

The Study Statusboard: Crafting a Clinical Trial Symphony for Success

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BACKGROUND

The Office of Clinical Research at FCCC, like many cancer centers, faced challenges to meet activation timelines and accrual goals. To overcome roadblocks, we sought an efficient system to support more accurate and consistent oversight. The existing process relied on manual weekly updates in Excel from staff across teams as well as many duplicative and fragmented meetings. Despite the efforts, processes and communications remained siloed between key stakeholders giving rise to the development of the Study Statusboard. This interactive tool helped integrate data, unified stakeholders and facilitated a path of actionable clarity for the teams and leaders.

The Study Statusboard was created to address deficiencies and benefit everyone, from the C-suite to the study staff. High-level Key Performance Indicators (KPIs) connect seamlessly to granular details pulled from the source systems, ensuring efficiency, accuracy, and transparency. Leveraging source data integration and automation, the Study Statusboard targets two key endpoints pivotal to managing a successful clinical trial program: (1) clinical trial activations and (2) portfolio management.

METHODS AND SOLUTIONS

The Study Statusboard tool sets itself apart by its ability to extract real-time key data from the source systems (OnCore and eIRB), reducing manual and duplicative entries while creating a centralized and accessible real-time resource.

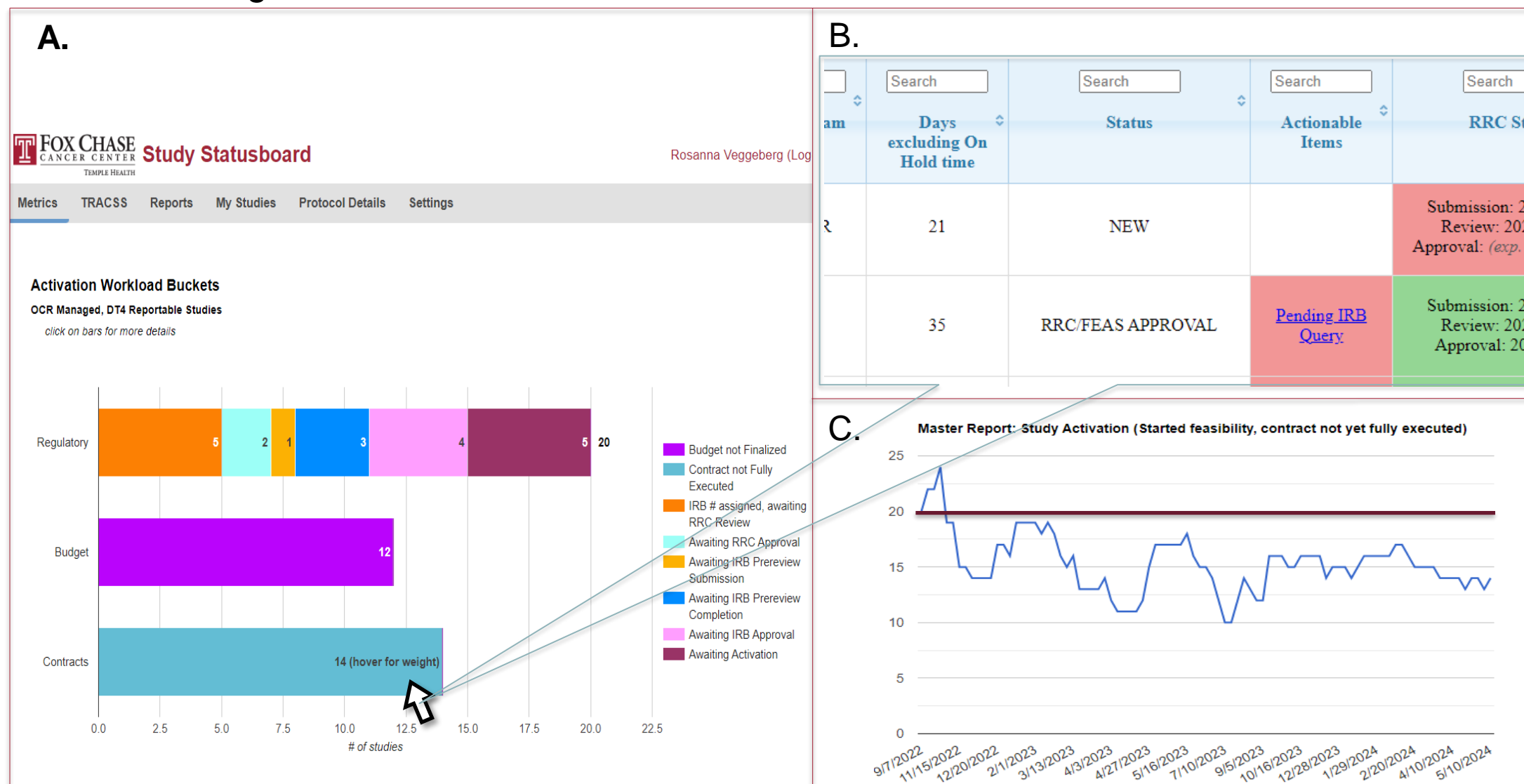


Figure 1. Clinical Trial Activations: A. Activation workload buckets were broken out into parallel work streams (regulatory, budget, and contract). B. Each pipeline stage drills down into a report of key activation timeline milestones and alerts, which all pull directly from source systems. C. Bottlenecks were mitigated by controlling the number of studies entering the pipeline based on staffing capacity.

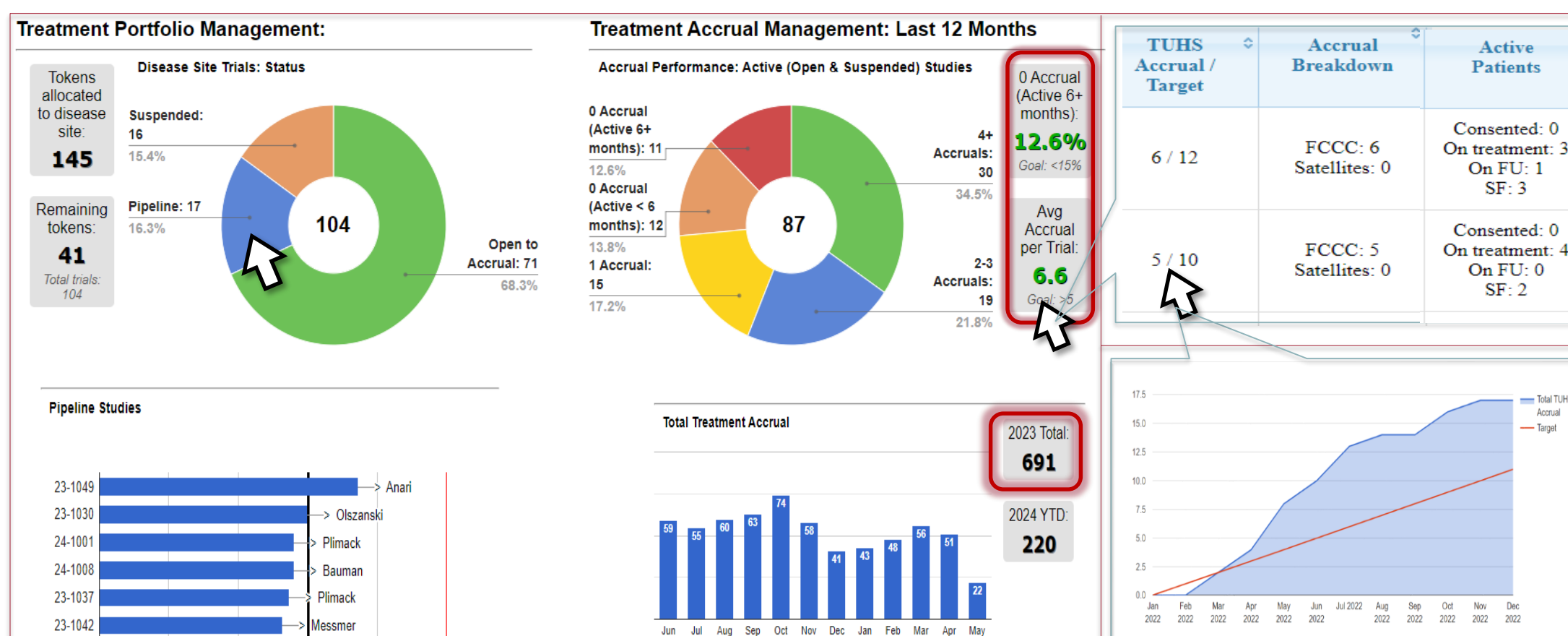


Figure 2. Portfolio management: established treatment trial KPIs across each disease site (DS), which contribute to institution-wide goals. KPIs are based on the number of treatment trials with 0 accruals, average accrual per trial, and total accrual. Based on staffing capacity, the maximum treatment trials (pipeline & active) was capped at 145. Trial allocations were then distributed to DSs based on successful management.

OUTCOME

Activation visualization streamlined study entry into the pipeline while reports empowered oversight of the process. The Study Statusboard data showcases our newfound ability in achieving once deemed unattainable goals.

