

From the Executive Director



Dear CSDD Friends:

This past month, we received an unprecedented number of invitations and requests to speak at global conferences, company meetings, and webinars. The most requested topics for us to cover include our studies on the value and impact of decentralized clinical trial technology solutions; the ROI of integrated evidence use in drug development programs; racial and ethnic disparities in clinical trials and in the clinical research professional workforce; and optimizing protocol design to drive performance. This *Insider* lists upcoming speaking engagements below.

The CSDD team is working on a number of multi-company studies: one assessing investigative site activation and enrollment achievement in the wake of the pandemic; another evaluating the role that socio-economic factors play in the recruitment and retention of a diverse community of patients; and a third quantifying the return-on-investment/value proposition of using digital endpoints in clinical trials.

During May we held a roundtable in Europe among sponsors and CROs to examine company experience with risk-based monitoring and risk-based quality management. We also held a workshop in Boston to discuss refining our methodology and initiate a new study quantifying the capitalized cost to develop a single successful medical therapy. And we launched our four-week professional development program 'Leadership for Drug Development Teams'.

Lastly, we will soon be initiating a new multi-company study mapping the current use of, and experience with, artificial intelligence (e.g., machine learning, natural language processing) supporting the continuum of drug development science and operations. This study is an update to one that we conducted in 2018. Please let me know if your organization is interested in learning more about participating.

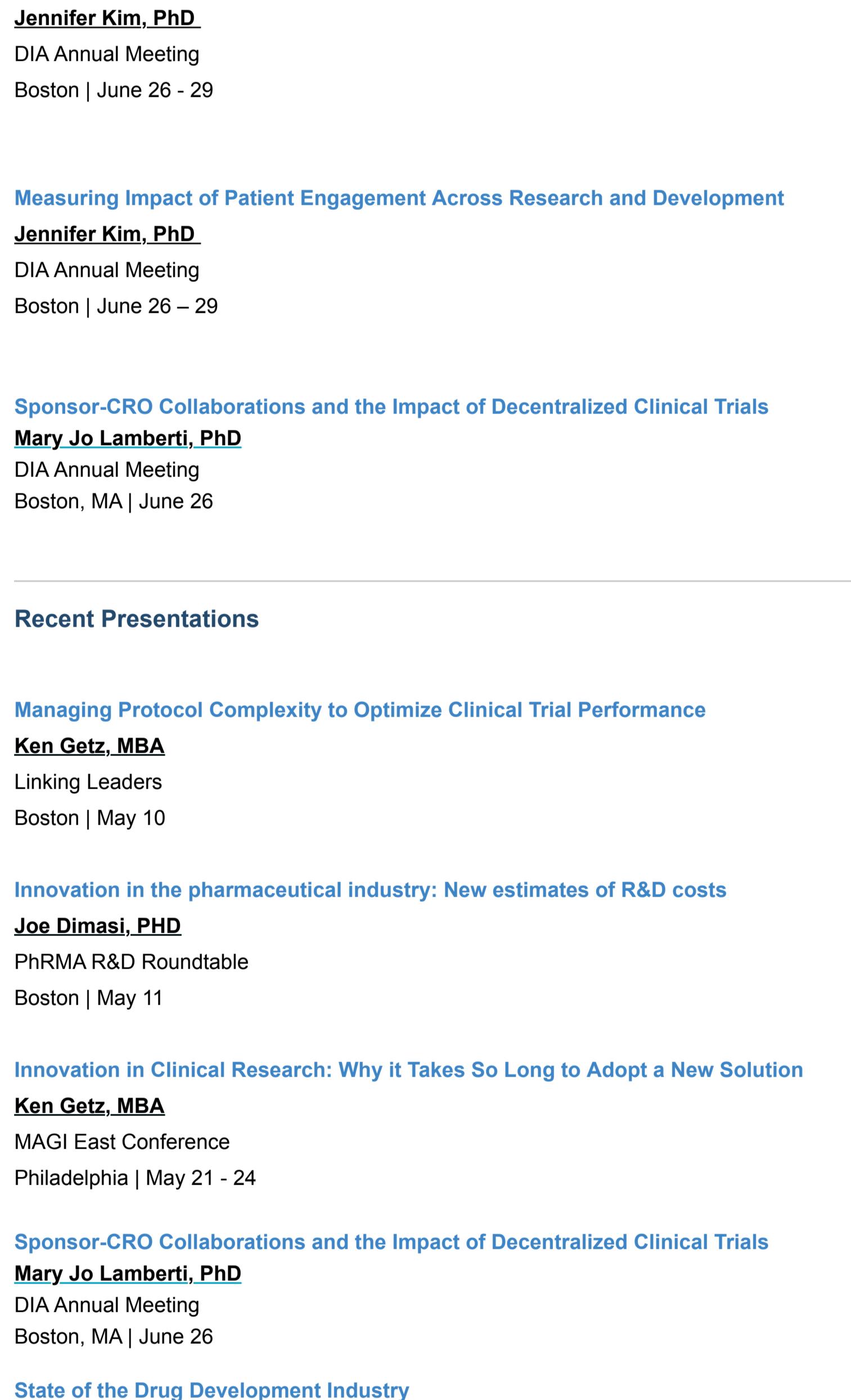
Please contact me directly at Kenneth.getz@tufts.edu for information about any of our upcoming and ongoing activities. I also welcome hearing your thoughts on new areas of research inquiry.

