Southeastern Multidisciplinary Approaches to Cancer Symposium

The Advanced Practice Provider's Role in Clinical Research

Irati Rodriguez Matesanz, MSN, APRN

Advanced Practice Provider, Medical Oncology
City of Hope

Co-Chair, Early Career Nurses Working Group
European Oncology Nursing Society

Disclosures

- Consultant for AstraZeneca & Daiichi Sankyo
- On the Speaker's Bureau for AstraZeneca & Daiichi Sankyo

This presentation and/or comments will be free of any bias toward or promotion of the above referenced companies or their product(s) and/or other business interests.

This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.

This presentation has been peer-reviewed and no conflicts were noted.

Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

STATE LAW:
The California legislature has passed Assembly Bill (AB) 1195, which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed AB 241, which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.

EXEMPTION:
Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

The following CLC & IB components will be addressed in this presentation:

- *Addressing language, health literacy, and cultural beliefs that may influence a patient's understanding of clinical trials, willingness to participate, and trust in the research process. The presentation will discuss how APPs can improve equitable communication and support informed decision-making across diverse patient populations.*
- *Recognizing how implicit bias may affect referral patterns, assumptions about trial interest, and access to clinical research opportunities among underrepresented populations. The presentation will highlight the APP's role in promoting equitable screening and enrollment for all eligible patients.*

The Role of the APP

Hamric & Hanson's Advanced Practice Nursing framework defines six core competencies that guide APP practice across all settings.

- Direct Clinical Practice
- Expert Coaching & Guidance
- Consultation
- Research Skills
- Clinical & Professional Leadership
- Collaboration & Ethical Decision-Making

ⓘ Clinical research does not create a new APP role, it provides another setting in which APP core competencies are applied.

Tracy, O'Grady, & Phillips. *Hamric & Hanson's Advanced Practice Nursing,* 7th ed., 2023.

Why Does This Matter?

Clinical trial success depends on factors that fall within the APP scope of practice.

Patient Access & Accrual
Identifying and engaging eligible participants early.

Treatment Adherence
Supporting patients in following protocol requirements.

Toxicity Management
Proactive symptom monitoring to keep patients on study.

Retention & Data Quality
Longitudinal engagement and accurate data capture.

Better patient support leads to better trial performance.

Trust as a Research Asset

Patients consistently rank nurses, including NPs, as the most trusted healthcare professionals.

1

Trust

Established therapeutic relationship

2

Communication

Open, honest dialogue about trial experience

3

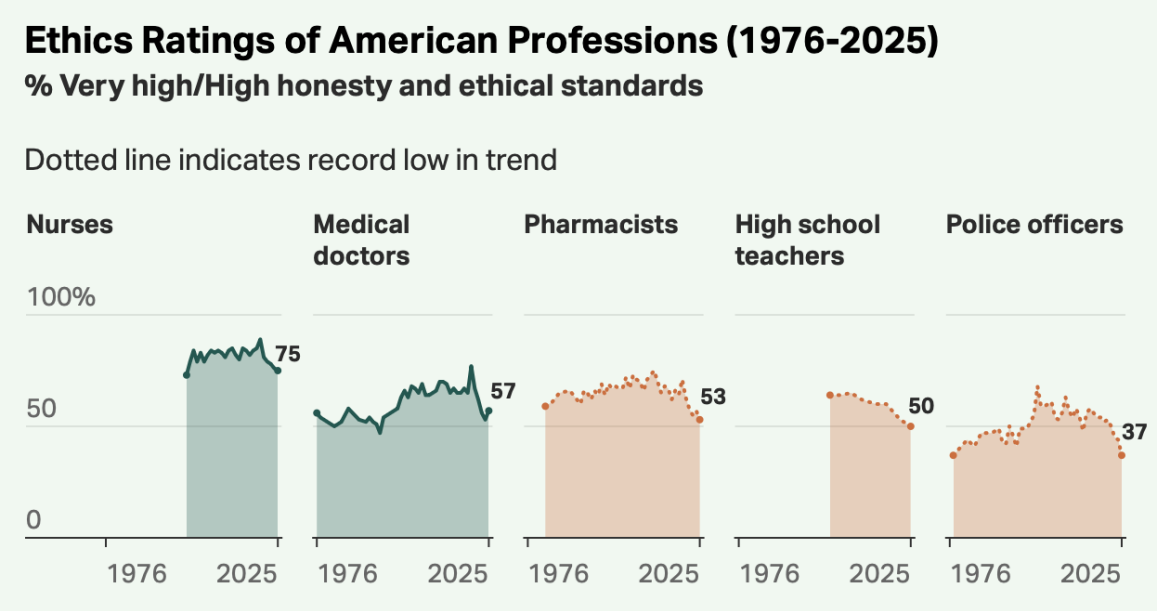
Early Recognition

Timely symptom reporting and intervention

4

Improved Outcomes

Higher retention, adherence, and data quality



Gallup (2026). *Nurses Continue to Lead in Honesty and Ethics Ratings.*

Trust is not just a comfort, it is a measurable research asset.

