

# Cancer Clinical Trial Accrual: We Have a Problem

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Clinical trials are essential for identifying interventions to treat cancer and improve patient's quality of life. However, it is estimated that only 4% of adult cancer patients enroll in clinical trials [1], and rates of participation are even lower for minority and underserved populations [2]. Recent studies have illustrated the impact of these low accrual rates on cancer clinical trials—a large percentage of cancer clinical trials do not accrue adequate numbers of patients and some fail to enroll even a single patient [3, 4]. As a result, less than two thirds of phase III trials sponsored by the National Cancer Institute (NCI) are completed and only about half of all cancer trials undertaken are completed [5].

These statistics have a number of troubling implications. The inability to complete clinical trials in a timely manner delays and may even preclude the approval of potentially beneficial treatments. In addition, there are ethical concerns around some participants being subjected to the risks and inconveniences associated with trials that will never be completed. Furthermore, sponsors and organizations must bear the financial impact of maintaining open trials that are not enrolling patients.

The enhanced rates of enrollment in cancer clinical trials must occur in order to increase the efficiency and effectiveness of clinical cancer research. The clinical research sponsors need to provide resources and tools to support the accrual activities of clinical trial professionals and investigators in the field.

Although a wide range of efforts are being considered by the research community, this spring NCI's Office of Commu-

nications and Education developed a new online tool, *AccrualNet*, to assist professionals in successful clinical trial accrual. AccrualNet has enjoyed a growing audience in the clinical research community.

This new tool is designed as both a repository for published literature and other resources and to serve as a central gathering place to encourage dialog and discussion. AccrualNet includes the following:

- Linkable access to existing tools and materials that clinical researchers are currently using;
- A regularly updated, searchable, and annotated list of published journal articles on clinical trial recruitment;
- A space to ask questions, post tips, share experiences, insight, materials, and strategies; and
- Training opportunities available to orient and educate new staff to successful recruitment strategies.

AccrualNet is based on a conceptual framework of accrual throughout the life cycle of a clinical trial. This life cycle is represented as seven stages: developing a protocol, selecting a trial, preparing to open the trial, recruiting and enrolling participants, managing the trial, retaining participants, and evaluating accrual/lessons learned. Each stage contains related literature, tools, and resources. You can visit AccrualNet at <http://accrualnet.cancer.gov>

Here are a few suggestions for educators and clinicians on using this resource:

- Include AccrualNet in the clinical research curricula for medical, nursing, and fellowship students. This rich content of over 500 (and growing) items provides an excellent foundation for a better understanding of the functioning of the clinical research setting as well as the importance of using the literature to guide planning activities around accrual.

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- AccrualNet is central to the orientation of new clinical research staff. It provides a strong foundation for clinical trial accrual planning and evaluation. It identifies the importance of tapping into the power of networking across sites. Seasoned staff frustrated with the daily challenges of accrual to clinical trials can find new ideas, support, and guidance.
- There is a big need for more research on clinical trial accrual to identify evidence-based strategies. AccrualNet provides opportunities for clinical research staff to network with like-minded colleagues across the country to discuss ideas for conducting and (hopefully) publishing research findings to support the science of accrual.

Many exciting new discoveries are coming out of the preclinical world. These discoveries are stalled in the research clinics when participants are not enrolled in clinical trials. The cancer research community is working to build a strong foundation to support a systematic improvement in accrual. We look forward to a time when the promising discoveries from the laboratory are quickly

tested and then transferred into clinical practice that benefits the waiting legions of patients with cancer.

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