ta-Scan | Data Insights for Life Sciences

ta-Scan Pharma Client Case Study

Using innovative data intelligence technology to deliver accurate data, quickly and cost-effectively

Over his career, John Coritz has worked with some of the largest global pharmaceutical companies such as GSK, Sanofi, and Bristol-Myers leading the trial study teams to help them identify countries, sites and institutions in which to conduct trials and to bring the rates of unproductive sites down. He also project managed those trials with budgetary oversight. When he was approached by Anju Software to determine his interest in an innovative tool that could help him to receive efficient and timely data, which would save one pharma organization he worked for, money and bring down the unproductive rate of trials, he was eager to learn more. Here's what John had to say when we spoke to him about this experience.

Challenges with getting accurate and timely data

At the time that Anju Software approached me, the pharma company I was with was using a product that wasn't meeting our needs. We were looking for an **all-in-one** shop that could give us information that was already aggregated and ready to use. Previously, it was a challenge for me to find information and pull it all together, and then there were times when I didn't know the **age of the data** I found. Trying to pull information together for 80-100 studies was difficult and **time-consuming** and we were ineffective in helping identify the unproductive sites. We desperately needed a tool to help with R&D operations and clinical trials.

Identifying goals and objectives for the right solution

When we started to look at a replacement solution for what we had been using, we looked at certain criteria. We wanted the **maximum data** we could get. The solution had to be **easy to use** and of course it had to benefit the organization and the study teams. And it had to come in at the **right cost**.

We put a matrix together and selected four different providers to grade, based on the criteria we were evaluating. After putting the four solutions through the matrix, we were able to narrow the four down to two.

Why we chose Anju Software's ta-Scan

To be honest, we were initially nervous about choosing Anju's ta-Scan because it was new. But Anju was looking for a partnership. They wanted to be more than a vendor, so they kept the price competitive and we signed a three-year contract for ta-Scan.

The reasons we selected Anju were numerous. They wanted a **collaborative relationship** and they gave us a **great price**. The **overall global data** that their solution could provide to us and the number of **therapy areas or indications** that we needed were **already there**. The other company we considered would take too long to do the build for what we needed.

Additionally, ta-Scan was **fast**, **intuitive** and **easy to learn**. **Graphics** were built into the tool that we could use for slides and reports. It had the ability to produce the **reports** we needed, and we could export data into **Excel**. As a company, we also had experience with Anju as we were already using some of their other products.

Easy implementation and roll-out

There were literally **no roadblocks** with the implementation. Because ta-Scan is a **web-based tool**, all it really required was a flip of a switch and credentials to get into it.

Initially there was some pushback from management as study teams who outsourced to a CRO who weren't using ta-Scan. With ta-Scan now available, we changed the methodology to use ta-Scan to **vet CRO-recommended investigators**. But I was able to use ta-Scan to vet potential investigators and to find out how highly rated they were and whether they could provide the right oversight for clinical study optimization. ta-Scan provided an **objective way to look at and evaluate an investigator**.

Training basically took **two weeks**, and it was rolled out to the trial optimization team of about 20 team members first. **Roll-out** was **ongoing** with us adding new users, including members of the medical writing team, research scientists, MSLs and library services. Soon there were 500-600 users, and the cascading impact could ultimately result in thousands of additional ones.

I did **"Lunch and Learns"** several times a month to small groups to show them some of the new things I was learning. Certain people consistently showed up to these and I adopted them as "**advanced users**"—experts whom I could use as SMEs in Brazil, Mexico and Canada to train other users.

Benefits and unexpected results

Many people at our organization really loved ta-Scan because it had the ability to get **efficient and timely information that was impactful, tangible and saved us money in the long run by bringing down the unproductive rate of trials**, saving us millions of dollars each year. We were able to get information to the teams in a timely manner and it showed us the benefit of **using data and data analytics to make educated choices** about where we were doing our studies. It also showed us where our competition was doing their studies so we could assess why they were doing them there and whether, in fact, we should have been doing them there as well. With ta-Scan, we brought the unproductive rate down to an acceptable level, effectively saving us a large amount of money.

Here's an **example** of how ta-Scan benefited our organization beyond the trial team and why it was so widely adopted.
One of our SVPs came to me because she wanted to know **why our competition was in Phase II of their trials and why they were faster than us**. With ta-Scan, I was able to look at overall trials—trial designs and outcomes—and monetize that data. Then I met with Anju to come up with a business case of our average in these trials, and in particular indications and phases, and determined what our primary and secondary outcomes were versus our competitors.
We had, on average, **double the amount of outcomes as our competitors**. So, we took a look at our secondary outcomes to decide if they were "nice to haves" or "need to haves." We shared this with the research team and found that the majority of the secondary outcomes were "nice to haves"—they were used once and never used again. There was a cost to each outcome, which increased exponentially across trials, resulting in higher internal costs. If we eliminated asking for information that we would never use again, we could streamline the process, which would shorten the trial. Just looking at cost, **if we had cut half of the secondary outcomes we didn't need, we could save millions of dollars each year!**
But the big question was, would the elimination of the "nice to have" outcomes have any impact on the integrity of the trial? The answer was essentially "no," because if the secondary outcomes weren't key, we could narrow the focus of the trial design to get what we wanted by **eliminating secondary outcomes that we didn't need, and the study would go faster**.

A positive experience with a responsive partner

We found that Anju was always looking to find out how they could make things better for us, asking us what they could do to help us. They were responsive to questions and issues, and they were truly a great partner. Our three-year contract allowed us to establish a real, coordinated partner relationship with Anju. This isn't a process we wanted to go through every year, so knowing we had **a partner we could rely on and trust** was certainly key.