

# Accelerating Drug Development: Regulatory and Operational Strategies for Shortening Clinical Trials

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## Abstract

This article explores various regulatory and operational strategies aimed at accelerating drug development by shortening clinical trials. The length of traditional clinical trials presents challenges in delivering timely therapies to patients, making it crucial to identify approaches that expedite the process without compromising safety or data integrity. The strategies discussed include adaptive trial designs, utilizing surrogate endpoints, leveraging real-world evidence, regulatory flexibility, streamlined protocols and procedures, and enhanced patient recruitment and enrollment. By implementing these strategies, researchers can make informed decisions, expedite data analysis, and enhance trial efficiency. The article emphasizes the importance of collaboration among stakeholders to advance the field of clinical trials and bring innovative therapies to patients more quickly.

**Keywords:** Clinical Trials, Drug Development, Regulatory Science, Regulatory Flexibility

## 1. Introduction

Accelerating drug development and shortening clinical trials have become crucial objectives in the pharmaceutical industry. Lengthy and resource-intensive trials often delay the availability of life-saving treatments to patients. To overcome these challenges, researchers, regulatory agencies, and industry stakeholders have been exploring innovative strategies to expedite clinical trials while upholding safety and efficacy standards [1]. This article explores regulatory and operational strategies that can accelerate drug development and reduce clinical trial durations. These strategies aim to enhance efficiency without compromising scientific rigor and patient safety. The discussed strategies include adaptive trial designs, surrogate endpoints, real-world evidence, regulatory flexibility, streamlined protocols and procedures, and improved patient recruitment and enrollment. Each strategy addresses specific aspects of clinical trials, optimizing efficiency and facilitating faster access to innovative therapies. Adaptive trial designs offer flexibility and modifications based on accumulating data, eliminating unnecessary treatment arms and shortening trial duration. Surrogate endpoints provide measurable markers that predict clinical outcomes, enabling quicker evaluation of a drug's efficacy. Real-world evidence from sources like electronic health records complements traditional trial data, offering additional insights into effectiveness and safety. Regulatory flexibility,

including expedited review processes and fast-track designations, accelerates access to promising therapies. Streamlined protocols and procedures simplify data collection and reduce administrative burdens, improving trial efficiency. Effective patient recruitment and enrollment strategies expedite the completion of clinical trials, utilizing patient networks and online platforms. By implementing these strategies, stakeholders in the pharmaceutical industry can collectively contribute to faster drug development and improved patient outcomes. In the following sections, we will delve deeper into each strategy, discussing their principles, benefits, challenges, and real-world examples. Through this exploration, we aim to highlight the potential of these strategies to revolutionize the drug development landscape and benefit patients in need.

## 2. Adaptive Trial Designs

Adaptive trial designs offer an innovative approach to accelerate drug development and shorten clinical trial durations. The ability to adaptively adjust patient allocation based on accumulating data enables researchers to identify effective treatments more efficiently. This results in faster translation of research findings into clinical practice and improved patient outcomes [2].

### 2.1 Benefits of Adaptive Trial Designs

**Increased Efficiency:** Adaptive trials enable researchers to make

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data-driven decisions during the trial, optimizing the allocation of resources and focusing on the most promising treatment approaches. This leads to faster identification of effective treatments and shorter trial durations.

**Enhanced Statistical Power:** Adaptive designs allow for interim analyses, which can provide early indications of treatment efficacy or futility. By adjusting the sample size or treatment allocation based on these analyses, researchers can improve the statistical power of the trial, increasing the chances of detecting treatment effects.

**Improved Patient Safety:** Adaptive trials incorporate safety monitoring measures, such as frequent interim analyses or adaptive randomization, which can help identify potential safety concerns earlier. This proactive approach ensures that patient safety remains a top priority throughout the trial.

**Cost Efficiency:** By making modifications based on interim results, adaptive trials can potentially save costs by reducing the number of patients needed, shortening the overall trial duration, and avoiding ineffective treatment arms [3].

