Tips for Success – Patient Recruitment in Clinical Trials!

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Wednesday 7th May 2014
### Attributes impacting patient recruitment the most?

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusion/Exclusion Criteria</td>
<td>66%</td>
</tr>
<tr>
<td>Protocol Design</td>
<td>48%</td>
</tr>
<tr>
<td>Appeal of the IP to patients</td>
<td>42%</td>
</tr>
<tr>
<td>Investigator interest in the study</td>
<td>40%</td>
</tr>
<tr>
<td>Quality of the site coordinator</td>
<td>24%</td>
</tr>
<tr>
<td>Therapeutic area</td>
<td>23%</td>
</tr>
<tr>
<td>Patient recruitment budget (marketing, advertising)</td>
<td>21%</td>
</tr>
<tr>
<td>Amount of the investigator payment</td>
<td>15%</td>
</tr>
<tr>
<td>Quality of the CRAs</td>
<td>9%</td>
</tr>
<tr>
<td>Site coordinator interest in the study</td>
<td>4%</td>
</tr>
<tr>
<td>A broad geographic scope for the trial</td>
<td>4%</td>
</tr>
<tr>
<td>Quality of the pre-study feasibility</td>
<td>3%</td>
</tr>
<tr>
<td>A limited geographic scope for the trial</td>
<td>3%</td>
</tr>
<tr>
<td>Limited number of CRF pages</td>
<td>2%</td>
</tr>
</tbody>
</table>
Recruitment is Multifactorial

• Patients with the target disease
  • Key People Drivers: Investigator, Advisors, Literature, Patient Groups

• Patients Eligible to enter the Study
  • Key People Drivers: Investigator, Study Coordinator

• Patients detected/approached by the Investigator
  • Key People Drivers: Investigator, Study Coordinator

• Patients willing to enter the study.
  • Key People Drivers: Patients, Investigator

• Patients Remaining in the Study

Ref: Garner J., Planning and Managing Timelines in Clinical Trials, 18 Oct 08.
1. **Protocol Design**

- Consider primary endpoints
- Use retrospective cohort reviews
- Simplify the study as much as possible
- Standardize the protocol not the patient

**Results:**
- Total addressable population: 36,000
- Satisfy principal eligibility criteria: 632
- Contact site after intense recruitment effort: 50
- Pass telephone eligibility interview: 20
- Pass face to face eligibility interview: 14
- 14/36,000 patients 0.04% would enter the trial

2. Protocol Design – patient recruitment and retention should be part of protocol design

- Protocol design is typically developed through scientific eyes only. This can pose a challenge.
- How feasible will this protocol be to implement in the field?
- Recent metrics show that $1 million is spent on each study protocol amendment
- Millions of $ could be saved if sponsors engage operational team members during protocol design stage
- Use of patient recruitment specialists, selected study coordinators, study managers

ISR Report The Voice of the Site Coordinator November 2010 Final.
3. Study Feasibility

- Should you even take on the study?
- If first instinct is doubt – may be best to pass on the opportunity.
- For sponsors and CROs need to provide accurate inclusion/exclusion and assessment schedule so that better estimates can be made. Also provide enrollment period. Is there a budget for recruitment and advertising?

Understand the study population

- Is epidemiology data available?
- Review of your clinical database should be completed prior to agreeing to participate in the trial, but after the pre-study visit.
- Why would site be motivated to enrol?
- Type of disease – what are other options?
- What are the barriers? (e.g. travel distances, number of clinic visits)

4. **Site Specific Strategies**

- Experienced Site past experience in conducting trials in a similar patient population can assess past enrolment performance
- Subject friendly facilities, efficient scheduling, extended clinic hours to accommodate subject’s work schedules
- Transportation support

- Create tools to identify, approach, enrol and retain patients
- Anticipate problems
- Quickly recognize when recruitment is running behind schedule and pinpointing the problem
- Make relevant patients/colleagues aware of the clinical trials being conducted at your site
- Site selection now becoming very competitive – show what you can do – show the metrics of past performance and show plan for recruitment
5. Keep a Pre-Screening Log

- A pre-screening log can expedite study enrollment and gauge study interest.
- The log does not have to be shared with the Sponsor and can be used in accordance with applicable privacy laws and guidelines for protected health information.
6. Local Therapeutic Associations

- Partner with local chapters of therapeutic associations
- Hold informational meetings
- Place flyers in their offices
- Send details to their mailing lists
7. Keep Record of Your Performance - Metrics

- Establish milestones for your recruitment and know where your site is throughout every step of the recruitment process
- Ask your CRA regularly how you are recruiting against other sites locally and globally
- Have recruitment figures for all of your studies. How do you recruit against others and against what you anticipated for other studies
- What strategies have worked well in the past and what has not – Lessons Learned
8. **SSV – SIV Minimize Time. Work as a Coordinated Team**

- When a site says YES to interest in a protocol – the clock starts immediately – that is the time when patients top of mind and there is an unmet need.
- Protracting the SSV-SIV timeline loses the focus for the study.
- Medicines Australia contract templates – agreed contract wording in advance.
- Quick budget negotiations – know your general costs – agreed service costs.
- Sponsors need to have lab manuals, pharmacy manuals, full protocol, imaging manuals even drafts very early to facilitate quick turnaround on budgets.

