

Maximizing efficiency in managing the trial activation pipeline: 2-year follow-up



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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 HDFCCC initiative 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, institutional resource constraints, and pressure to participate in trials with maximal value to our patients and the institution, we evaluated the long-term impacts of the year-long initiative on sustained pipeline prioritization, time-to-activation, study activity and accrual.

Goals

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

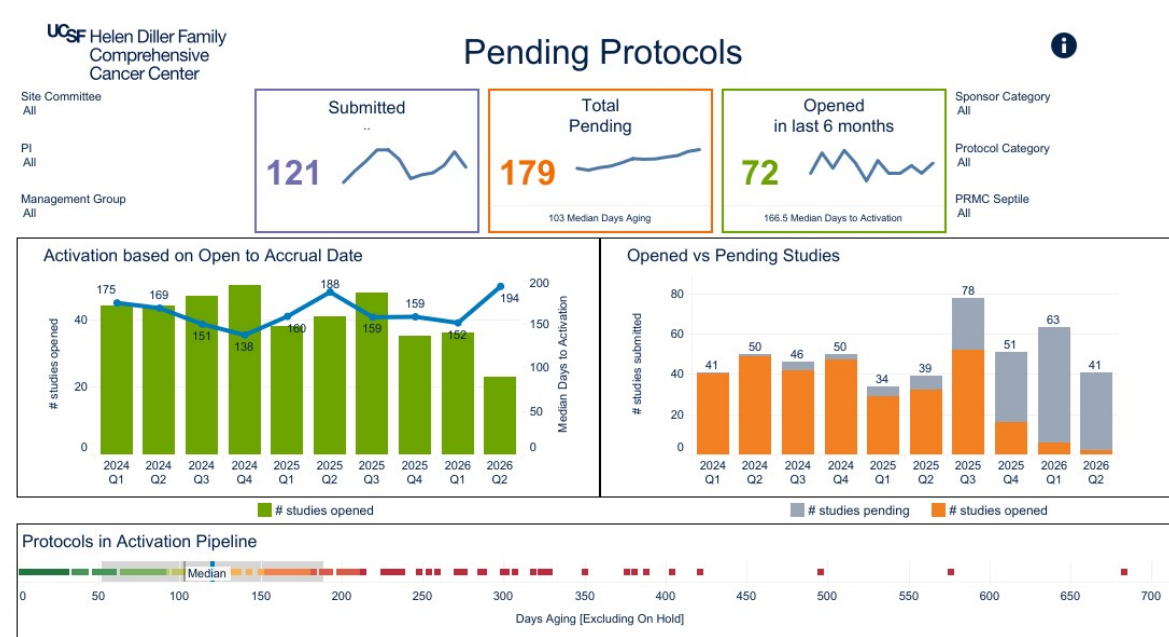


Figure 1 – Pending protocols dashboard

Quarterly pipeline and activation data filtered by Site Committee, sponsor type and protocol type.

Solutions and Methods

We developed a pipeline (figure 1) and therapeutics accrual (figure 3) Tableau® dashboard to track metrics and trends for PRMC submission volume, accruals, and trials at risk of meeting accrual targets.

Disease management groups (Site Committees) were tasked with reviewing the data monthly 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 in time-to-activation, pipeline volume and accrual per trial, and developing a plan to improve metrics.

Outcomes

The HDFCCC is reliably able to open 130 trials/year, with 55-60% of the portfolio being industry therapeutic. In the 2 years prior to the PPP, an average of 141 studies were submitted to the pipeline. The PPP initiative resulted in a 15.6% decrease in submissions (figure 2); however, in the 2 years that followed PRMC submissions increased by 22.7% from the nadir. Time-to-activation was reduced by 11% during the PPP, but in the years following, it has increased slightly and is trending towards continued growth.

