Development of a Screening Coordinator Dashboard to Optimize Clinical Trial Pre-Screening and Enhance Enrollment Strategies Across Multiple Disease Programs

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Background

Oncology clinical trials continue to face significant barriers to patient enrollment, driven in part by complex eligibility criteria and the operational burden placed on Clinical Research Coordinators (CRCs)[1].

Recent literature has identified restrictive eligibility requirements and clinician-related factors as key contributors to persistently low trial participation rates[2].

Moffitt Cancer Center established the Clinical Trials Screening Coordinator (CTSC) role to improve patient identification and streamline pre-screening workflows across disease programs[3].

An institutional Screening Coordinator Dashboard was developed pulling real-time metrics directly from OnCore. The dashboard supports CTSCs and research leadership by improving visibility into trial performance, enabling more strategic allocation of resources, and guiding enrollment-driven decisions.
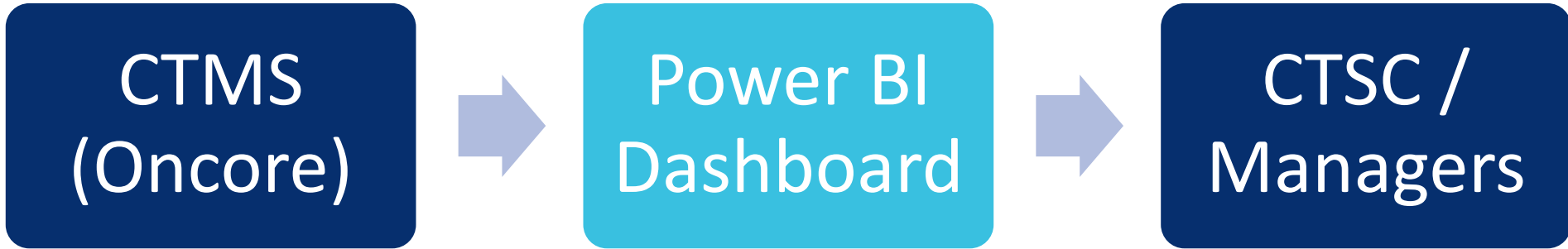
CTMS (Oncore) → Power BI Dashboard → CTSC / Managers

Figure 1. Workflow illustrating data flow from the Clinical Trial Management System (OnCore) into the Power BI dashboard, enabling real-time access for CTSCs and research leadership.

Goals

- Guide CTSC focus using real-time enrollment insights
- Pull quick, filterable metrics for operational and leadership use
- Improve decision-making across disease programs

Outcomes

- Improved CTSC time allocation
- Streamlined metric reporting for managers/medical directors
- Early feedback:
  - Easier bottleneck identification
  - More strategic enrollment planning
- Informs:
  - Protocol amendments
  - Recruitment strategy changes
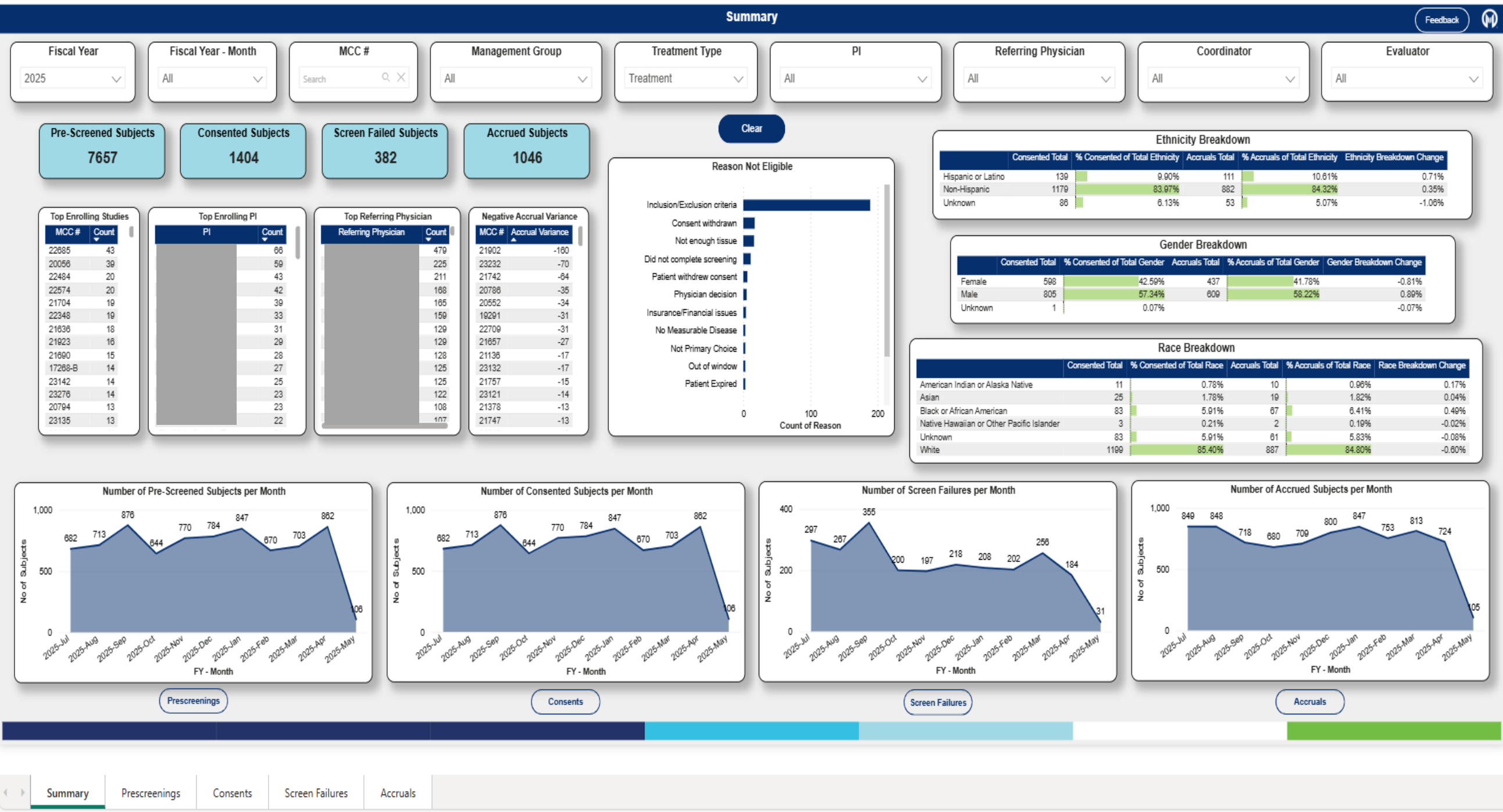 - Sponsor discussions on eligibility barriers

