Category: Prioritization and Scientific Review – Work in Progress

Methods and Workflows to Increase Study Accruals

S. Hughes, M. Rastogi, D. Avins, N. Shakhnazaryan, L. Kody, L. Trihy, M. VanderZanden

UCSF Helen Diller Family Comprehensive Cancer Center

1. Background

Similar to trends noted in the National Comprehensive Cancer Center Network (NCCN) 2020 and 2024 benchmarking surveys 1 and 2, the Helen Diller Family Comprehensive Cancer Center (HDFCCC) has seen a decrease in the number of patients enrolled per year on therapeutic trials, as many trials struggle to identify eligible patients, resulting in trials closing due to poor accrual. In 2025, the HDFCCC is focusing on identifying recruitment barriers and implementing initiatives to increase our center's accruals.

2. Goals

As our clinical trial portfolio continues to grow, we are continuously hiring clinical research staff to activate and manage the growing portfolio. Now, more than ever, we are faced with the financial burden of these low accruing studies. To increase study accruals, we've been tasked to identify trends for low accruing studies, strategically select trials to move into our activation pipeline, and focus on increasing accruals across studies that have had zero accruals in 90 days.

3. Solutions and Methods

1. To monitor the activation pipeline and assess accrual feasibility of upcoming trials, we implemented a comprehensive Competing Trial List inclusive of current and expected accrual metrics, and accrual feasibility of these trials compared with any potential new studies. This is reviewed by Site Committee as a tool to assess study feasibility.
2. In 2024, UCSF HDFCCC launched a Tableau Dashboard which highlights study accruals across Site Committees and Disease Sites and captures studies that have had zero accruals in 90 days. The low accruing studies with zero accruals in 90 days are reviewed at Site Committee monthly and suggestions to increase accrual are discussed.
3. To increase accruals across our current portfolio, a prescreen pilot was implemented. Clinical Research Coordinators (CRCs) review upcoming patient charts and identify potential patients for the low accruing studies identified by Site Committee from the Tableau Dashboard.

4. Outcomes

These methods were initiated and implemented by the Genitourinary (GU) Program at UCSF HDFCCC between Q4 2024 and Q1 2025. Thus far, GU Site Committee has utilized the Competing Trial List during full protocol review of new trials to allow for robust and thoughtful discussion of accrual feasibility. Additionally, in the first week of the prescreen pilot our CRCs identified seven potential patients across three of our low accruing studies.

Our expectation is to provide concrete metrics after these initiatives have been ongoing through Q2 2025.

5. Learned and Future Directions

We have monitored the time and effort it takes each coordinator to prescreen a provider chart and have found that, overall, across eight provider charts spanning approximately 10-20 patient visits a week, it takes a total of six hours which we split amongst three coordinators, estimating two additional hours of work per coordinator per week. We will continue to monitor the success of these initiatives and, if

successful, plan to expand across the cancer center to each program. These metrics will also serve as potential baseline metrics as we consider in-house and commercial artificial intelligence products for participant screening and trial matching.