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The “Glocalisation” of Patient Recruitment & Retention

There’s a new twist on globalization. It’s called “glocalisation” — a combination of thinking globally and acting locally. And, it’s changing how patient recruitment and retention literature needs to be developed. To meet this need, new technologies are needed such as ADapt. ADapt is a Web-based software that rapidly customizes global recruitment and retention materials at the local level to reflect a country’s culture, language and laws. The technology allows this to be done at a fraction of the time that would normally be required.

from within the study site’s own patient database. And, for retention campaigns, such a delay means risking patients dropping out right from the point of enrollment. Ideally, retention programs should begin as soon as patients consent.

To address these challenges, a “glocalized” approach is essential. “Glocalisation” has two elements: (1) deep local roots: requiring clinical teams to know the culture, customs, regulations, and local medical practices of each country; (2) global operations: making use of efficient and effective global capabilities and technologies. Successful patient recruitment

Patient recruitment and retention are more successful
when companies think globally and take action locally
— **also known as “glocalisation!”**

The Case for “Adaption”

Clearly, the clinical trial process is becoming more global. Trials are now being conducted in more countries than ever before. With globalization, however, comes complexity especially when developing materials for patient recruitment and retention. Most companies develop recruitment and retention program materials centrally. Then these materials are translated and pushed down to all countries involved. The problem with this top-down approach is that it does not take into account varying country needs. Not following the regulations or recognizing the medical nuances of a region can create roadblocks. Such obstacles can add significant time and costs to launching any patient recruitment or retention campaign.

But this is not the only issue for global studies. The development of patient materials (study brochures, patient recruitment advertising, and retention materials) is also encumbered by another process. Materials must undergo a lengthy process of translation, design, and review before even reaching ethics submission. This process can lead to further delays in actively starting recruitment and retention.

While delays negatively impact costs and timelines a delay in the development of campaign materials slows the onset of recruiting the most cost effective patients — those

and retention programs must harness both of these elements.

Other Marketplace Trends

To further add to the complexity of “glocalisation” of recruitment and retention materials, is the need to view patients as individual customers. This is due to regulatory pressure for study protocols to examine different subsets of patients and this means getting closer to the “customer” in all dimensions. Furthermore, as clinical studies become more focused on different types of patient populations, the terms “personalized medicine,” “individualized treatment,” “targeted medicine,” and “special populations” take on a new meaning for patient recruitment and retention as information to patients becomes more individualized.

An “Adaption” Overview

A technology that facilitates recruitment-retention “glocalisation” has far-reaching benefits for sponsors conducting clinical trials in both mature and emerging clinical trials markets. Speed to implementing a patient recruitment-retention campaign is of the essence and delivering customized recruitment

Case Study: Global Pediatric Study

- Top five pharmaceutical company
- 62 research centers
- 18 countries and 27 languages
- A limited-rare population of 150 pediatric patients
- Scope: Nine pediatric retention activity booklets by country/language
- Using the traditional method, production of nine booklets in 27 different languages would require manual design of 243 different booklets
- Traditional manual processes would have made the project cost prohibitive.

Results:

Within two weeks of initiation nearly 70% of countries had submitted already "glocalized" materials to ethics.

and retention materials to meet each country's needs is essential. This is what makes a Web-based technology necessary.

Using modern Web technologies that fuse powerful database publishing capabilities together with customized graphic design templates, companies can easily and efficiently deliver "glocalized" recruitment and retention materials for patients, by integrating local language, knowledge, and culture. Using the Web, country representatives and study sites can access the system to become involved directly in "glocalizing" recruitment and retention materials. This gives country clinical teams a sense of real ownership, which in turn increases the likelihood of the materials being used since they are customized to the needs of local patients. Consider a country such as India, for example, where multiple languages and dialects are spoken. Technology makes the development of materials easy and affordable and in record time.

Furthermore, future versions will offer on-demand printing and ordering of ethics approved materials by specific countries and study sites. This means only the necessary quantities are produced and waste is minimized, customization increases, and production time is speeded up. As a result, project management time is reduced significantly since the technology replaces the cumbersome labor intensive traditional process with a secure, streamlined decentralized one. This process enables high-quality materials to be available to even the smallest of patient populations — no matter their geographic distribution or the number of languages involved — at an affordable price. Affordability of recruitment and

retention materials for small niche study populations is now feasible. In these populations, cost of materials development can be prohibitive and speed is critical. This is particularly important for sponsors with the regulatory interest in adaptive clinical trials.

Improved Productivity

While speed, quality, and cost are the most obvious benefits of this technology, improved global management of patient materials allows companies to track the development on a country by country basis. This means that it is possible to track in real-time materials as they move from design, translation, ethics, and revisions to final production, and distribution.

Recruitment productivity is significantly increased by getting the necessary materials into the hands of patients more quickly. For example, recruitment productivity can be enhanced per country by a minimum of four weeks. For a 20-country study, this means an overall 80 additional weeks of recruitment productivity can be realized. Additionally, for patient retention, the faster materials are developed and the program is implemented, the greater the opportunity of retaining more patients in the study from the outset.

Think Global... Adapt Local... To Better Serve Patients Worldwide

Time and cost savings are just two performance measures that "glocalized" recruitment-retention materials bring to the development process.

Other measures of success include increased productivity and the rapid adoption and use of locally customized patient materials in each country.

By using a "global" technology, clinical study teams can think globally and adapt locally, which sponsors will increasingly appreciate. This approach also acknowledges that patients in every country have a right to information that is tailored to their culture, customs and language. Patients can now have the resources they need and at the time they need it, in order to decide whether to participate in a clinical study. ■



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