## 2.2 Challenges and Considerations

While adaptive trial designs offer numerous advantages, they also present certain challenges that need to be carefully addressed:

**Statistical Complexity:** Adaptive designs require sophisticated statistical methods to handle the dynamic nature of the trial. Proper planning and statistical expertise are crucial to ensure valid and reliable results.

**Regulatory Considerations:** Regulatory agencies have specific guidelines and requirements for adaptive trials. Researchers must navigate these regulatory considerations and engage in open communication with regulatory authorities to ensure compliance.

**Operational Complexity:** Implementing adaptive designs may require additional resources, infrastructure, and coordination among trial sites. Adequate planning and collaboration are essential to overcome operational challenges [3,4].

## 2.3 Real-World Applications

Adaptive trial designs have been successfully employed in various therapeutic areas, including oncology, infectious diseases, and rare diseases. For example, the I-SPY 2 trial in breast cancer used an adaptive design to efficiently evaluate multiple experimental treatments, resulting in accelerated drug approvals [5].

## 3. Utilizing Surrogate Endpoints

The utilization of surrogate endpoints offers a valuable strategy for accelerating drug development and shortening clinical trials. By leveraging measurable markers that serve as substitutes for clinical outcomes, researchers can gain timely and reliable insights into a drug's efficacy and safety. This approach enables faster decision-making, more efficient resource allocation, and ultimately, quicker access to potentially life-saving treatments [6].

Incorporating surrogate endpoints into clinical trial design requires careful consideration of their validity, relevance, and correlation with clinical outcomes. Regulatory authorities play a critical role in evaluating and endorsing the use of surrogate endpoints to ensure the integrity and reliability of trial results. By embracing the concept of surrogate endpoints and incorporating them into clinical trial protocols, researchers can significantly contribute to the acceleration of drug development, benefiting patients, healthcare systems, and society as a whole [7].

### 3.1 Advantages of Surrogate Endpoints

Surrogate endpoints offer several advantages in the context of clinical trials. Firstly, they provide a more rapid assessment of a drug's effectiveness compared to traditional clinical outcomes, which may require longer follow-up periods. By utilizing surrogate endpoints, researchers can expedite the evaluation process and potentially shorten the duration of clinical trials. Secondly, surrogate endpoints can be objectively measured and standardized, reducing subjectivity and variability in assessing treatment response. This allows for more consistent and reliable evaluation across different trial sites and investigators. Lastly, surrogate endpoints can provide early insights into the drug's potential clinical benefit, enabling faster decision-making in drug development. This is particularly valuable in the context of life-threatening or debilitating diseases where timely access to effective treatments is crucial [8].

To illustrate the application of surrogate endpoints, let's consider a clinical trial for a new antihypertensive medication. Traditionally, the primary clinical outcome of interest would be the reduction in cardiovascular events, such as heart attacks or strokes. However, these events may take years to occur, making the trial duration lengthy and resource-intensive. In this scenario, researchers can consider utilizing surrogate endpoints that are known to be strongly correlated with cardiovascular events, such as blood pressure reduction. By measuring the drug's impact on blood pressure as a surrogate endpoint, researchers can assess its efficacy more quickly and efficiently. If the medication demonstrates a significant reduction in blood pressure, it provides an indication of its potential to reduce the risk of cardiovascular events [9]. Another example involves the development of cancer treatments. Instead of relying solely on overall survival as the primary endpoint, which may require long-term follow-up, researchers can use surrogate endpoints such as tumor response rate or progression-free survival. These surrogate endpoints provide early indications of treatment efficacy and guide decision-making in advancing promising therapies. In both cases, the use of surrogate endpoints allows researchers to obtain meaningful insights into a drug's effectiveness in a shorter time frame, expediting the drug development process [10].

