minnesota cancer alliance summit

2026 | *the power of collaboration*

February 26, 2026

McNamara Alumni Center

Minneapolis, MN

Breakout Session #1

University Hall

February 25, 2026

McNamara Alumni Center

Equitable Access to Clinical Trials Across Minnesota

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Financial Disclosure Statement

- Yan Ji, MD, PhD, MS is on the advisory board for AstraZeneca, Daiichi, Merck, Genetech, BMS, Astella, Johnson & Johnson.
- Konstantinos Leventakos, MD, PhD is a general consultant for Amgen, Boehringer Ingelheim Pharmaceuticals, Daiichi Sankyo, Janssen Biotech, Novartis; serves on the advisory board for AstraZeneca, BMS, Jazz Pharmaceuticals, Johnson & Johnson; serves on the steering committee for Johnson & Johnson; presenter for AstraZeneca Interdisciplinary Corp, OncLive, Mechanisms in Medicine, Medscape WebMD, MJH Life Sciences, Clinical Care Solutions, Targeted Oncology; research support to the institution from AstraZeneca, Mirati Therapeutics.
- There are no other relevant financial disclosures for this session.

Equitable Access to Clinical Trials Across Minnesota

Cancer Summit 2026

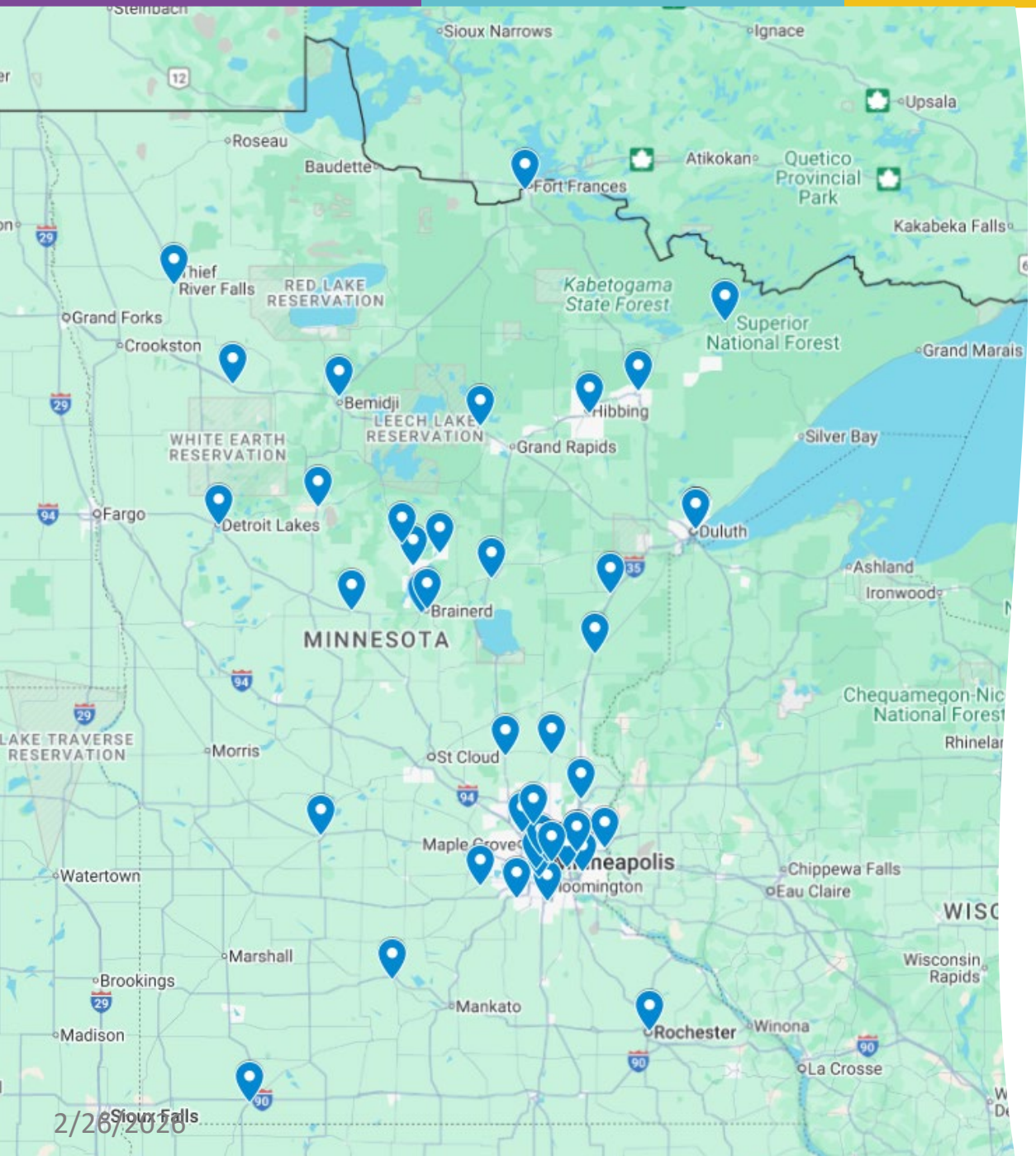
Welcome! We are happy you are here.

Learning Objectives

1. Understand the institutions and locations that offer clinical trials across Minnesota through the NCI NCORPs (National Cancer Institute Community Oncology Research Program) and NCI Designated Cancer Centers using culturally responsive practices.

2. Receive a comprehensive overview of assets throughout Minnesota that support equitable access to cancer clinical trial participation.

3. Discuss leveraging the resources presented to implement the Cancer Plan MN cancer clinical trial strategies.



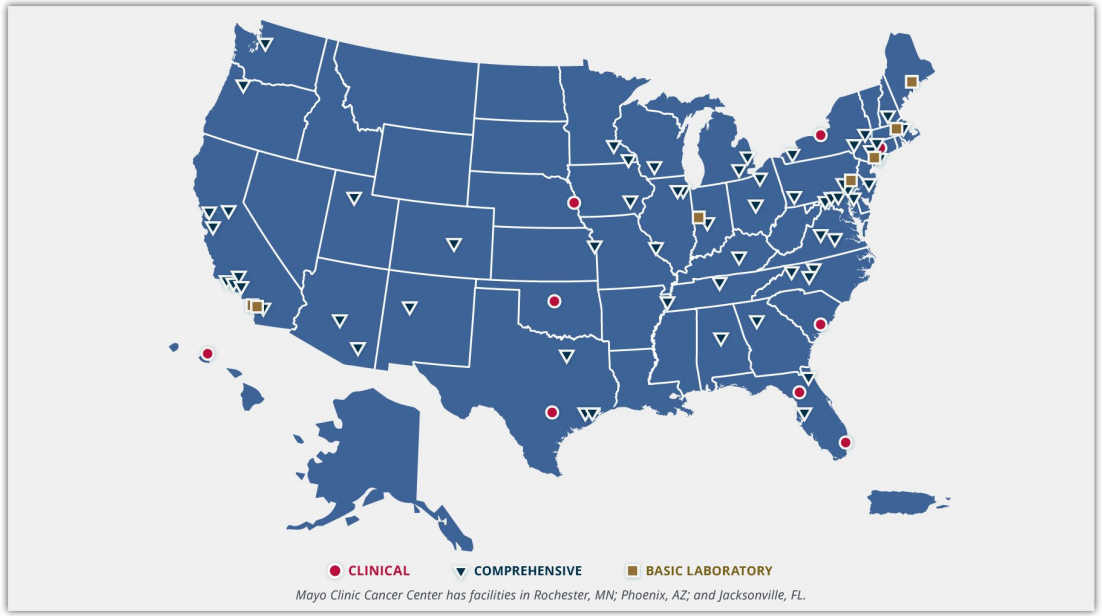
NCI Community Oncology Research Program

A program of the National Cancer Institute of the National Institutes of Health

NCI Designated Comprehensive Cancer Center

Two National Cancer Institute (NCI) programs provide clinical trial access across Minnesota.

Totaling 48 locations that people can enroll to cancer clinical trials in their own communities.

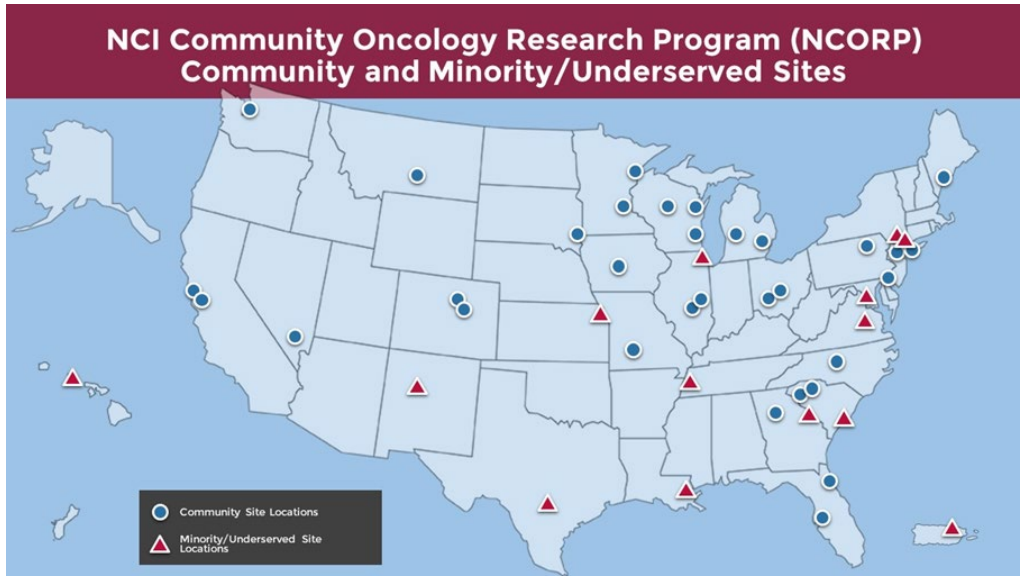


NCI
Designated Comprehensive Cancer Center

NCI-Designated Cancer Centers deliver cutting-edge cancer treatments and research to patients in communities across the United States.

