
Supplementary information

**Clinical trial recovery from
COVID-19 disruption**

In the format provided by the authors

Supplementary Box 1 | Data collection and analysis

Figure 1a–c

We retrieved ClinicalTrials.gov XML records from <https://clinicaltrials.gov/AllPublicXML.zip> on 29th May, 26th June, and 31st July 2020, using the standard data model to obtain study start date, study status, condition or disease, and reason for suspension. We further classified condition or disease into therapeutic areas, and identified COVID-19-related trials using the MeSH term ‘COVID-19’ (including synonyms ‘SARS-CoV-2’, ‘severe acute respiratory syndrome coronavirus 2’, ‘2019-nCoV’, ‘2019 novel coronavirus’, ‘Wuhan coronavirus’), supplemented with the World Health Organization ICTRP record of COVID-19 trials. We used the study status field to identify suspended trials and searched for explicit mention of COVID-19 in the reported reason for suspension.

Figure 1d and 2

We conducted a double-blinded, English-language online survey of 245 clinical trial investigators and study coordinators, administered via third-party recruitment platform over May 8–18, 2020. Respondent sample demographics were as follows.

Variable	<i>n</i>	%	Variable	<i>n</i>	%
Geographic location			Trials conducted over past 12 months		
US	104	42%	3–5	32	13%
UK	33	13%	6–10	121	49%
Italy	19	8%	11–15	58	24%
Germany	18	7%	>15	34	14%
Spain	16	7%	Role on studies		
Canada	13	5%	Principal investigator	206	84%
France	12	5%	Study coordinator	39	16%
Other	30	12%	Primary practice setting		
Primary therapeutic area			Academic medical center	169	69%
Oncology	65	27%	Community hospital	44	18%
Cardiovascular	49	20%	Independent group / solo practice	32	13%
Neurology	47	19%			
Rheumatology	26	11%			
Infectious disease	22	9%			
Other	36	15%			

Figure 1d

Out of the trials that you conduct and that have paused enrollment, when do you expect majority to restart?

- Within next 2 weeks
- In 2–4 weeks
- In 4–6 weeks
- In 6–8 weeks
- In 8–12 weeks
- Not sooner than 12 weeks from now

Figure 2a, upper panel

Within your clinical trials, what share of patient interactions do you conduct remotely? How do you expect this to change in future? Please provide % of total interactions for the below.

- a. Pre-COVID-19
- b. Today
- c. At crisis peak
- d. 6 months post-crisis

Survey question did not reference specific time frame, and relied on investigators' judgement of timing of crisis peak.

Figure 2a, lower panel

What share of your interactions with sponsors or CROs take place remotely? How do you expect this to change in future? Please provide % of total interactions for the below.

- a. Pre-COVID-19
- b. Today
- c. At crisis peak
- d. 6 months post-crisis

Survey question did not reference specific time frame, and relied on investigators' judgement of timing of crisis peak.

Figure 2b, left panel

How do you expect the usage of the following interventions to evolve in your clinical trial practice after the COVID crisis as compared to pre-COVID situation?

Respondents are shown 16 interventions as listed in figure 2b, and for each selected one answer from:

- a. Expect to see less post-COVID-19 than pre-COVID-19
- b. Expect no change between pre- and post-COVID-19
- c. Expect to see more post-COVID-19 than pre-COVID-19

Figure 2b, right panel

Among the innovations that you expected to increase, please select the top 3 that you are most interested in and that you believe will bring most value

Respondents are shown all interventions among the 16 previously displayed, for which they had answered 'Expect to see more post-COVID-19 than pre-COVID-19', and are able to select up to 3.

