

Developing a Melanoma Clinical Trial Accrual Task Force

K. Senter, C. Gantz, N. Hartman, R. Seedor

Sidney Kimmel Cancer Center at Jefferson Health

1. Background

Sidney Kimmel Cancer Center at Jefferson Health is a national referral center for ocular melanoma patients, but protocol-specific accrual across cutaneous melanoma clinical trials is historically lower than for ocular melanoma. To boost clinical trial accrual overall, especially for cutaneous melanoma protocols, representatives from the melanoma clinical trials team, Research Liaison Office, and outpatient medical oncology clinic created the Melanoma Clinical Trial Accrual Task Force in August 2022, under the guidance of a physician lead. The task force meets virtually on a monthly basis.

2. Goals

Task force goals are to brainstorm opportunities across the recruitment and enrollment process for increased patient and provider engagement, to execute strategies that attract more melanoma patients to the cancer center for clinical trials, to ensure a smooth screening and enrollment process, and to monitor the impact of the task force on protocol accrual.

3. Solutions and Methods

Completed strategies include creation of patient clinical trial flyers for display in treatment areas, prescreening and screening training for all clinical trial staff, updates to the organizational Trial Finder website for ease of navigation, establishment of an enhanced scheduling process for new potential trial patients, development of an internal and external referring provider list, implementation of electronic health record (EHR) prescreening for treatment naive melanoma patients, and development of a quarterly provider referral newsletter.

4. Outcomes

To date, pre-task force accrual is virtually identical to post-task force accrual (24 patients vs. 22 patients over a 7.5-month period). However, due to pending distribution of the first provider referral letter and only recent implementation of EHR prescreening, we anticipate improved and updated outcomes prior to final presentation.

5. Lessons Learned and Future Directions

Recruitment strategies beyond prescreening the investigator's practice require extensive collaboration across and outside of the cancer center. Research teams may need to invest several months developing recruitment infrastructure prior to achieving increased yield. However, once established, these efforts become scalable across trials and disease groups to decrease barriers to entry over time.