**ProjectXYZ - Clinical Trials Biomarker Testing - CompanyABC**

0:0:0.0 --> 0:0:8.930  
Courney Sanders  
Rates to start, would you mind sharing a little bit about your professional backgrounds and any experience related to biomarker testing?

0:0:10.240 --> 0:0:34.170  
Tina Morgan  
Sure. So I currently work at a contract research organization as a director of Project Management. So I oversee project managers. I'm a Direct Line manager, but then I also oversee projects as kind of like a next line of oversight or escalation or just kind of client relationship management, PM support and development.

0:0:34.230 --> 0:0:39.870  
Tina Morgan  
Yeah, and support in kind of, you know, preparing for RFP. So if we have a new.

0:0:40.630 --> 0:0:52.800  
Tina Morgan  
A new study that we're going after and kind of preparing, you know, vendor quotes and if that involves reaching out to you know labs and getting biomarker information and quotes from them and reviewing and and kind of providing to the client.

0:0:54.400 --> 0:1:22.630  
Tina Morgan  
I've been working at CRO's I think since 2014. I've been in the research industry since 2006. I started right out of undergrad. I do have a masters degree in school counseling, but not using that. Currently I I just have have been staying in the research industry ever since, so I've been a study coordinator. I've worked at the site. I've processed samples before I processed biomarkers and shipped them. I have also worked.

0:1:22.970 --> 0:1:48.880  
Tina Morgan  
As a clinical trial manager, so I've like manage the RA's and I've been a project manager, so I've kind of started from the bottom and worked my way up within the clinical research industry, kind of from the site all the way to the CRL. So kind of have a wide breadth of experience when it comes to interacting with biomarker vendors and kind of you know what's needed from them and kind of the interactions between site and CRO and sponsor.

0:1:50.50 --> 0:2:5.630  
Courney Sanders  
Rates. Thanks for the backgrounds. I would like to understand more about the process when sponsors reach out to you, what kind of structure is that when you know you have a deal with the sponsor today?

0:2:6.190 --> 0:2:15.440  
Courney Sanders  
I'm prefer maybe partnership type of project relationships or more transactional outsource at a per project basis.

0:2:17.410 --> 0:2:40.630  
Tina Morgan  
You know, it kind of varies. We we do work in a lot where it's more of a program and it usually will start off as one study with a client and then as you know the partnership grows or their pipeline grows and we demonstrate you know a good relationship and produce good deliverables. Then it grows into a program, maybe three or four projects with a sponsor so.

0:2:41.310 --> 0:3:9.290  
Tina Morgan  
It depends on how they approach us and what their needs are at the time, but it's usually full service, but we do have, you know, I've worked in the current zero and every other CR I've worked in also has the option to do if they just want to contract out like one thing like safety or, you know, pharmacovigilance or statistics, you know we can do that but you know I'm typically more involved in like the full service stuff where they're wanting us to manage vendors, you know, seek vendor quotes, do clinical monitoring, you know, the whole shebang.

0:3:10.820 --> 0:3:24.750  
Courney Sanders  
And when they outsourced to you, do they ever ask code developments of biomarkers and potentially profit sharing down the line after commercialization?

0:3:27.70 --> 0:3:34.600  
Tina Morgan  
I don't believe so. No, I don't think the CRO typically is part of any of that commercial sharing it's it's.

0:3:35.310 --> 0:3:40.50  
Tina Morgan  
Really just were resourced out to to run studies and then.

0:3:46.510 --> 0:3:46.870  
Courney Sanders  
Umm.

0:3:40.650 --> 0:4:0.640  
Tina Morgan  
It we the company I work for now does have a a central lab. Not every zero does. That can do certain biomarkers. So if they partner with us and they use our lab, you know we would be more involved obviously because we're the ones you know managing the samples. But even in that scenario, I don't think there would ever be any profit sharing on that.

0:4:1.600 --> 0:4:11.250  
Courney Sanders  
Archer grades and why you mentioned the prefer vendor. After you have some relationships with the sponsors and they outsource a few projects.

0:4:11.930 --> 0:4:23.350  
Courney Sanders  
I wondered, does that vary by company size? You know, based on their preference on percent projects that are on partnership basis with?

0:4:22.220 --> 0:4:23.440  
Tina Morgan  
Yeah, yeah, it.

0:4:24.730 --> 0:4:29.240  
Tina Morgan  
Yeah, it varies on size and it kind of varies on their strategy too, I mean.

0:4:30.100 --> 0:4:49.720  
Tina Morgan  
And what their pipeline looks like, I know that there are some drug companies that they're very they're more focused on like let's find one or two key partners that we use all the time and then establish that relationship. But there's innate risk in that and you know, you have all your eggs in one basket type of thing. So some sponsors aren't comfortable with that and they may have.

0:4:50.410 --> 0:5:11.920  
Tina Morgan  
A wider breadth of you know CRM partners that they work with it kind of just depends on you know as their pipeline only oncology then if it's only oncology they may stick with an oncology specifics CRO if it were their pipeline has multiple you know they have neurology or cardiology or you know multiple types of things in their pipeline they may be partnering with different.

0:5:12.630 --> 0:5:21.260  
Tina Morgan  
Different groups or, you know, they may be kind of play in the field to to figure out what there they they eventually want to partner partner with if that makes sense.

0:5:32.120 --> 0:5:32.470  
Tina Morgan  
Mm-hmm.

0:5:21.690 --> 0:5:34.260  
Courney Sanders  
Yep, Yep, got it. I think. I think that does a great and you mentioned you also manage vendor. So I wonder how do you select vendors and what are the selection criteria there?

0:5:35.370 --> 0:6:5.450  
Tina Morgan  
Yeah. So it depends on the vendor. But typically on the CRO side, we would have like an actual vendor management and procurement group and that group is responsible for kind of being on the pulse with what vendors are out there, what offerings there are and clinical research and and kind of seeking out new and exciting vendors that maybe bring forward you know more patients and centricity things like kind of the hot topics and clinical trials right now. And then any other vendors that we need.

0:6:6.150 --> 0:6:35.930  
Tina Morgan  
The proposals and you know labs, whether it's translation vendors, so they're kind of responsible for getting an approved vendor list within our company and in order to be an approved vendor that we partner with that vendor has to go through an audit by us. So we would audit that vendor and kind of go through with some of their financials, go through their processes and just make sure that there's no risk with working with them and that they kind of, you know have everything in and then our.

0:6:36.290 --> 0:7:6.80  
Tina Morgan  
In turn, are sponsors want to know that we've kind of gone through that vetting process so that by the time they come to us and say, hey, you know, propose a vendor, we may come to them and say, hey, we worked with three lab vendors. Here are the three. We got quotes from all three. Our experience with them is XY and Z and you know then we would kind of highlight which ones are better performers, you know with biomarkers or you know so it would kind of be at that point discussion with the client on where they want to go. Sometimes they come to us with vendors in mind.

0:7:6.160 --> 0:7:7.370  
Tina Morgan  
That they already want to use.

0:7:8.170 --> 0:7:8.440  
Courney Sanders  
Mm-hmm.

0:7:8.10 --> 0:7:20.60  
Tina Morgan  
And usually when it's very specific labs and biomarkers and specialty labs, that's typically when they already have one in mind because they're kind of already working with them through the development of their.

0:7:20.800 --> 0:7:23.210  
Tina Morgan  
They're assay or their drug or something so.

0:7:23.980 --> 0:7:40.30  
Courney Sanders  
Umm, so speak of pharma across specialty Labs, what would you say like how is it more frequent for your you as a CRO to propose the endors or pharma company typically have vendors in mind?

0:7:56.530 --> 0:7:57.120  
Courney Sanders  
Right.

