

Increasing Treatment Accrual in a Diverse Patient Population

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1. Background

The University of Illinois Cancer Center (UICC) is planning to apply for National Cancer Institute (NCI) designation. As part of that effort, the UICC Clinical Trials Office (CTO) has been focusing, with great success, on increasing treatment accrual in a diverse patient population.

2. Goals

To increase accrual to interventional treatment trial accruals

3. Solutions and Methods

We took a three-pronged approach to increase treatment accrual. The first strategy was to hire additional staff to the clinical trials office and, in particular, the clinical research coordinator role. In 2020 there were 12 clinical research coordinators (CRC) and data coordinators total. In 2023, that number has increased to 18, which is a 50 percent increase. This will be expanded further by five positions in early 2023.

The second strategy has been a multi-year project to fine tune our trial portfolio for each disease team to target trials to serve our specific diverse patient population. This has included designing investigator-initiated trials tailored to our patients when externally supported trials did not exist or excluded our population. Disease teams closely examine open trials, identifying portfolio gaps and strategizing ways to fill them. Overlapping and non-enrolling trials are also carefully reviewed monthly and closed as better portfolio options are identified.

The third is to screen all positive pathology reports and all physician clinics for trials. Any pathology report that is positive for cancer gets sent to the clinical research coordinator for that disease site. The CRC screens the patient for their specific trials and if the patient is potentially eligible, the CRC starts an Epic chat to discuss the case. All pathology reports are tracked using Teams so that we can see the success of enrollment over time.

4. Outcomes

The pandemic caused a downshift in enrollment across the world. However, we have recovered and grown treatment accrual significantly past our pre-pandemic numbers. Over the past three years, treatment accrual increased from 85 in 2020 to 146 in 2022 (2020 = 85, 2021 = 95, 2022 = 146). From 2020 to 2022, there was an increase of 78.5 percent despite no increase in analytic cases. Treatment accrual for 2022 was approximately 11 percent of analytic case, 75 percent of which were underrepresented minorities.

5. Lessons Learned and Future Directions

Increasing accrual in a diverse patient population is possible with putting the correct measures in place. We will continue with building our portfolio and have plans to implement clinical trial education to further improve our clinical trial enrollment acceptance rate. However, we are facing a limiting factor of our patient volume, which has been recognized by leadership as needing to increase. Future efforts by

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the hospital and oncology service line focusing on serving an increased number of patients are needed to achieve our treatment accrual goals.