How Community-Focused Site Networks Are Transforming The Clinical Trial Landscape

By Kerry Leyden, Commercial Director, MRN Site & Patient Services

Site networks — groups of independent sites centrally managed to run clinical trials — that work with community and trial-naïve sites are changing the perception of what a trial site should look like and where it should be located. Leveraging a site network has proven to ease study enrollment, contracting, and budgeting, while also reducing overall study cost and timelines.

Adding, and properly supporting, unused or underutilized sites to a network can increase its effectiveness exponentially. This is because a site network allows sponsors to access a larger pool of qualified sites and patients. It also offers centralized training and streamlined processes across its sites, leading to faster trial initiation and more efficient trial execution.

Typical clinical research sites are well-known within the industry. As a result, these sites and their patient populations often are overtaxed in supporting several studies simultaneously.

Conversely, trial-naïve sites and community sites — despite their access to vast, often untapped patient pools — are often overlooked or do not pursue study participation because of the barriers associated becoming research-ready.

A community site may have some clinical trial experience, but it may also lack the resources or knowledge in a specific therapeutic area required to successfully complete a trial.

Trial-naïve sites may have the opposite problem: they have resources but lack study participation experience. In either scenario, trial participation could require specialized training for site personnel, equipment and/or technological support, aa well as mechanisms to ensure regulatory compliance.

The Industry's Great Untapped Resource

Traditional site networks tend to work primarily with typical clinical research sites — known commodities. MRN welcomes community and trial-naïve sites into its network and invests in their capability before, during, and after clinical trial participation – advancing patient care options in their local communities, while offering sponsors a respite from the logjam of traditional study sites.

This assistance helps these sites elevate their processes and optimize their operations toward consideration for participation in additional trials.

Misconceptions about the ability of community sites, trial-naïve sites and pop-up sites to fully support clinical trials, as well as perceived challenges of working with such sites, can make sponsors wary of working with them. But that perception is changing as the industry discovers how valuable well-supported community and trial-naïve sites can be.

Additionally, MRN has the ability to create a pop-up sites: mobile sites that can travel and set up in the heart of patient communities.[1] These pop-up sites are as well-supported, as the rest of our network. They are created with the same level of capability as any other site and they are set up specific to the requirements of the study, enabling all procedures to be conducted according to the study protocol. Just as vitally, the use of pop-up, community, and trial-naïve sites creates positive outreach into underserved communities and patient populations — a key topic at the Society for Clinical Research Sites' European Summit (SCRS Europe) in February 2025.

Rather than dismissing such sites as impractical, the conversation has shifted to improving support for them. The necessity is clear: typical sites usually are saturated with clinical trials and can become victims of their own success. The relentless competing priorities and/or burdensome protocols can burn out staff quickly. And when sites start to burn out, they start to underdeliver.

Also, experienced, trial-savvy principal investigators (PIs) and key opinion leaders (KOLs) may have left the industry following the pandemic, chosen to change their path following site burnout, or may have simply opted to retire. So, it is in the industry's interest to encourage the next wave of experts to participate in research, and to support that research's evolution of medicine.

Patient participation can be subject to burnout at established sites, too, especially when they continually tap the same patient populations repeatedly. Even willing participants often opt outfor any number of reasons: children can't keep missing school or activities to make appointments; adults have work/life commitments and responsibilities; patients or caregivers lack reliable transportation to and from the site, etc.

As a result, the recruitment period is longer and the treatment period is extended, adding months to the trial's overall timeline. It is important we continue to offer tailored, decentralized solutions to ensure success for sites, patients and trials.

Site Networks Benefit Sponsors, Sites, and Patients

The use of a site network that includes community, pop-up and trial-naïve sites, well-supported by a central organization throughout clinical trials and beyond, offers a myriad of advantages to clinical trial sponsors.

However, the site's involvement in a study simultaneously elevates the level of care and therapeutic options it can offer, as well as reduces patient burdens and concerns. Accelerated patient recruitment and study startup is a key ROI for sponsors utilizing a network that includes community and trial-naïve sites.

Consider that many community sites have access to huge patient populations. A sponsor may be expecting to enroll just a few patients per site, but because of the site network's vast community databases and lack of competing trials, they might enroll more patients than expected at each site.

Enrollment is typically the most expensive part of the trial because of the cost per patient. By working with fewer sites and reducing or eliminating the need to deploy digital strategies and marketing campaigns to drive enrollment, recruitment costs are significantly reduced.

Additionally, the study startup timeline is positively impacted because budgeting and contracting has fewer negotiations to content with, as a central partner speaks for all sites in the network.

For patients and sites, this means faster access to treatment and accelerated availability of additional care options, which generates excitement for study participation in both. An additional boon to recruitment and retention at these sites is the convenience of a local establishment, combined with an inherent, established trust in the caregivers.

The impact of this goodwill cannot be overstated, especially since participants take a leap of faith when they enter a clinical trial. Informed consent forms (ICF) and other materials are provided to participants, but being seen and heard by a caregiver in their local community, who understands where they come from and what their life looks like, is invaluable.

