Category: Prioritization and Scientific Review – Completed Project

Maximizing Efficiency in Managing the Trial Activation Pipeline: Two-Year Follow-up

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1. Background

In 2022/23, we implemented a year-long initiative [Protocol Prioritization Pilot (PPP)] with a two-stage process to re-evaluate and re-prioritize the trials in our activation pipeline. Details of the initiative and its results were presented at AACI CRI in 2023.

The PPP was one year in length and had an impact on time-to-activation and a reduction in PRMC submission volume. Many centers have implemented similar strategies to manage the pipeline on a permanent basis. With funding uncertainty, resource constraints, and pressure to participate in trials with maximal value, we evaluated the long-term impacts of the initiative on sustained pipeline prioritization, time-to-activation, and accrual.

2. Goals

1. Examine the impact on portfolio, volume, and time-to-activation two years after the completion of the PPP
2. Examine accrual trends for studies submitted before, during and after the PPP
3. Consider center-wide policies for pipeline prioritization and management

3. Solutions and Methods

We developed a pipeline and therapeutics accrual Tableau® dashboard to track metrics and trends for submission volume, accruals, and trials at risk of meeting accrual targets. Disease management groups were tasked with reviewing the data and making changes to their portfolio and recruitment plans based on trends. Overall data was shared monthly with center leadership and presented quarterly to the oversight committee. The oversight committee was tasked with evaluating the trends and developing a plan to improve metrics.

4. Outcomes

The HDFCCC is reliably able to open 130 trials/year, with 55-60 percent of the portfolio being industry therapeutic. In the two years prior to the PPP, an average of 141 studies were submitted to the pipeline. The PPP achieved a 15.6 percent decrease in submissions; however, in the two years that followed, submissions increased by 22.7 percent from the nadir. Time-to-activation was reduced by 11 percent during the PPP, but in the years following, it has increased slightly and is trending towards continued growth.

With continued focus on high priority trials, the accruals Tableau® dashboard brought visibility to low accruing trials. Over the past year, the number of therapeutic interventional accruals increased by 7.9

percent. We also saw a reduction in the trials closing with zero accruals for studies submitted during the PPP year (16 percent vs. 33 and 35 percent in the year before and after the PPP respectively).

5. Lessons Learned and Future Directions

The year-long initiative to re-prioritize trials in the activation pipeline was successful and results of the initiative have been previously presented. The long-term analysis indicates that investigators were selective and prioritized trials during the initiative. However, increased submission volumes over the last two years has increased the time-to-activation. Continued growth without increasing resources will further impact operations of trials.

With a change in the oncology trial landscape to molecularly targeted agents resulting in narrowing eligibility criteria, it is recognized that the number of trials active at our institution may need to increase; however, with resource and financial uncertainty we need to implement workflows that ensure resources are assigned to high-priority trials. In 2026, we implemented a similar prioritization program focused only on industry therapeutic trials. Slot assignments are similar to the previous initiative with an addition of bonus slots based on accrual performance.

To aid in identifying high-priority trials, we also implemented a principal investigator (PI) feasibility questionnaire to supplement the stage one and stage one protocol review and monitoring system feasibility reviews already completed.