All Active and Enrolling Cancer Care Delivery Research (CCDR) Trials as of May2026

Research Base	Protocol #	Official Study Title	Indication/Disease	Planned Intervention	Abbreviated Eligibility Criteria Please refer to CTSU for the most recent version of the protocol.	Primary Objective	ClinicalTrials.gov NCT #	CTSU Activation Date	Approx. Target Accrual	Note
ALLIANCE	A232402CD	PAGODA: Randomized Trial of a Proactive Graduated Dose Modification Algorithm for FOLFOX Chemotherapy to Prevent Unplanned Delays	Gastrointestinal Cancer	Registration and randomization happen simultaneously. Active study participation is complete after the first of 1) completion of day 1 of last planned treatment cycle, as determined by the treating physician, or 2) completion of day 1 of cycle 7 of FOLFOX-based chemotherapy. The duration of treatment after completion of study participation is at the discretion of the treating physician. Patients will be followed for 2 years after registration, or until death, whichever comes first. Please refer to the full protocol text for a complete description of the eligibility criteria and treatment plan.	**PVD: 10/09/2025** **-Histologic Documentation:** Histologic confirmation of invasive cancer that is confirmed or suspected to arise from the gastrointestinal (GI) tract, and for which 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 cancers of unknown primary with suspected GI origin. **-Treatment Setting:** Cycle 1, day 1 of FOLFOX-based chemotherapy must be completed 1 to 8 days prior to registration. • Cycle 1, day 1 of FOLFOX-based chemotherapy must include minimum ordered doses of oxaliplatin (≥65 mg/m2) and infusional 5-FU (2400 mg/m2/46 hours). Concomitant monoclonal antibodies are permitted (e.g. anti-VEGF, anti-EGFRs, anti-PD1/PDL1, and antiHER2). • Prior systemic therapy for GI cancer (other than cycle 1 of FOLFOX-based chemotherapy) is not allowed. Prior radiation-sensitizing chemotherapy is permitted. • The planned duration of FOLFOX-based chemotherapy must be at least four cycles (1 cycle = 14 days) • Cycle 1, day 1 of FOLFOX-based chemotherapy must be completed 1 to 8 days prior to registration. • Cycle 1, day 1 of FOLFOX-based chemotherapy must include minimum ordered doses of oxaliplatin (≥65 mg/m2) and infusional 5-FU (2400 mg/m2/46 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. • History of hypersensitivity reaction to oxaliplatin or other platinum-based drugs, to fluorouracil, or to leucovorin and the excipients in their formulations are not eligible. -Age ≥ 18 years -ECOG Performance Status ≤ 2	To compare the proportion of chemotherapy cycles with unplanned delays in patients receiving FOLFOX chemotherapy under standardized usual care (control) vs according to the PAGODA dose modification algorithm (intervention).		1/6/26	420	
Wake Forest	WF2501CD	Practical Delivery of Geriatric Assessment in Community Oncology Settings (PGA)	Geriatric assessment goes beyond chronological age to understand heterogeneity in aging2 through evaluation of diseases and function and identifying conditions that need to be addressed prior to treatment	Any practice within their Community Site interested in participating in the opportunities listed below should complete the Interest Survey within the Recruitment Email to be considered. For this study a practice is defined as one or more NCORP affiliates or sub-affiliates, which have a common administrative structure and share providers and/or patients.	**PVD: 10/27/2025** Oncology Clinician: 1) Oncology clinician (MDs, DOs, APPs (e.g. NP, PA)), 2) involved in the planning or delivery of new systemic therapies (e.g. chemotherapy, immunotherapy and/or targeted therapy) to patients including those age 65+. • Oncology Support Staff: Nurse, practice manager, or other oncology support staff who work with oncology clinicians who provide systemic therapy, help with office workflows for patient screeners, or help patients with referrals (including patients age 65 or older). May include staff that have a dual role in research and clinical support. • Patients: 1) ≥ 65 years of age, 2) Must have initiated a new line of chemo-/immuno- and/or targeted therapy in the last 12 months. • Caregivers: Must self-report as having cared for a patient age 65 or older who initiated systemic treatment (e.g. chemo-, immuno- and/or targeted therapy) in the last 12 months. To allow for differences in how the term "caregiver" is used, we will include any family member or friend who helps during their cancer treatment, regardless of whether they define themselves as a caregiver.	To refine proposed implementation strategies for delivering PGA through qualitative feedback from stakeholders.		12/2/25	3 practices (up to 3 clinics each) 105 patients	