**Corporate memory with CRO**
9. Study Coordinators’ Forum

- Let study coordinators have a forum to be heard independent of the investigators
- Convene study coordinators in a Face to Face training or webinar. This allows coordinators’ voices to be heard and a way to “give” back
- This can be recruitment calls but importantly should be continued certified training for the coordinators
- Up skilling staff in trial recruitment – ask your CRO or sponsor for help with training support
Tip 10

**10. Sponsor Provided Recruitment Materials**

- Sponsors and CROs stay top of mind with your sites
- By utilizing the Sponsor materials, you reduce the timelines for incorporation and implementation
- Image branding – identifies the study to patients
- Patient letter, ICF flipcharts, patient study guides, patient referral leaflet
- Creatively branding your trial is VIP. Sponsors 233% increase in patients required for an NDA – one trial is a small fish in a big ocean - must make the trial stand out in the crowd
- Sponsors are not just competing for study participants but for experienced research sites

Clinicaltrials.gov, Tufts, ISR Reports.
11. **Exhaust Low Cost Options First**

- Community outreach
- Networking
- Physician referrals – letter to physicians regarding the trial
- E-mail or phone your colleagues to explain the crux of the study
- Staff training and updates essential to continued study recruitment

Patient Recruitment and Retention in Clinical Trials – Forte Research Systems, Inc.
12. Hospital Internet Increasing Awareness of Clinical Trials – What is Research?

- Approximately 69% of non-participation in clinical trials is the result of a lack of awareness that trials are even taking place.
- One survey showed that 40% of adults do not understand the idea of a clinical trial – what it is or how it is performed. Further ¼ of the population can even describe a clinical trial.
- According to 2002 Harris Interactive poll on Cancer Trials, 83% of adults believe that clinical trials are essential or very important. However, only 3% of oncology patients in the US enrol in clinical trials.
- Study Specific landing page or page of currently enrolling studies to your hospital website.

Ref:
- Frank, Genevieve. “Current Challenges in Clinical Trial Patient Recruitment and Enrolment.” SoCRA SOURCE. Feb 2004
Tip 13

Engage with Sponsors and CRO

13. Two way Communication- Engage with Sponsors and Sponsors and CRO engage with Sites

- Strategic Site Partnerships and relationships

- Sponsors and CROs increasingly choosy on the sites they initiate on their studies
- Sponsors and CROs want to work with sites that are high performing, enrol efficiently and are organized with a solid plan of action
- Personnel from sponsor/CRO maintain regular communication - how can we help?
- Competing studies definitely adversely impact recruitment – discuss prior
- Single point of contact. Can be too many touch points – feasibility/start up/clinical/regulatory/safety

14. **Know Your Target Audience**

Know your patient audience such as age, ethnicity, geography etc. Focus recruitment techniques best suited to the demographic.

- E.g. if recruiting for a geriatric study, you most likely would not want to promote it online.
- Likewise, if it is a pediatric study you probably would not get many patients from hanging posters in the hospital.
- Some sponsors pay the sites for pre-identifying potential subjects so that when the study begins the site is ready to recruit immediately.

15. **Tip 15**

**Patient appreciation - vital**

15. **Say thank you to patients for their participation**
   and make their first impression and last impression good ones

- Patients need to be appreciated
  - Without the patient no advancement in medicine
  - Volunteers are extremely valuable
  - A thank you card or poster??
  - If patients have a positive experience they will consider another trial in the future – be enthusiastic about the study.

Thank You for participation in our study.
16. **Budget Considerations – Realistic**

- If the margins for a study are not good enough for the site, they will be less likely to prioritize recruitment for your trial.

- Site recruitment budgets are often very lean. Should not be coercive but should be fair and reasonable. Don’t scrimp when negotiating clinical site contracts. When negotiating clinical site contracts; arguing over nominal amounts can strain site relationships.

- Sponsors and CROs will appreciate you assigning estimated costs to each recruitment tactic as to costs of each part of the study.

- Justify for recommendations and costs – what will your budget deliver?

- ENSURE ANY PAYMENTS owed to SITES are PROCESSED in a TIMELY fashion.
Tip 17: Ensure Study Coordinators have Time and Knowledge

17. Ensure study coordinators have time for recruitment strategies and that all of the team have the knowledge to recruit patients to the study.

- All too often, the sheer volume of the site coordinator's tasks is simply overwhelming, rendering attempts for fostering patient recruitment less effective than they could be.
- A coordinator should be familiar with all studies to maintain consistency and efficiency. Every coordinator should be able to enrol patients in any study.
- Study budget for this?

18. Thorough protocol training – Regular training

- The site staff MUST know the protocol well and have a thorough understanding of the protocol.
- The sponsor or CRO must ensure adequate training on the protocol and regular update and revision training.
- Investigator Meetings are important for staff to be adequately trained. Ensure the IM is designed to both inform and motivate and help provide an early impetus for patient screening. A webinar will never be as motivational for recruitment as a F2F IM.

19. **Sponsor and CRO Follow Through**

- Keep sites motivated – follow through on commitments
- Re-engage a de-motivated site – small price to pay to get patient recruitment on track
- Maintain open lines of communication
- Do what you say you will do – makes a good impression
- Get back quickly with responses to questions – the more quickly you respond, the more likely you are to connect when interest is piqued

20. Consider a Recruitment Specialist or Clinical Trial Educators – Sponsor/CRO/Site

- Sponsor consider for each region or country?
- Site consider at your site
- They get in touch with patients who have shown an interest in being a part of your study
- They should be able to handle multiple trials and patients at one time
