How Your Clinical Trial Can Succeed in a Crowded Market

Differentiating clinical trials and improving patient enrollment

By Chris Crabtree, Venkat Sethuraman
and Caitlin Clunie O'Connor

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Introduction

While many variables can threaten to derail drug development, clinical trials—more specifically, the lack of patients participating in them—is perhaps one of the most vexing. Today, 72% of clinical trials fail to meet their original timelines by one month or more, and inefficient patient enrolment is a leading cause of delay. Moreover, the consequences of clinical trial inefficiencies are significant: According to a CenterWatch study, a day of delay can incur up to $8 million in lost revenue for the trial's sponsor and, more importantly, prevent much-needed drugs from reaching the patients who need them the most.

The biggest barriers to patient recruitment include misconceptions, fear and a lack of understanding about the risks associated with clinical research. However, 84% of patients would consider participating in a clinical trial if it were recommended by their physician, meaning that the limited participation doesn't appear to be driven by a lack of willingness. This indicates that patients may not be receiving the right information and advice about the trials that they're eligible for, or they're not receiving any information at all. What's more, the healthcare providers themselves don't feel well-informed: According to a 2017 study from the Tufts Center for the Study of Drug Development, physicians and nurses only refer small numbers of patients due to a lack of available information, limited time to familiarize themselves with upcoming trials, and limited time to discuss trial opportunities and the process with patients.

To overcome the hurdle to patient enrollment within clinical trials—and get drugs to market faster—the pharma industry needs to rethink how it's engaging with HCPs across the clinical trial life cycle, and prioritize using stakeholder insights to differentiate their trials and streamline the enrollment process. However, improving clinical operations requires more than just a few quick fixes; pharma companies need to drive an end-to-end transformation of their engagement strategy. Here's how:

1. Gain a holistic understanding of your stakeholders
2. Use stakeholder insights to inform trial design
3. Develop a comprehensive communications strategy
4. Measure and track stakeholder experience

Gain a holistic understanding of your stakeholders

How can we engage our stakeholders effectively if we don't know who they are, what their needs are, what they value in a trial or how they prefer to receive information? The foundation of any successful trial engagement strategy should be a deep understanding of external stakeholders. This includes prospective patients as well as all HCPs involved in the trial process, including principals and co-investigators; other site staff, including study coordinators, research practitioners, study nurses and supporting staff (radiology, laboratory, etc.); and the referring physicians and nurses.

In parallel, gathering insight on the competitive landscape is essential. There are many choices and trade-offs that HCPs and patients will need to make when deciding between the assortment of trials that may be open to them. What other trials will be enrolling from the same patient population? How do their designs differ from our own? How will we be impacted by competition from existing therapies, both on- and off-label? What's needed to demonstrate improved outcomes to payers? How do we stand out?

As the first step in creating a holistic engagement strategy, we recommend that trial teams integrate the routine use of primary and secondary research into the early stages of clinical trial design. This is particularly relevant for late stage trials that demand greater investment of time and money from sponsors and put significantly greater personal and medical burden on patients. Establishing a comprehensive understanding of stakeholder and competitive insights up front will help streamline the enrollment process by providing the tools to first design and then effectively communicate a differentiated trial that's centered around HCP and patient needs.

Use stakeholder insights to inform trial design

Study design is a major barrier to patient enrollment. Stringent eligibility criteria make it challenging, or seemingly impossible, for physicians to identify suitable patients. Additionally, increasingly lengthy study timelines with burdensome follow-up schedules contribute to a lack of willing patients. The outcome of both is often a need to amend the trial protocol, which costs money and causes delays. According to the Tufts study, nearly all of the 3,500 approved trial protocols surveyed needed at least one amendment. Of the 6,855 changes that were categorized, 16% were changes to the patient eligibility criteria and 12% were adjustments made in the number and type of patient assessment procedures. In a recent ZS white paper, we outlined how sponsors can use data science to quantitatively assess how trial design might impact the ability of a site to enrol patients. Alongside this, introducing some simple and well-established primary research techniques—advisory boards, interviews, surveys, etc.—with HCPs and patients during the trial design phase can also help sponsors flag major barriers to enrolment up front and help us to understand how we might minimize them. Combining these techniques can ensure that adjustments, such as simplifying the patient assessment schedule, can be made before protocol finalization, reducing the risk of expensive and time-consuming amendments further down the line.

