White Paper

Build Predictability Into the Unpredictable: Four Strategies to Improve Trial Feasibility

Speed clinical trials and calculate real-world totals through trust, technology, networks and insights

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Introduction

Planning clinical trials can be full of obstacles, the biggest of which is often picking sites that can recruit the most patients. Adding sites or tweaking inclusions can increase enrollment. Yet, budgets can take a hit and timelines can suffer — perhaps even giving competitors a better shot at the market.

The right feasibility information can improve the predictability of clinical trials. Given patient-centricity trends, sites are sometimes overlooked in the planning phase but offer many insights. Their input is important as it can enhance protocol design, study setup, patient recruitment and data quality. Balancing feasibility engagement with patient-focused interests can find and enroll the right patients on time and on budget.

Feasibility requires a fix

Feasibility Assessments (FAs) are important, but sponsors' usual methods can undermine trial goals. They often delay start, discourage site participation and limit patient access to clinical trials.

"There is an urgency to improve the current FA process, which is costly, inconsistent, inefficient, labor intensive and of uncertain effectiveness," maintains the *Journal of Clinical Oncology*.[1] It also "... slow[s] the translation of medical discoveries into treatments for people living with disease," said a 2023 *Journal of Clinical Translational Science article*.[2] And although conducted in the name of good clinical practice, FAs can place a burden on trial sites.[3]

"In high-demand therapeutic areas [such as oncology or endocrinology], sites can get five or six protocol feasibility assessment requests every single day," said Kerry Gorman, Senior Director of Strategic Site Solutions at IQVIA. "There's such a feasibility volume that sites are overwhelmed. Is the protocol practical? Are you the right site? How many patients do you see?" she added, citing sponsor questions.

Understandably, sponsors or contract research organizations (CROs) are compelled to rank site answers. To get a better picture, they ask for estimates, whether in pre-award feasibility surveys or portals requesting site capabilities. However, numbers aren't always the best.

Totals, timing and trust

"Today, I'm looking at 15 studies that are all different," shared Kylie Scheideler, Director of Site Intelligence at Avacare Clinical Research Network. "Specifically, the answer to how many patients have a specific diagnosis is not always exactly what's in a database or electronic health records."

Sponsors expect an estimate of the number of participants each site can enroll based on the study protocol to date. They want to find ways to reduce costs and low-value information.[4] Yet, they often don't give enough detail, have too many questions or ask the wrong questions.

"When an estimate comes in from one of the sites with little [protocol or patient] information, then the early numbers have to be reconciled with the specifics," said Gorman. That creates more work for both sides.

Pharma organizations often want quick commitments, sometimes within the same day. However, timing is

not an exact science and sites may receive insufficient points about patients, protocols and procedures. This leads to unreliable estimates and sponsor uncertainty, perpetuating a cycle of mistrust.

Four strategies for improvement

Sponsors should make it easier for sites to work with them. Sites are pivotal to certain tasks and can unlock valuable insights. To avoid challenges and uncertainty, sponsors should invest in implementing effective strategies.

1. Share details and collaborate

While sponsors and sites need to be quantitative, qualitative input has a place too. "It's about getting back to conversations and less restrictive input," said Scheideler. "Often sites get mandatory fields that require only a number. Instead, sites should be able to explain the recruitment plan," she commented. "Free text would provide more on how to successfully enroll the study."

It could be tools provided by the sponsor or other support. "Site enablement staff or advertising to the specific population may be crucial. It's based on the site's prior experience with a particular indication," said Rebecca Sayers, Head of Site Support at IQVIA. "Sites that explain this will provide insight because they're the ones who know that space."

The key is to describe the number included. "Let us broker a conversation — the sponsor, the site and the CRO — to have insights shared directly with the sponsor under CDA of course [Confidentiality Disclosure Agreement]," Gorman noted.

Added insight works in pre-award feasibility too. Knowing when a sponsor is just asking for validation is helpful, Sayers suggested. "Saying we're looking for your feedback here. Or think about these when you answer the survey, for instance. Invite the sites to think about what's possible," she said.

For an FA team to be truly collaborative, sites and sponsors should work together to break down barriers, communicate regularly and share ideas based on trust.

