

# Oncology Clinical Trials: The New Battleground?

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We all know how the oncology marketplace has changed over the past five or so years. What was once a relatively quiet and solitary market, where only a handful of companies played, has now become a battleground for share of voice and leadership among dozens of companies.

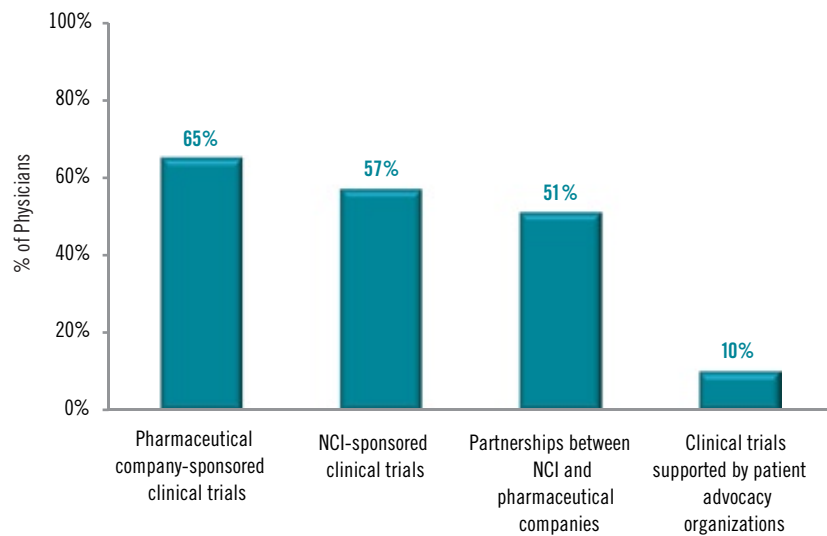
A similar metamorphous, however, is quietly occurring in the oncology clinical trials arena, as companies battle for scientific hegemony, clinical investigators, and patients. Those among us who have attended AACR or ASCO over the past 10 to 15 years have seen this battle for clinical and scientific share of voice accelerate over the years. And in between these two major meetings, press releases extolling the virtues of new clinical trials data are issued at an unheard of rate from big Pharma, BioOncology firms, and small biotechs.

What is rarely heard, amid this welter of escalating noise, is the voice of the practicing physician—who serves as a clinical investigator, who helps recruit patients for trials, who must deal with the inequities associated with Medicare clinical trials reimbursement and must ultimately translate the trial learnings into his/her daily practice.

In an effort to better understand how practicing physicians perceive this critical area, Market Strategies International surveyed 50 community-based oncologists in late September. The respondents represent the typical oncology practice in the US—primarily office-based group members practicing in offices that include, on average, 13 oncologists. Most of these physicians have been in practice for an average of 11 years and are treating an average of 94 patients a week.

