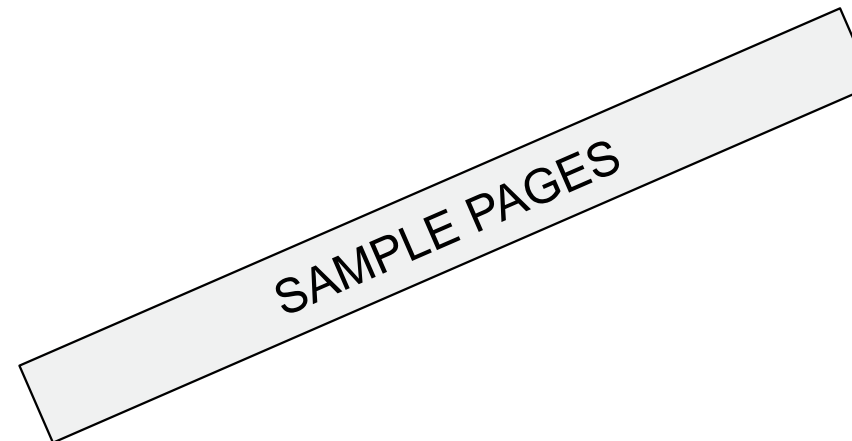




LIFE SCIENCE
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Decentralized Clinical Trial (DCT) Strategies to Enhance Patient Satisfaction and Future Participation

Syndicated Publication



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About the Author

Life Science Strategy Group, LLC (LSSG) report authors draw upon extensive business, consulting and life science experience and backgrounds.

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Mr. Meyer is a Founder and Managing Member of Life Science Strategy Group, LLC (LSSG). With more than 20 years of contract services industry consulting experience, Mr. Meyer leads LSSG's contract services consulting division which serves the leading global contract research organizations (CROs) and contract development and manufacturing organizations (CDMOs) across all phases of biopharmaceutical discovery, development and commercialization.

Mr. Meyer has managed consulting engagements in a variety of areas including brand equity assessments, strategic planning, service line opportunity assessments, pricing strategy, forecasting, competitive benchmarking, positioning and messaging strategy and clinical trial benchmarking and analysis. Prior to LSSG, Mr. Meyer was a Director in the Life Sciences Division at Navigant Consulting, Inc. and conducted preclinical drug development in the department of inflammatory disease at Roche Bioscience. Mr. Meyer holds Masters Degrees in Biomedical Science and Business Administration.

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SAMPLE PAGES

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SAMPLE PAGES

Study Methodology

Methodology

The primary research for this report was fielded in August and September, 2022. Study participants include clinical trial participants within the past two years (n=360) and those in the general population who have not participated in a clinical trial (n=440).

All study participants were prescreened by LSSG to ensure either participation in 1-2 clinical trials within the past two years, or no participation in a clinical trial. All data analysis and reporting was performed by LSSG.

Report Terminology

For the purposes of this report, the following clinical trial activities are considered decentralized clinical trial strategies/approaches:

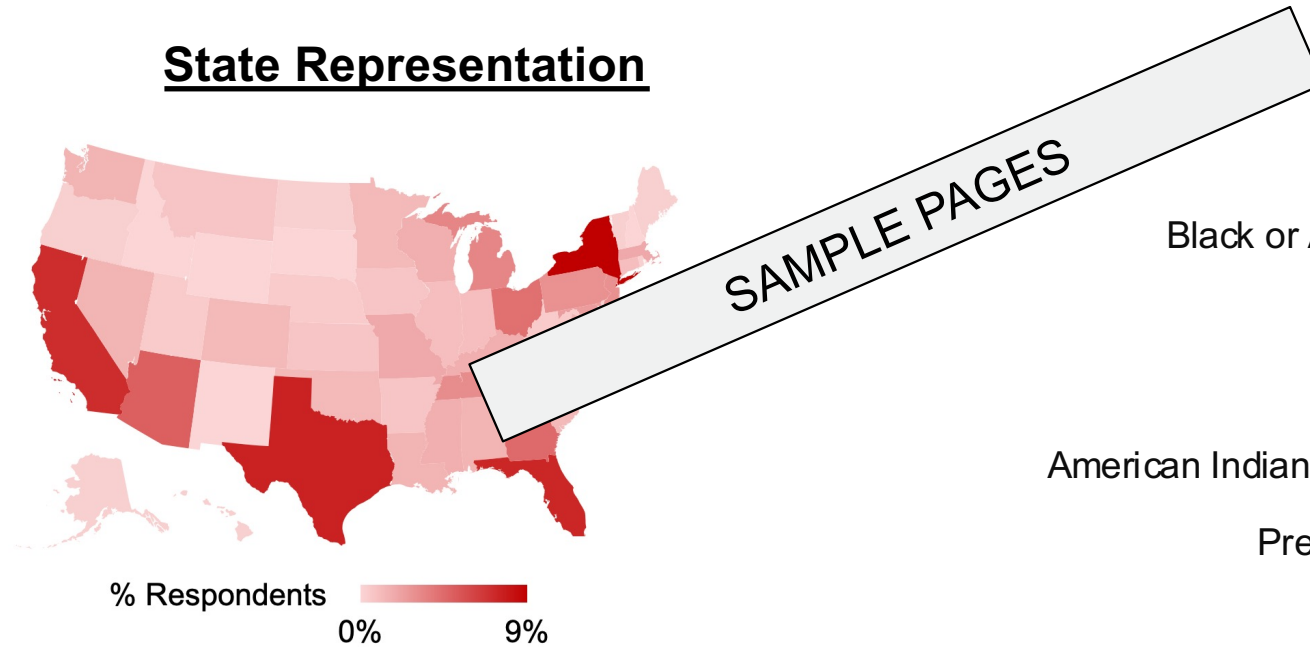
- Telemedicine/telehealth calls with a doctor
- Keeping an electronic patient diary
- Wearing a device that collects data and transmits/uploads it to the internet (e.g., Fitbit, apple watch, continuous glucose monitor, etc.)
- Using a smartphone or tablet to record health information that is uploaded to the internet
- A nurse coming for an in-home visit during the trial
- A nurse coming for an in-home visit to administer treatment for the trial (e.g., an injection or IV infusion)
- Mailing treatment(s) for the trial mailed directly to the patient's house
- Logging into an online portal to participate in the trial
- Using online chat/support to ask questions and seek information
- Emailing a doctor

