

# Accelerate the Startup of Your Clinical Trials Without Sacrificing Quality

## Common Pitfalls That Cause Delays and How to Avoid Them

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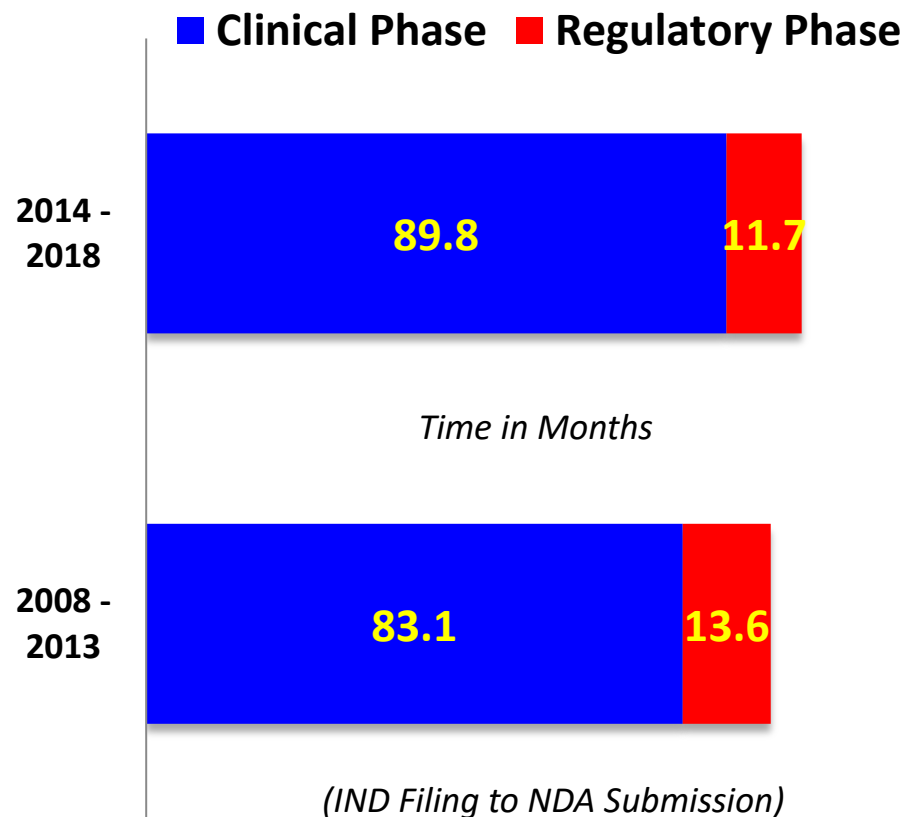
# Common Pitfalls that Challenge Clinical Trial Performance



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**Tufts University School of Medicine**

**June 2021**

# Trends in Program and Clinical Trial Cycle Times



	Mean Clinical Trial Duration (Months)	Coefficient of Variation
Phase I		
2008-2013	13.8	1.59
2014-2018	14.8	1.51
Phase II		
2008-2013	27.1	.88
2014-2018	30.2	.85
Phase III		
2008-2013	26.8	.83
2014-2018	28.5	.75

Source: Tufts CSDD, 2020. N = 377 new drugs and biologics approved by CDER (FDA)

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# Key Drivers of Development Operating Conditions



- **Executional Complexity**
- **Hyper-Customization**
- **Operating Fragmentation**

# Protocol Design Trends

Phase III Pivotal Trials (means)	2005	2011	2020	15-Year CAGR
Total Endpoints	7	13	22	7.9%
Total Eligibility Criteria	31	34	30	-0.2%
Total Procedures	110	187	263	5.9%
Number of Substantial Amendments	2.0	2.3	3.4	3.6%
Total Countries	6	9	15	6.3%
Total Investigative Sites	40	65	104	6.6%
Procedures per Planned Patient Visit	9	11	13	2.5%
Total Data Points	494,000	929,000	3,560,000	14.1%

# Clinical Research Data

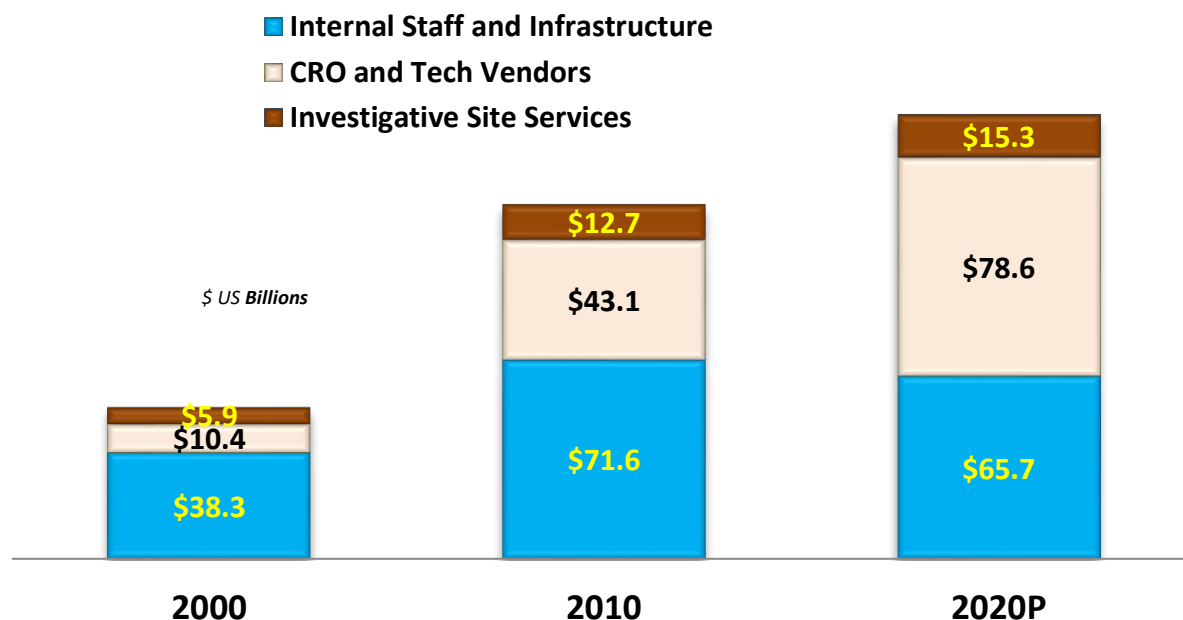
Incidence of Data Type in the Study Database

<i>(Percent of companies reporting)</i>	Current	Projected in 3 Years
Electronic and Paper Case Report Forms	100%	100%
Local and Central Labs	60%	65%
Smart Phones	45%	92%
Electronic Clinical Outcomes Assessments	21%	93%
Electronic Health and Medical Records	20%	67%
eSource	38%	84%
Mobile Health and Wearable Devices	29%	76%
Social Media	6%	27%

Source: Tufts CSDD/Veeva 2019; N=282 sponsor and CRO companies; Tufts CSDD 2017 N=257 unique sponsors and CROs

# The Global Landscape of Organizations

Distribution of Global R&D Spending



Primary Segments

	Number of Companies
Pharmaceutical and Biotechnology Sponsors	~4,275
Contract Research Service Providers	~3,300
Technology Services Providers	~1,600
Study Conduct Services (Investigative Sites)	~38,000

Source: EvaluatePharma; CenterWatch; William Blair & Wells Fargo Securities; TCSDD

# Top Qualification Areas Assessed

Top Assessment Areas	Percent of Companies
Data privacy and protection	94.3%
Quality management systems	92.5%
Facilities management	88.7%
Computer Systems 21 CFR 11 compliance	86.8%
Document management and control	85.3%
IT quality and security	84.0%
Confidentiality	84.0%
Training	81.1%
Project management	76.4%
3 <sup>rd</sup> party quality management and oversight	72.6%
Physical security procedures	71.7%
Financial stability	69.8%
Anti-corruption due diligence	59.4%



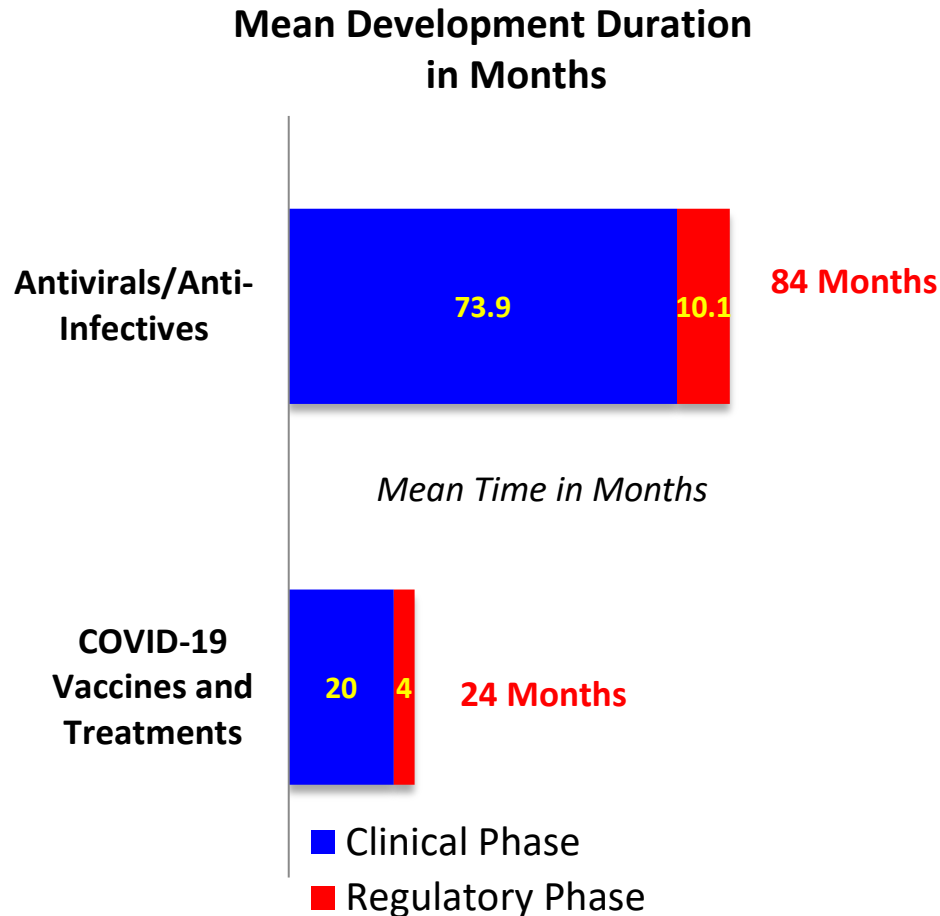
# A Time-Intensive and Inefficient Process



