DTRA
DECENTRALIZED TRIALS & RESEARCH ALLIANCE

LEADERSHIP COUNCIL

Business Meeting

March 2nd, 2023

AGENDA

Welcome!

Initiatives & Forum

- Team Updates from 2C, 4C, 3A
- Co-Labs
- DTRA Circles
- Regulatory Forum Update
  - OSTP/ONC RFI
  - ASCO/FDA 1572 Modernization

DTRA Membership

- Leadership Council Expectations
- Member Benefits
- DTRA Annual Meeting 2023
  - Engagement Opportunities
- TGIF-DCT Clubhouse
- Upcoming Leadership Meetings

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REMINDERS

CHATHAM HOUSE RULE

Participants are free to use today's information, but do not attribute to any individual participant

RAISE YOUR VIRTUAL HAND

Use the Zoom feature to indicate wanting to comment

NON-COMMERCIAL SPACE

The online collaboration platform provides the appropriate space to share capabilities

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CURRENT MEMBERS

DTRA ORGANIZATIONAL UPDATE

Welcome New DTRA Team Member

Jane Myles, Program Director, DTRA

INITIATIVE TEAMS UPDATE

Claudine Paccio

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DTRA - INITIATIVE OVERVIEW

Initiatives

The 12 Priorities delve deeper into each of the Priorities to identify the framework to pursue our shared goals and develop strategic solutions. Click on each Initiative, or access in the DTRA Community.

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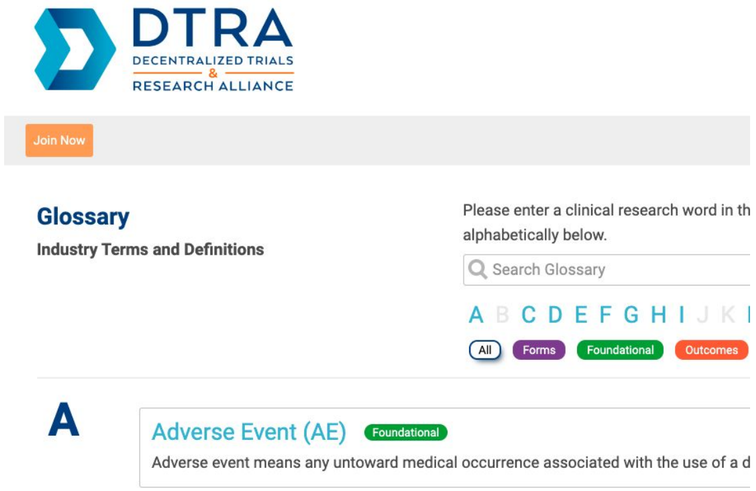
SELECT INITIATIVE SUMMARY

DTRA Glossary

Live at www.dtra.org/1a-glossary



KPIs

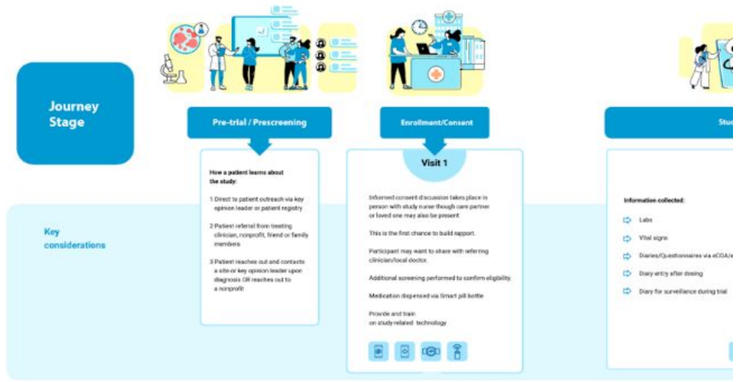
Live for DTRA Members at www.dtra.org/key-performance-indicators

Number	Stakeholder	Metric	Calculation Method
1	Patient, sites	Likelihood to engage in a DCT	Net Promoter Score (NPS), a metric likeliehood to recommend a product a score for your customer experienc
2	Patient, sites, sponsor	Patient drop out % for a "patient decision	% of patients who have been randor 1 visit) and has left the trial due to "p

Patient Journey Maps

Live at www.dtraresources.org

Vaccine map now live



Best Practices Rubric

Live at www.dtraresources.org/rubrics

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DTRA - INITIATIVE OVERVIEW

Foundational Intiatives: DCT Standards			
1A	Glossary	PUBLISHED AND COMMUNICATED	**complete**
2B	Mapping the Patient Journey	3 Maps created and completed: Oncology, Rare Disease, & Vaccines	**complete**
2C	Data & Technology Strategy	3 of 4 areas of focus completed	**Q2**
Measuring Success with DCT			
1B	KPIs	version 1.0 published internal to DTRA for feedback	**Q1**
2A	Best Practices	version 1.0 rubric PUBLISHED Evaluation process to be finished	**Q1**
3A	Crowdsharing Evidence of Impact	Slide deck from 3A: Crowdsourcing Evidence workstream along with a document citing links to the publications that were referenced.	**Q1**

Supporting DCT with Education and Adoption			
1C	Changing the Norm	Whitepaper completed.	**Q1**
3B	Knowledge Sharing Playbook	Spreadsheet populated with information Final graphic will be Tubestop	**Q2**
3C	DCT Curriculum	Module list created with specific details behind each one Overview module 1 outline completed	**Q2**
Removing Barriers			
4A	Global Conduct Insight Map	Spreadsheet APAC / EU / US: Regulatory is comprehensive Information on Privacy (just GDPR, China) Content visualization underway	**Q1**
4B	Regulatory Gaps	Completed gaps and added to 3C spreadsheet Team is being dissolved and migrated into the DTRA Regulatory Forum	**complete**
4C	Data Connectivity	Team meetings underway after the rescope	**Q2**

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PRIORITY INITIATIVE 2C

DATA & TECHNOLOGY STRATEGY

Status Updates

Toni Hofhine

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TECHNOLOGY & DATA STRATEGY

Deliverable:

DCT Clinical Data Strategy framework that outlines modern data requirements, data flow, data channels, data curation and insight generation to improve end-to-end data accessibility, reliability, integrity, and traceability across study phases

Key Initiative/Focus Areas - 3 of 4 Completed

Focus Area	DTRA Definition Provided	Notes
DCT Technology	Outline of established (and novel) technologies used to support decentralized trial execution	2C Initiative
User Ecosystem	Outline of relevant users/personas that can comprise the execution of decentralized trials	2C Initiative
Privacy, Ethical, & Legal Considerations	Outline of key considerations (globally) related to data capture and data use in decentralized trials	2C Initiative + input/feedback from interested 4C
Data Capture & Accessibility	Outline of different data capture methods/modes and associated accessibility requirements required for effective execution of clinical trial activities in a remote setting	2C Initiative + input/feedback from interested 4C

2C Team Members:

PM: Open

Co-lead: Toni Hofhine, CardieX

Co-Lead: Kim Williams, Datacubed

John Storey, MRN

Charisa Scott, Amgen

Camila Matheny, Medable

Helen Greta, IQVIA

4C Team Members:

Venkat Setti, AstraZeneca

Sneha Sundet, Agios Pharmaceuticals

John Graves, Equideum Health

John Stuart,

Eldawud Reem, Kearney

Greg Jones, Oracle

Kishori Khokarale, ZS

Team Dependencies:

1A Glossary

2B Patient Journey Maps

4B Regulatory Gaps

4C Data Connectivity

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DCT TECHNOLOGY & USER ECOSYSTEM - 2C TEAM

Overall Status

Deliverable Timeline
Completed on January 31, 2023

Challenge
Deliver a comprehensive list of technology used in a decentralized trials

Solution
Identify key technology used by trial milestone, provide a definition, integrated trial roles with identified ecosystem users/personas