APP Integration Improves Trial Accrual

Real-world data from leading cancer centers demonstrates that APP integration drives measurable gains in research productivity and patient access.

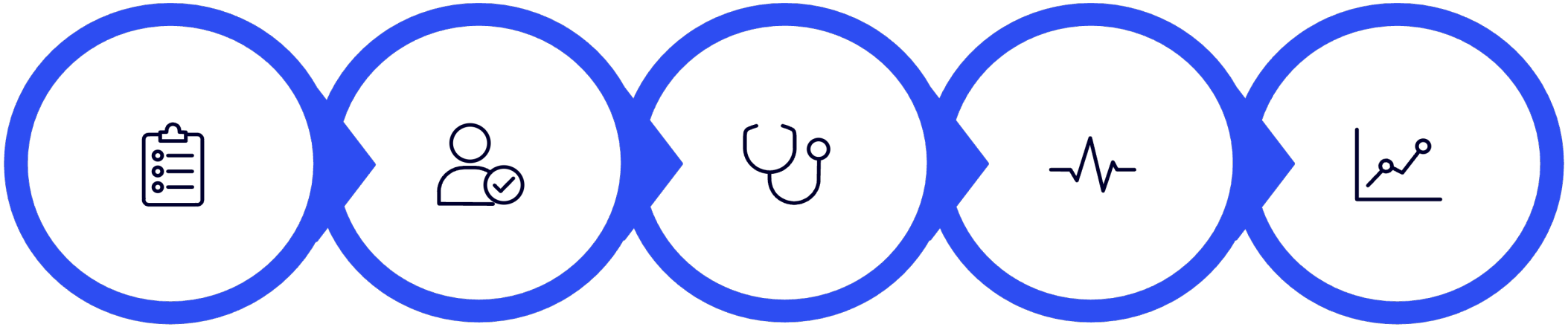
Program	Metric	Result
Hawai'i NCORP	Annual Accruals	28 → 103
Hawai'i NCORP	Eligible Accruals	51%
Stanford Early Drug Dev.	Accrual Increase	+475%
Stanford Early Drug Dev.	New Patient Volume	+102%
St. Vincent NCORP	Total Enrollments	25%

A 2026 multi-society position paper (JNCI) endorsed by 5 professional societies calls for APP integration into clinical cancer research as a standard of oncology care.

Braun-Inglis et al., *JNCI* 2026; Braun-Inglis et al., *JCO Oncology Practice* 2024 & 2022; Falcone et al., *JCO* 2025; Stehle et al., *JCO* 2025.

APP Role Across the Clinical Trial Continuum

APPs influence every phase of the participant experience - from first contact through long-term survivorship.



Screening | Enrollment | Treatment | Follow-up | Long-term Outcomes

APPs are not peripheral to the trial - they are central to the participant experience at every touchpoint.

Symptom Management Is a Research Intervention

Unmanaged toxicity is not just a clinical problem, it is a threat to data integrity and trial completion. APP intervention breaks the chain.