Mayo Clinic Cancer Center
Rochester, Minnesota

Masonic Cancer Center, University of Minnesota
Minneapolis, Minnesota



NCI Community Oncology Research Program

A program of the National Cancer Institute of the National Institutes of Health

The NCI Community Oncology Research Program (NCORP) is a national network that brings cancer clinical trials and care delivery studies to people in their own communities.

Essentia Health NCORP

Metro-Minnesota Community Oncology Research Consortium (MMCORC)

Sanford NCORP of the North Central Plains

Metro-Minnesota Community Oncology Research Consortium (MMCORC)

Presenter: Yan Ji, MD, Ph.D

Participating Organizations

metro-minnesota MMCORC community oncology research consortium

NCI Community Oncology Research Program
A program of the National Cancer Institute of the National Institutes of Health

NORTH MEMORIAL HEALTH

HennepinHealthcare

CentraCare®

MINNESOTA ONCOLOGY

RIDGEVIEW

HEALTH FAIRVIEW

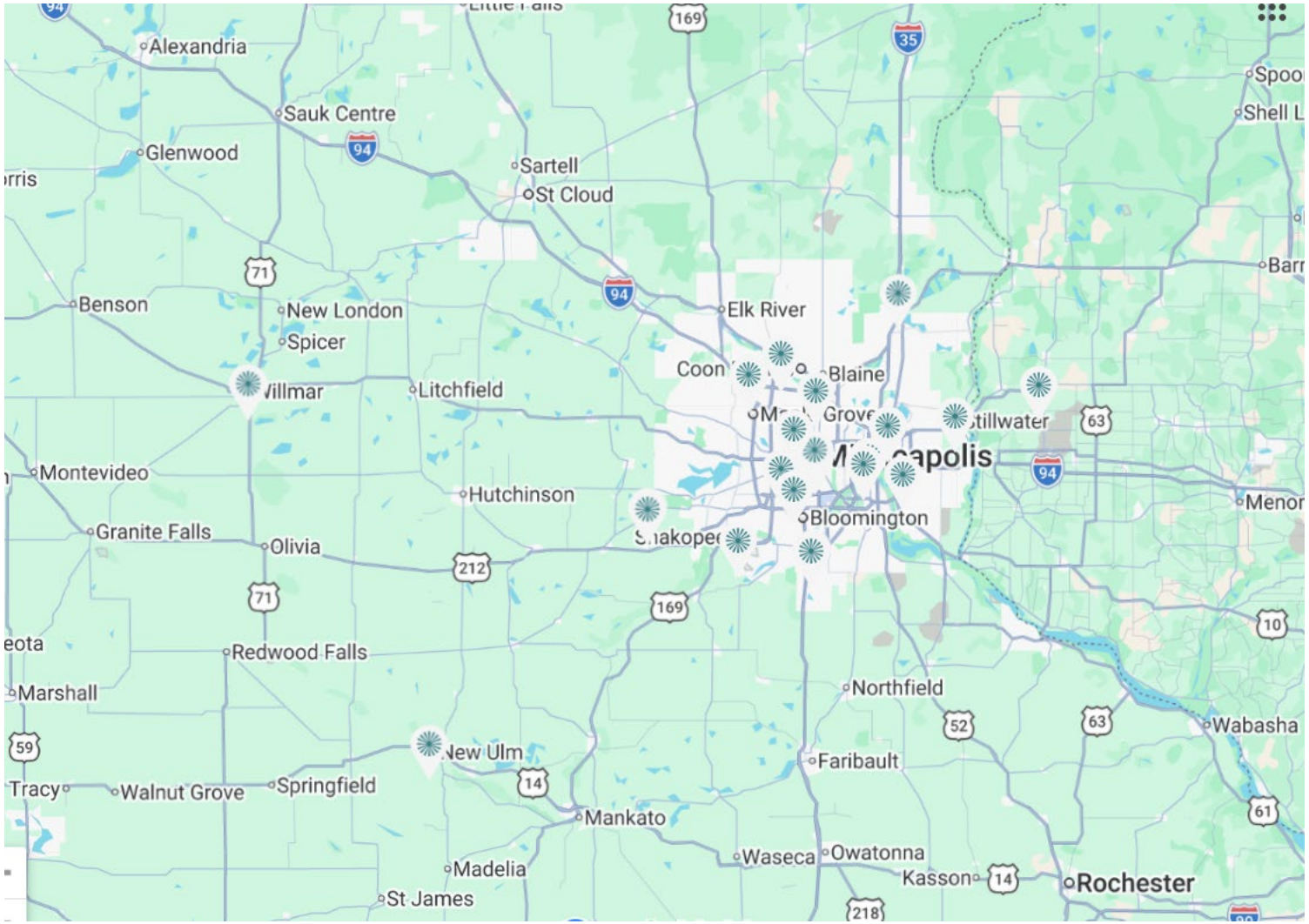
AllinaHealth

HealthPartners

Points of Access

metro-minnesota MMCORC community oncology research consortium

NCI Community Oncology Research Program
A program of the National Cancer Institute of the National Institutes of Health



25 hospital & clinic locations offer clinical trials within the communities they serve

242 clinician investigators including oncologists, radiation oncologists, physician assistants, nurse practitioners and surgeons are credentialed and enrolling to clinical trials

100+ studies are available that continuously update provided by the national research bases we partner with across the Untied States

metro-minnesota MMCORC community oncology research consortium

NCI Community Oncology Research Program
A program of the National Cancer Institute of the National Institutes of Health

MMCORC works with scientists across the country who develop a broad range of clinical trial options for our patients.

ALLIANCE FOR CLINICAL TRIALS IN ONCOLOGY

Wake Forest NCORP RESEARCH BASE

URCC NCORP Research Base

SWOG

ECOG-ACRIN cancer research group

NRG ONCOLOGY
Advancing Research. Improving Lives.™

Types of studies available

metro-minnesota MMCORC community oncology research consortium

NCI Community Oncology Research Program
A program of the National Cancer Institute of the National Institutes of Health

Cancer Screening

Find new ways to detect cancer before it causes symptoms and when it may be easier to treat

Cancer care delivery

Studies how social factors, financing systems, organizational structures, health technologies, and provider behaviors affect cancer outcomes

Prevention Clinical Trials

Examines how to reduce risk of getting cancer or the return of cancer

Supportive Care Clinical Trials

Explores ways to improve quality of life in people who have or had cancer

Treatment Clinical Trials

Tests new medicines, surgical procedures, and combining current treatments for all stages of cancer

Sanford NCORP of the North Central Plains

Presenter: Kassandra Remmel, BES, CCRP

SANFORD HEALTH

Sanford Health offers cancer clinical trials in six cities across the upper Midwest. We're based in Sioux Falls, Fargo, Bismarck, ***Bemidji**, ***Worthington** and ***Thief River Falls**.

**Minnesota sites.*

NCI Community Oncology Research Program

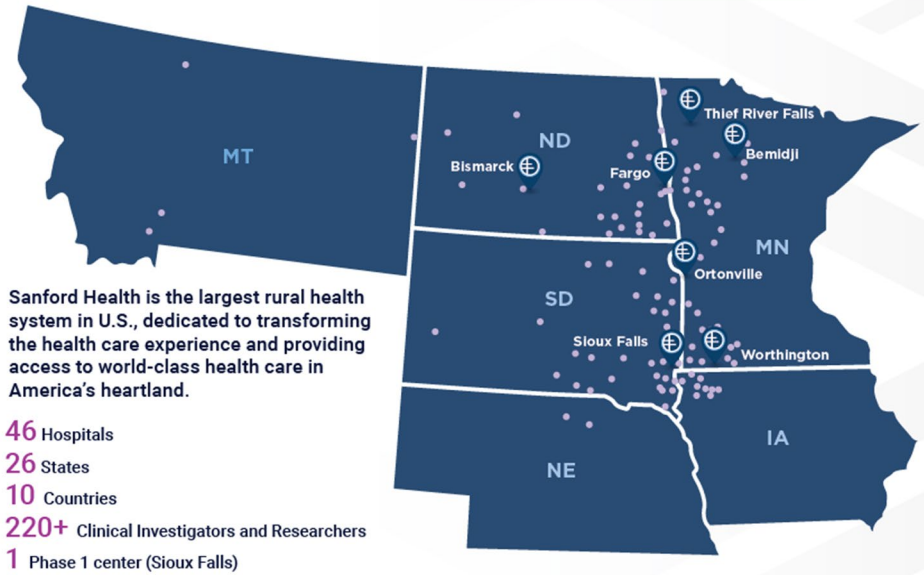
A program of the National Cancer Institute of the National Institutes of Health

Sanford NCORP of the North Central Plains is implementing **a new role to serve the community.**