	DCT Technology & User/Personal Ecosystem Grid by Trial Milestone						
	Trial Planning	**Trial Startup**		**Patient Recruitment & Consent**		**Trial Conduct**	**Trial Close Out & Reporting**
	Site Feasibility	**Trial Startup**	**Pre-trial / Prescreening**	**Patient Recruitment**	**Consent/Screening/Enrollment**	**Study Conduct**	**Study Close Out**
Definition	Site feasibility is the process of evaluating the possibility of conducting a clinical trial or study, at a particular site. The monitoring team conducting the feasibility, also ensures that the trial can be conducted at the proposed site from an ethical and regulatory perspective.	Start-up occurs after protocol development and includes various tasks that enable trial execution. This phase includes system identificatoin and set-up, development of key study materials (eg consent), and several activities to enable site readiness for patient enrollment such as regulatory submissions, investigator file compilation, and receipt of devices/kits/supplies.	Pre-trial or prescreening is the general identification of a patient population for any clinical trial.	Recruitment is the identification of patients for a specific IRB-approved clinical trial protocol using the inclusion/exclusion criteria.	Participant consent to study enrollment.	Conduct occurs from first patient in through last patient out.	Close out occurs at the time the database is locked followed by submissions and back to regulatory/ethics, statistical analysis, etc.
Actions	**Intersect with 1A glossary team**						
Integrated Trial Roles	Site, IRB & EC, Sponsor/CRO, Country Regulatory Designee	Site, Patient, Sponsor/CRO, IRB & EC, Country Regulatory Designee	Site, Patient, Country Regulatory Designee	Site, IRB & EC, Patient, Sponsor/CRO	Site, Patient	Site, Sponsor/CRO, Site Monitoring, Patient	Site, Sponsor/CRO, Country Regulatory Designee
User/Persona Ecosystem	Study or site startup team (CRA, PM, Feasibility Mgr, Patient Recruitment, Regulatory), IRB/EC, Study Management Team (CRO, Sponsor, SMO)	Site staff (CRC, PI, Sub-I, Pharmacist, Phlebotomist), Study Management Team	Site Staff, Patient Recruitment, RWD/RWE, Study Management Team	Site Staff, Patient Recruitment, IRB/EC, Study Management Team	Site Staff, Technology Teams, Study Management Team, Patient Recruitment	Site Staff, Patient Recruitment, RWD/RWE, Study Management Team, Technology Teams	Site Staff, Regulatory, Study Management Team, Technology Teams, IRB/EC
DCT Technology	Router/WiFi Geomapping Investigator data bank (RWD patient populations and RWD secondary arms)	Site: eConsent, Prescreening, eSource, eISF, eCOA, IRT, Clinical Trial Payments, Telemedicine, CTMS, LMS Sponsor: CTMS, eTMF, EDC Patient: ePRO, sensors/mobile devices	Pre-screener for trial Direct to patient (diagnostics) Investigator data bank (RWD patient populations and RWD secondary arms)	Recruitment database	eConsent Remote consent (telemedicine) Direct/remote to patient (diagnostics) Lab reports to EDC/CTMS/IRT/RWD Medical device sensors (RPM) Virtual visits	eSource eQMS/CAPA Risk based monitoring Analytics (data lake/warehouse) Clinical Trial Payments, Telemedicine, Patient Compliance (alerts/reports)	eSource, CTMS, EDC, eTMF, eISF, eCOA, wearables/sensors Pharmacovigilence, eArchiving

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DCT TECHNOLOGY - 2C TEAM

	DCT Technology & User/Personal Ecosystem Grid by Trial Milestone						
	Trial Planning	**Trial Startup**		**Patient Recruitment & Consent**		**Trial Conduct**	**Trial Close Out & Reporting**
	Site Feasibility	**Trial Startup**	**Pre-trial / Prescreening**	**Patient Recruitment**	**Consent/Screening/Enrollment**	**Study Conduct**	**Study Close Out**
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Integrated Trial Roles	Site, IRB & EC, Sponsor/CRO, Country Regulatory Designee	Site, Patient, Sponsor/CRO, IRB & EC, Country Regulatory Designee	Site, Patient, Country Regulatory Designee	Site, IRB & EC, Patient, Sponsor/CRO	Site, Patient	Site, Sponsor/CRO, Site Monitoring, Patient	Site, Sponsor/CRO, Country Regulatory Designee
User/Persona Ecosystem	Study or site startup team (CRA, PM, Feasibility Mgr, Patient Recruitment, Regulatory), IRB/EC, Study Management Team (CRO, Sponsor, SMO)	Site staff (CRC, PI, Sub-I, Pharmacist, Phlebotomist), Study Management Team	Site Staff, Patient Recruitment, RWD/RWE, Study Management Team	Site Staff, Patient Recruitment, IRB/EC, Study Management Team	Site Staff, Technology Teams, Study Management Team, Patient Recruitment	Site Staff, Patient Recruitment, RWD/RWE, Study Management Team, Technology Teams	Site Staff, Regulatory, Study Management Team, Technology Teams, IRB/EC
DCT Technology	Router/WiFi Geomapping Investigator data bank (RWD patient populations and RWD secondary arms)	Site: eConsent, Prescreening, eSource, eISF, eCOA, IRT, Clinical Trial Payments, Telemedicine, CTMS, LMS Sponsor: CTMS, eTMF, EDC Patient: ePRO, sensors/mobile devices	Pre-screener for trial Direct to patient (diagnostics) Investigator data bank (RWD patient populations and RWD secondary arms)	Recruitment database	eConsent Remote consent (telemedicine) Direct/remote to patient (diagnostics) Lab reports to EDC/CTMS/IRT/RWD Medical device sensors (RPM) Virtual visits	eSource eQMS/CAPA Risk based monitoring Analytics (data lake/warehouse) Clinical Trial Payments, Telemedicine, Patient Compliance (alerts/reports)	eSource, CTMS, EDC, eTMF, eISF, eCOA, wearables/sensors Pharmacovigilence, eArchiving

DTRA DECENTRALIZED TRIALS & RESEARCH ALLIANCE

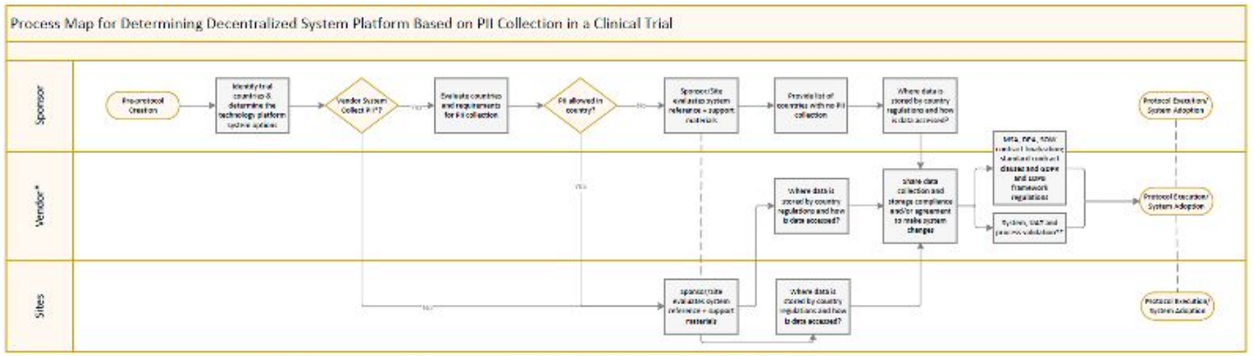
PRIVACY, ETHICAL, & LEGAL CONSIDERATIONS

