Sponsored by

BIOCLINICA®

CLINICAL INFORMATICS NEWS ●●●●

Clinical Trials to the Clinic

BioClinica Software Survey

● **CLINICAL INFORMATICS NEWS** ● reports on innovative technologies from clinical trials to medical informatics. Technology continues to permeate all aspects of clinical trials and the patient experience, and the tools to support these efforts are maturing rapidly. ClinicalInformaticsNews.com and the Clinical Informatics News email newsletter provide authoritative news, views, and insights on the vast landscape of innovation between clinical trial management and delivery of care.

ClinicalInformaticsNews.com

BIOCLINICA® is a global provider of integrated, technology-enhanced clinical trial management solutions. BioClinica operates regulatory-body-compliant imaging core labs on two continents, and supports worldwide eClinical and data management services from offices in the United States and Europe. As an Imaging Core Lab and Electronic Data Capture pioneer, BioClinica offers clinical trial management solutions, technology and expertise resulting from more than 20 years of experience.

BioClinica.com

Study Background & Purpose

BioClinica and Clinical Informatics News conducted this survey in December 2013 to explore what types of software tools clinical CROs use to forecast clinical supply demand. In this two part survey download, learn about different software used, and whether the software is meeting study participants' needs. Part I of the survey asks questions of Microsoft Excel users, and Part II digs deeper into the other options available to CROs today.

With 119 respondents, the study is projected to carry a margin-of-error under 2%.

Study Demographics
Participants reported they were from the following countries:

Country	Percentage
USA	76%
Europe	8%
Asia	6%
Rest of World	9%

Does your organization currently use software other than Microsoft Excel to forecast your clinical supply demand?
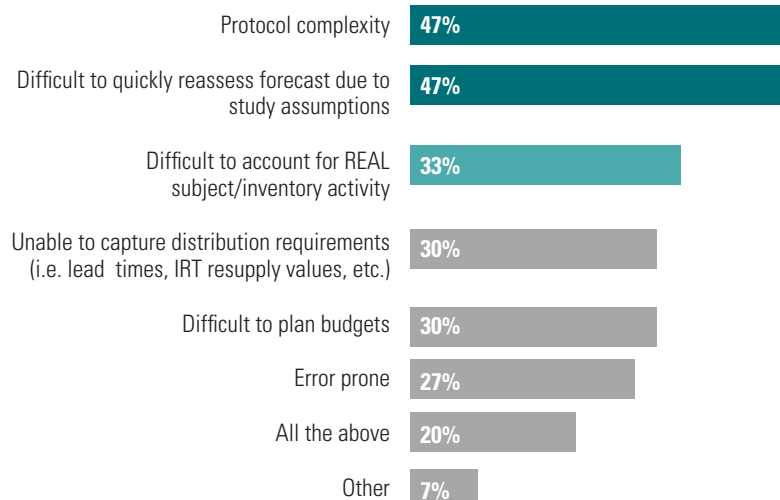
Part I:

The following data is based on the repondents who answered **No** *to the above question…*

Is Excel meeting your needs for forecasting demand?

Yes **64%**

No **36%**

If Excel is not meeting your needs for forecasting demand, why not?

Category	Percentage
Protocol complexity	**47%**
Difficult to quickly reassess forecast due to study assumptions	**47%**
Difficult to account for REAL subject/inventory activity	**33%**
Unable to capture distribution requirements (i.e. lead times, IRT resupply values, etc.)	**30%**
Difficult to plan budgets	**30%**
Error prone	**27%**
All the above	**20%**
Other	**7%**

