

The Dynamic Duo: Dyad Mentorship of Cancer Clinical Trials Office (CCTO) Leadership

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1. Background

A Cancer Center Clinical Trials (CCTO) leadership role can often feel like drinking from a firehose, and it does not come with a reference manual. Mentorship is needed for both medical directors and their administrative directors to assure successful leadership in arguably one of the most complex areas of a cancer center. Within a single institution, expertise and critical mentorship can be lacking and direct effort is needed to find identify a compatible mentor outside the institution. The Association of American Cancer Institutes (AACI) facilitates listservs for both leadership roles along with an annual meeting. Through these venues, a new dyad leadership team from Mayo Clinic Comprehensive Cancer Center (MCCCC) reached out to a dyad leadership team at the Huntsman Cancer Institute for key mentorship of newly appointed CCTO medical and administrative directors.

2. Goals

1. To understand the historical experiences that provided key lessons learned in the dyad leadership team
2. To share best practices, problem solving, and operational efficiencies for CCTO, PRMS, National Cancer Institute site visits and reporting structures
3. To foster a safe place for mentorship, trust, and collaboration on challenging topics

3. Solutions and Methods

Using virtual connections, the dyad leadership teams met as a group on at least two occasions within the year and separately as medical and administrative directors. The administrative partners met monthly during the first year for best practice sharing and mentorship on a variety of topics. Establishing trust, confidence, and a historical perspective of operations, during the first encounter the dyad leadership shared their lessons learned, and identified areas that could be quick, successful wins at the institution versus topics and areas that would take longer and were political, but that would have the greatest operational success. Between the monthly meetings, frequent emails were used for questions and answers and planned sessions in person were accomplished with AACI Clinical Research Innovation (CRI) and Cancer Center Administrators' Forum (CCAF) in-person conferences. Best practices were shared, including feasibility committee, cancer-related definitions, definition of rare cancer, staff reporting structures, and revised PRMS operations.

4. Outcomes

The mentored dyad partnership has successfully onboarded into their CCTO leadership roles and have been successful implementing several items from their dyad mentors including:

- Successful implementation of a trial feasibility committee
- Approval of an IRB hard-stop for cancer-related trials
- Implementation of the following policies: rare cancer definition and cancer-related definition

5. Lessons Learned and Future Directions

Category: Training, Career Development, and Staff Retention - Completed Project

The dyad partnership is a critical component to the success of cancer clinical trial office operations. In addition, mentorship by a dyad partnership from another cancer center can lead to successful onboarding of these critical roles, further dissemination of best practices, and knowledge sharing between both cancer centers. It is recommended that AACI work on building a mentorship community with sign-ups from interested cancer center leaders that kicks off during the AACI CRI annual meeting.