

Increasing Equity in Regional and Rural Clinical Trial Participation for Rare and Less Common Cancers through Statewide Collaboration, “Just-in-Time” Approaches, and Australia’s Teletrial Model

Collectively, rare and less common cancers (RLCCs) represent a significant burden in cancer statistics. In comparison with common cancers, RLCCs are often associated with poor treatment outcomes and survival due to delays in diagnosis and limited treatment options^[1-3]. With advancement in molecular testing and emergence of precision oncology, clinical trials can offer new and potentially more effective treatments to patients with RLCCs. However, this patient population can face challenges in accessing clinical trials due to lack of trial availability close to home and must often travel interstate or overseas^[3].

To address unmet needs in this disadvantaged population, the Australian-first rare cancer clinical trial alliance was formed in Victoria (VRCCTA) under the TrialHub pilot program in early 2023. This unique collaborative alliance is providing strategic direction, leadership, and collaboration to enhance participation in and access to clinical trials in RLCCs across Victoria.

How does it work? With confidential disclosure agreements in place with all seventeen site partners, the VRCCTA facilitates a coordinated, rapid central review of clinical trial feasibilities, selecting clinical trials that are potentially beneficial to patients and able to be hosted at partner sites.

Due to the rarity of the patient population, the VRCCTA recommended recruitment model is to open targeted sites in Victoria and encourage cross-referral. Leveraging Australia’s teletrial model and concurrently utilising a “just in time” method^[4] and rapid start-up aims to

enhance regional and rural patient and site participation and access.

The outlined model of recruitment was successfully piloted at a regional centre, Bendigo Health, on a Servier sponsored phase 1 trial targeting methylthioadenosine phosphorylase (MTAP) deletion in solid tumour (Registration number: NCT06188702). The model allows regional patients to be screened, and receive first number of cycles’ treatment, if eligible, at a metro site, Alfred Health (primary site). Meanwhile activating Bendigo Health, as a satellite site, by utilising “just-in-time” recruitment model and rapid start-up. Once the local site is open, the patient can be transferred back to Bendigo Health continuing trial treatment and care close to home without needing to travel for a few hours. To date, one regional patient has been successfully enrolled through this model, enabling cutting-edge investigational therapy closer to home.

The success of piloting the phase 1 trial, leveraging “just-in-time” and Australia’s teletrial model, at regional Bendigo Health is encouraging and motivating. To address the remaining unmet need in enhancing regional and rural participation in and access to clinical trials, especially the rare and less common population, multi-modes of engagement are needed. Leveraging Australia’s teletrial, “just in time” recruitment model and rapid start-up is the first step towards addressing inequities in trial access for this underserved population. Building on this pilot, the VRCCTA program has received further funding, with ongoing work focused on

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addressing recruitment and retention challenges through a networked, statewide collaboration and a clear national vision. Importantly, the scalability of this model to other jurisdictions will require intentional investment in site-level upskilling, supported through shared expertise, “just-in-time” training, and coordinated trial enablement infrastructure to support sustainable adoption in regional and rural settings.

Author contributions

Y.L., W.E, and A.W conceptualised the trial delivery model. Y.L. managed program administration and stakeholder collaboration. W.E. coordinated and implemented the trial delivery model. A.W. provided infrastructure resources and supervised program development and implementation. Y.L. drafted the initial manuscript. All authors reviewed, edited and approved the final manuscript and agreed to its publication.

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Ethical statement

Not applicable.

Data availability statement

Not applicable.

AI statement

The authors used Copilot (part of the office 365) as a language-editing tool to improve grammar, clarity, and readability. The AI tool was not used for data analysis, data generation, image processing, or scientific content creation. All outputs were carefully reviewed and verified by the authors, who take full responsibility for the final content.

Conflicts of interest

The authors declare no conflicts of interest.

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