BIOCLINICA®

CLINICAL INFORMATICS NEWS ●●●●

Are you or your organization interested in utilizing a software tool to forecast demand?
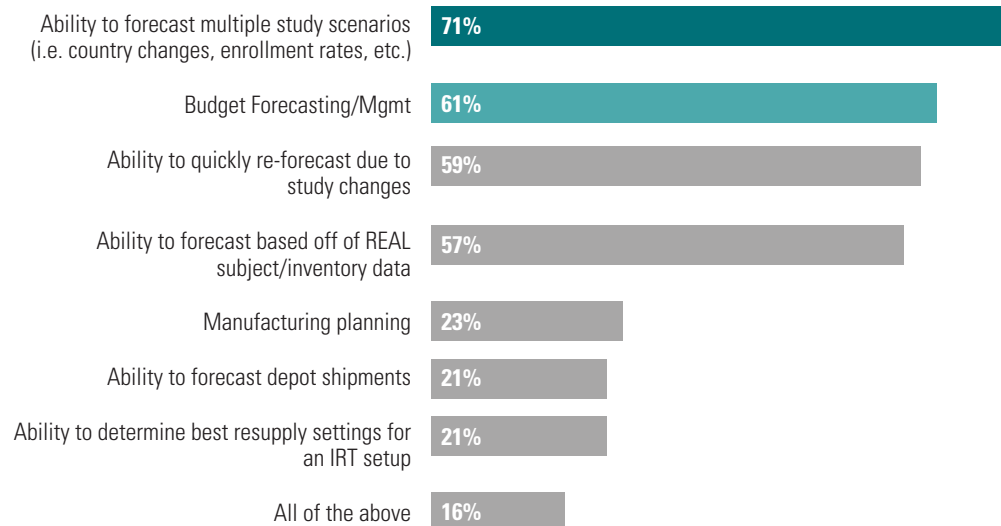
Yes **49%**
No **51%**

The respondents that answered No to the above question, were asked:

Why are you or your organization not interested in utilizing a tool to forecast demand?
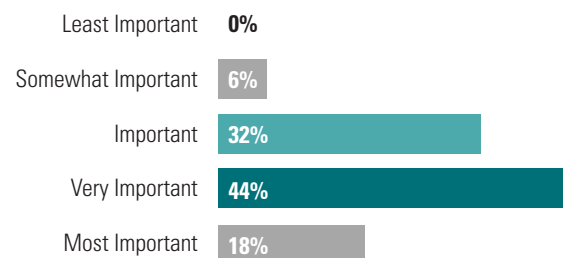
Excel is sufficient **54%**
Difficult to obtain company interest **28%**
Cost **26%**
Other **12%**
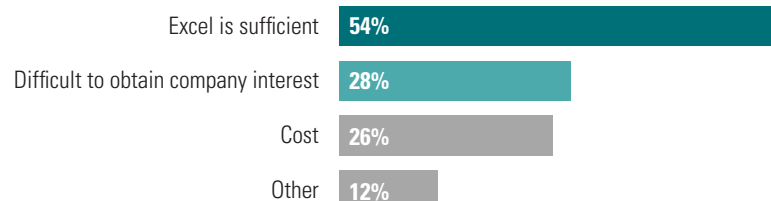
The respondents that answered Yes to the above question, were asked:

What is important to you or your organization in a software's capability?

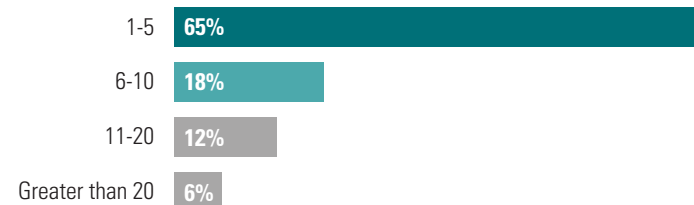Ability to forecast multiple study scenarios (i.e. country changes, enrollment rates, etc.) **71%**
Budget Forecasting/Mgmt **61%**
Ability to quickly re-forecast due to study changes **59%**
Ability to forecast based off of REAL subject/inventory data **57%**
Manufacturing planning **23%**
Ability to forecast depot shipments **21%**
Ability to determine best resupply settings for an IRT setup **21%**
All of the above **16%**

BIOCLINICA

CLINICAL INFORMATICS NEWS ● ● ● ●

How important is it for you to have the ability to forecast off of REAL subject and inventory information after a study starts?