# Complexity Inversely Related to Performance

Phase III Pivotal Trials	10-year Change	Significance
Study Initiation Duration (approval to FPFV)	27.2%	<.05
Study Conduct Duration (FPFV – LPLV)	36.9%	<.001
Study Closeout Duration (LPLV to DBL)	16.3%	<.05
Total Number of Substantial Amendments	113.3%	<.001
Drop-Out Rate	105.1%	<.001

# 'Unprecedented' Pandemic Response



- Proactive and accommodating regulatory agency involvement
- Simultaneous and collapsed clinical trial phase activity
- Singularly focused, open innovation, collaboration and data-sharing
- Rapid mobilization of scientific and operating teams
- Fast deployment of remote and virtual technology solutions and advanced analytics
- Additional funding and resources
- Unusually high public visibility and media coverage



# Primary Themes from Global Investigative Sites

POSITIVES	NEGATIVES
<ul style="list-style-type: none"><li>• Excellent sponsor and regulatory responsiveness to adaptations and adjustments</li><li>• Greater patient/study volunteer convenience</li><li>• Increased choices for patients</li></ul>	<ul style="list-style-type: none"><li>• Much greater workload for site personnel</li><li>• Too much uncertainty</li><li>• Highly fragmented and siloed activity</li><li>• Rapid roll-out of new technology requiring more training</li><li>• Delays (supplies, lab kits, payments)</li><li>• Increased potential for errors and mistakes</li></ul>

*Source: Tufts CSDD 2021; In-depth Site Interviews N=43*

# Forecasting Sponsor Behavior

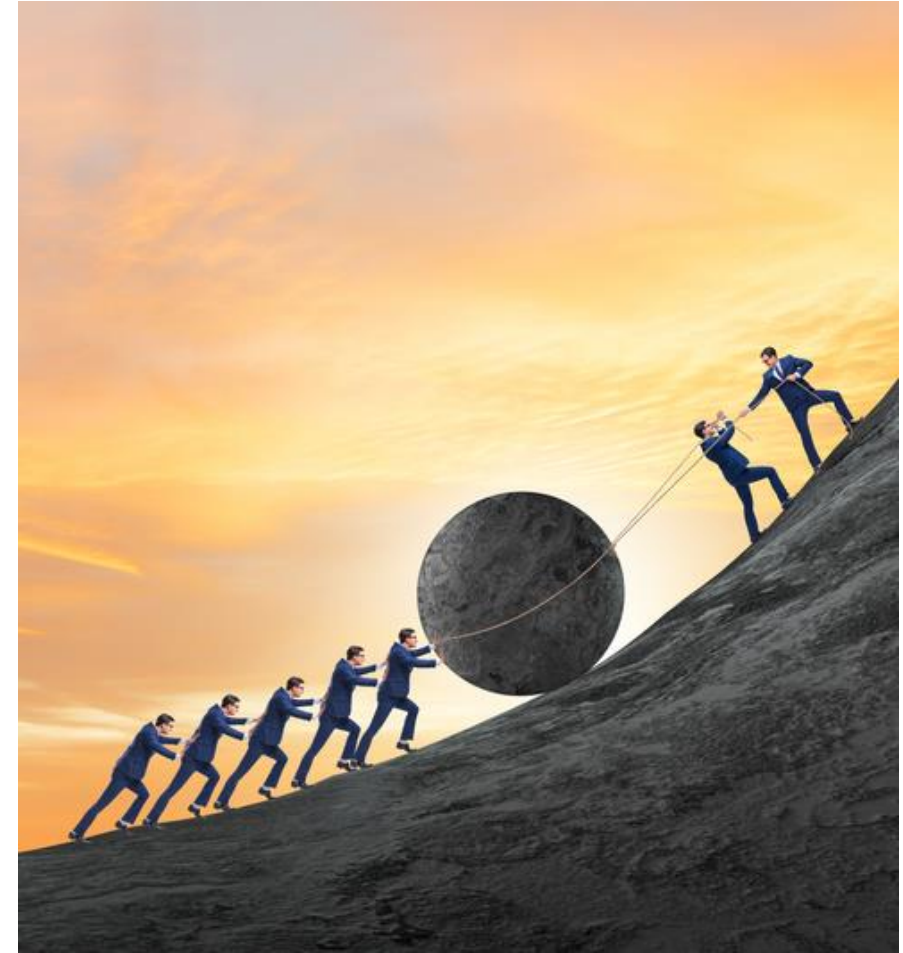


Percent report	'Used' Prior to Pandemic	Began Use During Pandemic	Anticipate 'Strong' Use Post-Pandemic
eConsent	52%	39%	63%
eSource	38%	38%	56%
Remote Monitoring	50%	36%	55%
Wearables	57%	25%	50%
Telemedicine visits	37%	58%	36%
Home visits	44%	48%	32%
Ship-to-home supplies	27%	65%	29%

Source: The Avoca Group, 2021: N=145 Sponsors and 84 CROs

# Implications and Opportunities

- Complexity and customization will continue to increase as demand for hybrid operating approaches and more patient choices rise
- Agile and flexible infrastructure, integrated systems, SOPS, staff allocation
- Consolidation and more efficient use of fixed operating elements



# Implications and Opportunities (*continued*)



- Growing use of intermediaries, open collaborations and data-sharing with more infrastructure and systems to support them
- Continued growth in data volume from diverse sources and rising demand for solutions and personnel to leverage this data
- Increased reliance on augmented clinical and operating data management and analysis (e.g. AI, RBQM and risk-mitigation)



**Please use the Q&A Box to ask a question, or contact me**

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**Director and Professor**  
**Tufts CSDD**  
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# Opportunities to Avoid Pitfalls and Accelerate Timelines



**Jay Turpen**  
**Head of Client Services**  
**Diligent Pharma, LLC**

# Multiple Players in the Clinical Trial Landscape

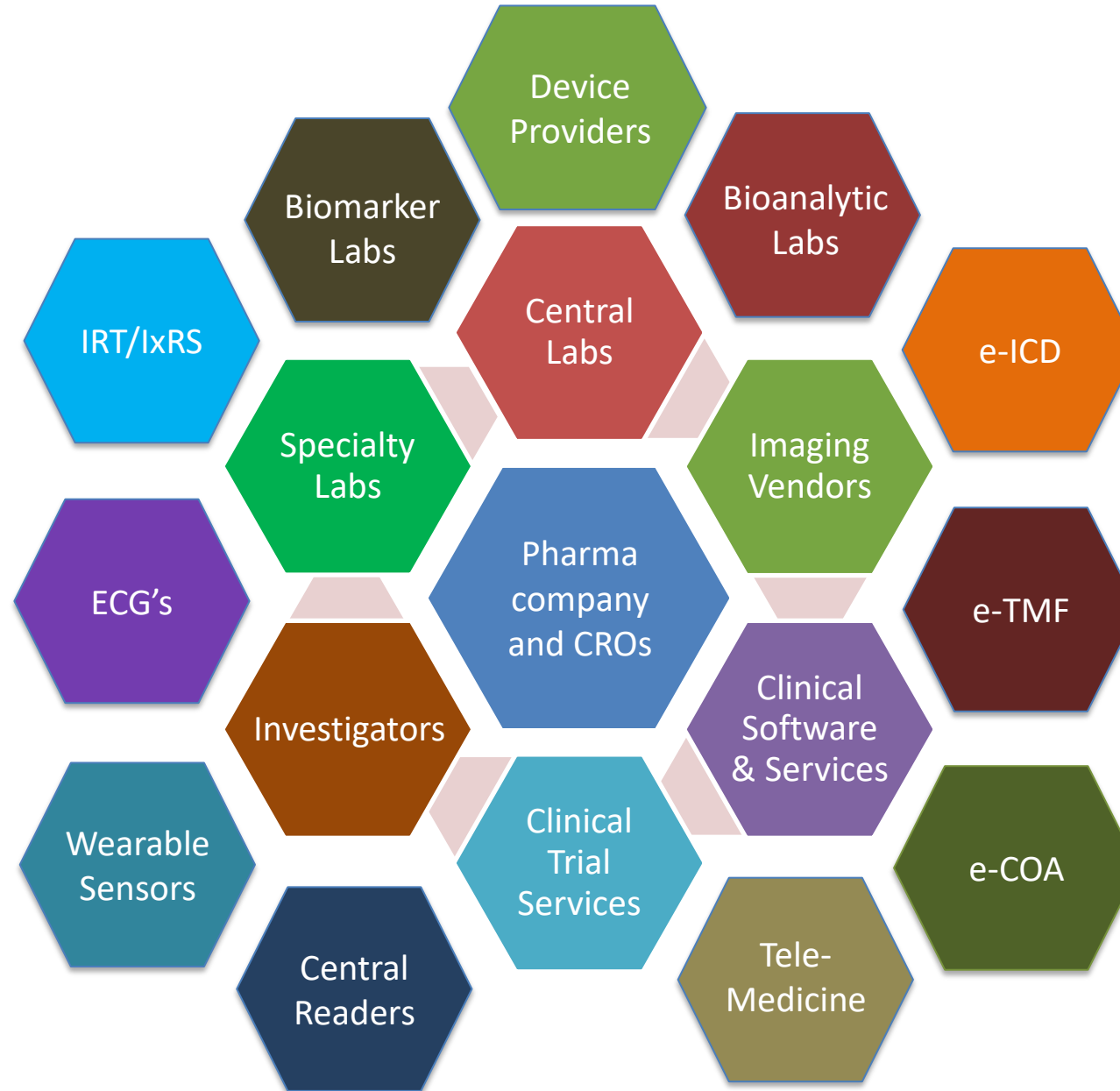
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*1990s clinical research*

