

BACKGROUND

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 American Association of Cancer Institutes (AACI) facilitates listservs for both leadership roles along with the 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.

GOALS

- To understand historical experiences that provided key lessons learned in the dyad leadership team.
- To share best practices, problem solving and operational efficiencies for CCTO, Protocol Review Monitoring System (PRMS), National Cancer Institute (NCI) Site Visits and reporting structures.
- Foster a safe place for mentorship, trust and collaboration on challenging topics.

SOLUTIONS AND METHODS

VIRTUAL CONNECTIONS

- Using virtual connections, the dyad leadership teams met as a group on at least 2 occasions within the year.

ADMINISTRATIVE CONNECTIONS

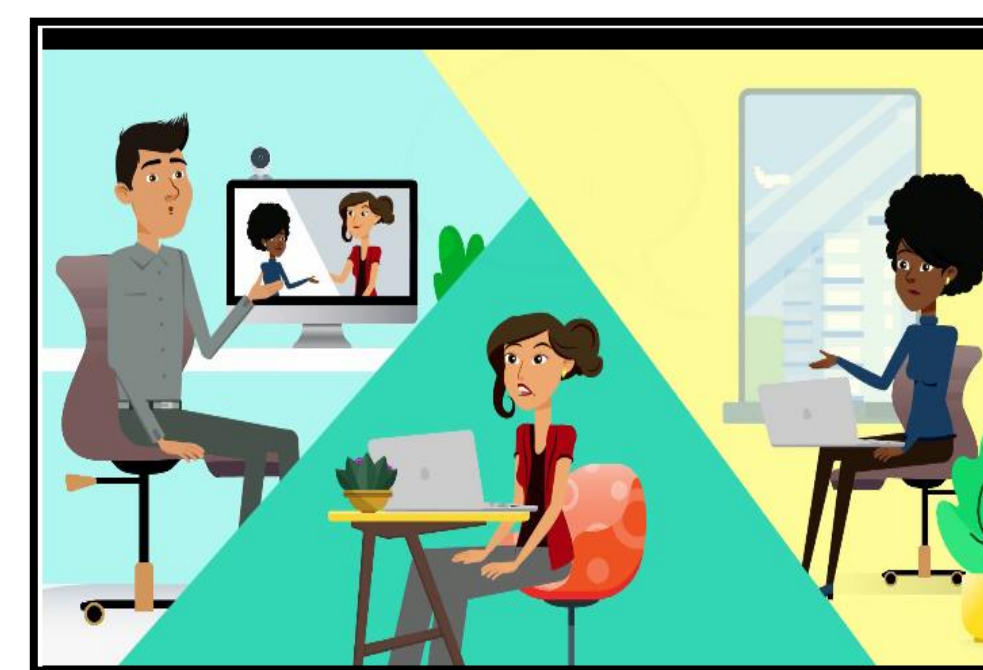
The administrative partners met monthly during the first year. This was to establish:

- Best practice sharing and mentorship on a variety of topics.
- Establishing trust, confidence and a historical perspective of operations,
- Shared their lessons learned,
- Identified areas that could be quick, successful wins at the institution versus topics and areas that would take longer, were political, but that would have the greatest operational success.

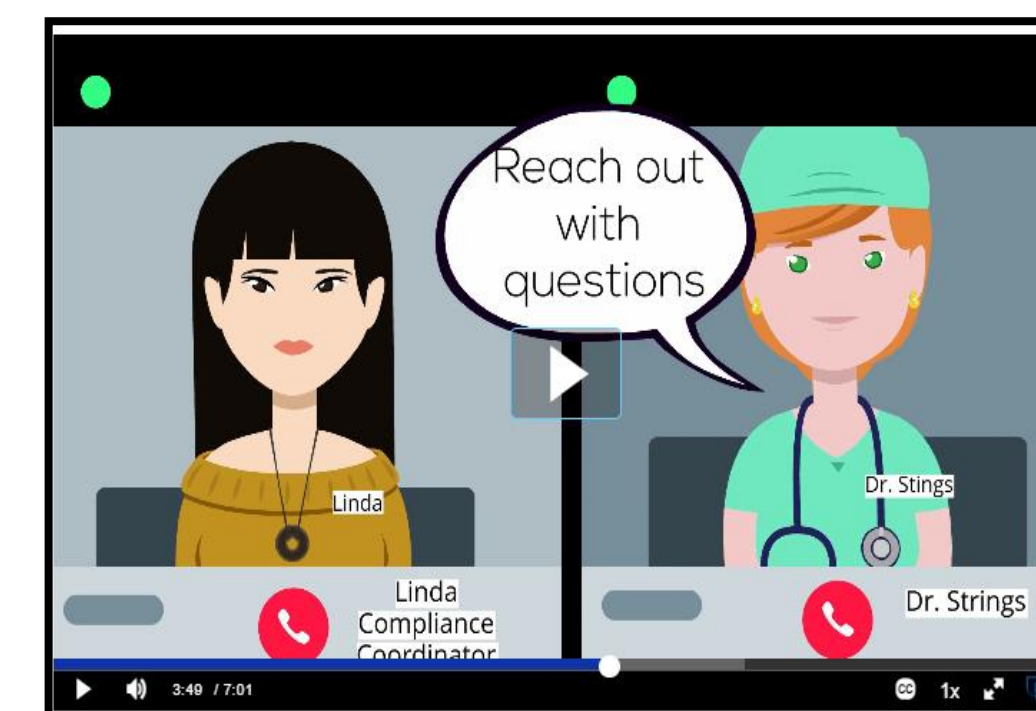
ADMINISTRATIVE BETWEEN CONNECTIONS

- Between the monthly meetings communications included:
- Frequent emails to address questions
- Planned sessions in-person when possible- i.e., AACI CRI and CCAF in-person conferences.

FIGURE 1



Administrative connections were vital to creating a trusting and confident mentorship



Visits were completed over virtual connections, but in-person was also considered when applicable.

Figure 1 represents the communication interactions that took place during the mentorship.

OUTCOMES

DYAD SUCCESS

The mentored dyad partnership has had multiple successes, including:

- Best practices were shared including feasibility committee, cancer-related definitions, definition of rare cancer, staff reporting structures and revised PRMS operations.
- Onboarded into their CCTO leadership roles.
- Implemented several endeavors from their dyad mentors.

IMPLEMENTED ENDEAVORS:

Implemented endeavors include:

- Successful implementation of a trial feasibility committee.
- Approval of an Institutional Review Board (IRB) hard-stop for cancer-related trials.
- Implementation the following policies:
 - Rare Cancer definition
 - Cancer-Related definition

LESSONS LEARNED

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.

FUTURE DIRECTION

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.