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Bridging the Cost Chasm

Empowering Clinical Trials Offices to Negotiate With Industry Partners

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Commentary Overview

- A recent survey distributed to the Cancer Center Administrators Forum outlines common industry misperceptions about the true costs and time investment needed to run a cancer clinical trial.
- Inaccurate assessments diminish morale and staff and faculty engagement, with artificial conflicts created between faculty and the larger institution — and between cancer centers and industry sponsors.
- To reach a reasonable middle ground, both industry partners and clinical trials staff must be transparent in their communication and trial budgets.
- By holding firm on their trial budgets, cancer centers will be better equipped to negotiate fairly with industry sponsors.

With more than 100 types of cancer occurring across the lifespan in every demographic group, cancer clinical trials are highly complex and very expensive. Common misperceptions about the true costs and time needed to run a trial have the potential to negatively impact outcomes. Long, drawn-out negotiation periods delay trial activation, cancer centers lose money when they attempt to meet unrealistic budget goals, and ultimately, patients suffer when their access to lifesaving treatments is limited.

A recent survey of Cancer Center Administrators Forum (CCAF) members elucidates some of the misleading messages cancer centers have received during the clinical trial start-up process from sponsors, including the biopharmaceutical industry and contract research organizations.

Fifty percent of CCAF members participated in the survey. Sixty-seven percent of those participants are National Cancer Institute-Designated Comprehensive Cancer Centers and 73 percent had fewer than 300 interventional trials active or open to accrual at the time of the survey. Seventy-five percent of the centers had fewer than 150 full time equivalent (FTE) employees dedicated to clinical trials efforts.

The survey results are eye-opening. Industry partners have told 88 percent of the centers that their activation timelines are "worse than most" or "slower than any other center," even though none of the responding centers reported an activation timeline of fewer than 90 days. Eighty-seven percent of respondents were told that the cost to activate a trial at their center is "higher than most," with 37 percent being told theirs are the highest that industry partners have encountered.

These inaccurate assessments diminish morale and staff and faculty engagement, with artificial conflicts created between faculty and the larger institution — and between cancer centers and industry sponsors.

Clinical research faculty seek clinical trials to offer their patients new and novel therapies. These therapies represent myriad opportunities to the patients: time to see their children graduate, attend friends' weddings, send their kids to college, meet their grandchildren. Hope is the common factor that motivates patients and drives cancer center faculty and staff.

When cancer centers are pressured to compete for lower budget prices and faster start-up times, those who hold firm on their budgets and timelines are perceived as a stubborn roadblock on the path to quality patient care. Some trials may even be abandoned altogether.

This is not to say that faster activation timelines and reduced costs aren't important goals: cancer centers should strive to make trials lean and efficient to deliver the best possible care in the shortest amount of time. But to achieve that, we need to establish a dialogue among cancer centers and with industry partners to paint an accurate picture of the time and effort required for an industry trial.

To reach a reasonable middle ground, both industry partners and clinical trials staff must be transparent in their communication. Cancer centers build their trial budgets using effort formulas that include the salaries of FTE employees, time for acquiring patient consents, and the costs of radiology and other on-site tests. Pharmaceutical companies have demonstrated a willingness to fund trials that substantiate their costs with supporting data. By providing context for trial budget items, cancer centers would be better positioned to demonstrate the value of a trial to sponsors. And by asking cancer centers how they determine their budgets and timelines, industry partners can work toward establishing more realistic benchmarks.

Bargaining for every penny is inefficient. When we engage in prolonged negotiations, nobody wins: not cancer centers, not industry partners, and especially not patients. By sharing the perspectives of academic cancer centers through the CCAF survey, I hope to empower them to talk openly with industry and help everyone see the patients through the fees.

Our Mission

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To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.