SAMPLE PAGES

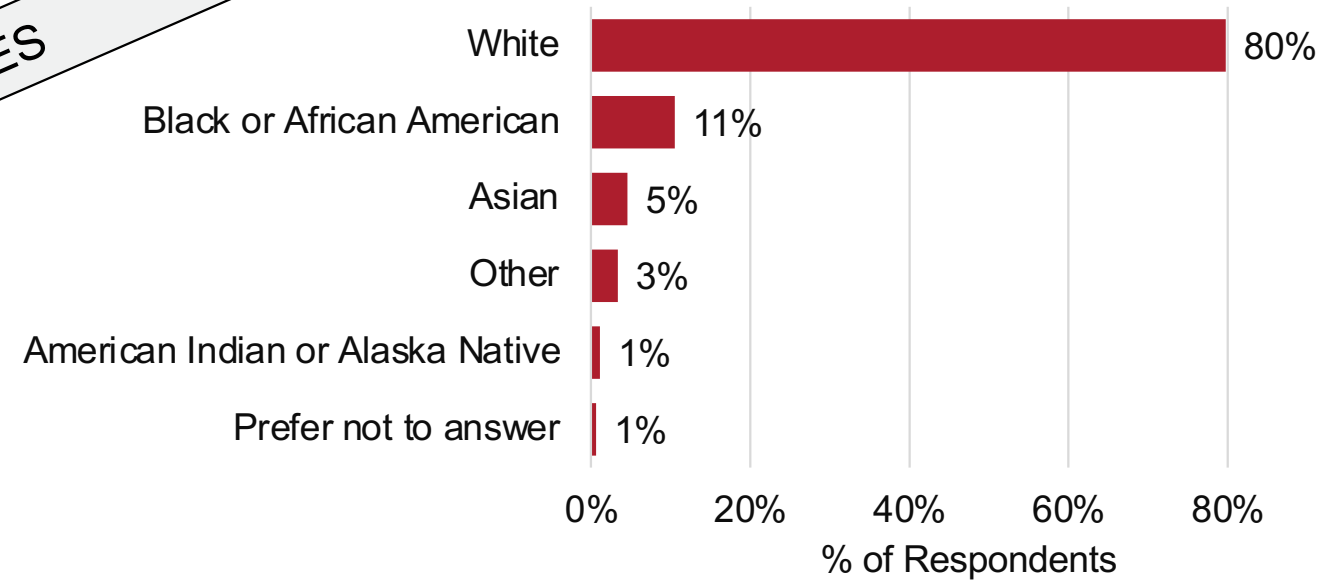
Respondent Demographics

- A total of 800 respondents participated in LSSG's online quantitative survey.
- **53%** (n=427) of respondents are located in North America and **47%** (n=373) in Europe.