0:7:41.390 --> 0:8:3.660  
Tina Morgan  
I say it's pretty mixed and it depends on the sponsor on whether or not they come to us with, hey, we wanna work with these vendors and sometimes they come to us and say, hey, we want you to manage the study. We have some vendors, but we're going to manage them. So they may come to the table and manage their own lab vendor. And it's just depends on the request. So if it's like a big.

0:8:4.500 --> 0:8:30.330  
Tina Morgan  
Drug company. That's huge. You know that they may be more stringent on like who they work with and kind of have a group that they prefer. But if it's a small biotech companies that I tend to work in, especially in oncology and rare disease, they're much smaller and they're looking to the CRO to kind of do it all and and come to them. What the recommendations on here's the vendors we recommend you use for this study based on our experience.

0:8:31.800 --> 0:8:46.750  
Courney Sanders  
Our chat that makes sense. And since your expertise is really in the oncology rare disease specific area, I wonder what would be the top, let's say 3 specialty CRO's that you would recommend?

0:8:48.320 --> 0:8:50.780  
Tina Morgan  
CRO's or for lab vendors.

0:8:50.860 --> 0:8:52.180  
Courney Sanders  
Yes, specialty labs.

0:8:53.200 --> 0:8:54.300  
Tina Morgan  
Ohh specialty labs.

0:8:56.510 --> 0:9:2.370  
Tina Morgan  
I and I, it's hard to say right now to be honest, because it depends on.

0:9:3.610 --> 0:9:4.370  
Tina Morgan  
The.

0:9:5.110 --> 0:9:11.950  
Tina Morgan  
What samples you know are are needed and what type of tracking so the vendors vary so much for biomarkers and.

0:9:12.830 --> 0:9:25.440  
Tina Morgan  
I mean, I think ACM is one that we've worked with, but you know they've had issues. I think the past few years with you know, growth and resourcing, I've worked with LabCorp before.

0:9:26.810 --> 0:9:42.870  
Tina Morgan  
I'm having trouble pinpointing like anyone that's really high quality right now, because in general across the industry they're all really struggling. There's a lot of resourcing issues and I think since the pandemic, you know the the vendors are still kind of trying to catch up from that.

0:9:44.320 --> 0:9:50.190  
Courney Sanders  
Would you elaborate more on what like what do you mean by it varies by sample or tracking?

0:9:52.860 --> 0:10:7.410  
Tina Morgan  
Right. So if we were to recommend a vendor to a lab vendor to a sponsor, it would depend on, OK, what study it is, what their collecting sample wise from the sites and the patient and where those samples are going.

0:10:8.210 --> 0:10:17.570  
Tina Morgan  
So if it's for example, a global study where you know you have a central lab and then all the samples go to the central lab and then they get shipped to specialty Labs.

0:10:18.920 --> 0:10:22.200  
Tina Morgan  
We would have a different approach to that than if it were a study that.

0:10:22.910 --> 0:10:49.300  
Tina Morgan  
It just had, you know, safety labs that were drawn and then sent to one lap. You know, it's just very strategic. And it also depends on the type of samples. So some labs can only process certain types of assays and if it's a very rare, you know, oncology genetic marker or you know something that's just not off the shelf, then you kind of have to find that specialty lab that is smaller but you know is more deals with that exact.

0:10:51.790 --> 0:10:52.560  
Tina Morgan  
Like analysis.

0:10:53.760 --> 0:11:15.690  
Courney Sanders  
Right. Just a follow up question on the tracking. Does the central app since you know your organization have a central lab this your CRO kind of provide the sample tracking logistics and you know code chain monitoring etcetera or the specialty lab you would need them to provide such services?

0:11:16.920 --> 0:11:31.760  
Tina Morgan  
That would be us. So and that scenario like if we were using our central lab then yes, we would do all the tracking and all the management of those samples to the specialty labs and be able to provide that to the sponsor. So yeah, we would kind of manage that whole process.

0:11:32.360 --> 0:11:38.470  
Courney Sanders  
And would it be more attractive if that's specialty lab offers such sample logistics services?

0:11:41.620 --> 0:11:51.80  
Tina Morgan  
Yeah, I think it would. And in certain scenarios, yeah. You know, again, every studies kind of dependent on on where samples are going and the.

0:12:3.320 --> 0:12:3.680  
Courney Sanders  
Just.

0:11:51.950 --> 0:12:7.700  
Tina Morgan  
The types of those samples. So if it would make sense to where you would need a specialty lab to do that, then yeah, I think it would be helpful to have that as an office shelf offering for sure. But you might not always have it be used, I guess is my point.

0:12:8.500 --> 0:12:15.50  
Courney Sanders  
Right, but just try to understand in what situations you would need such services.

0:12:17.950 --> 0:12:23.70  
Tina Morgan  
I guess if you're not using a a full central lab and you're just going to a specialty.

0:12:25.830 --> 0:12:26.870  
Courney Sanders  
Like the sponsor?

0:12:25.380 --> 0:12:27.430  
Tina Morgan  
Then yeah, you would want them to be able to track.

0:12:28.360 --> 0:12:28.780  
Tina Morgan  
Sorry.

0:12:29.350 --> 0:12:32.100  
Courney Sanders  
Like the sponsor only uses Specialty lab that would.

0:12:33.900 --> 0:12:38.890  
Tina Morgan  
If there's only one, I'm not sure to be honest. What would be the scenario I mean?

0:12:41.930 --> 0:12:42.100  
Courney Sanders  
OK.

0:12:51.680 --> 0:12:51.990  
Courney Sanders  
Right.

0:12:41.770 --> 0:12:56.340  
Tina Morgan  
I'm thinking it would be you just have one lab and it's a specialty lab versus a central lab and that is sending specialty labs to multiple places. It depends on where the initial samples are going and the pathway of the samples, I guess.

0:12:56.860 --> 0:12:58.650  
Courney Sanders  
Umm OK.

0:13:9.860 --> 0:13:10.220  
Tina Morgan  
Sure.

0:13:10.860 --> 0:13:11.160  
Tina Morgan  
Yeah.

0:12:59.770 --> 0:13:14.750  
Courney Sanders  
We do have a few lists of CRO's and wanna see if you've used them. If there are lists and any feedback on those CRO's, would that be OK? Great. The first one is file athletics.

0:13:16.610 --> 0:13:18.940  
Tina Morgan  
I have not worked with them directly.

0:13:20.480 --> 0:13:36.330  
Tina Morgan  
I I do have colleagues that I've worked with them and I don't think that they're like in a vendor that I've used in my past couple of CRO. But I think in previous ones I don't have specific feedback on them, but I think in general I've heard that they're pretty good, I think.

0:13:37.10 --> 0:13:41.520  
Tina Morgan  
Again, it just depends on the study, but you know how many specifics on them.

0:13:42.440 --> 0:13:48.0  
Courney Sanders  
And have you heard like specific technologies or type of biomarker testing, they're very good at?

0:13:49.760 --> 0:13:52.40  
Tina Morgan  
I haven't looked into it now. It's not for that.

0:13:51.0 --> 0:13:55.230  
Courney Sanders  
Alright, sounds good. Uh, Caris, life sciences.

0:13:56.820 --> 0:13:57.830  
Tina Morgan  
What was the name again?

0:13:58.460 --> 0:14:1.200  
Courney Sanders  
Harris, CARIS.

0:14:3.550 --> 0:14:6.0  
Tina Morgan  
Light services. I have not heard of.

0:14:4.940 --> 0:14:7.220  
Courney Sanders  
Life sciences, OK?

0:14:6.780 --> 0:14:7.480  
Tina Morgan  
A life science.

0:14:8.420 --> 0:14:11.930  
Courney Sanders  
Umm, OK, NEXT is cell Carta.

0:14:15.300 --> 0:14:16.440  
Tina Morgan  
I haven't heard of them either.