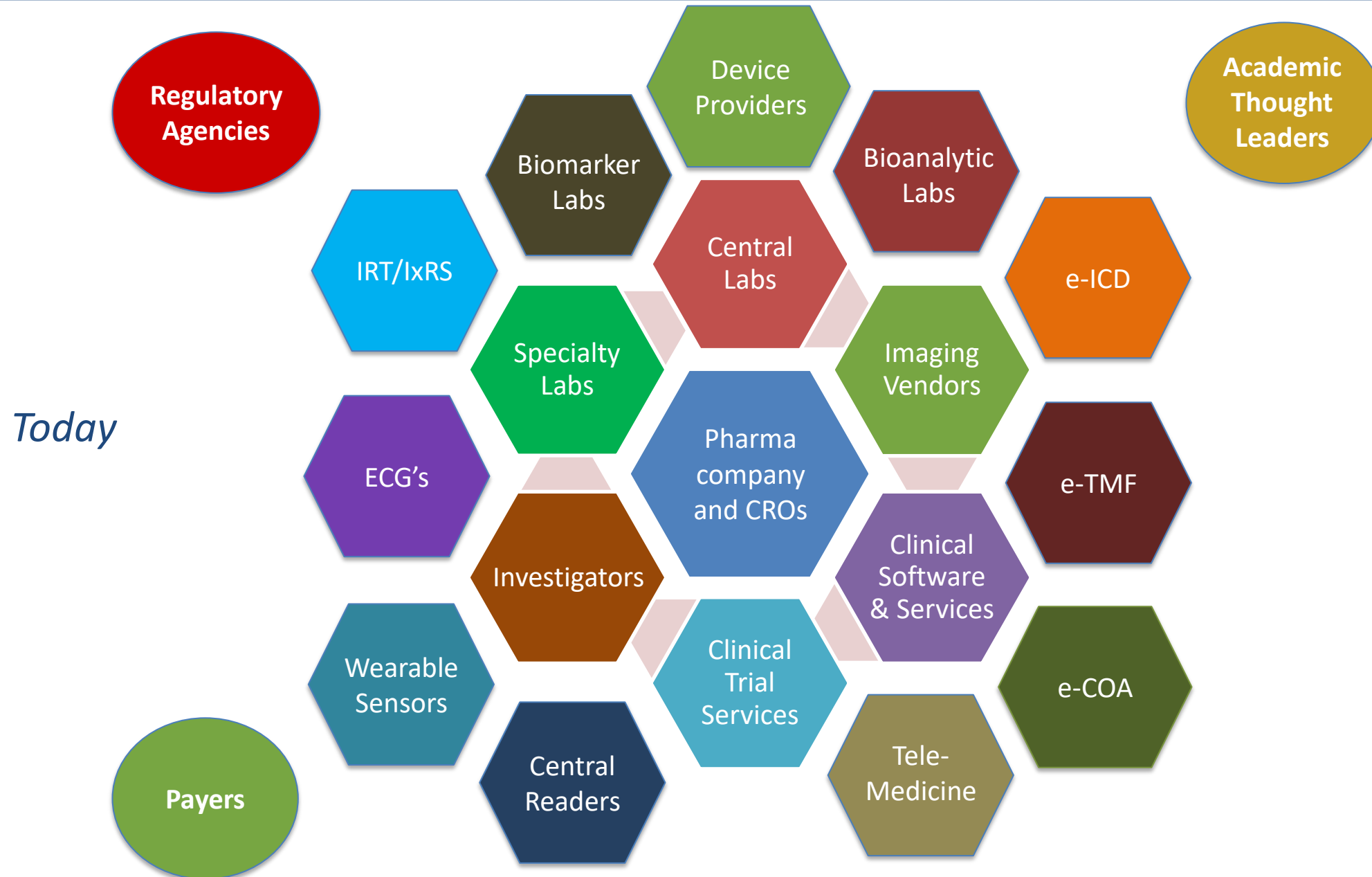


# Multiple Players in the Clinical Trial Landscape

*Today*



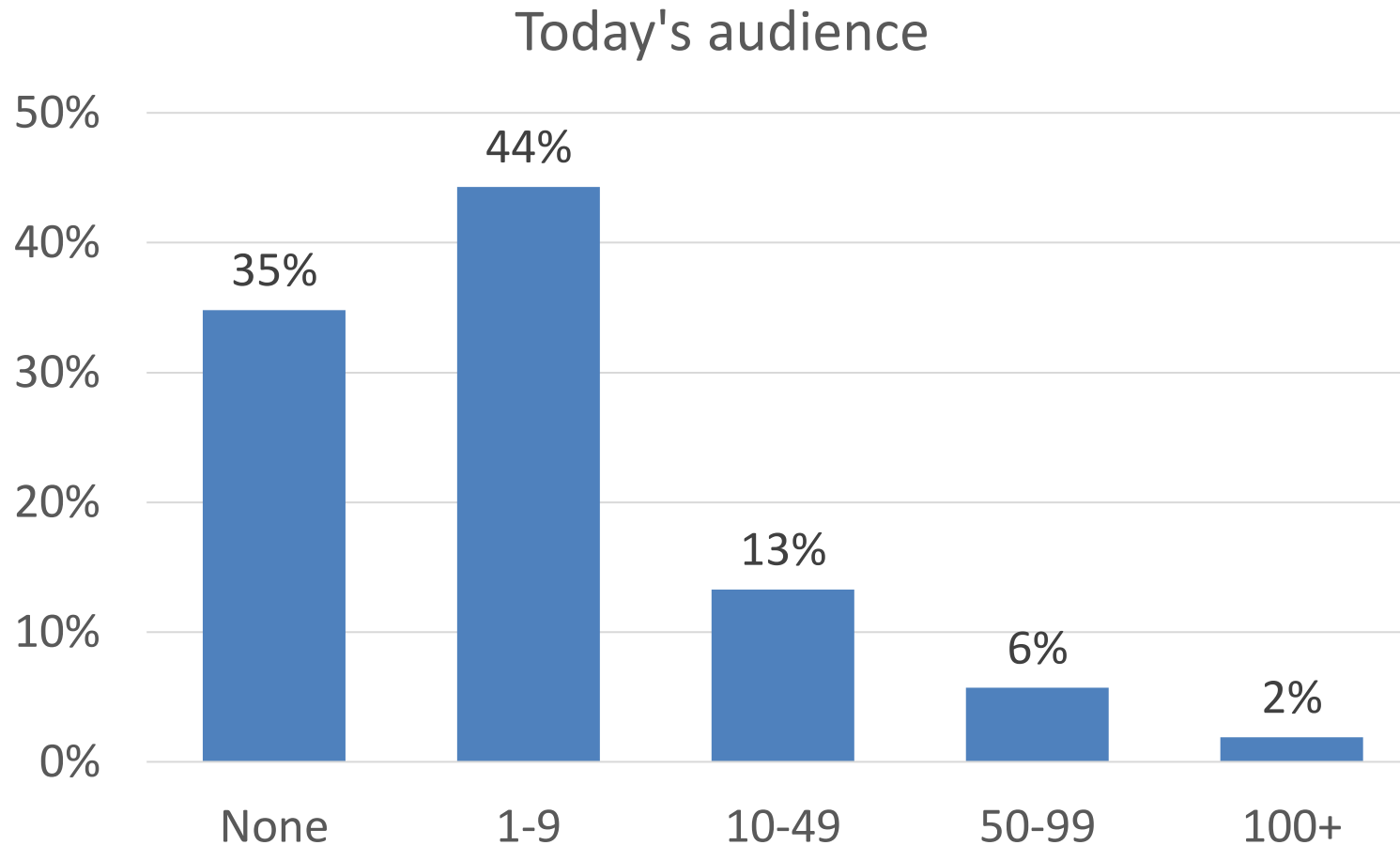
# Multiple Players in the Clinical Trial Landscape



## Here's what you told us of your experience

Registration poll:

How many clinical research supplier RFIs (Requests for Information) or VQAs (Vendor Qualification Assessments) did you work on over the last 12 months?



## Pulling the team together into a system

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“A system is a network of interdependent components that work together to try to accomplish a common aim of the system. A system must have an aim. Without the aim, there is no system.”

*W. Edward Deming*

# System Thinking



## Common Aims/Goals

- Maintain “Inspection Readiness” at all times during the Clinical Trial
- Accelerate to deliver unmet medical need to patients
- FPFV by \_\_\_\_\_
- 90% Investigators Activated by \_\_\_\_\_
- Enrolled Patient Demographics = Right Patients/Subgroups Enrolled
- LPET by \_\_\_\_\_
- Avoid Protocol & Process Deviations
- % Data Clean >= \_\_\_\_\_
- LPLV by \_\_\_\_\_
- DBL by \_\_\_\_ days after LPLV
- CSR by \_\_\_\_ days after DBL
- Deliver Clinical Trial with Quality, ahead of timeline and under budget

**Are we effective at conveying “common aims” to all team members?**

## Reactive vs Proactive Mindset

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“Be proactive not reactive, for an apparently insignificant issue ignored today can spawn tomorrow's catastrophe.”

