most significant point of voluntary drop-off was in the stage of consent where patients opted for alternative treatment (11 out of 51, 22 percent) or declined participation (3 out of 51, 6 percent).

5. Lessons Learned and Future Direction

The 26 pre-screened patients who could not be matched to provider encounters are thought to have originated from external referrals or Advanced-Practice Providers (APPs). In our discussion with the providers, they noted that some patients are considered easily ineligible, and therefore, many patients are not referred to the CRCs for further pre-screening.

The consenting stage was where many patients declined participation in a clinical trial. While the number of treatment options varies between different solid tumor malignancies and stages of disease, prostate cancer, which makes up the diagnosis of approximately 60-65 percent of patients seen by providers, is a disease that has many different FDA-approved treatments and therapies. Given a variety of options, the partial drop at the time of consent makes sense.

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While this retrospective review covers only a short time period, the low rate of pre-screening referrals from provider encounters suggests that the research team would benefit from changing its pre-screening referral process. The team will continue to track pre-screening and the process improvement initiatives underway and will include this data in future reports.

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