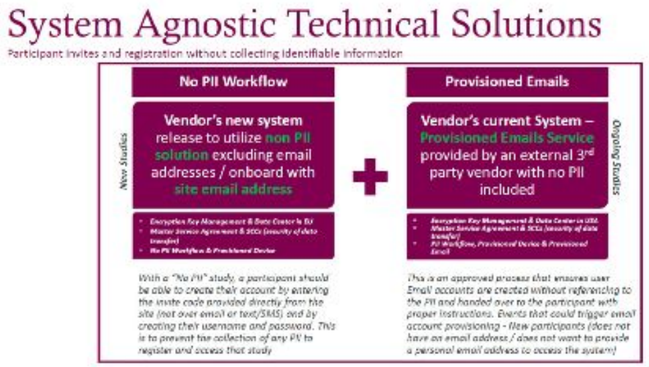
Overall Status

Deliverable Timeline
Completed on January 31, 2023

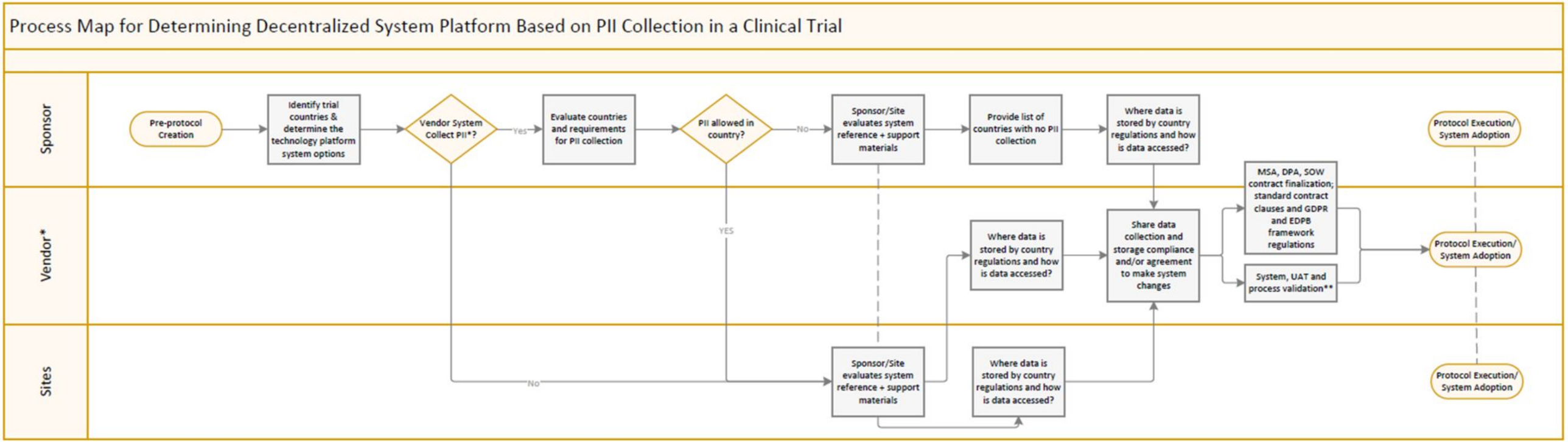
Challenge
Deliver a solution that encompassed the global consideration for privacy, ethical, and legal data collection

Solution
Adopt the System Agnostic Technical Solutions concept (donated to DTRA by AstraZeneca) on how PII data collection could be fully avoided in any region
The team will develop a process map to clarify stakeholder and system needs





PRIVACY, ETHICAL, & LEGAL CONSIDERATIONS



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PRIORITY INITIATIVE 4C

DATA CONNECTIVITY

Status Updates

Munther Baara

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DATA CONNECTIVITY

Vision:

Define and provide an agnostic data framework for DCTs clinical data life cycle maintaining quality and integrity to enable near real-time data driven decision-making, across all trial phases (I to IV), and therapeutic areas. **The framework will provide an approach(es) for data connectivity, standardization, reliability, and interoperability.**

Deliverable:

Agnostic strategy to manage clinical data flow through its life cycle including controlled access, acquisition, curation, processing, reporting, dissemination, and data flow across the CT ecosystem, while maintaining compliance to applicable regulation.

- **A toolkit** (Architecture, blueprint, etc). **to provide approaches on how to manage clinical data** in different scenarios
- **Flexible and configurable clinical data orchestration and workflow** based on events
- Specific to full and hybrid DCTs

Values:

- Reduce manual redundancy, fragmentation, and error of multiple entries of the same data in different systems
- Single source of truth (i.e. what constitutes an electronic source for DCT
- Near real-time access to data
- Faster decision making
- Decrease the variety of touchpoints and entry-points by streamlining and automating technology ecosystems

4C Team Members:

Co Lead: Open

Co Lead: Munther Baara, Edetek

PM: Moulik Shah, Advanced Clinical

Sneha Sundet, Agios Pharmaceuticals

Thomas Healy, PPD

Jordan Simpson, Merative

Venu Mallarapu, eClinical

Rick Greenfield, RealTime CTMS

Kishori Khokarale, ZS

Tianna Umann, Microsoft

David Enarson, Mayo Clinic*

Justin Gundelach, Mayo Clinic*

Rebecca Kottschade, Mayo Clinic*

*New Members

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PROPOSED WORKSTREAMS

Workstream Deliverables

Workstream A

End to End processes and data flow

- Reference guide to manage clinical data flow through its life cycle data flow across the CT Ecosystem

Workstream B

Architecture Framework Recommendation

- A toolkit (architecture, blueprint, etc) to provide approaches on how to manage clinical data in different scenarios
- Flexible and configurable clinical data orchestration and workflow based on events

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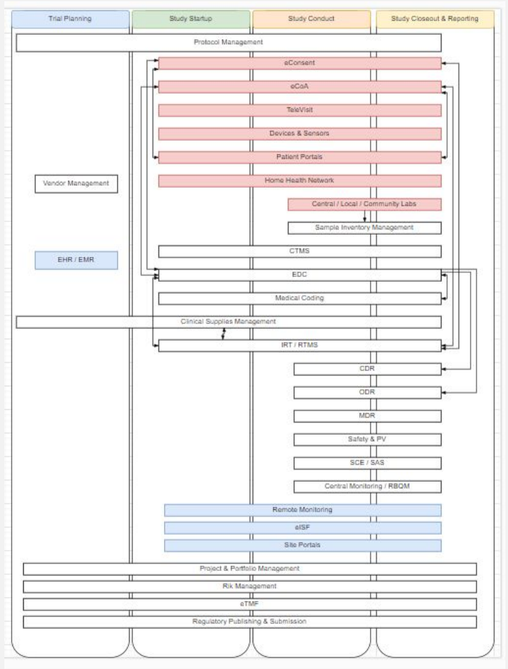
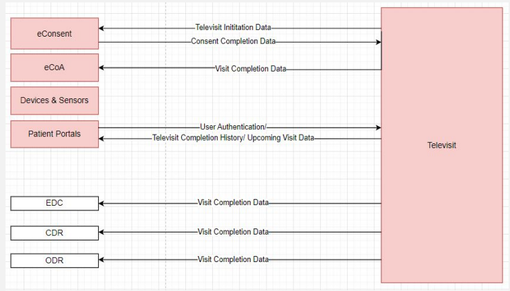
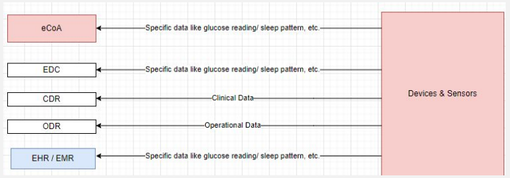
INFORMATION DATAFLOW AND DATA EXCHANGE FRAMEWORK

Information Dataflow

- Capturing where the data flows from each of the system
- Capturing what type of data flows from each of the system

