Want to run a patient-centric rare disease trial? Be site-centric

Agnieszka Gackowska, Global Head of Site Solutions

Patient- and site-centricity go hand in hand. Hospitals, clinics, and dedicated research sites are on the front lines of recruiting patients to participate in clinical trials. Developers who work to lessen the burdens on sites and enhance clinical staff experience will run more successful clinical trials. Most sites don't enroll many patients in rare disease trials, yet they still bear significant logistical and administrative burdens. They don't just participate for a return on investment. Their motivation is often altruistic; they want to help patients by offering the investigative drug — which may be the only care option — or publishing in the field to improve awareness and information sharing.

We asked Agnieszka Gackowska from our Site Alliance program — a global network of more than 500 research and healthcare institutions that Parexel partners with to conduct clinical trials — to offer best practices for conducting site-centric trials.

Since 2013, Parexel has been developing long-term strategic relationships with the most experienced multitherapeutic research and healthcare institutions under the name of the Site Alliance program to partner in successful projects delivery and make the company easy to work with for sites. Currently, there are 500+ alliance institutions, representing 20,000+ investigators all over the world. Site Alliances are actively managed by Parexel dedicated Site Alliance Managers (SAMs), who have in-depth knowledge of clinical trials processes. They work closely with an appointed single point of contact (SPOCs) from alliance institutions and facilitate protocol assessments, site start-up activities, and patient recruitment strategies across all projects conducted with the investigators from alliance institutions.

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What challenges do you encounter with protocol designs?

In rare diseases, the relationships between physicians, site staff, patients, and families are intimate; communication is direct and close as they work together to diagnose and treat conditions. For example, a treating physician may see just one or two patients with a rare disease at any given time — and will likely know their names and family situations. In contrast, a diabetes specialist may be treating dozens of patients.

As a result, when we evaluate sites for inclusion in rare disease trials, we don't rely on standard performance metrics such as cycle times and past enrollment rates. Instead, we try to engage with the site staff early to get a sense of their expertise, assess their relationships with patients, and ask for their feedback on protocol design and strategy. If a site does not think that the investigational therapy or study is beneficial for their patients or is too burdensome, it is not likely to participate. We explore ways to involve site staff and patients in reducing a trial's burdens before the protocol is finalized.

Treat sites and institutions as research partners

A site-centric approach requires eliciting feedback from the staff and taking action, addressing their concerns as expeditiously and effectively as possible. For example, at Parexel Biotech, we use more digital devices, new and advanced risk-based monitoring systems, and platforms. We never assume site staff will welcome these new technologies and systems.

Before we adopt new trials methodologies, medical devices, or remote tools, we discuss them with research partners who collaborate with us through our Site Alliance program. We consult with expert councils at sites, a nurse advisory panel (see box), and site and patient advisory groups.

For example, when the COVID-19 pandemic hit, we met with sites and patient advisors in the United States and Europe to discuss overcoming the dual challenges of ensuring patient safety and continuity of treatment in clinical trials. Patients and sites shared their concerns related to COVID-19, which included reduced contact with physicians due to lockdowns, constrained site resources, and delays in the shipment

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and distribution of investigational drugs. Advisors’ feedback differed depending on the therapeutic area; patients and providers in oncology, diabetes, respiratory, and rare disease trials had different priorities. Gathering all the insights helped us do a better job of adapting studies for each community. Working as partners with research sites and utilizing these modifications to complete ongoing trials helped everyone move through the pandemic.

Build hub sites to expand patient access to trials

Many rare disease trials seek to enroll newly diagnosed, treatment-naïve patients. Because most rare diseases represent unmet needs, clinical trials are often the only treatment option for these patients. Yet many physicians are not aware of ongoing trials or new treatment approaches, especially for conditions they rarely encounter.

Suppose doctors, general practitioners, and specialists offered clinical trial participation to their patients at the point of diagnosis. In that case, investigators could recruit more eligible rare disease patients faster through referral programs or networking. For this to happen, more physicians and nurses — not just those in research facilities or rare disease centers of excellence — need to know about ongoing clinical trials and routinely offer them as a care option for patients.

At Parexel, we established a rare disease resource center to bring together representatives of patient organizations, health and research professionals, employees, and volunteers at one site. Our Site Alliance team works on special site networks that revolve around a “flagship site,” which connects researchers with the physicians who have access to patients and could participate in screening activities and decentralized medical procedures.

Elevate the role of site relationship managers

Clinical trials pose complex logistics and operations challenges, and there are always problems that need to be resolved. Sponsors or CROs managing a trial need talented relationship managers who can handle the moving parts and find solutions. Dedicated, knowledgeable staff who operate at institutional

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rather than project level can review all active trials, accelerate study start-ups, discuss enrollment challenges and concerns, and troubleshoot problems. They can also update sites regarding new trials.

For example, decentralized trials (DCTs) require new methodologies, including remote monitoring, telemedicine, and access to real-world data. A site relationship manager can help introduce and utilize DCT technologies and procure technical support for research institutions and site networks. This role demands a portfolio of skills, including extensive clinical trial knowledge, strategic thinking, relationship-building, and a customer service orientation.

Focusing on sites helps us make the trial process easier for physicians and nurses. That in turn improves the patient experience and increases compliance, making the trial process more efficient and effective.

Harnessing the knowledge and insight of study nurses

Nurses and study coordinators have the most direct sightlines into their clinical trial patients' needs, preferences, and challenges.

Yet, nurses and coordinators typically aren't included in the process of designing the trials they will help conduct. Parexel decided to change this model by creating a Nurse Advisory Panel comprised of 70 experienced research nurses and clinical research coordinators.

We invited nurses from sites in our Site Alliance program with clinical research experience ranging from five to more than 30 years across multiple therapeutic areas, including oncology, rare disease, and cardiology. Study nurse advisors on our panel told us there were three things they needed:

1. Diaries and questionnaires translated into multiple languages

2. Simpler recruitment tools

3. Better communication about study progress

We've learned to communicate with sites early in the protocol development process so they can suggest changes to make studies more site- and patient-centric. Better protocols can reduce barriers to patient enrollment, ease patient and site burdens, and limit protocol amendments by doing it right the first time.

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