

Partnership to Unify Cancer Research and Expand Clinical Trials Throughout New Jersey

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1. Background

In 2019, the Rutgers Cancer Institute of New Jersey and Robert Wood Johnson Barnabas Hospital system formed a unique partnership to unify cancer research and expand clinical trials at hospital locations throughout New Jersey. One of the aims of the partnership was to offer cutting edge cancer research closer to patients' homes.

2. Goals

The first goal was to create a unified infrastructure to manage oncology research throughout all 12 hospitals in the catchment area. The second goal was to engage partnering community physicians and encourage them to participate in clinical trials. The third goal was to educate patients in the community that clinical trials were available in their local hospitals.

3. Solutions and Methods

The first step was to implement a clinical trial management system throughout the partnering locations. Once that was completed, all oncology research was centralized in OnCore. A central institutional review board (IRB) agreement was put into place, with the Rutgers IRB as well as the commercial IRBs. A chagemaster was developed and centralized budgeting contracting implemented. Staff training was centralized, and incremental hires were funded through Rutgers to support research growth at the partnering sites. Monthly meetings were implemented with community physicians to educate them about support, infrastructure, and available studies. Community physicians were added to the scientific review board, human research oversight committee and disease specific group meetings. A yearly Cancer Research and Clinical Practice Summit was implemented every fall and a spring evening dinner with research breakout sessions were started. Regular meetings were held with the Office of Community Outreach and Engagement team. Multiple strategies were employed to educate potential participants including ad campaigns; a video was made available to run in the waiting rooms and clinical trial brochures were made available in 10 different languages. Two patient educators were hired to reach out to the community. Consents were automatically translated into Spanish with initial IRB approval; additional resources were made available to translate into other languages as well.

4. Outcomes

In 2022, accrual went up 193 percent. In the year 2023, accrual continued to rise 10 percent over the previous year. Enrollment of diverse populations rose to 49 percent.

5. Lessons Learned and Future Directions

Offering clinical trials in patients' local community had a profound impact on the ability to recruit to diverse populations. It can be challenging to have studies open at locations that see a smaller percentage of new analytic cases, but centralizing processes can help reduce costs. One of the future directions is to consider having regional research staff as funding smaller sites with dedicated staff can be costly. Having a central electronic medical record (EMR) has helped streamline screening and has also made it easier for participants to receive a portion of their study at one location and the rest of their study closer to home. As time has elapsed more patients are asking to be on a study in their local

Category: Network Operations, Decentralized Trials, and Multi-site Research – Completed project

hospitals. Furthermore, when new community physicians complete the onboarding process, they gain knowledge about the extensive oncology research network.