*Ken Poirot*

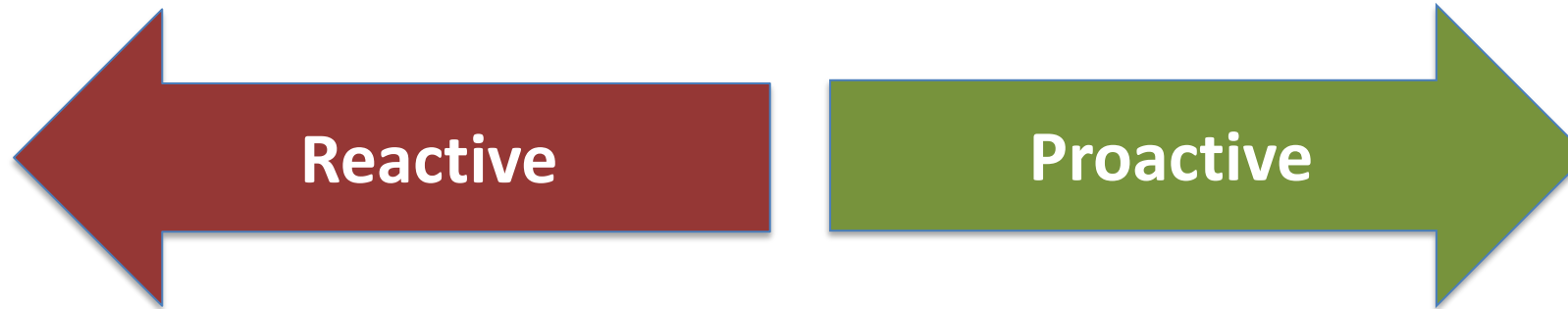


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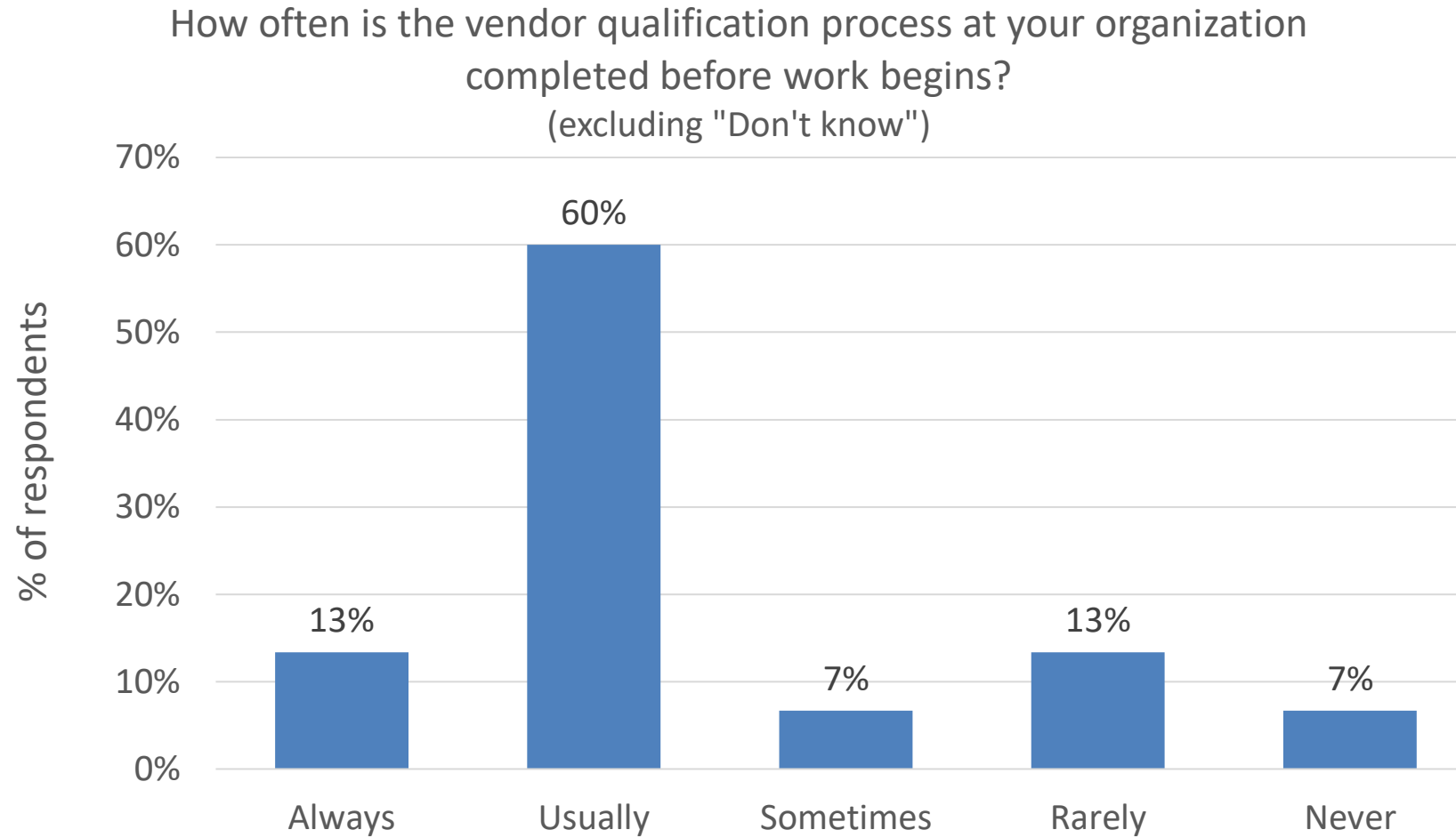
*Ken Poirot*



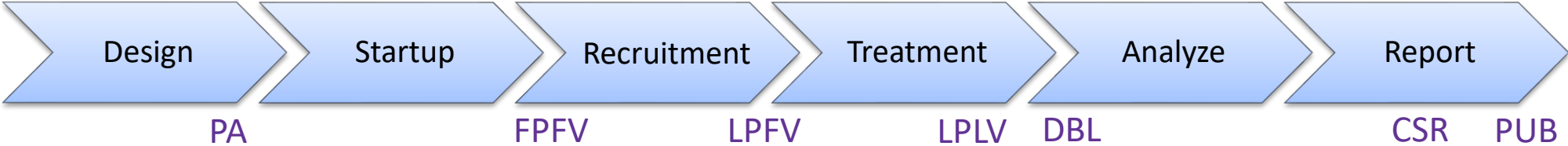
- We are on an accelerated timeline and don't have time for all this planning.
- There are too many unknowns to build a plan.
- Let's just get stuff done.
- This worked last time, so it will work this time.

- The only way we can deliver this accelerated timeline is to have a robust plan.
- Let's make sure all the pieces fit together and team members understand their roles.
- Investment in planning upfront can help us avoid pitfalls.
- We must “Do it right the first time.”

