Clinical SCORE Study Report:

The effect of COVID-19 on clinical trials: insights from the inside

April 8, 2020

Background

The novel coronavirus, or COVID-19, has caused a global pandemic still sweeping the world as of April. COVID-19 containment measures have included social distancing, mandated business closures and stay-at-home orders in dozens of western countries. Meanwhile, China - where the virus apparently started – and other eastern Asian countries are slowly returning to life and business as normal. Clinical trials and clinical trial sites are not immune to the impact of COVID-19.

To determine how the COVID-19 global pandemic is affecting the ability of clinical trials to run effectively, Clinical SCORE conducted a global survey of clinical trial sites between March 26 and April 1, 2020.

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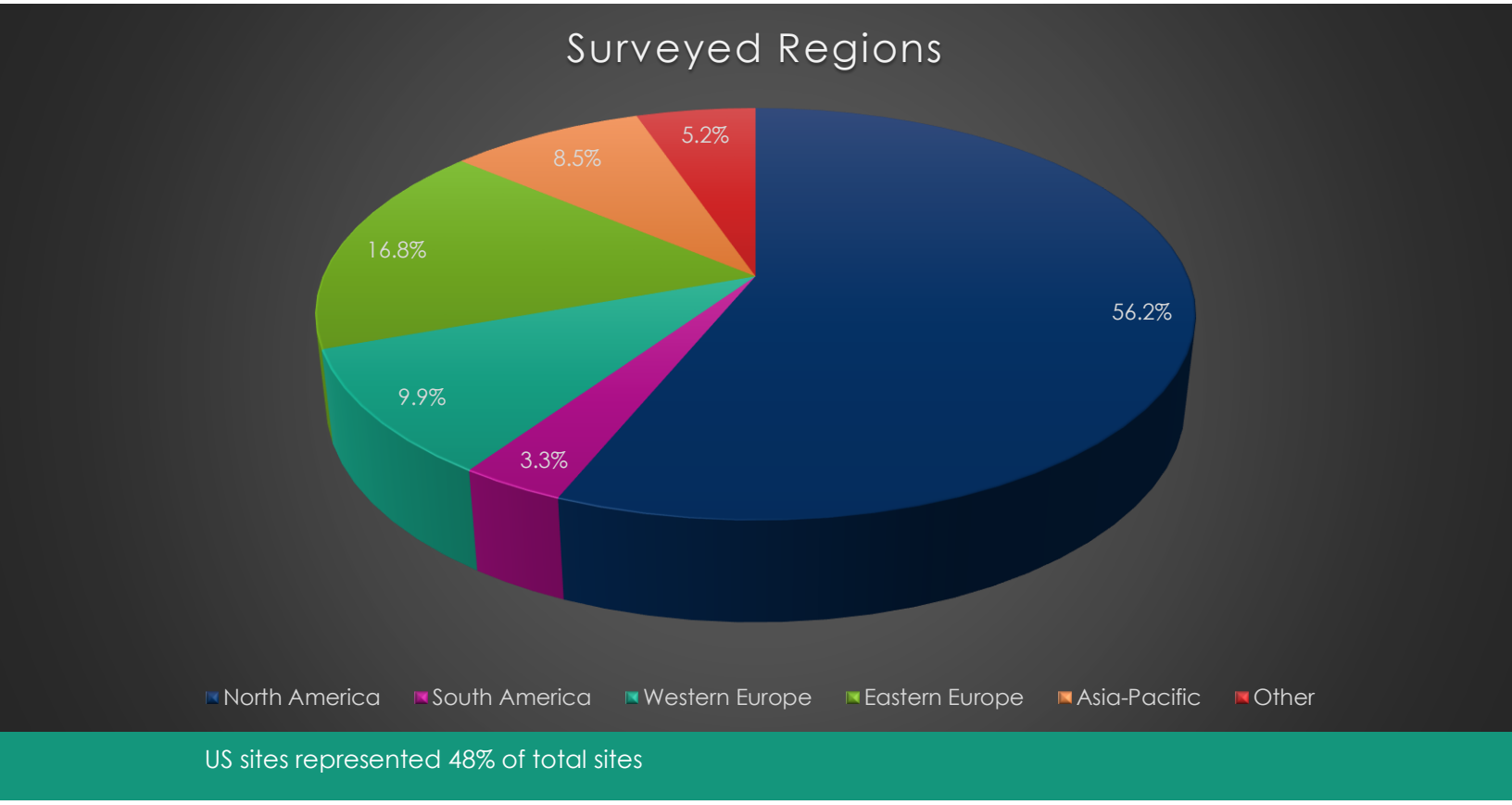
Methodology and Sample

Clinical trial sites were identified from Clinical SCORE's extensive database of sites and survey links were delivered to site personnel by email. The 15-minute survey was hosted on Clinical SCORE's secure servers.

