

Phase 3 Paediatric Moderate to Severe Atopic Dermatitis



Dermatology



12 Countries



110 Sites

73% of supported sites screened patients, in comparison to non supported sites.

Background

Atopic Dermatitis (AD) is the most common, chronic, relapsing childhood inflammatory skin disorder to affect 15-20% of children in the US. The leading symptom of AD is pruritus and the subsequent scratching leads to regular cycles of skin inflammations seriously impacting the quality of life. Currently there are several medicated and non medicated topical therapies being utilised to improve the quality of life of patients.

Challenges

The challenges faced included the availability of the patient population as many patients had seasonal flares in which the condition worsened or had the condition under control using current medications. AD is a very competitive therapy area for research studies and due to the target population being children, it was a concern that the study schedule would interfere with their school schedule. The IP was in tablet form which can be difficult for young children to administer.

Solution

The following strategies were implemented to resolve the challenges:

- A large variety of materials were made available to educate and reassure the patients.

- Ensuring patients that were well known to the dermatologists were contacted as there was already a relationship of trust
- Community outreach - ensuring that the local community was well informed of the study and the sites at which it was available.

Outcome

Sites receiving CEM support were more likely to screen a patient and were able to screen a patient faster following the CEM support than without.

Sites that were previously not screening were flipped to start screening once they accepted CEM support.



The percentage of CEM supported sites that screened a patient in comparison to non CEM sites

73.2%



Prior to CEM support, 38 sites were opened for 21 days but only 1 had managed to screen a patient. Following CEM support, 24 sites had managed to screen a patient.

64.9%



CEM supported sites screened patients faster than non CEM supported sites.

At CEM supported sites

At non-CEM supported sites

50 days vs 71 days

Contact us

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