SANFORD NCORP

COVERAGE

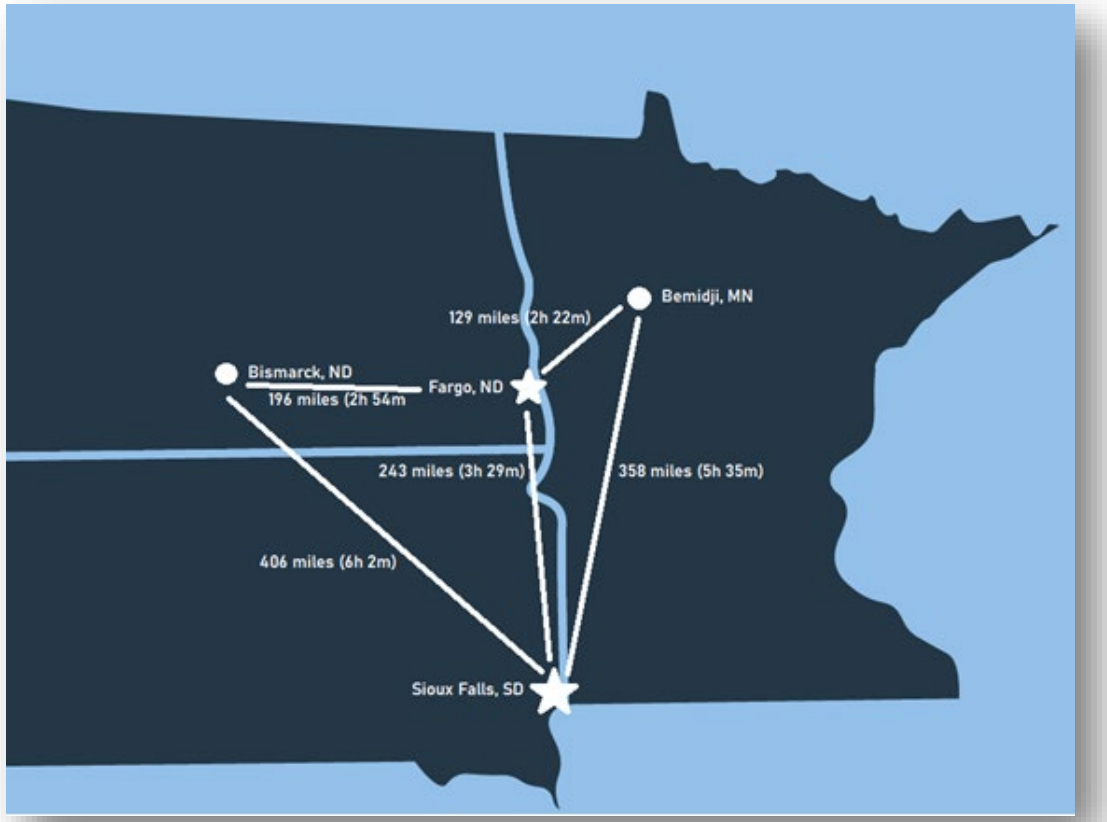
SANFORD ONCOLOGY CLINICAL RESEARCH SCOPE



Sanford Health is the largest rural health system in U.S., dedicated to transforming the health care experience and providing access to world-class health care in America's heartland.

- 46 Hospitals
- 26 States
- 10 Countries
- 220+ Clinical Investigators and Researchers
- 1 Phase 1 center (Sioux Falls)
- 1 Transplant center (Fargo)
- 4 Cancer centers (Sioux Falls, Fargo, Bismarck, Bemidji)
- 3 MNCCTN sites (Thief River Falls, Worthington, Ortonville)
- 150+ Open Adult Clinical Trials
- 50+ Open Pediatric Clinical Trials

SANFORD NCORP



BARRIERS TO ACCESS

- Geography
- Transportation
- Financial burden
- Site infrastructure
- Physician-investigator coverage
- Equipment availability
- Space allocation
- Reimbursement
- Staff training
- Sponsor approval
- Regulatory approval
- Pharmacy/infusion/lab
- Community awareness

SANFORD HEALTH

SANFORD NCORP

BREAKING BARRIERS - TELEMEDICINE STATISTICS

26.5

Average annual gynecologic oncology research visits

185.5

Average annual drive hours saved

334.5

Average annual hours/visit/infusion hours saved

689

Average annual hours saved (patient + caregiver)

Essentia Health NCORP and American Indian Cancer Foundation (AICAF)

Presenter: Wyatt Pickner, Program Director – AICAF

Essentia Health

Raising Awareness. Building Capacity. Identifying Solutions.

Cultural Awareness in Healthcare Education Project

A multi-step approach to improving AI/AN cancer clinical trial enrollment

Tammie Mlodozyniec, BS, CCRP, Essentia Heath NCORP
Carly Bye, BSN, OCN, Essentia Health NCORP
Wyatt Pickner (Hunkpati Dakota) BS, BA, MPH, AICAF
Evie Odden (Dakota descendant) BA, AICAF

American Indian Cancer Foundation

American Indian Cancer Foundation

Essentia Health

Hi.

Raising Awareness. Building Capacity. Identifying Solutions.

American Indian Cancer Foundation (AICAF)

A national non-profit established to address tremendous cancer inequities faced by American Indian and Alaska Natives.

Mission:

To eliminate cancer burdens on American Indian families through education and improved access to prevention, early detection, treatment and survivor support.

American Indian Cancer Foundation

Essentia Health

AI/AN Barriers to Clinical Trial Enrollment

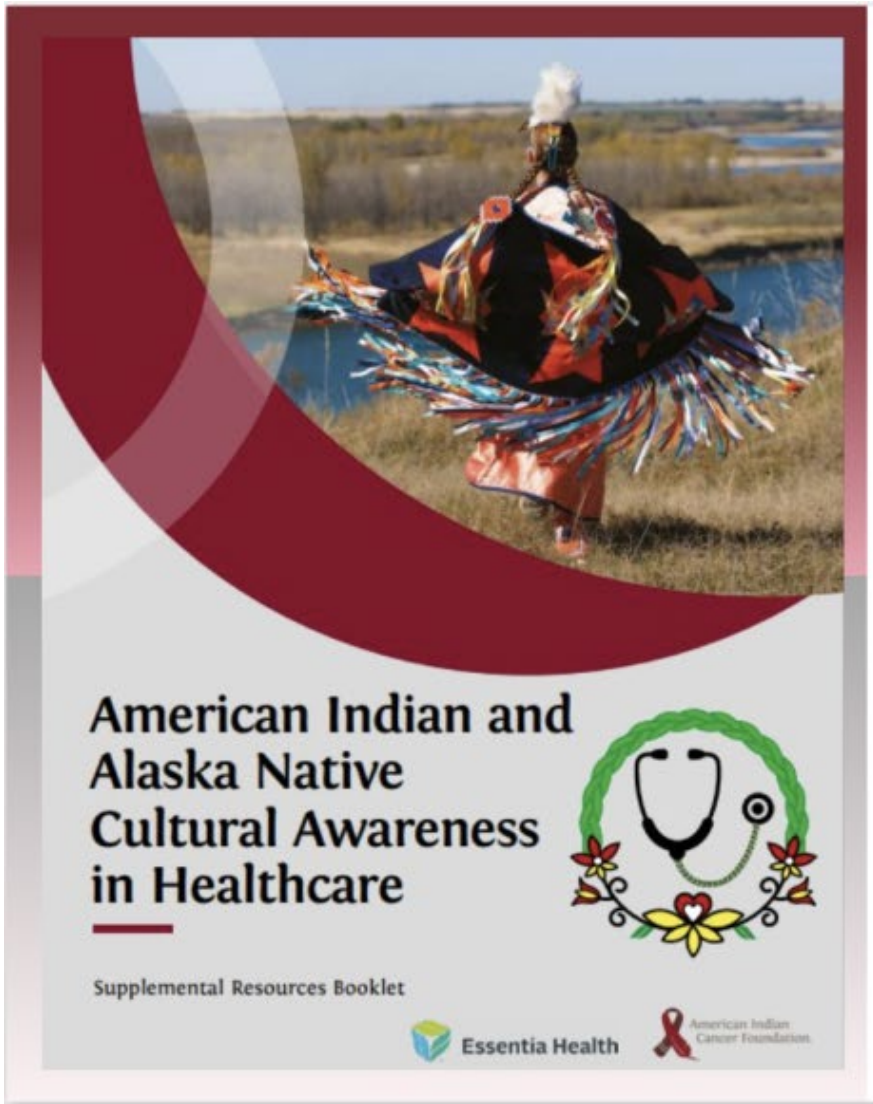
- Mistrust, fear, historical trauma
- Lack of community engagement, relationship building, and partnership
- Lack of cultural safety and humility
- Lack of knowledge around Tribal data sovereignty
- Misalignment of institutional and community healthcare priorities, values, and epistemologies
- Lack of targeted/culturally appropriate recruitment and communication techniques
- Access (i.e. transportation, childcare, etc.)

AICAF & Essentia Health Partnership

Partnered in 2021 to improve healthcare service for AI/AN communities in the Essentia healthcare system

Partnership goals:

- Grow culturally inclusive strategies in healthcare practice
- Develop sustained relationships with area Tribal communities
- Collaborate with Tribal communities to identify and mitigate culturally and regionally specific barriers to care
- Increase AI/AN clinical trial enrollment
- Improve health outcomes in the Essentia service area



Cultural Awareness in Healthcare Pilot Study

Strengthen Essentia Health efforts to integrate culturally centered care into its medical practices; specifically, cancer care research and treatment, such as clinical trials engagement, with the AI/AN communities in and around the State of Minnesota.

Project phases

1. Cultural awareness training/pilot testing for healthcare professionals

2. Identify regionally and culturally specific barriers to cancer care and clinical trial enrollment

3. Sustain long-term research partnerships with Native communities
   a. Co-develop AI/AN specific interventions to mitigate barriers and ultimately reduce disparities
   b. Improve AI/AN clinical trial enrollment at Essentia Health

American Indian Cancer Foundation

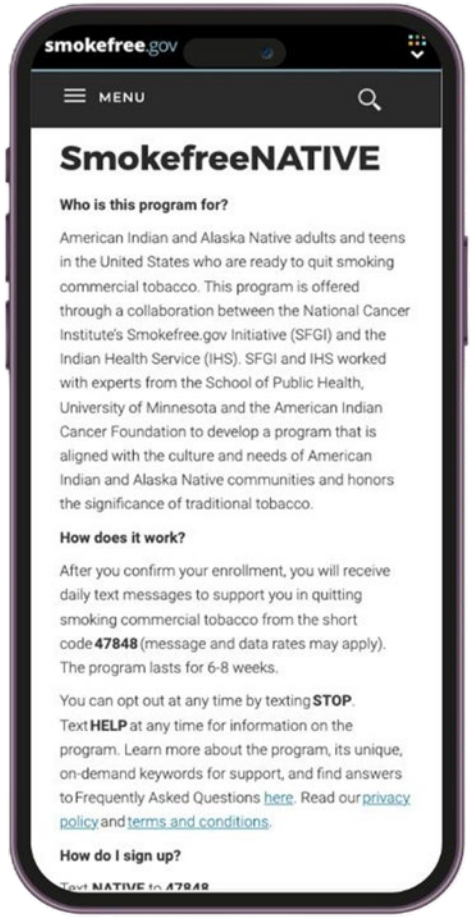
Essentia Health

Clinical Trials Pilot Project

- Partnership between AICAF & the Minnesota Cancer Clinical Trials Network to build relationship, engage with community, collect information, develop key messages, create at least 2 resources and evaluate the materials, project and processes.