Respondents came from 363 clinical trial sites across 42 countries as shown by the following breakout:



US sites represented 48% of total sites

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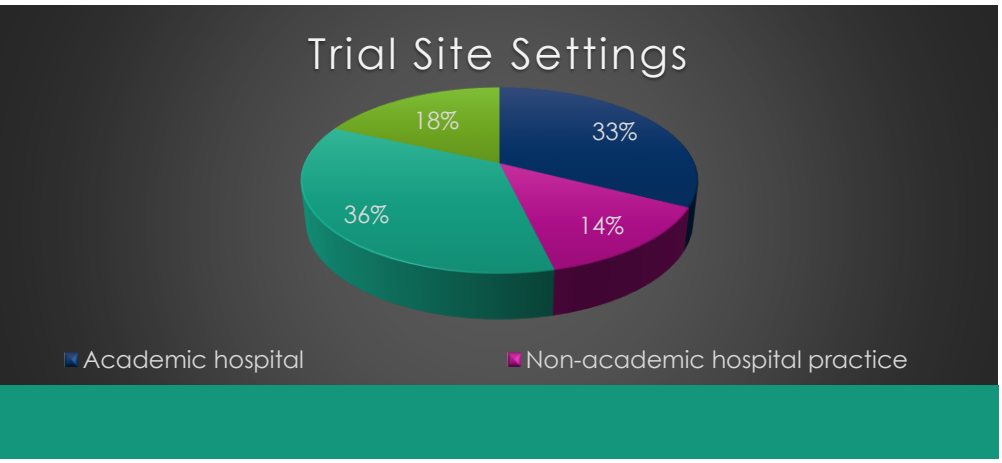
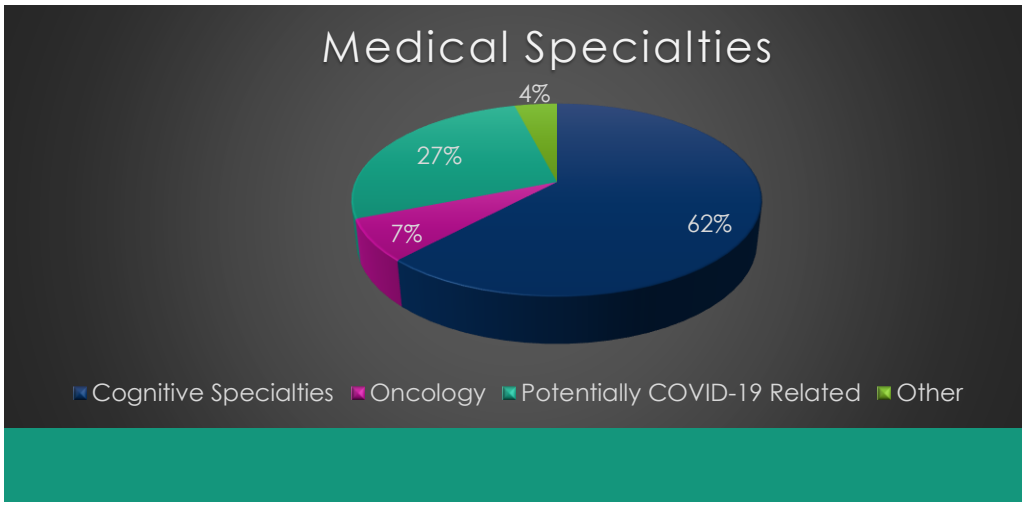
Clinical trial sites represented in the sample had the following characteristics:

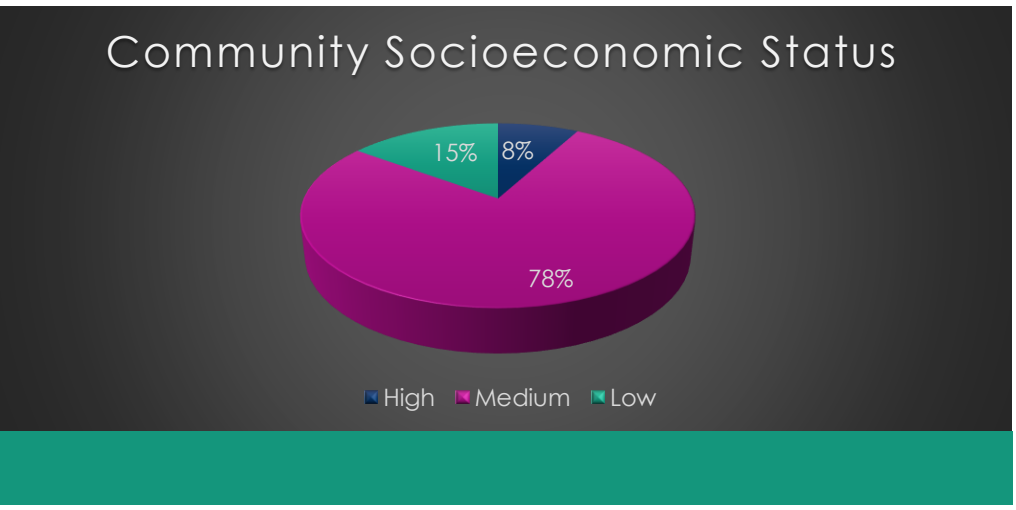


Cognitive Specialties = Neurology, Dermatology, Cardiology, Rheumatology, etc

Potentially related to COVID-19 = Pulmonology, Critical Care

Other = Geriatrics, Pediatrics, etc





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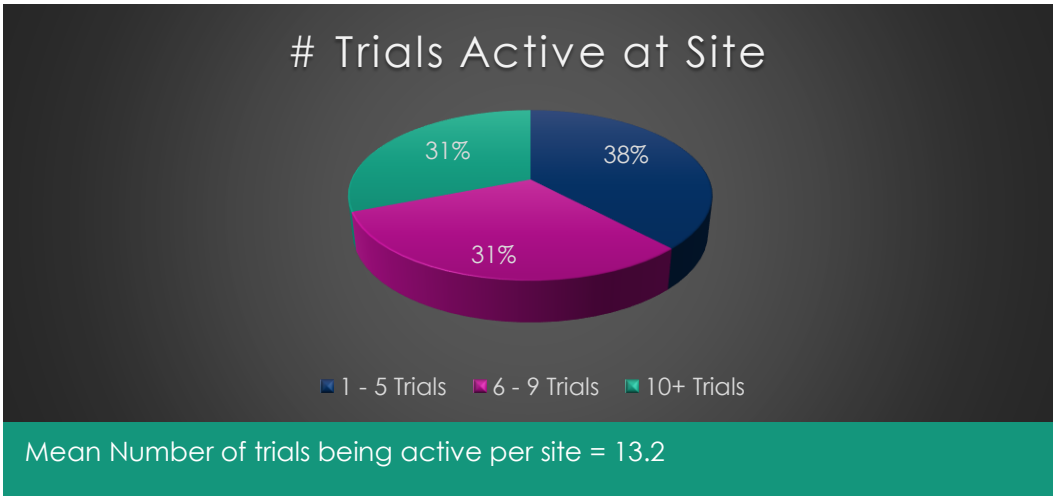
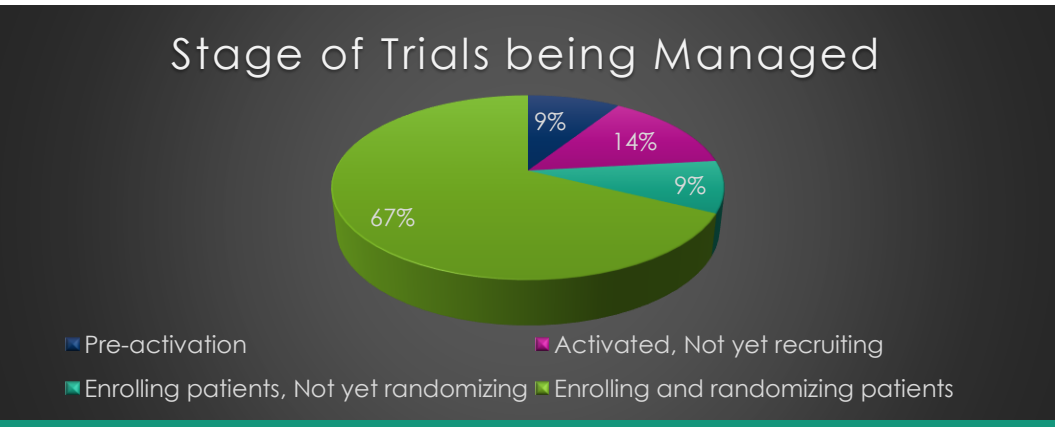
Clinical trial sites represented in the sample had the following characteristics: CONTINUED



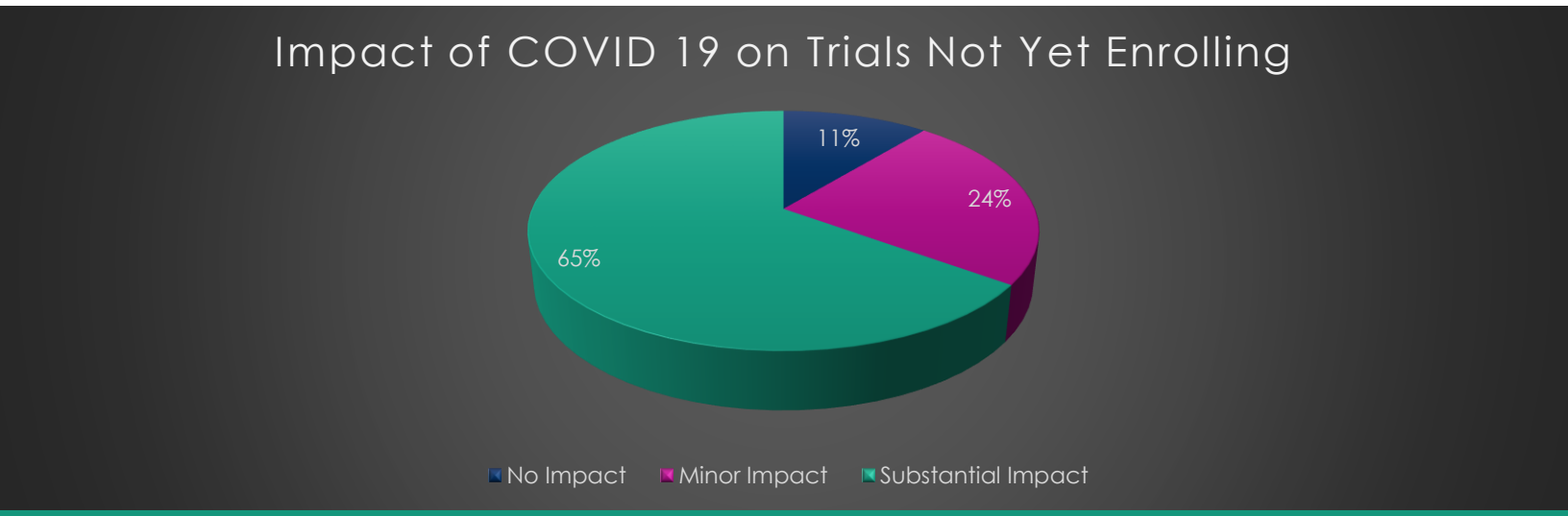
Mean Number of trials being active per site = 13.2



COVID-19 Impact on Trials

There is a significant and apparently growing impact on clinical trial sites from COVID-19. The number of surveys completed in the week of March 23 was roughly equal the surveys completed week of March 30. The percentage of active, enrolling sites experiencing substantial delays trended from 54% to 61% over those weeks.