My best regards,

Kenneth Getz
Executive Director and Professor

Tufts Center for the
Study of Drug Development
TUFTS UNIVERSITY

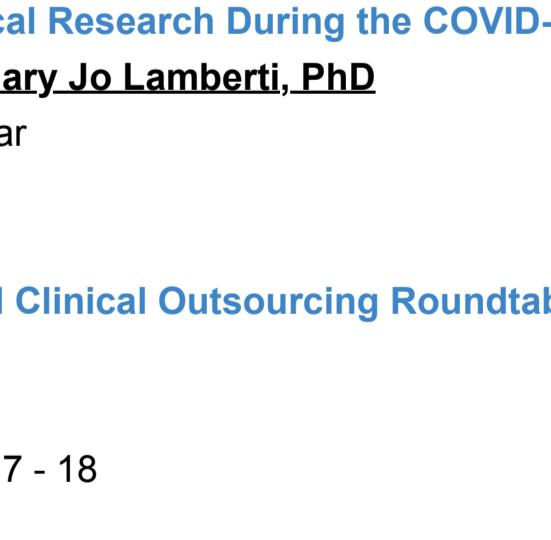
Professional Development Courses



To learn more about upcoming courses, — contact [Sarah Wrobel](#) or visit the Tufts CSDD [website](#).

Upcoming Studies

New Working Group Study Gathering Rich Data on the Impact of DCT Deployments on Clinical Trial Outcomes



In June, Tufts CSDD is launching a new multi-company, pre-competitive consortium to gather and analyze empirical data on company experience with the deployment of virtual and remote solutions supporting clinical trial planning, design, and execution. Tufts CSDD has received a major foundation grant to establish this consortium. We anticipate that 18 – 20 sponsors and CROs will participate. For more information and if you would like to participate, please contact [Ken Getz](#).

Research Highlights

Our Latest Impact Report

VOLUME 25 NUMBER 3 | May/June 2023

Tufts Center for the Study of Drug Development

IMPACT REPORT

ANALYST & INSIGHT INTO CRITICAL DRUG DEVELOPMENT ISSUES

Protocol design scope and execution burden continue to rise, notably in Phase III

More countries and investigative sites contributing to operational complexity

The typical Phase III clinical trial during 2018-2021 had an average of 21.8 endpoints, up 37%

Phase II clinical trials were conducted in 13 countries on average, a 19% increase since 2015, and

the number of sites increased from 201 to 2013.