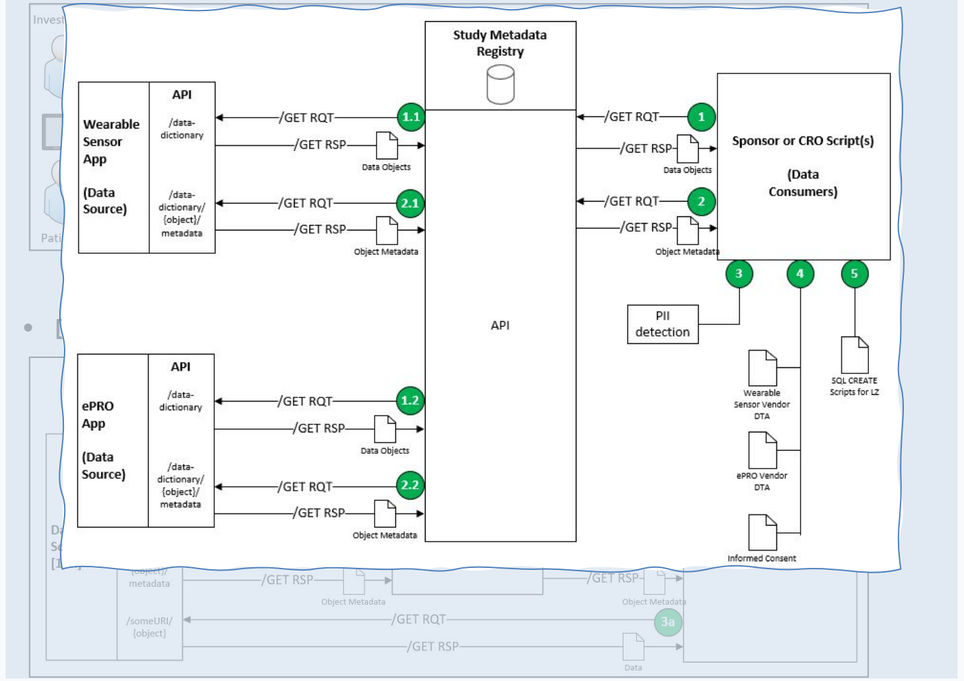






Data Exchange Framework

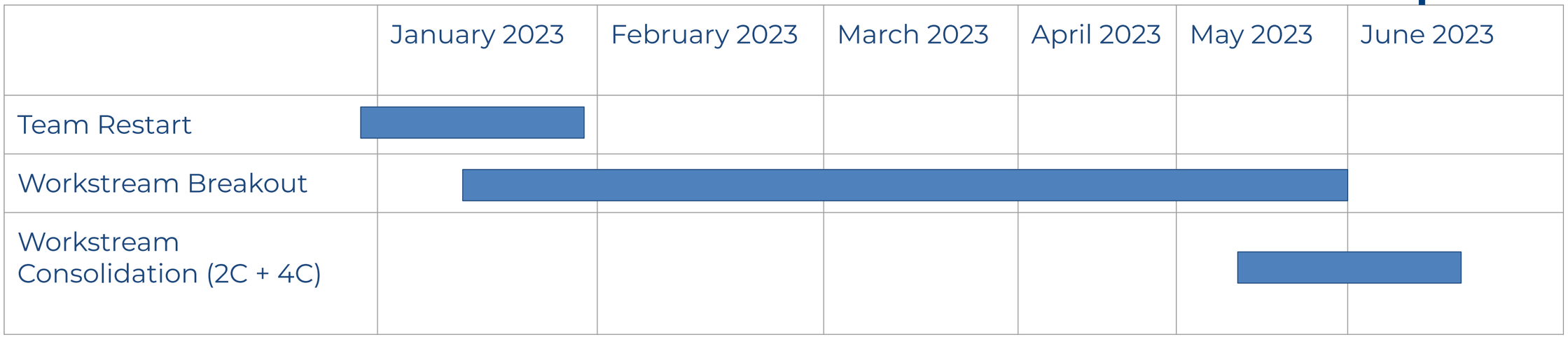
- An event notification service – real-time process
- Use Case – eConsent and EDC



Overall Status

STATUS AND TIMELINE

Phase 2 Deliverable



Major Accomplishment

- Workstream created and deliverables defined
- Operating mechanism setup complete
- Initial review of 2C deliverable completed

Key Considerations

- This initiative will have to take a phased approach
  - Phase 1 is focused on clinical patient data
- Member/participant count for the overall workstream is low

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PRIORITY INITIATIVE 3A

EVIDENCE OF IMPACT

Status Updates

Caroline Redeker

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OVERVIEW AND GOALS

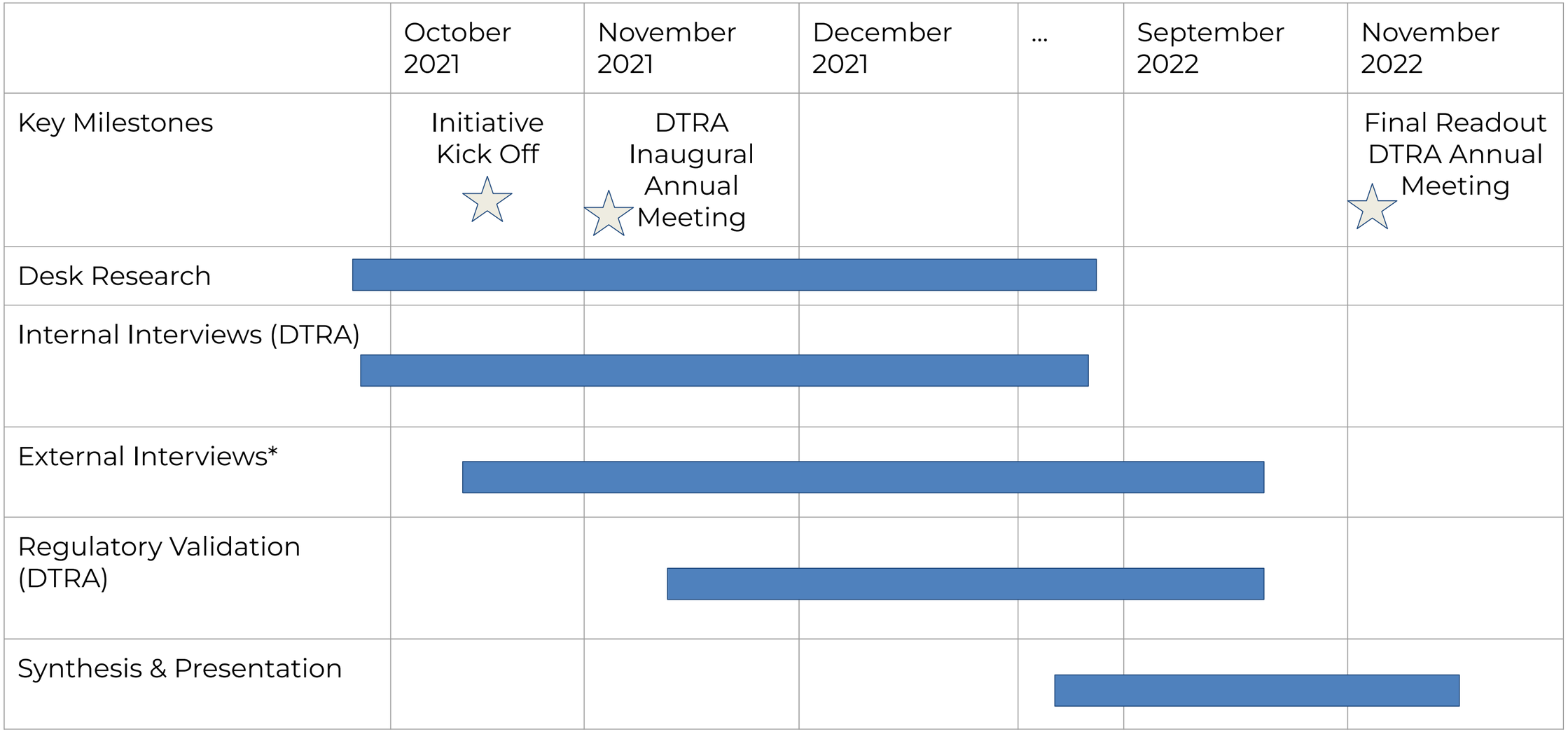
High Level Description:

