All Active and Enrolling Cancer Care Delivery Research (CCDR) Trials as of Mar2026

Research Base	Protocol #	Official Study Title	Implementer/Sponsor	Planned Intervention	Abbreviated Eligibility Criteria (Please consult the Protocol Document for the full and complete set of inclusion and exclusion criteria)	Primary Objective	Planned Start-up Date (Y or Q)	N PRO Instruments	Supportive Care Domain	Note
ALLIANCE	A231602Q	PAGODA: Randomized Trial of a Proactive Dedicated Dose Modification Algorithm for Patients on Chemotherapy to Prevent Unplanned Delays	Gastrointestinal Cancer	Hospitalization and medicationrelated toxicities are common during chemotherapy treatment. Participation is complete after the time of 1)completion of day 1 of least toxic chemotherapy regimen as determined by the treating physician, or 2)completion of day 1 of cycle 7 of FOLFOX-based chemotherapy. The duration of treatment after randomization is at the discretion of the treating physician. Patients will be followed for 30 days after completion, or until death, whichever comes first. Please refer to the full protocol text for a complete description of the study, objectives and treatment plan.	**PVR: 10/01/2026** **Histologic Documentation:** Histologic confirmation of invasive cancer that is adenocarcinoma of the esophagus, gastroesophageal junction, or stomach treated with FOLFOX-based chemotherapy is an appropriate initial systemic therapy. * Stage: Any stage or clinical setting. * Tumor Site: Eligible primary tumor sites include the esophagus, gastroesophageal junction, stomach, small intestine, ampulla of Vater, appendix, colon rectum, and pancreatic adenocarcinoma treated with empirical 5-FU origin. **Treatment Setting:** Cycle 1, day 1 of FOLFOX-based chemotherapy must be completed 1 to 8 days prior to randomization. * Cycle 1, day 1 of FOLFOX-based chemotherapy must include oxaliplatin administered dose of oxaliplatin (85 mg/m2) and infusional 5-FU (2400 mg/m2/48 hours). Concomitant monoclonal antibodies are permitted (e.g., mCRC, and HGPSs, and PDL1, and dMMR/MSI). * Cycle 2, day 1 of FOLFOX-based chemotherapy must be completed FOLFOX-based chemotherapy is not allowed. Prior radiation,concurrent chemotherapy is permitted. * The planned duration of FOLFOX-based chemotherapy must be at least four cycles (16 weeks). * Cycle 3, day 1 of FOLFOX-based chemotherapy must be completed 1 to 8 days prior to randomization. * Cycle 3, day 1 of FOLFOX-based chemotherapy must include oxaliplatin administered dose of oxaliplatin (85 mg/m2) and infusional 5-FU (2400 mg/m2/48 hours). Use of the 5-FU bolus is at the discretion of the treating physician. * Patients who require primary prophylactic white blood cell growth factor with cycle 1 of FOLFOX chemotherapy due to high risk for fever and neutropenia are not eligible for the study. Secondary prophylactic white blood cell growth factor is allowed. Pegfilgrastim, or its biosimilar and the recipients to their formulations are not eligible. Age: ≥ 18 years.	To compare the proportion of chemotherapy cycles with unplanned delays in patients receiving FOLFOX chemotherapy under standard care versus randomized to receiving a dose modification algorithm (intervention).		14/26	420/	
Fluke Force	NP2106CCD	Partial Delivery of Geriatric Assessment in Community Oncology Settings (PGA)	Geriatric assessment (GA) is a multidimensional approach to understand heterogeneity in aging2 through assessments of domains and function and identifying conditions that need to be addressed prior to treatment.	Any practice within their Community Oncology network participating in the opportunities listed below should complete the Interest Survey within the Recruitment Email to be considered. Sites will be selected based on ease on non-NCORP affiliates in sub-affiliates, which have a common administrative structure and share providers and patients. Part 2: A survey will be distributed to identify surgeons performing abdominopelvic cancer surgery or surgical APPs who assist with post-operative care in the community NCORP sites. Surgeons/surgical APPs n = 300 (min) Sites: n = 20 (min) Pilot: n = 5 surgeons/surgical APPs (not included in total) Part 1: will be identified using purposive sampling to ensure a robust inclusion of key characteristics of surgeons and surgical APPs from Part 1 for interviews. Part 2: Surgeons who perform abdominopelvic cancer surgery (i.e., colorectal, hepatobiliary, gastroesophageal (GE), gynecologic (GYN)) or surgical advanced practice providers (APPs) who assist with post-operative care for these patients within the NCORP network	Surgeons who perform abdominopelvic cancer surgery (i.e., colorectal, hepatobiliary, gastroesophageal (GE), gynecologic (GYN)) or surgical advanced practice providers (APPs) who assist with post-operative care for these patients within the NCORP network	To refine proposed implementation strategies for delivering PGA through collaborative feedback from stakeholders.		12/2/24	2 primaries (up to 3 allowed) 100 patients	