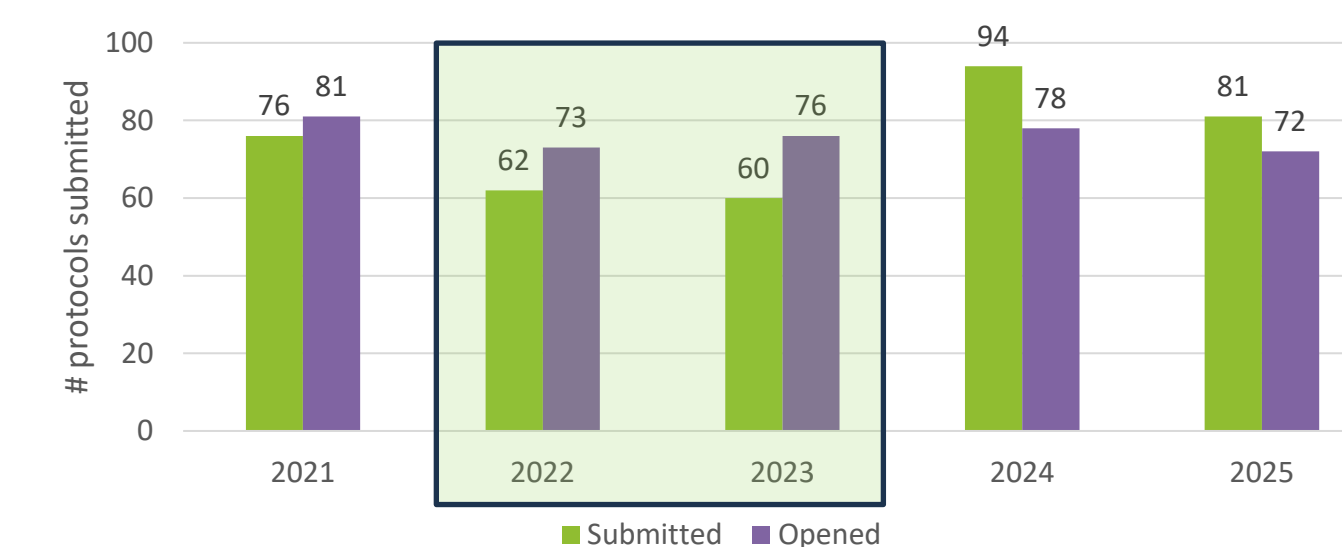


Figure 2 – PRMC submissions by year

In the years following the PPP, with the continued focus on high priority trials, the accruals Tableau® dashboard brought visibility to low accruing trials. Over the past year, the number of patients per trial increased by 11.7% and the overall number of therapeutic interventional accruals increased by 7.9%. We also saw a reduction in the trials closing with zero accruals for studies submitted during the PPP year (16% vs. 33 and 35% in the year before and after the PPP respectively).

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 site committees were selective and prioritized trials during the initiative, resulting in a stronger portfolio. However, increased submission volumes over the last 2 years, without additional studies activated, 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 (figure 4) focused only on industry therapeutic trials. Slot assignment and bonus slots are similar to the previous initiative with an addition of bonus slots based on accrual performance.