National Clinical Trial: SmokefreeNATIVE

- 6-8 week texting program (depending on when quit date is set)
- Free (data or message rates may apply)
- Enroll via web form or SMS
- Currently recruiting into a national clinical trial to test the efficacy of the tailored program



Project Aims

Our long-term goal is to increase quitting smoking and decrease cancers among American Indian persons.

AIM 1:

To test the efficacy of a culturally aligned digital cessation resource (i.e., SmokfreeNATIVE text program) versus the general audience resource (i.e., SmokefreeTXT) among AI PWS.

Exploratory Aim: To explore Aim 1 participant characteristics that moderate cessation-related outcomes.

AIM 2:

Aim 2: To qualitatively assess perceptions of the culturally aligned resource and thematic differences based on demographics, traditional tobacco use, and region of residence.

Minnesota Society of Clinical Oncology

Presenter: Konstantinos Leventakos, MD, Ph.D.

MINNESOTA
SOCIETY OF CLINICAL ONCOLOGY

MINNESOTA
SOCIETY OF CLINICAL ONCOLOGY

Who Are We?

Founded in 1992, the Minnesota Society of Clinical Oncology (MSCO) is the largest oncology professional organization in the state. MSCO comprises a powerful community of oncologists, nurse practitioners, physician assistants, pharmacists, and other multidisciplinary care providers involved in the treatment of patients with cancer.

To carry out our mission, we strive to:

- Improve the quality of oncology care available to the people of Minnesota;
- Support oncology education and facilitate the development and use of new cancer management techniques in the community;
- Serve as leaders in the oncology field, representing our members and the local community at state and national events;
- Provide access to scientific, socioeconomic, clinical, and other relevant data; and
- Promote collegial relationships among oncology professionals in Minnesota.

Our goals are to:

- Advocate on state and federal legislative issues impacting patient access to care;
- Provide an education forum for our members on the current technologies and medical best practices in cancer care delivery; and
- Communicate changes and updates in oncology practice to our members and the broader community.

Explore How We Help Our Members Engage & Succeed

www.msco-oncology.org

MSCO: Minnesota Statewide Actively-Enrolling Clinical Trials Database

A point-of-care trial-finding utility built on site-verified operational truth and shared statewide governance

5-minute overview: clinician barriers → why a statewide network → what we build + how we measure success

Clinician-reported barriers to trial accrual

What keeps “a good trial option” from becoming an actual enrollment

- Point-of-care discovery is too slow; matching burden has exploded (line of therapy, CNS/steroids, washouts, biomarkers).
- Eligibility criteria are unstructured and hard to triage quickly; multiple visits often needed to confirm feasibility.
- Operational uncertainty: “recruiting” does not mean the local site is activated, open, or has slots.
- Administrative friction: unclear contacts, referral steps, and screening logistics across sites.
- Patient-facing barriers clinicians must navigate: misconceptions, travel/time off work, financial toxicity, language/culture.

Clinical workflow reality: if the next step is not obvious and actionable, the moment is lost.

Why ClinicalTrials.gov is not enough at the bedside

Essential registry for transparency — not designed for real-time Minnesota trial finding

- “Recruiting” is often inaccurate for a specific MN site (not activated, paused, out of slots, closed).
- Update lag + inconsistent completeness across sponsors/sites; no reliable “last verified by site” signal.
- Eligibility and biomarker requirements frequently live in long free-text; hard to filter by gating criteria.
- Duplication/fragmentation across records and arms; difficult to identify the right active arm locally.
- Referral logistics are weak: unclear “who to contact today” pathway; contact info can be generic/outdated.

Bottom line: the missing layer is local operational truth + structured “trial cards” + an actionable referral pathway.

What we are building

A statewide, site-verified point-of-care trial-finding utility

Trial Card (standardized)

OPEN

Last verified: 48 hours

- Disease / stage / setting
- Line of therapy
- Key biomarkers + assay/cutoff
- 5–10 gating criteria (PS, CNS, steroids, washouts, organ function)
- Local screening logistics (where known)
- Single “call/text/page” contact + referral steps

What this enables statewide

- < 60 seconds to identify relevant trials
- Fewer dead-end referrals / fewer “closed at site” surprises
- Clear next step for the team and the patient
- Improved access for community and rural practices
- A shared statewide standard (trust + adoption)

Why MSCO should lead this (not one institution)

Trust, reciprocity, and equity require neutral statewide governance

- Neutral convener across competing health systems → broad participation and completeness.
- Shared standards: common trial-card fields, tags, and definitions of “actively enrolling.”
- Shared accountability: last-verified timestamps + stale-listing flags + steward model.
- Reciprocal referrals: expands trial access beyond personal networks and single-system pipelines.
- Equity: shifts access from “where you receive care” to “what your patient needs.”

Evidence base and framing from prior work

Graphic reproduced from the SMDM poster provided

MAYO CLINIC

Challenges faced by cancer care teams when discussing patient involvement in clinical trials and opportunities to improve shared decision-making (SDM).

Ivan Ayala MD[1], Montserrat Leon Rph[1], Aaron Leppin MD[2], Sarah Redmond PhD[2], Konstantinos Leventakos MD, PhD[3]

1 Research Fellow, KER (Knowledge and Evaluation Research Unit) at Mayo Clinic, Rochester MN; 2 Kern Center for the Science of Health Care Delivery at Mayo Clinic, Rochester MN; 3 Medical Oncology Department at Mayo Clinic, Rochester MN.

Introduction

Clinical trials offer cancer patients access to tomorrow's most promising diagnostics and individualized therapies aimed to improve the overall effectiveness and safety of cancer care. However, only 5-10% of patients participate in trials with lower rates observed in racial/ethnic minority populations[1]. Research suggests trial design, recruitment plans, and feasibility of achieving accrual targets might contribute to low recruitment [2], but little is known about barriers to recruitment from the perspective of clinicians.

Objectives

The purpose of our study is to explore cancer care providers' perceptions towards the recruitment of patients into clinical trials and identify barriers to discussion.

Materials & Methods

This was a qualitative study where we conducted three focus groups with a total of 12 members of the cancer care team in a tertiary clinic: 9 Medical oncologists, 1 research nurses and study 2 coordinators. Focus groups were conducted via Zoom between 2/17/2021 and 2/26/2021 and lasted between 48 and 71 minutes.

We conducted a transcript-based analysis and coded quotes in relation to 7 questions addressing:

- Timing of discussion.
- Information that needs to be covered.
- Patients' burden.
- Administrative barriers.

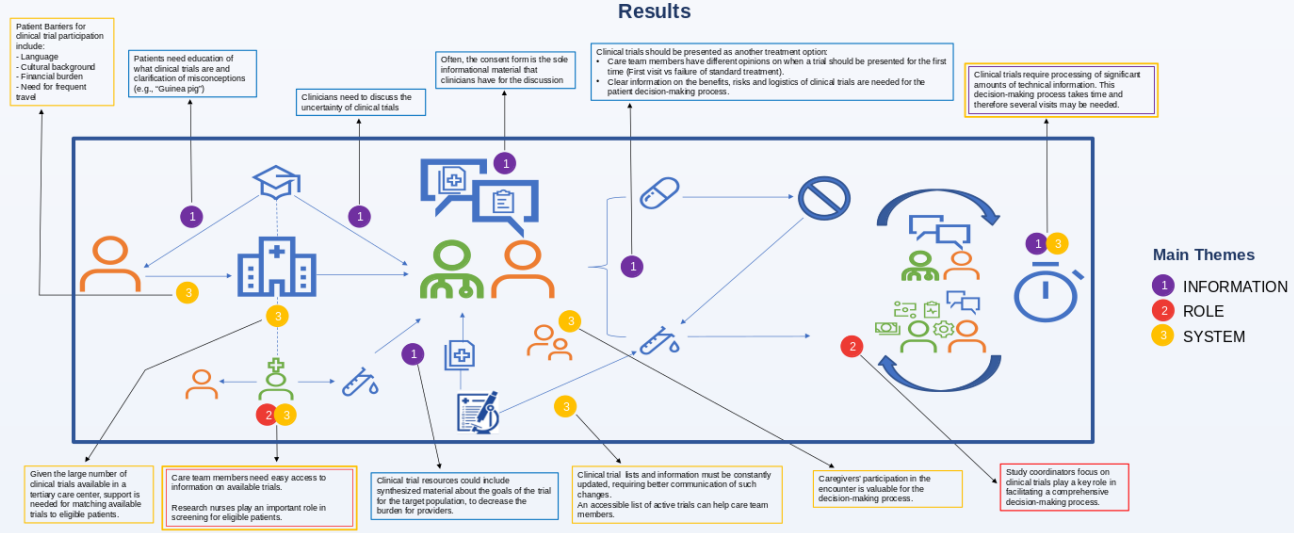
We used an inductive content analyses to identify common themes that emerged across transcripts. We developed a codebook from the first transcript that we used to code the others, allowing for new themes to emerge.

Bibliography

1. Goldman, D.P., et al., Incremental Treatment Costs in National Cancer Institute–Sponsored Clinical Trials. JAMA, 2003. 289(22): p. 2970-2977.

2. Carlisle, B., et al., Unsuccessful trial accrual and human subjects protections: An empirical analysis of recently closed trials. Clinical Trials, 2015. 12(1): p. 77-83.