### 4. Leveraging Real-World Evidence

Leveraging real-world evidence has emerged as a valuable approach for accelerating drug development and shortening clinical trials. By incorporating data from routine clinical practice, electronic

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health records, and other sources, researchers can gain insights into a drug's real-world effectiveness, long-term outcomes, and safety profiles. This approach enhances the generalizability of trial findings, provides a cost-effective alternative to traditional clinical trials, and enables a more comprehensive understanding of a drug's real-world impact. However, it is important to acknowledge the challenges associated with utilizing real-world evidence, including data quality, bias, and the need for robust methodologies to ensure the reliability of findings. Regulatory authorities play a crucial role in evaluating the validity and relevance of real-world evidence and establishing guidelines for its integration into clinical trial design and decision-making processes. By embracing the potential of real-world evidence and integrating it into the regulatory and operational aspects of clinical trials, researchers can contribute to the acceleration of drug development, improve patient outcomes, and facilitate the delivery of innovative treatments to those in need [11].

#### 4.1 Advantages of Real-World Evidence

Leveraging real-world evidence offers several advantages in the realm of clinical trials. Firstly, it allows for a broader representation of patient populations, including individuals who may not typically participate in traditional clinical trials. This increased diversity enhances the generalizability and external validity of trial findings, providing a more comprehensive understanding of a drug's real-world effectiveness. Secondly, real-world evidence provides insights into long-term outcomes, safety profiles, and treatment patterns beyond the limited duration of clinical trials. By capturing data from routine clinical practice, researchers can assess the real-world impact of a drug over an extended period, including its effectiveness in diverse patient populations and its potential side effects. Furthermore, leveraging real-world evidence offers cost and time advantages. Clinical trials are often expensive and time-consuming endeavors. By utilizing existing data sources, researchers can minimize the need for additional data collection, streamline the trial process, and reduce costs [12].

To illustrate the application of real-world evidence, consider a clinical trial evaluating the effectiveness of a novel diabetes medication. In addition to traditional clinical trial data, researchers can incorporate real-world evidence obtained from electronic health records and claims databases. By analyzing data from a large cohort of diabetes patients, researchers can assess the drug's effectiveness in a real-world setting, evaluate its long-term outcomes, and identify any potential safety concerns that may not have been captured in the controlled environment of a clinical trial [13]. Another example involves the study of rare diseases. Clinical trials for rare diseases often face challenges in recruiting a sufficient number of patients due to the limited patient pool. By leveraging real-world evidence, researchers can tap into patient registries and databases to gather data on individuals with rare diseases, enabling a more comprehensive evaluation of treatment outcomes and facilitating the development of targeted therapies [14]. Additionally, real-world evidence can be utilized to monitor post-market drug safety and effectiveness. By continuously

analyzing data from routine clinical practice, researchers can detect potential safety signals, identify rare adverse events, and monitor the long-term effectiveness of drugs in real-world settings [15].

### 5. Regulatory Flexibility

Regulatory flexibility is a critical component in accelerating drug development and shortening clinical trials. By implementing expedited review processes, accelerated approvals, fast-track designations, adaptive pathways, and early dialogues, regulatory authorities can foster an environment that promotes innovation, efficiency, and patient access to transformative therapies. However, it is essential to strike a balance between regulatory flexibility and ensuring patient safety and efficacy. Collaborative efforts between regulatory authorities, drug developers, and other stakeholders are crucial in advancing regulatory flexibility initiatives while maintaining rigorous standards for drug approval and post-marketing surveillance [16].

#### 5.1 Expedited Review Processes

One approach to regulatory flexibility is the implementation of expedited review processes. Regulatory authorities can establish special pathways or programs that prioritize the review and approval of promising therapies. For example, the U.S. Food and Drug Administration (FDA) has initiatives such as the Fast Track, Breakthrough Therapy, and Accelerated Approval programs. These programs aim to expedite the review process for drugs that address unmet medical needs or demonstrate substantial benefits over existing treatments. By streamlining the review process, regulatory authorities can facilitate faster access to innovative therapies while maintaining appropriate safety standards [17].

#### 5.2 Accelerated Approvals

Another regulatory flexibility strategy is the concept of accelerated approvals. This approach allows for conditional approvals based on surrogate endpoints or intermediate clinical outcomes that are reasonably likely to predict clinical benefit. By granting accelerated approvals, regulatory authorities acknowledge the urgent need for certain therapies and enable patients to access them earlier. However, it is essential to conduct post-marketing studies to confirm the therapy's clinical benefits and ensure its continued safety [18].

