

Increasing Treatment Accrual in a Diverse Patient Population

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Background

With the ultimate goal of applying for and achieving NCI designation, the UICC Clinical Trials Office (CTO) over the last five years has implemented a variety of initiatives to increase UICC interventional treatment accrual overall while retaining the diversity of its clinical trial participant population.

Objectives

- Increase interventional treatment accrual
- Preserve the diversity of clinical trial participants

Methods

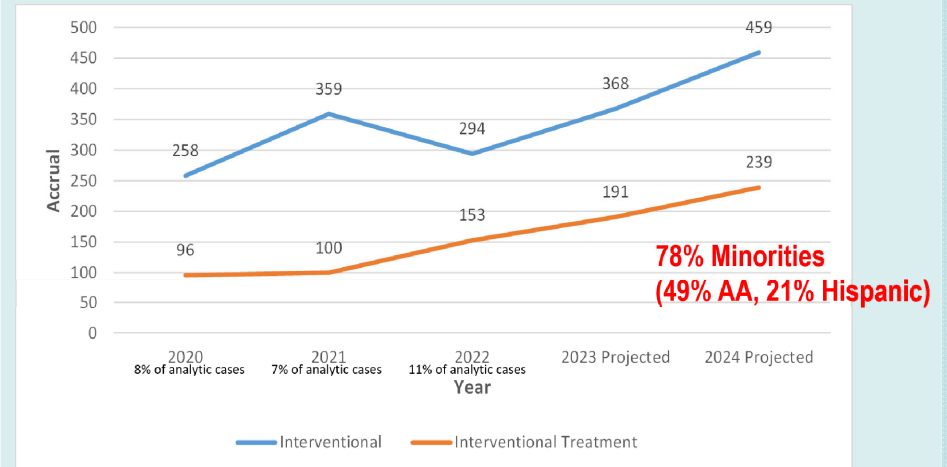
We took a multi-pronged approach to increase treatment accrual:

1. Increase CTO staff numbers: Though we increased staff overall, we particularly focused on our Clinical Research Coordinators. In 2020 there were 12 clinical research coordinators and data coordinators total. In 2023, that number has increased to 23 (almost doubling our clinical research operations staff).
2. Refine our trial portfolio: We have defined for each of our disease teams 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.
3. Screening patients: We implemented screening of all positive pathology reports and all physician clinics for trials. All positive pathology report are sent through Epic 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 status of the patient's enrollment over time.
4. Transportation: Since 2019, UICC began supporting transportation needs for all of its clinical trial participants.

Results

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 78.5 percent despite no increase in analytic cases. Treatment accrual for 2022 was approximately 11% of analytic case, 78% of which were underrepresented minorities. For additional details, see Figure 1 below.

Figure 1: UICC Accrual Over Time



Conclusions

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

Acknowledgements

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