**Figure 1. Which is Doing More to Advance Clinical Research in Oncology?**

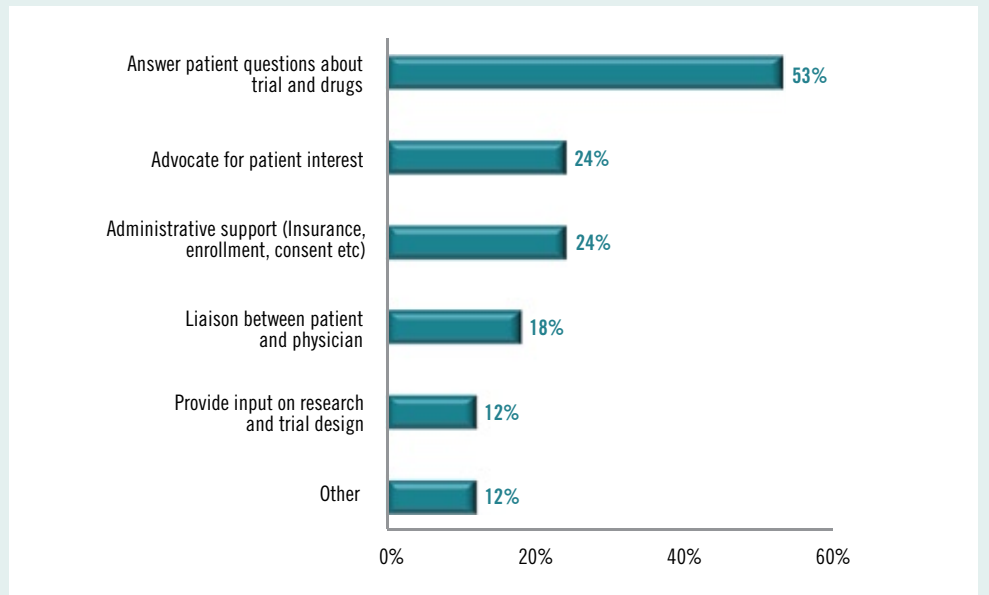
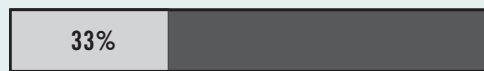
Nearly two-thirds of the practicing oncologists in our survey have served as clinical investigators for a pharmaceutical company while only one-third served in the same capacity for a National Cancer Institute (NCI) trial. When asked who is doing more to advance clinical research in oncology, physicians believe that pharmaceutical companies are doing the best job but also think NCI and collaborative partnerships contribute to better research. Perhaps these perceptions will change in the future as NCI and industry attempt to collaborate more in the development of new cancer products.



### Figure 2. Role of Patient Advocate

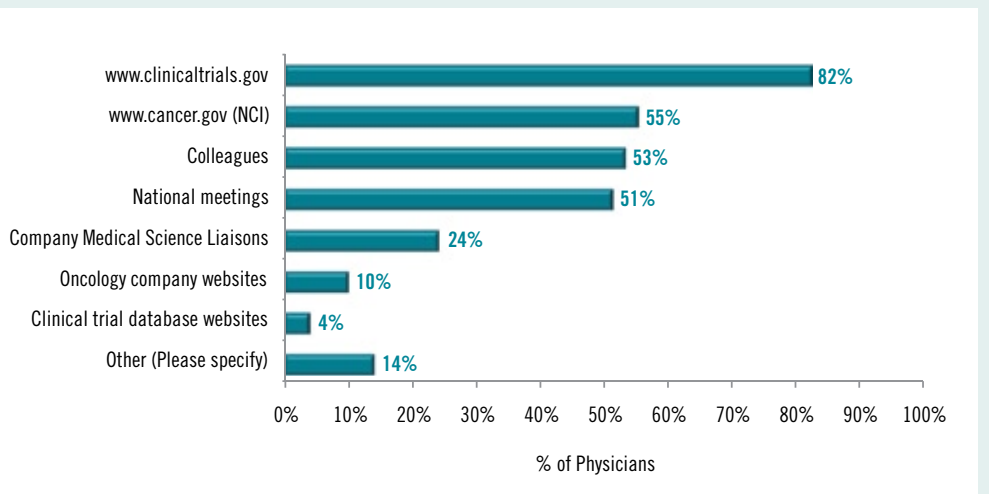
A growing and innovative trend among investigators is to enhance a patient's experience while participating in a trial by using a patient advocate. In our research, 33% of oncologists surveyed have used a patient advocate to assist in accruing patients to clinical trials. Slightly more than half of the oncologists surveyed indicated that the advocate's role is primarily to respond to a patient's questions about their trial and medications.

