iPatientAxis

//CASE STUDY NO. 3//

LET THE DATA TELL THE STORY...

Analysis Reveals iPatientAxis' Monumental Impact on Patient Enrollment in Clinical Trials

KEY FINDING 1

REFERRAL TO RANDOMIZATION RATES increase by

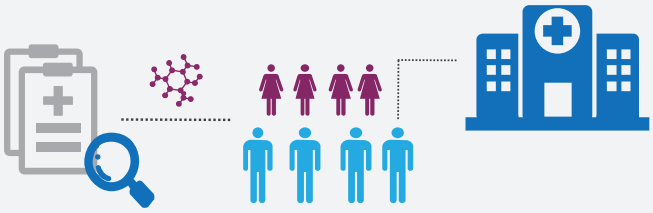
250% - 330%

When iPatientAxis Supports Clinical Trials With Aggregation, Analytics and Pre-Validation Services

BACKGROUND

Researchers continually seek out strategies to expedite patient enrollment with a primary goal of meeting patient recruitment targets and therefore study timelines. Often, subjects who do not meet inclusion and exclusion criteria are referred to sites, thus prolonging studies. In contrast, iPatientAxis' digitally advanced approach drives ***pre-screened, qualified patients*** to sites.

THE iPATIENTAXIS APPROACH



With the most experienced team in the industry, iPatientAxis is uniquely equipped to aggregate and analyze real world clinical data of potential subjects using a proprietary, automated **Clinical Factor Analysis (CFA).** The CFA analyzes each patient's data versus the particular study's inclusion and exclusion criteria, providing more ideally matched patients to sites. ***This approach ultimately leads to significantly higher enrollment rates.***

THE ANALYSIS & SALIENT RESULT

According to a recent, compelling analysis on the impact of iPatientAxis' support of patient recruitment for trials, electronic health record aggregation, analytics and subject pre-validation significantly increases referral to randomization – **by a multiple of 2-3 times.**

The data set used in the analysis includes over 50,000 subjects participating in 9 different studies during the time period of July 2016 to December 2018 across multiple therapeutic areas including endocrine disorders, gastrointestinal diseases, women's health and pain. Funnel retention was shown to be significantly increased at each stage of the funnel ($p<0.001$).

//iPatientAxis.com
//contact@ipatientaxis.com
//1-855-424-0801

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//CASE STUDY NO. 3//

A CASE STUDY ON iPATIENTAXIS' IMPACT ON PATIENT ENROLLMENT IN CLINICAL TRIALS

Study Subject Referral to Randomization Proven to be 250%-330% Higher with the Support of iPatientAxis

BACKGROUND

The current number of registered studies on ClinicalTrials.gov is a staggering figure - 307,899.[1] That drastically contrasts with the mere 1,255 studies posted in 2000, the site's nascent year.[1] With so many open studies along with increasingly specific inclusion and exclusion criteria, patient identification, enrollment and retention have become much more challenging. This mixture of a rapidly expanding trial landscape combined with highly selective requirements poses a critical question. With so many trials being conducted in a 44 billion dollar industry[2], what are the best approaches to continually supporting recruitment and retention of study subjects while saving time and cutting recruitment costs? iPatientAxis (iPA), the global leader in its industry, can confidently offer an answer – electronic medical record (EMR) aggregation, analytics and pre-validation services.

iPATIENTAXIS' PATIENT-FIRST APPROACH

The status quo "site-first" method of selecting sites with a large pool of potential subjects does not yield enough qualified patients to hit enrollment targets. Additionally, relying on physician referrals is not sufficient- according to a study conducted by Tufts Center for the Study of Drug Development, physicians report referring a median of five patients to clinical trials per year - at a rate of 0.2% of their annual clinical care patient volume.[3] iPatientAxis is eager to continue collaborating with healthcare providers and patients to increase awareness and subsequently enrollment.

iPatientAxis' **Patient-First** approach has proven to be successful. Once patient records are retrieved and aggregated, analysis begins. Using a proprietary, automated **Clinical Factor Analysis (CFA)**, iPA is able to analyze each patient's data versus the particular study's inclusion and exclusion criteria, providing ideally matched patients to sites. Upon the identification of pre-qualified subjects, iPA supports the referral and enrollment processes in an intelligent, dedicated fashion.

SALIENT FINDINGS

The approach is streamlined, end-to-end and it works. A recent, compelling analysis on the impact of iPatientAxis' support services for trials proves that partnering with iPA ***increases referral to randomization – by a multiple of over 2-3 times.*** The implications of this improvement are significant. High levels of patient engagement and enrollment mean that trials are able to run more effectively and often within prescribed deadlines.

iPatientAxis' support also allows for efficient use of site resources and budget. With an average cost of $6 million for trials with under 100 patients, and an average cost of $77 million for trials with over 1,000 patients, each extra day adds up.[4]

Failing to achieve patient enrollment goals leads to increased marketing spend, and traditional industry marketing methods are not always effective. In the information age TV commercials, billboards and flyers are often overlooked and may not always be seen by qualified patients.

This is where iPatientAxis is integral. The analysis conducted revealed that iPA's aggregation, analytics and pre-validation ***led to a 12% reduction in marketing expenditure.*** iPA's Patient-First approach effectively cuts costs, catalyzing the achievement of patient recruitment goals and even increased study capacity.

Another noteworthy finding from the analyisis showed that iPatientAxis' easy to use ***online consent form helped improve conversion from referral to consent by 130%.*** With over a 90% success rate associated with the online consent form, iPatientAxis has definitively streamlined clinical trial enrollment processes, and looks forward to continually advancing technology in the Clinical Trial industry.

ANALYSIS METHODS

The data set used in the analysis includes over 50,000 subjects participating in 9 different studies during the time period of July 2016 to December 2018. The therapeutic areas (TAs) and conditions represented by the studies that iPatientAxis was engaged to support include:

- Endocrine Disorders
- Gastrointestinal Diseases
- Women's health
- Pain

Funnel retention was shown to be significantly increased at each stage of the funnel ($p<0.001$).

1. Trends, Charts, and Maps. (n.d.). Retrieved June 17, 2019, from https://clinicaltrials.gov/ct2/resources/trends
2.Clinical Trials Market Size & Share | Industry Trends Report, 2019-2026. (2019, February). Retrieved June 17,2019, from https://www.grandviewresearch.com/industry-analysis/global-clinical-trials-market
3. Getz, K. A. (2017, October 01). Http://www.appliedclinicaltrialsonline.com/enabling-healthcare-providers-facilitators-patient-engagement?pageD=1. Retrieved June 17, 2019, from http://www.appliedclinicaltrialsonline.com/enabling-healthcare-providers-facilitators-patient-engagement?pageID=1
4. Moore TJ, Zhang H, Anderson G, Alexander GC. Estimated Costs of Pivotal Trials for Novel Therapeutic Agents Approved by the US Food and Drug Administration, 2015-2016. JAMA Intern Med. 2018;178(11):1451–1457. doi:10.1001/jamainternmed.2018.3931

//iPatientAxis.com
//contact@ipatientaxis.com
//1-855-424-0801