# Addressing the High Cost of Patient Recruitment in Clinical Trials:

## A Patient-Centric, High-Tech Strategy for Change

ePatientFinder®

## According to the Tufts Center for the Study of Drug Development, it costs a staggering $2.558 billion to develop and gain marketing approval for a new drug.[1] A significant portion of this money is spent on clinical trials.

As the industry seeks to reign in the high cost of drug development, one area with significant potential for cost savings is patient recruitment, typically responsible for about one-third of clinical trial costs.[2] Clinical study protocols are increasingly complex, and as a result, it now takes between 12 and 15 years for an investigational drug to go from lab to patient.[3] Unfortunately, traditional recruitment methods—which rely primarily on direct-to-patient (DTP) marketing—are not keeping pace with demand, and researchers are unable to secure an adequate number of qualified participants on a timely basis. When recruitment goals are not met, trial delays ensue and costs increase.

When study sponsors encounter recruitment challenges, they traditionally add more research sites to the mix, casting a wider net to identify and enroll qualified clinical trial participants. However, this approach is neither efficient nor cost-effective.

In recent years, a novel patient-centric recruitment method has entered the market that leverages the trusted doctor-patient relationship and patient-specific electronic health record (EHR) data to drive enrollment. This innovative approach shows promise for easing recruitment struggles and helping sponsors secure a greater number of qualified study participants in a timely manner.

# Traditional clinical trial recruitment: Expensive and inefficient

The most widely employed method of clinical trial recruitment involves outreach directly to the patient. Sponsors invest in billboard advertising, newspaper ads, social media channels, and radio and television commercials to attract the attention of potential participants, who then self-refer to the advertised studies. This method is quite expensive: A 4-week billboard rental can cost between $1,500 and $30,000, depending on location; and a single 30-second television commercial on a local network can cost between $200 and $1,500, not including production.[4,5]

While these DTP advertising efforts have the potential to reach a wide audience, messaging is typically broad and often results in a large number of poorly qualified patients. Self-referred patients must be evaluated for study eligibility, and a large number typically are excluded based on trial inclusion and exclusion criteria. The evaluation process can be time-consuming and requires significant resources. If recruiting efforts do not result in a suitable number of qualified participants within the study's committed time frame, the trial may be delayed. Unfortunately, 86% of all clinical trials experience delays, often as a result of recruitment issues.[6]

One alternative to the DTP approach is recruitment by a trial's physician investigators. Research physicians are often affiliated with large academic medical centers that serve large pools of potential study volunteers. Unfortunately, community physicians—and their patients—are less involved in the clinical trial process and have less visibility regarding active studies. This means that historically, a large segment of the population—who do not seek care at large academic medical centers—has not had the opportunity to gain early access to potentially life-changing (or even life-saving) therapies.

Over the years, study investigators have attempted to query their own EHR systems to identify protocol-eligible patients. However, the native search functions built into these systems are unable to account for the intricacies of increasingly complex study designs. Fortunately, a new technology has been developed that makes sense of complicated, unstructured, and often incomplete EHR data. When community physicians who do not conduct clinical trials leverage this technology in conjunction with the trusted physician-patient relationship, they can now serve as a powerful referral source for study investigators.

## CLINICAL TRIAL DELAYS ARE EXPENSIVE

EACH DAY THAT A DRUG DEVELOPMENT PROGRAM IS DELAYED COSTS THE SPONSOR **$37,000** IN OPERATIONAL COSTS AND **$600,000 TO $8 MILLION** IN LOST OPPORTUNITY COSTS.[7]

REDUCING THE LENGTH OF A CLINICAL TRIAL BY JUST 1 MONTH CAN GENERATE AN ADDITIONAL **$40 MILLION** IN SALES REVENUE FOR A NEWLY APPROVED PRESCRIPTION DRUG.[8]

**ONLY 6%** OF CLINICAL TRIALS ARE COMPLETED ON TIME, AND **72%** OF TRIALS RUN OVER SCHEDULE BY MORE THAN 1 MONTH.[9]

# ePatientFinder®: Offering a new approach to patient recruitment

ePatientFinder® offers an alternative method for recruiting clinical trial participants that addresses the issues with traditional recruitment that adversely impact cost and timelines. Rather than relying on DTP marketing, ePatientFinder works directly with the doctors treating protocol-eligible patients. They do this through the use of their innovative Clinical Trial Exchange™ platform, which helps physicians identify, thoroughly screen, and refer patients to clinical trials in their community.[10]

The Clinical Trial Exchange connects life-science companies—including numerous "top 10" pharmaceutical, medical device and contract research organization (CRO) clients—with a robust network of referring physicians. The exchange is deployed through numerous top-tier EHR and health IT partnerships that provide access to over 100 million patient lives across the United States.

## THE EPATIENTFINDER APPROACH OFFERS NUMEROUS BENEFITS OVER TRADITIONAL PATIENT RECRUITMENT METHODS:

- If patients learn about a clinical trial from their doctors, they are more likely to participate. In fact, nearly three-quarters (72%) of Americans say it's likely they would participate in a clinical trial if recommended by their doctor.[11]
- Referred patients are thoroughly pre-screened, and as a result, they are far more likely to be accepted into a trial.
- Patients are more likely to remain in a trial for the duration and to be adherent with the study protocols. Traditionally, about one-third of patients drop out of studies before completion.[12] With the ePatientFinder model, patients continue to see their referring physician for routine medical care, which adds another layer of accountability and engagement.

**When ePatientFinder's technology is used for clinical trial recruitment, the impact is significant. In a recent chronic conditions trial, 78% of patients referred by ePatientFinder were accepted for study participation, compared to 3% of patients referred by traditional, DTP recruitment methods. And that's just the impact on one trial: The resources, cost and time savings that could be gained by using this innovative approach more widely—or even universally—are exponential.**

# Sources


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ePatientFinder is a revolutionary way for physicians to connect their patients to life-changing treatment opportunities – and increase revenue. Our innovative platform notifies you when new treatments relevant to your patients become available in your area. Powerful analytics technology and an innovative three-tier filtering process enable you to quickly and easily identify which patients could benefit from the treatments you choose to offer.