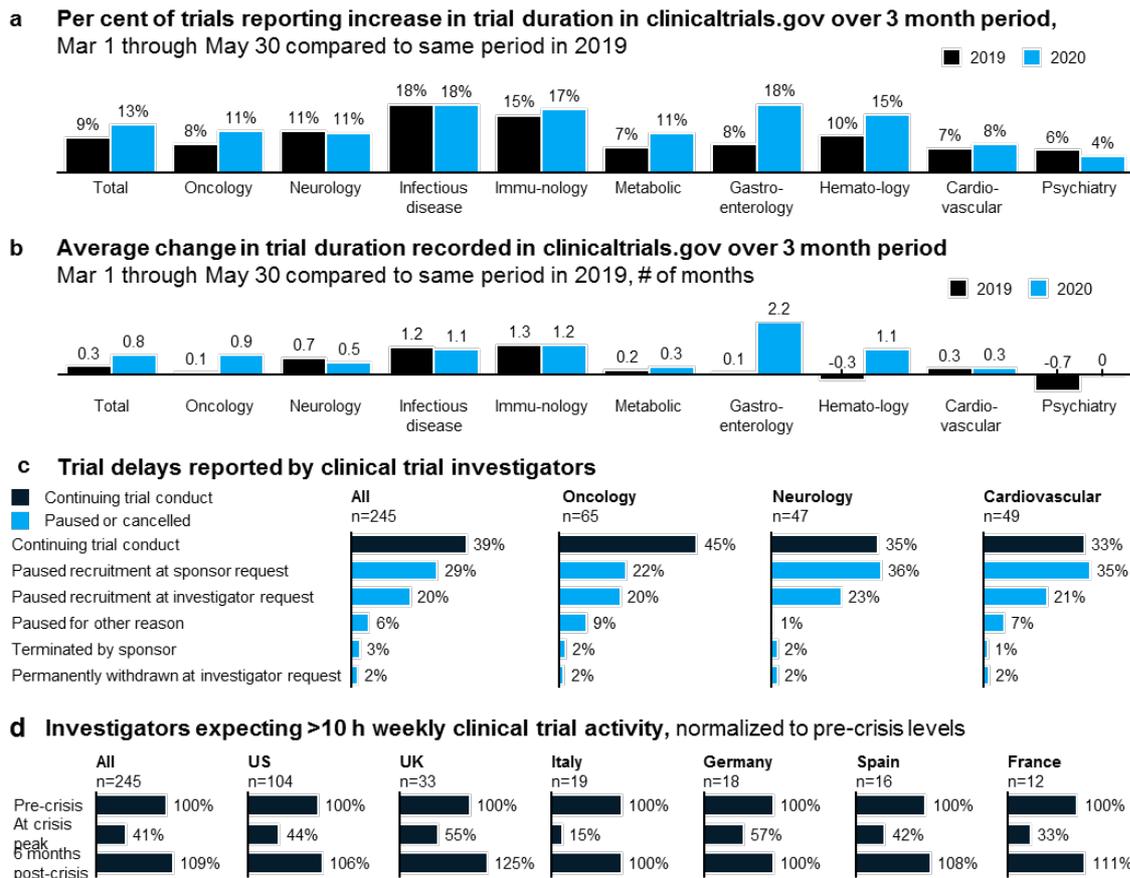


Fig. S1 | Global clinical trial disruption due to COVID-19. a | Per cent of trials in clinicaltrials.gov that reported increase in trial duration during Mar–May 2020, due to change in start date, completion date, or announced suspension. **b** | Average changes in trial duration reported to clinicaltrials.gov due to change in start or completion date recorded over 3-month period Mar–May 2020. Positive number of months reflects increase in trial duration. Changes reported over equivalent period in 2019 shown for comparison purposes. **c** | Trial investigators were asked the status as of May 2020 of trials for which they were actively recruiting pre-COVID-19. **d** | Investigator responses of actual and expected weekly hours spent on clinical trial activities. Survey question did not reference specific time frame, and relied on investigators’ judgement of timing of crisis peak.