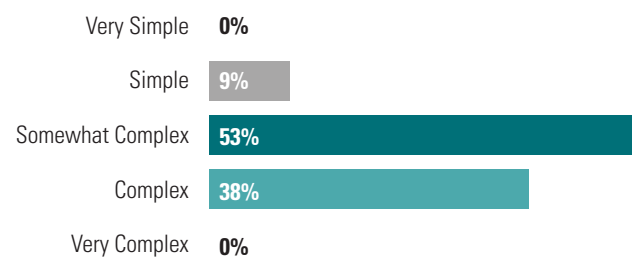|	
Least Important	**0%**
Somewhat Important	**6%**
Important	**32%**
Very Important	**44%**
Most Important	**18%**

How much overage do you on average plan for?

10-20%	**29%**
20-30%	**35%**
30-40%	**9%**
40-50%	**15%**
50-75%	**12%**
Greater than 75%	**0%**

How many protocols are you responsible for?

1-5	**65%**
6-10	**18%**
11-20	**12%**
Greater than 20	**6%**

Rate the complexity of the majority of your studies.

Very Simple	**0%**
Simple	**9%**
Somewhat Complex	**53%**
Complex	**38%**
Very Complex	**0%**

How many of your protocols utilize an IRT system?

1-5	**82%**
6-10	**12%**
11-20	**6%**
Greater than 20	**0%**

At what point in the protocol process do you begin forecasting efforts?

Draft protocol	**41%**
Protocol concept	**38%**
Final protocol	**18%**
Other	**3%**

On average, how often do your major study assumptions (country list, country start dates, enrollment rates, etc.) change prior to first patient in?
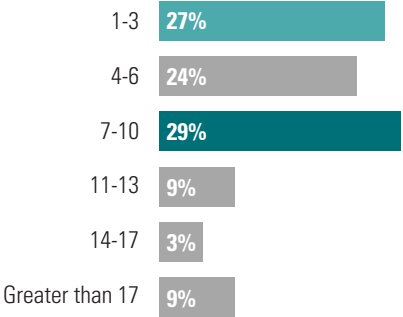
1	18%
2	38%
3	32%
4	0%
More than 4	12%

How often do you reassess your supply budget?

Daily	0%
Weekly	27%
Monthly	41%
Quarterly	27%
Yearly	0%
When notified of a study change	6%

How often do you reassess your supply forecast?

Daily	0%
Weekly	29%
Monthly	50%
Quarterly	18%
Yearly	0%
When notified	3%

How many hours do you spend monthly
forecasting demand?

1-3	27%
4-6	24%
7-10	29%
11-13	9%
14-17	3%
Greater than 17	9%

Does your organization currently use software other than Microsoft Excel to forecast your clinical supply demand?

Part II:

*The following data is based on the repondents who answered **Yes** to the above question…*

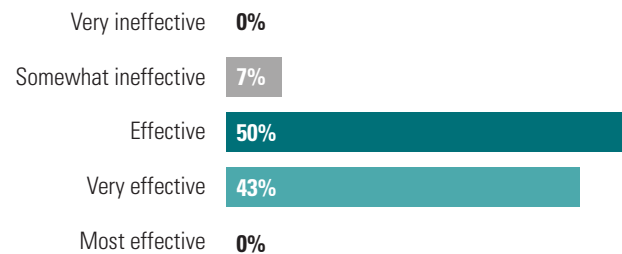Which of the following software products are used by your company for forecasting clinical supply demand?
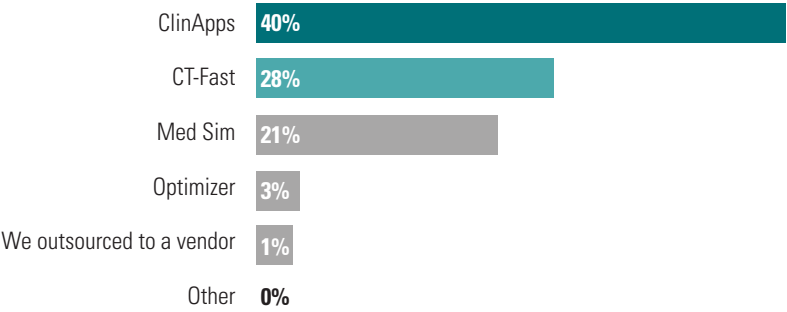
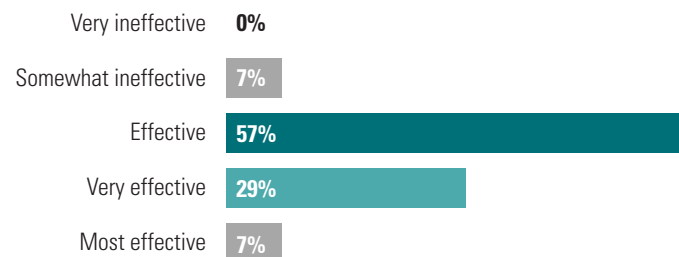|	
ClinApps	40%
CT-Fast	28%
Med Sim	21%
Optimizer	3%
We outsourced to a vendor	1%
Other	0%