Timepoint	No. Studies Open/Susp	0 Accrual (Active 6+ mon)	Average Accrual per Trial
Tokens: 145 (Goal <15%) (Goal >3.5)			
Nov 2022	123	21.1	2.4
Dec 2022	110	19.1	2.9
Jan 2023	100	22	3.4
Feb 2023	96	24	3.9
Mar 2023	98	19.4	4.1
Apr 2023	97	12.4	4.4
Tokens: 145 (Goal <15%) (Goal >5)			
May 2023	98	12.2	4.7
Jun 2023	104	12.5	4.8
Jul 2023	104	13.5	4.9
Aug 2023	101	10.9	5.4
Sep 2023	102	12.7	5.7
Oct 2023	100	11	6.2
Nov 2023	98	13.3	6.4
Dec 2023	93	9.7	6.7
Jan 2024	90	10	6.9
Feb 2024	89	10.1	7
Mar 2024	89	11.2	7
Apr 2024	88	12.5	7

Figure 3. DSs closed poorly accruing trials and focused their attention on trials that could support the set goals. These efforts culminated in rapid institution-wide portfolio management success, which was achieved within a few months. A readjustment of accrual goals was then established and again, quickly achieved (table shows red cells as underachieving, yellow as nearing, and green as achieving and surpassing the goals).

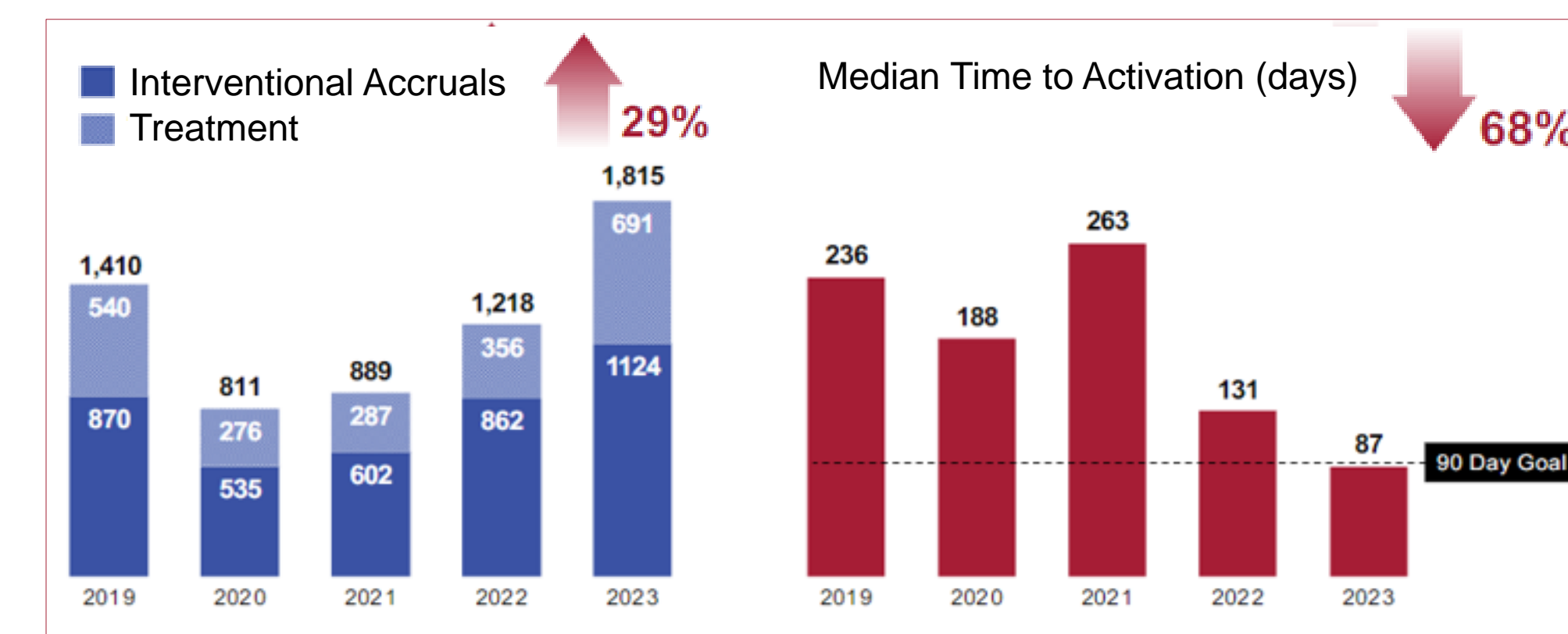


Figure 4. The Study Statusboard, along with process enhancements, brought time to activation from a 2021 median of 263 days to under 90 days in 2023. Since 2019, this time came down by 68%. Treatment trial accruals saw a swift rise since 2021 and a 29% increase when comparing 2019 to 2023.

