

Interventions to Increase GYN Trial Enrollment Through Strategic Sequencing of Trials and Optimized Partnerships with Community Hospitals

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1. Background

In 2023, gynecologic (GYN) oncology trials accruals at the Perlmutter Cancer Center (PCC) Clinical Trials Office (CTO) decreased by 22.7 percent from the previous year, 2022 (n=51, n= 66). In 2024, the team implemented several strategies to increase enrollment and ensure patient access: use of strategic sequencing, expanding access to trials for underrepresented groups through increased collaboration with our community hospital partner, and increasing investigator engagement. Many trials in the GYN portfolio have similar targets or cytotoxic payloads. Some studies allow prior treatment with a drug that has the same target and/or payload, while others do not. Before the sequence initiative, patients were inadvertently excluded from potential trials due to prior trial participation. It is advantageous to accruals and availability of treatment lines for patients to carefully prioritize the order of trials.

2. Goals

The GYN team aimed to increase enrollment in 2024 by: increasing engagement, strategically utilizing the GYN trial portfolio for lines of treatment and increasing access to clinical trials for underrepresented populations.

3. Solutions and Methods

In 2024, the GYN team made a concerted effort to engage sub-investigators and referring physicians weekly through a review of open trials and proposed sequencing. To accomplish this, we created a schematic demonstrating a proposed order of study participation specific to each disease type, including sub-pathways for expression of relevant tumor-associated antigens. Payloads of drug conjugates were denoted in assorted colors to allow investigators to identify the pathway that is most advantageous to their patient (Figure 1). A focus was placed on identifying barriers to enrollment and engaging physicians, including those from our community partner hospital, to consider a trial for every patient that progresses.

Reports on patient accrual for 2022-2024 collected at time of consent were analyzed for trends regarding referral location, number of subsequent trial enrollments, and demographic data.

4. Outcomes

Investigator engagement improved as demonstrated by the increase in accrued patients per investigator (pts/inv) averaging 6.8 pts/inv, median 3.5 pts/inv (n= 10, min: 2 pts/inv, max: 24 pts/inv) in 2024 versus from an average of 5 pts/inv, median 3 pts/inv (n=10 inv, min:0 pts/inv, max:22 pts/inv) in 2023 (p= 0.007). The use of sequencing increased the number of patients that were able to enroll in a subsequent study, in 2024, 12 percent (n=68) of trial participants participated in more than one clinical trial, versus in 2023, 4.1 percent (n=51). In 2024, there was an increase in trial participants referred from a satellite site or community hospital 53 percent (n = 51) versus in 2023, 41.2 percent (n=68). Specifically, enrolled patients referred from community hospitals with large demographic of underrepresented populations increased from 12.1 percent, (13.7% (n=51) in 2023 to 25.8% (n=68) in 2024). These initiatives resulted in the highest enrollment in PCC CTO history for GYN in 2024 with 68 accruals.

5. Learned and Future Directions

These interventions emphasized the importance of engaging physicians across NYU and partnerships with community hospitals. We also observed that when the clinical trial enrollment sequence is considered, more patients can enroll on multiple trials. Future directions would include expanding our efforts to identify potential trial candidates through artificial intelligence programs.

Figure

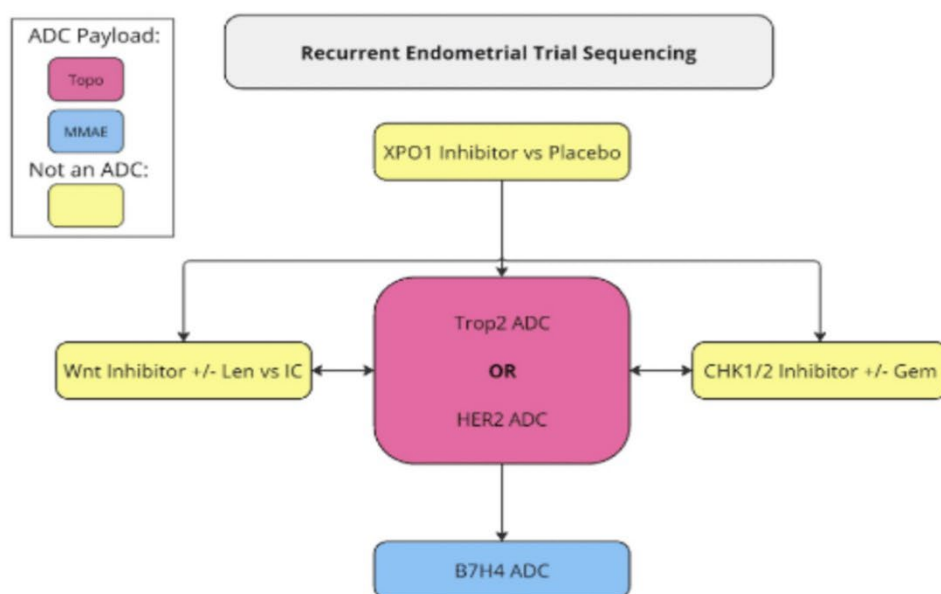


Figure 1. Example Endometrial Sequencing Schematic