- Identify where data, use cases & evidence exists demonstrating the impact of decentralized research and make broadly available for the research community

Actions to deliver:

- Conduct secondary and primary research with key stakeholders across the DCT ecosystem
- Crowdsource for additional data and evidence
- Primary research to better understand education needs
- Draw expertise from stakeholders within DTRA and beyond including global investigators and patient voices

TIMELINE, WORKSTREAMS, AND KEY MILESTONES



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METHODS UTILIZED TO CROWDSOURCE, ANALYZE, AND COMPILE EVIDENCE

Survey DTRA participants

Conducted survey to crowdsource evidence of impact and **received ~60 responses** from DTRA & industry participants

- Responses received from life sciences sponsors, CROs and technology vendors

Desk Research

~34 citable articles on DCT impact collated by:

- Crowdsourcing from DTRA Initiative 3A members
- Additional research and collaboration conducted by Boston University studies (with DTRA Oversight)
- Resulted in overlapping information

Additional Interviews

~8 interviews were conducted to gather detailed evidence of Impact

- Interviewee roles ranged from strategy, operations and technology teams

Evidence Compilation & Synthesis

Initiative members helped synthesize DCT impact across 7 categories

Further validation and input received on the readout presentation from DTRA leadership and partner organizations (e.g. SCRS)

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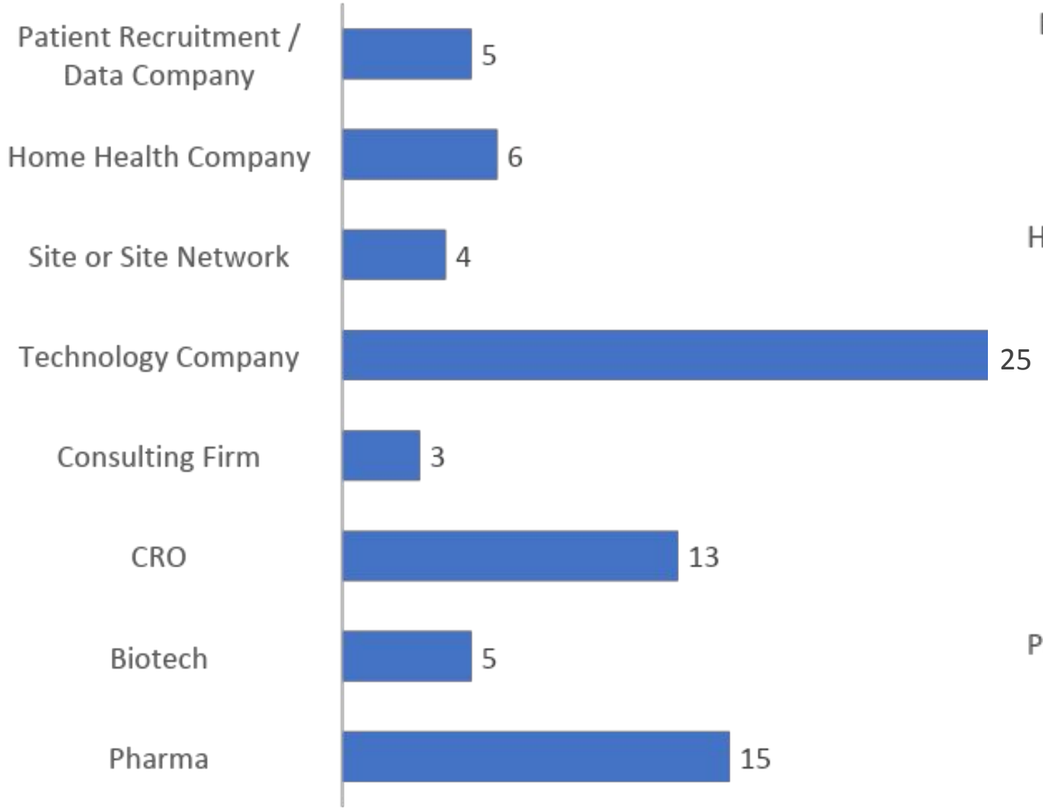
INPUT FROM PHARMA/BIOTECH, DEVICE, CROs, DCT PROVIDERS, MOBILE SITES

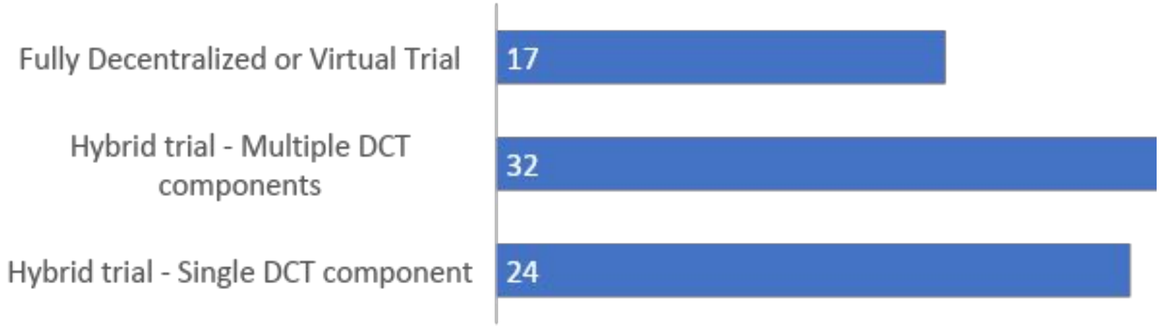
Initiative 3A Survey: Response Summary

N = Number of respondents

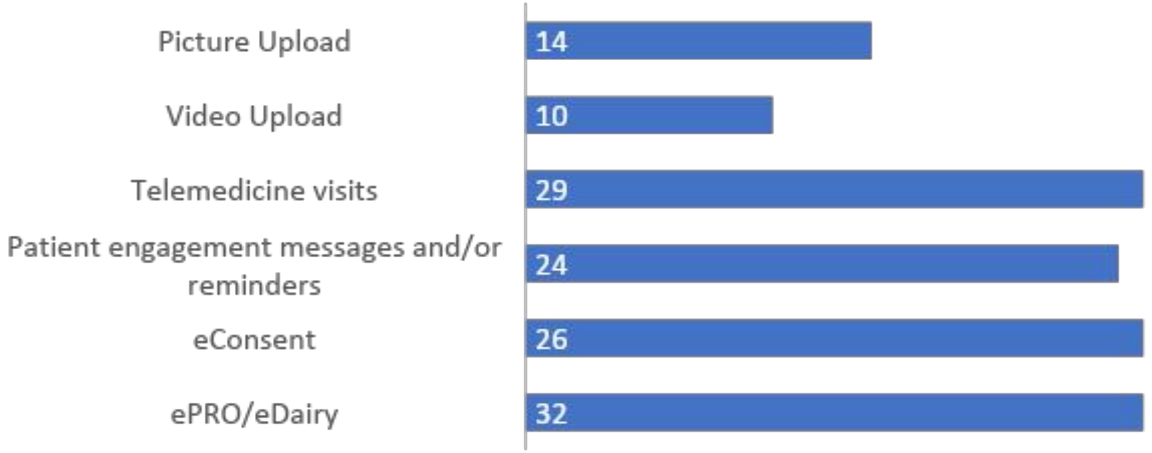
Company Representation



Trial Type Supported



DCT Components Utilized



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DATA LIMITATIONS AND REGULATORY CLARITY

Acknowledgement of data limitations:

