Category: Clinical Trial Operations (Trial Start-up, Regulatory, Data Management, IITs) – Work in Progress

Strategies for Increasing Accrual Utilizing Multi-Faceted Pre-Screening Methodologies and Systems

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1. Background

At the Rutgers Cancer Institute Cancer Center Support Grant renewal in 2017, interventional clinical trials accrual was 318 patients with most from the academic cancer center. In 2018, a "single site" model was created; by 2020, eleven partner sites were integrated and clinical trial operations were centrally administered. The 2022 accrual goal for the CCSG renewal was 550; surpassed with 602 patients accrued. In 2024 however, accrual fell short and tracked downwards – of a planned goal of 700, only 636 patients were accrued. The patient accrual goal for 2025 is 800 patients, and for the next grant cycle and year of review in 2027, 1000-1200 accruals are anticipated, with majority from partner sites. Developing strategies to optimize pre-screening efforts to meet these accrual goals that align our patient population needs, scientific priorities, and physician professional interests, while maximizing our protocol portfolio, remains significant and timely.

2. Goals

To identify and remediate internal barriers to pre-screening efforts. To streamline pre-screening tracking and reporting tools. To evaluate decision points utilized in pre-screening. To identify and implement creative and strategic mechanisms and systems to increase patient recruitment for enrollment on clinical trials.

3. Solutions and Methods

Gathering and evaluating the functionality of all existing tools and trackers from the DSG groups and from the health system sites was initial priority. Secondly, a pre-screening workshop of predominantly Clinical Trial Specialists (CTSs) from all sites was conducted; participants were divided into groups and provided a list of potentially eligible patients generated from Deep 6 software. Each group pre-screened these patients and presented their patient status findings at the conclusion of the exercise. This assignment provided insight into participants' knowledge and application of the pre-screening process. Finally, a survey was developed to, 1: Analyze staff time and effort performing prescreening, 2. Understand source and frequency of identification for potential patients (i.e., tumor board, pathology/radiology reports, physician new visit lists, etc.), and 3. Ascertain use and familiarity of various tools for tracking patients (i.e., OnCore®, Excel, etc). CTSs in New Brunswick and all partnering sites completed this survey. Results were discussed with Clinical Operations Research Study Managers for further collaboration and stakeholder buy-in of future prescreening processes and workflows.

4. Outcomes

In order to increase accrual, it was determined that improvements in pre-screening processes are required. Resources, such as CTS time and effort, can be managed more efficiently by streamlining tracking and reporting tools. Additionally, employing consistent "decision points" in the patient journey, such as lines of treatment and status of disease, should positively impact prescreening and accrual management. Lastly, by committing to pre-screening all patients, other physician and/or patient factors can be better understood, addressed and potentially remediated.

5. Learned and Future Directions

DSG Managers and their research teams, with oversight and guidance from OHRS Medical and Operational Leadership, will be further gauging effectiveness of prescreening tracking and reporting

efforts over the coming weeks. Refining the pre-screening process including further utilization of EPIC reports and Deep6 queries will also be evaluated. Lastly, a “decision point” schema and “approach-based decision model” will be developed to guide these initiatives.