Respondents were asked to rate the effectiveness of the following software products or outsourced services that their company uses:

ClinApps
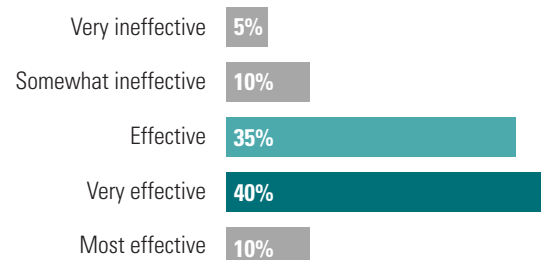
Very ineffective	3%
Somewhat ineffective	10%
Effective	47%
Very effective	33%
Most effective	7%
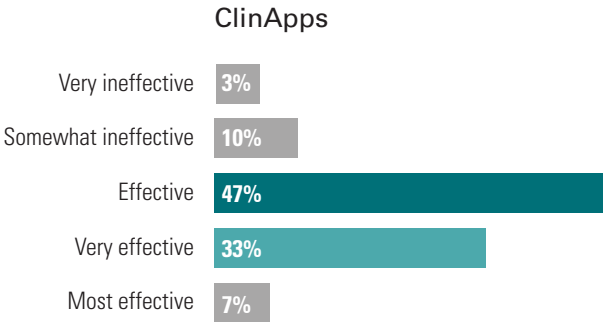
Respondents were asked to rate the effectiveness of the following software products or outsourced services that their company uses: *(cont'd)*
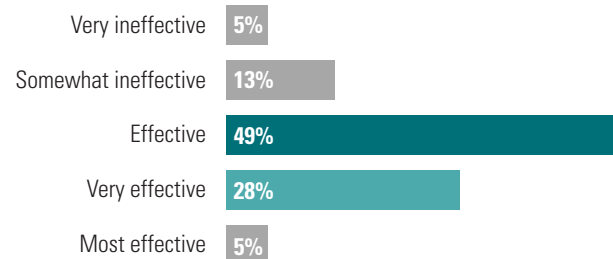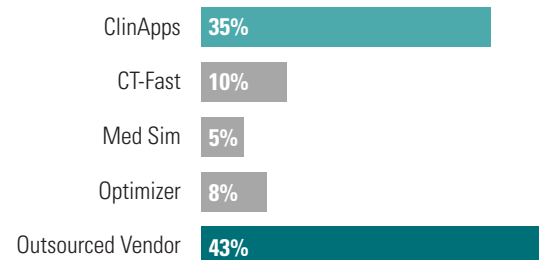
CT-Fast

Very ineffective	**0%**
Somewhat ineffective	**7%**
Effective	**50%**
Very effective	**43%**
Most effective	**0%**

MedSim

Very ineffective	**0%**
Somewhat ineffective	**7%**
Effective	**57%**
Very effective	**29%**
Most effective	**7%**

Optimizer

Very ineffective	**5%**
Somewhat ineffective	**10%**
Effective	**35%**
Very effective	**40%**
Most effective	**10%**