0:14:17.160 --> 0:14:20.90  
Courney Sanders  
OK, Sir, bar research.

0:14:22.950 --> 0:14:23.910  
Tina Morgan  
Can you spell it for me?

0:14:24.740 --> 0:14:27.410  
Courney Sanders  
CERBA.

0:14:31.860 --> 0:14:35.700  
Tina Morgan  
Ohh yeah, they're in Berlin. I have not worked with them.

0:14:36.640 --> 0:14:37.70  
Courney Sanders  
OK.

0:14:37.580 --> 0:14:42.470  
Courney Sanders  
And the next one is immune analytics.

0:14:45.770 --> 0:14:46.970  
Tina Morgan  
I haven't worked with them either.

0:14:48.780 --> 0:14:51.120  
Courney Sanders  
OK, neogenomics.

0:14:53.940 --> 0:14:58.520  
Tina Morgan  
No, that one sounds familiar. I think I worked with them on.

0:14:59.660 --> 0:15:2.10  
Tina Morgan  
A solid tumor study it probably about.

0:15:2.670 --> 0:15:3.700  
Tina Morgan  
Three years ago.

0:15:5.60 --> 0:15:13.630  
Tina Morgan  
Where we did have biomarkers, I'm pretty sure we sent to Neo Jeanette Genomics. It was one of our specialty labs, but it was one of many.

0:15:14.550 --> 0:15:22.600  
Courney Sanders  
OK. And then the solid tumor study, is that histopathology work or what type of work did you outsource to in your genomics if you remember?

0:15:34.890 --> 0:15:35.260  
Courney Sanders  
Hello.

0:15:35.610 --> 0:15:35.900  
Tina Morgan  
Like.

0:15:43.830 --> 0:15:44.690  
Courney Sanders  
Hello, can you hear me?

0:15:49.230 --> 0:15:49.660  
Tina Morgan  
Hello.

0:15:50.500 --> 0:15:52.120  
Courney Sanders  
Hello, yes, I can hear you now.

0:15:53.360 --> 0:16:0.610  
Tina Morgan  
Ohh now I can't. OK put it. Turn the volume up. OK. Sorry you cut out for a little bit. So can you repeat the last question?

0:16:0.940 --> 0:16:19.310  
Courney Sanders  
Right. I'm sorry though, because you mentioned you outsourced solid tumor study to Neogenomics. I was just wondering what type of services did you use, is that histopathology or flow cytometry or any type of services you remember?

0:16:20.970 --> 0:16:23.340  
Tina Morgan  
I thought was analyzing samples.

0:16:26.120 --> 0:16:27.210  
Courney Sanders  
Right. I was wondering.

0:16:26.480 --> 0:16:27.610  
Tina Morgan  
Like specialty sample?

0:16:28.550 --> 0:16:32.500  
Courney Sanders  
I was just wondering the specific technology that you used.

0:16:33.330 --> 0:16:34.890  
Tina Morgan  
Ohh I went.

0:16:35.730 --> 0:16:37.20  
Tina Morgan  
I'm trying to remember.

0:16:38.270 --> 0:16:42.190  
Tina Morgan  
I have to go back and look at the study detail.

0:16:43.840 --> 0:16:44.770  
Courney Sanders  
OK, no worries.

0:16:42.530 --> 0:16:48.530  
Tina Morgan  
Ohm again, it's been several years and we had a lot of, we had a lot of specialty labs for that one.

0:16:49.280 --> 0:16:54.440  
Courney Sanders  
OK, gotcha. Great. We have another one precision for medicine.

0:16:55.900 --> 0:16:56.460  
Tina Morgan  
Yeah.

0:16:57.980 --> 0:16:58.850  
Courney Sanders  
Rights I want.

0:16:58.20 --> 0:16:59.490  
Tina Morgan  
Yes, I'm familiar with them.

0:17:0.60 --> 0:17:7.720  
Courney Sanders  
Right. I wonder what's O impression on the CRO, what type of services? They are very good at.

0:17:9.220 --> 0:17:16.970  
Tina Morgan  
Yeah. So precision is a full service CRO. They do have a central lab and I think they do have the capability to do.

0:17:17.960 --> 0:17:22.410  
Tina Morgan  
A lot of specialty samples and biomarkers and RNA and DNA.

0:17:23.590 --> 0:17:31.220  
Tina Morgan  
I don't know like the full service operating, but I I do know that there are strong lab vendor, it just kind of depends on what the needs are.

0:17:33.430 --> 0:17:42.440  
Tina Morgan  
And then precision for medicine at the whole is, yeah, like a global CRL. I think they have a global footprint, probably EU.

0:17:43.880 --> 0:17:53.210  
Tina Morgan  
I think some in Asia pack and North America, but they have everything, you know, money, medical monitoring, clinical monitoring, vendor management.

0:17:53.900 --> 0:18:16.410  
Tina Morgan  
And then they would have another they would have a list of their own approved vendors as well. So should the their own central lab not have what is needed for the specialty lab, then we would they would have like a group of like I said earlier of approved vendors that they had vetted and qualified that they would propose. When a sponsor came to them with a with a study.

0:18:18.100 --> 0:18:25.920  
Courney Sanders  
Great. So you mentioned precision for medicine has global footprints, especially in a packet EU, I wonder?

0:18:26.220 --> 0:18:34.170  
Courney Sanders  
Ohh I aware which I guess in which country in APAC region does it have a lot of what?

0:18:35.100 --> 0:18:36.120  
Courney Sanders  
Like how?

0:18:36.880 --> 0:18:40.740  
Courney Sanders  
How impactful is it to have a lab in that specific country?

0:18:43.380 --> 0:19:8.780  
Tina Morgan  
Ohh, that's a really good question on how impactful it is to have them in a specific country. You know it it's it's definitely something to consider in the study strategy when looking at what what labs we would propose because it would depend on how large the study is, what type of samples, what their time frame is for shipping. Does it have to be ambient or frozen dry ice?

0:19:9.520 --> 0:19:15.570  
Tina Morgan  
And where they're going and then what countries you're in. So if it's, you know, a large global phase three study where.

0:19:16.230 --> 0:19:16.880  
Tina Morgan  
You've got.

0:19:17.610 --> 0:19:42.760  
Tina Morgan  
States in all you know, tons of EU and Asia PAC and US countries and you would more likely have kind of a wide breadth of labs that would be set up and you would be very strategic and where you place them. But if it's a smaller study you know where you may only have two countries and you're only having a few patients. Maybe it's a rare disease study then you would you would select only one lab vendor and try to like source everything through there. So I think it just.

0:19:43.540 --> 0:19:47.850  
Tina Morgan  
Again, very much depends on the situation, the study, the indication, the sample.

0:19:48.970 --> 0:20:1.680  
Tina Morgan  
But it's like precision for medicine or any other CRO that has that capability to kind of present those vendors and review the opportunity is really gonna they're all going to look at that strategically and go, OK, this is the kind of vendors that we should use on this study.

0:20:11.450 --> 0:20:12.850  
Tina Morgan  
Oh yeah, sorry I missed that part.

0:20:2.920 --> 0:20:13.230  
Courney Sanders  
Right. And do you have specific I guess comments or insights on which country in APAC region would be most helpful for sponsors?

0:20:14.310 --> 0:20:14.760  
Courney Sanders  
Nice.

0:20:16.20 --> 0:20:21.770  
Tina Morgan  
So you were asking specifically precision for medicine, what labs they have in Asia pack?

0:20:22.670 --> 0:20:40.850  
Courney Sanders  
And if you're not aware, it's fine. Just in general, let's say if you were from sponsors perspective, you think choose a a lab to present in one of the APAC countries where would be more strategically positioned.

0:20:45.600 --> 0:20:47.860  
Tina Morgan  
I guess I'm not understanding the question so.