State Representation



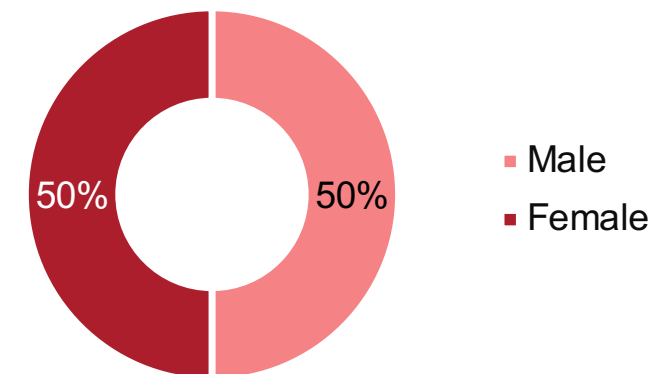
Race & Ethnicity



Age Range (Years)



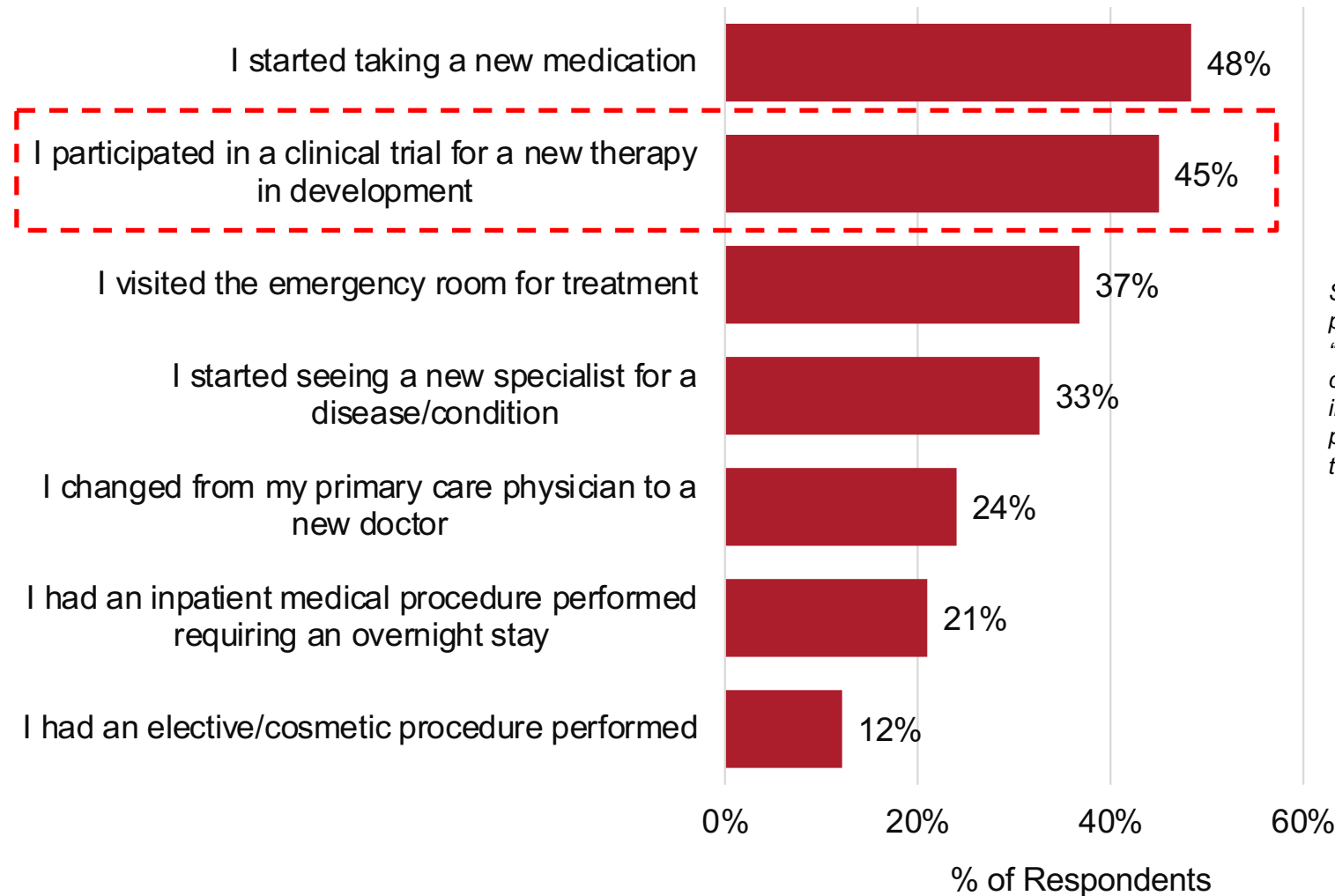
Gender



- S1. Where are you located?
- S2. What state do you live in? (Note: if from Canada, put N/A)
- S3. How old are you?
- S4. With which gender do you identify?
- S5. What is your ethnicity?

