

## **Prioritizing and Submitting Studies for Scientific Review**

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### **1. Background**

Research is an integral element in the care of patients and the mission of The University of Texas MD Anderson Cancer Center (MD Anderson) and is conducted across multiple divisions and over 43 departments specializing in various cancers. Due to the organization's size and volume of trials, it is a challenge to prioritize and track trials competing to enroll similar patient populations. Historically, study prioritization took place at the individual department level, where a list of trials was maintained and reviewed only within the department.

### **2. Goals**

- (1) To create disease/discipline focus groups for aid in prioritization of trials
- (2) To create and implement a web-based platform which would allow for a central location for multidisciplinary review and prioritization

### **3. Solutions and Methods**

In March 2021, MD Anderson formed a standardized process for the Stage 1 review process. Disease/discipline focus groups were created to improve collaboration and prioritization of trials thus bringing together experts from multidisciplinary teams, including, medical oncologists, surgeons, radiation oncologists, and others depending on cancer type and intervention needed.

The Stage 1 Review process at MD Anderson also incorporates a web-based questionnaire collecting the name of the principal investigator (PI), the title of the study, sponsorship, scientific interest, novelty of the investigational product, whether the trial targets a rare disease, estimated enrollments, and targeted trial completion dates. The answers to a subset of questions are automatically scored to assist the disease site review team with a uniform and equitable way to assist with the prioritization of trials. The web-based platform allows for a central location for multidisciplinary review and prioritization across our large institution.

### **4. Outcomes**

Since implementation, 925 concepts/trials were entered into the new online system. Of these, 815 were approved. Ninety-nine were rejected at the disease site level. Reasons for rejection included competing portfolios, limited resources, operational difficulties, lack of early clinical effectiveness, limited academic opportunities, and lack of scientific interest.

### **5. Lessons Learned and Future Directions**

Utilizing a uniform method accessible to all stakeholders allows for transparent prioritization and review of studies, and better use of the institution's resources which benefits our investigators, research teams, and participants.

Multidisciplinary selection and prioritization of trials during Stage 1 review allows for elimination of trials that show little to no accrual promise, trials that are low on the prioritization list when compared to others, and studies that would not be feasible to conduct at the institution. Thus, this process allows for quicker review and mobilization of resources to those trials approved to be conducted at the institution.

*Category: Trial Start-Up, Activation, and Protocol – Completed Project*

Future directions include evaluating metrics to see the impact on the number of trials rejected at the Scientific Review Committee (SRC) meeting level as well as impact on the number of trials closed annually for lack of scientific relevance or accrual.