For example, when MRN conducts Home Trial Support (HTS) visits we strive to match visiting nurses to their patients. If the local community typically speaks Spanish, we will place a nurse in that home who can converse with the patient in their language, improving their experience during the trial. This example also speaks to another advantage of using community and trial-naïve sites: more inclusive trial outcomes.

In recent years, the need to increase diversity and inclusion within clinical trials has been a significant industry focus. While people of color make up approximately 39% of the population of the U.S., they only represent between 2% and 16% of patients in clinical trials.[2]

Site network support provides sponsors with access to patient groups underrepresented in the clinical research space, gives sites the support they need to thrive in clinical research, and grants communities access to expanded therapeutic options.

Why MRN's Site Network?

MRN's site network is differentiated by its ground-level work with sites and their local communities, as well as its reach: our global, 200+ site network spans more than 10 countries and is continually expanding.

Moreover, we provide a reliable backbone supporting our sites through their trial experience and beyond. The same sites that may depend on our knowledge and other resources to become trial-ready are the sites with locations, enthusiasm for participation, and patient populations that set our network apart.

For example, MRN recently activated a trial-naïve site and contributed to its training process months before trial kickoff. Then, based on the protocol's complexity and the diverse patient population, MRN placed an experienced study coordinator with them for six months to lend any additional support they might need.

While the site does have its own study coordinator, it is important to MRN that each site kicks off study participation in the best way possible, alongside experienced personnel capable of providing on the job training.

This unparalleled support not only minimizes sponsors' risk in working with trial-naïve and community sites, but it also drives more sites of all types to become part of our network.

The key fear expressed by many site representatives about joining a network is potential loss of independence and control over the site, but a site can join a network and still retain its independence.

MRN operates with a mix of site partners, including some we own, but acquisition may not be the best route forward for a given site. Those who want to remain independent can join a site network and enjoy the benefits of access to new trials, or they can join a network like ours and also benefit from the support mechanisms we provide our partners.

In addition to the site professional support, startup assistance, and home trial support noted above, MRN offers its partner sites the use of a shared eClinical system that includes tech support, ensuring thorough, well-documented data collection and high data quality.

Knowing how to best support these sites is a product of our feasibility study process, which provides an important opportunity for each site to showcase its capabilities. Feasibility studies reveal a staggering number of patients and sites waiting to be explored and utilized by the industry.

Even experienced sites need guidance at some point, and in MRN they have an advocate prepared to help at a moment's notice, whether that support comes in the form of knowledge or a mobile site to serve additional patients.

Also, consider that many sites, regardless of their experience or expertise, tend to be uncomfortable approaching a sponsor to state they are having problems and need help. They worry that such an admission could diminish the sponsor's opinion of them or create other red flags.

Feasibility studies also provide sponsors with opportunities to be open to change.

MRN helps sponsors choose optimal sites within our network by looking at them holistically to determine whether the patient population is appropriate and whether the site has the capacity to support the study. For example, if the site is experienced, has it delivered for MRN in the past or does it boast a promising track record participating in similar trials?

In summary, working with a clinical trial site network under a single contract can be preferable to contracting individual sites.

The benefits are amplified when working with a partner like MRN, who has utilized their 18+ years of running clinical trials in patients' own communities to develop a site network that includes community and trial-naïve sites, access to expanded, often-untapped patient pools, and proven recruitment and retention solutions, all which immediately drive trial success.

Because MRN cultivates and maintains strong relationships with investigators and trial site administrators, sponsors are spared the extensive oversight sometimes associated with such sites. We invest time and money to develop these sites' strategy, infrastructure, and ability to execute clinical trials, improving the ability of sites in our network to serve their communities and constantly expanding sponsors' site options.

To learn more, visit https://themrn.io/solutions/site-network.

References

1. MRN Press Release. *MRN acquires VCTC to Expand and Strengthen their Global Site Network.* Jan 2025, https://thevctc.com/insights-and-updates/news/mrn-acquires-vctc-to-expand-and-strengthen-their-global-site-network , Last Accessed March 2025.
2. Stepanikova I, Oates GR. *Perceived discrimination and privilege in health care: the role of socioeconomic status and race*. Am J Prev Med. 2017;52(1S1):S86–94.

About MRN

MRN accelerates patient recruitment and improves patient engagement and retention through site-centric and patient-centric solutions.

As an innovative market-leader, MRN provides customized solutions to optimize each individual protocol and create more flexible, efficient and accessible clinical trials that deliver accelerated timelines.

Through integrated in-home visit delivery and a vast global network of trained, research ready sites, all empowered by MRN's digital solutions, MRN engages with and empowers diverse communities around the world to participate in and advance medical research.

About The Author

Kerry Leyden, has spent the past 18 years dedicated to improving clinical trial experience for both sites and patients. Having worked across both CRO and Pharma, she has collaborated with hundreds of sites to overcome their challenges in research, improve their research opportunities and participant experience and deployed global patient recruitment and retention strategies to accelerate patient enrollment.

Kerry is passionate about sites having a voice and supports our sites and patients to provide them with a positive experience while participating in clinical research.

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