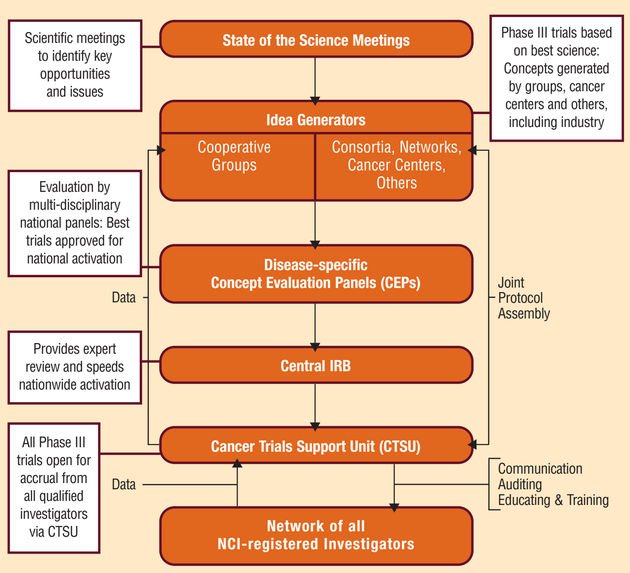
NCI Trial Programs: Clinical Trials Support Unit (CTSU)

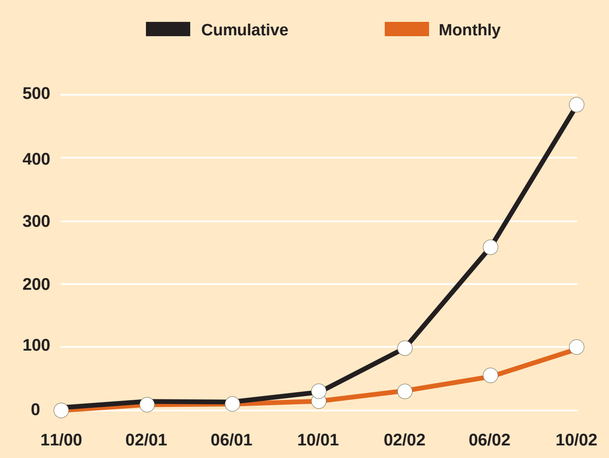
In 1997, the NCI's Clinical Trials Program Review Group, chaired by Dr James Armitage, released recommendations to revamp the clinical trials system. These recommendations were translated into a working plan in 1998 by co-chairs of the Clinical Trials Implementation Committee, Dr John Glick and Dr Michaele Christian. The primary goal of this new system is to rapidly accelerate the pace of clinical cancer research by enabling all US oncologists to offer patients NCI-sponsored clinical trials and by simplifying and standardizing paperwork and procedures related to these trials. New features of the NCI clinical trials program include standardization of data collection and online data reporting, simplified informed consent and a centralized IRB process. To make open access to trials feasible, the NCI established the Clinical Trials Support Unit (CTSU) to implement a uniform system of patient registration and data collection for all trials in the Network. To facilitate all aspects of protocol generation and trials conduct, a modernized informatics system for clinical trials is also being developed.

NCI CLINICAL TRIALS RESTRUCTURING INITIATIVES



DERIVED FROM: Presentation by Jeffrey Abrams, MD.

CTSU PATIENT ENROLLMENTS AS OF OCTOBER 31, 2002



PHASE III BREAST CANCER TRIALS OPEN THROUGH THE CTSU

Study Number(s)	Study Name	Accrual to Date (10/28/02)
CLB-40101	CA (4 vs 6 cycles) versus paclitaxel (12 weeks vs 18 weeks) as adjuvant therapy for women with node-negative breast cancer	54/4646
CAN-NCIC-CLB-49907, CLB-49907, SWOG-CLB-49907	Adjuvant chemotherapy comprising standard CMF or AC versus oral capecitabine in elderly women with operable adenocarcinoma of the breast	17/720
CLB-9840	Paclitaxel q week versus q 3 weeks ± trastuzumab in patients with inoperable, recurrent, or metastatic breast cancer with or without overexpression of HER2-neu	478/580
E-2100	Paclitaxel ± bevacizumab in patients with locally recurrent or metastatic breast cancer	114/685
CAN-NCIC-MA-20	Study of regional radiation therapy in early breast cancer	488/1822
AMGEN-CAN-NCIC-MA21, BMS-CAN-NCIC-MA21, CAN-NCIC-MA21, JANSSEN-CAN-NCIC-MA21, NCCTG-CAN-NCIC-MA21, P-UPJOHN-CAN-NCIC-MA21	Adjuvant trial of sequenced EC + filgrastim + epoetin alfa followed by paclitaxel versus sequenced AC followed by paclitaxel versus CEF as therapy for premenopausal women and early postmenopausal women who have had potentially curative surgery for node-positive or high-risk node-negative breast cancer	631/1500
NSABP-B-30	Adjuvant AC followed by docetaxel (T) versus AT versus ATC in women with breast cancer and positive axillary lymph nodes	3525/4000
NSABP-B-33	Exemestane in postmenopausal women with resected stage I, II, or IIIA breast cancer who have completed five years of tamoxifen	612/3000
NSABP-B-34	Adjuvant clodronate ± systemic chemotherapy and/or tamoxifen in women with early-stage breast cancer	1645/2400
CAN-NCIC-MA26, CLB-49801, RTOG-9804, RTOG-DEV-1026	Whole breast radiotherapy versus observation ± optional tamoxifen in women with good-risk ductal carcinoma in situ of the breast	214/1990
SWOG-S0012	Neoadjuvant AC ± filgrastim (G-CSF) in women with inflammatory or estrogen receptor negative locally advanced breast cancer	26/300