- Data site largely derived from experience at pharma sponsors and DCT providers, but currently lacking site perspective
- Most of what has been collected is **operational data** and only some of it is published data. Most DCT claims are operational in nature and hence difficult to find published evidence of impact
    - Even operational data is limited; companies do not have measurements in place to capture this level of detail within their studies
- Global regulatory differences in operating DCT continues to evolve
    - It is also unclear to many in the industry what will change coming out of COVID-19 era
        - What will be acceptable to regulatory authorities vs. what will revert by region and country
        - Site feedback includes confusion over their role in oversight when a patient is seen in the home or outside of the site with another provider

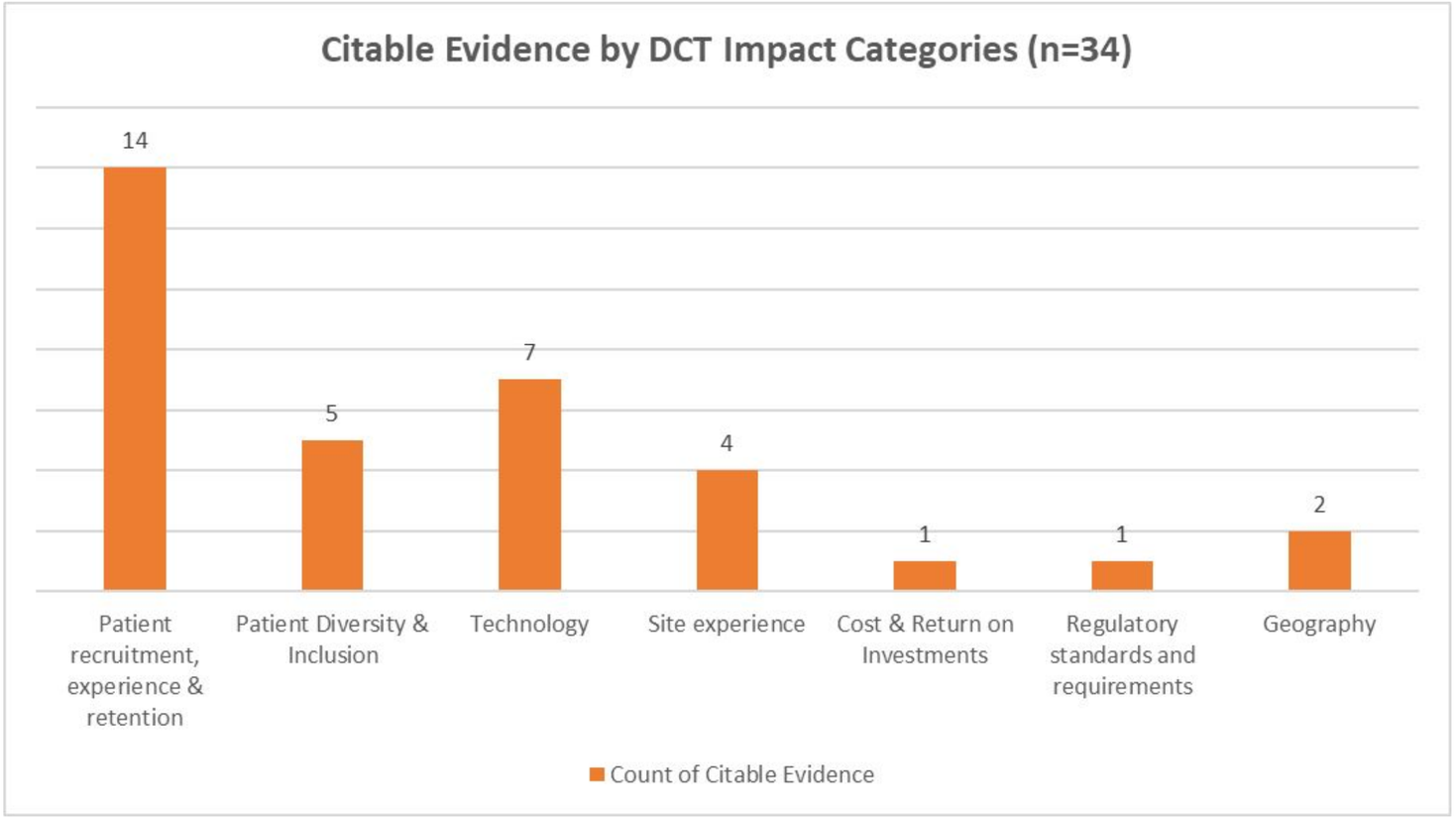
SOURCE AND CATEGORIZATION OF EVIDENCE

Initiative 3A: Research Process

60 respondents surveyed across DTRA member companies including pharma, biotech, CROs, DCT technology companies and others

+35 publications reviewed by initiative members; collaborated with Boston University for validation and additional research

8 follow-up interviews with DTRA members to collect detailed evidence of DCT impact



Shows robust usage evidence on DCT methods; proof points for adding value to stakeholders still emerging

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EXECUTIVE SUMMARY:
7 CATEGORIES FROM 34 CITABLE EVIDENCES

Despite limitations in tracking decentralized technologies & their impact, available sources suggest increasing adoption

Impact Category #	Impact Category	Summary	# of Citable Evidences
1	Patient Recruitment, Experience, & Retention	There have been many patient surveys with results indicating that patients prefer having the option of remote vs. in-person site visits (published and unpublished data)	14
2	Patient Diversity & Inclusion	With fewer site visits and digitally-enabled recruitment, there are clear emerging proof points that DCTs support DEI objectives and broader patient access to and participation in clinical trials	5
3	Technology	In addition of traditional systems using in Clinical trials (for e.g., EDC), there is significant increase in use of newer technologies to support decentralized trials in the recent years. However, the evidence captured on impact from these technologies has been quite limited	7
4	Site Experience	Sites are increasingly supporting DCT methods but call out some key challenges on the road to adoption including technology integration and compensation	4
5	Cost & Return of Investment	Despite limitations in tracking decentralized technologies & their impact, available sources suggest increasing adoption; Industry overall needs to be purposeful in measuring ROI from DCT technology investments	1
6	Regulatory Standards and requirements	please refer to output from DTRA 4B: Collaborate on Regulatory Gaps	1
7	Geography	General recognition into DCT benefits along with early investments being seen across APAC countries; Various European countries are at different stages in adoption and approval of DCTs	2

SUMMARY

What are our findings?

- **Overall high evidence of use for DCTs globally** (80% of our survey participants reported DCT usage)
  - Most in hybrid model, not fully decentralized
- Despite adoption of DCT research methods, **proof points on early value to stakeholders is still emerging**

DCT Impact Quotes

> There is a sweet spot to hit with hybrid DCTs - it's about finding the right balance – *Rajesh Ghosh, Head of Digital Safety and Decision support at Genentech*

> When we got hit by COVID, DCTs are what kept us going *Shobha Dhadda, Global head of Clinical Operations, EISAI*

What is our critical observation?

