

Enhancing Scientific Review and Progress Monitoring to Improve Committee Management and Portfolio Oversight

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BACKGROUND

Our Protocol Reporting & Monitoring System (PRMS) oversees six Scientific Review Committees (SRC) and one Data & Safety Monitoring Committee (DSMC). In 2025, 1,600 studies fell under PRMS purview for scientific review, data and safety monitoring, and scientific progress monitoring. Our operational workflows were primarily manual with a large administrative burden on staff and board members. With growing study volumes, we developed a plan to modernize our systems and improve efficiency and metrics.

GOALS

- Utilize technology to reduce manual burden of committee operations
- Improve accuracy and timely identification for closure of studies not meeting accrual goals
- Decrease scientific review timelines and streamline submission requirements

SOLUTIONS & METHODS

We updated policies to align with institutional best practices and national standards, while expanding and better defining our Exempt and Expedite review categories. This included making the following exempt from SRC review: cooperative group protocol amendments, single-patient expanded access protocols, and administrative amendments.

Zero Accrual closure timelines were revised from 12 to 9 months, and timelines for rare disease studies were reduced from 18 to 12 months. We expanded the scientific review process to include suspended studies and counted suspension status as part of review time, rather than manually adjusting reviews to exclude this time. This allowed for more effective and automated reporting, while simultaneously ensuring the clinical trial portfolio for our patients remains relevant.

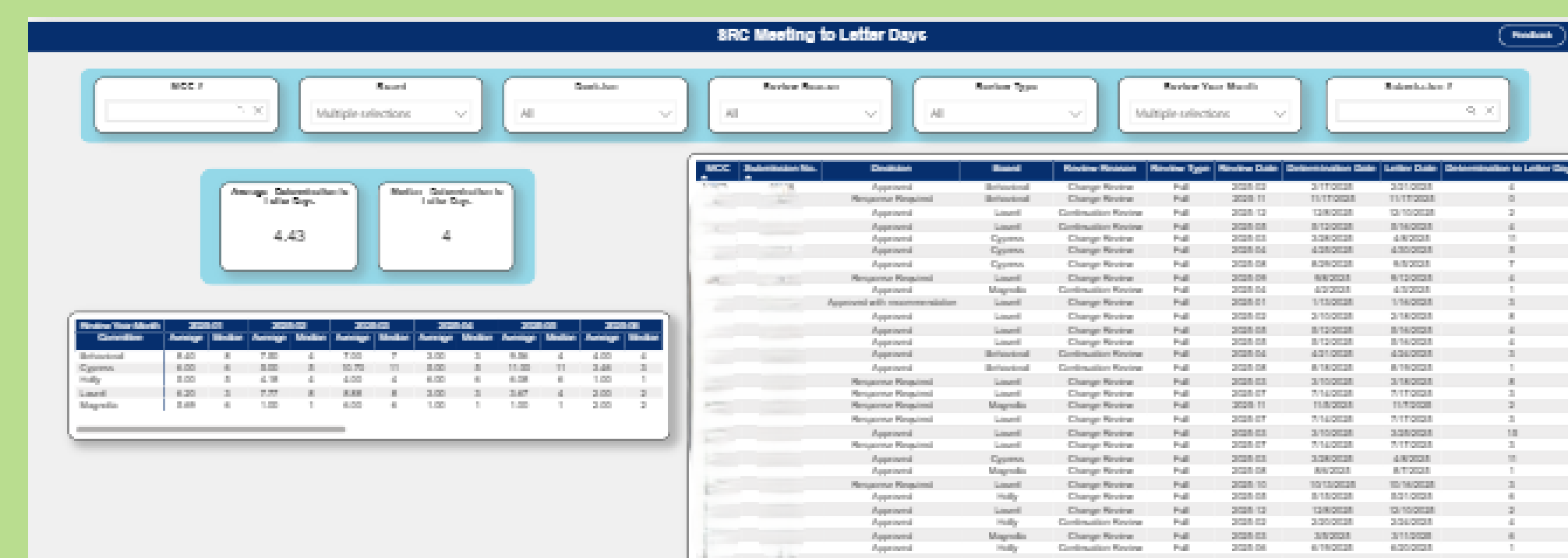
We modernized operations by leveraging institutionally supported technologies. A PowerBI dashboard pulls data from our Clinical Trial Management System (CTMS) and provides real-time metrics to committees and leadership. We implemented automated notifications to reduce administrative workload and improve communication speed. We also introduced tools such as Microsoft OneDrive and ZoomAI Companion to streamline board meeting documentation.