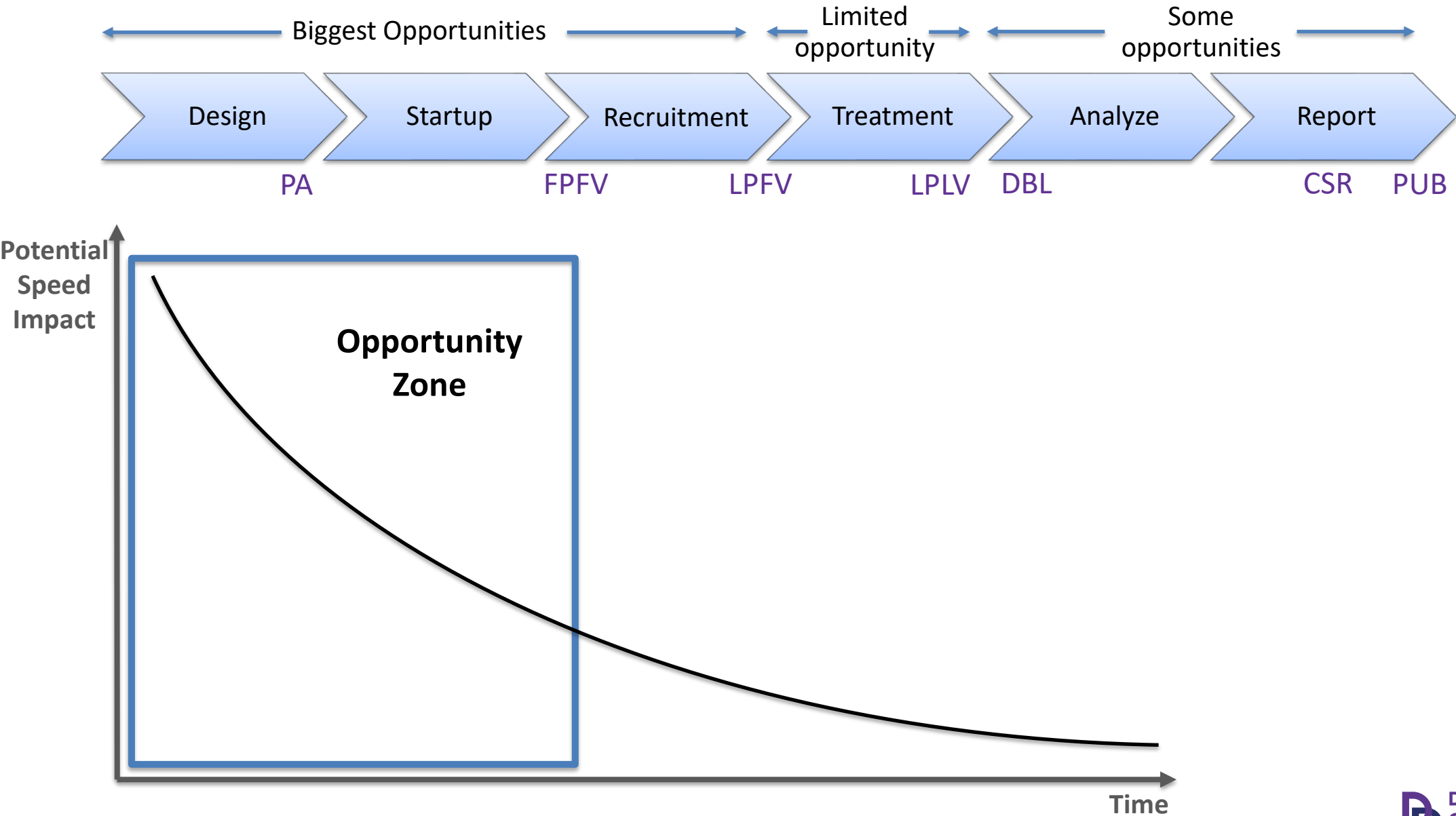
## Poll question



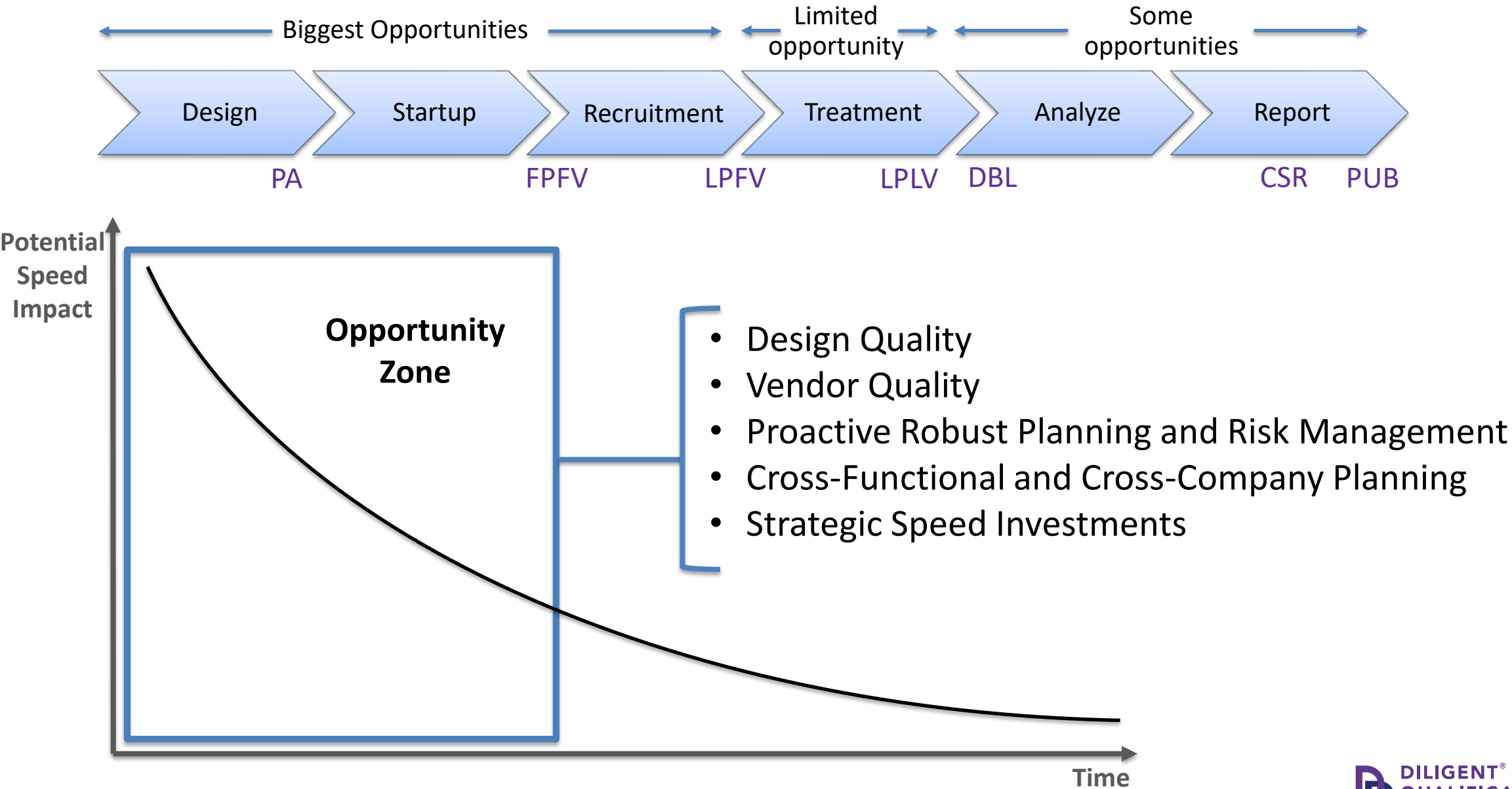
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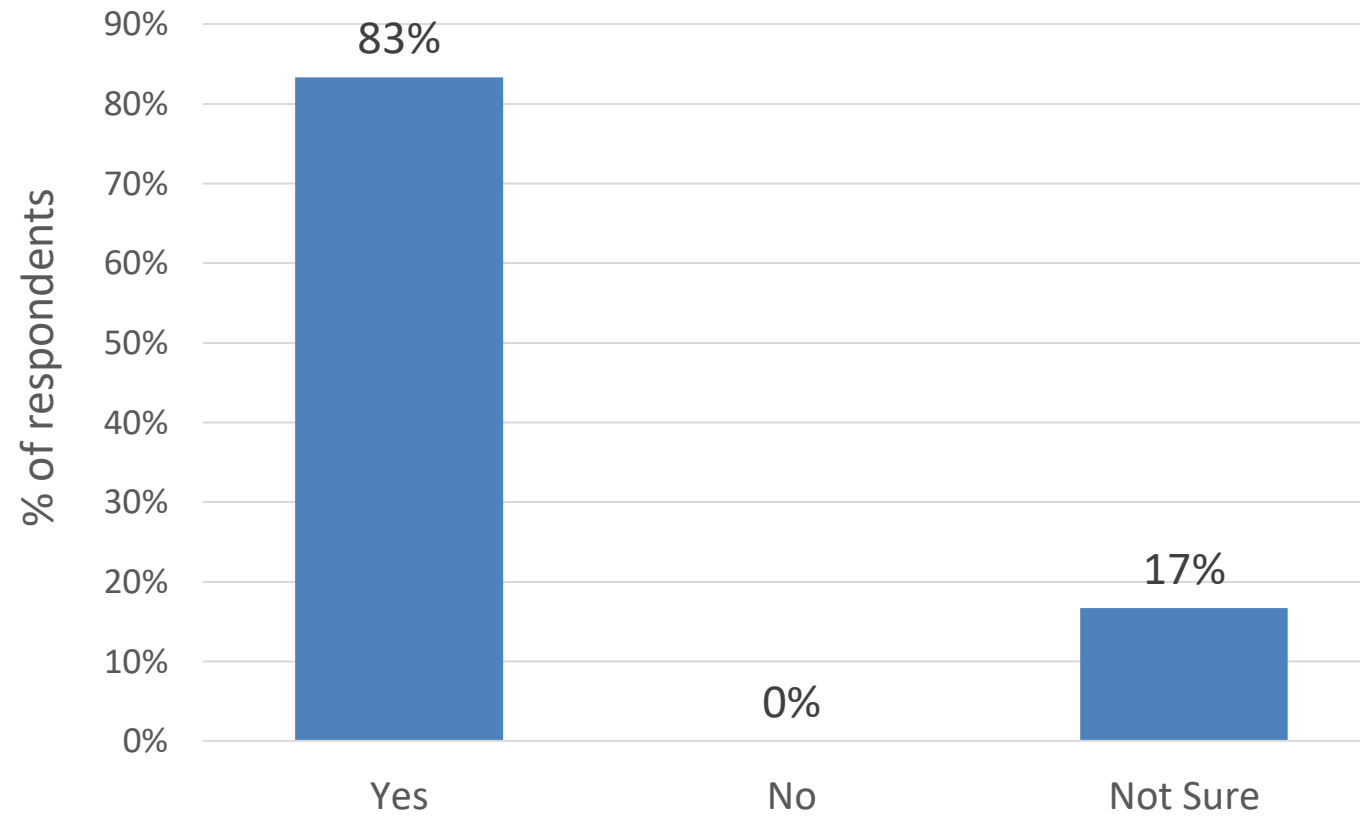


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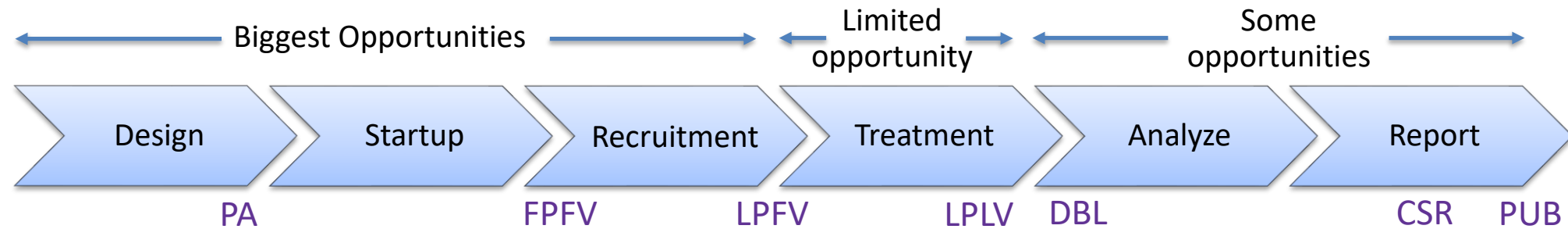