LESSONS LEARNED

This experienced has proven that you can't manage what you can't measure. The quick adaptation following implementation demonstrates the potential that had always been possible. With the proper metric system in place and the proper resources and teams to implement, our goals can now be actualized. Prior experience has shown that no system can be successfully implemented without the 360 degree picture and complete buy-in from all users and stakeholders. That is why it was essential to build the system with step-wise input from everyone affected and to clearly and transparently communicate the goals and intentions. This takes time and attention but without the upfront work, we would have never been able to get the results that we have seen.

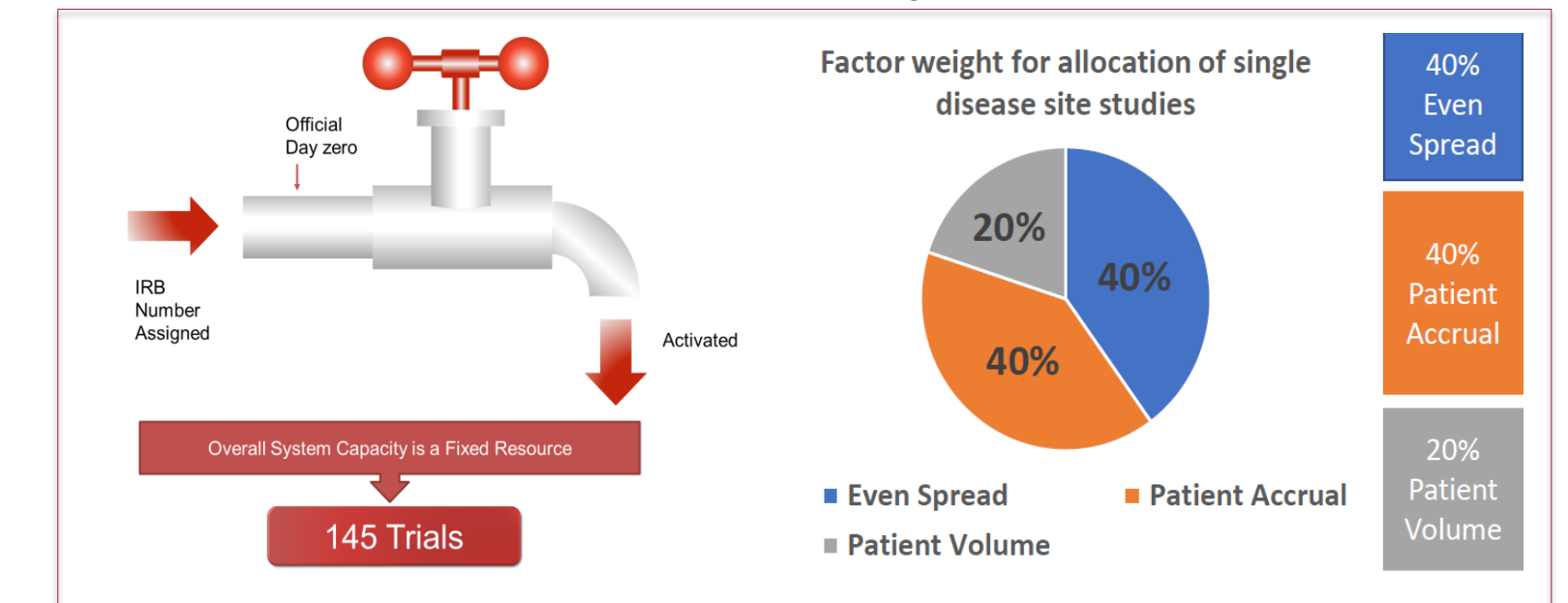


Figure 5. Every 6-months leadership re-assesses and communicates the updates to all stakeholders together to ensure everyone receives the same message and to use it as an opportunity to re-educate on the shared purpose. It has been important to continuously reiterate the message that the Study Statusboard is a tool. Not a report card. The goal is to achieve balance across the portfolio to properly serve our community.

FUTURE DIRECTIONS

The Study Statusboard is continuously evolving, building on the complexity and integration of this tool. There are planned enhancements to incorporate staffing capacity and projections, diversity and inclusion goals, and additional flexibility and filtering to optimize for more perspectives and use-cases. The Study Statusboard is continually being fine-tuned as a central, dynamic tool that not only reacts to today's needs but also anticipates the needs for tomorrow.

