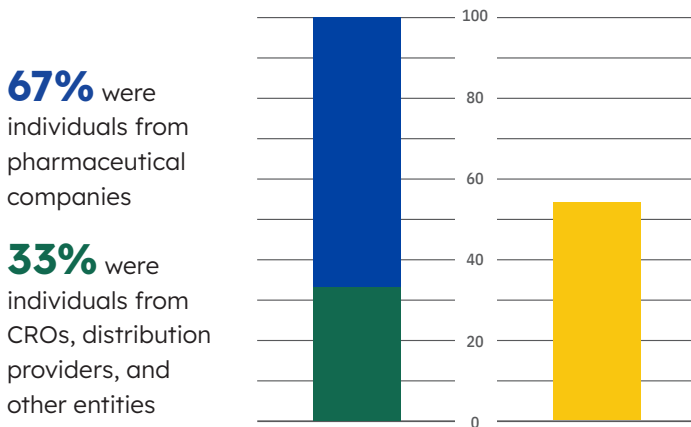




2022 GCSG Direct-to-Patient Survey

During the 2022 GCSG US conference in San Antonio, 65 attendees participated in the GCSG Direct-to-Patient Sub-Team’s survey.

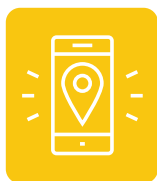
OF 65 SURVEY RESPONDENTS:



54% had experience with DTP for either COVID-19 mitigation or planned protocol designs.

The preferred DTP delivery models were depot-to-patient (either local or central) or site-to-patient.

Major recommendations for future improvements included:



ENHANCED TRACKING AND ACCOUNTABILITY SYSTEMS



SITE-LEVEL SYSTEMS TO ENABLE DTP SHIPMENTS



TEMPERATURE MONITORING SOLUTIONS

The DTP Sub-team is part of GCSG’s Regulatory e-Team. The team’s formation was announced in January 2022 with the following purpose: GCSG’s DTP Team was assembled to educate our members on the rapid evolution and growth of Direct-to-Patient logistics services applied within clinical trials. The team is diverse in both clinical supplies/DTP experience and in global reach. Our objectives are focused on DTP and related supply chain solutions.

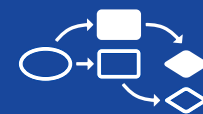
DTP Sub-team members (authors/contributors):

- Jeff Bedford, GSK
- Neta Bendelac, 4G Clinical
- Rima Darwiche, CPL Australia
- Henk Dieteren, Suvoda/The Clinical Supply Chain Management B.V.
- Ian Dilley, Eli Lilly and Company
- Lisa Falzone, Bayer U.S.
- Steven Jacobs, Global BioPharm Solutions
- Lisa Killi, Bellerophon
- Keith Paulick, Agios Pharmaceuticals
- Michael Sweeney, Independent Consultant
- Terrence Walsh, Walsh Pharma

The main reasons for considering DTP were:



IMPROVING PATIENT RETENTION



TRIAL CONTINGENCY PLANNING

The largest barriers to implementation were noted as:



ADMINISTRATIVE BURDEN



REGULATORY OR ETHICS COMMITTEE ACCEPTABILITY



DISTRIBUTION CHALLENGES

A top challenge to standardization noted was:



REGULATORY VARIABILITY