Wake Forest	WF2502CD	Surgical Thromboprophylaxis Practices in Oncology Patients within the NCORP Network (STOP-VTE)	Surgeons who perform abdominopelvic cancer surgery (i.e., gastrointestinal (GI), genitourinary (GU), gynecologic (GYN)) or surgical advanced practice providers (APPs) who assist with post-operative care for these patients within the NCORP network	Part 1: A survey will be distributed to identify surgeons performing abdominopelvic cancer surgery or surgical APPs who assist with post-operative care for these patients within NCORP sites. Surgeons/surgical APPs: n = 100 (min) Sites: n = 25 (min) Part 2: A subset of surgeons and surgical APPs that participated in Part 1 will be identified using purposive sampling to ensure a cohort inclusive of key characteristics of surgeons and surgical APPs treating cancer within NCORP. Subset of surgeons/surgical APPs from Part 1 for interviews: n = 11 to 25 Part 3: A subset of practices that were self-identified in Part 1 will be chosen using purposive sampling to assess the feasibility of extraction of extended venous thromboembolism (VTE) prophylaxis (ePPx) utilization from the electronic health record (EHR) and to retrospectively assess adherence to ePPx after cancer surgery via EHR query. A practice is defined for this study as one or more NCORP affiliate/sub-affiliate sites, which have a shared instance of an electronic health record. Subset for practices identified in Part 1 for EHR query: n = 6	**PVD 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 Core (WF NCORP RB CEC) leaders to receive feedback on our recruitment 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 guidelines by surgeons for extended pharmacologic venous thromboembolism (VTE) prophylaxis (ePPx) for patients after major cancer surgery in community oncology practices across the United States and its territories.	NCT07215624	12/2/25	200 Practices 700 Non-Patients	
ALLIANCE	A232301CD	AYA Access Study: An Enhanced eHealth and Chat-Bot Enabled Delivery Model for Clinical Genetic Services in Community AYA Cancer Patients	AYA cancer patients and survivors. This includes patients at any stage of diagnosis (e.g., newly diagnosed, in treatment, in survivorship) and a cancer diagnosis (including pediatric cancers) at any age ≤ 39 years old.	A link to the Eligibility Verification Assessment (EVA) Screening Chatbot 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 Chatbot** (access to the Genetic Journey Chatbot, digital pre-test education, and ongoing access to the chatbot.) Both arms will receive/have access to a genetics counselor for pretest genetic education, SOC genetics testing, telehealth visit to review results of genetics testing.	**PVD 5/12/2025** All patients enrolled to this trial will receive genetic counseling and testing through the Penn Telegenetics Program. Patients should be informed that they must forego local genetic counseling to participate in the study. The Eligibility Verification Assessment (EVA) screening chatbot or Penn Telegenetics will confirm eligibility for genetic testing and notify the potential participant (via the EVA Screening Chatbot) and sites of the eligibility for genetic testing. **Patient Eligibility** * Age ≥ 18 years and ≤ 39 years * any stage of diagnosis (e.g., newly diagnosed, in treatment, in survivorship) * must be able to speak and read English or Spanish **Non-Patient:** Oncology providers, care team and clinic staff, genetic counselors and insurers (i.e., people who work in financial services and/or for insurance companies) that participate in the genetic services among AYA in the community for this study that are willing to sign consent and participate in interviews	To evaluate the efficacy of an enhanced eHealth and chatbot enabled delivery model to increase uptake of genetic counseling. To evaluate the efficacy of an enhanced eHealth and chatbot enabled delivery model to increase uptake of genetic testing.	NCT07091617	9/26/25	465 Patients 70 Non-patients	
ECOG-ACRIN	EAQ221CD	Improving Medication Adherence in Metastatic Breast Cancer Using a Connected Customized Treatment Platform (CONCURxP)	Pathologically proven HR+ HER2- metastatic breast cancer	**Arm A:** Patients use the WiseBag medication dispenser and receive access to educational materials q4 weeks for a year. **Arm B:** Patients use the WiseBag medication dispenser and receive personalized messages as part of the CONCURxP platform over 12 months **Arm C:** Participants complete an interview over 15-39 months post-first patient enrollment.	**PVD: 7/14/2025** Patient Eligibility: * Must be ≥ 18 * Must be fluent in English or Spanish * Must have new or established pathologically proven HR+ HER2- metastatic breast cancer * Patient must have initiated any of the CKD4/6 inhibitors (palbociclib or Ibrance, ribociclib or Kisqali, abemaciclib or Verzenio) or other anticancer treatment within 30 days prior to consenting to Step 0 or have received a prescription order with stated intent to initiate within 30 days following Step 0 consent. Patients who have been treated previously with anticancer treatments other than CDK4/6 inhibitors are eligible. See protocol for CDK4/6 prescription/supplier requirements * Must not already be enrolled in a therapeutic clinical trial that monitors CDK4/6 inhibitor * Must have an email address and personal mobile phone in which they are able to send and receive 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 (gift cards for surveys or parking are allowed)	To compare CDK4/6i adherence at 12 months after randomization captured using electronic monitoring between the EUC (Arm A) and CONCURxP (Arm B) arms.	NCT06112613	10/31/23	390 patients 20 providers from 10 sites who treated patients in Arm B	See protocol for provider/site requirements that are needed to achieve Study Goal #3 (To describe the patient and provider experience with the CONCURxP intervention using mixed methods based on adherence rate and race.)
