

# From Feasibility to Activation: Identifying Bottlenecks in Lung Cancer Trial Start-Up — A 21-Month Pratia Analysis

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## 01 INTRODUCTION

- In the competitive landscape of lung cancer clinical research, optimizing the transition from feasibility to site initiation is crucial.
- However, operational bottlenecks and inefficient site selection processes may delay patient access to clinical trials.
- This study analyzes the operational metrics, geographic distribution, and startup timelines within a Site Management Organization (SMO) to identify key barriers and success drivers.

## 02 METHODS

- A retrospective operational analysis was conducted across the Pratia Research Site Network (38 sites across eight countries) on 144 unique lung cancer trial proposals received between July 2024 and March 2026.
- These proposals generated 655 feasibility assessments.
- Data was collected on site distribution, response times, selection outcomes, and timelines from feasibility to Site Initiation Visit (SIV).

### NETWORK PARTNERS

Pratia  
Sirius

UOMI Cancer  
Center

Clinica Tres  
Torres

Pratia Spain

Pratia SA

## 03 RESULTS

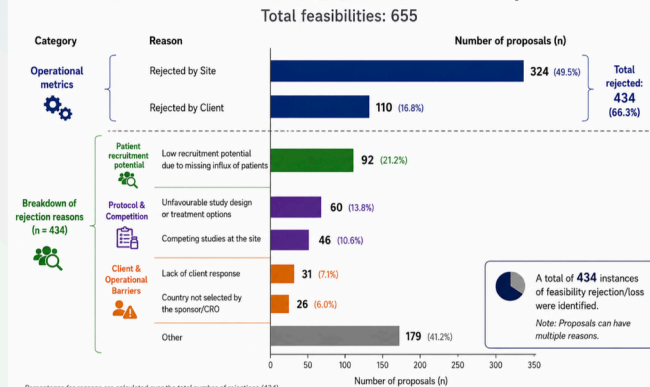
**655**  
FEASIBILITY  
ASSESSMENTS

655 feasibility assessments across 8 countries — Poland and Spain account for 85%.

**78%**  
SITE SELECTION  
SUCCESS RATE

Status: 74 proposals (11.3%) reached the "Won" status. Currently, 136 proposals remain in the pipeline ("Proceeding").

### REASONS FOR FEASIBILITY REJECTION / LOSS



**Site Selection:** Of 65 sites reaching SV, 51 (78.4%) were selected, 6 (9.2%) rejected, and 7 (10.7%) remain pending. Startup timelines: Feasibility was completed in 4.8 days on average, but timelines increased substantially thereafter: 55.9 days from feasibility to selection and 297 days from selection to SIV. To date, only 19 SIVs have been completed

## 04 DISCUSSION AND CONCLUSION

- The data reveals a highly responsive feasibility phase (4.8-day average) and a strong selection success rate (78%).
- However, the significant delay between site selection and initiation (nearly 10 months) represents a critical bottleneck in the startup process.
- The high drop out rate at the feasibility stage (90%) is primarily driven by the lack of specific patient populations and the competitive landscape of oncology trials.
- Given the rarity of many lung cancer subsets, the current model—where many sites are contacted but few are selected—is inefficient.

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To improve conversion rates and clinical trial access, a specialized strategy for rare lung cancer subsets is required, focusing on high-performing niche sites and strategic site-to-sponsor alignment to overcome the recruitment volume barrier.

## 05 ACKNOWLEDGEMENTS

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- Strategic efforts should focus on streamlining the post-selection administrative and regulatory phase to accelerate the activation of lung cancer sites.