Utilizing a Central Screening Process to Enhance Accrual at a Community NCORP

*Jessica Miller, BA, CCRP; Heather Kehn, RN, BS, MPH; Christi Sullivan, BA; *Maureen Fusselman, RN, MS, CCRP  * presenters

Metro-Minnesota Community Oncology Research Consortium NCORP
Background

- Metro-Minnesota Community Oncology Research Consortium (MMCORC)
  - NCORP of twenty-five hospital and clinic community sites, serving the Twin Cities metropolitan area and greater non-metropolitan Minnesota and western Wisconsin
  - Staffs one research nurse at each site; additional research coordinators & cancer control specialists at larger sites; 22 support staff at central office
Purpose

Enhance accrual of community-based patients to national clinical research by:

1) Developing and implementing a centralized work process for systematic pre-screening of patients for clinical trials
2) Leveraging technologies of a clinical trial management system (CTMS) and health system electronic medical records (EMR)
Methods and Monitoring

- Establish a central screening process for cancer control and care delivery clinical trials
  - Initial scope of protocols targeted = 2; initial scope of clinic sites targeted = 3
  - Potential patients were identified at the central office by 1 research support staff with access to all pilot site EMR systems (8 EMRs)
  - When potential patient identified, auto-generated CTMS email with brief eligibility note sent to clinic staff 2-3 business days prior to the patient’s visit
Methods and Monitoring, cont.

- Site research staff received email alert, determined final eligibility, and conferred with investigator.
- If applicable, patient was contacted prior to appointment; Otherwise, patient approached at clinic appointment.
- Standard practice of offering clinical trial participation to patient ensued.
Methods and Monitoring, cont.

- Central screening pilot team met bi-weekly to monitor progress, results, and made adjustments as needed:
  - Expanded to include 5 additional protocols and 8 additional clinic sites, based on accrual goals of the program
  - Conducted on-going monitoring and standing meetings to adjust communication approach based on site staff feedback
  - Site nurse managers and administration updated continuously on adjustments to scope
Results

- Over a 6-month period, a daily average of 315 charts were reviewed centrally by research support staff.
  - 339 total patients were identified during this period, meeting key eligibility criteria
  - 15 patients were successfully identified and enrolled to a clinical trial
- See Figure 1
Figure 1

Central Screening Pilot Outcomes

- Went On Study: 15
- In Progress: 82
- Not Eligible: 149
- Participant Declines: 69
- Doctor Declined: 21
- Patient Contacted/No Response: 2
- Undefined: 1

Number of Patients
Results, cont.

- Reporting periods prior to the pilot demonstrated an average of 1400 patients entered into the CTMS.
- During pilot period:
  - Patient screenings increased by 39.6%.
  - Central screening comprised 17% of all screened patients within our CTMS.
- See Table 1.
Table 1

<table>
<thead>
<tr>
<th>Pre-Pilot Reporting Period</th>
<th>Patients Screened</th>
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<tr>
<td>February 1, 2017 – July 31, 2017</td>
<td>1486</td>
</tr>
<tr>
<td>August 1, 2017 – January 31, 2018</td>
<td>1347</td>
</tr>
<tr>
<td>Pilot Reporting Period</td>
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<tr>
<td>February 1, 2018 – July 31, 2018</td>
<td>1977</td>
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Conclusion

- Our Community NCORP successfully:
  1) Developed and implemented a centralized work process for systematic pre-screening of patients for clinical trials
  2) Removed the barrier of patients missing the opportunity to be identified as a potential clinical trial patient
Conclusion, cont.

- Ongoing monitoring and communication with various teams was crucial to success
- Utilizing a central screening process increased the number of potential research patients identified
- MMCORC exceeded their NCI target accrual for Cancer Control (100.54%) and meet 72% of the Cancer Care Delivery Research (CCDR) program goal of 36 patients
Resources

- A Quality Improvement Program to Improve Cancer Clinical Trial Recruitment, Accrual, and Retention. Education Network to Advance Cancer Clinical Trials (ENACCT). November 2012


- Barriers to Patient Enrollment in Therapeutic Clinical Trials for Cancer A Landscape Report. American Cancer Society Cancer Action Network. 2018