

Nurse Navigators: Navigating the Path Towards Better Patient Compliance in Clinical Trials

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1. Background

Cancer center leadership initiated a relationship with the Clinical Trials Office (CTO) and Oncology Nurse Navigators (ONNs) in August 2025 to better integrate these existing resources with clinical research. There are four ONNs in Manhattan supporting our 10 Disease Management Groups (DMGs). The CTO's goals for this collaboration were to expand access to clinical trials and to secure additional support for patients facing significant socioeconomic barriers, aiming to improve trial accrual, compliance, and retention. Prior to this collaboration, CTO clinical staff were primarily responsible for much of this patient navigation.

2. Goals

Our goal with this collaboration was to establish a coordinated referral pathway between the assigned ONNs and the CTO. ONNs would identify patients interested in potential clinical trial options and refer them to the CTO to enhance trial access, while the CTO would direct patients to the ONNs when additional support was needed for trial patients.

3. Solutions and Methods

The ONN program was implemented into the CTO to help address key elements of care coordination, education, and resource connection. Training was done with each respective Disease Management Group (DMG) and assigned ONN. ONN referrals are placed on electronic medical records (EMR) by the CTO, as well as via email to the respective ONN per DMG with primary concerns and any additional patient information. ONNs assess new patients for clinical trial opportunities, address questions or barriers, and refer interested and eligible individuals to the appropriate CCU team for prescreening. For patients already enrolled in trials, teams can place ONN referrals to offer additional support when safety, compliance, or clinical-care needs arise. Referrals placed by the CTO are then reviewed to determine what goals were achieved by the ONN referral.

4. Outcomes

Since the implementation in August 2025, 11 were referred, and 10 (91 percent) of individual referral connections were established. Many of the referrals had multiple concerns per patient and 80 percent (n=20) of the specific concerns (i.e. food access, compliance, etc.) were resolved for clinical trial patients. Of these referrals, 31 percent (n=5) were for appointment compliance, 31 percent (n=5) for transportation coordination, 12 percent (n=2) for support with investigational pharmacy compliance, and 26 percent (n=4) for other various concerns. Of the 11 patients referred, 45 percent (n=5) were GYN, 36 percent (n=4) were Neuro, and 18 percent (n=2) were Melanoma patients. Additionally, all open clinical trial schemas were reformatted to split them by DMG to make it easier for ONN's to navigate when assessing new patients for clinical trials they may potentially be eligible for.

5. Lessons Learned and Future Directions

Having dedicated nurses to support patients throughout their care has increased patient compliance while also reducing the workload on the clinical trial team. A future direction would be to maximize efforts in additional disease management groups, as only three have utilized it so far. Additionally, we will continue to evaluate ONN referrals to clinical trials, since we have seen relatively few to date—likely

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because our investigators and care teams do an excellent job of engaging potential participants. We will also evaluate compliance with trial visits/assessments, and retention on trial in the future.