0:20:47.870 --> 0:20:49.780  
Courney Sanders  
Like like in which country?

0:20:49.30 --> 0:20:50.240  
Tina Morgan  
I want to know in.

0:20:51.560 --> 0:20:51.890  
Courney Sanders  
Sorry.

0:20:52.20 --> 0:20:57.500  
Tina Morgan  
Which country would we recommend would have the best like Specialty Lab in Asia PAC to process?

0:20:58.610 --> 0:21:5.790  
Courney Sanders  
Right. So we've heard folks in most Singapore, Australia that many sponsors would like to see a lab presence.

0:21:6.900 --> 0:21:9.790  
Courney Sanders  
So just wanna hear your comment on those.

0:21:11.740 --> 0:21:41.590  
Tina Morgan  
Yeah. So there are times that when we specifically when we go to Asia pack we, you know say it's a global study and we have a central lab or a few labs identified. There may be additional specific lab just for those Asiapac countries that are local that will process things. So but again it's just heavily depends on where the sites are that we're recruiting patients from that the samples are being collected from in order to kind of make that recommendation.

0:21:41.880 --> 0:21:51.550  
Tina Morgan  
So if you've got all patients in China, you know then we would obviously try to find a local partner in China that we could our local lab in China that we could partner with.

0:21:52.920 --> 0:21:53.420  
Courney Sanders  
Got.

0:21:52.430 --> 0:22:8.350  
Tina Morgan  
But if you had patients and sights and several Asian countries, you know, then you kind of have to look at it and go, OK, do we want one, one in Asia pack or do we want several and you kind of have to look at how many patients do we think are coming out of each country and kind of make that decision from there.

0:22:8.980 --> 0:22:9.350  
Courney Sanders  
OK.

0:22:10.160 --> 0:22:18.640  
Courney Sanders  
That makes sense. I have two more CRO's on the last one is navigate bio pharma.

0:22:21.50 --> 0:22:22.710  
Tina Morgan  
Navigate biopharma.

0:22:23.90 --> 0:22:23.510  
Courney Sanders  
Mm-hmm.

0:22:23.370 --> 0:22:26.350  
Tina Morgan  
I have not. I don't think I've heard of them actually.

0:22:26.800 --> 0:22:30.310  
Courney Sanders  
OK. Lastly, quanterix.

0:22:32.580 --> 0:22:34.60  
Tina Morgan  
Nope, haven't worked with them.

0:22:34.570 --> 0:22:35.890  
Courney Sanders  
OK, that's fine.

0:22:37.90 --> 0:22:37.660  
Courney Sanders  
Grades.

0:22:43.820 --> 0:22:44.110  
Tina Morgan  
OK.

0:22:39.20 --> 0:23:3.660  
Courney Sanders  
So just overall, we also would like to understand just France sponsors perspective, what are the technologies that you know, the customers, the sponsors have increasingly requested for. We do have certain categories that we are interested in. Let me just share that with you. So like immune monitoring, so using flows at home entry.

0:23:4.380 --> 0:23:4.800  
Tina Morgan  
Mm-hmm.

0:23:4.310 --> 0:23:22.980  
Courney Sanders  
Or proteomics using mass spec or different immunoassays genomics difference next generation sequencing or PCR technologies. Lastly, histopathology so that includes IHC fish or digital pathology.

0:23:24.290 --> 0:23:33.400  
Tina Morgan  
I would say every one of those are ones that we've had a lot of interest in, from sponsors when they come to us. I would say in particular the next Gen. sequencing.

0:23:34.530 --> 0:23:49.120  
Tina Morgan  
I've there's been a lot of studies that have come through with that needing that technology and actually that triggered my memory on that study I was referencing earlier that that was we did the next Gen. sequencing on that study and fish.

0:23:50.510 --> 0:23:58.460  
Tina Morgan  
Kind of thing, but yeah, everything you mentioned, those are definitely you know what we're seeing coming through first technology needs.

0:23:59.540 --> 0:24:13.610  
Courney Sanders  
Got it. Actually speak of that. I also forgot just one question. What was your overall impression of working with Neogenomics with the next Gen. sequencing as well as the the fish?

0:24:14.910 --> 0:24:26.330  
Tina Morgan  
Yeah. Overall I don't remember there being any issues with working with them. And you know with the lab vendor reconciliation towards the end of the study, I felt like everything went.

0:24:27.330 --> 0:24:33.260  
Tina Morgan  
As planned, and there weren't any major issues or escalations. Again, this was several years ago, but.

0:24:34.370 --> 0:24:39.420  
Tina Morgan  
I don't remember any specifics, but I remember it generally being that you know they were performing and delivering.

0:24:39.970 --> 0:24:45.590  
Courney Sanders  
OK, sounds good. Uh, sorry. So circle back to that technology piece.

0:24:46.730 --> 0:24:52.360  
Courney Sanders  
Have you heard just particularly any needs withing high Plex?

0:24:53.720 --> 0:24:54.910  
Courney Sanders  
Flow cytometry.

0:24:57.990 --> 0:25:1.540  
Tina Morgan  
Have I seen any need or sorry? Can you repeat the question?

0:25:1.790 --> 0:25:16.770  
Courney Sanders  
Yeah. Have you heard from the customers any needs in the high plexed flow cytometry? So particularly with hearts increasing requests in spectral flow cytometry or site off?

0:25:18.10 --> 0:25:21.910  
Tina Morgan  
Yeah, yeah, I I definitely see an increase in that in the flow cytometry.

0:25:23.230 --> 0:25:32.120  
Courney Sanders  
Or would you mind explaining a bit more in what particular indication or specific type of immune oncology?

0:25:32.850 --> 0:25:35.460  
Courney Sanders  
Or even at different phases of clinical trials.

0:25:36.360 --> 0:25:48.340  
Tina Morgan  
Yeah. So it's been I've been seeing the flow site hometree a lot in in oncology specifically and I think it's when we're looking at specific genetic biomarkers.

0:25:50.310 --> 0:25:51.970  
Tina Morgan  
In patients and.

0:26:4.380 --> 0:26:4.660  
Courney Sanders  
Umm.

0:25:53.160 --> 0:26:5.150  
Tina Morgan  
It's across multiple like oncology disease types. So it might be all solid tumors, but they have to have like a PDL 1 positive result in order you know. So it's it's kind of.

0:26:5.970 --> 0:26:11.570  
Tina Morgan  
It's mostly oncology that I'm seeing it in, but it's across solid tumors and hematology.

0:26:13.290 --> 0:26:17.460  
Tina Morgan  
Rare disease. I'm trying to think of any of my recent rare disease studies have had.

0:26:19.150 --> 0:26:27.690  
Tina Morgan  
Have a lot of that I that I can't speak to. I don't, I don't remember, but definitely pretty much across all of my oncology studies.

0:26:28.800 --> 0:26:30.200  
Courney Sanders  
Got it. And.

0:26:29.360 --> 0:26:31.320  
Tina Morgan  
At least the past five years, yeah.

0:26:31.770 --> 0:26:47.520  
Courney Sanders  
Yep, grades and just wondering when customer come to for flow cytometry services, what percentage would you say they require customized panels versus off the shelf?

0:26:48.790 --> 0:26:54.90  
Tina Morgan  
Umm it it's increasing. That percentage is definitely increasing versus the office itself.

0:26:54.690 --> 0:26:55.150  
Courney Sanders  
Mm-hmm.

0:26:54.760 --> 0:26:55.350  
Tina Morgan  
Umm.

0:26:56.610 --> 0:26:57.990  
Tina Morgan  
It's a trend I've kind of.

0:26:56.840 --> 0:26:58.980  
Courney Sanders  
And what do you think of the driver of that?

