Category: Clinical Trial Access (Network, Satellite, and Other Multisite Accrual Enhancement Efforts) – Completed Project

Clinical Trial Education for Community Cancer Center Sites

C. Poggio

UC Davis Comprehensive Cancer Center

1. 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 a small community cancer center with two medical oncologists, one nurse practitioner, 17 infusion chairs, and about 500 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).

2. Goals

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.

3. 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 covered basic protocol elements and provided 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 included the senior regulatory affairs coordinator and quality assurance officer who covered protocol fundamentals, regulatory processes, documentation standards, and institutional expectations for quality. In order to build on this foundational knowledge, the CRC continued to provide training as trials opened with role-specific trial training for select staff prior to opening studies as well as refresher training upon identification and enrollment of the first patient on study. The CRC also attended Tumor Board meetings and weekly huddles to promote conversations surrounding the trials at MCC, helping to identify potential new trial candidates and to provide useful reminders regarding current trial participants.

4. 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 15 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 shown in Table 1). 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.

5. Lessons Learned and Future Directions

We recommend that community cancer sites provide structured formal training to all staff on clinical research and operations before opening trials to support participant enrollment and retention. A primary barrier to implementing the training was limited staff availability. We mitigated this challenge

by partnering with MCC leadership to emphasize the importance of the program, conducting availability polling to select times that maximized participation, and providing the training materials to those unable to attend. We plan to adapt this onboarding program for all affiliate sites with or without prior research experience.