**Percentage of respondents that have used a patient advocate:**



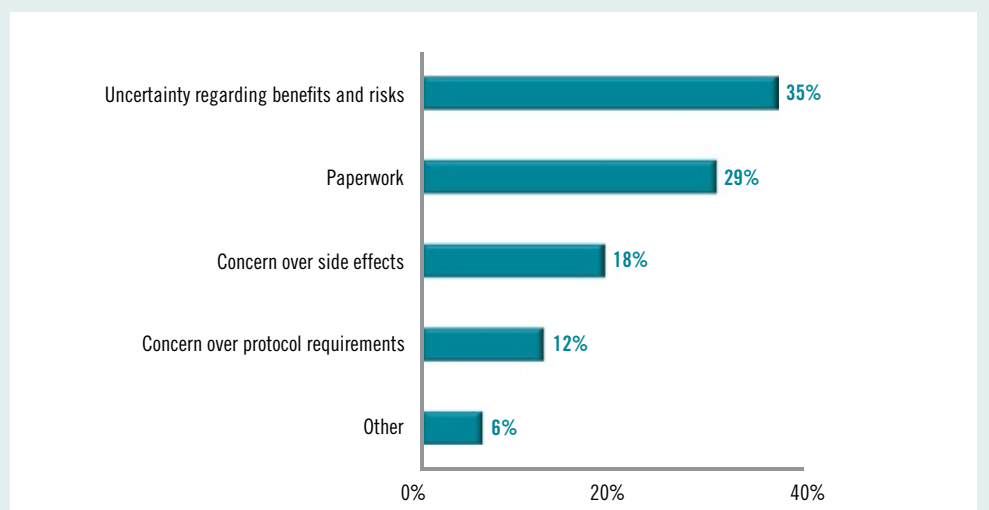
### Figure 3. Oncology Company Websites Used as Primary Source of Information for Clinical Trial Availability

For those physicians who are searching for opportunities to participate in a clinical trial, information can be found in a number of venues. Not surprisingly, [www.clinicaltrials.gov](http://www.clinicaltrials.gov) is the number one source of information, but NCI's [www.cancer.gov](http://www.cancer.gov) as well as information from colleagues also plays an important role in how physicians learn about the availability of new clinical trials. Only 10% of the oncologists surveyed searched pharmaceutical company Websites.



### Figure 4. Most Important Reasons why Physicians are Unwilling or Reluctant to Participate in Clinical Trials

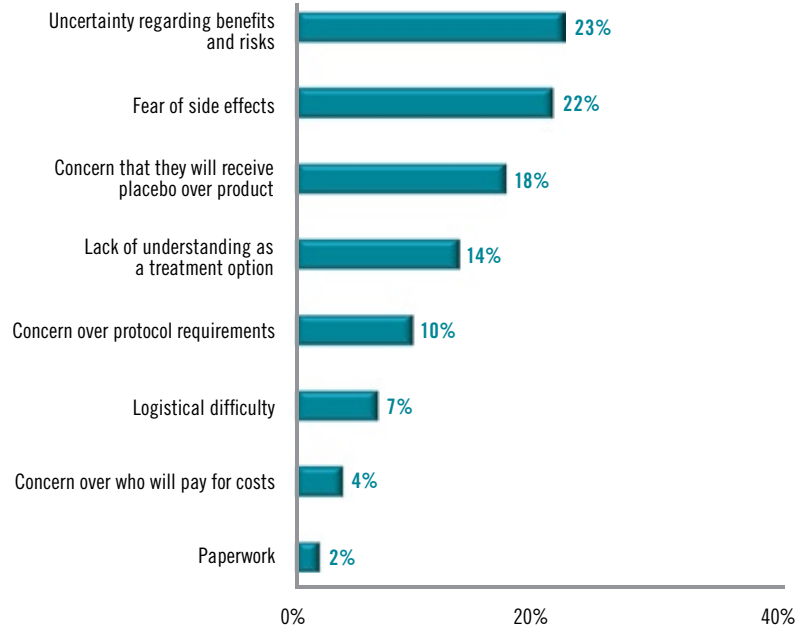
Besides patients, motivating physicians to participate in clinical trials also presents a challenge to sponsors. Like patients, physicians are most concerned about the uncertainty of the trial's benefit but almost as important, is the hassle of the paperwork.