Results



Main Themes

1. INFORMATION
2. ROLE
3. SYSTEM

INFORMATION

Oncologist : "The main barrier for me is time it takes, you know it at the least doubles the visit length to discuss a trial, I think, versus just discussing [...] standard of care options and, you know, there's not a way to budget for that and, put the patient in a longer slot because we think we're going to talk about prior to them so um, so that's I think the main challenge"

Oncologist: "Then you know, I provide them with a consent form and then I usually schedule a different separate visit to really then dig into all of those details because, otherwise, I learned that you end up having to do that anyway and because it's just too much information for the patient to kind of go through."

Oncologist: "There are some cultural barriers, although I'm not sure if [...]worked, I see a lot, but there are sometimes cultural barrier were certain cultures would feel like clinical trial makes them like guinea pig or, you know, that kind of mentality, where, they don't think clinical trials, wouldn't even consider, but, you try to explain to them. A lot of people think critical trial is just like an experiment and we try to explain, but I think there are some cultural barriers."

Oncologist: "Even if you try to reframe that for them sometimes you get a sense, initially, even before you've presented them with a particular clinical trial that they have these built-in notions about what a clinical trial is in that, maybe, I'm being used as a subject of an experiment really, rather than getting [...] something that might actually be cutting edge."

Oncologist: "Yeah, I totally agree and a lot of time we have to emphasize the uncertainty of benefit and the potential adverse event and side effects, and it takes us at least a week, if not longer to from discussion to eventually signing a consent form"

Oncologist: "And I would second that I mean getting patients on study on any kind of a trial is a very demanding process, not just from the providers vision standpoint, but on the patient's standpoint, because there's so much information to digest [...]"

ROLE

Research nurse: "Well, one of my major, my biggest barriers right now is knowing what trials are available and which ones are open - it's pretty cumbersome to review the list of trials."

Research nurse : "Right now it's, sometimes you have to dig a way to get it, it's not all that user friendly the environment we have at this point. We are trying to get for the [...] populations of studies, that we get like a weekly mailing of what trials are open, and it's also nice to have, you know, just kind of some bullet points about, you know, if the patient would qualify or not, because sometimes you'd hate to talk to somebody about a trial, and then you have to come in, say," [...]we can't do that". So, you know, that is very— we're trying to work it out, we just got a research nurse, and we're hoping that she'll be able to help keep a list of running list of studies that are available, and some bullet points on them."

Oncologist: "Um, normally I would have had different solutions, but in both cases, we're having people who are not providers help to prescreen patients for possible trials and that's, that's for me, been very helpful."

Oncologist: "Then we'll bring the consent form we actually, usually, by that time we call a coordinator, who will come in and who kind of like give them the consent form and explain the trial on like a lot more details, and then, at that point, patient can decide. Some patients don't want to meet the coordinator, don't have time. Of those say, you know, just give us a consent form will take home and think about it- there we just print the consent form and give it to the patients."

Coordinator: "And I think sometimes, umm, the coordinators will go in, after the physicians usually start the conversation, umm sometimes the patients are a little bit more honest with us on how they're really feeling because they don't want to hurt the physician's feelings or the provider's feelings."

SYSTEM

Oncologist : "I think, as a provider sometimes just feeling overwhelmed with all the trials that are potentially out there and it's difficult to stay up to date on all of them, and the details and it takes a lot of time to kind of go through the consent forms and just making sure do they actually qualify for this trial, so I think you know the time aspect is a big barrier."

Oncologist : "And also need to discuss with them if their insurance covers it unfortunately. That is a huge part of the patient's decision making, and so we have that and if the trial does cover anything, a lot of them don't cover much anymore, but, trying to explain to a patient, just because it is research doesn't mean it's totally paid for."

Oncologist : "yeah, you mentioned difficulty matching patients through the trial, I think there's really a big barrier for us. Sometimes people in our disease group, we don't know all the trials in Phase 1 and so, it's hard to know, you know, there may be really a good trial for certain patient which if I'm not part of it and I wouldn't even know so."

Oncologist : "[...] there's a lot of barriers in terms of just, you know, recognizing the dynamic changes of when trials are opening and closing for these early phase trials and even just keeping track of, you know, a dozen trials and walk the eligibility criteria for each are [tough] in the middle of a busy clinical practice now."

Oncologist: "I guess when it's somebody who has English as a second language or doesn't speak English whatsoever, then [...] the cultural, logistical issues, become more front and center."

Conclusion

General challenges to enrollment in clinical trials include clinician, institutional and patient barriers. Clinicians lack sufficient time to screen and discuss clinical trial opportunities at point-of-care, and they further lack the additional time and resources required to adequately counsel, consent and treat patients on clinical trials. Patients lack a general understanding of clinical trials, awareness of specific trial opportunities, and face logistical barriers associated with the additional visits and testing required for safety monitoring. Novel solutions are needed that address these barriers and optimize the recruitment and retention of patients on cancer clinical trials. We propose to develop —through use of a state-of-the-art implementation-mapping approach— a multifaceted, implementation strategy to increase the enrollment of cancer patients to clinical trials and support shared decision-making.

Acknowledgements

To the Kern Scholars' Program and all our colleagues that have made this work possible.

Use: highlights clinician-perceived barriers and informs a workflow-first solution.

Implementation: “few steps” that make it real

Governance → data standard → local truth → pilot → scale

- Steering committee + charter (health systems, community oncology, research teams, APPs, patient voice).
- Minimum common dataset + standardized trial-card template (gating criteria + biomarker fields).
- Local truth model: each site assigns a trial data steward; weekly/biweekly verification; stale flags.
- Pilot in 2–3 disease groups with a few sites + community partners; iterate on usability.
- Scale statewide with participation standards, transparency, and sustainability plan (interoperability-ready).

How we will measure success

Early wins: speed, accuracy, referrals, and equity signals

Workflow metrics

- Time to identify a candidate trial (goal: < 1 minute)
- Referral completion rate (from clinic → coordinator)
- Coordinator response time / time to prescreen
- Dead-end referral rate (closed/paused/incorrect)
- Listing freshness (% verified within interval)

Equity + network value

- Use by community/rural sites (adoption + repeat use)
- Cross-institution referrals initiated and completed
- Trial access signals by geography and practice type
- Patient experience: clarity of options and next steps
- Sustainability: steward coverage + governance adherence

Definition of success: accurate “open here/now” listings + fast matching + fewer dead ends + broader MN access.

Creating Opportunities to Network and Navigate Enrollment in Cancer Trials throughout Minnesota using a novel clinical trial matching system (CONNECT-MN)

Presenter: Dylan Zylla, MD, MS

Creating Opportunities to Network and Navigate Enrollment in Cancer Trials throughout Minnesota using a novel clinical trial matching system (CONNECT-MN)

Project Lead: Dylan Zylla, MD, MS

Collaborators:

Nicholas Zorko, MD, PhD and Nikitha Vobugari, MD (University of Minnesota), Tufia Haddad, MD, Karthik Giridhar, MD, Kostas Leventakos, and Paul Hampel (Mayo Clinic), Yan Ji, MD and Michele Lacy, RN (Metro-Minnesota Community Oncology Research Consortium), Joleen Hubbard, MD (Allina Health Cancer Institute), Eric Lander, MD (Minnesota Oncology), and Bret Friday, MN (Essentia)

Our Partners

HealthPartners · University of Minnesota · Mayo Clinic · Metro Minnesota Community Oncology Research Consortium · Allina Health · Minnesota Oncology · Sanford Health · Essentia Health

Key Goals

Aim 1 (Network): Collaboratively build and deploy a simple, seamless, and secure clinical trial matching system (CancerTrialConnect.org) that continually screens patients for studies at research sites across Minnesota.

Aim 2 (Navigate): Strengthen the research culture across all health care organizations by enhancing clinical trial awareness and increasing the number of external referrals to clinical trials.

Aim 3 (Enroll): Simplify the process for patients to enroll in trials and improve overall research accruals.

What did oncologists throughout Minnesota say about clinical trials in 2025?

- 80 of 369 active oncologists in MN BMP responded to survey about clinical trials (22% response rate)
  - 50% academic/50% community sites
  - 73% have served as PI or Co-I on a trial
- Important findings
  - Less than half look for trials outside of their organization
  - 84% agree “it takes a lot of effort to get the information I need”
- **Key Takeaway:** ***“If insurance were not an issue and your patient was interested and eligible, how likely are you to recommend your patient go to a <u>different</u> health system to participate in a cancer clinical trial?”….93% were likely to recommend!!***

CancerTrialConnect

Home About FAQ Contact Us Log In

Find cancer clinical trials in Minnesota with one easy search.

Answer a few simple questions about your cancer and treatment. CancerTrialConnect matches you with clinical trials across Minnesota that may fit your needs. The system helps patients, oncologists, and research staff connect when a trial may be right – now or in the future.

What type of cancer do you have?

