

All Active and Enrolling Cancer Care Delivery Research (CCDR) Trials as of September 2025

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	A232301CD	AYA Access Study: An Enhanced eHealth and Chatbot 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	9/26/2025	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	10/31/2023	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.)

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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	2/29/2024	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	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	8/4/2025	Patient: 654 Non-Patient: 393	

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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	8/10/2020	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	7/2/2024	120 patients and their caregiver 8-12 sites	Closed to accepting new sites. Contact Jess Sheedy (jsheedy@wakehealth.edu) to get on the waitlist.

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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	7/23/2024	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.