Gathering insights up front also can help teams design their trial in a way that differentiates it from competitors. For example, a 2011 Mayo Clinic study of patients with diabetes found that more than 75% would prefer to participate in a study that measures outcomes directly related to their quality of life, such as an onset of kidney failure, rather than surrogate biomarkers. Proactively identifying and incorporating variables that matter to your specific patient and HCP cohort should attract attention, drive engagement and, in turn, increase the likelihood of enrollment success.

Develop a comprehensive communications strategy

Learning from the commercial landscape of approved therapies, trial sponsors should be thinking much more deliberately about their communication strategy to ensure that the right HCPs and patients are receiving the right information at the right time, and in a format most appropriate to their specific needs. A good communication strategy should focus on keeping HCPs and patients actively engaged throughout the entire trial process, and doing so requires a clear road map of communication touch points.

When to communicate

For HCPs, the map should include all their interactions with the sponsor or contract research organization personnel, from initial communications to follow-up calls and visits, and any point in which they are contacted through digital channels. Each touch point should be documented, and the outcomes fed back to inform and optimize future communications. This is an essential component as trial sites will often be running multiple clinical studies, and both the investigators and busy site personnel must choose where to spend their time, regardless of what they may have initially committed to trial sponsors. Establishing an ongoing relationship and providing consistent support may also serve to minimize the high rates of investigator drop-off from one trial to the next and establish sponsor-of-choice status.

A similarly focused approach should be taken with patient communications where sponsors need to plan and orchestrate their own interactions with patients. They should also be mindful of when the patient needs to interact with other HCPs throughout the care pathway and be aware of any other channels or platforms through which they may receive trial information or support. They must also make sure that all willing and eligible patients are being properly guided through the process to trial randomization.

What to communicate, and to whom

Once a road map has been developed, companies should turn to physician and patient data to better understand what to communicate about clinical trials and to whom. One ZS study found that conducting primary research to understand physician opinions about a specific trial protocol can help identify key trial attributes or points of differentiation, which can then be developed into short and compelling key messages to deliver throughout the communication plan. It can also help clinical teams identify trial attributes that require additional

explanation up front to prevent them from being a barrier to enrollment. For example, in oncology trials, overall survival is widely regarded as the most reliable endpoint. If a progression-free survival (PFS) endpoint were flagged as a concern by physicians during the market research phase, the sponsor could proactively communicate that PFS was chosen because it is clinically meaningful in this specific cancer, where tumor progression is likely to be followed by fatal brain metastasis.

From the patient perspective, understanding what patients need to know to make well-informed decisions about trial participation—and engaging them to support the creation of clear and accessible communication materials, such as designing leaflets or holding digital forums—is key. In fact, in a 2015 survey by the Memorial Sloan Kettering Cancer Center, 60% of participants had a negative perception of clinical trials, but positive perception in the group increased by 50% once participants were shown some short statements that clearly explained the clinical trial process. For example, patients may be hesitant to participate in a trial for Irritable Bowel Disease when told they would need to undergo five

Why Clinical Operations Teams Need Market Research

Extensively used by pharmaceutical commercial functions, primary market research (engaging with external stakeholders, typically on an anonymous basis, to gather information on their needs and preferences) is hugely valuable but much less common in the clinical setting. Many sponsors will engage with a small number of key opinion leaders (KOLs) in an advisory board setting, but this fails to deliver real-world insights. KOLs, who likely have well-established, long-term relationships with various trial sponsors, are not representative of the typical site investigator and may only recruit a small number of patients to trials. Fielding a well-designed survey or conducting interviews with a broad and representative sample of HCPs to gather feedback on your trial protocol is much more likely to generate insights that can inform decision-making around trial design and operations.

