Implementation of the Protocol Review Committee's Low Accrual Guidance

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Background

The Clinical Trials Office (CTO) Protocol Review Committee (PRC) reviews ~400 studies per year. A 2020 Cancer Center Support Grant (CCSG) review identified a lack in closure of poorly or non-accruing trials. PRC charter guidance at the time required justification for low accrual (less than 40% of annual target) and an action plan for improvement. Studies failing to meet PRC-stipulated goals were considered for closure.
However, PRC reviewers hesitated to close underperforming trials due to the investigator effort involved in initiating and maintaining a trial. This highlighted the necessity to educate PRC reviewers and CTO investigators on more clearly defined low accrual guidelines.

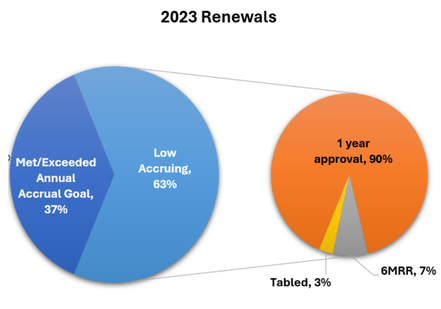
Goals

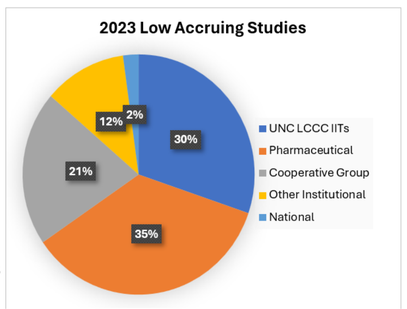
- ✅ Track trends for low-accruing trials
- ✅ Collaborate with PRC Chairs to define processes for addressing low accrual
- ✅ Disseminate updated low accrual guidelines to the CTO

Solutions and Methods

Analysis of 2023 renewal submissions (n=222) identified 139 low-accruing trials

- 📌 90% of low-accruing trials received a one-year approval
- 📌 7% received a Six-Month Re-Review (6MRR)
- 📌 Study types of low accruing studies:
  - **35%** Pharmaceutical trials
  - **30%** Investigator-Initiated Trials (IITs)
  - **21%** Cooperative Group trials
- 📌 Notable categories of low accrual justification:
  - **29%** Studies open to accrual less than or equal to six months or not yet open
  - **12%** Rare disease involvement
  - **10%** Strict eligibility criteria





Low Accrual Justification (139 Low Accruing Studies)	
Category	**Percentage**
Rare Disease (17/139)	12%
Staffing Issues (15/139)	11%
Strict Eligibility Criteria (14/139)	10%
Study suspension (19/139)	14%
Not Yet Open (15/139)	11%
Recent OTA (≤6 months) (25/139)	18%
CPO Accrual Hold (6/139)	4%
Late submission of renewal (2/139)	1%
COVID (2/139)	1%
Closed to Accrual (12/139)	9%
Competing study (5/139)	4%
EAP/Compassionate Use (3/139)	2%
RadOnc Reorganization (2/139)	1%
Miscellaneous (2/139)	1%

Outcomes

- IITs with strict eligibility criteria identified as key point of intervention
- Closure guidelines **excluded** for rare disease trials, newly opened trials (less than a year), and trials not yet open to accrual
- New low accrual guidance implemented in August 2024, providing PRC reviewers with clearer recommendations for closure
- Dissemination via disease group meetings and office-wide meetings

Not Subjected to Low Accrual Monitoring	**Studies with rare disease involvement** Rare disease subsets are defined as: o A subset that involves ≤6 newly diagnosed persons out of a larger population of 100,000 persons per year. o A subset that involves a rare molecular marker or a rare indication for treatment. **Studies that submit for PRC renewal that are not yet open to accrual** o PRC Administrative Closure may be considered for studies that remain not open to accrual 2 years after initial IRB approval. **Studies that have not been open to accrual for a full year**
Granted **2** Consecutive Six-Month Re-Reviews Prior to PRC Administrative Closure	**LCCC IITs that attribute low accrual to staffing issues and/or strict eligibility criteria** o Study teams will be asked to provide plans for improvement, including updates to the eligibility criteria if applicable. **Pharmaceutical-Sponsored Trials that attribute low accrual to staffing issues and/or strict eligibility criteria** o Study teams will be asked to provide plans for improvement.
Granted **3** Consecutive Six-Month Re-Reviews Prior to PRC Administrative Closure	**Cooperative Group Studies** o Exceptions might be granted on the basis upon whether there is an expectation for authorship for the involved investigators.

Lessons Learned and Future Directions

- 💡 Educate reviewers and investigators on proper low accrual justification and proactive accrual plans
- 💡 Explore automated accrual reports in **Oncore** to:
  - Alert investigators about studies at risk of low accrual monitoring
  - Highlight underperforming studies **before** PRC review for proactive justification and improvement plans