What early APP Interventions Achieve

Earlier Toxicity Identification

Before escalation to acute care

Reduced Hospitalizations

Proactive management prevents crises

Improved Adherence

Patients stay on protocol longer

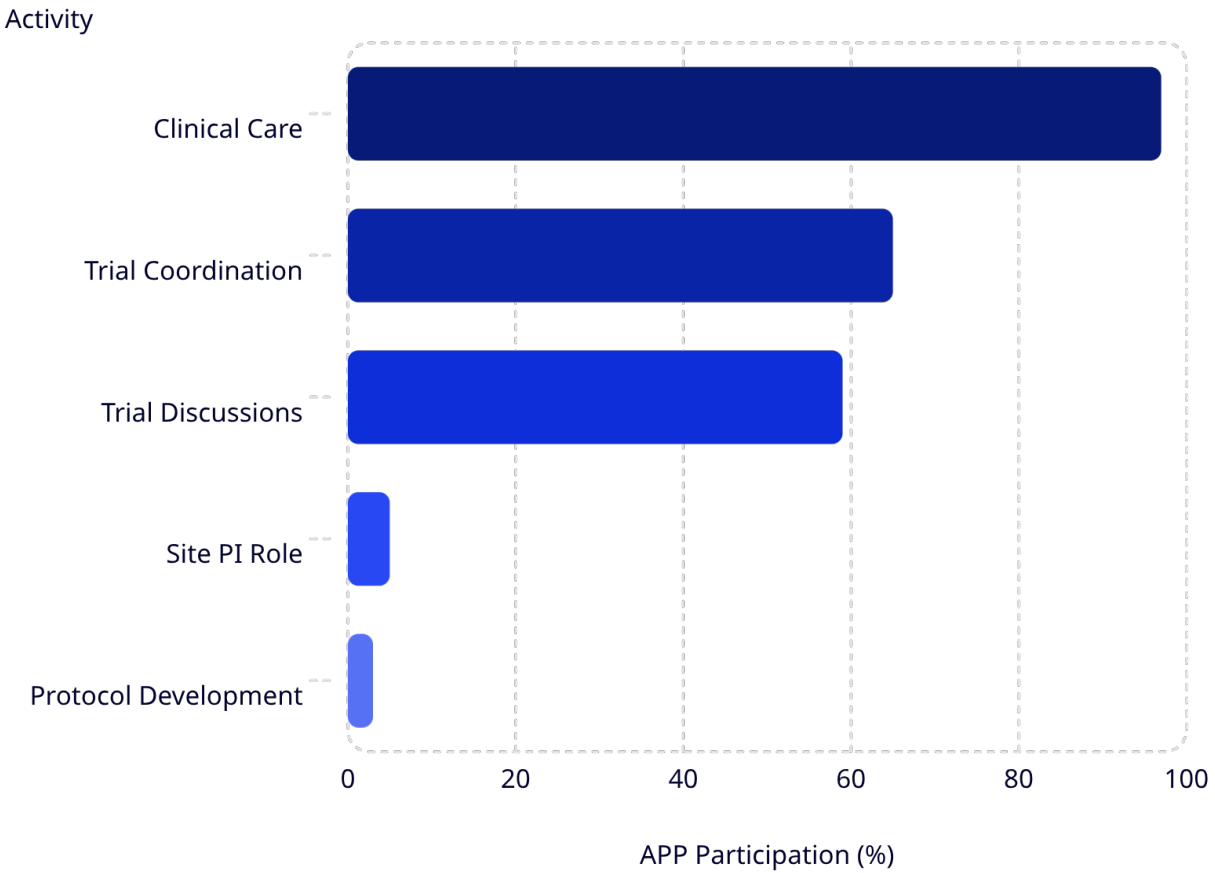
Treatment Completion

Fewer withdrawals, cleaner data

Huang et al. Nurse-led interventions improve cancer symptom outcomes. *Health Sci Rep.* 2022;5:e100052.

APPs Are Underutilized in Clinical Research

NCORP survey data reveals a striking gap: APPs are deeply involved in execution but rarely engaged in leadership.



The Leadership Gap

While **97%** of APPs participate in clinical care, and **73%** participate in research activities, only **5%** serve as Site PIs and **3%** contribute to protocol development.

APPs bring clinical expertise, patient relationships, and operational insight that could strengthen trial design and execution.

⚠ APPs are heavily involved in execution but rarely engaged in leadership and research roles.

Braun-Inglis et al. *JCO Oncol Pract.* 2024;20:239–246.

Barriers to APP Research Engagement

The most significant obstacles to APP participation in research are organizational, not professional. They can be addressed with institutional commitment.

Limited Protected Time

Clinical workload leaves little room for research activities.

Mentorship Gaps

Few formal structures to guide APPs into research roles.

Training Deficits

Inadequate research methodology and GCP training pathways.

Policy Constraints

Restrictive institutional policies and absent formal APP research tracks.

Braun-Inglis et al. *JCO Oncol Pract.* 2024;20:239–246; Harbman et al. *J Eval Clin Pract.* 2017;23:382–390.

What Can Leaders Do?

Leadership determines whether APP potential translates into measurable impact

1 Provide Protected Research Time

Dedicated, protected time signals institutional commitment and enables sustained engagement.

2 Invest in APP Research Training & Mentorship

Structured training programs and experienced mentors build research competency over time.

3 Include APPs in Protocol Development

Upstream involvement improves feasibility and leverages clinical insight early.

4 Expand Investigator Opportunities

Where appropriate, extend formal investigator roles to qualified APPs to maximize impact.

Braun-Inglis et al. *JCO Oncol Pract.* 2024;20:239–246; Harbman et al. *J Eval Clin Pract.* 2017;23:382–390.

Thank You

Clinical trials test therapies. Advanced Practice Providers help patients successfully receive them—and help research programs reach more patients, generate higher-quality data, and improve outcomes.

Questions?