ECOG-ACRIN	EAQ222CD	Effectiveness of Out-of-Pocket Cost COMmunication and Financial Navigation (CostCOM) in Cancer Patients	New diagnosis of any solid cancer of any stage	**Arm A:** Patients receive Patient Advocate Foundation (PAF) brochure describing financial navigation services. **Arm B:** Patients receive usual financial care per practice standard of care and CostCOM financial counseling sessions over 1 hour within 30 days after enrollment and at 3, 6 and 12 months.	**PVD 7/28/2025** Patient Eligibility: * Be within 120 days of a new diagnosis of any solid cancer of any stage at the time of Step 0. 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 not eligible. Patients with prior non-melanoma, in-situ are eligible. * Must have initiated oral or IV cancer systemic therapy either any time before Step 0 registration or have received a prescription order with stated intent to initiate within 30 days following Step 0 registration. * Patients must not be receiving any of the following along: palliative care, hospice care, curative surgery, or radiation therapy * Must be ≥ 18 * Must be able to understand and sign an English or Spanish ICF; use of an Legaly Authorized Representative (LAR) is not allowed. * Must not have an ECOG Performance Status ≥ 3. * Must not be enrolled in EAQ221CD or S1912CD given financial navigation is offered as part of these two trials. * 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 See protocol for provider/site requirements that are needed to achieve Study Goal #3	To compare patient-reported cost-related cancer care nonadherence at 12 months after randomization between the EUC and CostCOM study arms.	NCT06295367	2/29/24	720 patients 40 providers from 15 sites	New sites must receive approval prior to initiating any study start-up activities.
SWOG	S2417CD	A Pragmatic Randomized Controlled Trial To Evaluate The Effectiveness of an Intervention called Current Together After Cancer (CTAC) to Promote Guideline-Concordant Colorectal Cancer Surveillance	Newly diagnosed surgically resected, Stage II or Stage III colorectal cancer	**Group 1:** Intervention Arm Current Together After Cancer (CTAC) website + additional modules • Educational information about CRC surveillance • Preferences for supporter involvement • Dyadic communication training • Summary of supporter engagement **Group 2:** Control Arm Current Together After Cancer (CTAC) static website * Patients will be given access to information about cancer survivorship, preventive health care, and healthy living.	**PVD: 6/12/2025** **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 of age at the time of registration/randomization. * Must have Zubrod Performance Status of 0-2 * Must be able to read English or Spanish * Must not be enrolled or be planning to enroll in a clinical trial of investigational treatment that includes imaging and/or laboratory monitoring for the duration of this trial. (Co-enrollment on 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 have been identified by the patient as 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 Current 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.	NCT07018869	8/4/25	Patient: 654 Non-Patient: 393	
Wake Forest	WF-1805CD	WF-1805CD: Implementation and Effectiveness Trial of HN-STAR	Head and neck cancer (HNC) survivors and their practice	Head and Neck Survivorship Tool: Assessment and Recommendations (HN-STAR) vs Usual Care	**PVD 03/10/2025** **Practice** * Willing to incorporate the web-based HN-STAR into their clinical practice. * Treated ≥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 HNSTAR or conduct usual care for enrolled survivors **Clinician** * Age ≥18 years. * MD, DO, NP, or PA. * Able to speak and read English * Routinely provides care for cancer patients or survivors. * Willing to complete study-specific trainings and incorporate HN-STAR or provide usual care in a routine follow-up care visit. **Patient** * Participant enrollment closed at this time.	Evaluate the impact of HN-STAR, compared to controls, on change in patient-centered outcomes from baseline to one-year follow-up. Our primary endpoint is head and neck cancer-specific quality of life, as measured by the Trial Outcome Index from the Functional Assessment of Cancer Therapy – Head and Neck (FACT H&N), and other endpoints include symptom burden, patient activation, and perceived quality of cancer care	NCT04208490	8/10/20	298-400 Head and neck cancer survivors presenting to 20-36 NCORP practices	Participant enrollment closed as of 2/13/2025, but practice (non-patient) enrollment reopened 4/28/2025.
