IUSCCC CTO Benchmarking

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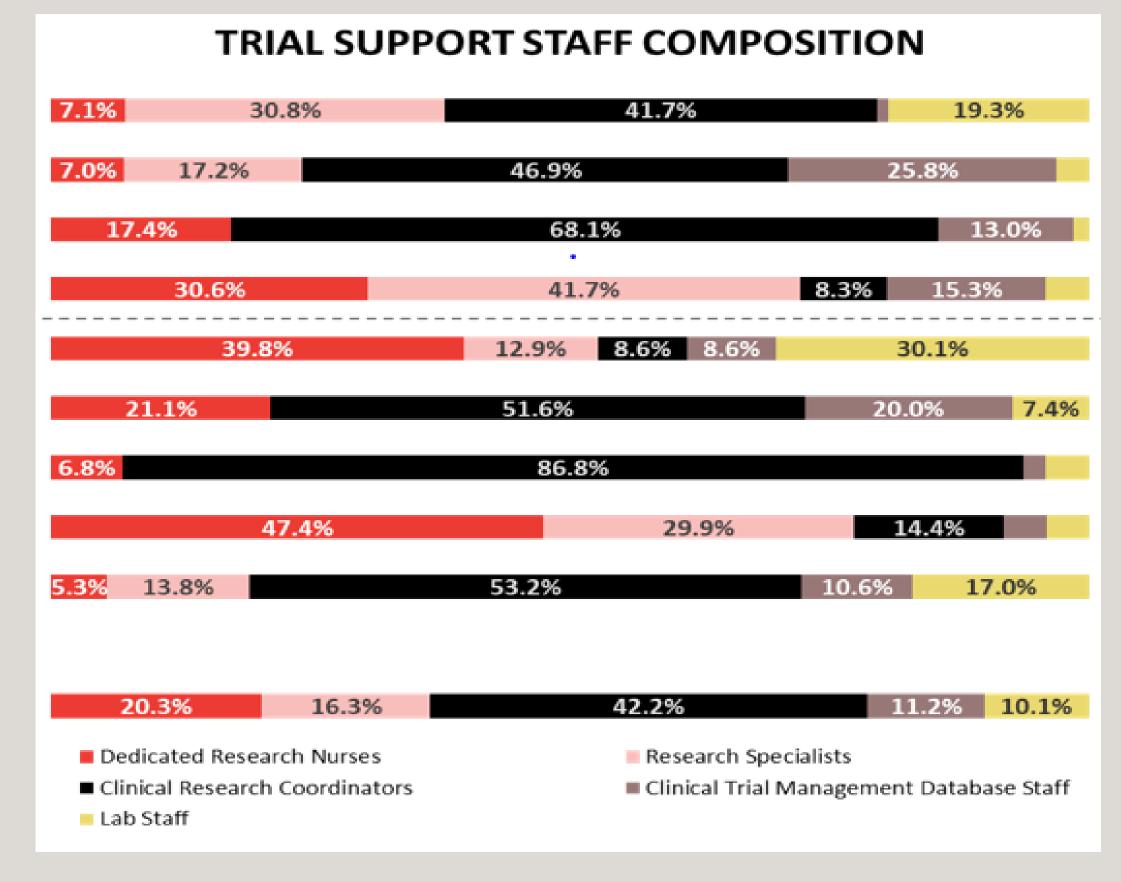
Background