Respondents were asked to rate the
effectiveness of the following software products
or outsourced services that their company uses:
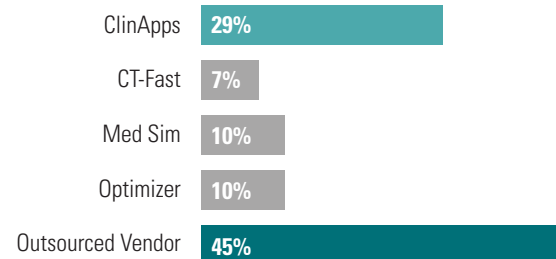*(cont'd)*

Outsourced Services

Very ineffective	5%
Somewhat ineffective	13%
Effective	49%
Very effective	28%
Most effective	5%

What are the features you <u>like</u> about the
software that your company uses to forecast
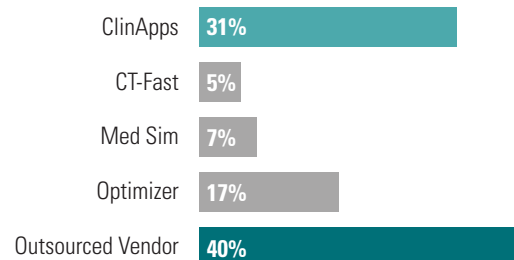clinical supply demand?

Ability to forecast complex studies

ClinApps	35%
CT-Fast	10%
Med Sim	5%
Optimizer	8%
Outsourced Vendor	43%

Budget Planning/Mgmt

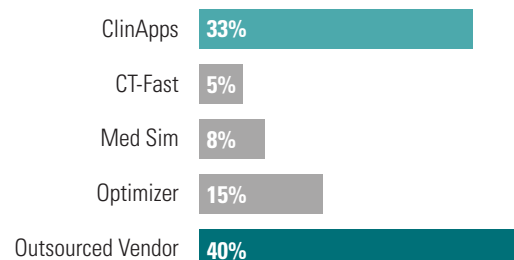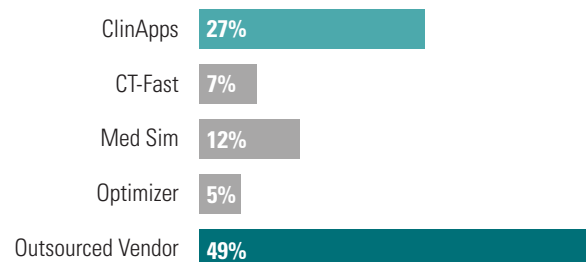|	
ClinApps	29%
CT-Fast	7%
Med Sim	10%
Optimizer	10%
Outsourced Vendor	45%

What are the features you <u>like</u> about the software that your company uses to forecast clinical supply demand? *(cont'd)*

Ability to quickly re-forecast due to study changes

ClinApps	31%
CT-Fast	5%
Med Sim	7%
Optimizer	17%
Outsourced Vendor	40%

Ability to forecast multiple study scenarios (i.e., country changes, enrollment rates, etc.)

ClinApps	33%
CT-Fast	5%
Med Sim	8%
Optimizer	15%
Outsourced Vendor	40%

Ability to forecast based off of REAL subject/ inventory data

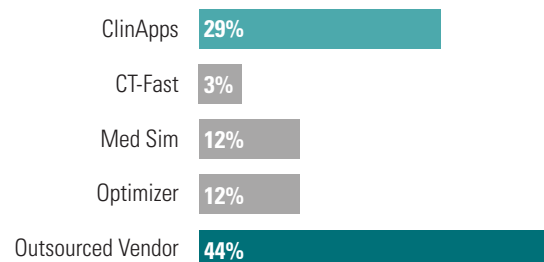|	
ClinApps	27%
CT-Fast	7%
Med Sim	12%
Optimizer	5%
Outsourced Vendor	49%

What are the features you <u>like</u> about the software that your company uses to forecast clinical supply demand? *(cont'd)*
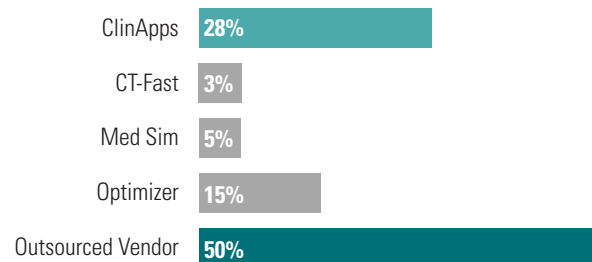
Ability to forecast depot shipments