Impact on trials NOT YET enrolling patients (n=249)



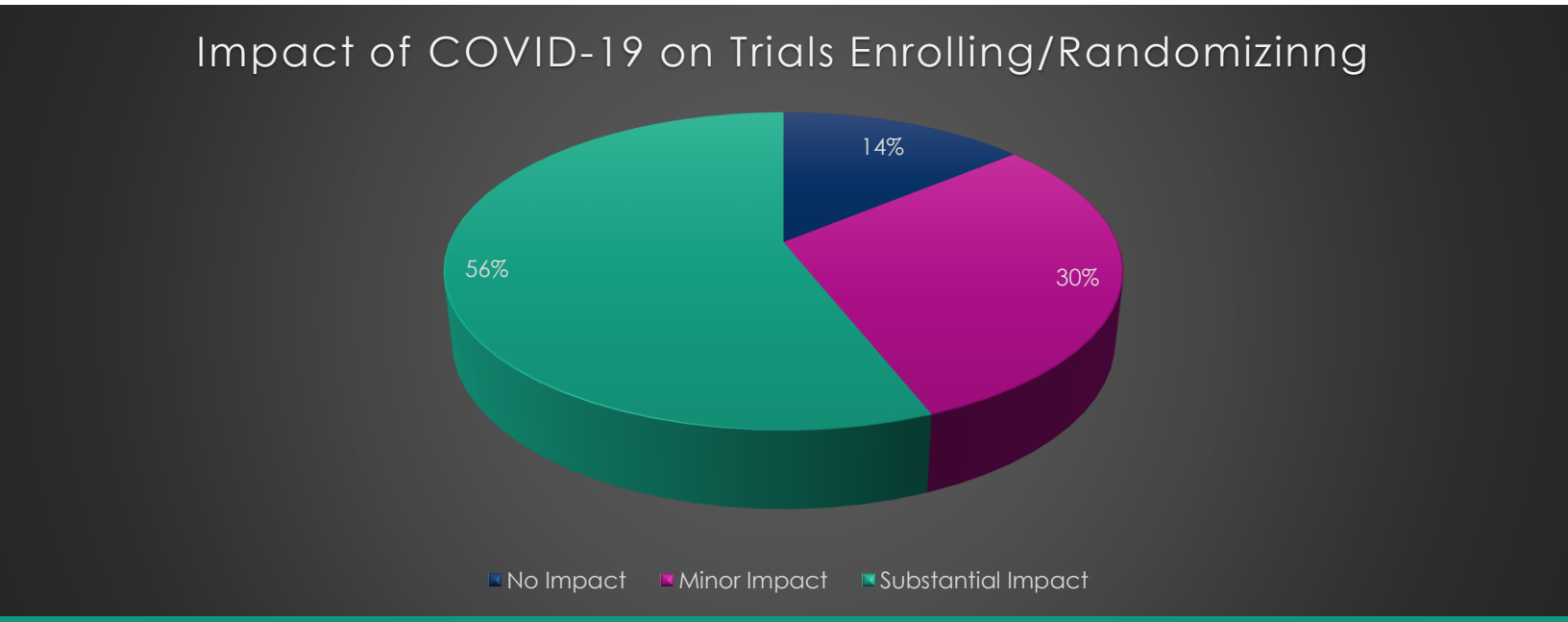
- "Substantial" impact was greatest at academic (68%) and non-academic (73%) hospitals versus practice-based (61%) and free-standing research centers (60%)
- Globally, there is no difference among regions

Of sites NOT YET enrolling patients, the following reasons were reported for the substantial delays in trials:

- Site suspended screening patients = 42% (highest among academic hospital sites)
- Trial activity suspended by sponsor = 36% (highest among free-standing research sites)
- Delay is from sponsor/CRO, but we are unclear why = 13%
- Protocol is being amended by sponsor = 12%
- Other reason = 12%, including "COVID-19" = 5%

Impact on trials enrolling and randomizing patients (n=350)

When trials were actively randomizing patients, impacts from COVID-19 were reported differently across site settings. In general, free-standing research sites claimed to experience less COVID-19 impact than other types of sites, perhaps because their livelihoods depend on delivering clinical trial results.