Figure 2. Summary view of the Screening Coordinator Dashboard filtered by Fiscal Year 2025, displaying real-time metrics on consents, enrollments, and screen failures across disease programs.
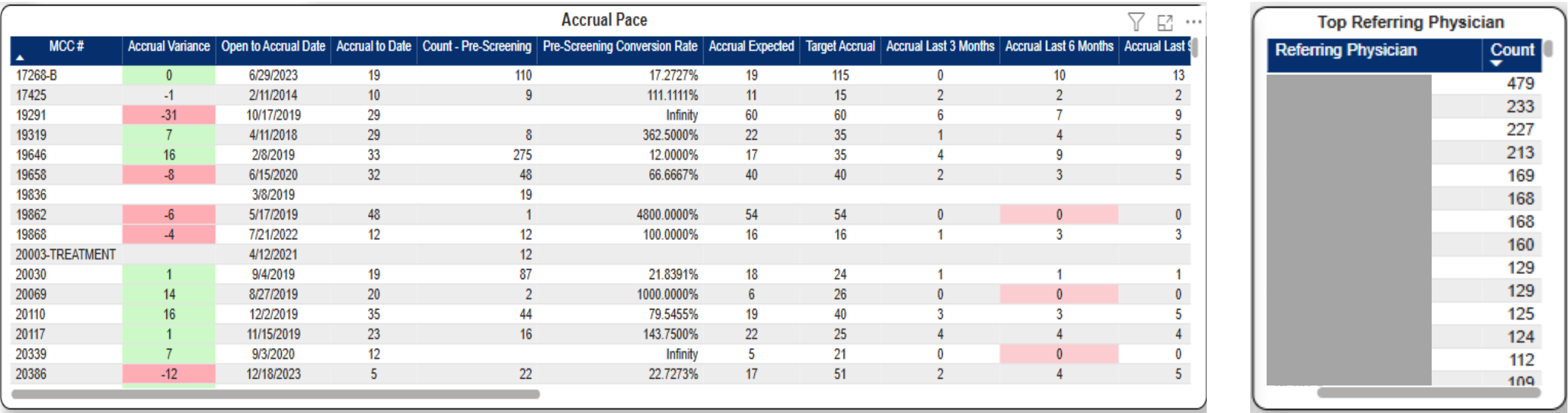
Figure 3. Accrual pace chart highlighting studies below target (red) and those on or above pace (green), enabling quick identification of underperforming trials.

Figure 4. Leaderboard view displaying top referring physicians based on pre-screened patients, used to recognize referral patterns and inform outreach efforts.