0:27:1.740 --> 0:27:3.710  
Tina Morgan  
I just think it's how.

0:27:5.0 --> 0:27:7.540  
Tina Morgan  
Specific we're getting with.

0:27:9.600 --> 0:27:12.90  
Tina Morgan  
Especially in oncology, the way we're treating.

0:27:12.940 --> 0:27:42.450  
Tina Morgan  
The patient is not that we're treating the tumor type like instead of like overtreating breast cancer in this approach where we're approaching it more of what's the genetic mutation. And so people with those genetic mutations but may have multiple different types of tumor types or cancers that genetic mutation is the same. And so I we're now targeting that as treatment versus treating each. You know we have a group of breast cancer drugs or a group of.

0:27:42.960 --> 0:27:57.260  
Tina Morgan  
Bladder cancer drugs. So it's kind of that new approach I think in oncology over the past, I don't know, 1015 years has kind of forced us into this more like next Gen. sequencing and you know very specific sought out.

0:27:59.230 --> 0:28:1.350  
Tina Morgan  
Genetic mutations and things like that.

0:28:3.110 --> 0:28:16.70  
Courney Sanders  
That makes sense. Uh, just to clarify, this sponsors use that to determine patient eligibility or to monitor the patient response after the treatment.

0:28:17.800 --> 0:28:18.310  
Tina Morgan  
Both.

0:28:19.180 --> 0:28:19.820  
Courney Sanders  
OK.

0:28:19.520 --> 0:28:28.50  
Tina Morgan  
Depending on the set, yeah. So, so sometimes it isn't eligibility requirement and other times it's that they're using it for efficiency or they could be doing both.

0:28:29.490 --> 0:28:38.540  
Courney Sanders  
And just based on your experience, any particular segmentation there like a more genetic?

0:28:39.640 --> 0:28:48.820  
Courney Sanders  
Uh, I guess type of tumors. My use and that for patient eligibility or are there any, you know detailed segmentation there?

0:28:52.400 --> 0:28:53.470  
Tina Morgan  
Yeah. So.

0:28:54.380 --> 0:28:57.20  
Tina Morgan  
I missed a part of the word so detailed. What?

0:28:57.530 --> 0:29:7.890  
Courney Sanders  
Like like like segmentation, either by indication within oncology that you've seen increasing user flow cytometry on exchange sequencing.

0:29:13.980 --> 0:29:16.950  
Tina Morgan  
I'm still not still understanding the phrasing.

0:29:29.180 --> 0:29:31.260  
Tina Morgan  
It's all of them. It's all of them because.

0:29:13.740 --> 0:29:32.500  
Courney Sanders  
Like is it more breast cancer? So I just, yeah, just. Yeah. Just trying to understand, is it like more or let's say breast cancer or non small cell lung cancer as are there particular indication that you've seen increasing use of flow cytometry, OK, it's just across all umm.

0:29:36.220 --> 0:29:36.520  
Courney Sanders  
Yeah.

0:29:31.900 --> 0:29:40.520  
Tina Morgan  
If that's how we're now approaching cancer care, I think is we're we're treating the the genetic mutation versus.

0:29:41.480 --> 0:29:42.180  
Tina Morgan  
The tumor type.

0:29:43.140 --> 0:29:43.410  
Courney Sanders  
Yeah.

0:29:42.900 --> 0:29:44.630  
Tina Morgan  
And I think that's across the board, yeah.

0:29:45.280 --> 0:29:47.210  
Courney Sanders  
OK, that sounds good.

0:29:48.680 --> 0:29:49.630  
Courney Sanders  
No, no worries.

0:29:47.610 --> 0:29:59.350  
Tina Morgan  
Sorry about that. Sometimes it's this whole destry. There's so much language nuances on what things are called, and it's like even from CRO to CRL, like everything calls something different. So it's easy to go.

0:30:0.480 --> 0:30:1.550  
Tina Morgan  
And what we're about.

0:29:59.990 --> 0:30:17.790  
Courney Sanders  
Yes, Toll understands when I say modality, people interpret it differently as well. So definitely understood and just let me know if I need to clarify anything as well there. So another question around that you mentioned next Gen. sequencing other particularly type of.

0:30:18.670 --> 0:30:30.500  
Courney Sanders  
Technology or analysis that sponsors request more than others, like RNA based sequencing or spatial or mix or anything else.

0:30:33.190 --> 0:30:35.520  
Tina Morgan  
Uh, I think it varies.

0:30:37.570 --> 0:30:41.450  
Tina Morgan  
I think the DNA and RNA sequencing is pretty frequent.

0:30:42.470 --> 0:30:43.10  
Tina Morgan  
I mean.

0:30:45.510 --> 0:30:48.720  
Tina Morgan  
I'm not totally sure. I mean if there's a one more than the other.

0:30:49.230 --> 0:30:49.590  
Courney Sanders  
OK.

0:30:50.830 --> 0:31:3.320  
Courney Sanders  
And how about within histopathology? Are there increasing needs? We've heard from other experts such as digital pathology or AI assisted analysis.

0:31:6.690 --> 0:31:10.800  
Tina Morgan  
Not that I'm aware of, and I I don't think I can speak to that in general.

0:31:11.860 --> 0:31:13.220  
Courney Sanders  
OK, no worries there.

0:31:14.860 --> 0:31:33.990  
Courney Sanders  
Another question I feel free to say no if you're not aware and we're trying to understand the pricing of each type of services. So again, the forward type of marker testing I mentioned you monitoring like flow cytometry, proteomics, genomics and histopathology.

0:31:35.10 --> 0:31:48.810  
Courney Sanders  
What's your? Well, I guess what typically is the price range when you when the CRO charges either patients or per trial, just ballpark of the pricing would be gods?

0:31:49.940 --> 0:31:52.910  
Tina Morgan  
Ohh gosh, I wouldn't be able to come up with a ballpark.

0:31:54.930 --> 0:31:55.290  
Courney Sanders  
Or.

0:31:54.470 --> 0:32:1.500  
Tina Morgan  
And it's just there's too many variables I would have to have like kind of like some specs to even put some thought behind that but.

0:32:2.440 --> 0:32:10.410  
Tina Morgan  
And it would depend too on if we're outsourcing it to a vendor and then we're managing that vendor. So that would come with you know, vendor management oversight cost.

0:32:18.40 --> 0:32:18.310  
Courney Sanders  
Umm.

0:32:11.930 --> 0:32:31.410  
Tina Morgan  
Or if it's our own, you know, if we're using our own lab, if it's a CRO that has the lab that can do that, then it would be a different cost and it depends on very specifically what's being needed. If it's off the shelf or it's not off the shelf and it has to be built. So there's just so many varying factors that I couldn't even begin to try to estimate a number.

0:32:32.580 --> 0:33:1.900  
Courney Sanders  
Right. I I think that makes sense. There are just a lot of thinking behind it. I wonder, let's say when you when I sponsor each outs, what kind of component do you think when you think of pricing, you know you mention a couple points difference between custom customized versus off the shelf or more like just overheads, what are the components within the pricing strategy there?

0:33:3.50 --> 0:33:14.460  
Tina Morgan  
Yeah. So there's definitely things that can kind of drive up the cost besides those ones I just mentioned. You know, it's really driven by the actual samples that are needed that's in the protocol, so.

0:33:15.250 --> 0:33:27.430  
Tina Morgan  
And how complicated that sample may be? Does it require you know a specific shipping time frame where they can only ship on certain days and only receive on certain days? Does it require?

0:33:28.570 --> 0:33:40.160  
Tina Morgan  
You know where it's like PBMC's. Like certain labs can only process PBMC and then they have to go through a certain, you know. So it's a very dependent on the the complicated process that's involved and know.

0:33:40.860 --> 0:33:43.780  
Tina Morgan  
What's needed, and it's very much driven by the study protocol.

