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Learning From the Pandemic: Reflections on the 13th Annual AACI CRI Meeting

By Theresa L. Werner, MD



Theresa L. Werner, MD, is medical director, clinical trials office, at Huntsman Cancer Institute, University of Utah, and chair, AACI CRI Steering Committee.

Commentary Overview

- Clinical trials offices have adapted in remarkable ways to the COVID-19 pandemic, and most are considering continuing workplace innovations that have proven beneficial for staff and patients.
- The 13th Annual AACI CRI Meeting—a three-day, virtual event—featured numerous breakout sessions on topics ranging from clinical trial activation and prioritization to staff retention and community outreach and engagement.
- In a two-part session on the National Cancer Institute's (NCI) Cancer Center Support Grant, panelists discussed recent virtual NCI site visits and ways to demonstrate the value of the clinical trials enterprise to the parent institution.

The emergence of COVID-19 has been an unprecedented learning experience and a catalyst for change at AACI cancer centers, particularly in the technology realm. From working off-site and learning new software to embracing innovations like remote monitoring and eConsent, clinical trials offices (CTOs) have adapted in remarkable ways, and most are considering continuing workplace innovations that have proven beneficial for staff and patients.

To share ways they have learned to overcome the pandemic's challenges and improve CTO operations, more than 1,000 cancer center clinical trial leaders and other colleagues registered for the 13th Annual AACI Clinical Research Innovation (CRI) Annual Meeting, held virtually July 13-15.

Meeting attendees considered what technology and cancer center operations might look like post-COVID in a panel discussion titled, appropriately, "All the Things We Never Want to Give Up Post-COVID." For example, presenter **Andrea Kukla** reported on training and educational

opportunities offered at Mayo Clinic Cancer Center, including ways to enhance workforce development through virtual learning, and the pros and cons of virtual education.

The pandemic also brought changes to this year's annual meeting format. With a full year to plan a virtual event (compared to last year's last-minute shift from in-person), the program expanded from two to three days. That allowed AACI to facilitate deeper discussions by offering 10 breakout sessions on the second and third days of the meeting. Topics in the first set of breakouts ranged from trial-focused challenges such as activation, prioritization, and multisite investigator-initiated trials, to staff retention and training, community outreach and engagement, and implementing the shared investigator platform.

In a breakout session about using research patients' experiences to improve clinical trial participation, the annual meeting's keynote speaker, **Mary "Dicey" Scroggins**, who has participated in many clinical trials, described the ways that trials have been presented to her by cancer center staff. She emphasized that health care workers should not expect patients and family members to find trials on their own, and patients should not be expected to be knowledgeable about trials. She urged a uniform approach to presenting trials to all patients. Scroggins also said that trials should aim to suit a patient's lifestyle, for example, by making it possible for a patient to maintain a school or work schedule by receiving treatments, scans, or lab work at convenient times, such as weekends or evenings.

The meeting's final day began with role-based breakout sessions that covered an array of director, manager, and staff positions, along with discussions targeting CTO tasks such as protocol review and monitoring; quality assurance and compliance; training; regulatory oversight; and trial coordination, finance, and administration.

Perspectives From the National Cancer Institute

This year, the always popular session on the National Cancer Institute's (NCI) Cancer Center Support Grant (CCSG) program was presented in two parts. Part One featured **Dr. Gisele Sarosy**, NCI's associate director for informatics and biomarkers, and **Dr. Henry Ciolino**, director of NCI's Office of Cancer Centers. They provided updates on the clinical trials reporting program and revisions to the funding opportunity announcement, including the functions and impact of disease working groups, that took effect in 2020. In a lively Q&A session, Dr. Ciolino answered a question about centers reporting their own accruals for multisite institutional studies, emphasizing the value of NCI's Clinical Trials Reporting Program (CTRP), noting that it made it possible for NCI to recently gather and share particularly timely data that reflected COVID-19's negative impact on cancer clinical trials.

In Part Two of the CCSG session, colleagues from the University of Virginia Cancer Center; The Ohio State University Comprehensive Cancer Center; and Simmons Comprehensive Cancer Center, UT Southwestern Medical Center, discussed their recent virtual NCI site visits and ways to demonstrate the value of the clinical trials enterprise to the parent institution.

Another standing feature of the meeting, poster and abstract presentations, attracted 62 submissions this year from 27 cancer centers. The three winning abstracts, selected by the CRI Steering Committee and CRI Education Committee, were submitted by authors representing the University of Cincinnati Cancer Center, University of Florida Health Cancer Center, and Vanderbilt-Ingram Cancer Center.

Of course, the CRI annual meeting would not have been possible without corporate support. Exhibitors and other supporters engaged with attendees through virtual booths on the meeting website and through presentations that addressed the unique challenges of remote work and provided an overview of the services that vendors can offer to improve CTO operations.

In its second year as a virtual event, the CRI meeting once again highlighted the ingenuity of AACI cancer centers, which continue to find new and effective ways to collaborate.

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accelerating progress against cancer by empowering North America's leading cancer centers in their shared mission to alleviate suffering.

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