



# Global patient recruitment and the importance of the personal touch

Localised knowledge is key for patient retention in clinical trials and often is the first port of call for hesitant subjects once they have been enrolled into a study. **Dr Rabinder Buttar** discusses the importance of the personal touch in patient retention in emerging markets

**P**atient recruitment has become a hot topic in clinical research, and the rise of the specialist patient recruitment company has paved the way for this once perceived luxury service to become a fundamental part of the trial design process. Eye-catching marketing campaigns rolled out by patient recruitment companies have proven effective in the past within established and often competitive markets. However, as the clinical research industry is moving into new geographies, patient recruitment companies need to consider a careful mix of the traditional 'marketing' methods alongside more novel approaches.

Although patient recruitment companies often claim to be global in their approach, they are generally headquartered in one of the most established markets and partner with companies present in the lesser established regions. However, cultural differences and local intricacies are often overlooked, particularly in culturally sensitive regions of Asia Pacific, the Middle East and North Africa. In addition to compliance with the local regulations, the content of patient recruitment tools must be carefully considered as particular images or even the indication itself may cause offence. This information cannot be provided by a local marketing organisation, nor can it be researched remotely; it must come from a clinically-minded local person with an understanding of the indication.

As patient recruitment approaches evolve, there is an increasing need for Local Recruitment Specialists (LRS). These locally based clinical personnel can guide not only the marketing aspects but can advise on the best strategies. In many cases the personal touch is the key to highly successful patient recruitment and also to patient retention. Patients outside of North America tend not to have as much power when it comes to their choice of medication; therefore investigator buy-in is essential.

LRSs deployed to investigator sites build up relationships with the investigators and the wider study team. Information from study nurses is often vital in solving patient recruitment issues and a simple conversation with the LRS can reveal vital information, such as patient complaints about parking fees, bad transportation links, or in one case, study visits being frequently missed due to appointments being scheduled outside of school hours making it difficult for parents to attend. None of these issues can be addressed by a foreign company providing posters and calendars once in a while. A LRS should be at the heart of a trial, providing effective, approved patient support materials while providing guidance on patient outreach programmes including the appropriateness of social media. When there is expected to be a huge number of patients recruited over a very short period the LRS can help the site to

be better prepared and organised to smoothly screen, enrol and manage patients through the trial process, ensuring quality trial data is generated with no patients lost to follow-up.

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Patients place a great deal of trust in their medical professionals and follow the advice and guidance that they receive whole heartedly, thus the relationship with the investigator can be key to successful patient recruitment and retention and the LRS is the bridge between the investigator and the trial. This theory was tested to the limit in one of my own organisation's trials and proved successful. During the conduct of a Phase III multiple sclerosis study war broke out in Lebanon, with sites based in Beirut the clinical trial was obviously in jeopardy. The conflict lasted 34 days affecting a total of 20 planned patient visits. All fixed telephone lines were cut off, however communication with patients was maintained through internet and satellite phone usage. The feasibility of attendance and potential risks were discussed with patients and study visits were rescheduled within study guidelines in order to accommodate the circumstances. Due to the strong relationship that was built between the investigators and the patients both before and during the war there were no drop outs from the study during the conflict. Building a trusting and honest relationship between investigators and patients undoubtedly plays a major role in overcoming barriers to recruitment and retention.

I believe that patient recruitment support is here to stay and is integral to trial success, especially as sponsors look to emerging markets and innovative solutions. My advice to any sponsor looking to recruit a patient recruitment company is to delve into their local experience. A 'global' recruitment partner without the local knowledge might impress with a great marketing pitch but will they build the relationships at site level which will ensure patients are happy and committed to seeing out the study to completion? ■

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