

Clinical Trial Site Selection: Research reality check

The global recession is challenging CROs and sponsors to be extra diligent in choosing sites for clinical trials

by Lyle Fitzsimmons

Terminology for today's global economic situation – depression, recession, downturn, and crisis – are interchangeable depending on the source and slant of the information or commentary. Less open to interpretation, however, is the tangible effect financial issues are having on the pharmaceutical industry.

Widespread personnel cutbacks and declining research outlays have revived mandates for efficiency and cost-effectiveness throughout the timeline of a product, prompting companies and research partners to reexamine strategies at the very initial stages of the development process. One such strategy under the microscope is the selection of clinical trial sites and accessing patients that will best maximize return.

“Pharmaceutical companies are looking for the most cost-effective approach to deliver patients,” says Janet Jones, Ph.D., senior director, project information & feasibility, Icon Clinical Research (iconclinical.com), one of several contract research organizations that provide site-selection services to drug sponsors. “This has not resulted in a narrowing of global focus, but rather a trend to go to fewer countries and to maximize recruitment from these countries.”

According to CROs versed in site-selection nuance, these companies traditionally rely on six key factors when planning projects. First, they identify where the best patients are for a particular study and send personnel that location. Then the clinical teams must determine the best way to get patients into the trial at that site. Next, potential recruitment challenges are identified and measures to overcome these obstacles are explored.

CROs and other hired service providers then focus on localized planning at the site, taking into account the cultural practices and nuances unique to the location. Having competent, well-trained, and engaged clinical research associates who work in partnership with sites and encourage them to stay motivated is crucial.

Finally, CROs must manage the plan in place with all of those involved working toward agreed objectives.

“The choice of country remains an important recruitment strategy,” Dr. Jones says, “and in many cases this is favored over the provision of more expansive patient-recruitment approaches.”

Although the ultimate success of a trial revolves around the number of qualified patients enrolled, it is not the only measure. Instead, the entire process is being looked at as just that – a process. Recruitment goals remain a central and critical component of study planning. What has changed is the importance of feasibility.

Today's successful recruitment is considered an evolving life cycle, which begins with evidence from previous studies, includes feasibility data to commence the recruitment planning process, and ends with a full evaluation of site performance and the factors that helped the site deliver patients.

“We use local understanding and insight to drive realistic recruitment projections and to work in partnership with our sites to establish relevant and customized approaches to recruit and retain patients in a study,” Dr. Jones says. “It’s vital to map out who really sees a specific patient population and at which stage this occurs in diagnosis and disease management. We also share with investigators how the new drug will be used and how the required clinical trial will work with physicians. This helps to build partnerships and improve our recruitment planning.”

In light of the financial climate at the moment, an individual's economic hardship and inability to access comprehensive healthcare coverage may actually make the prospect of participating in a trial more attractive, according to Dr. Martin Lee, executive director, feasibility studies, PPD Inc. (ppdi.com).

“As expected, the downturned economy has affected access to healthcare as individuals lose jobs and/or simply can't afford health insurance,” Dr. Lee says. “Clinical trials offer access to medications, whether it is maintenance during participation of the actual study drug itself. Trials with longer follow-up periods that offer medications at no cost are more attractive to patients than they have been in the past.”

The economic squeeze has been at least partially responsible – along with the attrition caused by an increasingly competitive landscape – for what companies see as a shrinking pool of qualified investigators at sites, particularly in the United States.

An impact report from the Tufts Center for the Study of Drug Development (csdd.tufts.edu) earlier in the decade showed a 6% annual decline in the number of investigators since 2001. Clinical research information provider CenterWatch (centerwatch.com) found that 50% of first-time investigators used between 2001 and 2004 dropped out of research after their first study.

Meanwhile, BCC Research (bccresearch.com) reported that the annual number of U.S.-based clinical trials was increasing at an average rate of 6%, perhaps prompting companies to use investigators with less than ideal levels of experience in some situations – leading to the high dropout rate.

“Many physicians are under pressure to see increasing numbers of patients in a shorter period of time, and they find it difficult to spend the time necessary to participate in clinical research studies,” Dr. Lee says. “Cutbacks in research staff at some sites can also have a devastating impact, as trials continue to become more complex.”

As a result, study sponsors are increasingly clamoring for better tools to make the investigator and site-selection process more efficient. Pharmaceutical services company i3 (i3global.com) recently inked an agreement with patient recruitment organization Acurian (acurian.com) to provide sponsors with a solution to recruit investigators for trials. Acurian's patient database will be complemented by i3

services that offer statistics for improved planning and identification of trial sites with greater access to appropriate patient populations.

“Seventy-eight thousand investigators in i3’s U.S. database, combined with more than 50 million patients in Acurian’s database, will yield a comprehensive view of sites, investigators, and patients to help our customers achieve their enrollment targets,” says Bill Gwinn, VP, clinical informatics, i3 Pharma Informatics.

For the sites themselves, experts contend a variety of factors – including strong leadership from the investigator, integration of trials with patient care, and a patient-centric approach – define the best of the best in a crowded field. Fully leveraging the patient-physician relationship ensures all patients who could be eligible for a trial are at least made aware of its existence, and in the most appropriate manner.

Failure to do so is a common reason sites fail to realize potential and often struggle to recruit and retain patients.

“For a new site to move toward the top of the list, it needs to demonstrate it’s better than the rest in terms of recruitment, quality, ease of doing business, and data delivery,” says Benjamin Quartley, Ph.D., director, feasibility & patient recruitment, global site services, clinical development services, Covance (covance.com). “Often, new sites lack the staffing and infrastructure required to cope with the demands of today’s clinical trials and fail to realize their potential, and many even give up on clinical research after the first attempt. Those that move forward require investment in trials infrastructure ahead of the curve, and accept clinical research may result in initial financial outlay.

“The reality is that for many sites this is not possible,” Dr. Quartley says.

Several big-pharma companies have emphasized ramping up research in emerging markets in recent months, but the jury largely remains out on the next “hot” area for site location.

“Certainly there are identifiable trends that suggest some regions are more cost-effective for research than others,” says Chantal Demblon, global service head, feasibility & site identification, Kendle (kendle.com). “These include India and other Asia-Pacific countries – especially China – as well as many of the Latin American countries.”

According to Ms. Demblon, disease prevalence is also a key driver of geographic trends in site selection. Africa, for example, is popular for specific indications such as infectious diseases and vaccines. Eastern European countries also remain attractive destinations for sponsors weighing recruitment potential and cost.

“We may need to identify more sites than are called for in the initial study plan when recruitment for a specific study is lower than expected,” Ms. Demblon says. “This drives the need for additional sites in existing countries or in additional countries, which it turn introduces additional costs and extended timelines.”