

Rethinking Clinical Trial Site Selection:  
How Sponsors Can **Overcome Barriers**  
And **Improve Efficiency**



BIOPHARMA DIVE

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Choosing the right clinical trial site is critical for sponsors and clinical research organizations (CROs). The ideal sites reach enrollment goals, maintain strong documentation and reporting practices, offer fast procedure times, and have updated facilities and equipment.<sup>1</sup>

It's time for sponsors to rethink their approach to site selection. Traditional approaches, which include assessing prior trial participation and evaluating investigator, site and enrollment data sources, are falling flat.<sup>2</sup> In fact, 90% of clinical trials fail to hit their timelines.<sup>3</sup> Selecting the wrong site can also lead to major setbacks, including slow patient recruitment, protocol violations, poor-quality data and increased costs. And while site selection remains a pain point, a shift in the clinical trial ecosystem is bringing new solutions to the table.<sup>4</sup>

"Sponsors keep going back to the same sites over and over and expecting a different result," explained Michele Richardson, Site Network Coordinator for MRN. "Sponsors need to use those sites that have proved themselves capable; they also need to think a little bit outside the box."

In this playbook, we'll explore how adding sites in new communities, offering [Home Trial Support](#) and activating pop-up sites alongside traditional, trial-experienced sites can allow sponsors to discover untapped, diverse communities, and expand trial access.

# Challenges To Site Selection

Biopharma companies, sponsors, and CROs face several common challenges in selecting sites, including site staffing and retention, patient recruitment and enrollment, patient access challenges, and remote monitoring.<sup>5</sup> On top of these, sponsors can also struggle with site-activation timelines, with academic medical centers taking a median of 8.12 months to activate Phase 1-3 trials, compared with 4.37 months at independent sites and clinical practices.<sup>6</sup>

"While there are some benefits of reusing sites — such as established relationships, existing contract templates that reduce startup time and the structure of the trial teams — this approach doesn't always translate to trial performance.<sup>7</sup> Even experienced sites can struggle to break into new therapeutic areas," Richardson said.

Instead, combining traditional models with new approaches — ones that actively engage and support sites in new communities — can create a stronger foundation for success.

"Sponsors have to stop thinking about siloes and start taking a more global outlook."

**Michele Richardson**, Site Network Coordinator for MRN

Trial-naive sites that become research-ready can increase site recruitment, improve retention of diverse patient populations and accelerate trial timelines. Bringing more clinical trials to a greater number of sites also makes it possible for more principal investigators to engage in research programs, increasing the likelihood that the staff will be representative of the community demographics the sites are in.

Research shows that 75% of biopharma companies and CROs were interested in working with inexperienced sites if those sites had access to large patient populations, and more than half selected inexperienced sites over experienced sites when there was higher levels of interest and commitment.<sup>1</sup>

## *Building A **Trial-Naive Site** In South Carolina.*

MRN partnered with one of the world's leading pharmaceutical companies to help a trial-naive site in a diverse community become research-ready.

The trial had a complex protocol — requiring a large volume of different sample types, with complicated eligibility criteria and schedule of assessments for participants.

On-site visits with the principal investigator and clinical and administrative teams allowed MRN to evaluate the site and the facilities. Equipped with a thorough understanding of the site's needs, MRN created a strong plan for trial logistics, as well as facilitated a site-specific, customized training boot camp to ensure trial success. Further, MRN identified and sourced a local, seasoned clinical research coordinator, for this site, to provide expert delivery for the trial and support to the team as well as facilitate additional, ongoing training.

**With recruitment underway, the trial-naive site has achieved many early wins, including:**

- Becoming ready for operation in just **five months**.
- Screening **200 patients** in approximately 2 months.
- Identifying **17 patients** for further screening within the first month — far exceeding the expectation of recruiting two or three patients within the year.





## How To Use **Patient-Centric, Community-Based** And **Flexible Models** For Site Selection

Currently, 70% of potential clinical trial participants live more than two hours from the nearest study sites, and certain populations are chronically underrepresented in clinical trials.<sup>8,9</sup> A need to recruit more participants from more diverse geographical areas at faster speeds and with fewer barriers to participation has led to a shift toward decentralized and remote trial design.<sup>10</sup> These offer significant advantages, including fewer sites, lower costs for patient visits and travel costs, and reduced site management fees.<sup>11</sup>

Too often, sponsors lack information about site readiness.<sup>12</sup> Selecting sites without the right experience, capabilities and readiness can increase timelines, costs and the risk of failure.<sup>12</sup> Moreover, sponsors could overlook sites that would make excellent partners.



## Enter Site Networks.

The rise of clinical trial site networks has been hailed as “one of the most attractive and dynamic trends in the pharma services space”<sup>13</sup>. MRN’s Site Network leverages this model to bring clinical trials closer to patients and help overcome barriers to participation. Establishing sites in the heart of patient communities improves access, especially for rural and low-income populations, which can bolster diversity and representation. As a patient-centric solution, site networks also deliver faster recruitment and higher retention through regulatory-approved technology, training support and project management.

