

Breaking Barriers: A Digital Tool for Expanding Clinical Trial Referrals for Hematology Patients

F. Bustamante, D. Sallman, J. Edelman, J. Adkins, G. Bryant, M. Ugrenovic-Petrovic

Moffitt Cancer Center

1. Background

For community oncologists and referring physicians, accessing clinical trials remains challenging. While Moffitt Cancer Center's (MCC) website lists available trials, it can be difficult for outside providers to quickly find and filter enrolling studies in real time. The Clinical Trials Explorer Tool supplements existing resources by providing a systematic, interactive, and expedited method for identifying trials and referring patients. Providers currently rely on scattered emails, phone calls or ClinicalTrials.gov, which lack tailored filtering, making trial access inefficient. This tool improves accessibility and usability, enabling prompt, well-informed referrals. It currently houses 45 active Malignant Hematology trials across four programs.

2. Goals

The primary goal is to increase the visibility of MCC's Malignant Hematology trials portfolio—including those for myeloid, lymphoma, myeloma, and CAR-T—among outside providers for the purpose of increasing clinical trials opportunities for larger numbers of patients across the region and state. By simplifying trial identification and streamlining referrals, the tool aims to bridge the gap between community physicians and cutting-edge research opportunities. Additionally, a Spanish statement was incorporated to strengthen engagement with Spanish-speaking providers and patients, recognizing the need to reach underserved populations. The long-term goal is transitioning from a Microsoft Forms-based tool to an integrated platform within MCC's digital infrastructure.

3. Solutions and Methods

To improve trial visibility, the Clinical Trials Explorer Tool was first developed within the Myeloid Section of Malignant Hematology, which manages a high volume of complex inpatient and outpatient cases. Initially built using Microsoft Forms for quick deployment, the tool was later expanded to other sections of Malignant Hematology and underwent an internal pilot phase to assess usability and refine functionality. Feedback from providers improved navigation, data accuracy, and referral efficiency. Its design optimizes the selection, referral, and security processes, ensuring an efficient and structured workflow:

- Trial Selection Process: Users click through an intuitive branching framework, first choosing disease category (e.g. Myeloid), subtype (AML), treatment phase (e.g. Frontline), then select a study and review the key inclusion and exclusion criteria. Each study includes its Moffitt-specific code and the corresponding NCT number for reference on ClinicalTrials.gov site.
- Referral Process: Providers enter patient details → real-time database update → screening coordinator follow-up.
- Security Measures: Restricted backend access for data integrity.

4. Outcomes

User feedback highlighted the tool's ease of use and improved navigation, allowing providers to identify relevant clinical trials more efficiently. Internal users reported that the tool simplified the search process and facilitated patient referrals. For the Myeloid Section, internal referral data shows an increase from 344 referrals in FY24 (7/1/2023 to 2/26/2024) to 854 in the same period of FY25, representing a 148 percent increase. This change coincides with the implementation of the tool. These findings suggest that

expanding access to more external partners could further enhance provider engagement and improve trial accessibility.

5. Learned and Future Directions

Maintaining an up-to-date trial database —promptly adding new trials, removing closed ones— remains a key challenge. Thus, moving to an integrated digital platform, nested within Moffitt.org, is planned for Q3 of 2025. Future enhancements may include integration with REDCap or Power BI.