Pan-Screening to Improve Patient Identification for Targeted and Disease Agnostic Trials

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BACKGROUND

In November 2020, the UFHCC expanded the previous phase I program to include management of disease agnostic and/or genetically targeted clinical trials. It quickly became evident that this portfolio presented unique challenges for patient recruitment and enrollment which historically relied heavily on clinician awareness of disease-specific trial options and engagement with disease-specific facing coordinators.

GOALS

- Provide individual patient to comprehensive trial matching, representing all enrollment options to clinicians.
- Improve communication efficiency between clinical providers and the research team.
- Improve screening efficiency within the early phase team.

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METHODS

Our first step established a single intake process for all trial referrals, a unique email address whereby providers could submit referrals to the entire research team with a single email communication. Requests received through the intake email are managed by a designated member of the early phase team, who confirms receipt and performs an initial, high-level eligibility review. This initial review establishes general trial suitability criteria (e.g., RECIST measurable disease, performance status, organ function, etc.). Referrals failing to pass the initial high-level review are returned to the referring provider with feedback and for clarification regarding identified issues. A Subject Referral Form capturing general demographic and diagnostic information is created for referrals that pass initial review and is disseminated to the full early phase team for completion. Referral Forms are electronically stored in a secure, web-based library that enables team members to simultaneously access, update and autosave.

Patient Screened:
MRN:
DOB:
Treating Physician:
Primary Disease:
Race/Ethnicity:

Open Studies	Potentially Eligible	Not Eligible	N/A	Reason Ineligible	Comments
Trial 1					
Trial 2					

Completed forms provide a synopsis of subject eligibility across all available trials and are provided to the referring provider for consideration. All screening referrals are reviewed weekly within team meetings that include the program leaders and contributing investigators to verify all options accurately considered and to provide recommendations regarding trial prioritization when more than one enrollment option is available. Referral forms facilitate and verify capture of screening metrics into the CTMS, improving overall portfolio surveillance and informing future trial selection.

OUTCOMES

Implementation has been well received by both the research and clinical team members with a 74% increase in referrals (245 to 332) from 2021 to 2022. This referral increase was associated with a 3-fold increase in enrollments (18 to 61) despite a 15% reduction in the number of trials in the portfolio. The centralized process eliminated the need for clinicians to know in advance which trials are available and improved efficiencies in referring patients. The consolidation of all potential trial options into a single communication and weekly team review, ensured comprehensive reporting and reduced time from referral to informed consent presentation, critically important with dynamic trial slot availability.

FUTURE DIRECTIONS

Future directions include development of automated dashboard reporting to identify gaps in patient referrals relative to no trial availability for better trial selection.