#### 5.3 Fast-Track Designations

Regulatory authorities can also grant fast-track designations to therapies that address serious conditions with unmet medical needs. This designation expedites the development and review process by providing enhanced communication and collaboration between the drug developers and regulatory authorities. Fast-track designations aim to accelerate clinical development, facilitate early access to experimental therapies, and ultimately benefit patients with life-threatening or debilitating conditions [19].

#### 5.4 Adaptive Pathways

The concept of adaptive pathways involves a flexible and iterative

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approach to drug development and approval. It recognizes that initial evidence on a therapy's efficacy and safety may be limited but promising. Regulatory authorities can collaborate with drug developers to design adaptive clinical trials that allow for modifications and adjustments based on accumulating data. This approach enables early access to therapies for patients who can benefit the most while generating additional evidence through real-world data collection or further studies [20].

### **5.5 Early Dialogues and Scientific Advice**

Regulatory flexibility can also be achieved through early dialogues and scientific advice. Regulatory authorities can engage in proactive discussions with drug developers to provide guidance and input on trial design, endpoints, and regulatory requirements. This early collaboration helps align expectations, address potential issues or challenges, and streamline the development process [21].

## **6. Streamlined Protocols and Procedures**

Streamlined protocols and procedures are essential for accelerating drug development and reducing the duration of clinical trials. Clear and concise protocols, optimized data collection methods, minimized unnecessary visits and tests, utilization of technology, and standardization with proper training are key strategies that contribute to enhanced trial efficiency. By implementing these approaches, researchers can reduce administrative burdens, improve participant experiences, and expedite the overall timeline of clinical trials. However, it is crucial to strike a balance between streamlining protocols and ensuring the collection of robust and reliable data for accurate evaluation of drug efficacy and safety [22].

### **6.1 Clear and Concise Protocols**

Developing clear and concise protocols is essential for ensuring efficient trial conduct. A well-defined protocol outlines the study objectives, inclusion and exclusion criteria, treatment regimens, endpoints, and data collection methods. By providing detailed instructions, protocols help standardize procedures, minimize ambiguity, and enhance the overall efficiency of the trial. Clear protocols also facilitate effective communication among study personnel, investigators, and participants [23].

### **6.2 Optimized Data Collection**

Efficient data collection is a critical aspect of streamlined protocols. Utilizing electronic data capture (EDC) systems and electronic case report forms (eCRFs) can significantly improve data quality, accuracy, and timeliness. EDC systems allow for real-time data entry, automated data validation, and remote monitoring capabilities. By minimizing manual data entry and automating data checks, these technologies reduce errors, enhance data completeness, and expedite data cleaning processes [24].

### **6.3 Minimized Unnecessary Visits and Tests**

Streamlining protocols involves minimizing unnecessary visits and tests for participants. By carefully assessing the frequency and necessity of study visits and tests, researchers can reduce

participant burden and enhance trial efficiency. Leveraging remote monitoring technologies, telehealth consultations, or decentralized trial approaches can further minimize the need for in-person visits, especially for routine assessments or data collection that can be conducted remotely [25].

## **6.4 Utilization of Technology**

Technology plays a significant role in streamlining trial protocols and procedures. The use of wearable devices, mobile applications, and digital health platforms can facilitate remote data collection, patient monitoring, and adherence tracking. These technologies offer convenience, real-time data insights, and can enhance participant engagement and compliance. Integrating technology into trial processes can result in more efficient data capture, faster decision-making, and reduced trial duration [26].

## **6.5 Standardization and Training**

Standardizing procedures and providing comprehensive training to study personnel are vital for streamlining protocols. Clear guidelines, standardized operating procedures (SOPs), and training programs ensure consistency across multiple sites and investigators. By ensuring that all study personnel are adequately trained and have a clear understanding of their roles and responsibilities, protocol deviations and errors can be minimized, leading to improved trial efficiency [27].

