NAPBC
Best Practices Webinar Series:
*Quality in Action*
Clinical Trial Engagement

January 12, 2021

Webinar Series Chair:
Colette Salm-Schmid, MD, FACS

Moderator:
Katherine Yao, MD FACS
Webinar Logistics

- All participants are muted during the webinar
- Questions – *including technical issues you may be experiencing* – should be submitted through the question pane
- Questions will be answered as time permits; additional questions and answers will be posted on the website
- Please complete the post-webinar evaluation you will receive via email
- Recorded content and handouts will be posted on the ACS Learning Management System following the live presentation
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- Any conflicts noted below have been managed to our satisfaction.
- The disclosure information is intended to identify any commercial relationships and allow learners to form their own judgments.
- However, if you perceive a bias during the educational activity, please report it on the evaluation.
## Disclosure Information
Clinical Trial Webinar - No Disclosures Reported

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<th>First Name</th>
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<th>Role(s) in Activity (i.e. speaker, moderator, author, etc.)</th>
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Program Objectives

This activity is designed for:

- Cancer committee members
- Nurses
- Physicians (Cancer Liaison Physicians)
- Program leadership (Cancer Program Administrators)
- Registrars

Learning Objectives for Clinical Trial Webinar

- Describe how the NAPBC defines “clinical research trials” and some examples of different types of clinical research trials.

- Discuss successful strategies to increase the clinical research trials available to patients with breast cancer and methods used to increase the number of patients with breast cancer enrolled in clinical trials.

- Compare and contrast the experiences in a variety of health care settings to change clinical trial availability and accrual to clinical trials and use the information to design evaluations and interventions to address clinical trial enrollment in their own NAPBC-accredited center.
Moderator

Katherine Yao, MD FACS
Chief, Division of Surgical Oncology
NorthShore University Health System
Clinical Professor of Surgery with the University of Chicago Pritzker
School of Medicine
Presenters

Ian T. Greenwalt, MD  
Breast Surgeon,  
MedStar Breast Health Program, Columbia, MD

Rachael Lancaster, MD  
Assistant Professor of Surgery  
University of Alabama at Birmingham, Birmingham, AL

Misty Harrison-Gwin, ASN, RN, CRN  
Cancer Navigator  
Reid Health, Richmond, IN
Clinical Trial Engagement

Multidisciplinary Approach To Clinical Trial Engagement & Recruitment

Ian Greenwalt, MD
Georgetown Lombardi Comprehensive Cancer Center

- **NAPBC accredited since 2013**
- CoC accredited since 1984
- CoC type of program: Academic Comprehensive Cancer Program
- Breast cancers in 2019: Not available
Best Practice

- **Category of best practice**: Clinical Trial Engagement and Enrollment
Rationale

• Why did you tackle this issue?

• What need were you trying to address?

• What rationale did you have for spending time, energy and resources on this project?
Implementation

Weekly Tumor Board

Clinical Summary: 54F, with newly diagnosed right breast cancer.

Radiology: MRI to determine extent of disease. Recurrence or metastasis.

Med Onc: pT1cN0M0 (dcis is hormone receptor negative).

Oncotype DX: not indicated at this time.

Rad Onc: pT1cN0M0 if she chooses breast conservation.

Research: need further w/u, possible palbo trial.

Genetics: referral for genetics.

Psychosocial: vs.

Nutrition: vs.

* All final recommendations pending evaluation by multiple disciplines.

Enrollments – December 2020

December 2020

MGUH: none

MWHC: none

Baltimore: 4

Hackensack: 0

SAEs for Active Therapeutic Studies – December 2020

SAEs for Active Therapeutic Studies – December 2020

December 2020

MGUH: none

MWHC: none

Baltimore: none

Hackensack: 1

Study: AFT-38

Patient randomized to arm B (SOC arm) hospitalized for left femur fracture.

Baltimore: none

Action Items
Value Added

Benefits

• Earlier, more frequent introduction of patient to available trials, improve patient buy-in

• Faster study accrual

• Fewer missed opportunities to enroll eligible patients

Progress

What We Learned

• Structured/habitual research discussions lead to incorporation of research into multidisciplinary group’s culture/practice vs. research enrollment as an afterthought
Planting Seeds for the Future

• This is low cost, generalizable, easy to implement system

• Requires multi-disciplinary buy-in, incorporation into multi-disciplinary patient evaluations/plans

• Improves awareness/support of colleagues research, earlier patient introduction to research trials, improved accrual, fewer missed opportunities for patient recruitment into trials
Contact Information

Thank you!

• Lombardi Cancer Center/Ourisman Breast Health Center Multidisciplinary Team
• Dr. Eleni Tousimis, Dr. Claudine Isaacs, Dr. Paula Pohlmann, Dr. Jennifer Son, Lenora Burwell, Meghan Mavredes

Ian Greenwalt, MD
Assistant Professor Georgetown University School of Medicine
Attending Surgeon, Breast Surgical Oncology
Ourisman Breast Center Breast Health Program
Medstar Georgetown University Hospital
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Clinical Trial Engagement

Our Experience at University of Alabama Birmingham

Rachael Lancaster MD, FACS
Assistant Professor of Surgery
Division of Breast and Endocrine Surgery
University of Alabama Birmingham

- NAPBC accredited since 2011
- CoC accredited since 1940
- CoC program category: NCI-designated Comprehensive Cancer Center
- Breast cancers in 2019: 555 analytic cases
Best Practice

• At UAB, we seek to engage providers across a multidisciplinary spectrum and breast cancer patients in all stages of breast cancer in clinical trials as this is best means of providing robust clinical care both now and in the future.