FEASIBILITY: WHAT IS IT?

Pre- or post-award feasibility? Actual site selection? Is it an emailed survey? A portal online?

Yes to all, depending on the situation. For precise estimation in clinical trials, a clear definition to feasibility is key.

Feasibility, i.e., the true cost of conducting a study, is defined as a review that applies to the actual clinical research protocol, which describes the patient population, accrual targets, trial timeline, study procedures and involvement of human subjects, according to the Center for Clinical and Translational Science at the University of Alabama.[6]

However, sponsors have different definitions of feasibility. And, these definitions directly influence what gets prioritized when receiving distinct requests from different sponsors. Every organization is carving its own path and doing it differently.

Open communication comes with patient viewpoints and, sometimes, a small amount of perspective. "It's the little things that maybe people weren't thinking about when they designed the feasibility," Gorman noted.

In a recent case, Sayers reviewed a Feasibility Survey for a study requiring patients to be on a specific drug.

However, the drug was not approved by the country's regulatory body, making it impossible to follow the protocol there. "Country-level patient pathways can make or break a survey," advised Sayers. "I've seen missing details that are easily overlooked or specifics that aren't fleshed out. The patient population is so incredibly important to have nailed down because once you start going into different regions, patient pathways start diverging quite a bit."

The perspective from a site can be a critical part of a feedback loop, providing valuable insights into patient experience. Allowing sites to suggest changes and iterate on the study design or protocol completes the loop and enables sponsors to incorporate changes based on the potential patient.

"The patient population is so incredibly important to have nailed down because once you start going into different regions, patient pathways start diverging quite a bit."

2. Use a site-centric partnership approach

By adopting a strategic site partnership, sponsors can achieve statistically significant endpoints and meaningful outcomes. Nevertheless, many experienced sponsors, and some emerging ones, unintentionally overlook it due to patient focus.

In practice, networks should consist of four types, with overlap to meet different or changing business needs. Global networks covering all study phases should offer a variety of regions across many therapies.

- **Site Management Organization (SMO)** – A provider of services to a sponsor or CRO, including site initiation, patient engagement, protocol compliance, contracts and documents, adverse events reporting, certain approval submissions and close-out operations, among other services.
- **Strategic Networks** – Region-wide strategic partner sites that deliver predictable performance across a trial or sponsor portfolio.
- **Therapeutic Sites** – Therapeutic or indication-specific networks that enhance and support clinical trials in targeted areas such as early-phase Oncology, Pediatric Rare Disease or Cell/Gene Therapy.
- **External Site Networks** – Carefully selected specific commercial or academic networks that de-risk delivery strategy.

In addition, a relationship manager is key to effective communication and can give feedback on specific concerns to the study team. Strategic sites have that extra person who can ask questions on a particular protocol. "Our Site Relationship Managers diligently handle partnership sites and strategic networks utilizing their deep therapeutic and institutional knowledge to help sites navigate through feasibility to site selection for hundreds of protocol sites per year," added IQVIA's Gorman.