## **7. Enhanced Patient Recruitment and Enrollment**

Enhancing patient recruitment and enrollment is key to accelerating drug development and shortening clinical trial timelines. Engaging patient networks, utilizing electronic health records, leveraging social media and online platforms, collaborating with healthcare providers, and simplifying the informed consent process are strategies that can significantly improve recruitment efficiency. By implementing these approaches, researchers can attract a diverse pool of eligible participants, increase enrollment rates, and expedite the completion of clinical trials. However, it is crucial to maintain patient safety, uphold ethical considerations, and ensure the integrity of the recruitment and enrollment process throughout the trial [28].

### **7.1 Engaging Patient Networks and Advocacy Groups**

Engaging patient networks and advocacy groups can be an effective strategy for reaching out to potential trial participants. Collaborating with patient organizations and support groups related to the therapeutic area of the study can help raise awareness about the trial and attract eligible participants. These networks can provide valuable insights into patient needs and preferences, as well as serve as a platform to disseminate information about ongoing trials [29].

### **7.2 Utilizing Electronic Health Records (EHRs)**

Electronic health records (EHRs) can be leveraged to identify potential participants who meet the eligibility criteria for clinical trials. By utilizing data from EHR systems, researchers can identify and reach out to individuals who may benefit from the trial and

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are already receiving healthcare within the system. This approach streamlines the recruitment process by targeting individuals with specific medical conditions or demographics relevant to the study [30].

### 7.3 Utilizing Social Media and Online Platforms

Harnessing the power of social media and online platforms can significantly expand the reach and visibility of clinical trials. Platforms such as Facebook, Twitter, and online clinical trial databases can be used to disseminate information about the trial, recruit participants, and facilitate easy access to enrollment portals. Advertising through targeted social media campaigns can effectively reach a wide audience and generate interest among potential participants [31].

### 7.4 Collaborating with Healthcare Providers and Clinicians

Collaborating with healthcare providers and clinicians is essential for efficient patient recruitment and enrollment. Building strong relationships with healthcare institutions, clinics, and individual practitioners can facilitate the referral of eligible patients to clinical trials. Regular communication, educational workshops, and ongoing engagement with healthcare professionals can enhance their understanding of the trial's objectives, eligibility criteria, and potential benefits, leading to increased patient referrals [32].

### 7.5 Simplifying Informed Consent Process

The informed consent process is a critical step in clinical trial enrollment. Simplifying and streamlining the informed consent process can enhance participant understanding and facilitate quicker decision-making. Using clear and concise consent forms, providing educational materials in plain language, and offering multimedia resources can improve participant comprehension and engagement. Exploring electronic or remote consent options can also expedite the consent process [33].

## 8. Conclusion

Accelerating drug development requires a multifaceted approach that addresses both regulatory and operational aspects. By embracing adaptive trial designs, utilizing surrogate endpoints, incorporating real-world evidence, fostering regulatory flexibility, streamlining protocols and procedures, and enhancing patient recruitment and enrollment, clinical trials can be shortened without compromising patient safety or data integrity. These strategies hold the potential to expedite the drug development process, bringing innovative therapies to patients in a timelier manner and addressing unmet medical needs more effectively. Through collaborative efforts among stakeholders, including researchers, regulatory authorities, and patient communities, we can collectively advance the field of clinical trials and make significant strides in accelerating drug development.

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### Author's Contribution

Ali Rahmani carried out the research, wrote approved the article submission, while Maedeh Dahaghin anchored the review and revised the article.

### Conflict of Interest Statement

The authors agree that this research was conducted without any self-benefits or commercial or financial conflicts and declare the absence of conflicting interests with the funders.