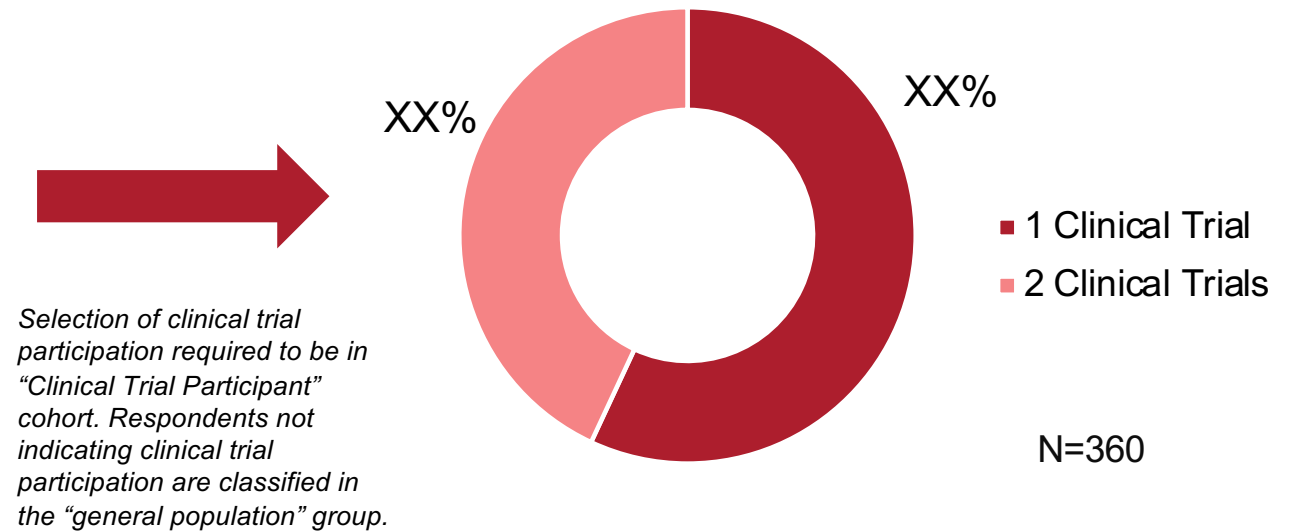
Respondent Demographics

Activities Participated In Over Past 2 Years



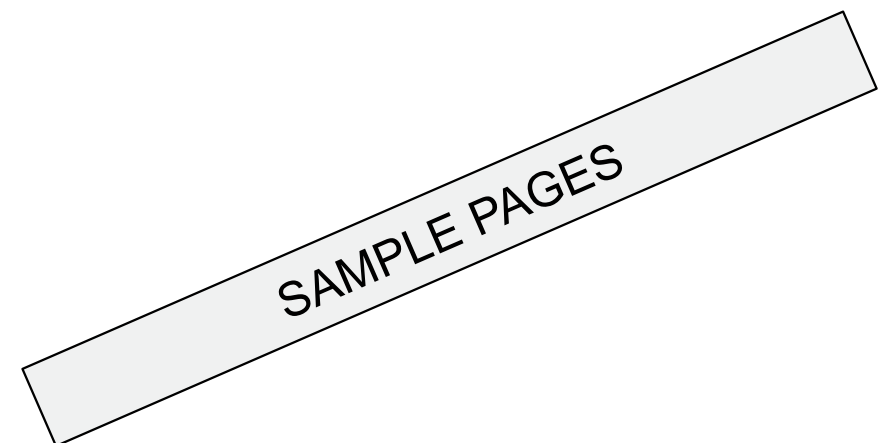
N=800