ClinApps	34%
CT-Fast	5%
Med Sim	11%
Optimizer	8%
Outsourced Vendor	42%

Ability to determine best resupply settings for an IRT setup manufacturing planning

ClinApps	29%
CT-Fast	3%
Med Sim	12%
Optimizer	12%
Outsourced Vendor	44%

Ability to forecast based off of REAL subject/ inventory data

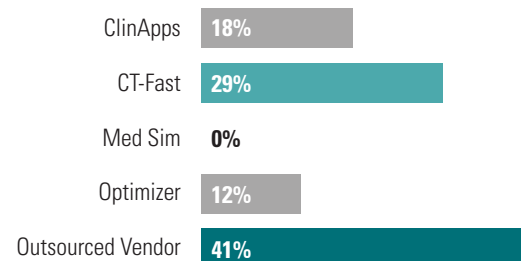|	
ClinApps	28%
CT-Fast	3%
Med Sim	5%
Optimizer	15%
Outsourced Vendor	50%
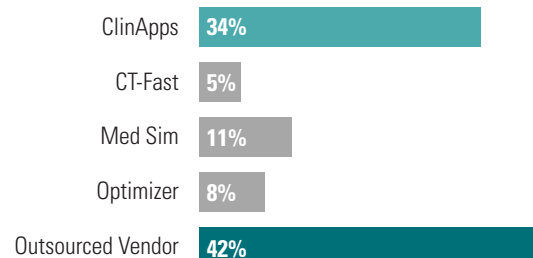
BIOCLINICA

What do you <u>not like</u> about the software that your company uses to forecast clinical supply demand?

Inability to forecast complex studies

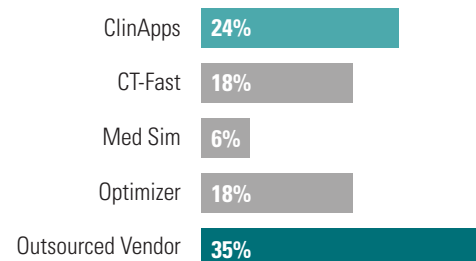|	
ClinApps	27%
CT-Fast	20%
Med Sim	13%
Optimizer	7%
Outsourced Vendor	33%
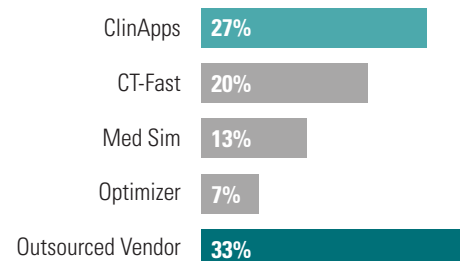
Inability to Budget Plan
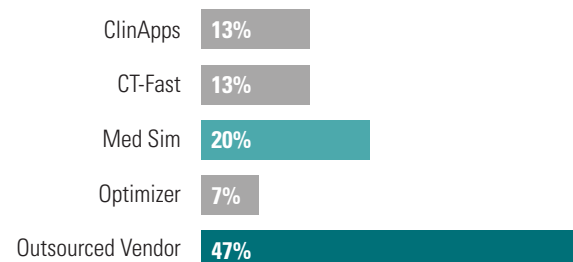
ClinApps	18%
CT-Fast	29%
Med Sim	0%
Optimizer	12%
Outsourced Vendor	41%

Inability to quickly re-forecast due to study changes

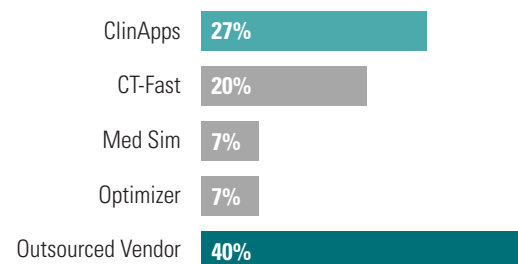|	
ClinApps	13%
CT-Fast	13%
Med Sim	20%
Optimizer	7%
Outsourced Vendor	47%

What do you <u>not like</u> about the software that your company uses to forecast clinical supply demand? *(cont'd)*

Inability to forecast multiple study scenarios (i.e., country changes, enrollment rates, etc.)