Solutions and Methods

- Centralizes:
  - Total patients consented
  - Patients on study
  - Screen Failures
- Filterable by time, program, trial, CRC, or Physician
- Includes:
  - Top enrolling PIs (leaderboard)
  - Pre-screening breakdown & reasons for ineligibility
  - Referrals-per-physician
  - Accrual pace chart per study
- Real-time auto-populated data from Oncore, reducing manual entry/calculations
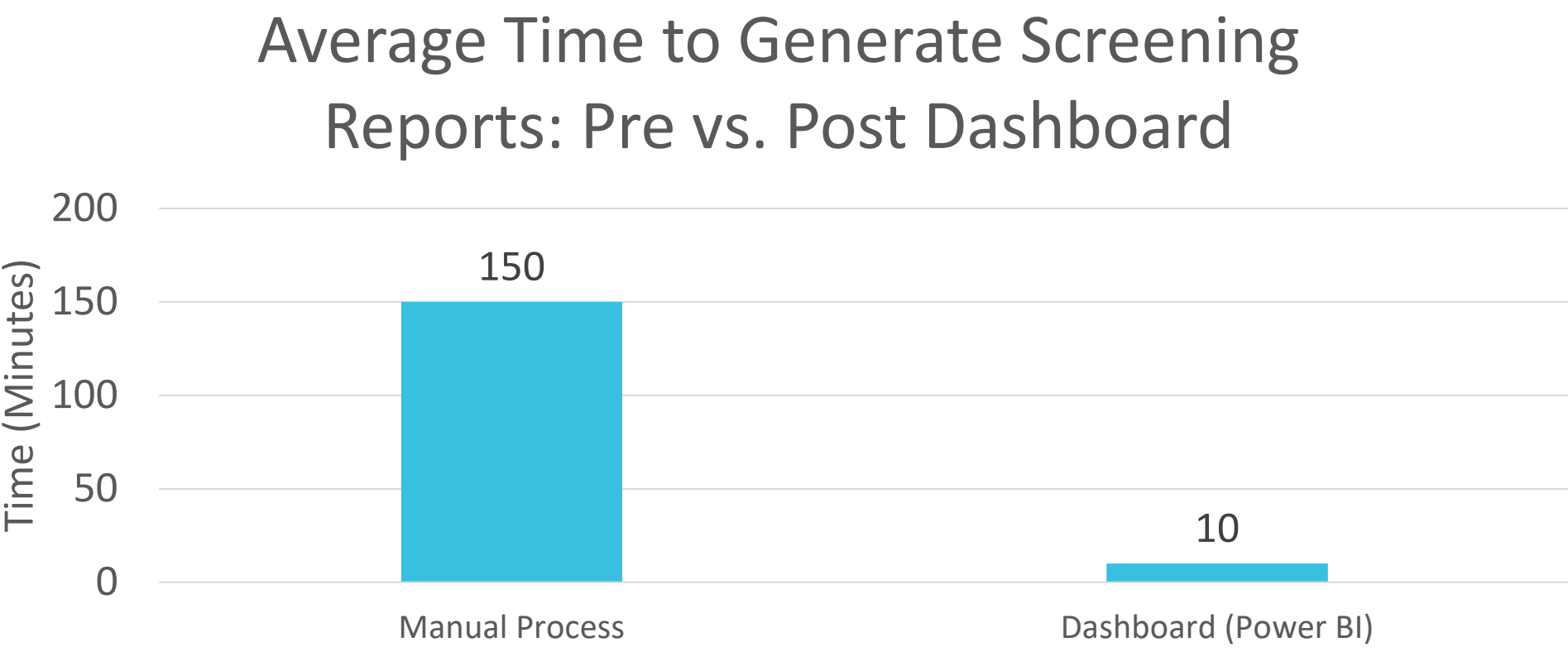- Supports consistent, efficient reporting

Average Time to Generate Screening Reports: Pre vs. Post Dashboard

Figure 5. Average report generation time pre- vs. post-dashboard implementation, highlighting operational efficiency gains.

Lessons Learned and Future Directions

- Expand dashboard across disease programs
- Enhance filters; user interface improvements
- Add feature: cross reference new patients vs pre-screened subjects to identify missed opportunities
- Support trial matching in programs without dedicated CTSCs

References

1. Ebrahimi H, et al. Barriers to clinical trial implementation among community care centers. JAMA Netw Open. 2024;7(4):e248739. https://doi.org/10.1001/jamanetworkopen.2024.8739
2. Gardner L, et al. Agile monitoring dashboard for clinical research studies. Trials. 2024;25(1):802. https://doi.org/10.1186/s13063-024-08646-0
3. Goodridge D, et al. Development of a clinical trials screening coordinator role and workflow to improve recruitment [Poster]. AACI Annual Meeting; 2024.