Number of Clinical Trials in Past 2 Years

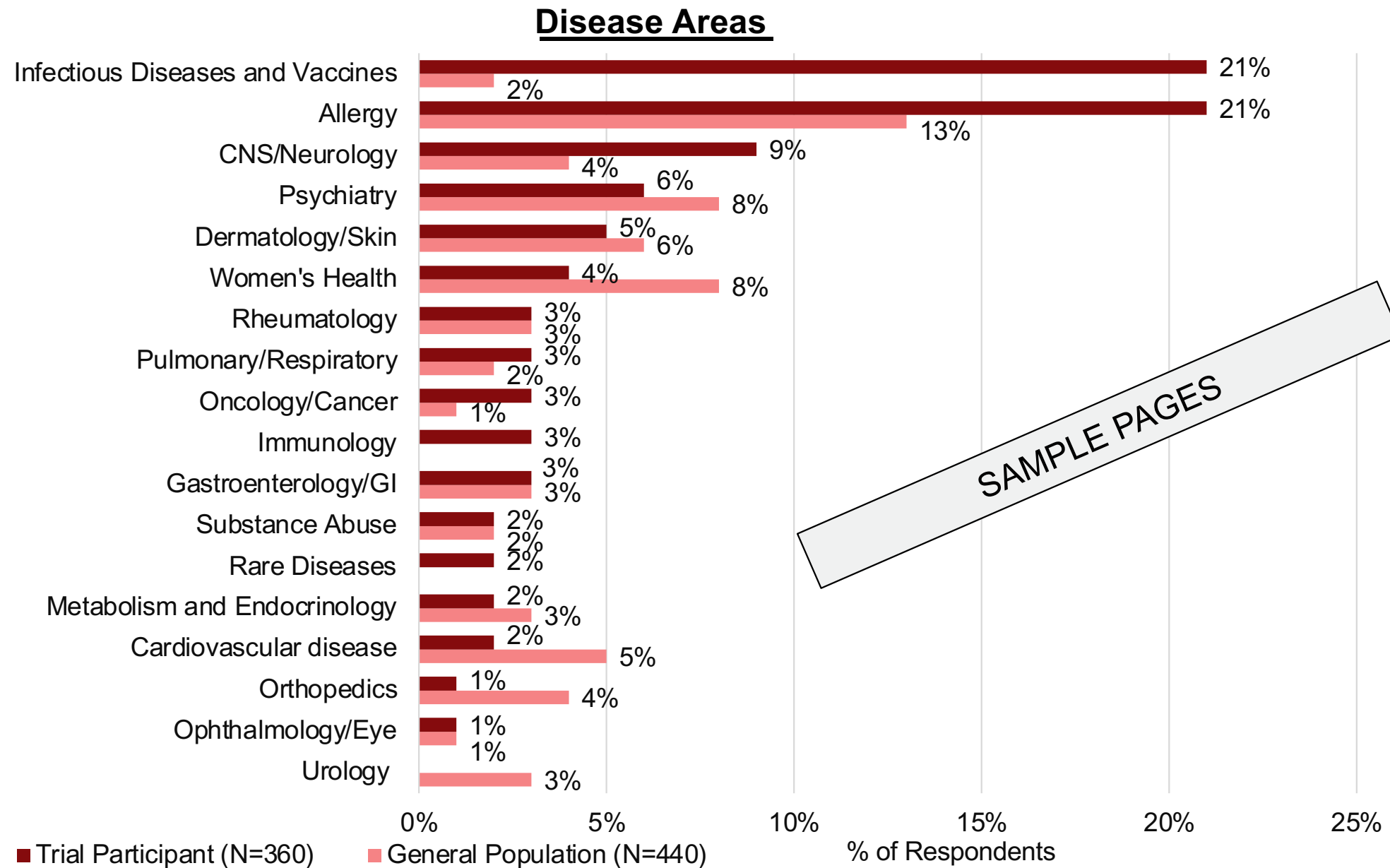


N=360

Note: Trial participants with >2 trials excluded to avoid "routine" participants.