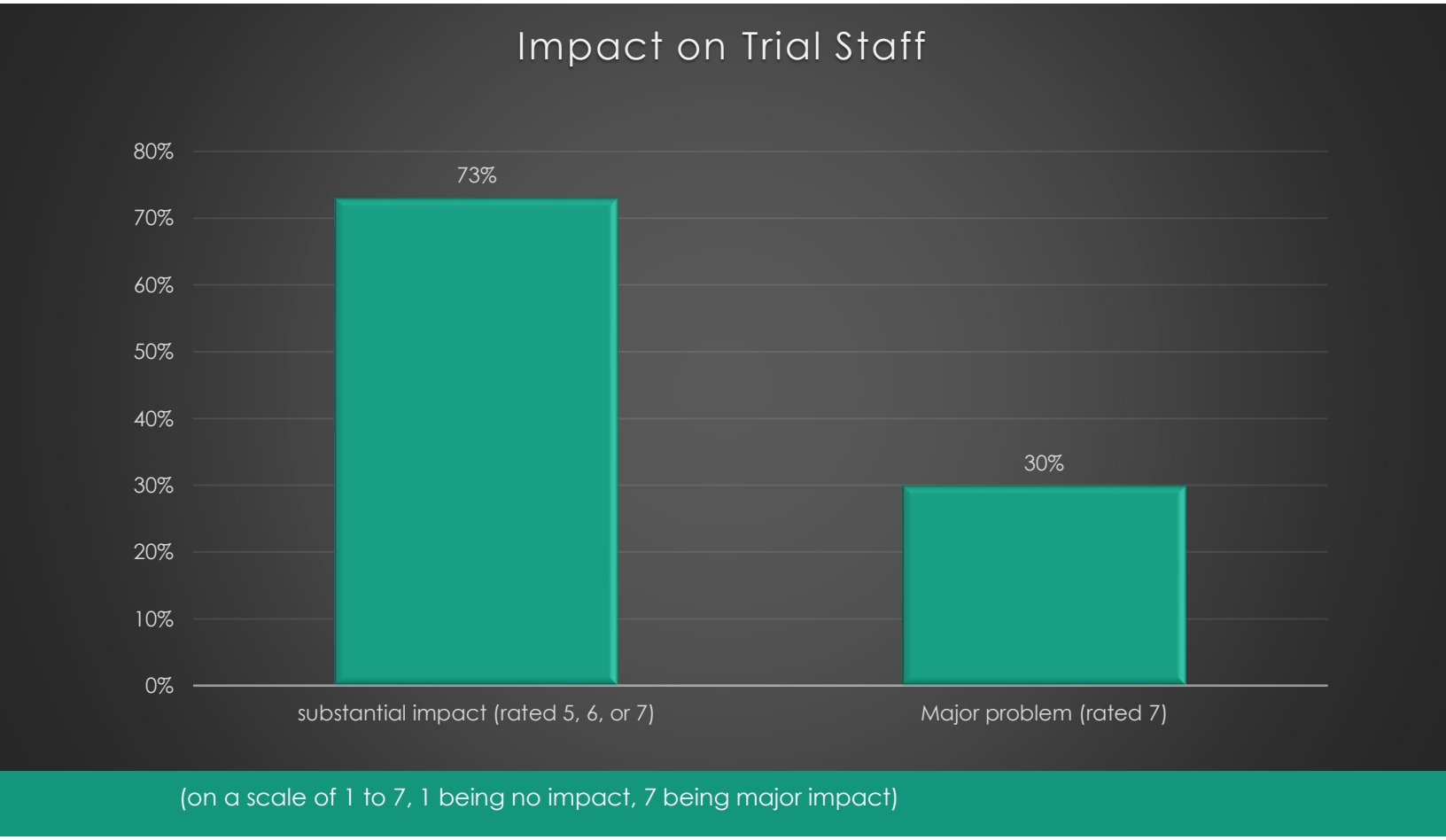
- "Substantial" impact was greatest at academic (65%) and non-academic (63%) hospitals whereas there was relatively less impact at practice-based (52%) and free-standing research centers (32%)
- Globally, Asia-Pacific sites have less substantial impact than other regions
- Potential COVID-19 sites (69%) have much more and oncology sites much less (37%) substantial impact rates than the other specialties

Of those enrolling and randomizing sites, the following reasons were reported for the substantial delays in trials:

- Inability to get patients to come in = 48%
- Site suspended screening patients and/or is doing virtual visits = 34% (highest among academic hospitals, western Europe and Asia-Pac sites)
- Trial activity suspended by sponsor = 36%
- Delay is from sponsor/CRO, but we are unclear why = 13%
- Protocol is being amended by sponsor = 12%
- Other reason = 12%, including "COVID-19" = 5%

Impact on trial staff

COVID-19 is taking a direct toll on clinical site staff, and a third of sites claim the impact is extreme (7 on 7-pont scale). Not only are new SoPs impacting site staff, but they are operating under new economic realities that appear to cause anxiety. Site staff impact is greatest at academic hospital sites.



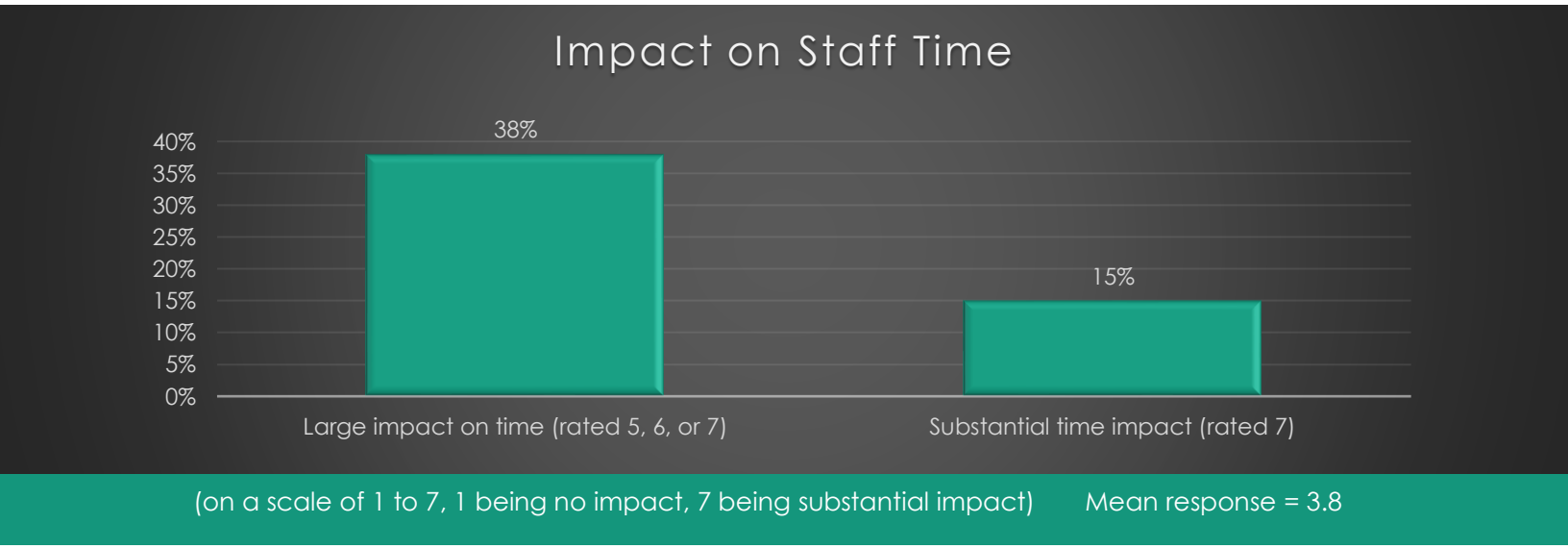
(on a scale of 1 to 7, 1 being no impact, 7 being major impact)