### References

1. Ferrari, M., & Downing, G. (2005). Medical nanotechnology: shortening clinical trials and regulatory pathways?. *BioDrugs*, 19, 203-210.
2. Kairalla, J. A., Coffey, C. S., Thomann, M. A., & Muller, K. E. (2012). Adaptive trial designs: a review of barriers and opportunities. *Trials*, 13(1), 1-9.
3. Chow, S. C., & Corey, R. (2011). Benefits, challenges and obstacles of adaptive clinical trial designs. *Orphanet journal of rare diseases*, 6, 1-10.
4. Pocock, S. J., Clayton, T. C., & Stone, G. W. (2015). Challenging issues in clinical trial design: part 4 of a 4-part series on statistics for clinical trials. *Journal of the american college of cardiology*, 66(25), 2886-2898.
5. Wang, H., & Yee, D. (2019). I-SPY 2: a neoadjuvant adaptive clinical trial designed to improve outcomes in high-risk breast cancer. *Current breast cancer reports*, 11, 303-310.
6. Williams, S. (2018). Surrogate endpoints in early prostate cancer research. *Translational Andrology and Urology*, 7(3), 472.
7. Biglan, K. M., & Holloway, R. G. (2003). Surrogate endpoints in Parkinson's disease research. *Current neurology and neuroscience reports*, 3(4), 314-320.
8. Lassere, M. N. (2008). The Biomarker-Surrogacy Evaluation Schema: a review of the biomarker-surrogate literature and a proposal for a criterion-based, quantitative, multidimensional hierarchical levels of evidence schema for evaluating the status of biomarkers as surrogate endpoints. *Statistical methods in medical research*, 17(3), 303-340.
9. Devereux, R. B., Agabiti-Rosei, E., Dahlöf, B., Gosse, P., Hahn, R. T., Okin, P. M., & Roman, M. J. (1996). Regression of left ventricular hypertrophy as a surrogate end-point for morbid events in hypertension treatment trials. *Journal of Hypertension*, 14, S95-S102.
10. Buyse, M., Molenberghs, G., Paoletti, X., Oba, K., Alonso, A., Van der Elst, W., & Burzykowski, T. (2016). Statistical evaluation of surrogate endpoints with examples from cancer clinical trials. *Biometrical Journal*, 58(1), 104-132.
11. Burns, L., Le Roux, N., Kalesnik-Orszulak, R., Christian, J., Hukkelhoven, M., Rockhold, F., & O'Donnell, J. (2022). Real-world evidence for regulatory decision-making: guidance from around the world. *Clinical Therapeutics*, 44(3), 420-437.
12. Hampson, G., Towse, A., Dreitlein, W. B., Henshall, C., & Pearson, S. D. (2018). Real-world evidence for coverage