- **No forum in the industry available to collect evidence** of DCT impact and disseminate systematically
- Many times, the **evidence available is operational in nature**, or **evidence points are captured in a scattered manner** from multiple stakeholders within the R&D organization, making it difficult to be reported
- **There is a need for collaboration** with other organizations, such as TransCelerate, CTTI, ACRP, etc
  - Many organizations working with sites, pharma, regulatory agencies = more effective together
- **There is an opportunity to be the repository/provider** of tracking tools for the industry

Team suggests DTRA becoming a centralized hub to collect evidence of DCT impact

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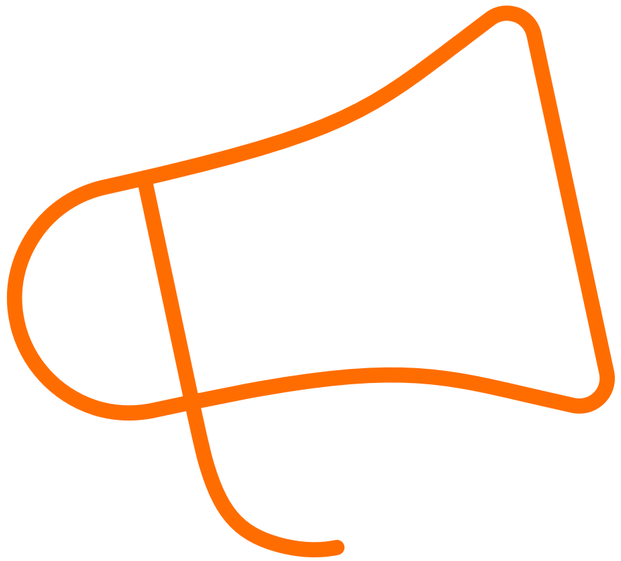
NEXT STEPS



Call to Action

Initiative team **recommend an ongoing process to share DCT impact evidence** in a standardized format

DTRA has accepted this recommendation and is working on an submission process & a library to share resources

DTRA CONSIDERATION FOR FUTURE

Communicate with DTRA Members and Industry the need for standardization, measurement of effectiveness and ROI

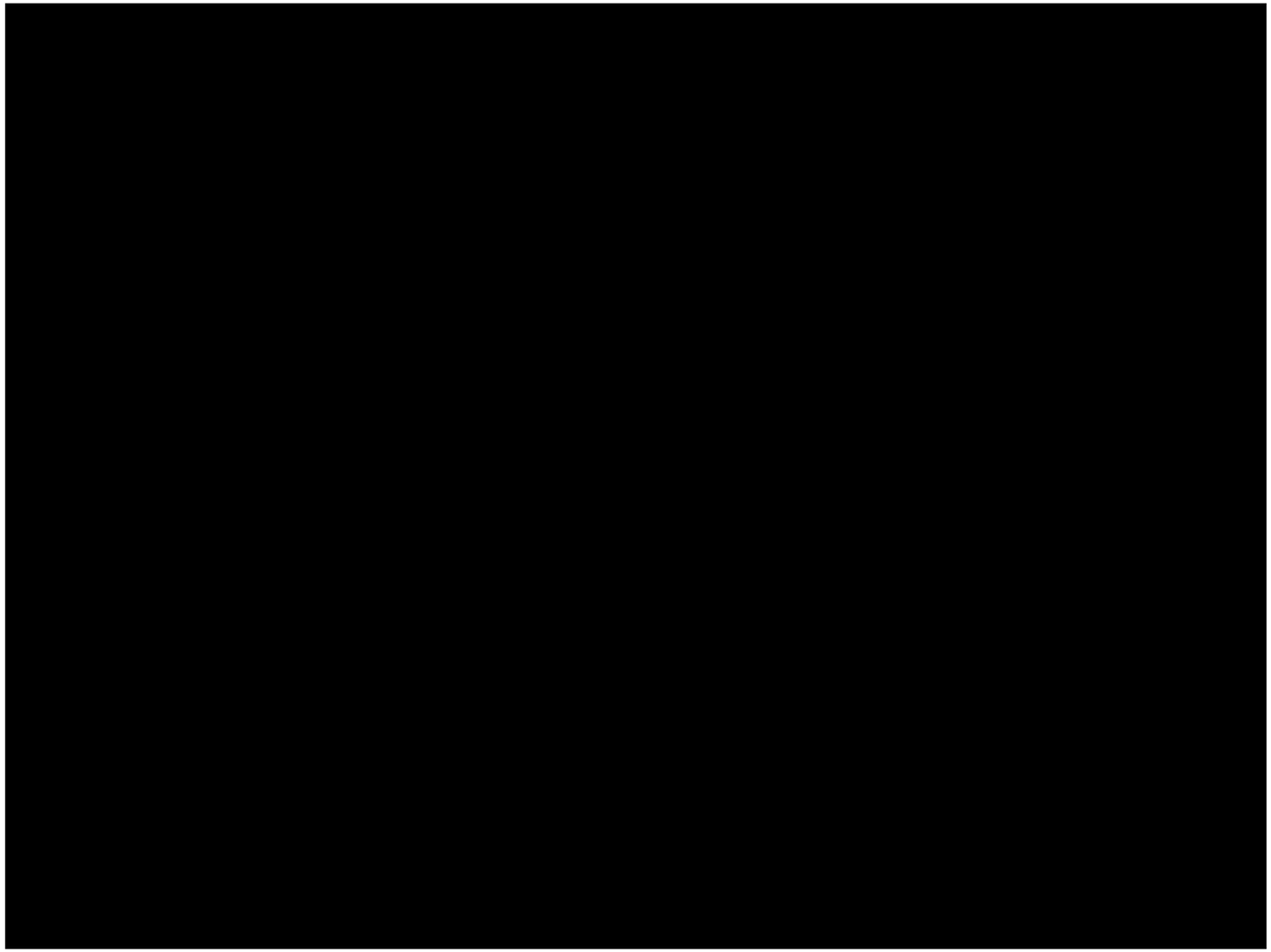
Develop a tracking framework and offer it as a free way for people to track their metrics in a standardized manner that provides reports they can generate and provide to their management team

De-Identify the data but use on an aggregated basis to collectively track for the Industry across programs
May be sorted by phase, DCT component, therapeutic indication, country, etc

Win-win for clinical research teams and the Industry

CROWDSOURCING EVIDENCE OF IMPACT

Evidence of Impact Report & Reference Documents available now at www.dtra.org



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CO-LABS

Opportunities for new member-driven initiatives

Smaller teams

Narrow-ish scope

- Not yet chartered initiatives
- May work on recommendations to solve problems ID’d by initiatives

Target - 3-4 month timeframe to recommendations

Operate more like a sprint team

TWO NEW CO-LABS

Target Duration: 3 months to recommendations
Propose 5-7 core team members

1572 Needs

Aim to kick off by 15 March

SCOPE:

Recommendations on if/how to best include DCT-specific roles and needs (eg. local labs, local imaging, local HCPs) using 1572 and or other forms

Alternative Site Models

Aim to kick off by 30 March

SCOPE:

Recommendations on site selection / qualification, training and oversight, delegation of authority (prioritize 2-3 initial areas)

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DTRA CIRCLES

The Challenge

Enable deeper member engagement

- DTRA receives many inbound messages from colleagues at a member company asking to get involved

Help more colleagues connect with their peers from across the industry

- Shared learnings
- New opportunities

Proposed Solution

Micro-communities of functional leaders from across member organizations

- Examples may include:
  - Diversity leaders
  - Monitoring leads for DCT
  - Data Management leads for DCT
  - Supply Chain leads for DCT
  - Other

Provide space for connecting and sharing

- Quarterly meet-ups
- Online connections

DTRA CIRCLES

Please respond to the Poll Question on your screen:

What are the top 2 "Circles" where DTRA should begin to form function-specific communities?

DISCUSSION

DTRA CIRCLES

1. What initial Circles would be most meaningful?

   Diversity? Monitoring for DCT? Data management for DCT?

   Others?

2. What would you need in order to help engage your colleagues in Circles?

   Engage via LC, member database, social, or all of the above?

3. What collaboration platforms are accessible for your organization?

   Slack?

REGULATORY FORUM

Rasika Kalamegaham

OSTP/ONC RFI UPDATE

- Listening Session with OSTP/ONC Representatives held on 1/23
- Topics discussed were:
  - *How might decentralized research be used to enhance equitable participation in emergency clinical trials?*
  - *How might regulatory flexibility help accelerate emergency clinical trials using decentralized methods?*
  - *How might we develop a pilot or demonstration project to use decentralized research for emergency clinical trials in a 6-12 month timeframe?*
- DTRA responded to the RFI with a summary of the listening session

ASCO/FDA - 1572 MODERNIZATION

*“What is it that you **want** to do, that you **think** you can not do?”*

2 upcoming webinars

- March 20, 2023
- April 24, 2023

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QUESTIONS?

