

INSTITUTIONAL PERSPECTIVES ON CANCER COMMUNITY ACTIVATION TIMES



BACKGROUND

- Cancer Centers are under pressure to decrease trial time to activation
- NCI expects protocols to be activated in **8 to 12 weeks**
- Cancer Centers want to know
 - Are we competitive with our peers?
 - Are these timelines achievable?



METHODS

- Forte Benchmarks database queried:
 - Cancer Centers
 - Treatment Intervention Protocols
 - December 2018 – May 2019

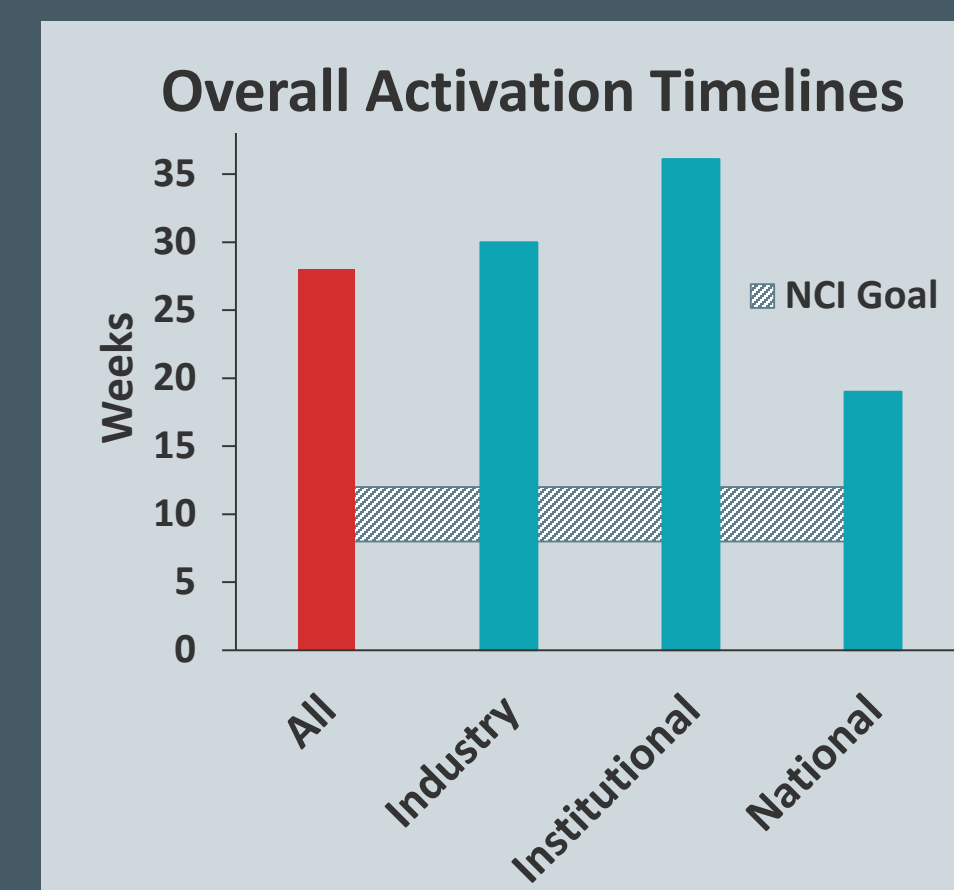


RESULTS

Activation Metric	Sponsor Type	# Orgs	# Protocols	Turnaround Times (days)		
				25 th %ile	Median	75 th %ile
Overall	All protocols	19	548	124	196	273
	Industry	18	267	153	210	278
	Institutional	17	79	178	253	378
	National	19	165	76	133	231
PRMC	All protocols	19	713	8	20	42
	Industry	19	370	13	28	47
	Institutional	18	100	8	22	64
	National	18	172	3	9	19
IRB	All protocols	19	556	6	21	61
	Industry	17	299	9	26	66
	Institutional	18	73	26	53	81
	National	19	145	1	3	22
IRB-Open	All protocols	19	530	21	57	127
	Industry	17	256	28	58	102
	Institutional	17	77	34	69	161
	National	19	161	10	46	152
Open-FPI	All protocols	18	375	27	70	189
	Industry	18	198	24	61	137
	Institutional	16	63	21	51	128
	National	17	93	30	122	383
Budget	All protocols	7	83	64	103	150
	Industry	7	78	72	106	152
Contract	All protocols	7	71	93	132	188
	Industry	7	56	101	136	189
Contract-Open	All protocols	10	119	14	54	91
	Industry	9	91	14	53	83