Large-scale trials (with over 1,000 sites) increased from 2015, with the highest

growth observed in multi-stage trials from protocol spread to the first patient visit.

Clinical trial scope and execution burden varied widely by molecule size, with Phase II clinical trials showing the highest scope and execution burden, followed by Phase III clinical trials.

Phase II clinical trials had the highest number of study volunteers screened and enrolling, increasing 25-35% since 2015.

Phase III clinical trials had the highest number of study volunteers screened and enrolling, nearly 20% more.

Source: Tufts CSDD Impact Report, Page 1

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Protocol Design Scope and Execution Burden Continue to Rise, Most Notably in Phase III

Tufts CSDD's new May/June Impact Report (Volume 25, Number 3) is now available. This issue presents insights

into protocol scope variables impacting study execution burden, clinical trial

timelines and performance.

[Learn more | Purchase online](#)

Recent Publications

Getz K. Optimizing the Process for Adopting DCT Solutions. *Applied Clinical Trials*. June 2023. [Access article](#)

Smith Z, Bottino E, Getz K. Racial and ethnic disparities in pivotal trials supporting FDA-approved and European Commission-approved drugs. *BioPharm Report*. Spring 2023; 30(1): 6-8. [Access article](#)

Getz K. Assessing investigative site personnel diversity and its relationship with patient enrollment diversity. *BioPharm Report*. Spring 2023; 30(1): 9-12. [Access article](#)

Kim J. Y., Bottino E. Examining the Impact of Exclusionary Behaviors on Team Dynamics. *Applied Clinical Trials*, March 24, 2023. [Access article](#)

Kim J. Y., Shang Z. Research: How Anti-Asian Racism Has Manifested at Work in the Pandemic. *Applied Clinical Trials*, March 13, 2023. [Access article](#)

Dirks A., Harper B., Getz K. Assessing Investigative Site Outlook and Operating Experience Post-Pandemic. *Applied Clinical Trials*, March 7, 2023. [Access article](#)

Getz K. Rebooting the statistic that 5% of eligible patients participate in clinical trials. *Applied Clinical Trials*, March 2, 2023. [Access article](#)

Lamberti M.J., Dirks A., Howie R., Getz K. An examination of the role of the clinical research associate and factors impacting performance and experience. *Applied Clinical Trials*, December 22, 2022. [Access article](#)

Kim, J. Y., & Shang, Z. (2022). No, I do belong: Agentic identity work by Asian Americans to combat COVID-19 related racial microaggressions. *Journal of Management Studies*. December 7, 2022. [Access article](#)

Kim J. Y., Bottino E. Methods to recruit healthcare providers for virtual advisory boards in drug development. November 17, 2022. [Access article](#)

Getz K, Smith Z, Peachey J, Li G. Leveraging Data Insights to Address the Perils of Linear Practices in Site Identification and Activation. *Applied Clinical Trials*, October 18, 2022. [Access article](#)

Smith Z, Bottino E, Carney C, Bagga A, Qutab B, Getz K. Insights from a Multi-company Workshop to Apply a Patient Participation Burden Algorithm to Protocol Data. *Ther Innov Regul Sci*. October 16, 2022. [Access article](#)

Data Insights Digest

Trends in the Development of Personalized Medicines

	Percent of Drugs Rely on Biomarker and Genetic Data	Percent of All Approved NDAs Classified as Personalized Medicines
2013	23%	9%
2015	42%	21%
2017	51%	26%
2019	56%	29%
2021	64%	39%

- 64% of total drugs in the R&D pipeline rely on biomarker and genetic data, up from approximately 20% only 10 years ago

- Nearly all drugs in R&D for cancer-related diseases rely on genetic information and biomarker data

- Almost 40% of all FDA approvals are classified as personalized medicines today, a proportion that has increased four-fold in a decade

Source: Tufts Center for the Study of Drug Development; FDA

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