ENHANCEMENTS & TIMELINE



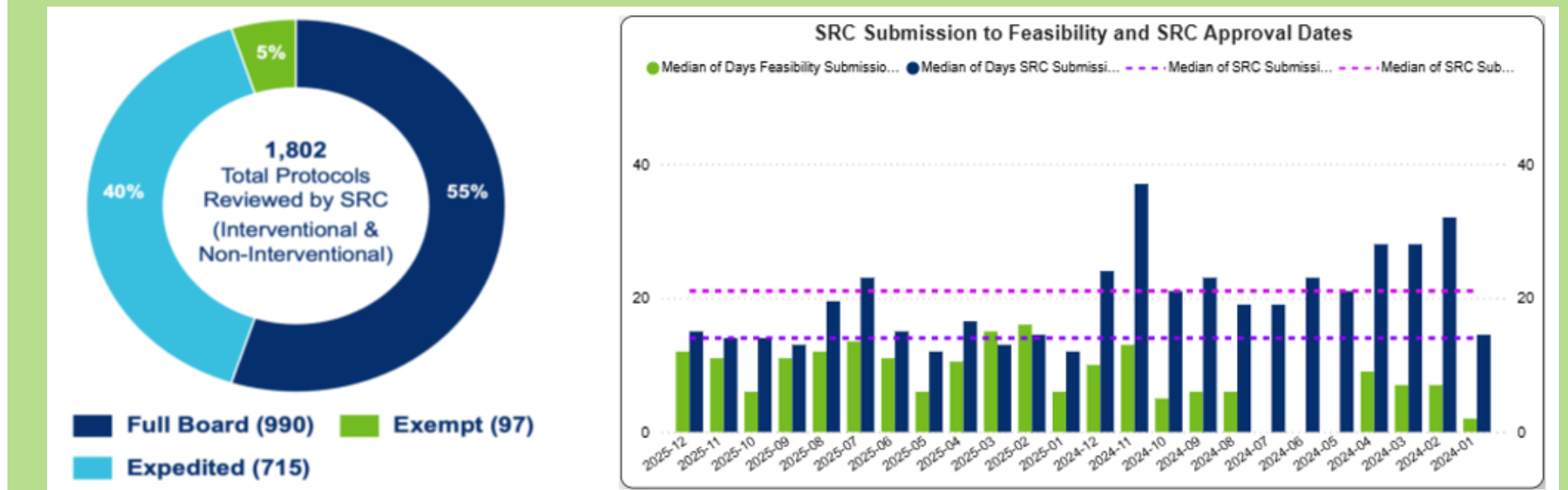
DASHBOARD SCREENSHOTS

MCC	Feasibility Submission Date	Feasibility Review Date	Feasibility Approval Date	Days Feasibility Submission to Feasibility Approval	SRC Submission Date	SRC Review Date	SRC Approval Date	Days SRC Submission to SRC Approval
	3/31/2025	4/14/2025	6/2/2025	63	10/10/2025	10/24/2025	10/24/2025	14
	9/10/2025	9/15/2025	9/15/2025	5	10/30/2025	11/20/2025	11/20/2025	21
	9/10/2025	9/15/2025	9/29/2025	19	10/10/2025	10/24/2025	10/24/2025	14
	9/9/2025	9/15/2025	9/15/2025	6	10/2/2025	10/18/2025	10/18/2025	14
	7/11/2025	7/21/2025	7/21/2025	10	10/3/2025	10/18/2025	10/18/2025	13
	9/10/2025	9/15/2025	9/18/2025	8	10/20/2025	11/5/2025	11/5/2025	16
	9/10/2025	9/15/2025	9/15/2025	5	10/13/2025	11/5/2025	11/5/2025	23
	9/22/2025	9/29/2025	9/29/2025	7	10/23/2025	11/5/2025	11/5/2025	13
	9/23/2025	9/29/2025	9/29/2025	6	10/17/2025	11/5/2025	11/5/2025	19
	9/23/2025	9/29/2025	9/29/2025	6	10/14/2025	10/24/2025	10/24/2025	10
	10/3/2025	10/13/2025	10/13/2025	10	10/22/2025	11/10/2025	11/10/2025	19
	10/3/2025	10/13/2025	10/13/2025	10	10/15/2025	10/22/2025	10/22/2025	7
	10/29/2025	10/31/2025	10/31/2025	2	10/28/2025	11/10/2025	11/10/2025	13
					10/31/2025		12/9/2025	35



OUTCOMES

- SRC Submission to Approval Timelines decreased by 32% (median of 28 to 19 days)
 - 14-day median for treatment trials
- 1,802 new studies reviewed (990 full board)
- 2,784 studies reviewed for accrual monitoring
 - 82 closed due to low or zero accrual
- Average time from committee review to study team notification is 4 days
 - Improved to 2.7 days in 2026 thus far



FUTURE DIRECTIONS

- Incorporating additional technologies to reduce administrative burden (i.e. Microsoft Copilot)
- Expanding our dashboard and utilizing Microsoft Forms to streamline response formats
- Utilize our CTMS or RedCap to streamline Non-Human Subject Research reviews
- Continue to evaluate policies to reduce rigidity for studies with alternative review pathways