0:33:45.650 --> 0:33:48.500  
Courney Sanders  
OK. Well, last question on the pricing.

0:33:48.580 --> 0:34:6.250  
Courney Sanders  
Umm. And is. If you compare those type of bomb marker testing again the four units I just mentioned, where do you see my charge premium pricing versus a more just standards average price?

0:34:10.210 --> 0:34:13.260  
Tina Morgan  
Amongst those four types of offerings.

0:34:30.660 --> 0:34:31.270  
Tina Morgan  
Yeah.

0:34:13.810 --> 0:34:33.120  
Courney Sanders  
Yeah. So like for example, we've heard potentially histopathology is quite commonly used technology. So there might not be enough room to charge premium pricing versus for cytometry. As you mentioned, there are more customized needs. So they're just more room for the premium pricing there.

0:34:33.740 --> 0:34:37.90  
Tina Morgan  
Yeah, exactly. Yeah, I would say that that's accurate statement.

0:34:37.720 --> 0:34:39.750  
Courney Sanders  
And how about protein and genomics?

0:34:45.680 --> 0:34:45.970  
Courney Sanders  
Right.

0:34:46.650 --> 0:34:47.880  
Courney Sanders  
OK, no worries.

0:34:42.630 --> 0:34:59.690  
Tina Morgan  
Of what? Whether that would fall into premium pricing, I don't know, to be honest. I I wouldn't know enough. It kind of depends on the lab too. You know, like what kind of their bread and butter is, and whether one lab may have some off the shelf options that are quite vary from another so.

0:35:0.400 --> 0:35:2.620  
Courney Sanders  
OK, that sounds good.

0:35:4.250 --> 0:35:5.370  
Courney Sanders  
Great and.

0:35:6.260 --> 0:35:37.150  
Courney Sanders  
I think we touched upon lab logistics a little bit. I just try to understand why manage a clinical trial and what type of logistics goes within. It's from our new standing. There might be no I guess clinical trial data management and sorry actually that's a different thing, but like sample shipments and potentially monitoring and potentially cold storage. Would you mind you know elaborate a little bit more with ghosts?

0:35:37.230 --> 0:35:37.870  
Courney Sanders  
Are they notes?

0:35:39.940 --> 0:35:43.820  
Tina Morgan  
So you're kind of wanting the general overview of like how we would manage.

0:35:44.590 --> 0:35:46.80  
Tina Morgan  
Samples within a study.

0:35:46.830 --> 0:35:47.790  
Tina Morgan  
Like from the CRO?

0:35:46.730 --> 0:35:48.840  
Courney Sanders  
Right. What kind of services? Yep.

0:35:49.830 --> 0:36:21.520  
Tina Morgan  
OK, so you know, typically I don't CRL, so say it's a you know a full service study, they approach us and and and we're selected and we kick off the study and we're managing you know vendors for the study including labs which would be typical and then any other sub vendors we would they would contract directly with us and then we would subcut subcontracts with the vendor and then we would manage them from then on out and then we would kind of kick off the study. So we would have internally we would have.

0:36:21.630 --> 0:36:51.620  
Tina Morgan  
Whatever is scoped services, whether it's data management, stats monitoring, medical safety, you know the project manager would kind of pull that team together based on the scope of the study, what the needs are, and then start having team meetings and have a kickoff where they would kind of kick the project off, kick off the vendors and then we would manage from the entire life of the study from reaching out to the initial site, getting them qualified, making getting them open for enrollment.

0:36:51.710 --> 0:37:16.980  
Tina Morgan  
And then managing once the sites are open and they're enrolling subjects and they start collecting samples, then we're making sure that they're correct collected in the correct time point per protocol, shipping them the correct way and the correct time that they're getting to the right places. So you know, tracking all of that all the way through now, the detailed tracking would come from that lat vendor because they're the one managing the samples and receiving and they would probably have.

0:37:17.710 --> 0:37:28.700  
Tina Morgan  
Like a lab portal where they kind of tracked that, but again, it's dependent on OK, do you have a central lab or a bunch of little labs or do you some studies, they don't use a central lab, they the hospital will just send it to their own.

0:37:30.860 --> 0:37:35.590  
Tina Morgan  
Internal lab. But that's usually more safety labs versus anything specialty.

0:37:36.980 --> 0:37:54.110  
Tina Morgan  
And then we follow it all the way through. You know the last, the last patient that's enrolled and the last data point that's collected on that patient and then closing the database and writing the CSR and providing it to the sponsor and then that's when our relationship usually ends or you know the study staff.

0:37:54.870 --> 0:38:2.370  
Courney Sanders  
Umm. And you're like your your your service is also includes a kids.

0:38:3.220 --> 0:38:10.650  
Courney Sanders  
That sponsors that could use to collect samples, or that's also managed by the other end of the lab.

0:38:12.70 --> 0:38:39.160  
Tina Morgan  
So that would be the lab vendor who would create the kit and track and send those to sites. But the CRO partner would oversee them in that process and make sure they're building them. You know, according to the protocol and according to, you know, because they're the ones managing the study overall. So they would need to kind of help them build, build out that database for the lab samples, build out the kits and track all the shipping. But if it was hour lab, then we would manage it within our central lab.

0:38:40.130 --> 0:38:41.550  
Tina Morgan  
That's on where the contract lies.

0:38:42.580 --> 0:38:44.380  
Courney Sanders  
Got it. That makes sense.

0:38:45.720 --> 0:38:48.490  
Courney Sanders  
And regarding the data.

0:38:49.490 --> 0:39:2.780  
Courney Sanders  
Like analytics, you sponsors typically to take the raw data and analyze themselves. Or do they actually also request you or the specialties CRO to analyze the data?

0:39:11.360 --> 0:39:11.610  
Courney Sanders  
Hmm.

0:39:4.410 --> 0:39:27.810  
Tina Morgan  
I've seen both ways and I think as of late the past few years, it's usually the sponsor that's analyzing it, but again, it depends on what they they've outsourced and if they have that in house. So most of the time they they do that themselves, but I think there's been studies I've worked on where they've outsourced that to us or they outsource it to someone else and then the data from the lab vendor goes to this.

0:39:28.510 --> 0:39:35.360  
Tina Morgan  
Outsourced company, who will do then the analysis and provide that for the sponsor. So lot of different scenarios.

0:39:36.560 --> 0:39:37.610  
Tina Morgan  
And it's kind of just.

0:39:36.710 --> 0:39:37.900  
Courney Sanders  
Right. And do you see a?

0:39:38.980 --> 0:39:51.480  
Courney Sanders  
Umm, just wondering. Like do you see our particularly trends of you know maybe increasing outsourcing or decreasing outsourcing of the data analytics part to the CRO or the lab side?

0:40:0.450 --> 0:40:0.790  
Courney Sanders  
Yeah.

0:39:53.710 --> 0:40:1.460  
Tina Morgan  
I haven't seen any any trends with that. I think it's just been kind of split to be honest and consistently split.

0:40:2.30 --> 0:40:4.60  
Courney Sanders  
OK, sounds good.

0:40:5.790 --> 0:40:18.100  
Courney Sanders  
Do sponsors typically also reach out to ask for preclinical needs of biomarker acid development service like that?

0:40:18.860 --> 0:40:19.970  
Tina Morgan  
Yeah, definitely.

0:40:20.550 --> 0:40:20.820  
Courney Sanders  
Umm.

0:40:21.280 --> 0:40:31.170  
Tina Morgan  
Sometimes I'll reach out directly to, you know, a particular lab or our central just depending on the capabilities. But yeah, that sometimes happens preclinical.

0:40:32.210 --> 0:40:40.160  
Courney Sanders  
And what particularly indications or modalities like singing or antibodies?