• Clinical Trail Engagement
Rationale

• **Barriers exist to patient participation in clinical trials**
  – Distance to clinical facility
  – Perceptions regarding clinical trials by both patients and families

• **Barriers exist in physician implementation of clinical trials**
  – Protocol review
  – Resources of clinical staff including coordinators
  – Competing trials
  – Patient recruitment
Rationale

- Need for centralized, multidisciplinary, breast specific review group
- Our rationale for improving clinical trial engagement both at level of provider and patient revolved around our core belief.
  - *Clinical trails are essential to moving the treatment of breast cancer forward.*
Implementation

• Breast Cancer Working Group
  – Research and Clinical Trail focus
  – Breast specific-medical oncology, breast surgery, radiation oncology, radiology, clinical coordinators, research staff
  – Bi-monthly meetings
• Previously protocols were reviewed by individual departments
• Practical barriers include timing and staff availability.
• Team engagement
Value Added

• Benefits
  – Centralized review process
  – Feedback from peers who are experts in breast cancer
  – Helps minimize trial competition
  – Educates providers regarding the trial early on
  – Protocols can have impacts across multiple specialties

• Modifications
  – Agenda is sent out well in advance of meeting
  – Meeting times

• Remains relevant and useful
Planting Seeds for the Future

- Applicable to many institutions
- Utility for multiple specialties
  - Streamlines process
  - Get opinions and buy in across departments
  - Improves breast cancer specific trial options
- Ease of implementation: 7
Resources

Internal Protocol Vs External Protocol

Breast Cancer Working Group

IRB approval

Implementation
- Within Individual Department
- Can have shared resources
- Education regarding trial to all providers regarding the study to aid in patient recruitment
Contact Information

Rachael Lancaster
University of Alabama at Birmingham
Department of Surgery
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Clinical Trial Engagement

Misty Harrison-Gwin, RN, CRN
Oncology Nurse Navigator
Clinical Research Nurse
- NAPBC accredited since 2017
- CoC accredited: July 1990
  Comprehensive Community Cancer Program
- Breast Cancer Trials 2019 – 3 Trials
Best Practice

• Cancer cases are discussed at our cancer conference tumor board biweekly.

• Reid Health Breast Center is a Community based cancer center that sees a variety of patients in several surrounding counties in Indiana and Ohio.
Rationale

• Why did you tackle this issue?
  - We had an ongoing deficiency.
• What need were you trying to address?
  - Meeting guidelines/standards.
• What rationale did you have for spending time, energy and resources on this project?
  - To meet the standards, we increased screenings to help enroll patients.
Implementation

• Who was involved?
  - A variety of people are involved such as Managers, Cancer Navigators, Oncology/Radiation/Radiology/Pathology/General surgeon physicians.

• How was it implemented?
  - More patients are screened.

• What barriers were overcome?
  - Eligibility status

• How did you engage the team?
  - Navigators sit in on new consults, reminders are sent to staff about clinical trials such as emails, verbal communication, pocket size schemas, trial pamphlets. A pamphlet of all trials are given to physicians and NPs.
Value Added

- What benefits have you gained?
  - Improved communication and increased number of patients being screened.
- Do you monitor the progress?
  - Yes, Patient and trial information is documented on a spreadsheet.
- Have you tweaked the practice? No
- What did you learn doing this project?
  - Better communication and engagement with staff helps in increased screening for possible clinical trial eligibility.
Planting Seeds for the Future

- What was the ease of implementation on a scale of 1-10?
  - 5
- Can this be applied to other programs?
  - Yes
- Why would another program want to implement this practice?
  - Communication is a great way to keep everyone involved and informed.
- What can we all learn from this?
  - Communication is the Key!
Resources

Handouts, syllabus, algorithm, visual aids to share

-Great resources for staff are pocket size schemas of a trial, or a pocket size list of available trials.
-Great Resources for patients are pamphlet's about being part of a clinical trial as well as pamphlets regarding individual trials.
Contact Information

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NAPBC Best Practices Webinar Series: Quality in Action

- Optimizing Breast Conference – January 26, 2021
- Innovations in Patient Care – February 9, 2021
- Program Activities – Optimizing Time and Talent – February 16, 2021
Cancer Program Webinar Series

- Better Data; Better Quality; Better Outcomes Webinar Series - 8 webinars
- Cancer Research Program (CRP) Educational Series – 5 webinars

To view and register for the webinars go to: https://www.facs.org/quality-programs/cancer/events
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- Please help us improve the webinar by completing the evaluation being sent after the webinar.

- CME, CE, and CNE instructions included in post webinar email.

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