Respondent Demographics

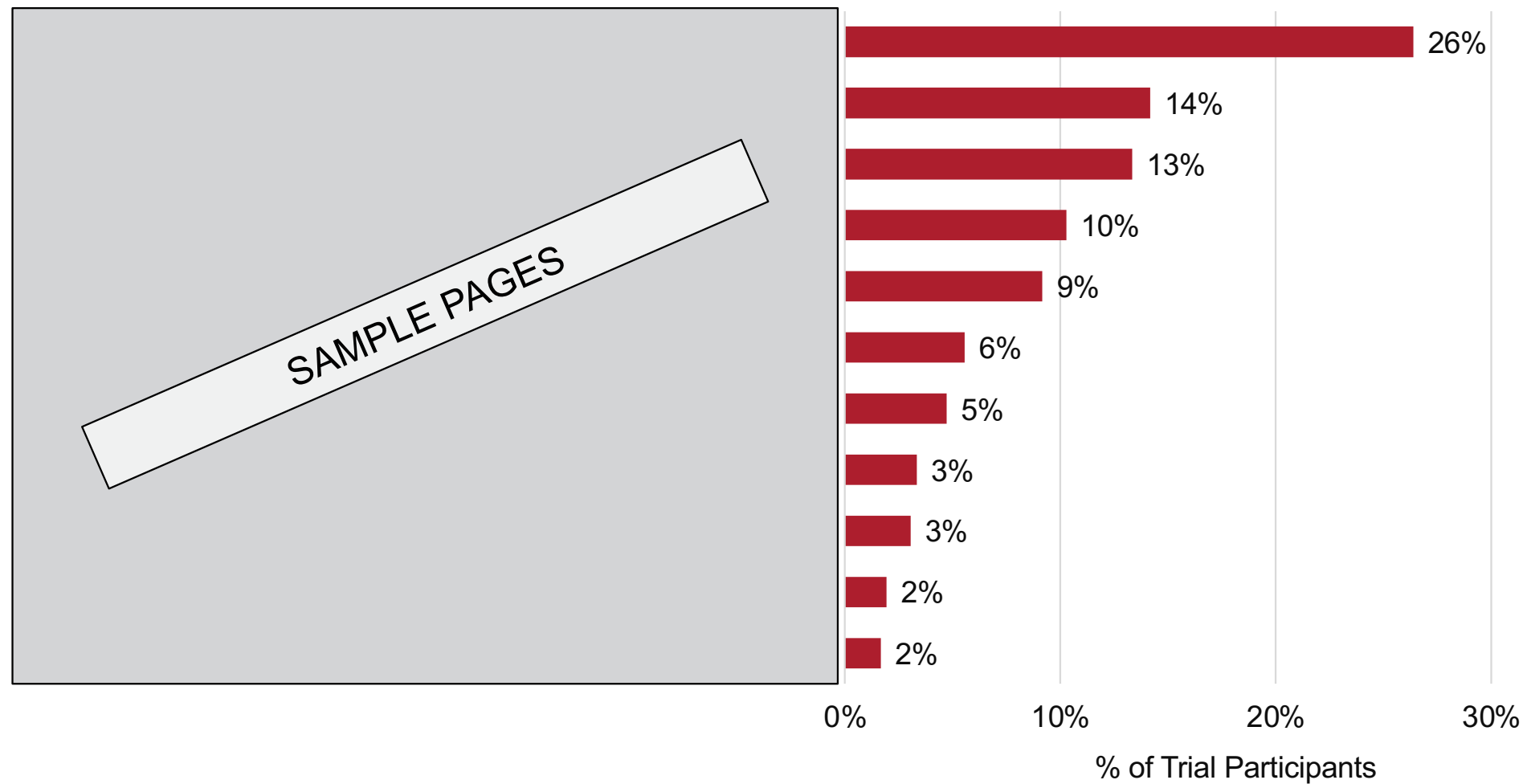


Note: 7% of trial participants noted other areas including depression and diabetes.. 12% of the general population also noted diabetes, 9% noted pain management.

Despite widespread use of X, Y, and Z, most people first learn about their clinical trial from A.

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Source Where Patients First Learned About Their Clinical Trial



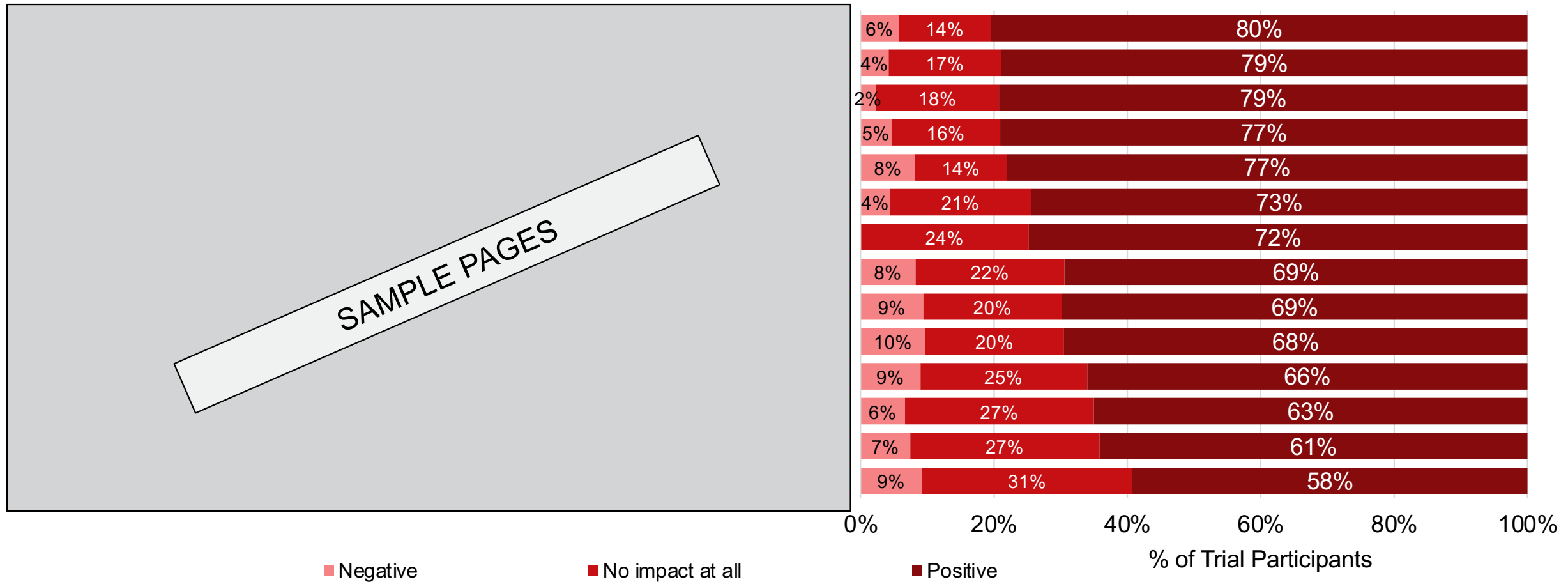
Note: 7% of trial participants listed "other," listing their doctor (4x), news/media (3x), or mail/phone outreach (5x).

N=360

Using XX and YY has a positive impact on most participants' trial experience.

