Category: Cross-Cutting Innovation and Collaboration – Work in Progress

The Clinical Trial Matching and Prescreening Task Force: A Work in Progress to Standardize and Enhance Prescreening and Referrals

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1. Background

Our clinical trials matching and pre-screening taskforce (CTMP) was started on 9/10/2025 to standardize the clinical trials screening coordinator (CTSC) role across disease teams and all processes that involve referring potential clinical trial candidates. The CTSC role has grown from three individuals from 2020 to 14 in 2026. Moffitt new patient volumes increase by 6% each year with accruals to match. The taskforce has standardized future state workflow, expansion at our Moffitt ambulatory centers (MACs), community provider education, nurse navigator integration, patient and family trial inquiries, integrating and expanding internally developed tools, and onboarding standard operating procedures (SOPs).

2. Goals

Each individual team within the taskforce has their own goal to meet by the end of the fiscal year (6/30/2026). The overall goal is to standardize education, onboarding, and all processes that are in place at our site for all team members and faculty while enhancing those processes where gaps are seen.

3. Solutions and Methods

All taskforce members meet every other month to share key updates. Individual teams meet at least once a month. Milestones and a decision log are tracked to summarize the key steps that have been completed and where each team is going to next. These are visible to all taskforce team members for transparency and to encourage partnership. For example, the community provider education team will be able to share some tools with external providers to increase trials referrals.

4. Outcomes

Our outcomes include the explorer tool rollout across several disease programs (Heme, Gastrointestinal, and Head & Neck) with genitourinary (GU)and gynecology (GYN) underway next. This tool was developed through the creativity and perseverance of the Heme Screening Coordinator, utilizing RedCap. CTSCs across multiple programs collaborate to streamline communication to patients and treating teams on what trials are available across home programs (like GI) but also other applicable trials within the disease like immune cell-therapy, early therapeutics, and radiation oncology. Other tools to enhance screening include clinic access reports to pre-screen upcoming provider templates, printables for quick eligibility reference, and disease program research meetings. The CTSC role itself has been instrumental in not just pre-screening but pinpointing gaps in clinical trials.

5. Lessons Learned and Future Directions

The work of the CTMP taskforce has underscored both clinical trial referral pathway complexity and the importance of establishing standardized, well-defined workflows before introducing advanced matching

technologies. Future directions for CTMP include the structured evaluation and piloting of clinical trial matching technologies, including artificial intelligence-enabled tools, to assess their ability to augment existing screening workflows rather than replace them. Building on prior institutional reviews of trial matching platforms and internally developed tools, CTMP will focus on defining evaluation criteria for clinical feasibility, operational fit, data transparency, and equity in trial access.

In parallel, CTMP will continue to expand enterprise-wide trial visibility through integration of internal tools such as explorer, screening dashboards, and referral pathways across disease programs, MACs, and community-facing channels. Collectively, these efforts position CTMP as a scalable framework to support future innovation in clinical trial matching while maintaining consistency, accountability, and patient-centered referral practices.