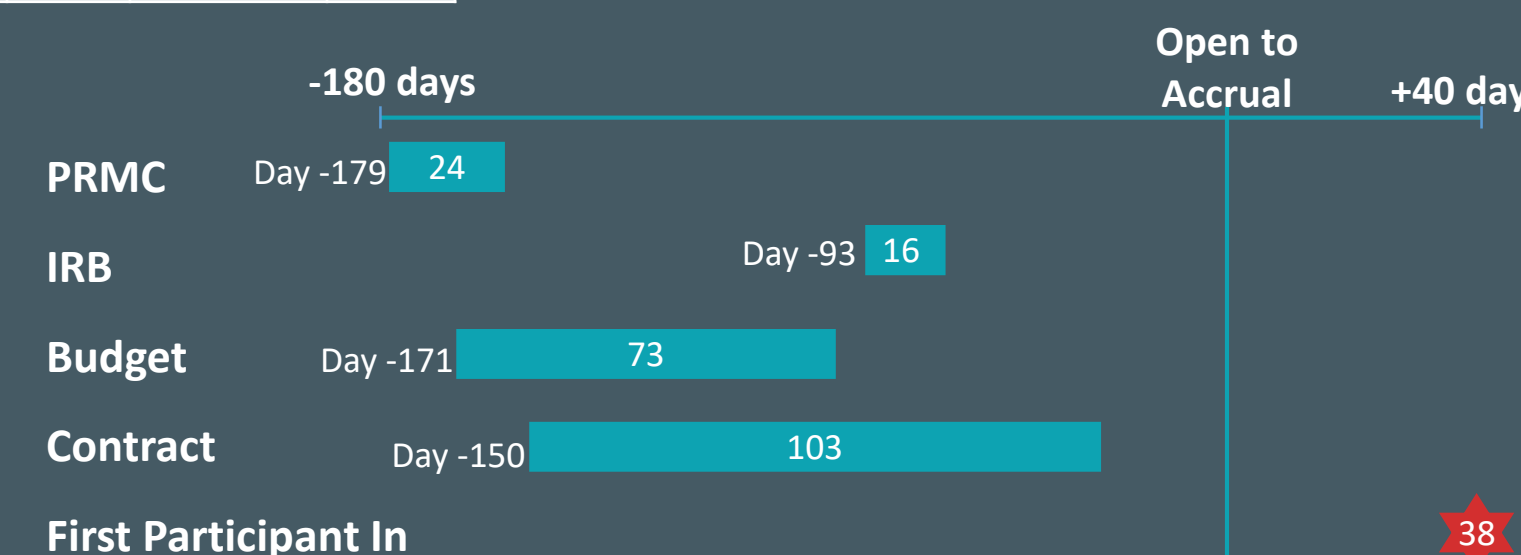
KEY TAKE-AWAYS

- Activation timelines are much slower than NCI goals



- **NO centers** have a median activation time under 12 weeks
 - Fastest averages ~3 months
 - 2/3 of centers have fewer than 10% activating in 12 wks
- Protocols with **concurrent** PRMC and IRB processes (9% of protocols) activated on average **53 days faster** than ones with sequential processes (161 v. 218)
- Of protocols that closed in this timeframe, **25% were zero-accruing**

- Median time between the last major process completed and the open to accrual date is **50 days**



*graph depicts protocols with all 4 processes represented



DISCUSSION

- 8-12 weeks is possible for individual trials, but it's not a realistic metric for Cancer Centers to achieve **TODAY**
- Significant effort spent on zero-accruing trials – for what gain?
- **What can Cancer Centers do?**
 - Decrease National Group study activation to **30 days** – possible?
 - Concurrent processes (e.g., PRMC/IRB)
 - Minimize 'gap time' between last major process and opening
 - SIV scheduling / sponsor activation
 - Institutional processes (e.g., financial, chemo orders, institutional review, calendar build)
 - Dedicated activation staff
 - Manage workload and number of trials in activation



Sarah Stewart, BS

University of Wisconsin Carbone Cancer Center
Assistant Director of Clinical Research
✉ sarah.stewart@wisc.edu



Wendy Tate, PhD, MS, GStat

Forte Research Systems
Director of Analytics
✉ wendy.tate@forteresearch.com



Laura Hilty, BS

Forte Research Systems
Vice President, Product Management & Strategy
✉ laura.hilty@forteresearch.com

