The State of Clinical Trial Activation at Sites

When conducting the study activation survey, we categorized five areas of protocol feasibility and identified items in each area indicating successful activation practices. These included:



Determine Financial Viability

2. Medicare Coverage Analysis (MCA) 1. The budget negotiation process

When asked, 11% of respondents reported financial feasibility was not

part of their study activation process. A study's financial feasibility is

negotiating fees were a

Takes a long time 63% of respondents indicating The MCA process: Determines what might be reason for activation hold up

Is held up on the sponsor end too half of respondents stating their

this task alone

informed by:

sponsor's response time is slow This can be improved through partnerships with experienced negotiators who are well informed about budgeting and focused on

of strategies to negotiate startup costs, including:

covered by a participant's

health insurance plan

Mitigates or eliminates billing compliance risks Is required to understand the true cost of a study, but 46% of respondents indicated they do

However, study activation costs can be negotiated. Sites use a variety

not complete MCA at their site

15% 38% 48% A hybrid method with A single bundled Itemized startup itemized and bundled costs startup fee costs

Optimize Resourcing A protocol feasibility analysis needs to include staff and infrastructure

Additionally, staff expertise needs to be accounted for.

resource evaluation, including what is necessary to activate the trial.

However, the largest pain point indicated across all organization types

20-25%

was research team staff turnover:

of academic medical centers (AMCs) and health system-based sites reporting this as their top

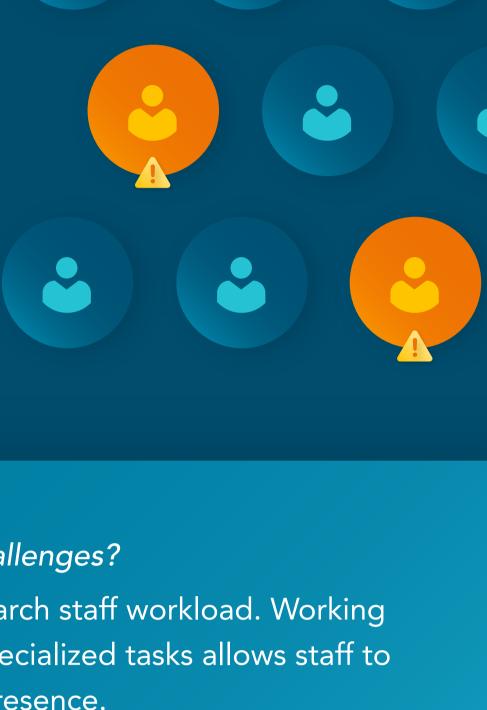
staff-related issue related to IRB 47%

of AMCs and universities indicated number of staff is a sticking point relating to staffing and budget negotiation

What can we do to improve staffing challenges? Augment and outsource to reduce research staff workload. Working with an external partner to complete specialized tasks allows staff to focus on the tasks requiring an onsite presence.

Beyond staff resourcing,

sites should consider:



Facilities and infrastructure required to conduct clinical trials



of respondents who included CTMS

costs in the budget received payment.

Shorten Activation Timelines

Sites conducting clinical trials naturally compete for accruals.

Research sites that do not open studies promptly miss out on

22%

19%

91-120 days

21%

Infrastructure shared by multiple

investigators and studies

While 99% of respondents provided a turnaround time for overall study activation, 35% reported activation timelines of 91 days or more. Only 19% achieved efficient timelines of 30 days or less.

19%

24%

enrollment opportunities.



