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## **ACS CAN and CodeX Lead Project to Expand Cancer Clinical Trial Enrollment Through Improved Technology**

*Project Would Use Innovative Digital Health Technology to Integrate Matching Capability into Existing Medical Record Systems, Reaching More Patients at Smaller Medical Centers*

**Washington, D.C. and Ann Arbor, Mich. —May 19, 2021—**The American Cancer Society Cancer Action Network (ACS CAN) and the HL7 FHIR Accelerator™ Common Oncology Data Elements eXtensions (CodeX) initiative is working together with its partners on a project to increase and expand patient enrollment in cancer clinical trials at smaller and more diverse medical centers. The project will integrate cancer clinical trial matching capability into existing electronic health record (EHR) and patient data management (PDM) systems using open data standards and application programming interfaces (APIs).

Among the many barriers to clinical trial participation is finding potential trials for patients to consider. Matching patients with trials requires providers to do extensive manual data entry and carefully review indepth criteria. While large academic centers often have infrastructure and end up utilizing valuable resources to screen patients for on-site trials, smaller non-research-oriented centers typically do not screen for off-site trials. Consequently, only about one in four cancer patients will have the option to enroll in a clinical trial at their institution.

The Integrated Trial Matching Project will provide basic trial screening using existing tools within EHR and PDM systems. The matching occurs by sending a select number of standardized patient data points to external clinical trial matching services that then return the matching trial results.

Partner groups during the pilot phase include the MITRE Corporation, TrialScope, Massive Bio, BreastCancerTrials.org, Cancer Insights, TrialJectory, PatientLink and University of Texas Southwestern. There are ongoing efforts to expand partners.

“In order to be successful, cancer clinical trials must have a diverse pool of participants. Yet a lot of patients who would be eligible to enroll and are interested are never given the chance simply because they’re being treated at smaller, community-based oncology clinics that may not have a research infrastructure,” said Mark Fleury, policy principal for ACS CAN. “If we make it quick and easy for these providers to locate potential trials for their patients—without creating additional steps or systems—we could increase and expand trial enrollment to many more people.”

The CodeX initiative, a collaborative effort implementing oncology data standards to support better, safer, faster care, and lower burden and cost, is helping implement the project.

“Several years ago, MITRE began engaging partners from across the oncology ecosystem who also understood the power of data standards and interoperability to improving cancer care and research for all. Today CodeX members are combining the mCODE™ (minimal Common Oncology Data Elements) data standard and HL7® FHIR® (Fast Healthcare Interoperability Resources) technology to solve some of the most challenging problems—including helping cancer patients find clinical trials in a more efficient and equitable way,” said Steve Bratt, program manager for the CodeX HL7 FHIR Accelerator.

The project has multiple phases. Use case development and data exchange protocols have been completed and small scale pilots are currently underway. The results will inform a large-scale study planned for this summer to measure the tool’s effectiveness, as well as its usability for both providers and patients.

For more information:

#### **About ACS CAN at 20**

The American Cancer Society Cancer Action Network (ACS CAN) makes cancer a top priority for policymakers at every level of government. ACS CAN empowers volunteers across the country to make their voices heard to influence evidence-based public policy change that saves lives. We believe everyone should have a fair and just opportunity to prevent, find, treat and survive cancer. Since 2001, as the American Cancer Society’s nonprofit, nonpartisan advocacy affiliate, ACS CAN has successfully advocated for billions of dollars in cancer research funding, expanded access to quality affordable health care, and made workplaces, including restaurants and bars, smoke-free. As we mark our 20th anniversary, we’re more determined than ever to stand together with our volunteers and save more lives from cancer. Join the fight by visiting [www.fightcancer.org](http://www.fightcancer.org).

#### **About CodeX**

CodeX, shorthand for Common Oncology Data Elements eXtensions, comprises oncology leaders and health information technology experts who are working together to accelerate the adoption of HL7® FHIR® as the standard to obtain high-quality, computable data for cancer patient care and research. The core focus for CodeX projects is integrating a standard language for cancer data called mCODE™, or the minimal Common Oncology Data Elements, to support better, safer, faster care, and lower burden and cost.

CodeX is one of the HL7 FHIR Accelerators and a multistakeholder community that leverages HL7 Fast Healthcare Interoperability Resources (FHIR) to create smarter data in the fight against cancer.

#### **About Health Level Seven International (HL7)**

Founded in 1987, Health Level Seven International is the global authority for healthcare information interoperability and standards with affiliates established in more than 30 countries. HL7 is a nonprofit, ANSI accredited standards development organization dedicated to a world in which everyone can securely access and use the right health data when and where they need it. HL7 collaborates with other standards developers and provider, payer, philanthropic and government agencies at the highest levels to ensure the development of comprehensive and reliable standards and successful interoperability efforts. For more information, please visit: [www.HL7.org](http://www.HL7.org).