0:40:41.330 --> 0:40:47.590  
Courney Sanders  
That's you have just more experience or sponsors requests more of those.

0:40:49.980 --> 0:40:51.310  
Tina Morgan  
And the preclinical side.

0:40:51.680 --> 0:40:52.10  
Courney Sanders  
Yeah.

0:40:58.720 --> 0:40:59.70  
Courney Sanders  
OK.

0:40:55.100 --> 0:41:14.10  
Tina Morgan  
I don't think I can answer that one just because I'm usually not involved in the preclinical even though I knew as a companies, the companies I've worked for do it. I'm just so involved in like the actual like post award of a study of an actual trial and then setting everything up and the selection and stuff like that.

0:41:14.550 --> 0:41:15.490  
Courney Sanders  
Right. OK.

0:41:17.130 --> 0:41:26.170  
Courney Sanders  
And do you sponsors also request for potentially developments of companion diagnostics for the clinical trial?

0:41:28.760 --> 0:41:39.240  
Tina Morgan  
They can. I know some of our sponsors have that need and they'll outsource it. And my answer is the same. You know, it depends on where they outsource that. It's. I think it's less.

0:41:40.270 --> 0:41:53.460  
Tina Morgan  
Frequently as CRO, that would do that unless they have that, unless they're zero that specializes in that piece with their lab. So it kind of depends on on what zero you're going after.

0:41:54.650 --> 0:41:55.70  
Courney Sanders  
OK.

0:41:56.370 --> 0:42:19.970  
Courney Sanders  
I mean, based on experience and just think about the sponsors needs, I wonder from the Specialty CR's perspective, what's capabilities you think if they add that would really show value to either you guys are full service CRO or the sponsors?

0:42:20.430 --> 0:42:33.510  
Courney Sanders  
And the things like we discussed campaign diagnostics, preclinical supports, data management, analytics, lab logistics.

0:42:34.570 --> 0:42:37.450  
Courney Sanders  
Or just central lab services and.

0:42:38.480 --> 0:42:40.450  
Courney Sanders  
Even clinical trial supports.

0:42:44.270 --> 0:42:50.240  
Tina Morgan  
So you're asking if sponsors are interested in like a one stop shop for all those things.

0:42:57.690 --> 0:43:0.390  
Tina Morgan  
I support. Yeah. OK.

0:42:51.580 --> 0:43:1.530  
Courney Sanders  
Right. And you know if if not, which ones among everything I've said would add the most value potentially for those specialties euros.

0:43:4.860 --> 0:43:13.160  
Tina Morgan  
I would say the least, the least valuable I think, is the the analytics because I feel like they end up doing that in House anyways because it's so.

0:43:14.0 --> 0:43:24.640  
Tina Morgan  
Close to their decision making on strategy with their protocol that analytics and as data is coming in. So they typically want to hold that themselves.

0:43:25.260 --> 0:43:25.560  
Courney Sanders  
Mm-hmm.

0:43:25.620 --> 0:43:30.970  
Tina Morgan  
Unless they just aren't capable to source it. So I would say that one at the bottom of the list for being.

0:43:31.530 --> 0:43:35.470  
Tina Morgan  
Umm, what they would be seeking in a in a full service offering.

0:43:37.500 --> 0:43:39.230  
Tina Morgan  
And then the other one I think would.

0:43:40.370 --> 0:43:42.380  
Tina Morgan  
Can you run through them again? One more time? Sorry.

0:43:46.160 --> 0:43:47.860  
Tina Morgan  
And it's Friday. It's tired.

0:43:41.880 --> 0:43:54.790  
Courney Sanders  
Yes, yes, I know it's a long list. Maybe we can just go one by one and and we can have a final ranking in the end, yes, definitely. I know it's late Friday already, so let's start with preclinical support.

0:43:58.60 --> 0:44:2.240  
Tina Morgan  
Yeah, that one. I would say that one midway through in the in the priority list.

0:44:3.120 --> 0:44:5.970  
Courney Sanders  
OK. And companion diagnostics?

0:44:8.140 --> 0:44:10.830  
Tina Morgan  
I would say that's also towards the bottom.

0:44:11.640 --> 0:44:11.900  
Courney Sanders  
OK.

0:44:11.610 --> 0:44:15.580  
Tina Morgan  
Because, again, they're they're kind of gonna wanna hold that and then.

0:44:16.220 --> 0:44:19.160  
Tina Morgan  
You know, I don't know if they'll go to specific.

0:44:20.230 --> 0:44:32.0  
Tina Morgan  
Consultants or like KOL or you know they may have relationships with contractors, but you know they typically keep that closer to the chest instead of like outsourcing that fully.

0:44:33.100 --> 0:44:33.380  
Courney Sanders  
OK.

0:44:34.120 --> 0:44:34.830  
Courney Sanders  
Make sense?

0:44:35.700 --> 0:44:38.10  
Courney Sanders  
Umm. Lab logistics.

0:44:39.160 --> 0:44:49.490  
Tina Morgan  
Yeah, I think that's one of the top. That's the top thing. They don't wanna manage the logistics of the lab. They want it to be taken care of by vendor and just be able to be provided the data.

0:44:50.880 --> 0:44:51.580  
Courney Sanders  
Yep, OK.

0:44:53.20 --> 0:44:54.690  
Courney Sanders  
Central lab services.

0:44:55.470 --> 0:44:58.500  
Tina Morgan  
Yeah, and that that's the other top one. So those, those two are the top.

0:44:59.190 --> 0:44:59.560  
Courney Sanders  
OK.

0:44:59.500 --> 0:45:1.30  
Tina Morgan  
And as far as priority?

0:45:2.510 --> 0:45:5.400  
Courney Sanders  
And Brother clinical trial support.

0:45:8.430 --> 0:45:10.40  
Tina Morgan  
Like what examples?

0:45:9.580 --> 0:45:12.320  
Courney Sanders  
Like clinical trial design, for example.

0:45:13.840 --> 0:45:15.110  
Tina Morgan  
Like protocol writing.

0:45:16.880 --> 0:45:17.950  
Courney Sanders  
Umm yeah.

0:45:18.620 --> 0:45:22.210  
Courney Sanders  
Or like regulatory filing etcetera?

0:45:22.580 --> 0:45:29.310  
Tina Morgan  
Yeah, yeah, yeah. I think that's midway for you. I mean, that's definitely important for sponsors. And again, they may do that in house or they may seek that.

0:45:30.200 --> 0:45:31.860  
Tina Morgan  
I'd say that's about midway through.

0:45:32.420 --> 0:45:42.450  
Courney Sanders  
OK, I know I also have another few. I know we have a few more minutes even though I haven't touched upon them, but one it would be imaging services.

0:45:44.30 --> 0:45:52.960  
Tina Morgan  
Umm, yeah, so there's definitely imaging vendors that I've worked with and typically, you know what other whatever CRL on working at has an approved list of vendors.

0:45:53.660 --> 0:46:6.320  
Tina Morgan  
And that is often, especially in oncology, they want, they want us to outsource and imaging vendor so that they can centralize the imaging review. So yeah, I definitely a lot of experience with working with those.

0:46:7.610 --> 0:46:16.100  
Courney Sanders  
And for the imaging services, would you mind sharing in what situations oncology trials will need imaging, CRO?

0:46:18.960 --> 0:46:24.140  
Tina Morgan  
If imaging is part of the protocol, that is a procedure like if they need to take.

0:46:25.490 --> 0:46:28.600  
Tina Morgan  
You know, CT scans MRI scans on the patient.

0:46:29.270 --> 0:46:32.920  
Tina Morgan  
And they need them centrally read by a physician where?

0:46:32.860 --> 0:46:33.190  
Courney Sanders  
OK.

0:46:40.600 --> 0:46:40.910  
Courney Sanders  
Mm-hmm.

