

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. This expansion provided opportunity to improve access to clinical research to over 12,000 new analytic cases.



RWJBarnabas Health | Rutgers Cancer Institute

Rutgers Cancer Institute of New Jersey, the state's only NCI-designated Comprehensive Cancer Center and RWJBarnabas Health, the state's largest health care delivery system partner to deliver high-quality and sophisticated oncology care to patients close to home. This integrated cancer care model combines the strength of both entities, offering access to the most advanced diagnostic and treatment options for adult and pediatric cancer patients, including clinical trials, immunotherapy, proton therapy, precision medicine, CAR T-cell therapy and cardio-oncology. The partnership between RWJBarnabas Health and Rutgers Cancer Institute of New Jersey creates a force for change, transforming oncology care and research in the State of New Jersey and beyond.

Study Related Links

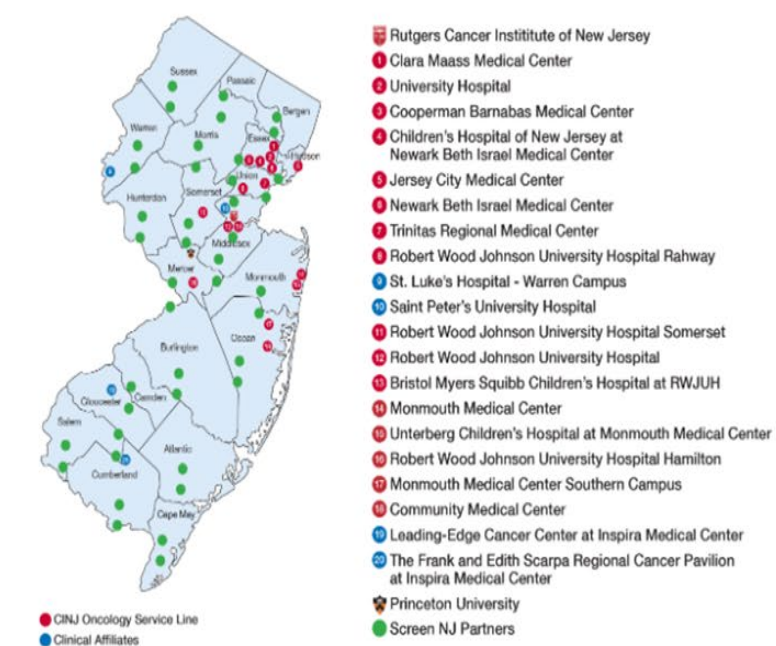
- Site Commitment Form (Study Interest Form (SIF))
- Study Declaration Form
- Protocol Trees
- Amendment Form

Clinical Trial Lab

- Partner Site Protocol Supply Request
- Specimen Submission to CINJ Clinical Trial Lab
- Cell Therapy Specimen Submission

Other Important Links

- OnCores™
- RECIST Read Request
- STRIDE Dashboard
- Contracts (requires additional sign on credentials)
- Clinical Associate / Clinical Associate Investigator Memberships

