Developing a Melanoma Clinical Trial Accrual Task Force

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Background

The Cancer Center

- Sidney Kimmel Cancer Center – Jefferson Health in downtown Philadelphia, PA
- NCI-Designated
- National referral center for ocular melanoma patients
  - 1st therapy in metastatic setting FDA-approved in 2022
  - Clinical trials often the only therapeutic option for patients
- Historically lower accrual on cutaneous melanoma clinical trials

The Team

- Physician lead – medical oncologist
- Representatives from Cancer Clinical Research Operations, Clinical Research Outreach and Engagement, and Medical Oncology Outpatient Clinic teams

The Task Force

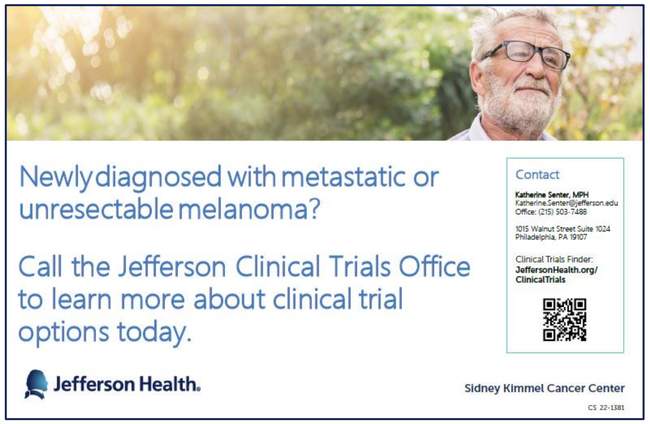
- Virtual biweekly or monthly meetings
- Development of deliverables between meetings
- Meetings with website, electronic health record (EHR), and marketing teams as needed

Goals

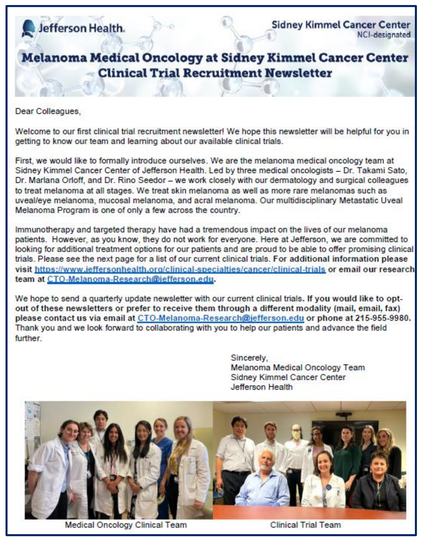
- Brainstorm opportunities across recruitment and enrollment process
- Increase patient and provider engagement around clinical trials
- Execute strategies that attract more melanoma patients to cancer center for clinical trials
- Ensure smooth screening and enrollment process
- Monitor impact of task force on protocol accrual

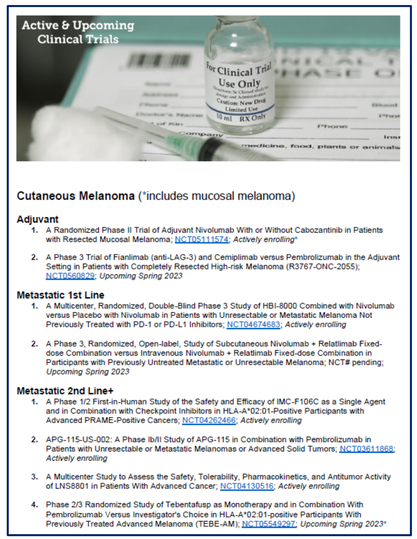
Solutions and Methods

- **Development of patient clinical trial tear pads**



- **Prescreening and screening training for trial staff**
- **Disease-specific overviews for clinical trial screeners**
- **Internal and external referring provider list**
- **Quarterly provider newsletter**





- **New patient workflow for prospective trial patients**
- **EHR prescreening for 1st line metastatic melanoma patients**

Key Outcomes

EHR Prescreening

- **197** patients screened Jan 2023-present on single protocol
- **53** potential patients forwarded to trial team for review
- **1** patient enrolled on protocol to date, internal referral
- Many "new" diagnoses added in EHR are historical
- Often potential patients have already treatment plan in place before trial team notified of eligibility

Provider Newsletter Distribution

- **61** successful deliveries
- **28** opened (**45.9%** open rate compared to 39.1% average)
- Clicks per unique opens: 10.7%

Current Pre and Post Task Force Yield

- **24** trial patients enrolled in 8.5 months prior to task force development; **24** patients enrolled in 8.5 months post

Lessons Learned and Future Directions

Collaboration is key!

- Dedicated trial recruitment service alleviates burden on disease group
- Expansion of existing marketing, EHR, and web services

Sponsor-suggested strategies may not yield significant outcomes

- Patient and provider outreach require significant initial time investment for potentially low yield
- However, once infrastructure in place, may be scalable; e.g., screen for multiple studies simultaneously
- Also, task force facilitates Sponsor recruitment discussion during site selection and start-up
- Collaboration with pathology may be more effective to capture new diagnoses than EHR problem list

Protocol selection and slot availability tailored to clinic patient population still drive accrual outcomes

Resources

Jefferson Clinical Trial Finder Website:
https://www.jeffersonhealth.org/clinical-specialties/cancer/clinical-trials

Jefferson Melanoma Program:
https://www.jeffersonhealth.org/conditions-and-treatments/melanoma

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