Methods and Workflows to Increase Study Accruals

UCSF Helen Diller Family Comprehensive Cancer Center

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Background

Similar to trends noted in the National Comprehensive Cancer Center Network (NCCN) 2020 and 2024 benchmarking surveys[1,2], 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. Poor accrual results in study closure and renders the need to further evaluate protocol accrual feasibility in an effort to improve resource utilization, continue successful partnerships with industry sponsors, and ensure our patients are offered appropriate investigational therapeutic options. In 2025, the HDFCCC is focusing on identifying recruitment barriers and implementing initiatives to increase our center's accruals across our open portfolio of studies.

Goals

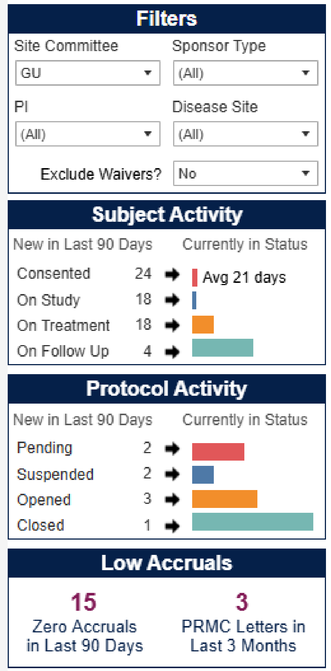
As our clinical trial portfolio continues to grow, we are continuously hiring clinical research staff to activate and manage the growing portfolio. Now, more than ever, we are faced with the financial burden of these low accruing studies. To increase study accruals, we've been tasked to identify trends 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.

Solutions & 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.

Competing Studies for Patient Population								
Protocol #	Principle Investigator	Study Title	Protocol Status (In Activation or Open to Accrual)	Are there sufficient patients for this trial? (Y/N)	Rationale	Expected Site Accrual #	Actual Site Accrual # to Date	Global Accrual # to date

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.



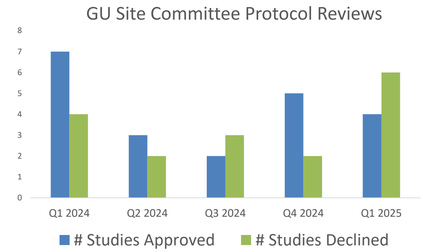
3. To increase accruals across our current portfolio, a prescreen pilot was implemented in Q1 2025. Clinical Research Coordinators (CRCs) review upcoming patient charts and identify potential patients for the low accruing studies identified by the Site Committee from the Tableau Dashboard.

References

1. National Comprehensive Cancer Network. Report on the 2020 NCCN Clinical Research Benchmarking Survey. NCCN Best Practices Committee; 2020.
2. National Comprehensive Cancer Network. Report on the 2024 NCCN Clinical Research Benchmarking Survey. NCCN Best Practices Committee; 2024.

Outcomes

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. After implementation, we have started to see the number of new studies declined by GU Site Committee increase.



After three months of rolling out the prescreen pilot, CRCs have identified 41 potential patients across five of our low accruing studies. So far, five patients have consented. We expect this number to increase as these previously identified patients potentially progress and require future treatment options.

Lessons Learned & Future Direction

It is too early to see significant increases to our consenting and on study metrics. Our investigators are critically thinking of which studies to move forward in our pipeline based on accrual feasibility. For the next phase of this pilot, we plan to prescreen new studies to accrue patients prior to the 90-day timeline.