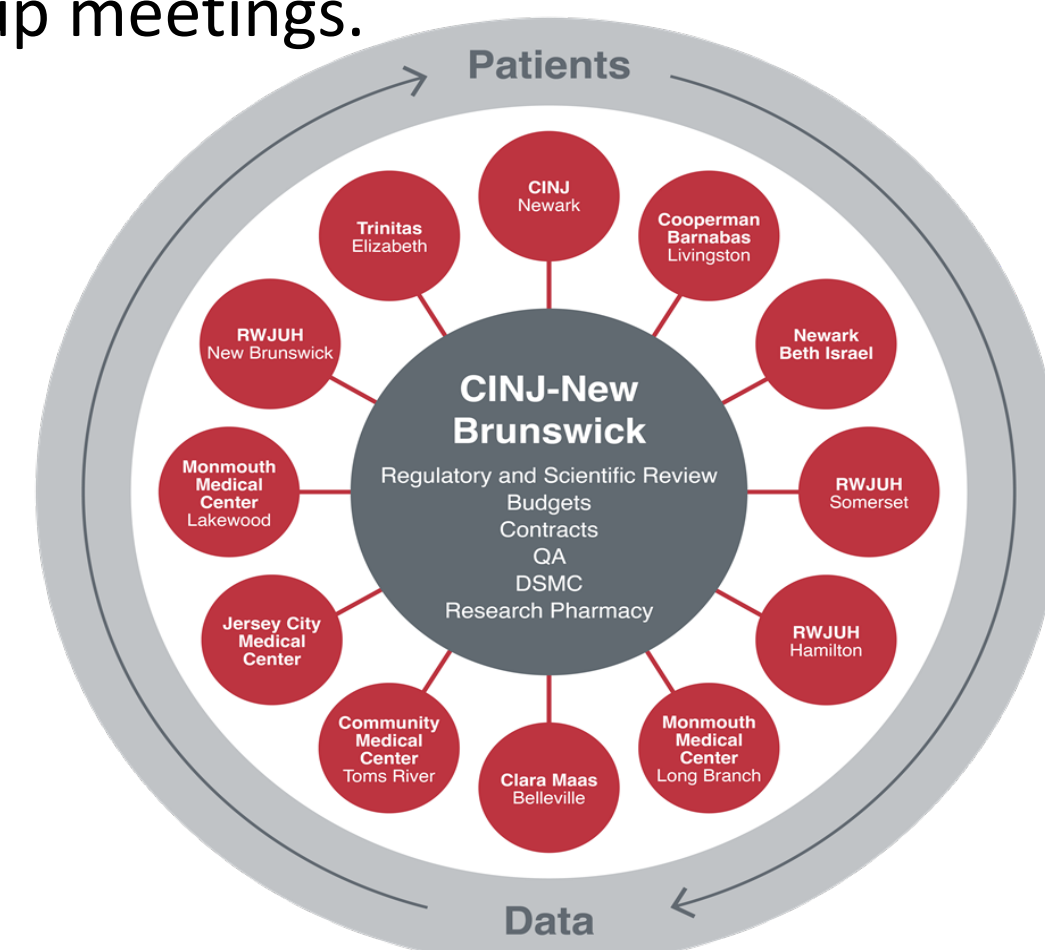


GOALS & OBJECTIVES

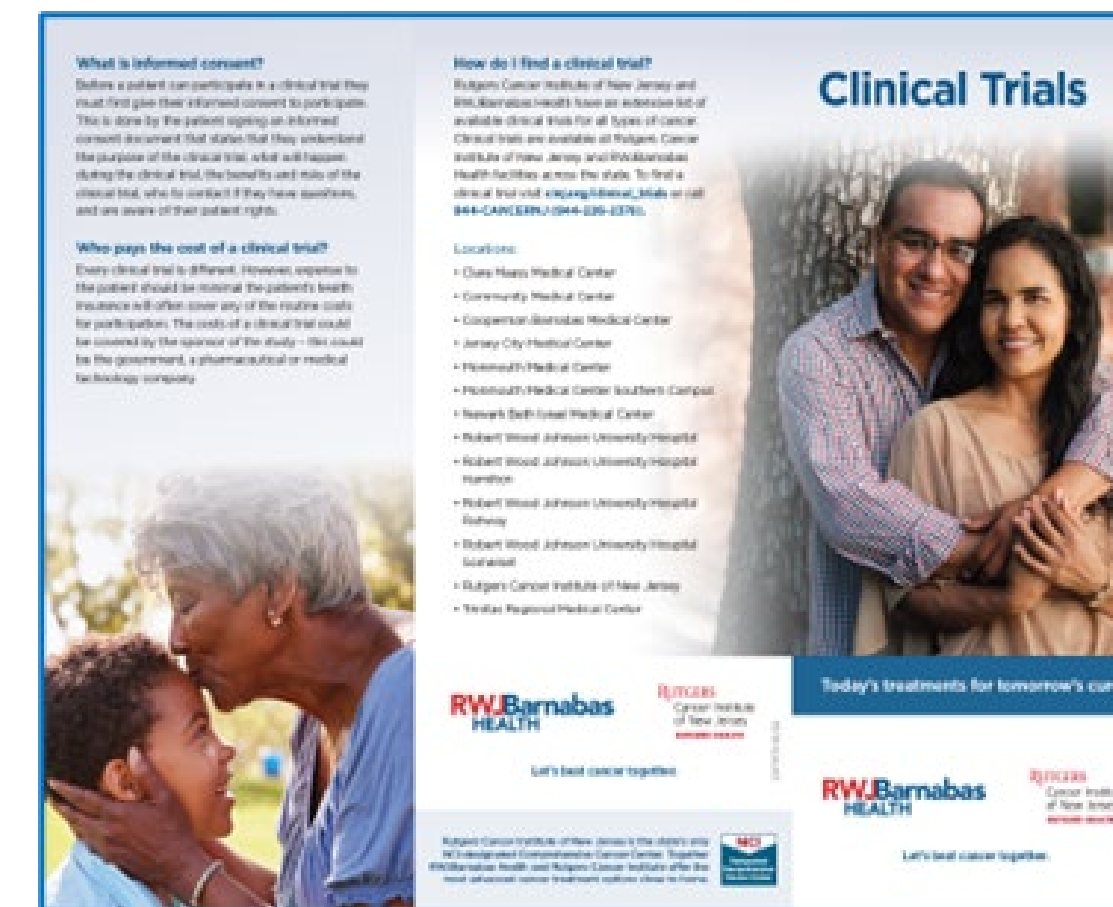
- AIM 1** Create a unified infrastructure to manage oncology research throughout all 12 hospitals in the catchment area.
- AIM 2** Engage partnering community physicians and encourage them to participate in clinical trials.
- AIM 3** Educate patients in the community that clinical trials were available in their local hospitals.

METHODS

Internal Stakeholders: The first step was to implement a clinical trial management system throughout the partnering locations. A central 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 oversite committee and disease specific group meetings.



