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CLINICAL TRIALS: More than Just Research, They're for the Public Good

financial, but also from a participation standpoint.

Canada has excelled in clinical research – we have state-of-the-art public sector research facilities and are often recognized for our high standards in research and development. This has led many companies to invest heavily in the Canadian research and development sector by operating research facilities and conducting clinical trials here. And while we've done well at attracting investment in clinical research in the past, the country is seeing a dramatic reduction in the number of sites and patients enrolled into trials.

Furthermore, there is low public interest in participation in clinical trials. While we demand involvement in our health care, many of us do not consider participation in clinical trials to fall within this role. We

tend to consider this a call above and beyond our duty. In Canada, we're finding ourselves falling behind the curve in terms of recruiting and retaining patients for clinical trials, whereas other countries are actively promoting and stimulating investment into clinical research.

In 2011, Canada's Research-Based Pharmaceutical Companies (Rx&D) hosted a National Clinical Trial Summit in which they looked at the trends in participation levels in clinical trials. Data presented there showed that between 2006 and 2010, clinical trial applications for non-generic drugs decreased from 777 to 596.18 – a decrease that is seen for both overall and for each of Phase I, II, and most especially, for Phase III trials.^[1] Clinical trial success is based on three factors: speed, quality, and cost. While Canada is

one of the most expensive countries for hosting trials, we have always ranked very high on quality. Now, as other countries catch up and offer high quality trial programs that tend to be faster and more cost efficient than the Canadian trials, we can no longer differentiate ourselves on this point.

A significant issue, and one that connects the three success factors, is patient recruitment. Challenges include the predictable recruitment of patients and the retention of those patients throughout the duration of the clinical trial. The biggest issue with patient recruitment and retention is a lack of awareness and commitment to actually enter a study, not only from the patient's perspective, but also from some healthcare professionals to advocate for participation and to present the benefits

of being in a study. Encouraging patients to get involved with clinical research and trials might be the answer to increasing the level of commitment and ultimately retention of participants. We know that enrollment and participation in clinical trials improves our healthcare system, our treatments, and our medications, but as Canadians, generally we just don't feel the need to contribute to the research processes.

We could compare the responsibility to participate in clinical trials and healthcare research to the responsibility of voting in elections. Although Canadians do not have to vote on their next government leader, most feel an obligation to participate as these decisions help shape communities, provinces and countries – overall, benefiting the public good. This is in fact the same

circumstance as with clinical trials. By committing to research participation – whether it is enrollment in a trial, or consenting to allow data and specimen collection to assess the real world benefit of innovations – we can all play a role in developing and improving health care.

As we reflect on the public attitude of activism, we need to take control and play a role in contributing to and directing the progress of our healthcare system. We invite all Canadians to step-up and participate – it will only serve to benefit the health of our country and its people, today, and for future patients.

^[1] Laberge, N. 2011. Globalization of Clinical Research: Trends and Implications. Presentation Slides for Conference given in Argentina. Rx&D