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**Figure 5. Most Important Reasons why Patients are Unwilling or Reluctant to Participate in Clinical Trials**

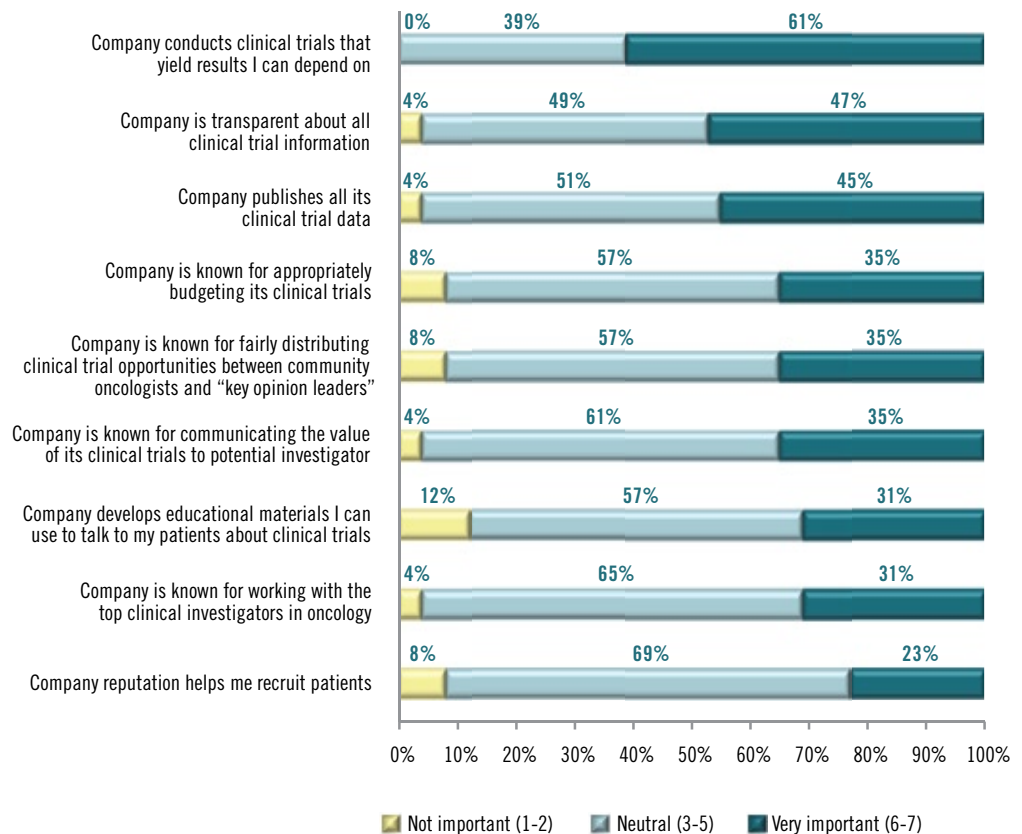
One of the primary obstacles to initiating a clinical trial is the challenge of recruiting patients. Community-based physicians are probably closer to this issue than most oncologists and only 16% suggest that their patients are very willing to participate. A number of reasons are given for patients' unwillingness to participate including, uncertainty over treatment, side effects, and concern that they will receive the placebo instead of the product.



**Figure 6. Importance of Attributes Impacting Decision to Participate in Clinical Trials**

Oncology companies need to be cognizant of the fact that their customers' experiences are impacted by many different touch points with a company. Nearly a quarter of the physicians believe that clinical trials are a very important factor in developing strong relationships with oncologists.

