Clinical decision makers confirm shift to hybrid and decentralized studies.

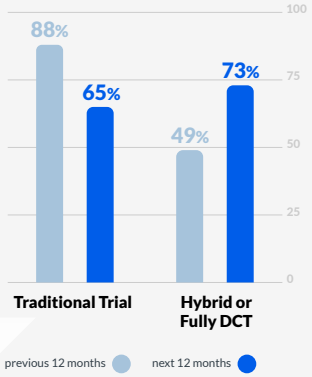
Science 37®

73% of oncology executives **plan to run a Hybrid or Fully Decentralized Clinical Trial** in the next 12 months

up from **49%** from the previous 12 months

Fewer than **2/3** of respondents (65%) are **planning a Traditional, Site-Based Clinical Trial** in the next 12 months

down from **88%** from the previous 12 months



The three **biggest perceived challenges** concern speed...

Patient Recruitment	Study Start-up	Timeline / Delays
72%	55%	54%

Time is of the essence when executing an oncology clinical trial. Delays in getting new drugs to market can cost sponsors upwards of **$600 million a day**.

TYPES OF CANCERS FOR DCT

Sponsors and CROs are planning to execute Hybrid Trials/DCTs in the next 12 months for a wide range of oncology indications, including:

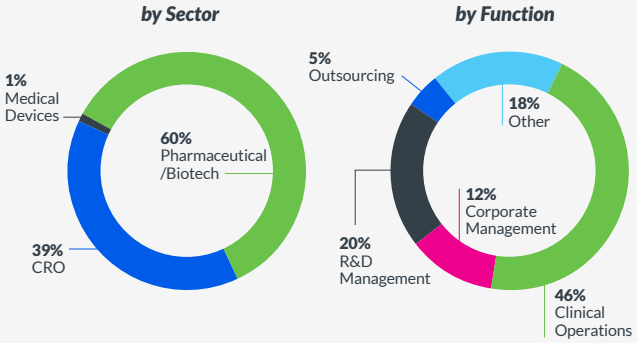
Lung Cancer	Leukemia / Blood Cancers	Breast Cancer
40%	37%	30%

Plus, Colorectal, Lymphoma, Gastric, Pancreatic, Melanoma, Endometrial, Ovarian, Bladder, Liver, Thyroid, and Kidney and Renal Pelvis cancers.

Top three **perceived benefits** of using Hybrid / DCT tools in oncology trials:

Increased Patient Retention	Greater Patient Diversity	Faster Patient Recruitment
67%	54%	50%

SURVEY PARTICIPANTS



Full report available at **Science37.com/oncology-report**