A growing number of trial sponsors are now using patient advisory boards to inform trial design with positive outcomes. A BMC Health Services Research study of cancer trials in the U.K. found that those that incorporated patient feedback into the study design were twice as likely to successfully hit their recruitment targets compared to those that did not. Continuing to gather insights from advisory boards, advocacy groups and the general patient population can provide sponsors with a holistic overview of proposed trial feasibility from the patient perspective.

colonoscopies in the first year of treatment. However, these procedures are fundamental from a research perspective to properly inform the initiation and maintenance phases of treatment. By clearly and proactively explaining these concepts, sponsors would enable patients to make well informed decisions about the burdens they are willing to bear weighed against their clinical purpose and potential benefits. Employing some typically commercial message-testing techniques could help sponsors understand what resonates well with the patient population.

How to communicate

The final element of the communication strategy should be consideration of how messages are delivered. As we map out our engagement journey with HCPs, we should be keeping track of what communication channels have been the most impactful in the past. Do they prefer in-person communication, phone calls or email? What cadence do they prefer? It's also important to think through what information you provide and when. A commonly cited reason that physicians and nurses don't refer patients for clinical trials is a lack of time to access and evaluate the relevant materials, according to the Tufts study. This highlights a need for trial information that can be reviewed and processed quickly and conveniently. Sponsors should provide HCPs with short, clear and compelling communications, supported by key data to help them quickly understand the crux of the trial. This will increase the likelihood that HCPs remember your trial when encountering eligible patients. Furthermore, providing additional support personnel to sit within hospitals or treatment centers who are dedicated to discussing potential clinical trials with eligible patients could help relieve some of the burden on HCPs.

Sponsors should also be thinking about how they can leverage other communication channels to most effectively reach the patient population. A 2017 Salesforce study found that 60% of Americans would be open to receiving virtual support service options such as video conference calls with pharmaceutical companies to help them understand their medications. The study also found that patients would be more likely to choose a drug if they felt that the company was actively engaged in their outcomes. Investing time establishing relationships with patients—for example, by engaging with them online to provide accessible medical information and advice across a therapeutic area—would help establish a presence in the community. Providing holistic, long-term support, rather than just for the duration of a specific trial, should further differentiate trial sponsors and help improve the chances of attracting wiling participants.

Measure and track the experience of trial stakeholders

Pharma companies need a robust and objective process of measuring the HCP and patient experience during clinical trials. According to ZS research, the drivers of a positive experience for principal investigators include building trusted relationships, responsiveness and company reputation—best practices that vary little from those widely employed in the commercial setting.

Companies can leverage proven metrics like the Net Promoter Score or Customer Engagement Index. Simple, ongoing tracking and feedback mechanisms can serve as a dynamic tool to monitor stakeholder experience in real time, trigger corrective actions, and accurately explore the relationship between experience and enrollment rates. Only by measuring the baseline and continually tracking change can you see if the initiatives and actions you are implementing have impact.

As the industry continues to struggle with clinical trial delays in an increasingly crowded market, who will be first to address this challenge by borrowing from the marketer's toolkit? The upside opportunity for pharma and for patients in bringing much-needed medicines to market sooner is obvious. The tools are available to generate insights from patients and HCPs, and then to deliver and communicate a differentiated trial. All that's needed is the decision to change the organizational status quo.

Remember the four key strategies for differentiating clinical trials and improving patient enrollment:
Gain a holistic understanding of your stakeholders
Use stakeholder insights to inform trial design
Develop a comprehensive communications strategy
Measure and track the experience of trial stakeholders

About the Authors

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04-19