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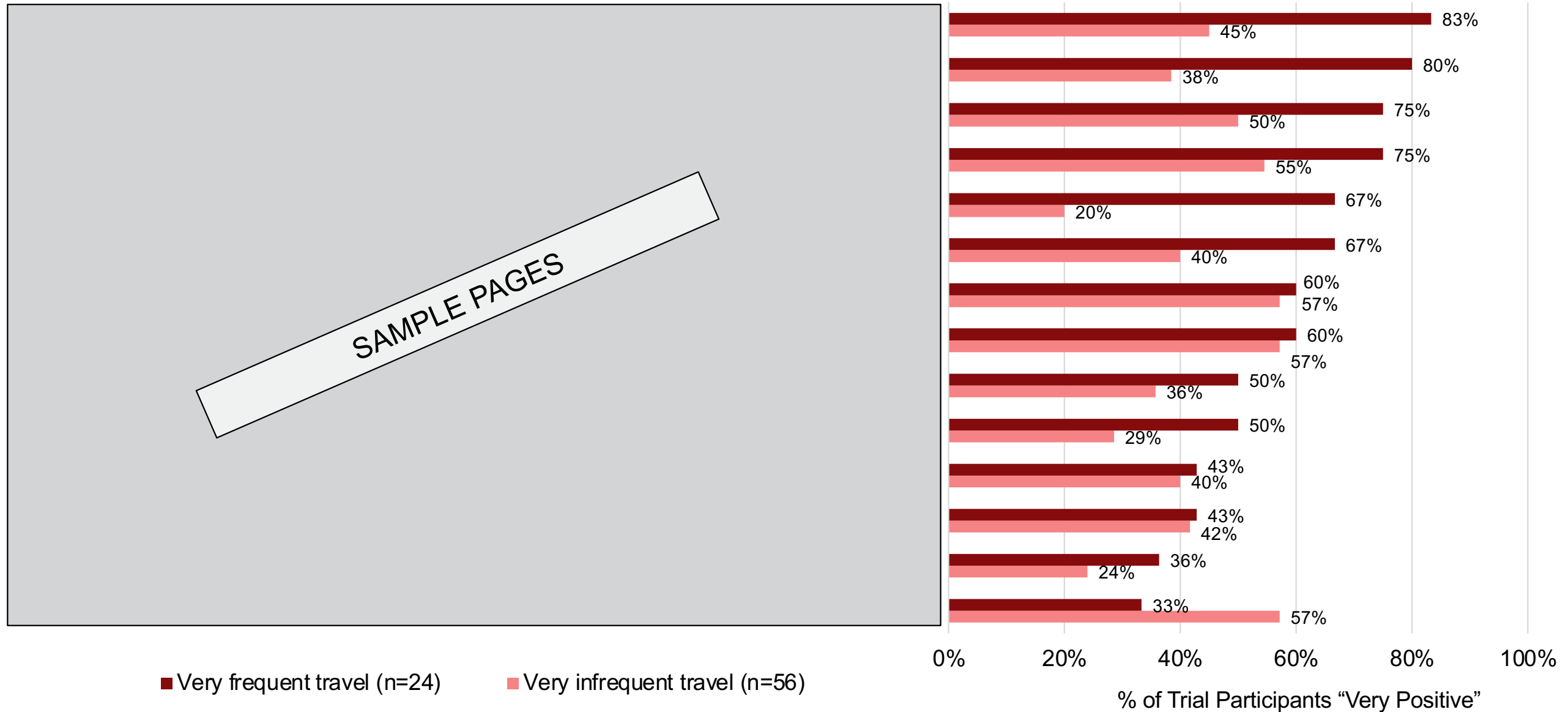
Impact on Clinical Trial Experience



N=360

For those traveling very frequently for their trial, XX on their future participation than those traveling Z.