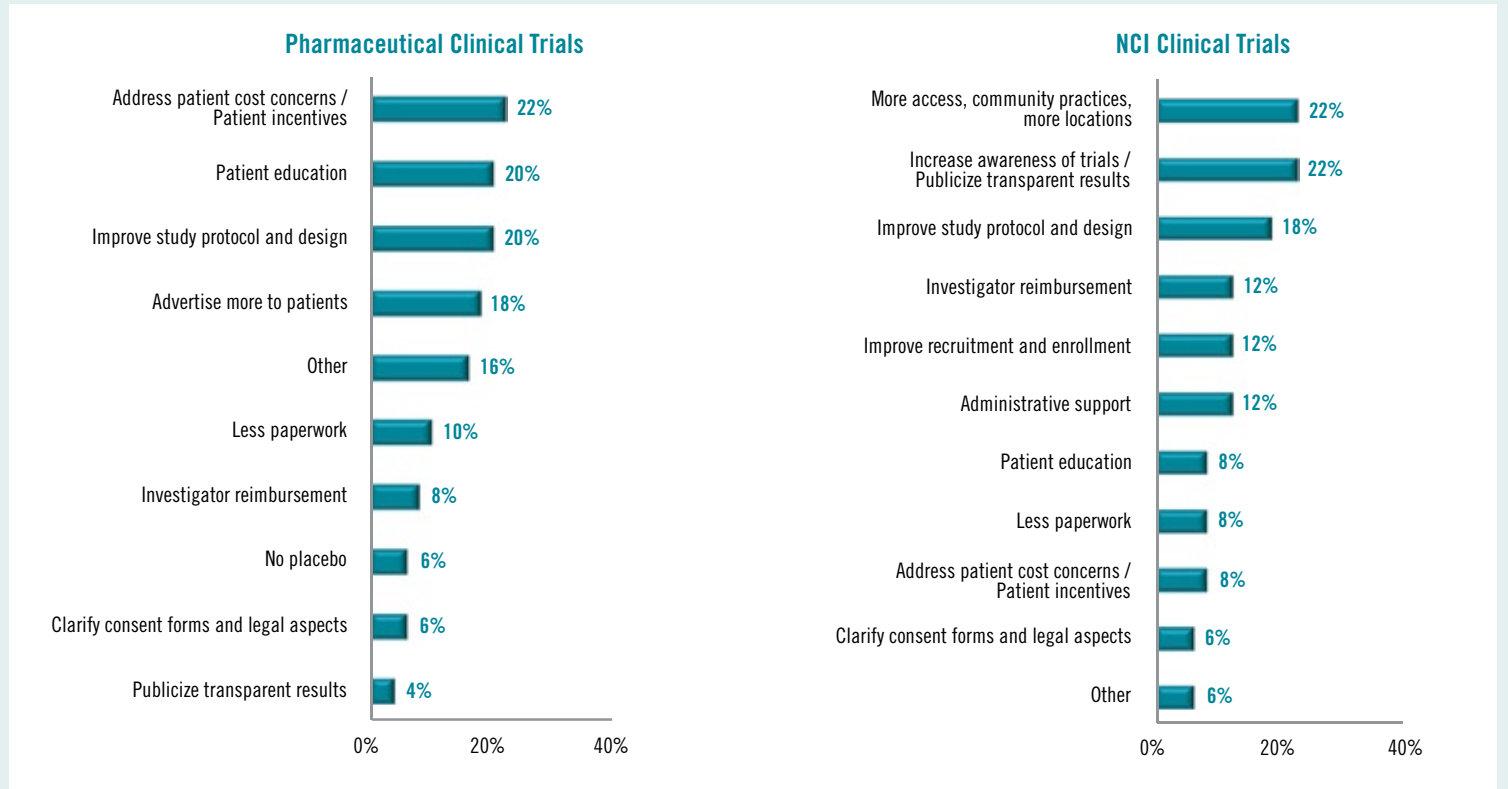
That the clinical trial experience is important to physicians is not surprising. Oncologists are clear in underscoring the importance of dependable clinical results and transparency and publication of all findings.



