

Statistics often help us analyze and reach conclusions that guide future planning and strategy to improve services; they are the essence of innovation. Below are some sobering statistical facts about cancer research.

1. Of all cancer patients in the United States, only 2% have the opportunity to be enrolled in clinical trials. Not only does that number fall short of the standard for industrialized nations, it is likely an over-estimation since it includes patients enrolled in cooperative group trials which are often redundant by the time they are executed.
2. Only 13% of all oncologists in the U.S. are involved in clinical research and new drug development. This is a disturbing fact considering that more than 27% of oncologists in the U.S. practice in academic centers.

And then there's the burning question. Why is this happening in the world's center of innovation, research, and discovery- the U.S.A.?

At Gabrail Cancer Center and Sargon Research, we do meaningful clinical research. Our center is involved in the development process of up to 80% of newly approved drugs. We also use our research skills to analyze the usefulness of and response to clinical trials at our center.

Here are our findings on patient willingness to participate in clinical trials:

1. 95% of patients who have been enrolled in clinical trials would chose to do so again should they need additional treatment.
2. More than 85% of our cancer and blood disorders patients are enrolled in a clinical trial at our center at some point during their battle with those diseases.
3. Over 50% of our patients get enrolled in more than one clinical trial sequentially while fighting their illnesses.
4. In excess of 90% of our patients who have been the subject of a clinical trial would refer their friends and family members to our center for a clinical trial, while 75% would advise their friends to seek a clinical trial anywhere it is available.
5. Here is the most astonishing one: 45% of our new patients seek our center for a clinical trial purpose. That is 34% of our new patient population.

Why doesn't every oncologist conduct clinical research?

1. Most community oncologists don't get involved in clinical research because it is cumbersome and time-consuming. While clinical research does require effort and dedication from physicians, so does the practice of medicine in general.
2. Most oncologists prefer to seek the NCCN guidelines and other canned algorithms when treating their patients, forgetting that canned medicine is monotonous and lacks forward thinking. I will refer the reader to a 1991 paper published in JCO which showed that oncologists who are involved in clinical research are drastically less likely to "burn out." That should come as no surprise since monotony is the essence of boredom.
3. Most oncologists claim that clinical research is a burden on the practice both administratively and economically. We here at GCC and Sargon Research have proven the contrary.

So why do patients seek clinical trials?

1. They know that what we have as the standard of care is good, but they also know that we can do better.

2. Patients fighting a deadly disease don't settle for mediocre outcomes. These patients want to go for the kill, and we need to be on their side in the fight against cancer.
3. Patients prefer to be treated by progressive oncologists who are out-of-the-box thinkers. Canned medicine does not cut it for patients in dire straits.
4. Patients enrolled in clinical trials get experimental drugs at no cost. Many patients gain benefit from a drug years before the drug gets FDA approval.

Sargon Research addresses the many issues and concerns for patients and their community oncologists.

1. We provide pharmaceutical industry clinical trials of all phases for affiliate sites.
2. We minimize the regulatory burden on sites.
3. We perform the fair contracting process.
4. We provide oversight on processes and procedures at sites.
5. We help community oncology sites treat their patients locally, making clinical trials convenient and improving patients' quality of life by eliminating stressful travel.
6. Sargon Research minimizes the burden of the start up overhead and, in the process, helps sites build an independent, well-organized clinical research program.

Ultimately we feel that the good of the society rests on accelerating the process of the new drug development. If we simply double the number of patients enrolled in cancer clinical trials, we will reduce the time to new drug approval by more than 30%- isn't that wonderful? Please join Sargon Research Network and become part of the solution.

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