

GAME CHANGERS

Does Canada Have a Place on the Clinical Trial Podium?



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During the Vancouver Winter Olympics, the world witnessed Canada in a convergence of talent, resources, coordination, the will to win, and meticulous planning. Attention was given to each detail needed to “Own the Podium” – from the training of every athlete, to the building of infrastructure; from the role of every volunteer, to the way we would welcome delegates from around the world.

If this is a winning formula for international business, we share a belief that Canada can use a similar approach for reclaiming its global

position as one of the most attractive environments in the world for clinical trial research. After all, we have a track record of success; some of the world's best healthcare organizations and research talent; motivated industry leaders, and willing government partners.

For academic healthcare organizations like Vancouver Coastal Health Authority and others, and the newly established BC Clinical Research Infrastructure Network (BCCRIN), clinical trials provide some of the most literal opportunities through which research and innovation can be generated and used to positively impact human health and the economy. Clinical trials are the point of contact between the potential of science and the possibilities for a patient. They hold the potential for the diagnosis, treatment, and elimination of disease. They allow us to attract leading clinicians and researchers in the global competition for talent and to generate jobs and spin off effects. In 2007-2008, clinical trial contracts with academic healthcare organizations accounted for an estimated 300 million dollars in potential revenue.

However, over the past four years, there has been a decline in

clinical trials in Canada. While we have many strengths, through the eyes of global head offices with resources to invest, we may also be perceived as a national market that has comparatively cumbersome start up times, higher costs, multiple provincial regulatory environments, fewer incentives, and a fragmented population from which to recruit patients as clinical trial participants.

To help address these issues, in September 2011, a Canadian Clinical Trial Summit was co-sponsored by Canada's Research Based Pharmaceutical Companies (Rx&D), the Canadian Institutes for Health Research (CIHR), and the Association of Canadian Academic Healthcare Organizations (ACAHO). Led by a multi-sector steering committee, over 130 representatives from industry, clinical sites, universities, and governments spent a full day together, generating options that could

help Canada address both operational and strategic barriers to future clinical trial competitiveness. The Summit was opened by the announcement from ACAHO, Rx&D and CIHR of a model National Clinical Trial Template Agreement for negotiating single and multisite clinical trial agreements among sponsors, clinical sites, and principle investigators that will be piloted across Canada in the next six months. While work is now underway to synthesize the ideas generated into a draft action plan for discussion, three things became immediately obvious:

1. If we are deliberate about choosing and coordinating strategies, there are quick wins available for addressing individual operational barriers to our competitiveness. These range from strategies to reduce the time needed to negotiate contracts, set up a study, ensure ethical standards of practice are met, standardize various operating procedures, control costs, and engage the public in clinical trial opportunities.

2. The solutions that we need to be able to implement are not only within the walls of any one organization or sector, but across them. The success of our individual or regional activities will be accelerated or undermined

by the national leadership and coordination available to tie a diverse range of activities together and present an attractive storefront to global offices.

3. When it comes to the human, social and economic benefits of clinical trials to Canada, it is hard to tell which voice belongs to academia, healthcare, government or industry. Within the field, it is clear that our competition is neither internal nor sectorial, but global. The questions we are now discussing are no longer whether or for whom, but what and how.

For the co-sponsors and attendees of the clinical trial summit, the success of our day together will depend on how well we develop, mobilize and execute an action plan. What if we don't? The analogy is the team of all star athletes with the potential to bring home the gold, but with no coach, no GM, and no place to plan or practice.

We have what it takes to succeed – raw talent, a track record, reputations, outstanding academic healthcare organizations and universities, supportive governments, regional leadership, a convergence of interests, and established initiatives. But this year, we need to huddle, plan, and execute, and maybe even pack the Team Canada jersey alongside the lab coats, scrubs and business suits to ensure Canada remains a leading country for Clinical Trials.

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