Wake Forest	WF-2301CD	Multi-site Community Oncology Planning for the CONNECT Intervention Targeting Lung Cancer Caregivers	Lung Cancer Caregiver	Caregivers will be randomized to one of the three groups: 1) Caregiver Oncology Needs Evaluation Tool (CONNECT) 2) Usual Care 3) Generic Resource List	**PVD 04/28/2025** **Practice** * Care for ≥ 50 newly diagnosed (new or recurrent) stage II-IV lung cancer patients annually * Able to identify 1-2 Local Practice Referral Coordinators for this trial * Able to identify a research and/or clinical champion for the study, distinct from the Local Practice Referral Coordinator(s) **Caregiver** * Provides the majority of unpaid care during cancer treatment (self-reported) * ≥ 18 years of age * Must have access to the internet or be willing to use CONNECT in the clinic. * Must have access to a telephone to complete sessions with the Central Caregiver Navigator. **Patient** * Current diagnosis of new or recurrent stage II-IV lung cancer * Enrolled after the start of anticancer systemic therapy (+/- radiation therapy) and must have at least 9 weeks of planned systemic anticancer treatment remaining. * Receiving unpaid care from eligible caregiver (self-reported) * Ambulatory and up (i.e., not bedridden) more than 50% of waking hours * ≥ 18 years of age	To assess the multi-site feasibility of the CONNECT Intervention as measured by retention of caregivers at 12 weeks via a randomized pilot trial enrolling 120 lung cancer caregiver-patient dyads (CONNECT, n=40; Usual Care, n=40; Generic Resource List, n=40).	NCT06383988	7/2/24	120 patients and their caregiver 8-12 sites	Closed to accepting new sites. Contact Jess Sheedy (jsheedy@wakehealth.edu) to get on the waitlist.
Wake Forest	WF-2303CD	Understanding and Enhancing Health-related Social Needs (HRSN) Screening Among Community Oncology Practices	N/A	N/A. Data will be collected using the Enhancing Health-related Social Needs (HRSN) processes	**Enrolling by invitation only** **PVD 03/05/2025** **Part 1 Practice Requirements:** * Must be a NCORP practice (defined as one or more NCORP affiliates/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 on the Practice Interest Form * Must have identified at least 1-3 outpatient oncology clinics willing to participate on the Practice Interest Form. **Part 1 Clinic Requirements:** * 1-3 clinics within the practice, within the same physical location **Part 1 Practice Staff Requirements:** * Must observe in person and document 1-3 selected clinics within the practice * Must be willing to participate in necessary virtual and in-person trainings/interviews and applicable in-person workshops **Part 1 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 processes, with attention to variability by key clinic characteristics.	NCT06412029	7/23/24	**Part 1:** * Approx. 15-20 NCORP practices * 30-40 practice staff * 45 clinics * 15-60 Clinic Key Informants **Part 2:** * 15 clinics from Part 1 **Part 3:** * 4 clinics from Part 1 * 5-10 workshop participants (patients, providers, practice managers, etc.	Closed to accepting new sites. Contact Jess Sheedy (jsheedy@wakehealth.edu) to get on the waitlist.