- decisions: opportunities and challenges. *Journal of comparative effectiveness research*, 7(12), 1133-1143.
13. Schneeweiss, S., & Patorno, E. (2021). Conducting real-world evidence studies on the clinical outcomes of diabetes treatments. *Endocrine Reviews*, 42(5), 658-690.
  14. Liu, J., Barrett, J. S., Leonardi, E. T., Lee, L., Roychoudhury, S., Chen, Y., & Trifillis, P. (2022). Natural History and Real-World Data in Rare Diseases: Applications, Limitations, and Future Perspectives. *The Journal of Clinical Pharmacology*, 62, S38-S55.
  15. Fawzy, A. M., Yang, W. Y., & Lip, G. Y. (2019). Safety of direct oral anticoagulants in real-world clinical practice: translating the trials to everyday clinical management. *Expert Opinion on Drug Safety*, 18(3), 187-209.
  16. Bonanno, G. A., & Burton, C. L. (2013). Regulatory flexibility: An individual differences perspective on coping and emotion regulation. *Perspectives on psychological science*, 8(6), 591-612.
  17. Kakkis, E. D., O'Donovan, M., Cox, G., Hayes, M., Goodsaid, F., Tandon, P. K., ... & Thornton, M. (2015). Recommendations for the development of rare disease drugs using the accelerated approval pathway and for qualifying biomarkers as primary endpoints. *Orphanet journal of rare diseases*, 10, 1-17.
  18. Martinalbo, J., Bowen, D., Camarero, J., Chapelin, M., Démolis, P., Foggi, P., ... & Pignatti, F. (2016). Early market access of cancer drugs in the EU. *Annals of Oncology*, 27(1), 96-105
  19. Kesselheim, A. S., & Darrow, J. J. (2015). FDA designations for therapeutics and their impact on drug development and regulatory review outcomes. *Clinical Pharmacology & Therapeutics*, 97(1), 29-36.
  20. Cooper, C. J., Khan Mirzaei, M., & Nilsson, A. S. (2016). Adapting drug approval pathways for bacteriophage-based therapeutics. *Frontiers in microbiology*, 7, 1209.
  21. Tsoi, B., Masucci, L., Campbell, K., Drummond, M., O'Reilly, D., & Goeree, R. (2013). Harmonization of reimbursement and regulatory approval processes: a systematic review of international experiences. *Expert Review of Pharmacoeconomics & Outcomes Research*, 13(4), 497-511.
  22. Getz, K. (2014). Improving protocol design feasibility to drive drug development economics and performance. *International journal of environmental research and public health*, 11(5), 5069-5080.
  23. Al-JunDi, A., & Sakka, S. (2016). Protocol writing in clinical research. *Journal of clinical and diagnostic research: JCDR*, 10(11), ZE10.
  24. Madariaga, A., Kasherman, L., Karakasis, K., Degendorfer, P., Heesters, A. M., Xu, W., ... & Oza, A. M. (2021). Optimizing clinical research procedures in public health emergencies. *Medicinal Research Reviews*, 41(2), 725-738.
  25. Sessa, C., Cortes, J., Conte, P., Cardoso, F., Choueiri, T., Dummer, R., ... & Taberero, J. (2022). The impact of COVID-19 on cancer care and oncology clinical research: an experts' perspective. *Esmo Open*, 7(1), 100339.
  26. Inan, O. T., Tenaerts, P., Prindiville, S. A., Reynolds, H. R., Dizon, D. S., Cooper-Arnold, K., ... & Califf, R. M. (2020). Digitizing clinical trials. *NPJ digital medicine*, 3(1), 101.
  27. Khanna, D., Furst, D. E., Clements, P. J., Allanore, Y., Baron, M., Czirjak, L., ... & Denton, C. P. (2017). Standardization of the modified Rodnan skin score for use in clinical trials of systemic sclerosis. *Journal of scleroderma and related disorders*, 2(1), 11-18.
  28. Kelly, J. P., Mentz, R. J., Mebazaa, A., Voors, A. A., Butler, J., Roessig, L., ... & Lam, C. S. (2015). Patient selection in heart failure with preserved ejection fraction clinical trials. *Journal of the American College of Cardiology*, 65(16), 1668-1682.
  29. Coakley, M., Fadiran, E. O., Parrish, L. J., Griffith, R. A., Weiss, E., & Carter, C. (2012). Dialogues on diversifying clinical trials: successful strategies for engaging women and minorities in clinical trials. *Journal of women's health*, 21(7), 713-716.
  30. Shivade, C., Raghavan, P., Fosler-Lussier, E., Embi, P. J., Elhadad, N., Johnson, S. B., & Lai, A. M. (2014). A review of approaches to identifying patient phenotype cohorts using electronic health records. *Journal of the American Medical Informatics Association*, 21(2), 221-230.
  31. Geist, R., Militello, M., Albrecht, J. M., Presley, C. L., Anderson, J. B., Laughter, M., & Rundle, C. W. (2021). Social media and clinical research in dermatology. *Current Dermatology Reports*, 10(4), 105-111.
  32. Moss, M., Good, V. S., Gozal, D., Kleinpell, R., & Sessler, C. N. (2016). A critical care societies collaborative statement: burnout syndrome in critical care health-care professionals. A call for action. *American journal of respiratory and critical care medicine*, 194(1), 106-113.
  33. Monach, P. A., & Branch-Elliman, W. (2021). Reconsidering 'minimal risk' to expand the repertoire of trials with waiver of informed consent for research. *BMJ open*, 11(9), e048534.

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