0:46:33.590 --> 0:47:4.740  
Tina Morgan  
You know sometimes in oncology study cause an oncology, obviously everyone who has cancers getting scanned on a regular basis, right? So typically if they're not on a study, they would do the scan that their local hospital and then they're position would read it and then they would go about their day. But when it's a study and it's especially when you get into like phase two in order to provide the data consistently to the FDA, you want to have a central reader looking at all of the patient. So it's kind of that consistent view of you know if they're determining progression or not in those.

0:47:4.840 --> 0:47:31.850  
Tina Morgan  
And so it depends on if the need is for that central reader or a blinded reader. You know where they're looking at? Is the patient progressing, but if they're on a blinded treatment then you may need to use that vendor. But if it's, you know, an early phase one, you know you're not doing, you're not needing that centralized review, you're just kind of gathering preliminary data then you would just probably have them use their local hospital.

0:47:33.90 --> 0:47:36.400  
Tina Morgan  
Reader and then just use that as the the reported data.

0:47:37.650 --> 0:47:46.210  
Courney Sanders  
Gotcha. And based on experience, how frequent these sponsors within oncology requests imaging services?

0:47:49.70 --> 0:47:55.340  
Tina Morgan  
If it's, you know, phase two or later, almost all the time and oncology, yeah.

0:47:55.730 --> 0:47:57.60  
Courney Sanders  
OK, sounds good.

0:47:59.140 --> 0:48:7.30  
Courney Sanders  
And then another one is analytical services such as smooth downstream CMC testing.

0:48:9.940 --> 0:48:12.760  
Tina Morgan  
Downstreams CMT. I don't know what CMT is.

0:48:13.400 --> 0:48:14.350  
Tina Morgan  
I might know. I just.

0:48:31.110 --> 0:48:31.650  
Tina Morgan  
Ah.

0:48:13.390 --> 0:48:32.980  
Courney Sanders  
CMC is like a CMT was manufacturing and we've heard you need also contamination testing or bile acids to test the drug potency. So it's more like you know during like post late phase you need some process developments for the yeah.

0:48:33.930 --> 0:48:48.150  
Tina Morgan  
Yeah, OK. So post says. Yeah, I mean that there's definitely. I don't have experience in the postmarketing stuff. And typically, you know, once the studies over and you know you kind of get into that then that's the drug company does that.

0:48:48.870 --> 0:48:55.0  
Tina Morgan  
You know, elsewhere on their own, but I mean, they may go to a lab. I just don't know, like at at that point we wouldn't really be involved.

0:48:55.550 --> 0:49:5.860  
Courney Sanders  
Yeah. OK, let me see how my list. I think the only one left is digital pathology for companion diagnostics.

0:49:10.550 --> 0:49:14.360  
Tina Morgan  
Digital pathology on companion diagnostics.

0:49:16.340 --> 0:49:16.690  
Tina Morgan  
I don't.

0:49:19.280 --> 0:49:19.910  
Tina Morgan  
Yeah, I don't.

0:49:19.120 --> 0:49:20.710  
Courney Sanders  
It's OK if you you know you don't.

0:49:20.640 --> 0:49:21.90  
Tina Morgan  
Tell your.

0:49:22.790 --> 0:49:23.220  
Tina Morgan  
Yeah.

0:49:22.860 --> 0:49:35.110  
Courney Sanders  
I just try. OK, that sounds good. So based on your experience, you think lab logistics and Central lab will really be on the top and followed by imaging?

0:49:36.210 --> 0:49:36.650  
Tina Morgan  
Mm-hmm.

0:49:39.610 --> 0:49:40.60  
Tina Morgan  
Mm-hmm.

0:49:42.110 --> 0:49:42.580  
Tina Morgan  
Mm-hmm.

0:49:35.880 --> 0:49:48.350  
Courney Sanders  
And preclinical needs and let's say clinical trial design and lastly would be data and analytics and others like campaign diagnostics or CMC.

0:49:48.180 --> 0:49:48.570  
Tina Morgan  
Yeah.

0:49:49.240 --> 0:49:49.530  
Tina Morgan  
Yeah.

0:49:49.70 --> 0:49:49.530  
Courney Sanders  
OK.

0:49:50.490 --> 0:49:51.600  
Courney Sanders  
That makes sense.

0:49:52.890 --> 0:49:53.580  
Courney Sanders  
Great.

0:49:52.640 --> 0:50:5.580  
Tina Morgan  
And that's it. Like from my perspective of, you know, because when what I see is when they're coming to a full service CRO and going, hey, here's what we need. So I mean take it and from that perspective I guess.

0:50:19.400 --> 0:50:20.510  
Tina Morgan  
Sure. Yeah, that's fine.

0:50:6.150 --> 0:50:20.820  
Courney Sanders  
Yeah, of course, of course. And I wonder if that's OK if we follow up with you on some of those smaller vendors that on your list that we have not talked about just to see, OK.

0:50:21.780 --> 0:50:22.260  
Tina Morgan  
Yeah.

0:50:22.340 --> 0:50:38.260  
Courney Sanders  
I understand. Yeah, the competitive landscape there a little bit more and we would appreciate, you know even smaller or bigger ones of the specialty CRO S and if you can provide the feedback that'll be great. But you know, if it's too much, a list would be surprised.

0:50:39.180 --> 0:50:46.840  
Tina Morgan  
OK. Yeah, that's fine. I know a couple that come to my mind like there's CT I clinical trials and consulting. I know they have.

0:50:47.880 --> 0:50:54.290  
Tina Morgan  
I just opened the lab, probably in the past couple of years, which I think they do specialty stuff.

0:50:55.90 --> 0:50:55.330  
Courney Sanders  
Umm.

0:50:56.360 --> 0:51:0.410  
Tina Morgan  
Well, yeah, precision for medicine for sure has that capability.

0:51:2.640 --> 0:51:6.360  
Tina Morgan  
From here it doesn't. OK, it does it. I'm going through my list of.

0:51:7.580 --> 0:51:8.410  
Courney Sanders  
Ohh great.

0:51:7.180 --> 0:51:8.500  
Tina Morgan  
Med pace is another.

0:51:9.490 --> 0:51:9.810  
Courney Sanders  
OK.

0:51:9.380 --> 0:51:24.610  
Tina Morgan  
Yeah, I'm at peace. I purchased things about Med pace and they're they're lab has been established for a while. So I think that's one of their stronger offerings based on kind of like feedback I've gotten from other clients that kind of worked with them, so.

0:51:25.230 --> 0:51:28.780  
Courney Sanders  
Sorry, which offering this this stronger from my place?

0:51:29.390 --> 0:51:31.890  
Tina Morgan  
They're like lab services in general.

0:51:32.740 --> 0:51:36.880  
Courney Sanders  
Like Central lab or particularly type of biomarker testing.

0:51:40.670 --> 0:51:41.100  
Courney Sanders  
OK.

0:51:37.870 --> 0:51:42.150  
Tina Morgan  
I just think they're lab services in general are strong, so both. Yeah.

0:51:42.730 --> 0:51:43.70  
Courney Sanders  
OK.

0:51:44.480 --> 0:51:45.240  
Courney Sanders  
Anyone else?

0:51:50.220 --> 0:51:52.910  
Tina Morgan  
No, I think that's that. I think those were the big ones. I was thinking of.

0:51:53.730 --> 0:52:4.960  
Courney Sanders  
OK, perfect. Great. I know we're almost upon our time. Are there anything else we haven't touched upon that we should keep in mind as we continue our research?

0:52:6.590 --> 0:52:12.470  
Tina Morgan  
I don't think so. No, I think you know, we were able to kind of hash out all, so no other.

0:52:14.10 --> 0:52:17.760  
Courney Sanders  
Great. I'm just gonna stop the recording.