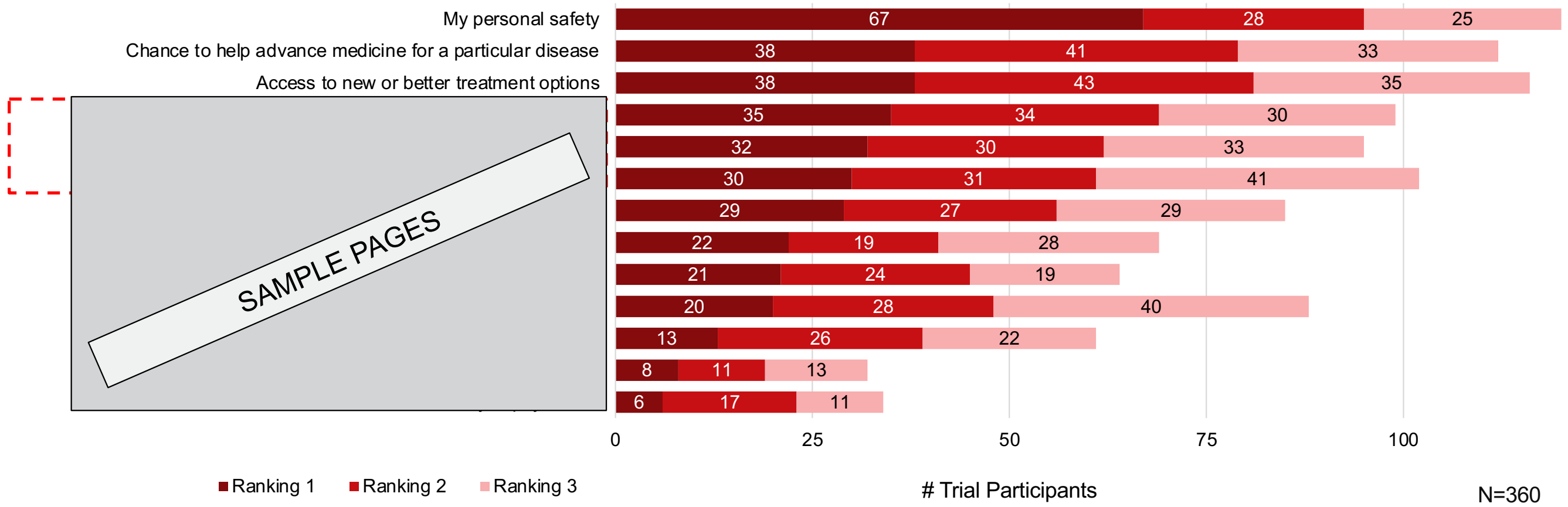
Impact of Very Frequent or Infrequent Travel on Future Trial Participation



Beyond safety, altruism and access, elements A, B, and C are top factors considered for future participation.

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-
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Factors Impacting Clinical Trial Participation



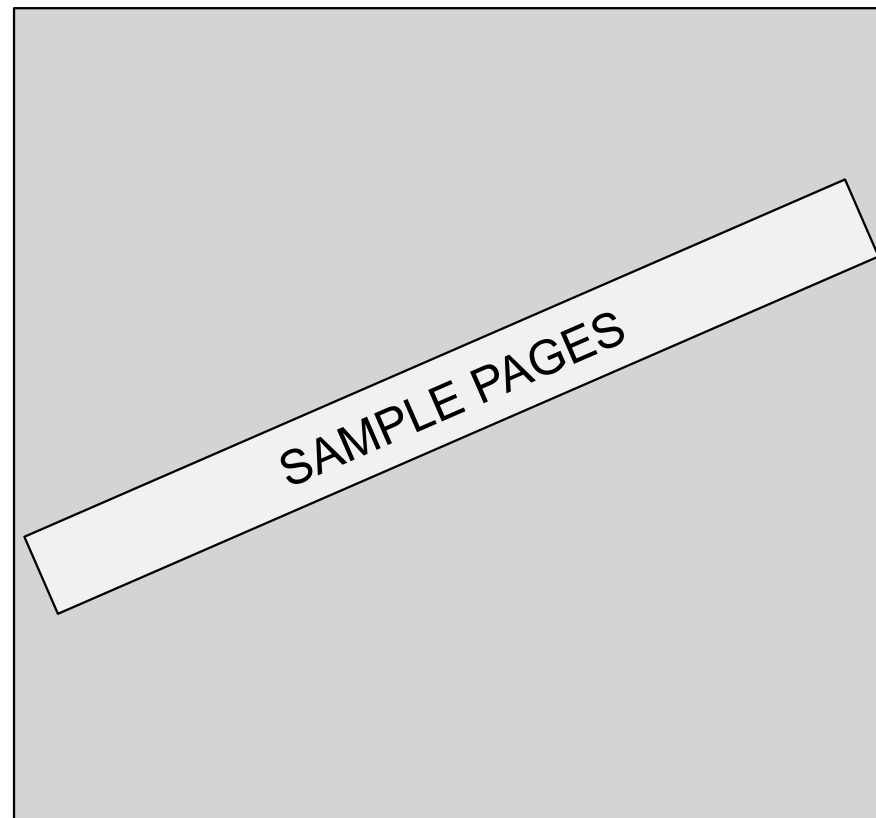
More than XX% of the general population would prefer more Z if participating in a future trial.



- I would strongly prefer a trial to have more in-home elements
- I would prefer a trial that had more in-home elements
- I have no preference
- I would prefer a trial that had fewer in-home elements
- I would strongly prefer a trial that had fewer in-home elements

Note: in-home elements include telemedicine visits, drug shipped directly to my home, in-home nurse visits, wearable devices to collect data remotely, fewer in-person doctor's office/laboratory visits

In-Home Element Preference



N=440

Age (Years)

30 and under



n=244

31-60



n=479

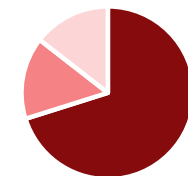
61 and over



n=77

Region

Europe



n=373

North America



n=427

- Prefer a trial that had more in-home elements
- I have no preference

- Prefer a trial that had fewer in-home elements