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

Meghann Armstrong, Erika Waalkes, Brianne Bodin, BSN, Ankeeta Joshi, Janice Mehnert, MD, Bhavana Pothuri, MD

Perlmutter Cancer Center
An NCI-designated Comprehensive Cancer Center

NYU Langone Health

Background:

In 2023, gynecologic (GYN) oncology trial accruals at the Perlmutter Cancer Center (PCC) Clinical Trials Office (CTO) decreased by 22.7% from the previous year, 2022 (n=51, n=66). In 2024, the team implemented several strategies to increase enrollment and ensure patient access:
using strategic sequencing methods to plan trial enrollments, 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.

Goals:

Increase GYN Clinical Trial Enrollment

- Increase investigator engagement
- Strategically sequence trial enrollment
- Increase access for under-represented populations

Solutions and Methods:

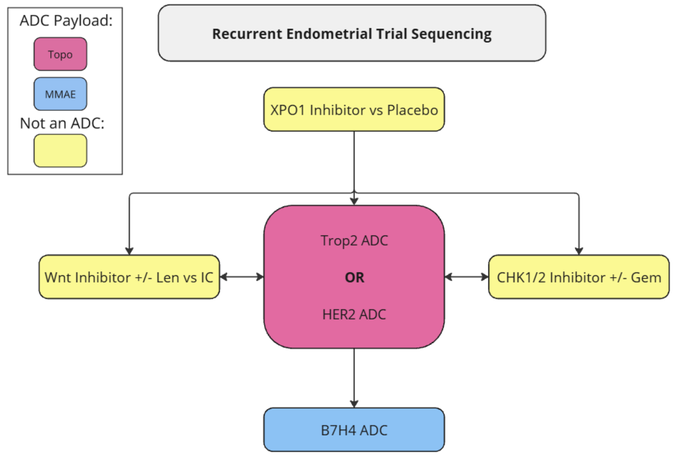

Figure 1. Example Endometrial Sequencing Schematic

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 on or after their current line of treatment.

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

Outcomes:

Since implementing these strategic initiatives in 2024:

- Investigator engagement improved as demonstrated by the increase in accrued patients per investigator (pts/inv) from an average of 5 pts/inv, median 3 pts/inv (n=10 inv, min:0 pts/inv, max:22 pts/inv) in 2023 to an average of 6.8 pts/inv, median 3.5 pts/inv (n= 10, min: 2 pts/inv, max: 24 pts/inv) in 2024 (p= 0.007).
- The percent of trial participants that were able to participate in more than one clinical trial increased from 4.1% (n=51) in 2023 to 12% (n=68) in 2024.
- The percent of trial participants referred from satellite sites or community hospitals increased from 41.2% (n=51) in 2023 to 53% (n=68) in 2024.The percent of enrolled patients from community hospitals with large demographic of underrepresented populations increased from 12.1% (n=51) in 2023 to 25.8% (n=68) in 2024.

These initiatives resulted in the highest enrollment in PCC CTO history with 68 GYN disease management group accruals.

Future Directions:

1. Continue engaging physicians across community network.
2. Refine sequencing of trial enrollment based on eligibility and maximum benefit to patients.
3. Expand patient identification through AI initiative with a focus on underrepresented populations.

Contact for more information:
Meghann.Armstrong@nyulangone.org

Erika.Waalkes@nyulangone.org