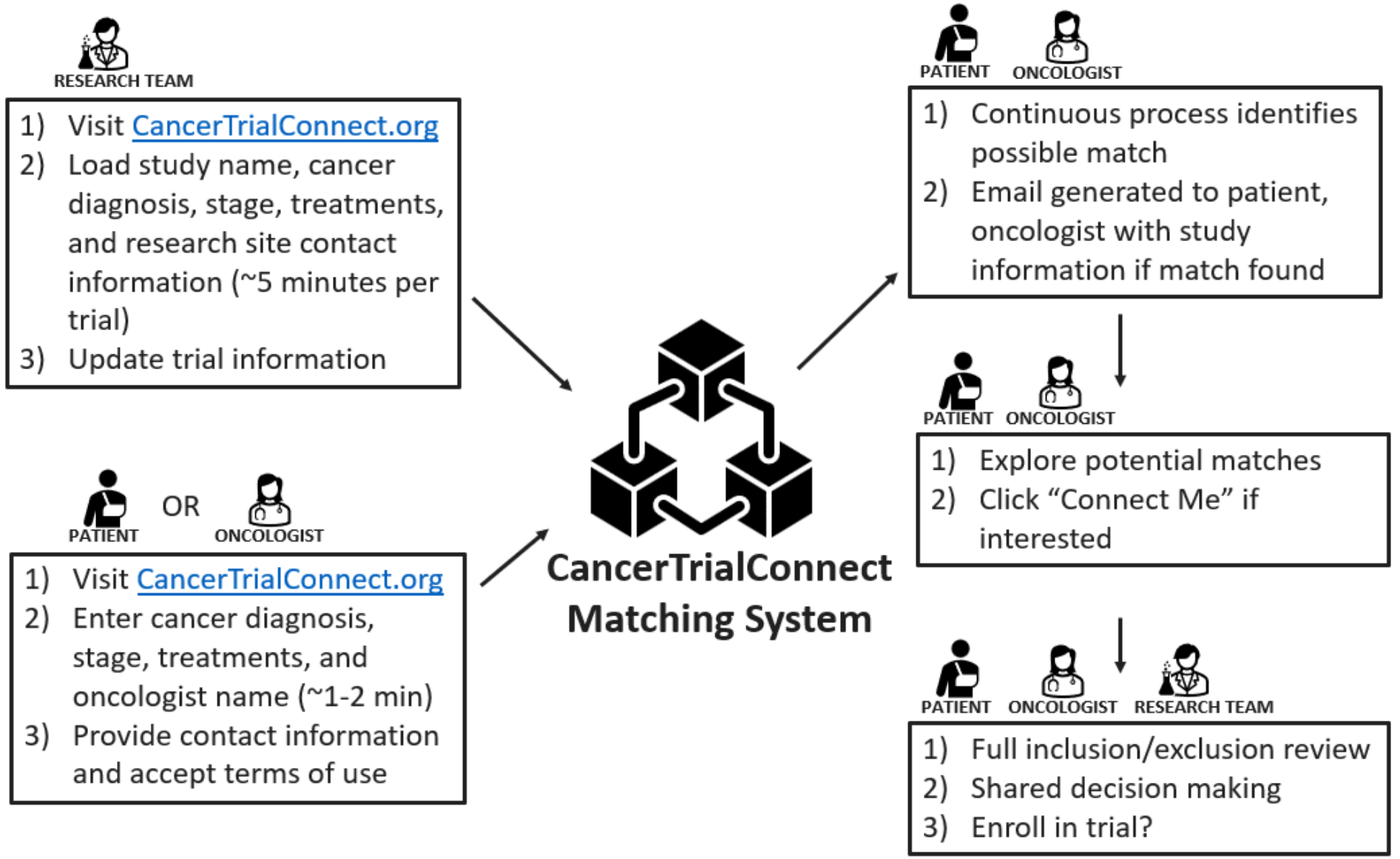
- Breast
- Prostate
- Something else

Continue to Next Question

Our Partners

HealthPartners · University of Minnesota · Mayo Clinic · Metro Minnesota Community Oncology Research Consortium · Allina Health · Minnesota Oncology · Sanford Health · Essentia Health

How does CancerTrialConnect work?



Find cancer clinical trials in Minnesota with one easy search.

Answer a few simple questions about your cancer and treatment. CancerTrialConnect matches you with clinical trials across Minnesota that may fit your needs. The system helps patients, oncologists, and research staff connect when a trial may be right – now or in the future.

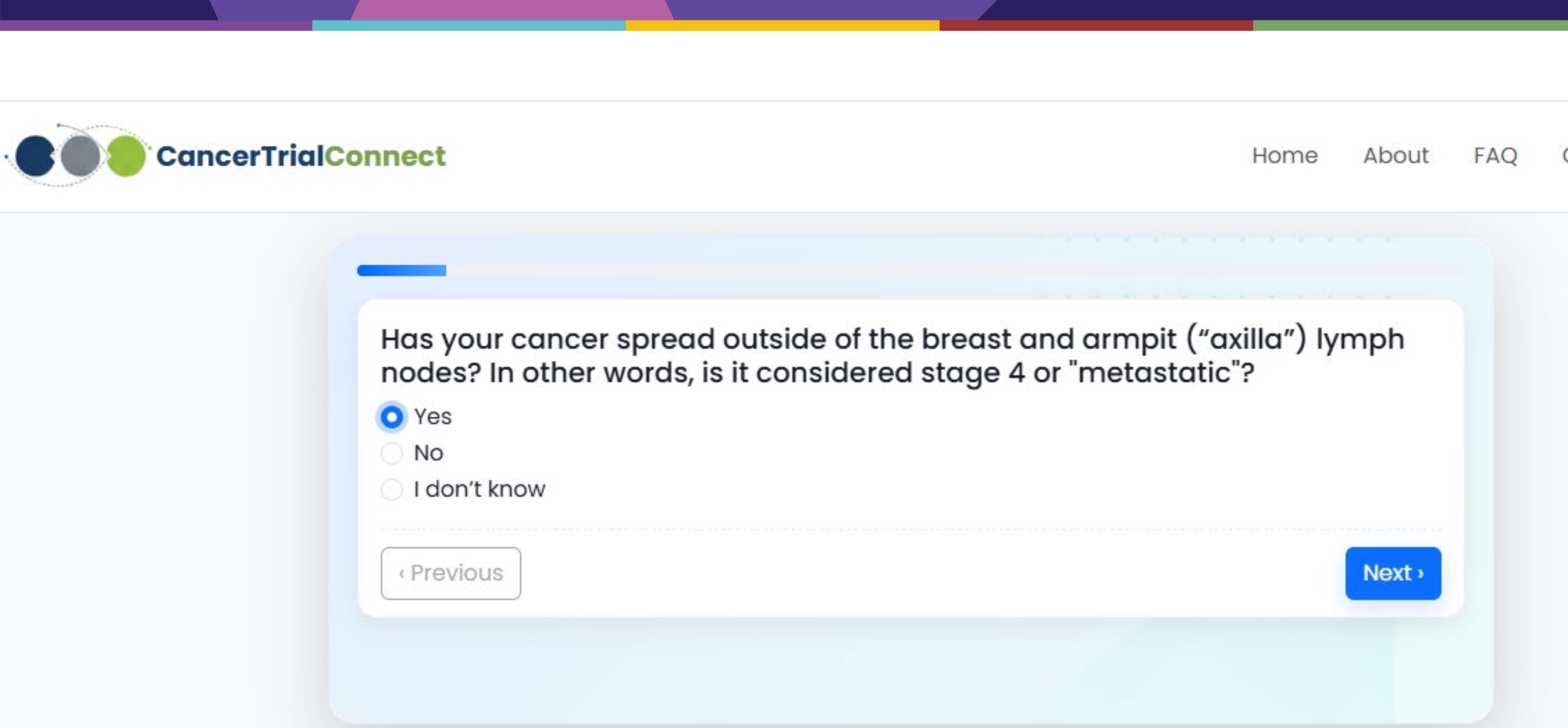
What type of cancer do you have?

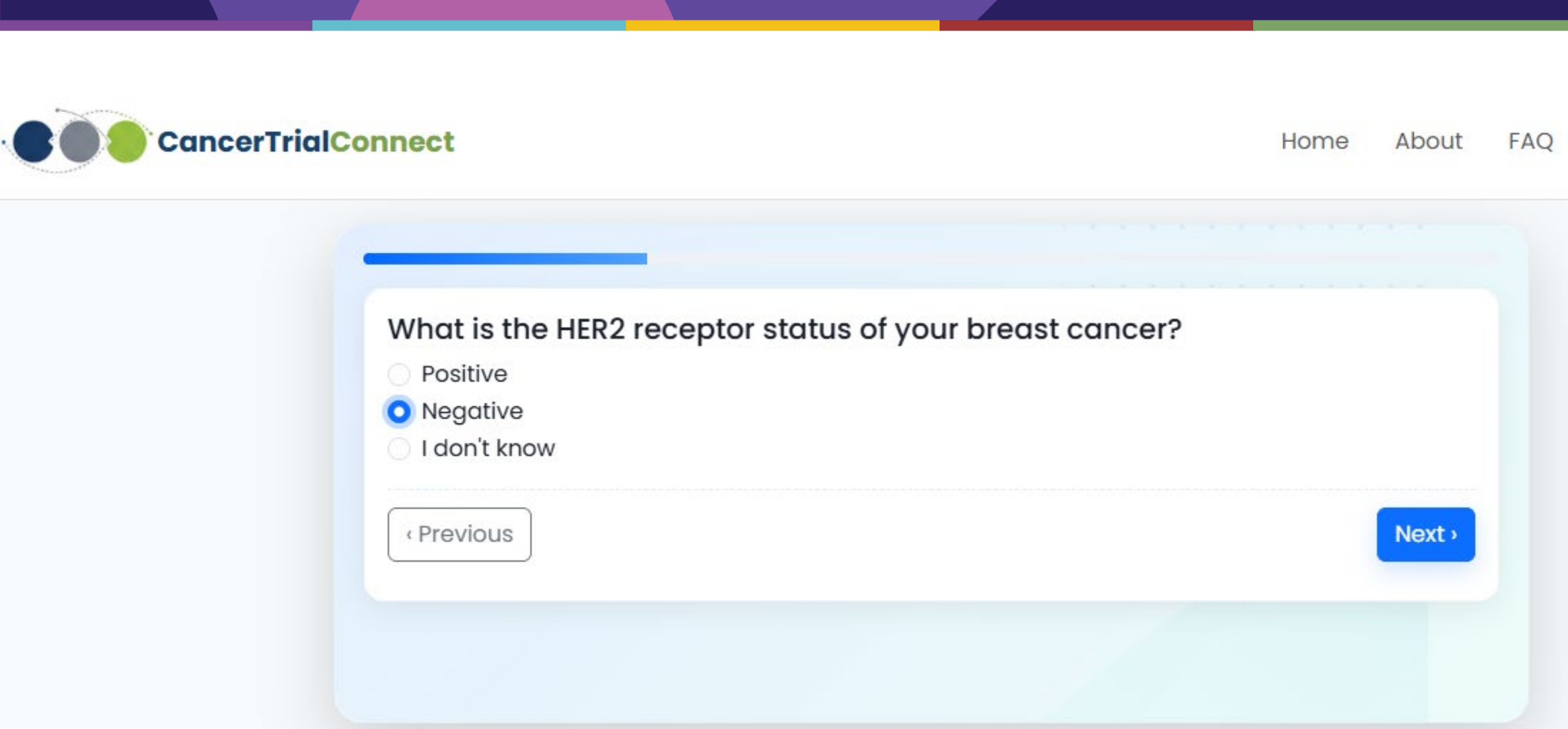
- (•) Breast
- ( ) Prostate
- ( ) Something else

Continue to Next Question

Important Note:

At this time, matching will only occur for clinical trials open through the HealthPartners Cancer Research Center (St. Louis Park and St. Paul) and Metro Minnesota Community Oncology Consortium (participating clinics). There may be clinical trials available to you through other institutions in Minnesota.