Fluke Force	NP2106CCD	Surgical Thromboprophylaxis Practices in Oncology Patients within the NCORP Network (STOP VTE)		**PVR 10/17/2025** Both men and women of all races and ethnic groups who understand English are eligible for this trial. We will work with our Wake Forest NCORP Research Base/Community Engagement Office (CEO) to: * Develop a plan, and implement strategy and develop study related materials, (e.g., study flyer, etc.) that are appropriate for attracting and enrolling surgeon or surgical APP participants from diverse populations and NCORP sites	The purpose of the research study is to evaluate the consistent use of guideline-recommended, the extended antithrombotic regimen (extended thromboembolism (VTE) prophylaxis, ePPx) for patients after major cancer surgery in community oncology practices across the United States and its territories.	NCTN/NCORP/NRG		12/2/24	200 Practices 700 Non-Patients	
ALLIANCE	A231501Q	EFA Access Study: An Implementation Study to Ascertain Enabled Delivery Model for Clinical Genetic Services in Community (EFA Cancer Patients)	EFA cancer patients: Adult patients with a solid tumor diagnosis, includes patients at any stage of diagnosis (e.g., newly diagnosed, in treatment, in survivorship) and a cancer diagnosis (invasive or in situ) and is currently aged ≥ 18 years old	A link to the Eligibility Verification Questionnaire (EVQ) and Study Flyer will be provided to potential participants by site research staff. Paper versions are also available. **Arm 1: Standard Remote Genetic Services** **Arm 2: Genetic Journey Clinician** access to the Genetic Journey Clinician digital portal education, and ongoing access to the clinician.) Both arms will receive/have access to a genetic counselor for patient genetic education, NGS or genetic testing, telehealth visit / review results of genetic testing	To evaluate the efficacy of an enhanced eHealth and shadow medical delivery model for germline genetic testing. To evaluate the efficacy of an enhanced eHealth and shadow medical delivery model for tumor uptake of genetic testing.	06-2026/Q3	9/26/25	884 Patients 50 Non-patients	
ECOG-ACRIN	EA4231CD	Improving Medication Adherence in Postmenopausal Breast Cancer Using a Connected Conditional Collaborative Medicine (CONCIRMed)	Pathologically proven Stage I-III, hormone receptor positive breast cancer	**Arm A:** Patients use the WordReg medication dispenser and receive educational materials (pl works for a year. **Arm B:** Patients use the WordReg medication dispenser and receive educational materials plus all of the CONCIRMed features over 12 months. **Arm C:** Participants complete an interview over 15-59 months post-first patient enrollment.	**PVR: 7/14/2025** Patient Eligibility: * Must be ≥ 18 * Must speak Spanish or English or Spanish * Must have a or established pathologically proven HR+ HER2- metastatic breast cancer * Patient must have initiated any of the CDK4/6 inhibitions (palbociclib or Ibrance, ribociclib or Kisqali, abemaciclib or Verzenio) or other estrogen treatment within 30 days prior to consenting to Step 0 (we have received a prescription order with central intent to initiate within 30 days following Step 0 consent. Patients who have been treated previously with aromatase treatments other than CDK4/6 inhibitions are eligible. Patients who have been treated previously with fulvestrant. * Must not already be enrolled in a chemoprevention clinical trial that monitors CDK4/6 inhibitors * Must have an email address and personal mobile phone in which they are able to receive and send text messages. * Must be able to understand and sign the ICF; patients requiring an legally authorized representative (LAR) are not eligible. * Must not have an ECOG Performance Status ≥ 3 * Must not be enrolled in other trials offering financial assistance (pl/l cards for medication or other)	To compare CDK4/6 adherence at 12 months between medication reminder versus reminder, monitoring between the EUC (Arm A) and CONCIRMed (Arm B) users	10/31/25	150 patients 10 providers from 10 sites Recruitment in-person in clinic	Not protocol for medication adherence requirements that are needed to achieve the study goal. Also, describe the patient and provider interaction with the CONCIRMed intervention using mixed methods (based on adherence and uptake)