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YOUR DTRA MEMBERSHIP

MEMBERSHIP

Leadership Council Basic Expectations

- Attend LC Meeting and Annual Meeting or assign an Alternate
- Communicate and collaborate to share DTRA updates and engagement opportunities with your organization
- Respond to calls to action

MEMBERSHIP

DTRA Designated Contacts

Take a moment and complete this form to update the DTRA on the appropriate Points of Contact at your Organization

- Leadership Council
- Leadership Council Alternate
- Marketing/Communications
- Financial

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MEMBERSHIP BENEFITS

Leadership Council Representation

Collaboration & Volunteer Opportunities

Curated News & Member Updates

Complimentary Listings on the Job Board

2 Registration Passes to DTRA Annual Meeting

Access to Everest Group’s curated clinical development technology research

Sponsorship Opportunities at Annual Meeting

Professional Networking with Industry Leaders

Eligibility to be a guest on TGIF-DCT

Access to Membership Community

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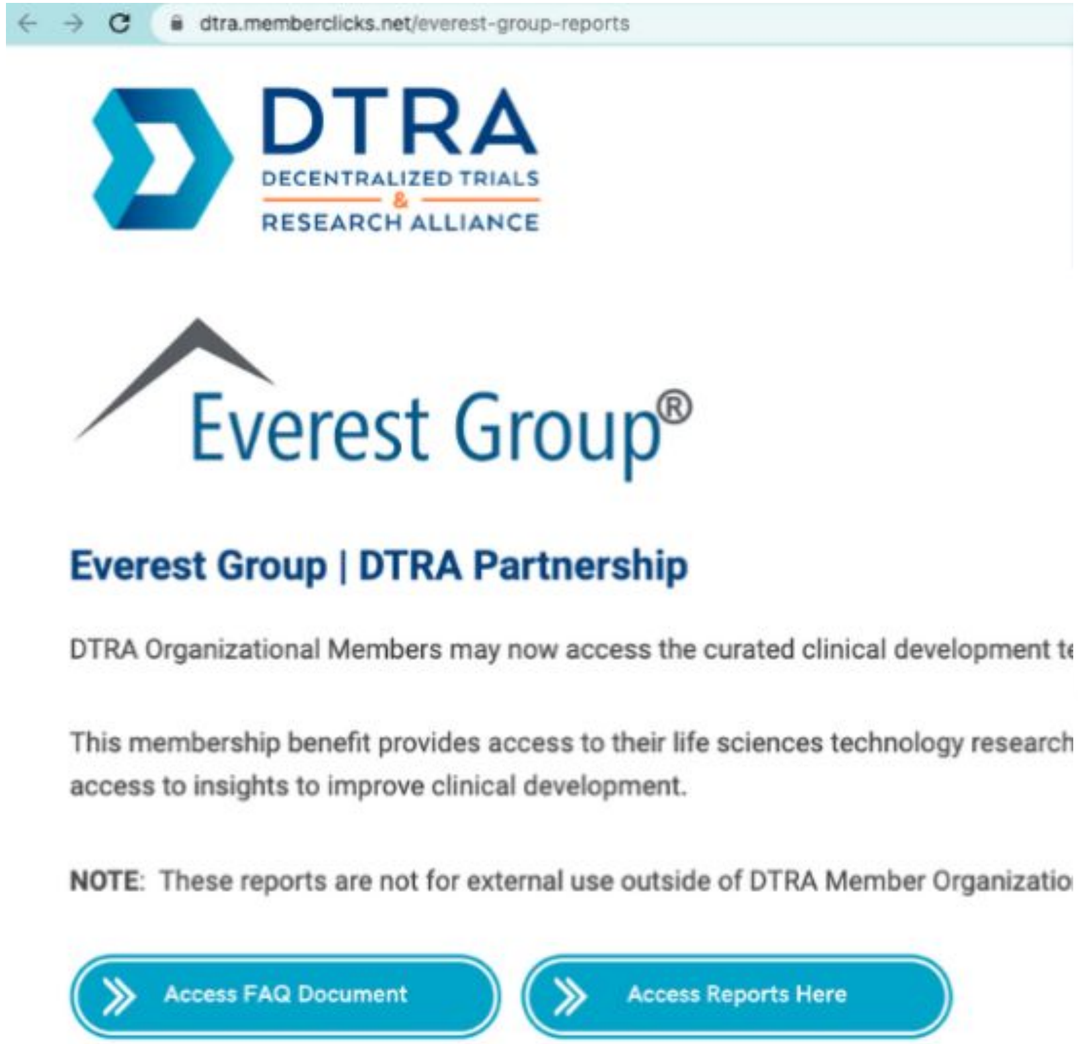
MEMBER BENEFITS

Everest Group Partnership

- Access to curated clinical development technology research
- Opportunity to schedule a call with their clinical technology analysts



MEMBERSHIP

Biotech Members: Seeking your Input

DTRA aims to to include representatives from all stakeholder groups

Seeking to increase biotech participation and ensure needs are included when identifying and solving for DCT adoption challenges

- Would you be willing to be part of a Zoom advisory session?
  - Potential members, key biotech challenges
  - 1 hour - Week of March 6
  - Contact secretariat@dtra.org

CALL TO ACTION

Engagement Opportunities

Three open opportunities to get involved with DTRA

- Co-Labs
- DTRA Circles
- Biotech Advisory Input Session
- Registry of Decentralized Studies Input Session

Please complete the form HERE

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SAVE THE DATE

DTRA 2023 Annual Meeting

Encore Hotel, Boston, MA

November 5-8, 2023

Membership in 2023 include 2 Basic Registration Passes

ENGAGEMENT OPPORTUNITIES

We look forward to your organization being represented

at the 2023 Annual Meeting

Connect your Marketing Teams with the DTRA Secretariat to discuss event opportunities

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EXTERNAL DTRA UPDATES: Q1-Q2

EuroVulcan	Paris	March 15, 2023
Society for Translational Oncology	New York	March 23, 2023
AACR	Orlando	April 16, 2023
Informa - DCT Conference	Boston	April 19, 2023
ACRP	Dallas	April 28, 2023
DIA dTrials	China	April 21, 2023
DGE - DCT Conference	Philadelphia	May 10, 2023
FDA/AdvaMed	Washington DC	May 11, 2023
American Psychiatric Association	San Francisco	May 20, 2023
BIO International Convention	Boston	June 5, 2023
Informa - DCT Week	Virtual	June 5, 2023
Digital Health in Clinical Trials	San Francisco	June 6, 2023
DIA Annual Meeting	Boston	June 27, 2023

TGIF-DCT CLUBHOUSE

Fridays at 12:00 PM EST

Join each week to hear from passionate leaders in the DCT & Clinical Research community sharing insight and vision into the future of research

TGIF-DCT is where you can hear from peer DTRA Initiative Leaders around the work they have been delivering

Want to be a guest or have a great topic you'd love to see discussed?
Submit this form

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TGIF-DCT CLUBHOUSE

Tomorrow @ 12p EST

Patient Advisory Boards for Decentralized Trials

with Jane Myles, Alicia Staley, and Jen Horonjeff

Recognize Rare Disease Day as we talk to leaders at the forefront of patient advisory boards to inform decentralized trials

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TGIF-DCT → PODCAST

- All weekly TGIF-DCT recordings will be distributed via Podcast
  - All new episodes in 2023
  - Most listened prior episodes
- Sponsorship opportunities will be available

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UPCOMING MEETINGS

2023 Leadership Council Meetings

- June 15, 2023
- September 14, 2023
- December 14, 2023

Initiative Updates All-Hands Meeting

- Last Thursday of each month
- Email secretariat@dtra.org to be added to the invite

2023 Annual Meeting

- November 5-8, 2023 (Boston)