- Academic hospitals were impacted at significantly higher rates (69% responded with 6 or 7)
- The biggest impact of the coronavirus on the clinical trial among the Academic Hospital sites is the mandatory site focus of COVID-19 patients for staff, medical equipment, gloves and masks

The following issues are having the greatest impact on clinical trial site staff
(showing coded responses ≥4%)

- Change in clinical trial processes/standard operating procedures = 54%
- New economic realities = 26%
- Mandatory for site to focus on covid-19 patients = 26%
- Government restrictions/inability to work during lockdown = 20%
- Equipment shortage/challenges to maintain safety = 15%
- High anxiety/fear = 4%
- No impact yet = 5%
- Both clinical practice sites and dedicated research sites were significantly impacted at higher rates by changes in standard operating procedures (70% and 56% respectively), specifically by increasing patient contact over telephone (21% and 19%)
- Academic hospitals were significantly affected by being a mandatory site for COVID-19 patients (42%), as well as shortages of equipment (25%)
- Western Europe and Asia Pacific were most affected by new economic realities (36% and 28% respectively)

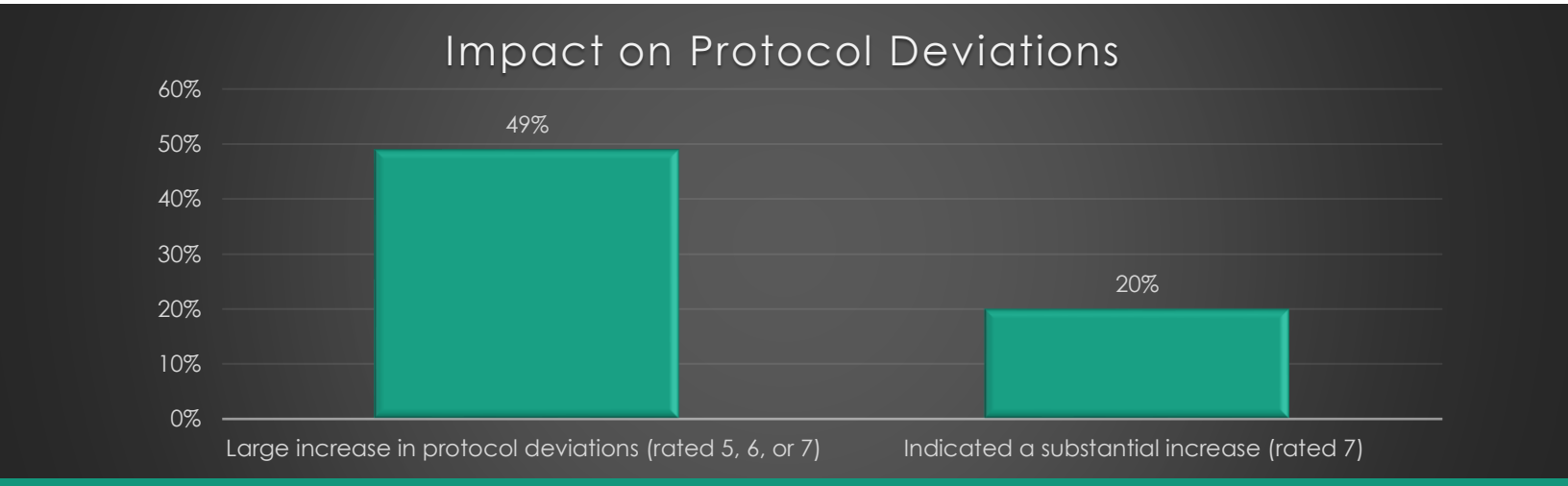
Impact managing study supplies has had on staff time



(on a scale of 1 to 7, 1 being no impact, 7 being substantial impact) Mean response = 3.8

- Free-standing research only sites have identified managing study supplies and lab sample as a significantly greater impact to their staff's time (47% rated 5, 6 or 7)

Impact on the number of protocol deviations



(on a scale of 1 to 7, 1 being no increase, 7 being substantial increase)

- The most common cause of protocol deviations is the difficulty in patients reaching the site and the delay in procedures when telephone or virtual visits are utilized

Top causes of protocol deviations:
(showing coded responses ≥4%)

- Difficulty of maintaining protocol at home = 91%
- Delays in processes = 22%
- Delays in enrolling = 6%
- COVID-19 fears = 6%

92%

Mean percent of trials that sites are attempting to keep trials on schedule:

Despite COVID-19 causing significant impact on clinical trials, sites are clearly committed to doing whatever it takes to keep trials running. Across different types of sites, 92% of trials are being addressed in an effort to keep them on-schedule.