ECOG-ACRIN	EA4231CD	Effectiveness of Clinical Care Navigation (CCN)Intervention and Financial Navigation (FinCNM) for Cancer Patients	Date diagnosis of any cancer within 6 mos. stage	**Arm A:** Patients receive Patient Navigation and Financial Navigation (FN) according financial navigation services. **Arm B:** Patients receive usual financial care plus practice standard of care of CoreCONE financial counseling sessions over 1 hour within 30 days after enrollment and at 3, 6 and 12 months.	**PVR: 7/28/2025** Patient Eligibility: * Be within 120 days of a new diagnosis of any solid cancer of any stage at the time of consent. Stage 0 or in situ are eligible if systemic therapy has been planned. Patients with a history of prior cancer diagnosis and/or treatment more than 24 months ago are eligible. * Must not have a new recurrence of a primary. * Patients with a history of prior cancer diagnosis and/or treatment in the previous 24 months are eligible if the current cancer diagnosis is considered a new primary. * Must have ordered and an IV cancer systemic therapy either any time before Step 0 registration or have received a prescription order with central intent to initiate within 30 days after Step 0 registration. * Patients may not be receiving any of the following: sleep palliative care, hospice care, neoadjuvant, or radiation therapy. * Must be ≥ 18 * Must be able to understand and sign an English or Spanish ICF; use of an Legally authorized representative (LAR) is not eligible. * Must not have an ECOG Performance Status ≥ 3. * Must not be enrolled in EA4231CD or E1912CD given financial navigation is provided in these studies. * Must not be enrolled in treatment clinical trials where cancer systemic therapy is provided at no cost to the patient. * Must not be enrolled in other trials offering financial assistance. The following are allowed: gift cards for surveys or parking or financial counseling alone without financial navigation For protocol the provider/site requirements that are needed to achieve Study Goal (S)	To compare patient-reported cost-related medication nonadherence at 12 months after randomization between the EUC and CoreCONE study arms.		12/29/24	720 patients 60 providers from 15 sites	First sites must complete a pilot study to initiating any study start-up activities.
ASWOG	S2215CN	A Pragmatic Randomized Controlled Trial To Evaluate The Effectiveness of an Intervention called Cancer Together After Cancer Care Using Guideline Concordant Colorectal Cancer Surveillance	Newly diagnosed metastatic, recurrent, Stage IV or Stage III colorectal cancer	**Group 1:** Intervention Arm Cancer Together After Cancer (CTAC) website + additional modules * Educational information about cancer survivorship * Preferences for supportive involvement * Communication training * Summary of supportive engagement **Group 2:** Control Arm Cancer Together After Cancer (CTAC) usual care website * Patients will be given access to information about cancer survivorship, navigation to health care, and healthy living	**PVR: 8/11/2025** **Patient Eligibility:** * Must have newly diagnosed surgically resected, Stage II or Stage III colorectal cancer * Must have an adult in their life who supports them in their colorectal cancer journey * Must be ≥ 18 years old at time of registration/randomization * Must have Zubrod Performance Status of 0,1 * Must be able to read English or Spanish * Must be able to understand and sign the consent form or a clinical trial of investigational treatment that includes imaging and a laboratory monitoring for the duration of this trial. (Concomitant no other non-treatment trials are allowed). **Non-Patient (Supporter) Eligibility:** * Must be ≥ 18 years of age at the time of registration/randomization * Must be able to read English or Spanish * Must be a family member, friend, or caregiver to a person who may be willing to join them in reviewing the educational website. This may be a spouse/partner, adult child, other adult family member, or a friend.	To evaluate whether the patients randomized to the Cancer Together After Cancer (CTAC) intervention website compared to the CTAC control website have higher rates of guideline-concordant colorectal cancer (CRC) surveillance at 12 months after registration.		04/28	Patient: 400 Non-Patient: 400	