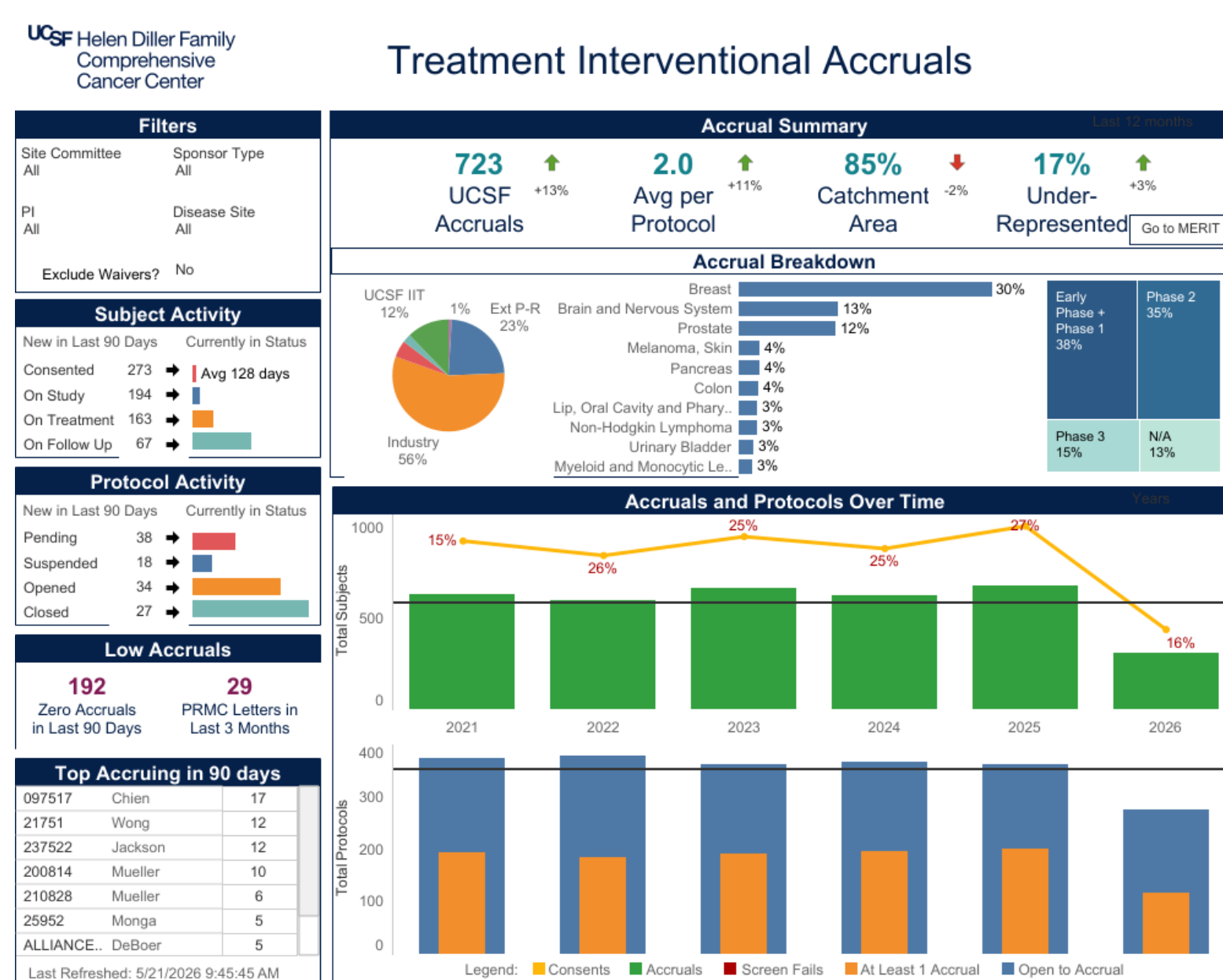


Figure 3 – Therapeutics interventional accruals dashboard

Annual review of therapeutic accruals across the disease portfolio

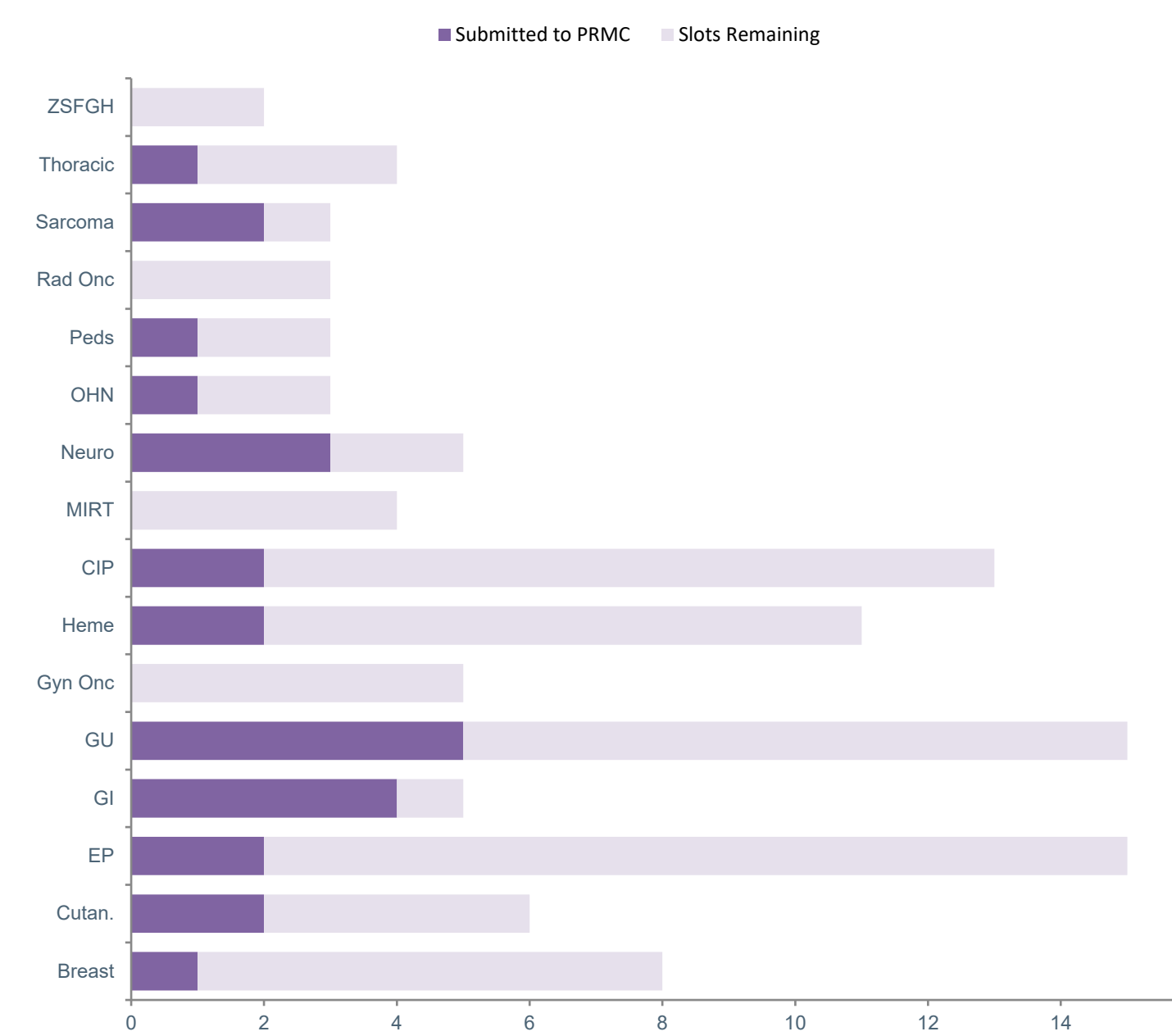


Figure 4 – 2026 allocations for PPP

Pipeline submissions as of May 2026