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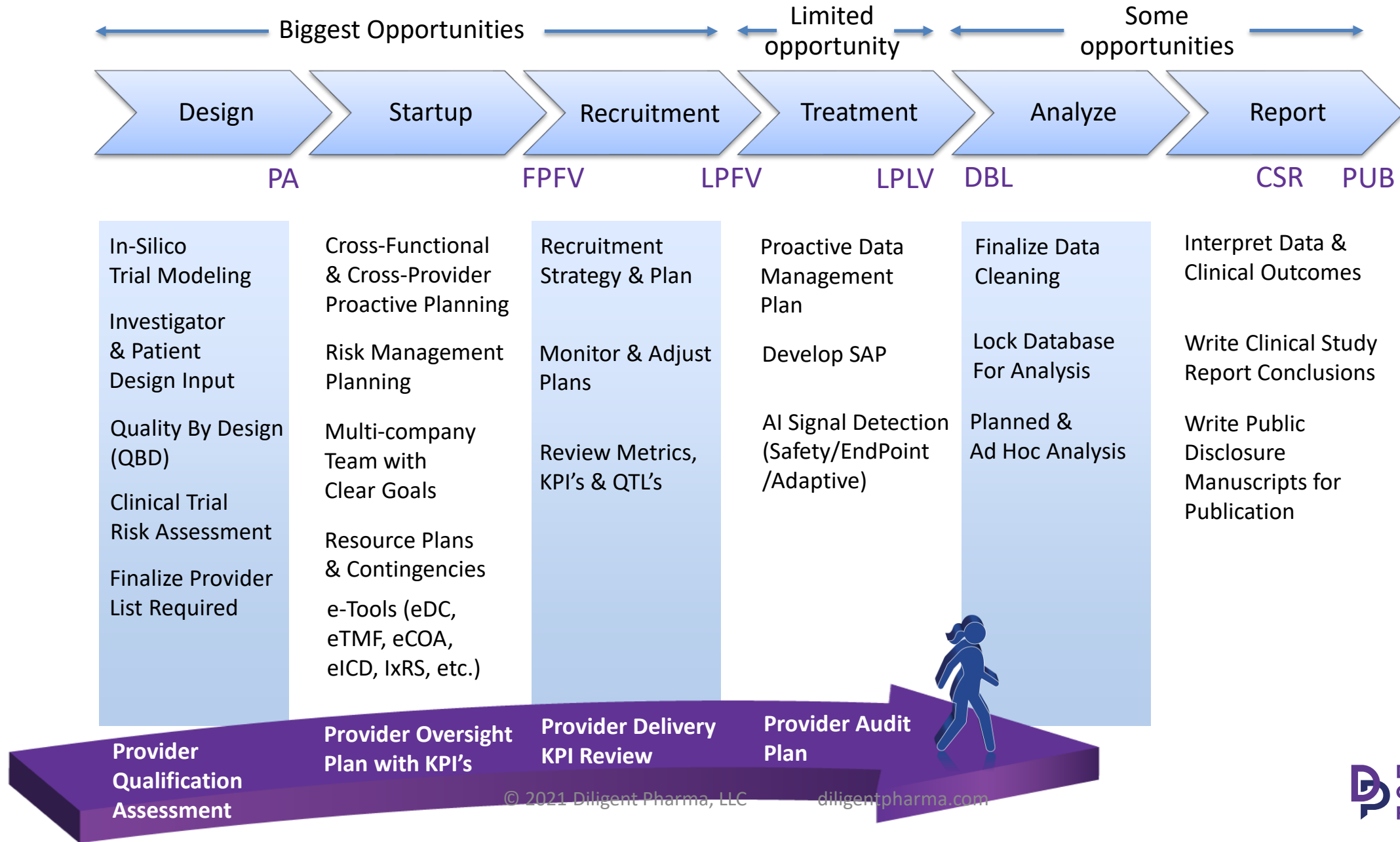
Have you ever been involved in a trial that was delayed by an unexpected mid-trial performance issue by a vendor?



# Work Smarter Not Harder to Accelerate Timelines

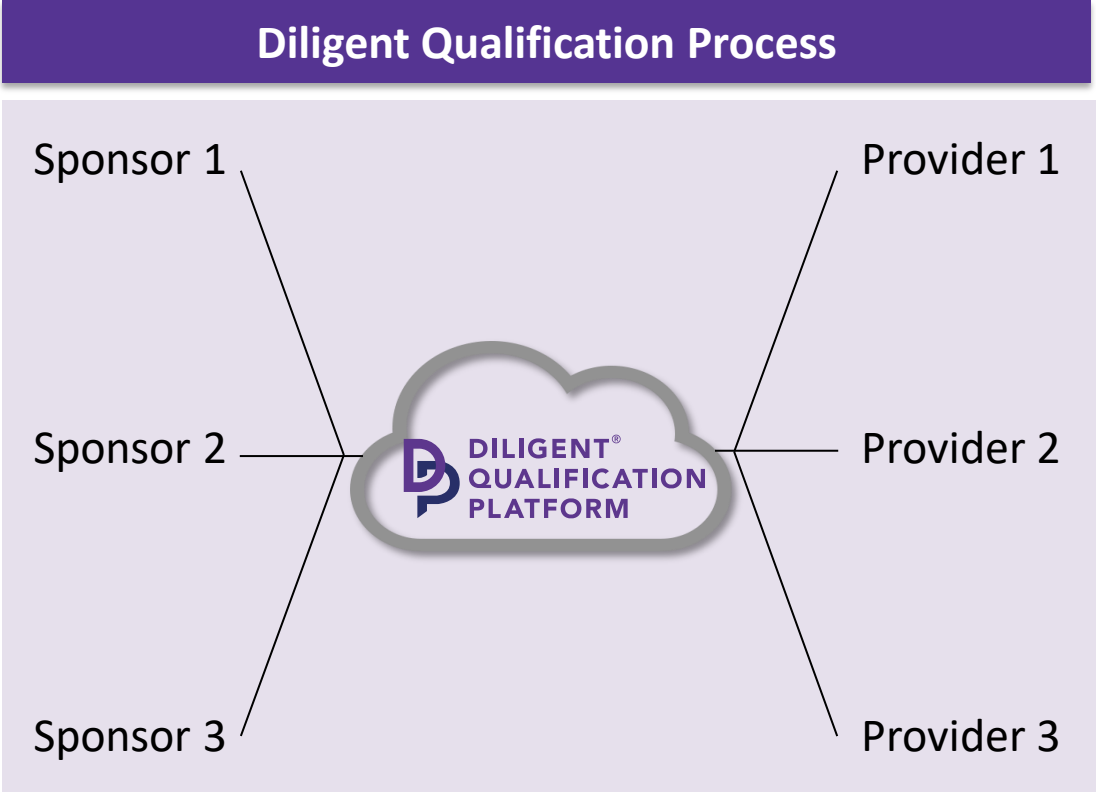
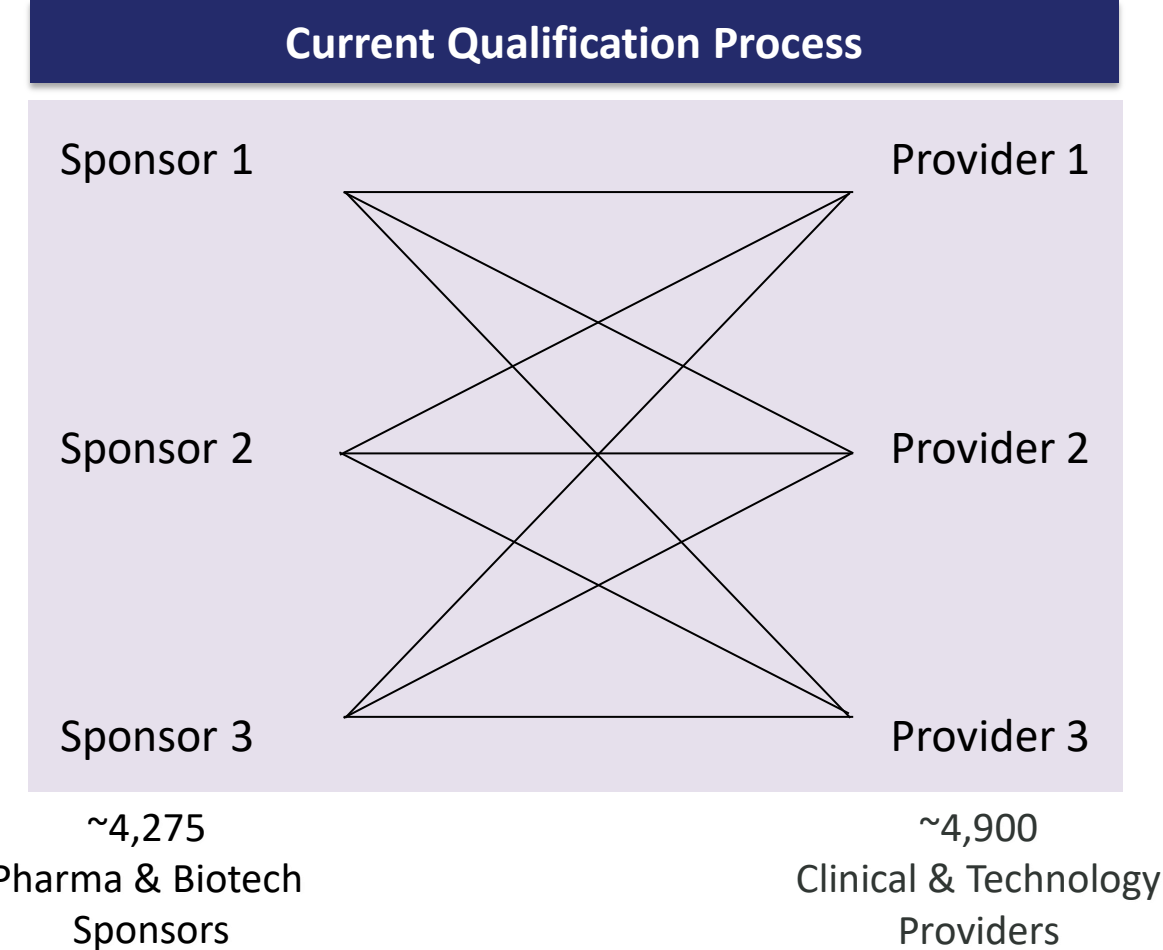


# Work Smarter Not Harder to Accelerate Timelines





# Sharing and leveraging supplier information with the Diligent Qualification Platform



Sources: EvaluatePharma; CenterWatch; William Blair & Wells Fargo Securities; TCSDD

# Benefits of shared vendor information

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## Standardization

Rigorous **Qualification Standards** and Shared Standards Information across your organization

## Efficiency

Delivers a more **cost, time and resource efficient** model for sponsors and providers

## Speed

Delivers **shorter timeframes** to onboard new providers and capabilities

## Reduced Risk

Common Quality Standards mitigate risk and ensure compliance with regulations

## Innovation

Drives innovation through enabling the use of qualified emerging technology providers

# Diligent offers professional services supported by a web-based platform



## Professional Services

- Risk-based qualification procedures
- Standardization of RFI vendor questionnaire responses based on the latest regulations and standards
- Vendor Qualification Assessments (VQAs) and assessment strategy
- Multi-sponsor VQAs for time and cost savings
- Support for continuous provider oversight



## Technology

Web-based access to a centralized service, with a robust database at its core, around which the features are built and delivered:

- Completed RFI questionnaires and supporting information
- Searchable by key parameters
- Compare RFIs for multiple providers
- Request VQA Reports
- Shared VQA Calendar Function

# Diligent/AQC Vendor Qualification Core Standards

**Core standards  
for all clinical  
service providers**

## **Organization**

Financial Stability  
Insurance Standards  
Ethics/Anti-Bribery/  
Anti Corruption

## **Quality management Systems**

Third party Quality  
Management and Oversight  
Document Management and  
Control  
Risk-based Quality  
Management Systems