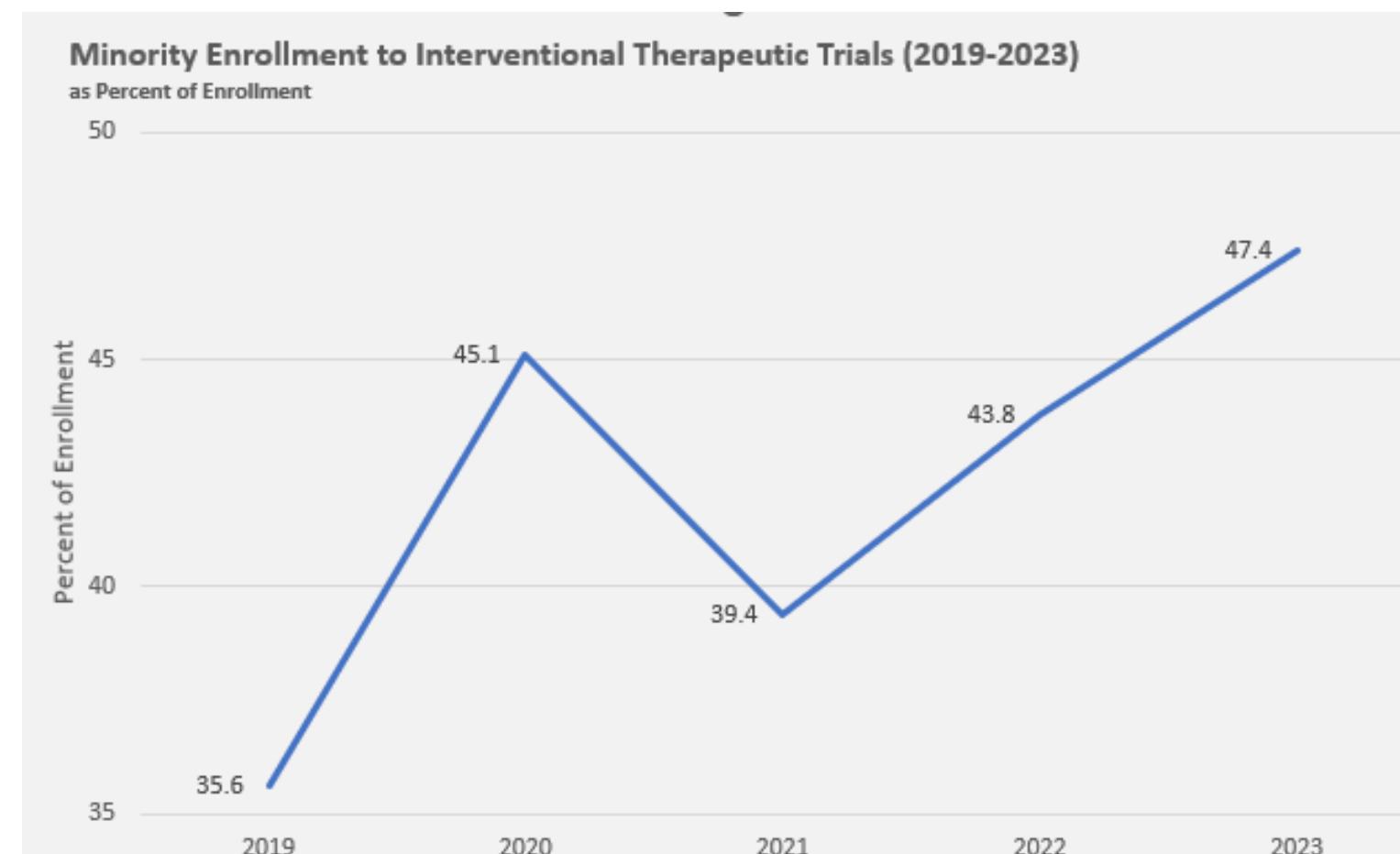
External Stakeholders: Multiple strategies were employed to educate potential participants including ad campaigns; a video was made available to run in the waiting rooms and clinical trial brochures were made available in ten different languages. Two patient educators were hired to reach out to the community. Consents were automatically translated into Spanish with initial IRB approval; additional resources were made available to translate into other languages as well.



- English
- Spanish
- Arabic
- Chinese
- Gujarati
- Haitian Creole
- Hindi
- Korean
- Russian
- Polish
- Portuguese

OUTCOMES

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



Interventional Therapeutic Trial Enrollment at CINJ				
Race/Ethnicity	NJ Percent	CINJ Percent	2023 Accrual	
			Percent	Actual Target
Asian/PI	5.0%	6.5%	11.3%	75 48
Black	11.6%	17.7%	15.7%	104 133
Hispanic/Latino	10.9%	13.5%	18.9%	125 101
Native American or Alaska Native	NA	NA	0.2%	1 NA
Unknown/Other	NA	3.0%	1.5%	10 23
White	70.1%	59.3%	52.4%	347 444

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 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.



Fewer than 10% of minority patients are enrolled in clinical trials*. Ask your cancer doctor about a clinical trial treatment option.

* <https://academic.oup.com/jnci/article/109/4/dx076/3611070?login=true>

Find A Clinical Trial



<https://go.rutgers.edu/m6e2wdhc>

