



Powerful collaboration accelerates results.

## Multiple Myeloma Research Consortium Speeds Trial Startups

By Deb Borfitz

**Aug 4, 2009** | Standardized clinical contracts and on-site project management share credit in helping the Multiple Myeloma Research Consortium (MMRC) activate oncology clinical trials 30-40% faster than is customary with cancer studies.

In the past two years, patient enrollment on phase I and II trials opened in an average of 158 days, down from the industry average of 257 days for similar trials before the business solutions were implemented, according to Susan Kelley, chief medical officer of the network of 15 academic member institutions.



Susan Kelley

As previously identified by David Dilts and Alan Sandler (Vanderbilt University) in the October 1, 2006 issue of the *Journal of Clinical Oncology*, there are numerous opportunities to remove extraneous steps in trials initiation. By standardizing contract language and thereby avoiding repetitive reviews for each trial performed at each center, the MMRC eliminated one “major hurdle” to opening a clinical trial, says Kelley. Negotiating individual contracts “can become incredibly time consuming and costly... particularly for larger phase II trials.” Sponsors can instead negotiate a single contract covering all MMRC member institutions participating in a given trial.

Multiple myeloma project coordinators closely linked to the MMRC are also engaged on site to serve as “champions as well as facilitators” of clinical trials, says Kelley. These individuals “are equipped with the skill set and the specific institutional knowledge to expertly maneuver within their own system, thereby aiding in the approval and completion” of trials. Scientific leadership at MMRC, coupled with an in-house project manager within each institution, also helps create a “sense of urgency” to open trials quickly.

The accelerated trial activation rate is expected to encourage more industry-sponsored myeloma research by the MMRC because the time savings translates into lower cost and speedier “go/no go” decisions on a compound, says Kelley. The MMRC is committed to “understanding and even sharing the risk that companies take on when navigating a drug through the development stages.”

Results of MMRC’s recent data analysis were presented at a National Institutes of Health meeting in June. An abstract will be submitted shortly to either the European Organization for Research and Treatment of Cancer or the American Society of Hematology.

The MMRC was launched in 2004 by Kathy Giusti, the same myeloma patient who founded the Multiple Myeloma Research Foundation. Member institutions include such prominent research centers as City of Hope and the Dana-Farber Cancer Institute. Executive leadership is based in Norwalk, Conn.