Fluke Force	R01-2026CD	NIV-2026CD: Implementation and Effectiveness Trial of HN-STAR	Head and neck cancer treatment and treatment practice	Head and Neck Survivorship Tool (HNST) exercises and treatment recommendations (HN-STAR) vs. Usual Care	**PVR 05/05/2026P** **Practice** * Willing to incorporate the web-based HN-STAR into their clinical practice * Treating 12 newly diagnosed cases of head and neck cancer patients within the last 12 months * Can identify at least one designated clinician who is willing to be trained on and use HNST-SR or conduct usual care for enrolled survivors **Clinician** * Age ≥20 years * MD, DO, NP, or PA * Able to speak and read English * Routinely prescribes care for cancer patients or survivors * Willing to complete study capsule trainings and incorporate HN-STAR or provide usual care in a similar follow-up care visit. **Patient** * Participant enrollment closed at this time	Evaluate the impact of HN-STAR compared to controls, on changes in patient-centered outcomes from baseline to 6 months after the first survivor exercise, including patient-reported quality of life, patient-reported quality of life, as measured by the Total Outcome Index from the Functional Assessment of Cancer Therapy – Head and Neck (FACT HANS), and other endpoints (Patient activation, burden, patient satisfaction, and patient-rated quality of cancer care		9/10/26	200-400 Head and neck cancer survivors Recruiting via Cancer Care MD/MDR electronic medical record	Participant enrollment closed as 5/13/2026, but practice (survivor) enrollment continues and enrollment extended 6/30/2026
Fluke Force	R01-2026CD	Multi-site Community Implementation Study for the CONNECT Intervention Targeting Lung Cancer Caregivers	Lung Cancer Caregiver	Caregivers will be randomized to one of two study arms: 1) Caregiver Oncology Needs Evaluation Tool (CONNECT) + Usual Care 2) Usual Care	**PVR 04/28/2026P** **Practice** * Care for ≥ 50 newly diagnosed (new or recurrent) stage II-IV lung cancer patients annually * Able to identify 1-2 Lead Practice Referral Coordinators for this trial * Able to identify a research and/or clinical champion for the study, distinct from the Lead Practice Referral Coordinator(s) **Caregiver** * Provides the majority of unpaid care during cancer treatment (self-reported) * ≥ 18 years of age * Able to speak and read in the internet or be willing to use CONNECT in the clinic * Must have access to a telephone to complete sessions with the Cancer Caregiver Navigator **Patient** * Current diagnosis of new or recurrent stage II-IV lung cancer * Enrolled after the start of initiation systemic therapy (+/- radiation therapy) and must have at least 9 weeks of planned systemic anticancer treatment remaining * Able to speak and read English or Spanish (Spanish speaking only) * Ambulatory and up (i.e., not bedbidden) more than 50% of waking hours * ≥ 18 years of age	To measure the multi-site feasibility and acceptability of CONNECT Intervention as measured by: Attrition of caregivers at 12 weeks post-randomization (primary endpoint) enrolling 120 lung cancer caregiver patient dyads (CONNECT, n=60; Usual Care, n=60; Generic Resource List, n=60)	06-2026/Q3	7/23/24	120 patients Recruitment in-person	Closed to accepting new sites. Contact Amy Ahundy (ahundy@wakehealth.edu) to get on the waitlist.
Fluke Force	R01-2026CD	Understanding and Enhancing Health-related Social Needs (HRSN) Screening Among Community Oncology Practices	Yes	Yes. Sites will be enlisted using the Enhancing Health-related Social Needs (HRSN) processes.	**Enrolling by invitation only** **PVR 03/05/2026P** **Part 1 Practice Requirements:** * Must be a NCORP practice (defined as one or more NCORP affiliate/sub-affiliates, that have a common administrative structure and share providers and/or patients) * Must have identified two or more Practice Staff that are available and willing to participate in the Practice Interview * Must have identified at least 1-2 outpatient oncology clinics willing to participate in the Practice Interview Form. **Part 1 Clinic Requirements:** * 1-3 clinics within the practice, within the same physical location **Part 2 Practice Staff Requirements:** * Must be willing to participate in an interview; 1-3 referral clinics within the practice * Must be willing to participate in surveys, virtual and in-person meetings/interviews and applicable in-person workshops **Part 2 Clinic Key Informant Requirements (MD, social worker, navigator, clinic manager, etc.):** * Must be willing to participate in an in-person or remote interview * Must be willing to participate in a possible in-person workshop * Must be willing to be recorded when participating in interviews and workshops.	The primary objective of this study is to assess current processes around Health-related Social Needs (HRSN) screening among NCORP clinics and categorize clinics based on their implementation of HRSN screening. The primary endpoint will be a detailed understanding of current HRSN implementation for variability by key clinic characteristics.	06-2026/Q3	7/23/24	Part 1: * Approx. 10-20 NCORP practices * 30-40 practice staff * 45 clinics * 10-40 Clinic Key Informants Part 2: * 10-20 Practice Staff Part 3: * 5 clinics * 10-20 MD * 5-10 workshop participants (patients, providers, practice managers, etc.	Closed to accepting new sites. Contact Amy Ahundy (ahundy@wakehealth.edu) to get on the waitlist.