ClinApps	24%
CT-Fast	18%
Med Sim	6%
Optimizer	18%
Outsourced Vendor	35%

Inability to forecast based off of REAL subject/inventory data

ClinApps	27%
CT-Fast	20%
Med Sim	7%
Optimizer	7%
Outsourced Vendor	40%

Inability to forecast depot shipments

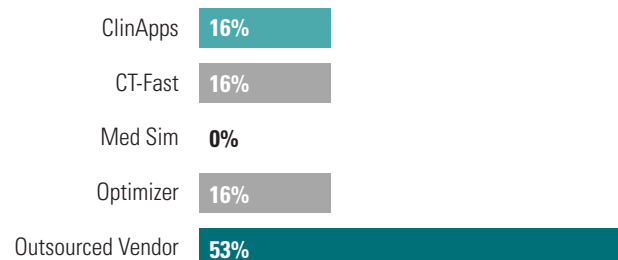|	
ClinApps	8%
CT-Fast	23%
Med Sim	15%
Optimizer	31%
Outsourced Vendor	23%
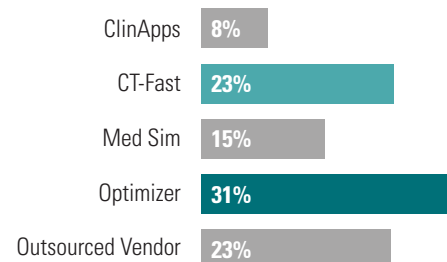
What do you <u>not like</u> about the software that your company uses to forecast clinical supply demand? *(cont'd)*

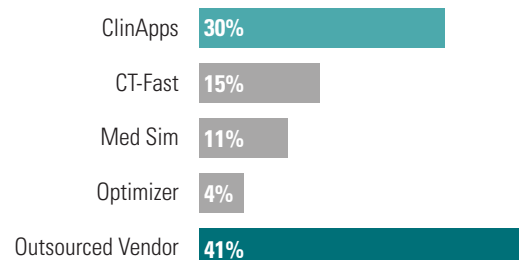**Inability to determine best resupply settings for an IRT setup, manufacturing planning**
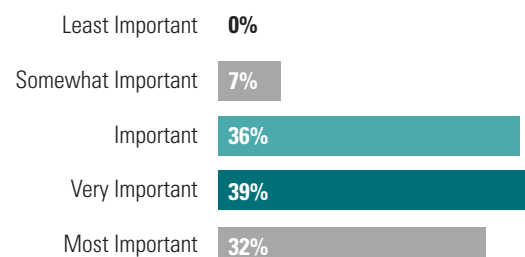
ClinApps	24%
CT-Fast	18%
Med Sim	12%
Optimizer	0%
Outsourced Vendor	47%
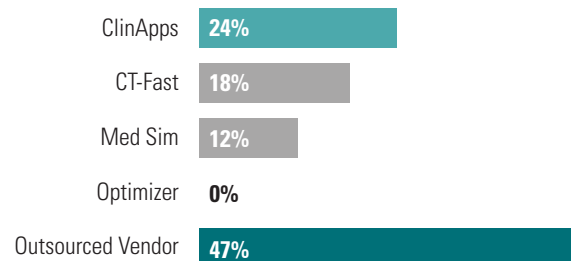
Difficult User Interface