CancerTrialConnect
Home
About
FAQ
Has your cancer spread outside of the breast and armpit (“axilla”) lymph nodes? In other words, is it considered stage 4 or "metastatic"?
Yes
No
I don’t know
‹ Previous
Next ›


CancerTrialConnect
Home
About
FAQ
What is the HER2 receptor status of your breast cancer?
Positive
Negative
I don't know
‹ Previous
Next ›

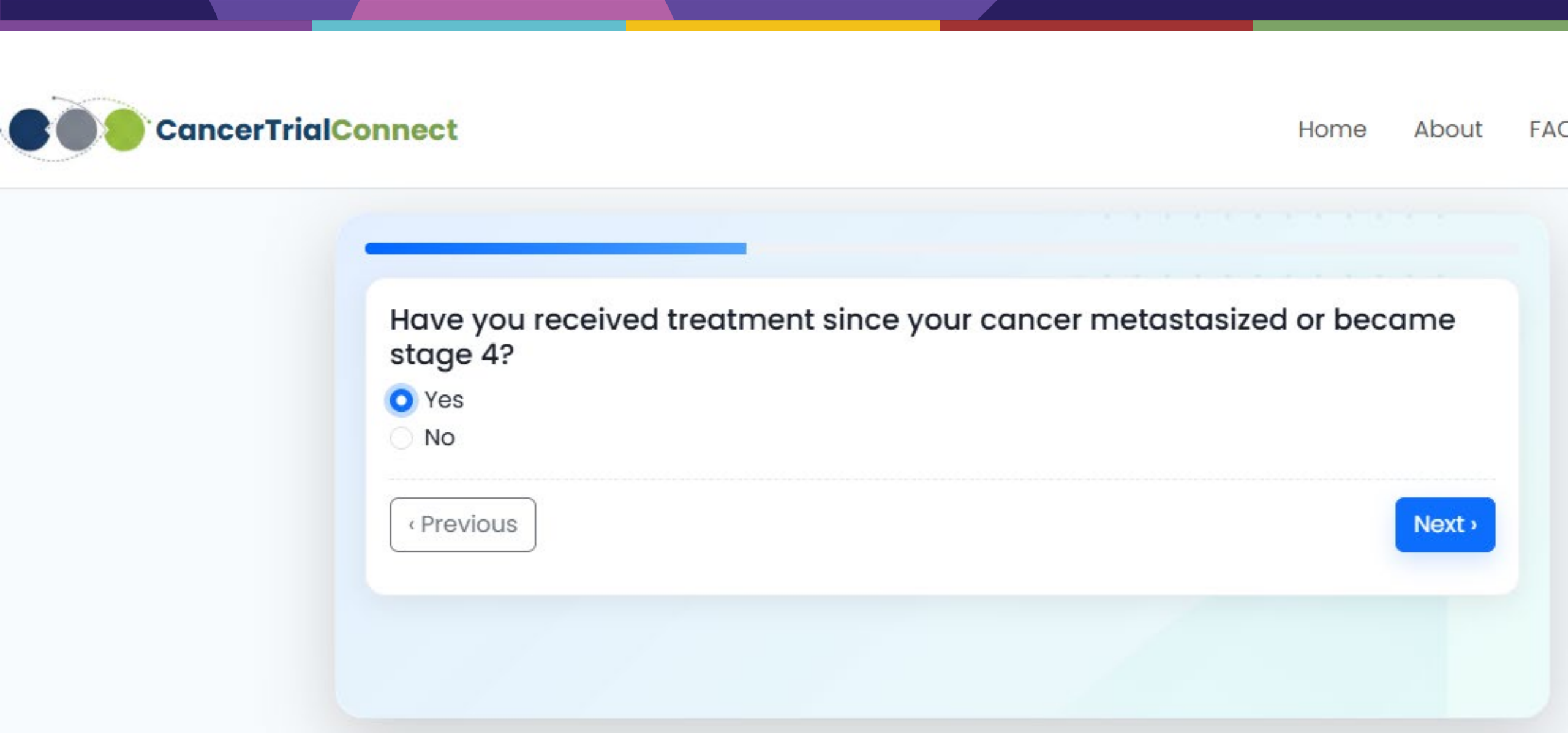
Home About FAQ

What is the hormone receptor status of your breast cancer?

- Estrogen receptor (ER) and/or Progesterone receptor (PR) positive (+)
- Estrogen receptor (ER) and/or Progesterone receptor (PR) negative (-)
- I don't know

‹ Previous

Next ›


CancerTrialConnect
Home
About
FAQ
Have you received treatment since your cancer metastasized or became stage 4?
Yes
No
‹ Previous
Next ›

Which of the following treatments are you currently or have you ever received since the cancer metastasized (or became stage 4)? Please select all that apply.

- [ ] Radiation
- [x] Chemotherapy
- [ ] Estrogen blocking therapy
- [ ] Immunotherapy
- [ ] Oral CDK 4/6 therapy
- [ ] Oral PARP therapy
- [ ] Oral PIK3CA therapy
- [ ] HER2 therapy
- [ ] I don't remember/I don't know what it is called
- [ ] Other, please specify

‹ Previous

Next ›

If your cancer tissue was analyzed for biomarkers (sometimes called "molecular mutations") please select any that you know have been detected.

- [ ] I don't think this testing has been done
- [ ] I think this testing was done, but I don't' remember my results
- [ ] AKT
- [ ] BRCA1
- [ ] BRCA2
- [ ] ESR1
- [ ] MSI-H
- [ ] PD-L1+
- [ ] PIK3CA
- [ ] PTEN
- [ ] TROP 2
- [ ] Other
- [x] None of these biomarkers listed above have been detected

‹ Previous

Next ›

Account Registration

Please provide contact information to register with the CancerTrialConnect system. This enables the system to notify you and your oncologist when new trials become available.

I acknowledge accepting Privacy Policy & Terms of Use

First Name *

Last Name *

Date of Birth *

mm/dd/yyyy

E-mail *

Phone number *

(123) 456-7890

Zip Code *

12345

Oncologist's Name *

Dylan M Zylla (HealthPartners)

Skip Registration Next ›

Matching Clinical Trials

Restart Search

The CancerTrialConnect system helps patients, oncologists, and research staff connect when a trial may be right. Click "Trial Overview" to review study details. If interested, click "Connect Me" next to your preferred Trial Location and a research coordinator will contact you within about two business days to review your cancer history, confirm that you meet all criteria to participate in the study, and discuss the study in more detail.

XTX301 in Patients With Advanced Solid Tumors

Open for enrollment

Trial Information

Protocol ID: NCT05684965

Trial Locations 1

HealthPartners

Register and Connect Me

Trial Overview

A Phase 1 Study of NRM-823 in Participants With Locally Advanced or Metastatic Refractory Solid Tumors

Open for enrollment

Trial Information

Protocol ID: NCT07182149

Trial Locations 1

HealthPartners

Register and Connect Me

Trial Overview

Comparing Radiation Therapy to Usual Care for Patients With High-Risk Bone Asymptomatic Metastases, PREEMPT Trial

Open for enrollment

Trial Information

Protocol ID: NCT06745024

Trial Locations 1

MMCORC

Register and Connect Me

Trial Overview

A Phase 1a/1b Study of NRM-823 as Monotherapy and in Combination With Immune Checkpoint Inhibition in Participants With Locally Advanced or Metastatic Refractory Solid Tumors

View full trial information on ClinicalTrials.gov (NCT07182149)

BRIEF DESCRIPTION

This study is being done to find out of NRM-823 is safe and can treat participants with locally advanced or metastatic solid tumors.

Inclusion

- * Have histologically- or cytologically-diagnosed NSCLC (squamous or adenocarcinoma), TNBC, HNSCC, ESCC, esophageal adenocarcinoma, gastric/GEJ adenocarcinoma, cervical, endometrial, or ovarian cancer which is advanced or metastatic.
- * Have an Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 or * Adequate liver, renal, pulmonary, and cardiac function. * Adequate hematologic function.

Exclusion

- * Has received cytotoxic chemotherapy, biologic anticancer agents, checkpoint inhibitors, or radiation therapy (excluding bone-only radiation therapy) ≤3 weeks or 5 half-lives (whichever is shorter) prior to the first dose of NRM-823 * History of Grade 2 pneumonitis requiring steroids or any Grade 3 or 4 pneumonitis from any prior therapy.
- * Has received an investigational therapy \<4 weeks or 5 half-lives prior to the first dose of NRM823, whichever is shorter prior to the first dose of NRM- * With the exception of alopecia and Grade ≤2 neuropathy, any unresolved toxicities from prior therapy greater than CTCAE Grade 1 at the time of starting study drug.