At the height of the Covid-19 pandemic, the Clinical Trials Office (CTO) suffered a significant staff shortage (>15 full-time equivalent FTE) due to a University-wide hiring freeze preventing replacement of departing CTO staff. After persistent advocacy on behalf of the CTO, a performance review of the CTO was requested.
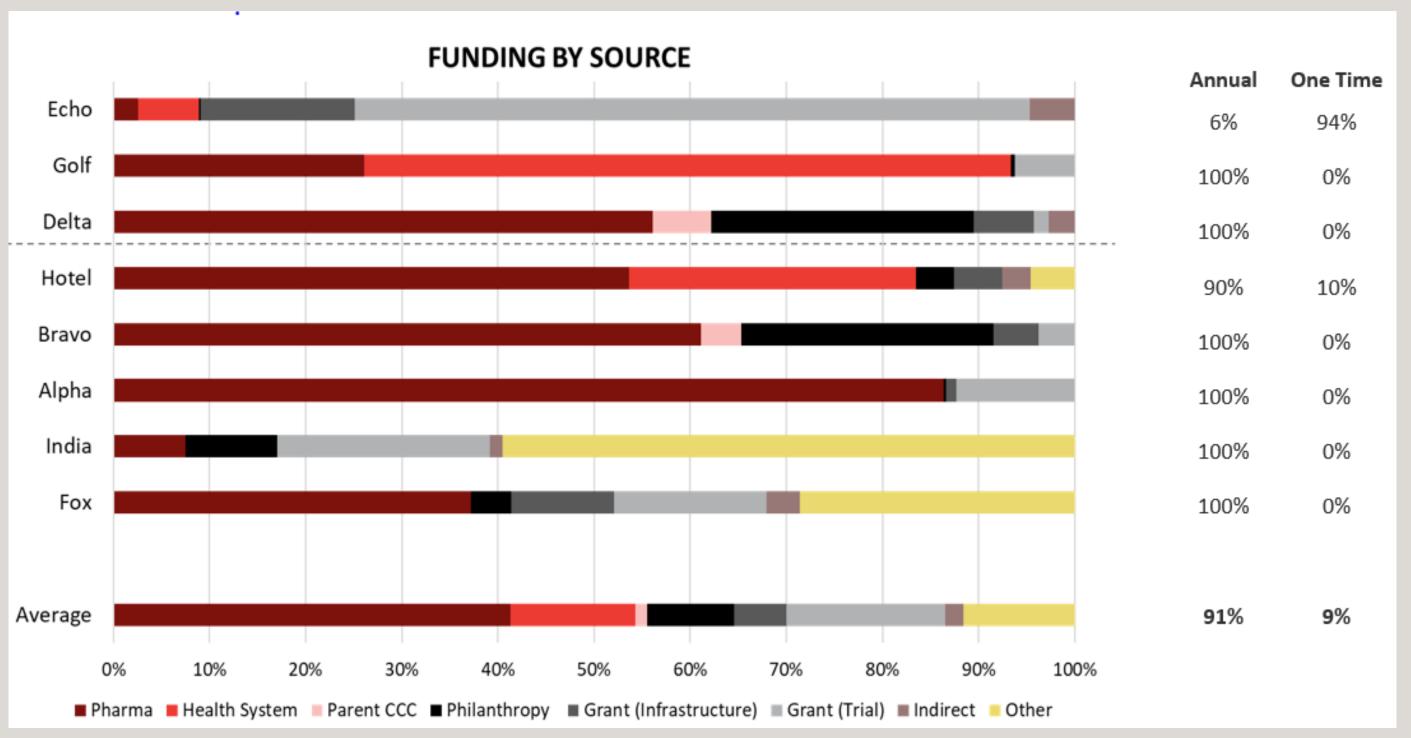.

Materials & Methods

IUSCCC partnered with the Indiana University (IU) Kelley business school, enlisting five MBA students to conduct the performance review under Kelley school faculty supervision.

The study was conducted over a three month period in the spring of 2021, and included nine de-identified NCI-Designated Cancer Centers.

Data was collected for 2018-2020.

TRIAL SUPPORT STAFF COMPOSITION

	Dedicated Research Nurses	Research Specialists	Clinical Research Coordinators	Clinical Trial Management Database Staff	Lab Staff
	7.1%	30.8%	41.7%		19.3%
	7.0%	17.2%	46.9%	25.8%	
	17.4%		68.1%	13.0%	
	30.6%		41.7%	8.3%	15.3%
	39.8%	12.9%	8.6% / 8.6%		30.1%
	21.1%		51.6%	20.0%	7.4%
	6.8%		86.8%		
	47.4%		29.9%	14.4%	
	5.3%	13.8%	53.2%	10.6%	17.0%
	20.3%	16.3%	42.2%	11.2%	10.1%

FUNDING BY SOURCE

	Annual	One Time
Echo	6%	94%
Golf	100%	0%
Delta	100%	0%
Hotel	90%	10%
Bravo	100%	0%
Alpha	100%	0%
India	100%	0%
Fox	100%	0%
Average	**91%**	**9%**

Legend: Pharma, Health System, Parent CCC, Philanthropy, Grant (Infrastructure), Grant (Trial), Indirect, Other

Results

Total CTO FTEs ranged from less than 80 to over 200, and total yearly accruals ranged from less than 2000 to over 12000. Institutions deemed high performing were described as having the following characteristics:

- Exhibit metric-driven management processes,
- High level of financial control over trials with regular review periods,
- Higher number of administrative (versus direct patient/trial management) staff was associated with higher performance/accrual efficiency.

Results

CTO staff composition varied across institutions:

- 49 to 75% trial support staff, 14 to 32% regulatory, protocol development, and quality/education staff, and 11 to 19% administrative staff. Reliance on dedicated research nurses also varied substantially, ranging from 5 to 40% of trial support staff. CTO funding sources varied as well with industry contracts accounting for <10% to >80% and health system support ranging from 0% to >60%.
- All centers faced substantial (+/- 15% or more) year to year variance in total funding limiting financial stability.

Conclusions

Based on this benchmarking study, institutional leaders view of the CTO shifted favorably, and the CTO was allowed to resume hiring and request new positions.