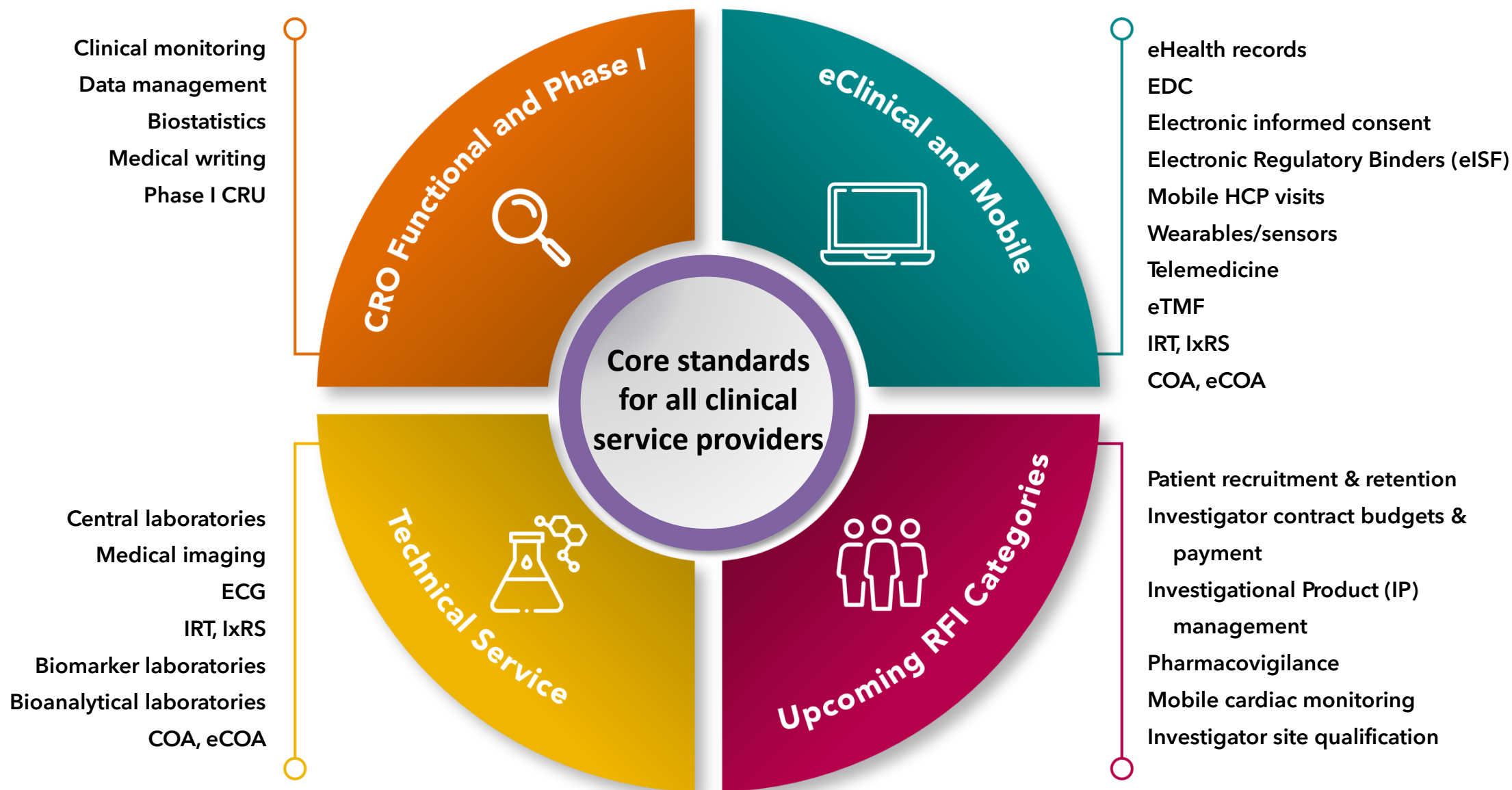
## **Privacy & Personal Data Protection**

Computer Systems/  
21 CFR Part 11  
Compliance

## **Operations and Project Management**

Data Management and Transfer  
Staffing and HR Management  
Training  
Facilities Management

# Diligent Vendor Qualification – Functional and Technical Capabilities



# Diligent Macro Processes

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**Sponsors**



**Providers**

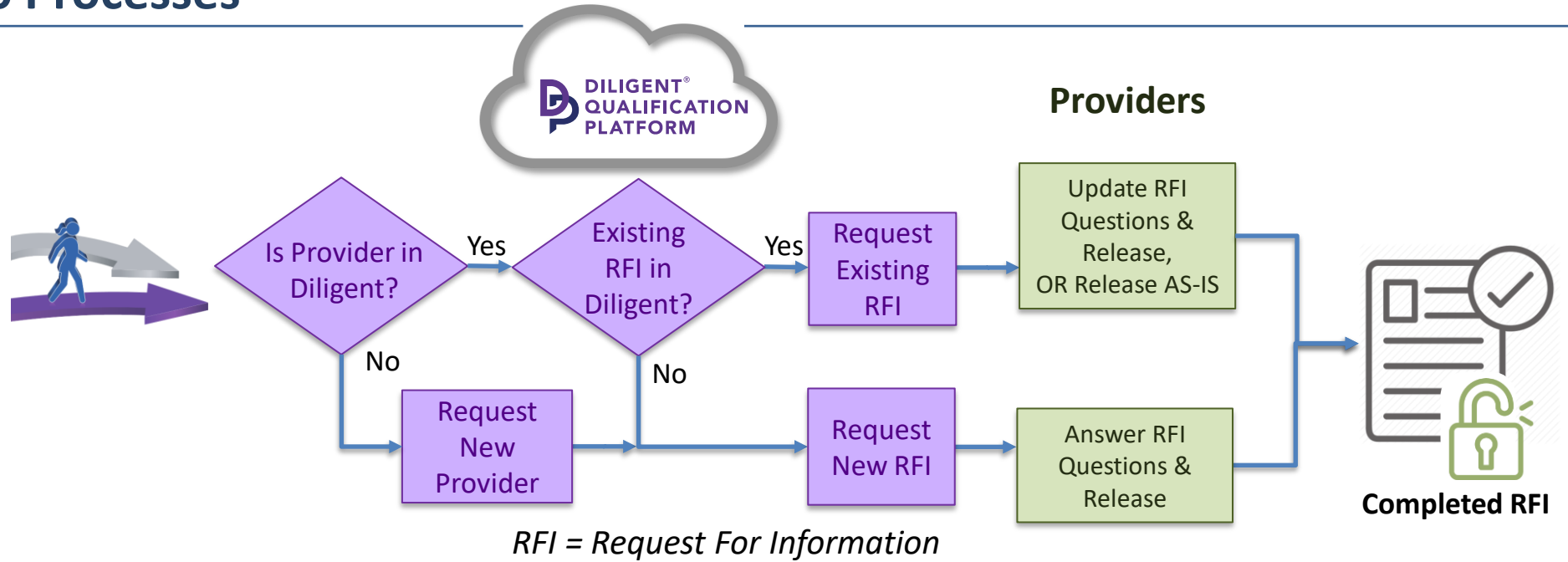
**Sponsor needs to  
find additional  
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# Diligent Macro Processes

## Sponsors

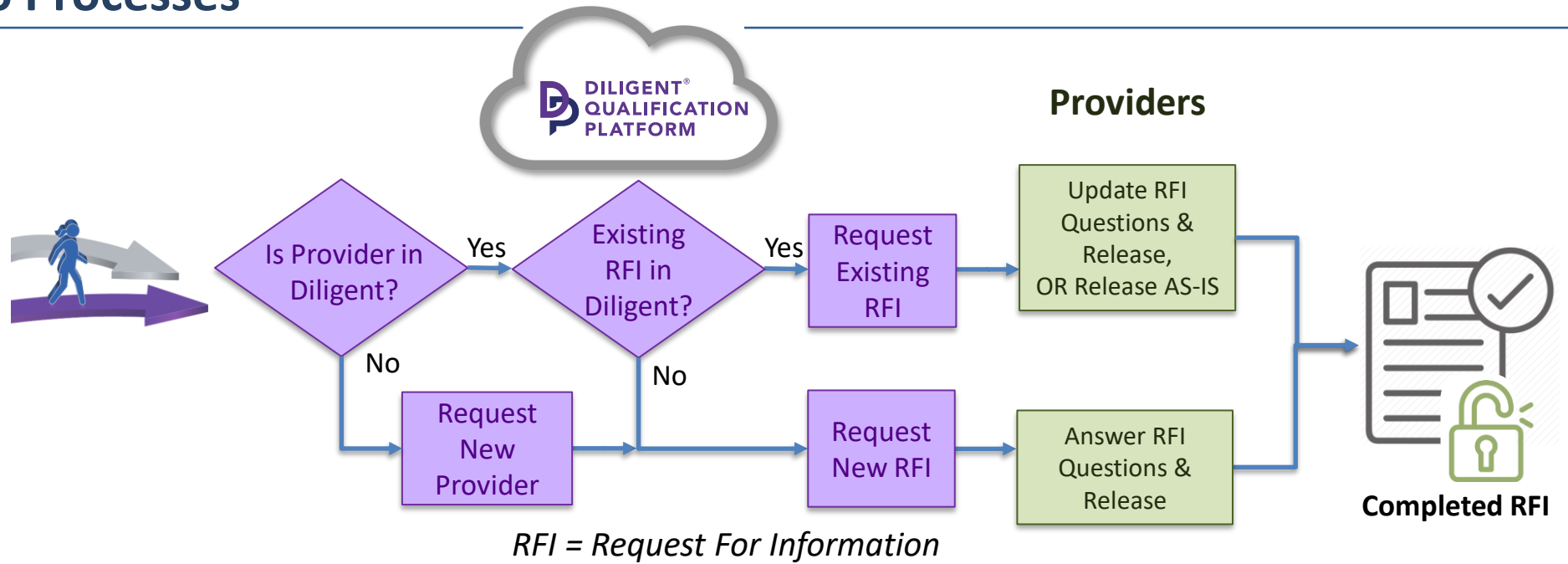
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# Diligent Macro Processes

