CWeekly
A CenterWatch Publication

Special Article Reprint • September 29, 2014

Cutting-edge advertising can 'break through the clutter' for successful patient recruitment

By Karyn Korieth

In a media campaign run by a U.K. cancer advocacy group earlier this year, the public was confronted with a shocking image: The haunting photograph of a 24-year-old woman, her bald head covered with lumps and her eyes filled with fear and sadness, who was dying from pancreatic cancer. The ad carried the headline, "I wish I had breast cancer."

The ad, sponsored by **Pancreatic Cancer Action**, created an outpouring of responses ranging from "amazing" to "disgusting." The group defended the ad, saying the risk of running a radical, "shock advertising" campaign—highlighting the disease's poor survival rates compared to those of more common types of cancer—far outweighed the potential backlash from those who found the ad distressing.

"They were worried if they didn't do something big, they wouldn't be heard," Matthew Stumm, principal, creative and media strategy at **BBK Worldwide**, told attendees at the **CenterWatch**/**iiBIG** Second Annual Forum on *Optimizing Clinical Research Performance* in Boston in a session on innovative patient recruitment advertising in a regulatory environment.

"Sometimes shock is not built for shock," said Stumm. "Shock is to give you a bigger soapbox—a bigger opportunity to say something that you find of value. There is an obvious danger in going too far in terms of shock advertising. But there's danger in playing it safe. The real risk is not being seen at all."

The implications for clinical research are noteworthy. Can this type of controversial or shock tactic be effective in recruiting patients for clinical trials? Would Institutional Review Boards (IRBs) even approve this approach?

Stumm said most people in the industry don't subscribe to shock advertising—which deliberately jolts people into taking action—for patient recruitment campaigns: clinical trial ads shouldn't frighten patients into taking action and they can't promise potential study volunteers any benefit. Yet during a time when patient recruitment firms need to compete for mindshare—an average 30-year-old living in a city is exposed to 5,000 pieces of advertising each day—he said techniques used in shock advertising could help make recruitment campaigns more effective.

For example, Stumm said any good advertising strategy should feel a "little uncomfortable," and advertising teams should "be fearless" and create the campaign they feel will work. Regulatory concerns should not limit creativity; rather, he said great creative teams fully understand the rules and regulations around recruiting patients and view them as opportunities.

"We are trying to push boundaries and create amazing work that will break through the clutter of the $3.4 billion being used to advertise pharmaceutical products," said Stumm. "Collaboration with a regulatory group will actually open up much more opportunity for the campaign than you could ever imagine. Regulatory bodies are not arbiters of taste. They are there to enforce the rules around drug-centered advertising for clinical research and patient protections."

Kate Spencer, managing partner of U.K.-based **Langland**, a healthcare communications company that specializes in patient recruitment, said while shock tactics aren't necessarily appropriate for recruiting study volunteers, cutting-edge advertisements can increase the value of a campaign. Yet, she said, sponsors tend to use generic "wallpaper" advertising because they are afraid to try new or innovative approaches.

"If you don't stand out you won't be effective as an ad, and you can potentially waste time and money just broadcasting or repeating ads that really are not cutting through. There is an awful lot of work to be done in the industry to just think about how to approach advertising in a much more open-minded way," Langland told *CWWeekly*. "The better job that we can do with our advertising, in terms of a creative approach upfront, the less sponsors need to spend on media, because it will work quicker."

As the patient recruitment landscape has become more competitive—particularly as large CROs have entered the space and sponsors feel pressure to speed timelines—a few forward-thinking patient recruitment

Special Article Reprint

firms already have begun to develop creative or risky campaigns to "break through the clutter" of competing ads to attract greater awareness and interest in clinical research opportunities. Langland, for example, used humor in a campaign that targeted students for a vaccine study: "We're Looking for Ways to Spread the Love, Not the Meningitis."

"We must encourage everyone around us to think of different as a good thing," said Spencer. "Don't confuse shock with being different, because being different in advertising is the most effective thing you can do."

Many companies have been reluctant to use more innovative ad campaigns, for fear they might somehow violate **FDA** regulations for recruiting study volunteers, as advertising is the start of the informed consent process. Yet regulatory attorneys say IRBs generally are open to approving communication that will better engage patients, as long as it complies with the FDA's current guidelines.

"Companies should think about what they can do to turn typically blasé clinical trial ads into something that engages participants and helps increase enrollment," said Mitchell Parrish, J.D., a regulatory attorney. "From the regulatory perspective, there is no problem with creative advertising. However, people get scared of noncompliance if they think they are doing something different than how it's always been done."

Also at the conference, J. Claire Carbary, J.D., a regulatory attorney at **Quorum Review IRB**, said when IRBs review direct advertising for research subjects, they don't evaluate whether it will be effective or upsetting, but only that it meets FDA guidance. For more cutting-edge or "shocking" advertisements in particular, IRBs make sure the combination of the image and the text doesn't imply benefit the trial doesn't offer. In addition, she said the issue of therapeutic misconception, whereby the study volunteer doesn't understand the difference between enrolling in a clinical study and ordinary treatment, also would receive greater scrutiny.

Carbary encouraged sites and companies to talk to IRBs in advance when submissions include a novel or different approach. "Talk to them about the philosophy behind shock advertising, why you went that route and why the strategy would be helpful to your case. That goes a long way to helping you get approval."