35% reported activation timelines of 3 months or longer

11%

121-180 days

of AMCs and universities completing

activation within 60 days

5%

> 181 days

< 30 days 31-60 days 61-90 days

80%

of hospital/health system-based sites

reported activation within 60 days

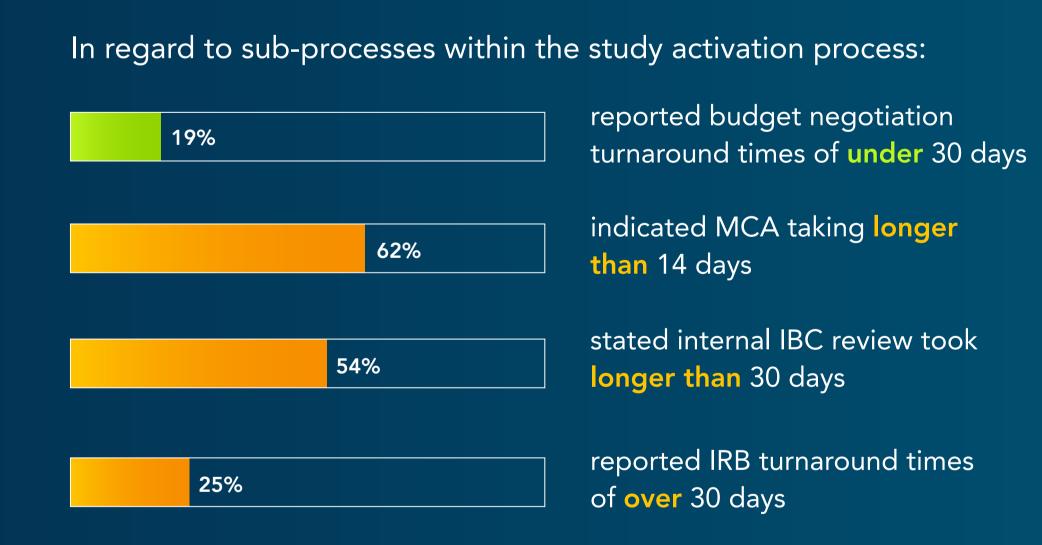
34%

Activation timelines varied by organization type and research portfolio

of investigative sites were more likely to report

shorter activation times (60 days or fewer)

Regardless of organization type, smaller portfolios of less than 100 industry-sponsored trials more likely reported turnaround times under 30 days. Organizations with larger portfolios of more than 300 industry-sponsored trials reported turnaround times of at least 121 days.



81% survey respondents indicated ancillary reviews such as conflict of

interest or radiation safety review are done at the same time as IRB

review, but 35% of organizations do not allow simultaneous IBC and

IRB review. Additionally, 13% of respondents require a finalized budget

28%

88%

indicated they met their

budget negotiation goal

What can be done in tandem with IRB review?

and contract before IRB submission occurs.

54%

72%

turnaround time.

Accurate Accrual Assessments

indicated their institution

turnaround time

had no specific goal for IRB

reporting there is no stated there is no process goal for IBC process goal for MCA turnaround time turnaround time

When meeting goals, 44% of respondents indicated they met IRB

approval and MCA goals, and 28% reported they met their budget

negotiation goal. When meeting IBC goals, 64% said they met their

At the site level, 20-50% of clinical trials accrue zero participants, therefore wasting time and effort put forth by study staff. While 92% of respondents evaluate the pool of participants during study activation, 32% of these respondents don't evaluate past study successes or failures. Evaluating past performance can enable sites to: Adopt successful recruitment strategies

Conduct Early Feasibility Assessments

What is protocol feasibility? Protocol feasibility is the process of reviewing the logistical aspects of a clinical trial and determining if the site's available resources are sufficient for conducting the trial. Conducting a feasibility assessment

includes assessing:

Illuminate screen failure rates Estimate staff and investigator effort

Available resources Financial viability

Past performance Potential pitfalls and ability to accrue

- Sites should maximize their chances of trial success by answering the following during the trial evaluation period:
 - Is it financially viable to run the study at your site? Do you have sufficient available staff to conduct the study?

Do you have the infrastructure required to conduct the study? Can you activate the study in a timely manner? Can you meet the required accrual goal?

In late 2020, Advarra conducted the Study Activation Survey, asking clinical

research site professionals to examine the current state of study activation in

more information on report findings, please visit Advarra.com.

the industry and identify the processes and resource constraints impacted. For