## Sponsors

Sponsor needs to find additional clinical providers



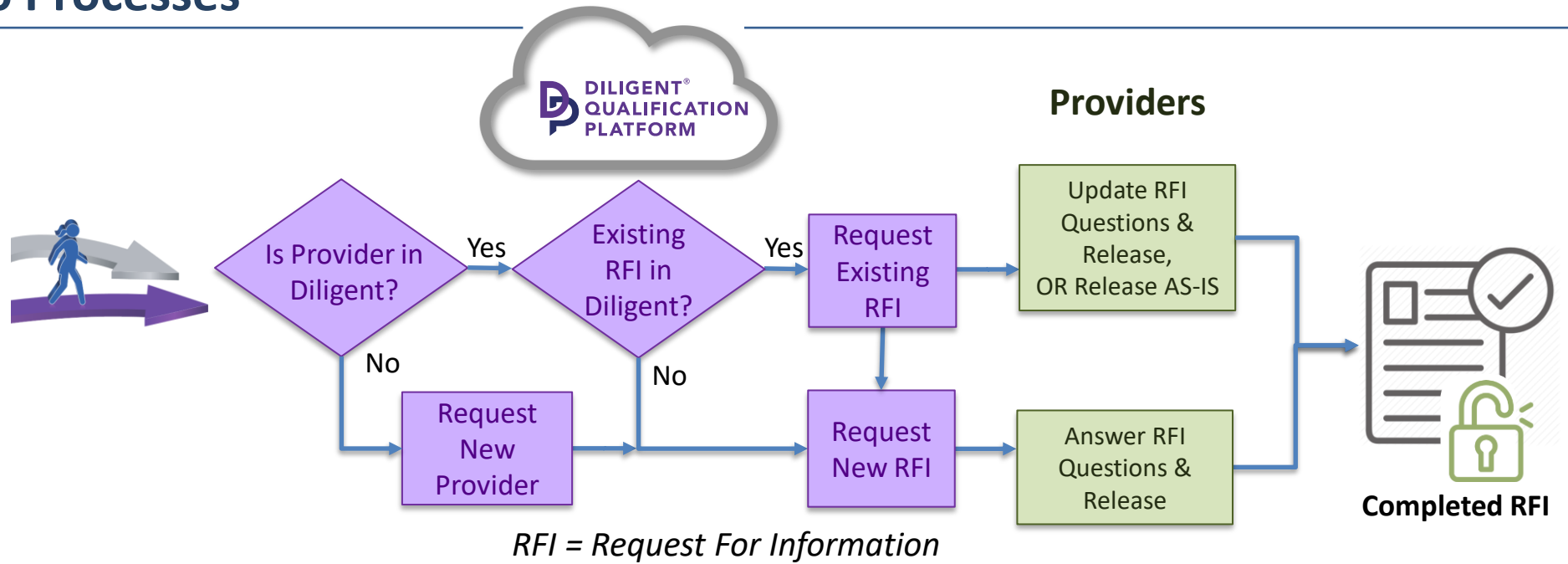
Sponsor needs to qualify Clinical Providers quickly



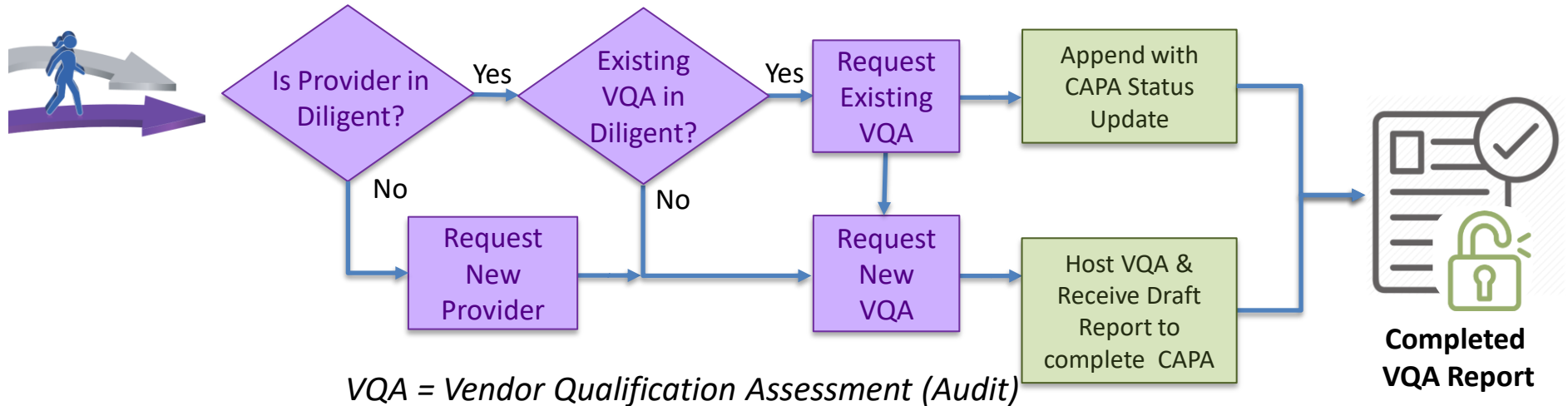
# Diligent Macro Processes

## Sponsors

Sponsor needs to find additional clinical providers



Sponsor needs to qualify Clinical Providers quickly

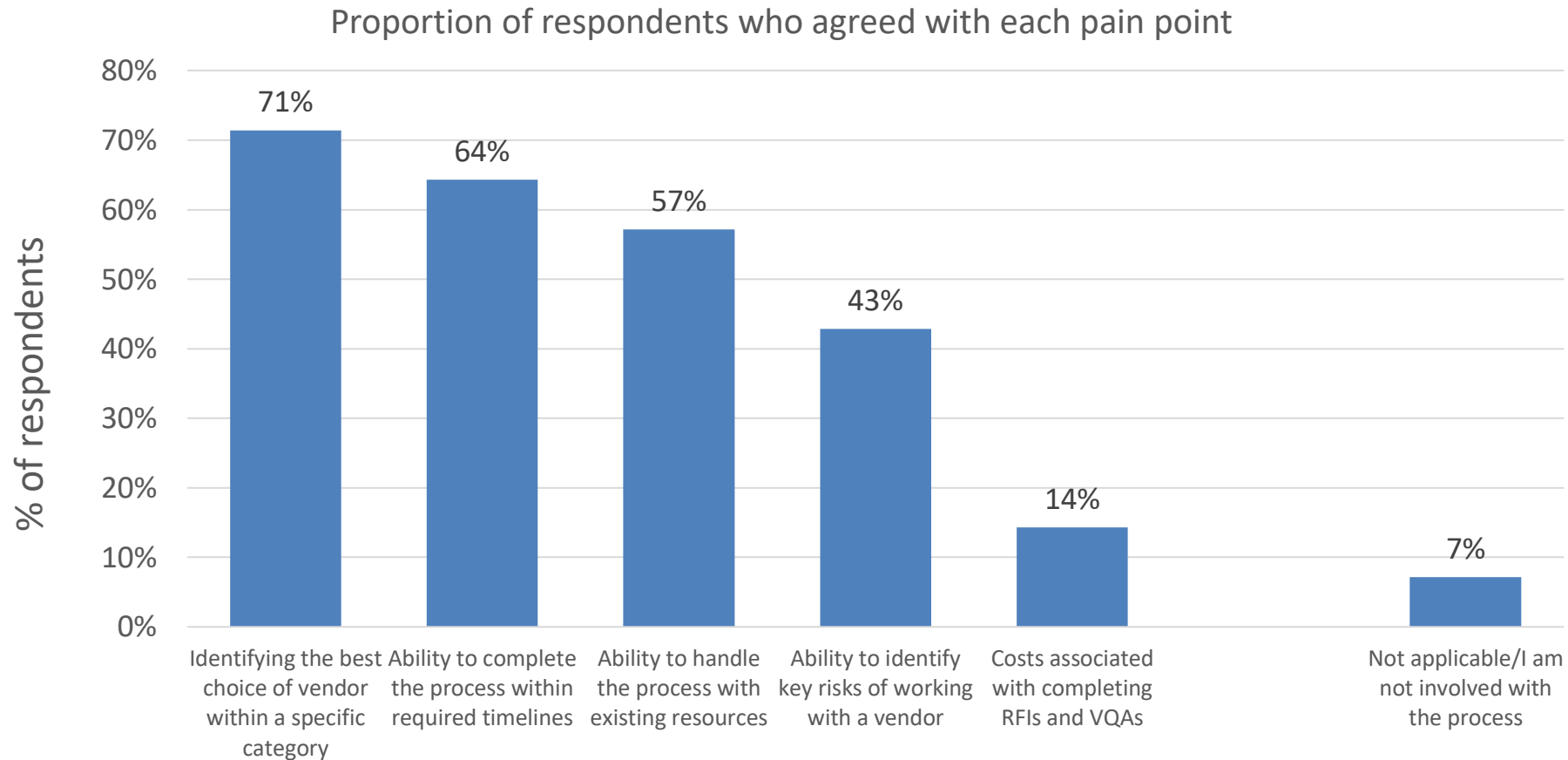


## Diligent – Part of the Solution



## Poll question

What pain points are commonly associated with your organization's vendor qualification process?  
(Select as many as applicable)



# Helpful Links

## Available Resources



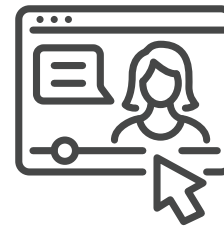
[diligentpharma.com](https://diligentpharma.com)



Article:  
**Clinical Development Vendor Qualification**

A “Check the Box” Exercise?

[www.diligentpharma.com/article-clinical-development-vendor-qualification/](https://www.diligentpharma.com/article-clinical-development-vendor-qualification/)



Virtual Meeting Recording:  
**Innovative Solutions to Provider Qualification Challenges**

[www.theavocagroup.com/news\\_events/virtual-meeting-innovative-solutions-to-provider-qualification-challenges/](https://www.theavocagroup.com/news_events/virtual-meeting-innovative-solutions-to-provider-qualification-challenges/)



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