Matching Clinical Trials

Restart Search

The CancerTrialConnect system helps patients, oncologists, and research staff connect when a trial may be right. Click "Trial Overview" to review study details. If interested, click "Connect Me" next to your preferred Trial Location and a research coordinator will contact you within about two business days to review your cancer history, confirm that you meet all criteria to participate in the study, and discuss the study in more detail.

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Trial Locations 1

MMCORC

Register and Connect Me

Trial Overview

Example of Email to Research Team when “Connect Me” Selected

New Patient Interest in Clinical Trial at HealthPartners: A Phase 3, Open-label Study of Ifinatamab Deruxtecan Versus Docetaxel in Partici...

MC MN Connect Cancer Trials <mncancerconnect@healthpartners.com>
To Muthineni, Abhilash X

Reply | Reply All | Forward

Mon 12/1/2025 8:03 PM

Dear HealthPartners research team,

The CONNECT-MN cancer trial matching system helps streamline trial screening and referrals across Minnesota. The system automatically emails the patient and their oncologist when a potential match is made based on diagnosis, stage, and treatment history.

Oncologist (TESTBrian TEST, abhilash.x.muthineni@healthpartners.com) has requested you to connect with them about their patient. This patient may be eligible for the trial(s) below.

Suggested Next Steps

1. Review the trial's inclusion and exclusion criteria.
2. Contact TESTBrian TEST within two business days to share updated study information and assess eligibility.
3. If the patient appears eligible and the oncologist is interested, contact the patient to coordinate next steps.

Patient Reported Cancer Information

Patient reported cancer information currently in the CONNECT-MN system. This information needs confirmation as it could be out of date.

- What past and/or current prostate cancer treatment(s) have you received? Please select all that apply: Carboplatin/Cisplatin, PARP inhibitors (e.g., olaparib, niraparib), Docetaxel, PSMA-targeting agent (Lu177) – often called Pluvicto, treatment custom value specify
- Do you have a BRCA mutation?: Yes
- Has your cancer spread to lymph nodes, bones, lungs or other sites outside of the prostate?: Yes
- Please select all sites where the cancer has reached at any point. : Lymph node , Bone, Lung, Liver
- Have you received treatment for your cancer: Yes
- Have you received androgen deprivation therapy (ADT)? This is sometimes referred to as testosterone blocking/lowering therapy.: Yes
- Has your cancer progressed/worsened while getting ADT (examples may include a rising PSA or worsening scans): Yes

Trial Information

- Trial Name: A Phase 3, Open-label Study of Ifinatamab Deruxtecan Versus Docetaxel in Participants with Metastatic Castration-Resistant Prostate Cancer (mCRPC) (IDeate-Prostate01)
- Trial Overview: https://clinicaltrials.gov/ct2/show/NCT06925737

Example of Email to Oncologist Upon Matches

New Clinical Trials Matched For Your Patient

MC

MN Connect Cancer Trials <mncancerconnect@healthpartners.com>
To Muthineni, Abhilash X

Reply | Reply All | Forward

Mon 12/1/2025 7:57 PM

Dear Dr. TEST,

The CONNECT-MN cancer trial matching system helps streamline clinical trial screening and referrals across Minnesota. Based on your patient's diagnosis, stage, and treatment history, the system has identified a potential match.
Your patient, FirstNameVijay LastNameKumar, DOB: January 10, 2020, may be eligible for the trial(s) below and has also received a version of this email.

Suggested Next Steps

1. Click on 'Trial Overview' to review study details
2. If interested, select 'Connect Me' next to your preferred research site.
3. A research coordinator will contact you within about two business days to confirm preliminary eligibility and review study requirements.
4. If your patient appears eligible and you wish to proceed, either you or the coordinator can reach out to your patient to discuss enrollment.

Potential Trial(s) Available

A Phase 3, Open-label Study of Ifinatamab Deruxtecan Versus Docetaxel in Participants with Metastatic Castration-Resistant Prostate Cancer (mCRPC) (IDeate-Prostate01)

Trial Overview

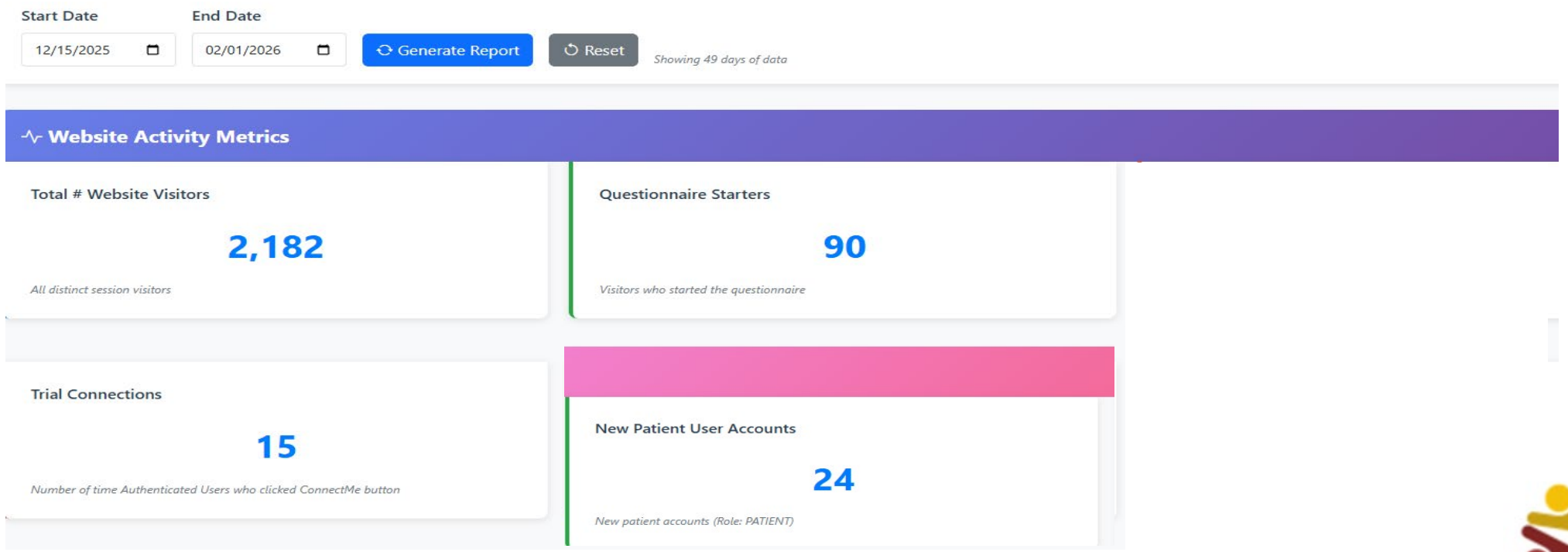
Study Locations Available:

- HealthPartners Connect Me
- MMCORC Connect Me

Early 2026 Timeline

12/25

- Breast-Prostate Pilot Go-Live at HP (all HP and MMCORC trials loaded)
- State-wide oncologist surveys completed



Early 2026 Timeline

12/25
- Breast-Prostate Pilot Go-Live at HP (all HP and MMCORC trials loaded)
- State-wide oncologist surveys completed

02/26
- UMN will load studies and onboard oncologist
- Developing colon, lung, and lymphoma trial matching logic

03/26
- Mayo, Allina, MN Oncology and Essentia will load studies

04/26
- Present at MSCO. Encourage all oncologists to begin utilizing system
- Awareness campaign with community partners, marketing?

Key Takeaways - CancerTrialConnect addresses all MCA strategies

- Novel system to seamlessly connect patients, oncologists and research staff together
  - Promote policy and system changes to address the barriers to clinical trial participation.
- Central website/database for all Minnesota cancer trials along with educational materials
  - Educate providers, people with cancer, and their care partners about the potential benefits and risks of clinical trial participation
  - Raise awareness of the clinical trials database[s]
- Collaborate with partners and organizations across Minnesota to help patients (e.g., Essentia, Sanford, MSCO, and patient support groups)
  - Promote the use of champions for clinical trials within communities underrepresented in clinical research

Cancer Plan Minnesota
Turning assets into action

Objective I3: Equitable Access to Clinical Trials

Goal: Increase participation in cancer clinical trials among communities disproportionately impacted by cancer.

Strategies:

1. Promote policy and system changes to address the barriers to clinical trial participation.
2. Educate providers, people with cancer, and their care partners about the potential benefits and risks of clinical trial participation.
3. Raise awareness of the clinical trials database[s]
4. Promote the use of champions for clinical trials within communities underrepresented in clinical research.

Resources

- Community Health Worker **(CHW) 101 Introduction to Research** training. More information available from the Minnesota Community Health Worker Alliance **MNCHWA January 2026 Newsletter** (mnchwalliance.org)

- **Just ASK™ Introduction to Equity and Diversity in Clinical Research and Trials Participation** bias training now available via **CITI Program**, accessible at about.citiprogram.org

- Comprehensive public education about **Clinical Trials** on the **American Cancer Society** website cancer.org

- **Finding Treatments Together Series** - ***CISCRP*** *is committed to providing clear, unbiased, and culturally appropriate educational materials to engage and inform communities that have not been well represented in clinical trials.* **Multiple languages** at www.ciscrp.org/brochures

Cancer Plan Minnesota
Turning assets into action

How can we leverage the assets presented today plus resources available to increase participation in cancer clinical trials among communities disproportionately impacted by cancer?

Let's take collective action on the clinical trial strategies outlined in Cancer Plan MN! Together we can make a difference.

Actionable Next Steps

- ***SHARE*** *this INFORMATION with your INSTITUTIONS & COMMUNITIES*
- ***EXPLORE*** *the MCA Clinical Trials Strategy Action Group WEBSITE: mncanceralliance.org/clinical-trials-network/*
- ***ATTEND*** *the NEXT MEETING: March 12, 2026 @ 12:00PM – 1:00PM*
- ***CELABRATE MINNESOTA CLINICAL TRIALS DAY on May 20th***

Thank you for joining us today!