### Figure 7. Increasing Participation in Pharmaceutical and NCI Clinical Trials

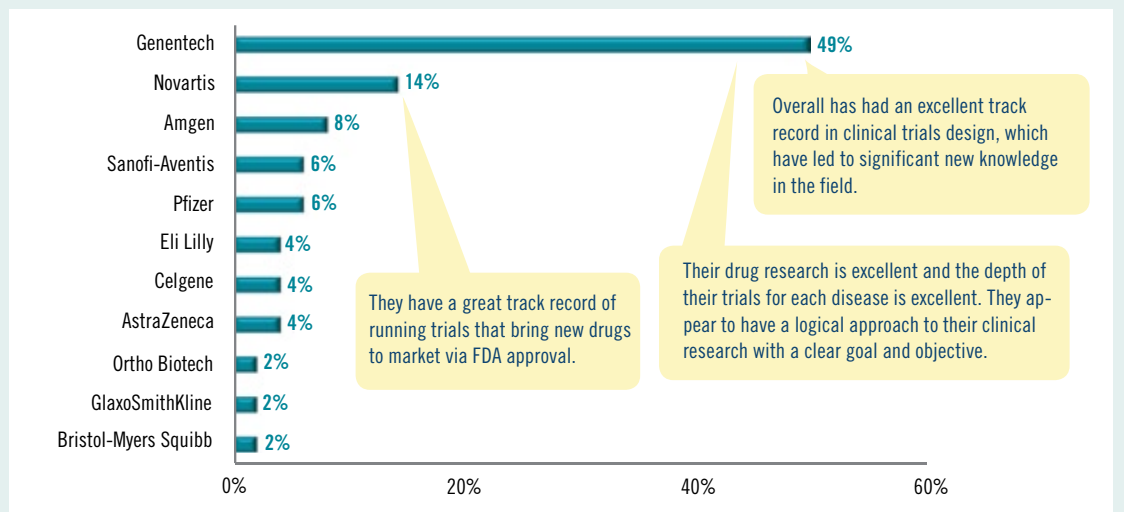
One important reason not cited in this survey, but identified in other research conducted by Market Strategies is reimbursement for clinical trial costs. Many physicians believe that current Medicare reimbursement policies present a participation barrier for a large number of patients, virtually eliminating them from cutting-edge treatments. When asked if the government should reimburse oncology practices for the expenses associated with Medicare patients' participation in clinical trials, the answer, not surprisingly, was a resounding yes (88%, with 12% responding uncertain).

The physicians surveyed for this article had a number of suggestions for increasing participation in both pharmaceutical and NCI-sponsored clinical trials. For pharmaceutical company-sponsored companies, oncologists suggested that there needs to be greater attention paid to patients' costs as well as better education for patients. For NCI-sponsored trials, physicians recommended increasing awareness and better distribution of trials to community-based oncologists.



### Figure 8. Best Clinical Trial Reputation

When oncologists were asked to identify the company with the best reputation for its clinical trials, almost 50% said Genentech, with Novartis and Amgen a distant second and third, respectively. Based on other research conducted by Market Strategies in this area, Genentech's strong performance is driven by its reputation for clinical trial design and drug research.

