

Zero Accruals, Zero Delays: A Monthly Performance Monitoring Approach

C. Zamore, X. Lekperic, K. Napolitano S. Hanley, C. Kolenut, A. Rodavitch, C. Houston, D. Rathkopf

Memorial Sloan Kettering Cancer Center

1. Background

The Performance Monitoring Committee (PMC) was established as a Protocol Review and Monitoring System sub-committee in 2021 as part of broader efforts to enhance performance monitoring at Memorial Sloan Kettering (MSK). As part of this overhaul, underperforming criteria were reassessed, and in 2022, a pilot review of studies with zero accruals for over 12 months was conducted within the previous bi-annual review process. The pilot accounted for 43 percent of 2022 underperforming study closures, underscoring the value of formally incorporating zero-accrual monitoring into PMC criteria. The pilot also highlighted the need for more frequent, real-time oversight as the bi-annual process prolonged intervention for non-accruing studies.

2. Goals

Implement a “continual monitoring” workflow for studies with zero accruals beyond six months to complement existing workflows, strengthen portfolio management, and increase investigator engagement.

3. Solutions and Methods

- Initiated continual monitoring in March 2023.
- Leveraged MSK’s home-grown Protocol Information Management System (PIMS) to identify studies with zero accruals.
- Automated emails to Principal Investigators (PIs) and study teams via PIMS:
 - Six-Month Zero Accrual Reminder: Encourage proactive steps to either improve accrual (e.g., prioritization, site expansion, amendments, sponsor engagement) or consider study closure. No response required.
 - Twelve-Month Zero Accrual Notification: Formal closure request issued with option to appeal via a standardized form within one week. Appeal must explain accrual barriers and justification for continuation.
- Defined monitoring exemptions (e.g., epidemiologic, registry, expanded access, federally funded, rare disease, NCI-sponsored, pediatric studies).
- Implemented structured monthly review and decision process:
 - Reviewers evaluate appeals based on scientific merit, feasibility, institutional priority, and the study’s overall potential for completion.
 - Final decisions are made via formal voting at PMC meetings.

4. Outcomes

- Enhanced portfolio oversight and resource efficiency:
 - Continual monitoring enabled timely study closures, improved transparency, and streamlined portfolio management.
- 317 studies (one-third of open studies) received six-month zero accrual reminders March 2023-March 2024. Post-reminder outcomes:
 - 108 (34%) elected to close
 - 110 (35%) began accruing
 - 99 (31%) did not close/accrue and received 12-month zero accrual notifications:

Category: Clinical Trial Operations (Trial Start-up, Regulatory, Data Management, IITs) – Completed Project

- 35 elected to close without appeal
- 22 closed after appeal (PMC disapproval)
- 42 remained open after appeal (PMC approval)
- 52 percent of studies receiving six-month reminders (165/317) closed, demonstrating the effectiveness of early intervention and the need for portfolio clean-up. The high closure volume in year one reflects a backlog of non-accruing studies under the prior, less frequent review process.
- Stronger collaboration with PIs/departments/services:
 - Reminders prompted action without requiring a response, functioning as a proactive service rather than a punitive measure.
 - Early engagement drove results: 35 percent of studies accrued post-reminder, showing structured oversight improves PI responsiveness.
- More efficient decision-making and workload management:
 - Replacing bulk bi-annual reviews with monthly monitoring reduced administrative burden and facilitated the process for stakeholders.
 - Real-time data enabled immediate action, eliminating delays and backlog.

5. Lessons Learned and Future Directions

Lessons Learned:

- Transparency and collaboration enabled PI-led accrual and closures.

Future Directions:

- Develop a dashboard for tracking and reporting.
- Integrate PMC data into new protocol activation and study prioritization.
- Expand workflow to include 18-month follow-up and restart continual monitoring clock for major amendments.

Figure

