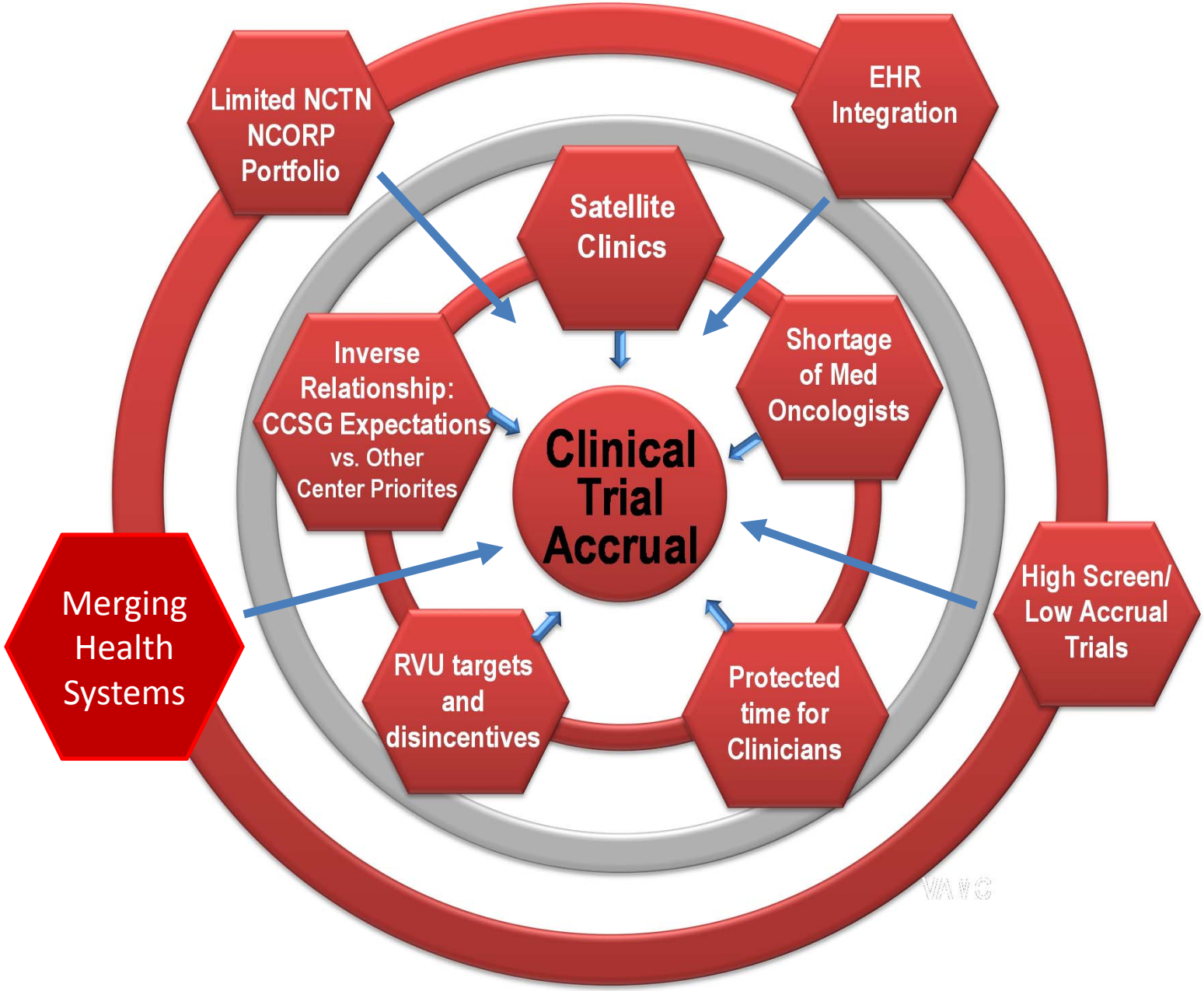
Why Are Clinical Trial Accruals Declining/Struggling?



Does Current CCSG Structure Promote the True Impact that the Center is Contributing to Clinical Research?

Currently Clinical Trials Info is presented in:

- DT 3 and DT 4
- CPDM (process)
- PRMS (process)
- Potentially in Overview and/or Programs
  - (if programmatically aligned)

Table 3 – Focuses only on Therapeutic, doesn't capture enormous screening activity, non-therapeutic, nor outreach efforts via institutional trial networks

Is the 10% unwritten expectation for therapeutic enrollment realistic in 2016? Is 15% realistic for comprehensive centers?

Does Current CCSG Structure Promote the True Impact that the Center is Contributing to Clinical Research?

Where does a Center promote it's NCTN leadership and activities if there is not an applicable research program?

How do we change expectations to equally value NCTN vs IIT accruals?

Should Clinical Trials (therapeutic and non-therapeutic) be included as an Essential Characteristic with a dedicated section
-could incorporate Minority, Women and Children in this section

Inclusion of Children in Trials—need CCSG clarification as to what is expected (unwritten expectation: 75% of children on therapeutic trials)

Could Early Phase Clinical Research Support be redirected to support junior clinical investigators for protected time? Developmental Funds?