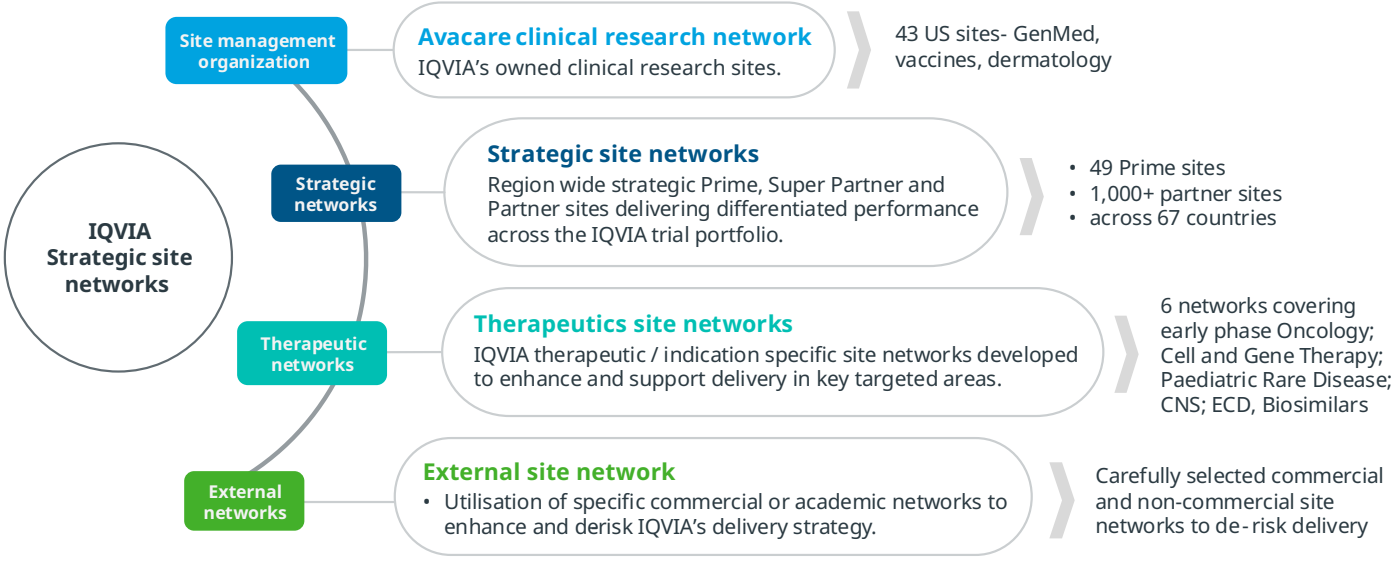
"Sometimes sites don't even know who to ask. We have sites that will come back and say, 'Do you know this, this and this? The component could be a game-changer in the trial because it will make a big difference for us.' We're able to go back to the project team and ask those questions on behalf of our strategic sites and get a little bit more information," she pointed out.

In a competitive phase II study, the sponsor wanted patients with mild-to-moderate hypertension. In this rescued case, treatment washout rates were higher than expected, with screening failures as the main issue. The IQVIA team surpassed the projected contribution by reducing screen-fail rates by 3% to 5%. They also delivered 9,400+ pre-qualified referrals to sites. By leveraging real-time site feedback and a site-centric approach, IQVIA was able to support the sponsor with a protocol amendment to reduce the required washout period and maximize site performance.

3. Employ feasibility and CDA technology

Using a site-centric approach can improve trial outcomes and reduce site burden. Yet sponsors often approach studies without fully standardizing data and integrating technology, which can cause missed opportunities. Given involvement from multiple teams within projects or across portfolios, this can also lead to complications in data collection, site activation and trial execution.

Stratetegic site-centric approach



The National Center for Advancing Clinical and Translational Science has identified critical roadblocks and recommended technology to create decentralized tasks. These include using eConsents, remote intervention, task reminders, social media recruitment and sharing results with participants.[5] Partially decentralized or "hybrid" trial technology offers another critical step toward fostering urban-rural diversity and the inclusion of racially or ethnically marginalized populations.[5]

"As an industry, we need to pull together collective intelligence on sites. At IQVIA, we have meaningful data and precision modeling to predict repetitive questions and correlations. There's a lot of groundbreaking work going on in this area across the industry; nonetheless, using technology and artificial intelligence (AI) are absolutely essential," emphasized Gorman.

AI is now used in trials to automate workflows and analyze extensive medical data and past trial results to uncover patterns. For example, IQVIA's Feasibility Platform aids sponsors in creating new surveys or replicating existing questionnaires. It simplifies survey creation with "drag & drop" menus and question banks, facilitates collaboration and captures colleague feedback.

Sponsors can use advanced technology to standardize surveys too. A survey dashboard assesses site interest or reasons for non-interest. Advanced analysis technology reviews site intelligence and generates dynamic scoring outputs based on historical and predicted site performance. The technology then captures site selection decisions for export or integration into downstream systems.

Cutting-edge AI and advanced data evidence can be used to create dynamic patient models. These models correlate patient data with consumer data to identify potential trial participants from diverse communities, making access to Decentralized Clinical Trials (DCTs) easier.

