

Background

Marshall Cancer Center (MCC), a UC Davis Health Affiliate in Cameron Park, California, joined the UC Davis Cancer Care Network (CCN) in December 2021. MCC is considered a small community cancer center with two medical oncologists, one nurse practitioner, seventeen infusion chairs, and about five hundred new cancer cases a year. MCC had no prior experience with clinical research and wanted to successfully open a clinical research program. Community cancer centers like Marshall often face barriers like lack of clinical trial awareness among both patients and staff, which can contribute to low recruitment and most likely lead to early clinical trial termination (Unger et al. 2019; Williams et al. 2015; Wong et al. 2026; Unger et al. 2016; Davis et al. 2019).

Goal

The CCNs goal was to help MCC establish a successful clinical research program by building a baseline knowledge of and positive culture for clinical research among staff at MCC.

Solutions and methods

To implement the new clinical research program at MCC, the site's clinical research coordinator (CRC) created a research orientation program for all clinical and administrative staff at MCC in the months before the site was added as a UC Davis clinical research affiliate. The program went over basic protocol elements and an overview of clinical research through 3 one-hour sessions, each including 45 minutes of instruction and 15 minutes of Q&A. Subject matter experts from the CCN contributed, including the senior regulatory affairs coordinator and quality assurance officer, who covered protocol fundamentals, regulatory processes, documentation standards, and institutional expectations for quality.

After the staff gained foundational knowledge, the CRC continued providing training as trials opened. This included role-specific trial trainings for involved staff prior to opening and refresher trainings once a patient was identified and enrolled. The CRC also attended Tumor Board meetings and weekly huddles to promote conversations surrounding the trials at MCC, helping identify and give reminders for potential and current trial participants.



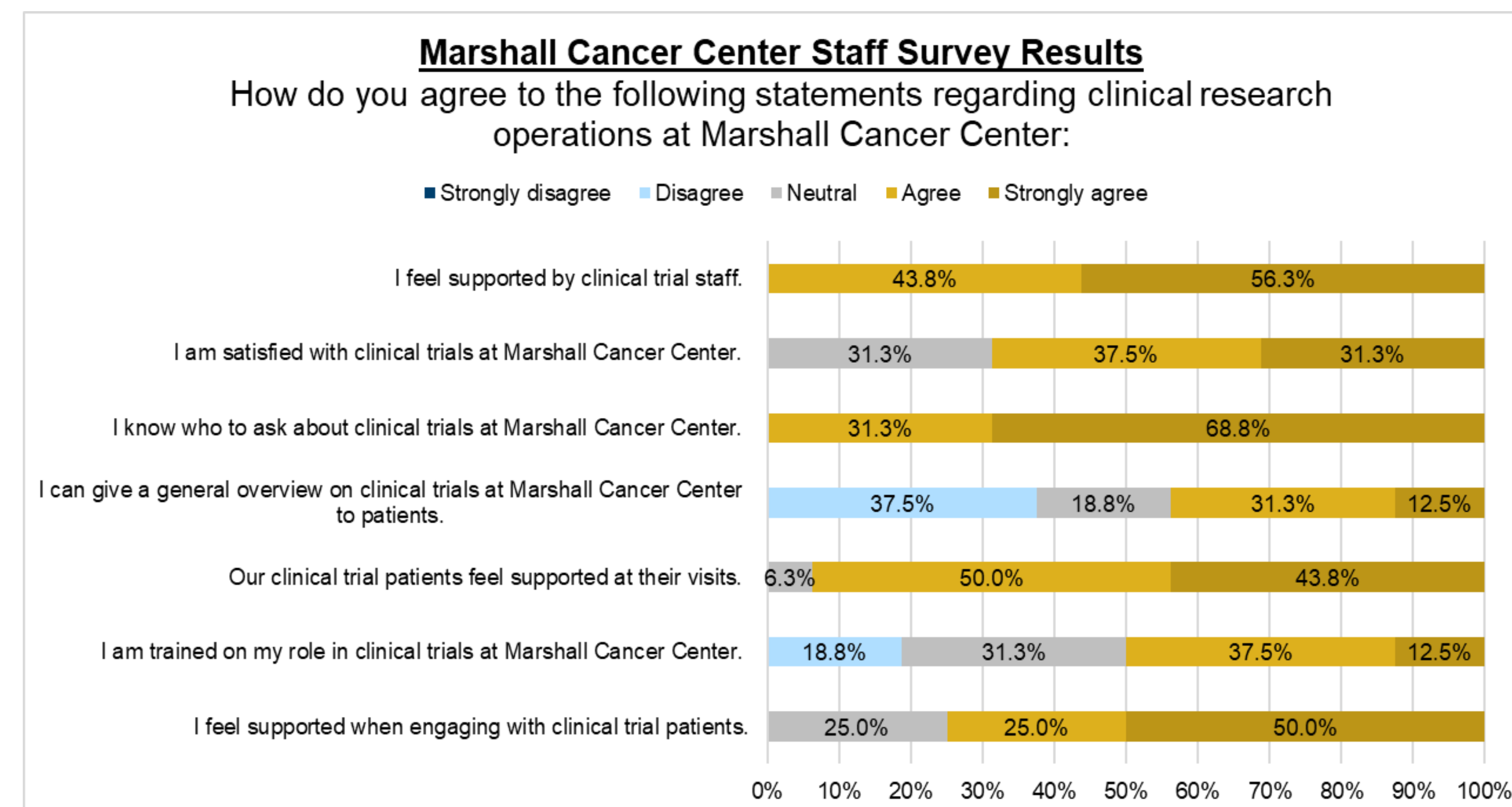
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Outcomes

Within the first year of launching training and opening trials, MCC enrolled nine patients across three NCI National Clinical Trial Network studies. The following year, they surpassed this with fifteen enrollments to seven trials, including two treatment trials, and completed their first SWOG audit with no findings. The CRC also surveyed staff to assess their perceptions of MCCs clinical research operations (results seen in graph to the left).

We found that providing general clinical trial training before sites begin operationalizing clinical research helps staff understand operations and feel confident in their research tasks. Having CRCs join external meetings to discuss trials and offer refresher training also keeps staff engaged and interested in clinical trials and participants.



Lessons Learned and Future Directions

We recommend that community cancer sites train all staff on clinical research and operations before opening trials to support participant enrollment and retention. Key barriers included finding a meeting time that worked for everyone, which we addressed by polling staff for availability. We plan to adapt this onboarding program for all affiliate sites with or without prior research experience that need additional support.