

Background

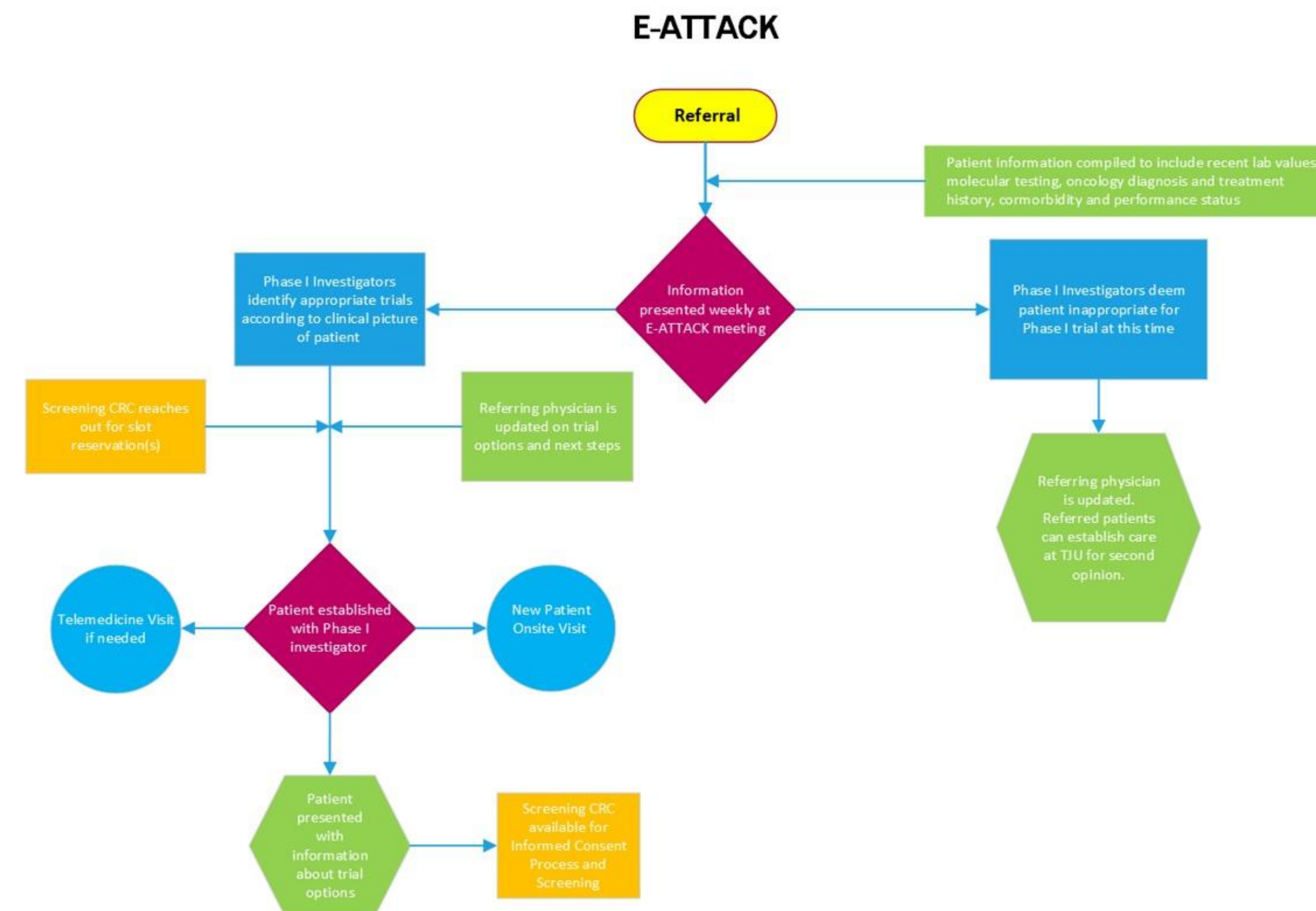
From 2016 to 2020 the Phase I Team at Sidney Kimmel Cancer Center (SKCC) has increased total available trials by 190%. During this time, Phase I physicians represented the primary source of referrals for Phase I trials. With this increase in the Phase I portfolio, a process to facilitate referrals and screening of potential patients within SKCC from external providers was developed. The Expanded Access Through Telemedicine for Advanced Cancers at Kimmel, or E-ATTACK, was developed to allow patients within and beyond the SKCC catchment area to have access to novel Phase I therapies, including many First in Human clinical trials.

Goals

E-ATTACK aims to increase patient accrual via streamlining potential patient information for review by Phase I physicians. The system plans to accomplish this by increasing referral accessibility to internal and external physicians, as well as patients and/or their caregivers. Additionally, the development of this innovation seeks to further contribute to the improvement of the lives of cancer patients and their families.

Solutions and Methods

We utilize e-mail as a central way to receive referrals. Requests come from Jefferson physicians, external providers, and patients or their caregivers. We ask that the referral include the patient's oncological history, molecular sequencing reports, recent imaging and laboratory results. Relevant patient oncology history is compiled in an E-ATTACK form to present to Phase I physicians at a weekly meeting. Patient information is reviewed and assessed for potential eligibility for trials in our portfolio. Referring physicians are made aware of the trials their patients may be eligible for, and we offer a telehealth or in-person evaluation with one of our Phase I physicians.



Outcomes

E-ATTACK has demonstrated itself as a viable source of internal and external leads. Internal references have increased by 208.96% from 2021 to 2022, while external references experienced a growth of 83.72%. Additionally, the internal accrual rate increased by 16.29% while the external accrual rate decreased by 46.05%. Overall, it is expected that E-ATTACK will continue to grow internal references and accrual. Meanwhile, E-ATTACK will need to go through further iterations to increase external effectiveness.

Lessons Learned

Our results demonstrate that despite an overall increase in referral rate, the external accrual rate is decreasing. We hypothesize this decrease is due to external candidates having exclusionary variables. These issues can lead to screen failures or unsuccessful prescreening visits. To increase the external accrual rate, referring providers could benefit from additional education on the ideal Phase I clinical trial candidate.

When following up with an external referral, we can offer a consultation visit to better assess the patients' medical history and provide trial information, followed by a consent visit. Our E-ATTACK program would also benefit from the development of a webform, which would be available to external physicians for submitting the required referral information so we can better assess eligibility. We anticipate this streamline of the referral process will boost our accrual rate, thus expanding the opportunity for novel cancer therapies and improvement of the lives of cancer patients.