Using a technology platform in a lung cancer study, IQVIA assisted a sponsor with DCT options. Its DCT Platform increased participation through digital questionnaires, telehealth visits and the exchange of protocol-specific documentation. The resulting trial design was centered around patient and caregiver needs, employing advanced technology and a site-centered approach.

Moreover, configurable CDAs use technology to secure agreements through an electronic system instead of a paper document. This allows investigators to complete the eCDA and FA survey in one session.

Technology tracks eCDAs and monitors survey progress

at both country and site levels. It consolidates completed surveys and eCDAs in a single location for easy search and retrieval. According to Gorman and IQVIA's experience, 88% of sites accepted eCDAs based on insights from approximately 100 studies in more than 30,000 sites.

"88% of sites accepted eCDA versus negotiating a document CDA based on IQVIA insights taken from over 100 studies in more than 30,000 investigator sites"

Clinical trials: do you know the real cost and time?

Clinical trials are costly and time-consuming, not to mention complex. Incorporating costs of delays which can be thousands or even millions of dollars, the average cost of a successful drug trial is about $2.6 billion (USD).[7]

According to the National Institutes of Health (NIH) trial cost is the amount of money needed to accomplish the goal of a clinical study.[8] Though all budgets are different, generally variations depend on the study type, size, location and population target, and every trial has to consider similar factors, including start-up fees, data collection, patient care, procedures, personnel and site costs.[9]

There is also no typical length of time for a drug or treatment to be tested. According to the University of California, generally, it can take 10 years for a trial to move between initial discovery and full approval, though up to 15 years or longer is not uncommon.[10] Research also indicates the clinical trials phase can take six to seven years of that time.[11] In addition, the "white space" before starting the next phase of research has increased, resulting in overall increases in timelines.[12]

While understanding the science and underlying biology has created tremendous opportunities for new medicines, why do so many clinical trials fail?

In the U.S., the FDA approval process is complex and evidence shows only 1 in 10 drugs make it to market.[13] A growing gap can also be seen between drugs launched in the U.S. and those approved and available in the largest European countries.[13]

Around 80% of trials fail because of patient recruitment, resulting in lost revenue that could be as much as U.S. $8 million per day.[14] According to the Tufts Center for the Trial of Drug Development, more than a third of trial sites under-enroll and 11% fail to enroll any participants.[15]

Given the high risk of failure for sponsors, the total budget is critical in determining whether it's worth funding. Still, careful preparation of the trials and thorough feasibility evaluations can remarkably improve the success of recruitment and the ultimate success of a clinical trial.

A recent example demonstrates how IQVIA's Indication Landscape Survey improved site identification and selection for a trial sponsor. Originally, site data was unstructured and decentralized, limiting integration from country and worldwide standpoints. The Indication Landscape Survey captured study-agnostic intelligence, including on-site experience and capabilities, patient population, facilities and patient centricity.

As a result, the entire site identification process was improved for all trials, including reduced "declines/no responses." Broader and deeper site intelligence data drove a more accurate and targeted approach to site identification. Collaboration and efficiency were also improved as standardized data was captured centrally and in the desired structure for analysis.

4. Use service provider flexibility
Sponsors want to know whether additional services, especially direct-to-consumer services, are supported and would increase study interest. Sites are often in the best position to determine whether on-site support or remote services would be preferred.

"Typically sponsors will say, 'These are the things we're thinking of offering,' or 'Do you think a decentralized campaign would work?' or 'Would a research assistant help?" noted Sayers.

In a strategy for a Respiratory Syncytial Virus (RSV) vaccine, IQVIA used Clinical Trial Educators (CTEs) in a highly competitive study. Focused on a diverse 60+-year-old population, the team noted low awareness of RSV. With CTE resources, IQVIA increased recruitment by 31% at participating sites.

CTEs served as clinical experts with local relationships, which meant they could be study ambassadors at the site level. By accessing untapped recruitment paths, the CTEs generated patient referrals and greater diversity through community outreach and patient advocacy groups. This approach enabled IQVIA to improve engagement, resulting in the enrollment of 22,000+ participants and a 100% conversion rate for non-enrolling sites.

Services are being integrated to manage logistics for patients, caregivers and families during trials, making the process less overwhelming. Sponsors are also using services to better address patient needs and enhance the overall experience, including activities such as home research nursing. Flexible services delegated by the principal investigator can support protocol activities, including pre-screening, referring physician engagement, study assessments, data management, query resolution and ongoing patient engagement.