Richardson, who has decades of experience as a site coordinator and clinical site manager, works with sponsors to connect with new sites or sites running their first trials in new clinical areas. Embracing a flexible model allows MRN to connect sponsors with a diverse range of sites — including larger academic sites, virtual sites, primary care sites and pop-up sites — that can be supported by Home Trial Support visits to expand their reach.

“By using the MRN Network model, sponsors can be confident that there is sufficient personalized support for new sites to maximize training, data accuracy and overall efficiency without significantly increasing the burden on clinical research associates or sponsor staff,” Richardson said.

Home Trial Support is a proven solution for recruitment and retention. It can be integrated into existing sites and improve data quality, helping to ensure adherence every step of the way.<sup>14</sup> Not only can in-home visits offer more convenience for patients, but it can also give the research team valuable time to focus on clinic-centric visits while field nurses prioritize home visits.

Pop-up clinical trial locations are another innovative way to make clinical trial participation easier by reducing participant travel burden, increasing access to clinical trial opportunities, and overcoming low enrollment. Research found that pop-up sites increased enrollment almost 39%.<sup>15</sup> Pop-up sites are a key part of a “hub and spoke” model, extending the reach

of the main trial site, and establish ready-made clinical trial sites at locations such as hospitals, primary care centers and community centers. Adding pop-up trial locations has allowed MRN’s Site Network to expand the number of sites and provide training, resources and support to all trial sites, not just sites in their network. Helen Marks, Operations Director, Site & Patient Services for MRN, called it an integrated solution that “has the potential to transform the way that these studies look.”

“The core of Home Trial Support is accessibility. Pop-up sites are an extension of that; it’s bringing clinical trials to more people and making it easier for them to take part.”

**Helen Marks**

Operations Director, Site & Patient Services for MRN



## The Benefits Of Site Networks

Stand-alone clinical trial sites are often considered a major pain point in drug development, and site networks have the power to address the issue through three key benefits.<sup>13</sup>

**1. Economies of scale:** Compared with fragmented stand-alone sites, site networks can build at scale in communities or within demographics to achieve clinical trial to achieve diversity in clinical trial enrollment.

**2. Opportunities for growth:** Starting a clinical trial site from scratch takes time and capital while site networks offer the benefits of consistent operating procedures, branding, technology, and site support.

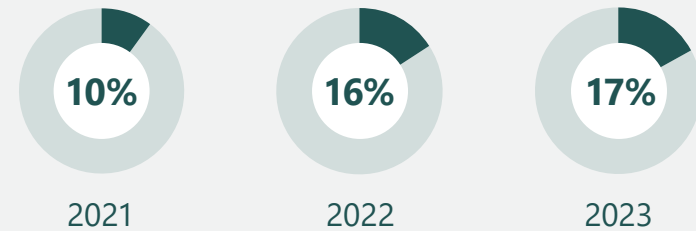
**3. Diversification:** Sites embedded in existing infrastructure — such as pop-up sites in a primary care practice — benefit from existing doctor-patient relationships, making it easier to recruit patients.



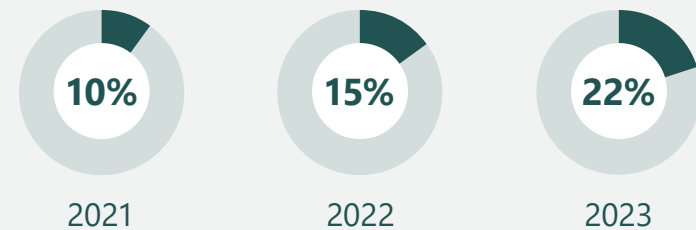
## Rising Demand For Site Networks

Site networks are more popular than ever, and continued growth is expected.<sup>13</sup>

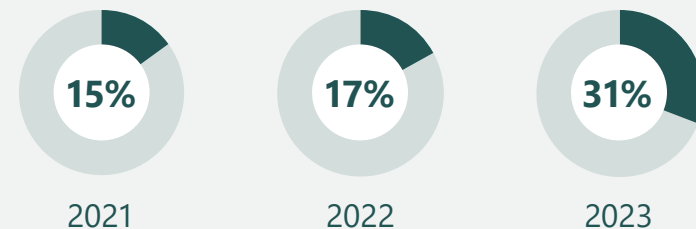
### Phase 1 Clinical Trials



### Phase 2 Clinical Trials



### Phase 3 Clinical Trials



# The Power Of Site Networks: Driving **Better Outcomes** In Clinical Research

The demand for site networks has been increasing. Currently, more than 30% of all Phase 3 clinical trials include a site network — a number estimated to increase in the coming years.<sup>13</sup> While that understanding the strengths and weaknesses of new sites is an essential step in transforming trial-naive sites into experienced sites that attract the attention of new sponsors and studies in novel therapeutic areas, Richardson believes that providing the right support was also critical.