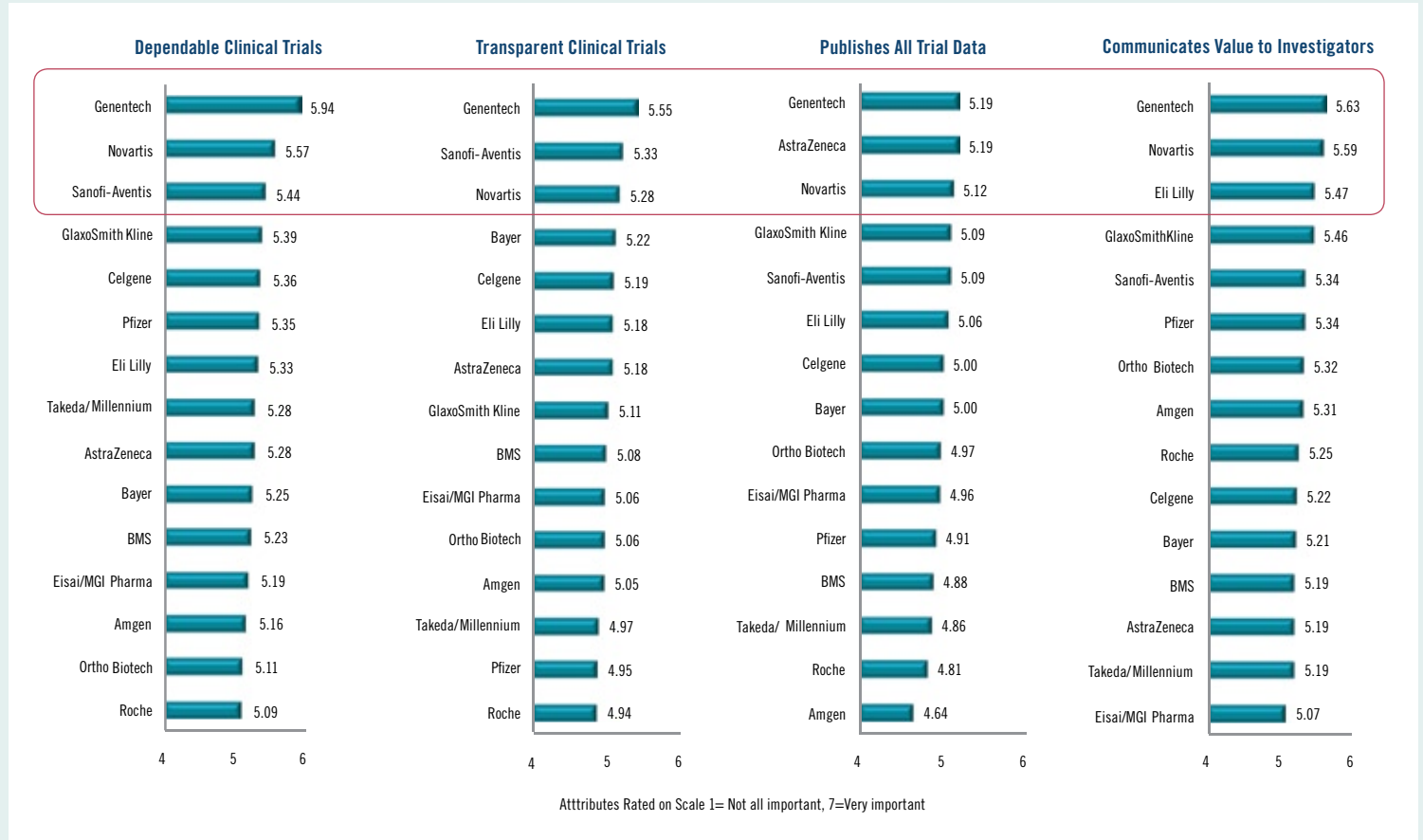


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**Figure 9. Most Important Attributes (Top 4)**

Genentech, Novartis, and Sanofi-Aventis consistently rank in the top three for their clinical trial performance, with GSK finishing a strong fourth on a number of performance measures. With respect to performance on individual

metrics, however, Genentech ranks #1 for dependable trials, transparency, and communication of values, while Genentech and AstraZeneca are tied for #1 with publishing all trial data.



## Summary

Over the next decade, research and development investments in oncology will spawn a flood of new cancer products; and with that growth, clinical trials will remain the cornerstone to finding better, more effective cancer treatments. Companies that best understand the motivations of physicians and patients to participate in a clinical trial will be the winners. Oncology firms that recognize and perform best on the metrics and experiences that matter most to physicians and patients will have the greatest positive impact on the emerging battleground for investigators and patients.

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## About the Contributors of This Survey

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