ClinApps	16%
CT-Fast	16%
Med Sim	0%
Optimizer	16%
Outsourced Vendor	53%

Cost

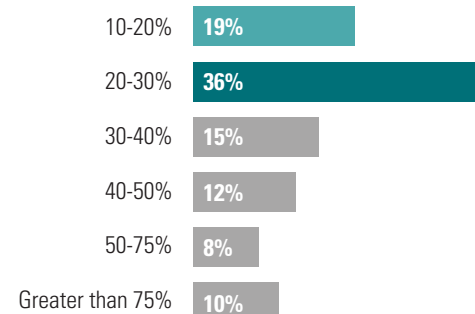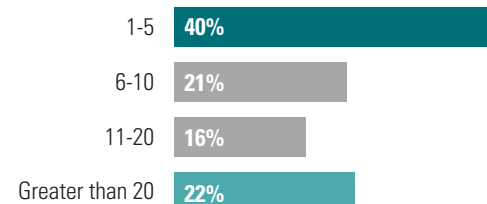|	
ClinApps	30%
CT-Fast	15%
Med Sim	11%
Optimizer	4%
Outsourced Vendor	41%

How important is it for you to have the ability to forecast off of REAL subject and inventory information after a study starts?

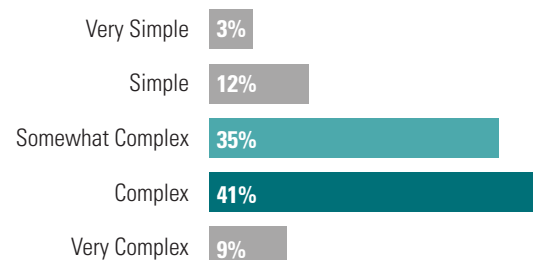|	
Least Important	0%
Somewhat Important	7%
Important	36%
Very Important	39%
Most Important	32%

How much overage do you on average plan for?

10-20%	19%
20-30%	36%
30-40%	15%
40-50%	12%
50-75%	8%
Greater than 75%	10%

How many protocols are you responsible for?

1-5	40%
6-10	21%
11-20	16%
Greater than 20	22%

Rate the complexity of the majority of your studies.

Very Simple	3%
Simple	12%
Somewhat Complex	35%
Complex	41%
Very Complex	9%

How many of your protocols utilize an IRT system?

1-5	61%
6-10	17%
11-20	14%
Greater than 20	9%

At what point in the protocol process do you begin forecasting efforts?

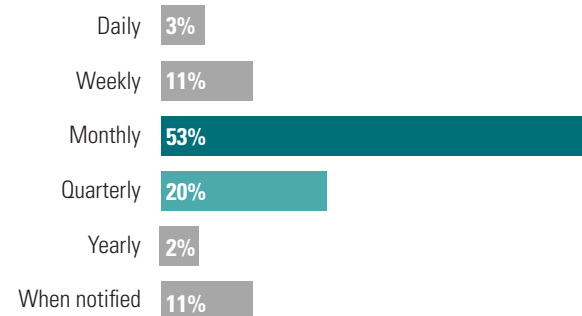|	
Draft protocol	33%
Protocol concept	45%
Final protocol	17%
Other	5%

On average, how often do your major study assumptions (country list, country start dates, enrollment rates, etc.) change prior to first patient in?
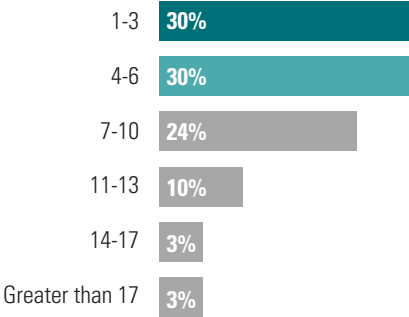
1	16%
2	34%
3	31%
4	6%
More than 4	13%

How often do you reassess your supply budget?

Daily	2%
Weekly	11%
Monthly	47%
Quarterly	28%
Yearly	3%
When notified of a study change	9%

How often do you reassess your supply forecast?

Daily	3%
Weekly	11%
Monthly	53%
Quarterly	20%
Yearly	2%
When notified	11%

How many hours do you spend monthly
forecasting demand?

Category	Value
1-3	30%
4-6	30%
7-10	24%
11-13	10%
14-17	3%
Greater than 17	3%

CLINICAL INFORMATICS NEWS ● ● ● ●

Clinical Trials to the Clinic

ClinicalInformaticsNews.com