“We start by first building a strong relationship and trust with site staff to gain knowledge of the site infrastructure, which allows us to better understand those areas of strength and weakness,” she said. “And then we ensure that personal and specific support is in place to routinely check in on progress, update training and identify opportunities.”

MRN’s Site Professional Support service deploys trained healthcare professionals and research professionals to work with investigators on-site to ensure sites adhere to timelines and budgets — a significant benefit to sponsors who want to expand into new sites that lack the internal resources to make it happen.

MRN has a global site network that includes over 200 community research sites in North America, the UK and Europe; this includes established and trial-naive sites, and coordinated access to diverse, untapped patient populations. MRN can provide additional resources from screening and patient visit management to data completion and query management at all sites, not just the sites in its network.

“We’ve never come across an argument from sponsors saying they didn’t want access to new sites and patient pools,” Marks said.

“Their hesitation comes from not having the time, the resources or the expertise to bring them up to a level of capability where the sites are equipped and ready to take part. That’s what we can do.”

**Helen Marks**

Operations Director, Site & Patient Services for MRN



# References

1. Dombernowsky, T., Haedersdal, M., Lassen, U. et al. "Criteria for site selection in industry-sponsored clinical trials: a survey among decision-makers in biopharmaceutical companies and clinical research organizations." *Trials*. <https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-019-3790-9>. Published Dec. 11, 2019.
2. Hulstaert, L., Twick, I., Sarsour, K. et al. "Enhancing site selection strategies in clinical trial recruitment using real-world data modeling." *PLoS One*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC10927105/>. Published March 11, 2024.
3. Sun, D., Gao, W., Hu, H. et al. "Why 90% of clinical drug development fails and how to improve it." *Acta Pharmaceutica Sinica B*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9293739/>. Published Feb. 11, 2022.
4. Hurtado-Chong, A., Joeris, A., Hess, D. et al. "Improving site selection in clinical studies: a standardised, objective, multistep method and first experience results." *BMJ Open*. <https://bmjopen.bmj.com/content/7/7/e014796.full>. Published July 12, 2017.
5. WCG. "2023 Clinical Research Site Challenges Survey Report." <https://www.wcgclinical.com/insights/2023-clinical-research-site-challenges-survey-report/>. Published June 7, 2023.
6. WCG. "Decoding the Top Site Challenges of 2024: Study Start-Up." <https://www.wcgclinical.com/wp-content/uploads/2024/12/Decoding-the-Top-Site-Challenges-of-2024-Study-Start-Up-Slides.pdf>.
7. Silva, A. "Selecting Study-Appropriate Clinical Trial Sites in 3 Steps." *Applied Clinical Trials*. <https://www.appliedclinicaltrials.com/view/selecting-study-appropriate-clinical-sites-3-steps>. Published April 12, 2018.
8. Anderson, D., Fox, J. and Elsner, N. "Transforming the Future of Clinical Development." *Deloitte Insights*. <https://www2.deloitte.com/us/en/insights/industry/life-sciences/digital-research-and-development-clinical-strategy.html>. Published Feb. 14, 2018.
9. Clinical Researcher. "Representation in Clinical Trials: A Review on Reaching Underrepresented Populations in Research." Published Aug. 10, 2020.
10. Clinical Researcher. "The Industry Shift Toward Decentralized Clinical Trials: Impacts on Quality Management, Participant Outcomes, and Data Management." <https://acrpn.net.org/2024/08/15/the-industry-shift-toward-decentralized-clinical-trials-impacts-on-quality-management-participant-outcomes-and-data-management>. Published Aug. 15, 2024.
11. Medidata. "Decentralized Clinical Trials—Key Trends and Statistics." <https://www.medidata.com/en/decentralized-clinical-trials-key-trends-and-statistics/>.



# References

12. Applied Clinical Trials. "Adapting Site Selection for Clinical Trial Decentralization and the Future Landscape." <https://www.appliedclinicaltrials.com/view/adapting-site-selection-for-clinical-trial-decentralization-and-the-future-landscape>. Published Sept. 6, 2022.
13. Bourne Partners. "Clinical Trial Site Networks Market Research Report." <https://www.bourne-partners.com/wp-content/uploads/2024/09/Clinical-Trial-Sites-Market-Update.pdf>. Published Sept. 12, 2024.
14. Zobel, A. "Direct-to-Patient: At-Home Clinical Trials Are Here to Stay." Applied Clinical Trials. <https://www.appliedclinicaltrials.com/view/direct-to-patient-at-home-clinical-trials-are-here-to-stay>. Published July 14, 2021.
15. Beck, D., Asghar, A., Kenworthy-Heinige, T. et al. "Increasing access to clinical research using an innovative mobile recruitment approach: The (MoRe) concept." Contemporary Clinical Trials Communications. <https://www.sciencedirect.com/science/article/pii/S2451865420301071>. Published Aug. 3, 2020.





MRN's Mission is to provide a gold standard platform of clinical trial services designed to work together in synergy, **bringing trials closer to patients, while making trials faster, more efficient, more inclusive and more accessible for all patients and for all research sites around the world.**

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