DERIVED FROM: CTSU website (CTSU Active Protocol List & Accrual Report) and NCI Physician Data Query, November 2002.

RECRUITMENT OF PARTICIPANTS IN CLINICAL TRIALS

"An effective national cancer program can never be implemented without patient-oriented research. This requires that individuals be willing, able, and available to participate in clinical trials. Participation in clinical trials is an opportunity not only for discovery, but also to experience the most promising and valuable new preventions, diagnoses, screening procedures, and therapies.

Despite the potential therapeutic advantage of participating in clinical trials, the current number of eligible cancer patients entering clinical research studies is less than 3 percent. This is related primarily to the impediments to enrollment into cancer clinical trials as well as the limited funding of cooperative groups, which is the critical rate-limiting barrier to increased accrual. And even in studies where accrual is good, compliance and retention are not optimal. As a result, slow accrual and retention rates give way to delayed completion of clinical trials, resulting in cost inefficiencies, slowed translation of bench science, and potentially inequitable distribution of the risks and benefits of research."

—Armitage Report

GOALS OF THE CTSU

Our goal is to make the CTSU a "one-stop shop" for any NCI investigator who wants to participate in cooperative group and other Phase III NCI trials, both from the perspective of regulatory support system and remote electronic data entry. We have also developed a packet of educational training materials for every trial — materials for patients, nurses and physicians. Our most important objective is to increase cooperative group trial accruals and to decrease the average accrual period for Phase III trials from its current time of about four and a half years.

—Jeffrey Abrams, MD

BENEFITS OF THE CTSU TO THE ONCOLOGIST

The concept behind the CTSU is that a fairly large number of physicians don't want to belong to a cooperative group, but would love to put their patients on clinical trials. The cooperative groups themselves were heavily involved in the development of the process.

All of the major adjuvant breast cancer trials are going on the CTSU menu. Educating and advertising the trials is going to be important. This is a real experiment that is still being de-bugged, but I hope it works, because we need more patients entered on these clinical trials.

I suspect there is a large reservoir of oncologists who have never filled out the CTSU form — not because it's difficult, but just because no one suggested that they do it.

—George W. Sledge, Jr, MD

CENTRAL INSTITUTIONAL REVIEW BOARD (CIRB)

"The Central Institutional Review Board (CIRB) Initiative is a pilot project sponsored by the National Cancer Institute (NCI), in consultation with the DHHS Office of Human Subjects Protections (OHRP). Created to develop an innovative approach to human subjects protection, the unique feature of the CIRB is its 'facilitated review' process that can streamline local IRB review for national multi-center cancer treatment trials. Local IRBs enrolled in the pilot can download CIRB reviews from a confidential webpage and decide whether or not to utilize the CIRB's review for a particular protocol. This 'facilitated review' can take place rapidly…A major benefit for local IRBs participating in the pilot will be the reduction in review workload while still retaining its authority to accept or reject a 'facilitated review' on a protocol-by-protocol basis."

— CTSU website

SELECT PUBLICATIONS

Abrams JS. **Clinical trials referral resource. Current clinical trials of the Cancer Trials Support Unit (CTSU), an NCI pilot program.** *Oncology (Huntingt)* 2002;16(8):1074-7,1080.

Christian MC et al. **A central institutional review board for multi-institutional trials.** *N Engl J Med* 2002;346(18):1405-8.

Ellis PM et al. **Randomized clinical trials in oncology: Understanding and attitudes predict willingness to participate.** *J Clin Oncol* 2001;19:3554-3561.

Lara PN et al. **Prospective evaluation of cancer clinical trial accrual patterns: Identifying potential barriers to enrollment.** *J Clin Oncol* 2001;19:1728-1733.

NCI funds cancer trials support unit. *J Natl Cancer Inst* 1999;91(20):1718.

NCI and DoD Agree to Expand Clinical Trials Coverage. *J Natl Cancer Inst* 1999;91(17):1452.

Reynolds T. **Would central review streamline the clinical trials process?** *J Natl Cancer Inst* 2002;94(20):1519.

Siminoff LA et al. **Factors that predict the referral of breast cancer patients onto clinical trials by their surgeons and medical oncologists.** *J Clin Oncol* 2000;18:1203-1211.