The following changes are being made by sites to keep trials on schedule
(showing coded responses ≥ 3%)

- Virtual visits/Drive through visits/Telephone visits = 37%
- Letter to patients promising staff would be flexible based on patient needs, including home visits = 22%
- Follow safety guidelines/Disinfect entire area after each visit/follow up with patients about safety = 22%
- Request sponsor to deliver all drugs locally / Deliver medication to home = 16%
- Longer hours/Change visit times/Keep patients apart = 6%
- No COVID-19 in area/sponsors treating all sites the same / Sponsor halts all sites = 3%
- Other = 5%
- No changes made = 9%

36%

Mean percent of trials that sites are converting to virtual visits:

- Both academic and non-academic hospitals had significantly less virtual visits (23.7% and 21.4% respectively) than other site settings
- Sites which are Research Only have converted a significantly greater percentage of site visits into virtual visits than site in every other site type (53%)
- Oncology Sites have converted significantly less site visits into virtual visits than those sites run by any other specialty segment (20.2%)

42%

Mean percent of enrolling studies where patients have been notified of postponing site visits:

- Academic hospitals had the highest percentage (68.7%)
- Research only sites had the lowest (24.2%)
- Sites maintained by cognitive specialties had a significantly higher percentage than other specialties (51.3%)

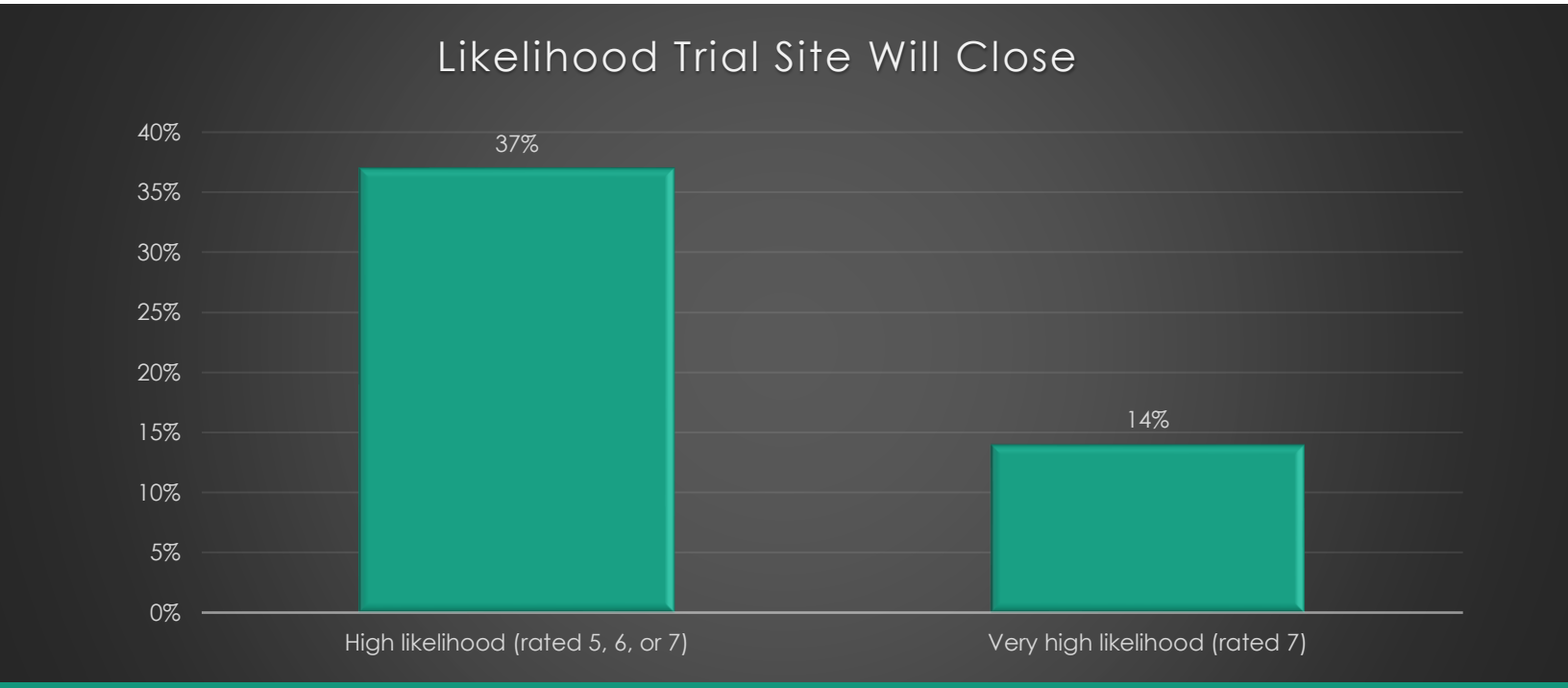
70%

Mean percent of sites stopping on-site monitoring (CRA visits):

- Academic hospitals stopped on-site monitoring at significantly higher rates (77%)

Likelihood clinical trial site will close during the COVID-19 period

Sadly, over a third of clinical trial sites suggest they may need to close down (at least temporarily) if the COVID-19 crisis draws out too long.



