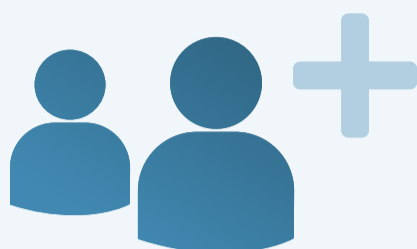


The current state of patient recruitment

Clinical studies are designed with the end in mind, but the biggest challenge is often at the very start – patient recruitment.



The clinical research landscape^{i,ii,iii} The patient recruitment dilemma



In 2017/18, a total of **725,333** people participated in NIHR CRN-supported clinical research studies – the highest number since records began and an **8.8%** increase since 2016/17.



90% of all clinical studies worldwide fail to enroll patients in time and need to extend their enrollment period.

But, in the US...

86%

As many as **86%** of clinical trials fail to recruit required numbers of patients.

27%

27% of US investigators fail to enroll any patients at all.

30%

The **leading cause** of missed clinical study deadlines is patient recruitment, taking up to **30%** of the clinical timeline.

The cost of the recruitment dilemma^{iv,v,vi} A hefty price to pay

Drug development costs are rising sharply.



\$100 million
(1979)



\$1.3 billion
(2005)



\$1.7 billion
(2015)



\$2.7 billion

Estimated cost to bring a drug to market, regardless of disease area.



\$600k - \$8m

For each day a company goes over their trial deadline, they can lose up to **\$600,000** in foregone sales for smaller products and as much as **\$8 million** for blockbuster drugs – with the most likely reason down to poor recruitment.

Top five recruitment barriers^{vii,viii} Reasons recruitment is hard



1. Lack of awareness

Eligible patients are not aware that a clinical trial exists, or that they are able to participate.



2. Protocol and procedures

Protocols have become increasingly more complex in the last ten years and information featured on consent forms can confuse patients.



3. Public perception

People may fear side-effects, which can range from uncomfortable but mild, to severe treatment complications.



4. Lack of patient input

If the patient perspective isn't considered from the outset, the trial can't be designed to motivate participation.



5. Social and cultural issues

Many clinical studies do not consider the different cultures and beliefs within society today, which patients can perceive as barriers to participation.

Tools to boost recruitment Solving the patient recruitment dilemma

To address the growing need for specific patient profiles to fill the large number of spaces within these clinical trials, two key tools are available:



Patient-centricity

Patient-centric clinical trials are driven by a sensitivity to patient needs. The important principles of a patient-centric approach includes understanding:

- ? Who is the patient demographic**
- ? What is the incentive for participation**
- ? How does the disease impact the patient's life**

Patient insights provide guidance in developing protocols which are enrollable and equip you to design a study that patients want to be a part of and are motivated to see through to completion.



Technology

Technology enhances patient-centricity while also offering increased research efficiency:

- ✓ Global patient reach** – access to **tens of millions** worldwide.
- ✓ Speed** – increased efficiency keeps timelines on track.
- ✓ Improved return on investment** – you can **save 30-50%** with efficient processes and advanced tools.^{vi}
- ✓ Patient retention** – the ability to continually engage patients and send reminders increases commitment to the trial.

What next? Changing the future of patient recruitment



While there are millions of active clinical trials across the globe today, patient recruitment remains the most cited reason for delayed clinical studies. Even within top therapy areas for recruitment, such as oncology, many patients are not aware of the amount of clinical studies or the benefits of participating.

To improve patient recruitment globally, clinical investigators and pharmaceutical companies need to be more creative. For innovative patient-centric study support, **contact Clariness.**

ⁱ <https://www.nihr.ac.uk/about-us/how-we-are-managed/managing-centres/cm/key-statistics.htm>

ⁱⁱ [https://linkinghub.elsevier.com/retrieve/pii/S1551-7144\(17\)30753-X](https://linkinghub.elsevier.com/retrieve/pii/S1551-7144(17)30753-X)

ⁱⁱⁱ Stat sources as follows:
- <https://www.linkedin.com/pulse/challenges-meeting-patient-recruitment-retention-goals-roehl>
- <https://www.sciencedirect.com/science/article/abs/pii/S0167629616000291>

^{iv} https://www.clinerion.com/dam/jcr:3ef2af96-80be-4577-8fdb-d09611030d37/Clinerion-Patient_search_in_clinical_trials-Oemer_Seker-White_Paper-20160404.pdf

^v <https://www.forbes.com/sites/matthewherper/2017/10/16/the-cost-of-developing-drugs-is-insane-a-paper-that-argued-otherwise-was-insanely-bad/#710dc1b82d45>

^{vi} www.ISRreports.com

^{vii} <https://knect365.com/clinical-trials-innovation/article/c30f7d4a-d1d3-475a-aa97-2bbef2cf23c8/patient-recruitment-challenge-willie-muehlhausen-icon/>

^{viii} <https://www.clinicalleader.com/doc/getz-site-activations-hurt-by-commodity-mentality-0001>