

The Implementation of Central Data Tracking at the IUSCCC CTO

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1. Background

The development of an office-wide data management strategy for the Indiana University Melvin and Bren Simon Comprehensive Cancer Center (IUSCCC) clinical trials office (CTO) will serve as a foundational initiative to promote accountability, transparency, and continuous improvement. Our office had a previous, primary focus on Cooperative group and IIT clinical trials, which included central data metric tracking. With a shift towards a more Industry focused clinical trial portfolio, our management team has placed an increased effort on the implementation of consistent and central data tracking mechanisms to monitor compliance.

2. Goals

The main goal of this project is to obtain a clear picture of office wide data entry through metric tracking with a focus on timely data management and compliance.

3. Solutions and Methods

In early 2025, our office implemented a Tableau dashboard called, “Health_Of_The_Data,” to track patient visits entered by staff. This dashboard allowed our management team to have metrics that could be split out by various factors. When filtered by one of the factors, the report would show either the Sponsor type, Protocol number, Phase, Site, Patient number, or Visits occurred. The main purpose of this dashboard was to show the visits listed as “Open”, or data that was not entered as completed, in our internal system and the average days it took to submit the visit in the respective database. This allowed us to monitor how well individuals, teams, and the office were meeting timely data entry metrics.

4. Outcomes

The Tableau tool has been utilized as a metric to see if there are overarching areas or studies that are behind on data entry. While this initially was a helpful snapshot, this report has been tabled for future applications due to the lack of usability given the current limitations.

5. Lessons Learned and Future Directions

At the start of Tableau’s implementation, data entry staff were not familiar with what the report was showing and how to interpret the results. Staff at all levels needed initial clarifications and further guidance to ensure the purpose of the database was known. Data entry staff also received their reports at inconsistent times due to the form’s lack of central visibility and the strain that sending the report put on our management staff. The dashboard data was also hard to maintain due to the high data entry staff turnover and the staff following patients’ changing often. If the patient’s specific staff tab was not accurate, then the report was not able to show the proper delinquencies by staff. The metrics provided from the report are also from after the visit data was entered, so the report does not show external study-specific database details or upcoming visits. In February 2026, our office implemented a central, Excel tracker for staff to note all outstanding forms and queries for Industry data. This data is manually completed by staff biweekly and provides more real-time protocol tracking. An additional future direction for our office is implementing consistent, upfront communication of data needs by relaying key timelines and action items to administration upon the initial request.