(on a scale of 1 to 7, 1 being very low likelihood, 7 being very high likelihood)

Academic hospital sites are significantly more likely to believe that their site will close at some point (36% rated 6 or 7)

- Research Only sites are significantly less likely to believe their site will close (12% rated 6 or 7)
- Smaller sites (5 or less trials) are significantly more likely to believe that their site will close (34% rated 6 or 7)
- Oncology sites are significantly less likely to close (16%)

Plea for help to sites

Given these dynamics playing out at clinical trial sites across the globe, sites indicated there were measures that CROs and sponsors could take to alleviate their burden.

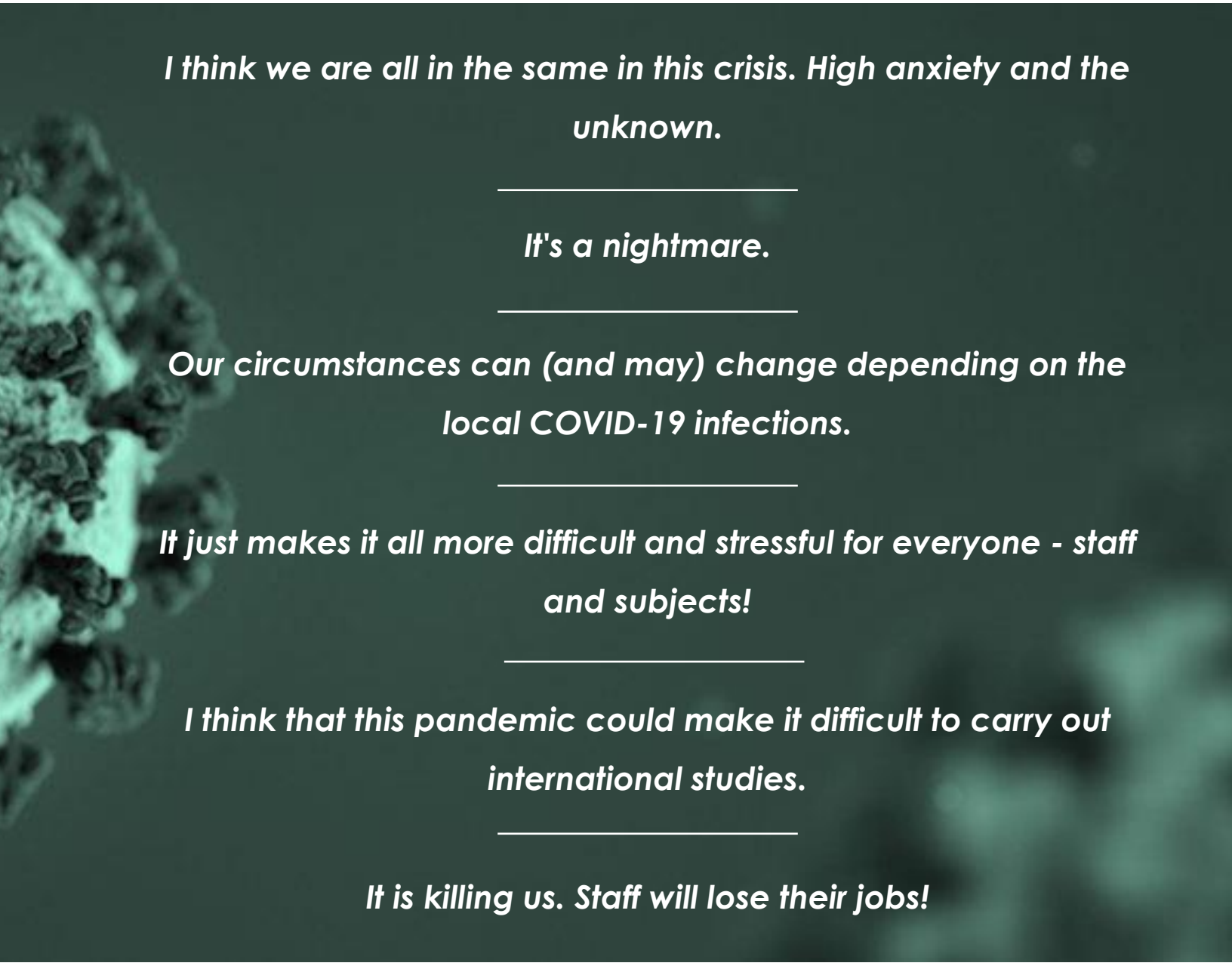
Requests sites make of CROs for assistance:

- Work with sites on alternative visits (virtual, home etc.) = 24%
- Better communications = 20%
- Face reality of pandemic and its effects/be more patient = 9%
- Do not overwhelm sites with calls & emails =5%

Requests sites make of sponsors for assistance:

- Better communication/guidance = 18%
- Work with sites on alternative visits (virtual, home etc = 11%
- Face reality of pandemic and its effects/be more patient = 11%
- Adjust study protocol to accommodate for deviations related to COVID19 = 7%
- Provide support & work with site to identify COVID19 impacts = 4%
- Delay/postpone study = 4%
- Control investigational medicine/device production & shipment = 4%
- Do not overwhelm sites with calls & emails = 4%

Select quotes from site staff:



I think we are all in the same in this crisis. High anxiety and the unknown.

It's a nightmare.

Our circumstances can (and may) change depending on the local COVID-19 infections.

It just makes it all more difficult and stressful for everyone - staff and subjects!

I think that this pandemic could make it difficult to carry out international studies.

It is killing us. Staff will lose their jobs!