Sponsors benefit from IQVIA's Site Enablement Solutions (SES) customized in any combination. These services are adaptable to sponsor operating models and can be quickly launched to meet global site needs through full-service or standalone onsite, remote or hybrid models.

Additionally, IQVIA can deploy research nurses to conduct in-home protocol requirements, such as taking vital signs and blood work. IQVIA can also perform quality data entry for overburdened sites with research assistants (RAs) who can significantly reduce the time needed to lock the database.

In a recent case involving IQVIA SES, the sponsor achieved a competitive edge by employing RAs who efficiently entered patient data within the stringent 24-hour database lock timelines. These industry-experienced RAs focused on minimizing open queries while entering data from post-patient visit forms. IQVIA RAs entered double the data faster and cleaner than non-supported sites. Specifically, IQVIA RAs achieved:

Conclusion: re-engaging sites

Looking to the future, patients take center stage in the industry, with technology closely following to enhance trial friendliness. Technology also drives a more data-driven and efficient approach. Yet these advancements alone will not accelerate drug discovery and improve outcomes.

- 2.0 times more patient enrollments than sites without RAs
- 2.0 times more queries processed
- 4.0 times fewer open queries
- Approximately 4.5 times fewer missing forms in each trial

Enhancing Feasibility Surveys by gathering more information underscores the crucial role sites play in successful clinical trials. Defining realistic patient targets and mitigating factors such as competition and subject scarcity can complement sponsor trial readiness. The goal is to proactively identify potential hurdles and build a more impactful protocol design to help.

To achieve budget and time goals, grasping the full patient potential and optimizing resources is essential. This requires active involvement of sites, enabling valuable input from those doing the work.

At its core, the approach is a synergistic partnership. Sites can leverage a joint vision to improve productivity and lessen burdens. For patients, it improves access to a broader volume of trials and novel drugs to treat unmet medical needs. Finally, sponsors gain the value of increased speed and predictability — think faster start-up, higher enrollment per site, indication-specific aid, better data quality and fewer difficulties overall.

About IQVIA

IQVIA recognizes the challenges faced by research sites in executing Feasibility Assessments in clinical trials and is committed to simplifying this experience for sponsors, patients and sites. IQVIA's Site Enablement Solutions (SES), are tailored to empower sites in the execution of clinical research while alleviating the administrative burdens that have hindered progress.

From addressing staffing challenges and refining patient recruitment strategies, to navigating the complexities of trials, IQVIA's industry-leading solutions have consistently proven instrumental as illustrated by the examples included above. Understanding the unique needs of both patients and sites, IQVIA can foster a collaborative approach that not only meets but surpasses expectations.

As clinical research continues to become more complex, IQVIA remains committed to simplifying the experience for both patients and sites in the ongoing journey. SES's comprehensive solutions and unwavering support for clinical research sites exemplify our dedication to shaping a future where trials are not only patient-centric but also seamlessly integrated into the fabric of site operations.

Together, we can navigate the challenges, celebrate the successes and usher in a new era of clinical research that prioritizes the needs of both patients and the sites that make it all possible.

AVACARE CLINICAL RESEARCH NETWORK

Avacare Clinical Research Network is setting a new standard in clinical research by bringing together a powerful, centralized network of sites, experts and tools to maximize the quality and speed of clinical trials.

With more than 40 sites across the United States, Avacare serves diverse communities and patient populations across most therapeutic indications. Avacare's unsurpassed breadth and granularity of data and insights offer a deeper understanding —minimizing guesswork, mitigating quality failures and achieving new heights in efficiencies.

- 40+ geographically diverse sites across the U.S.
- 7,000+ participants randomized in 2023
- Access to 3.5M+ diverse patients through EMR and proprietary databases
- Fast and precise recruitment with high performing call centers and accomplished recruitment specialists
- 24 to 48-hour turnaround time from greenlight to first participant screened
- Expedited site startup and activation with centralized regulatory and contracting teams
- 200+ research-experienced investigators supporting > 20 therapeutic indications

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