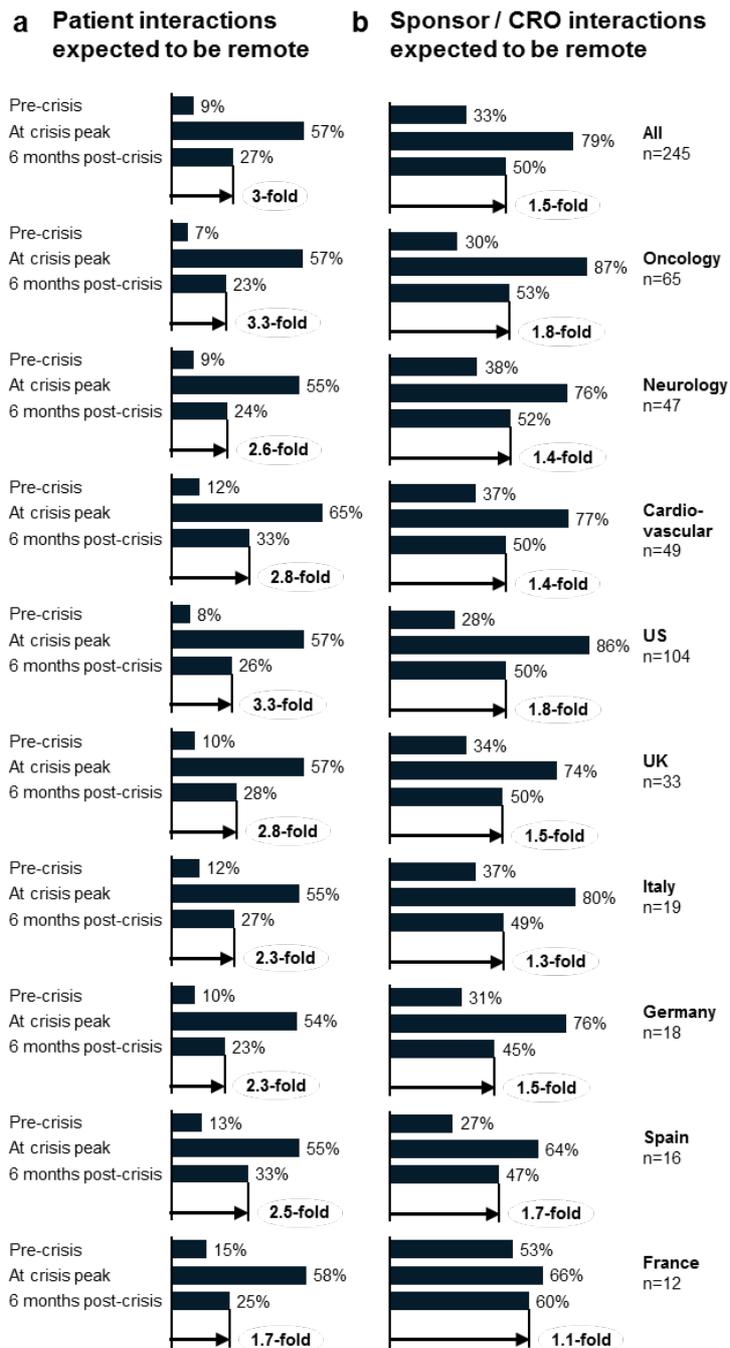
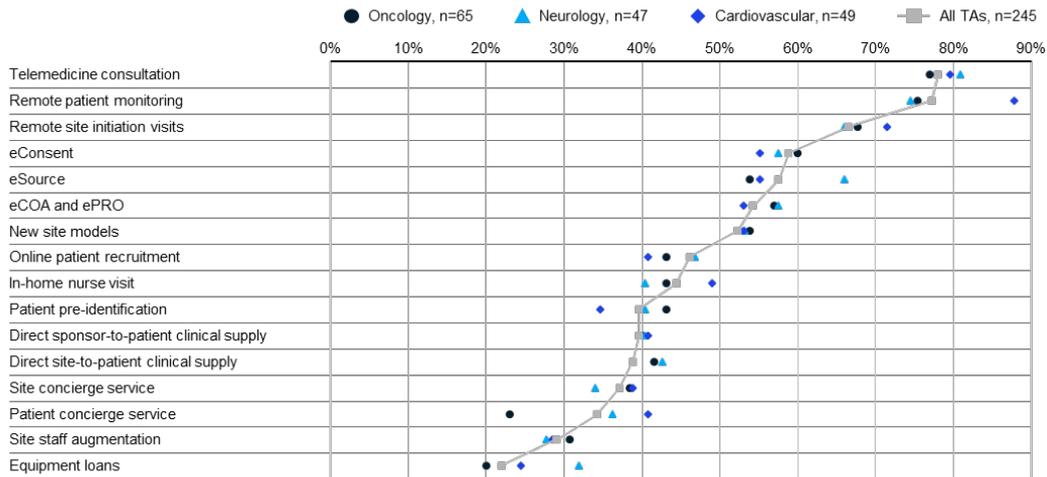
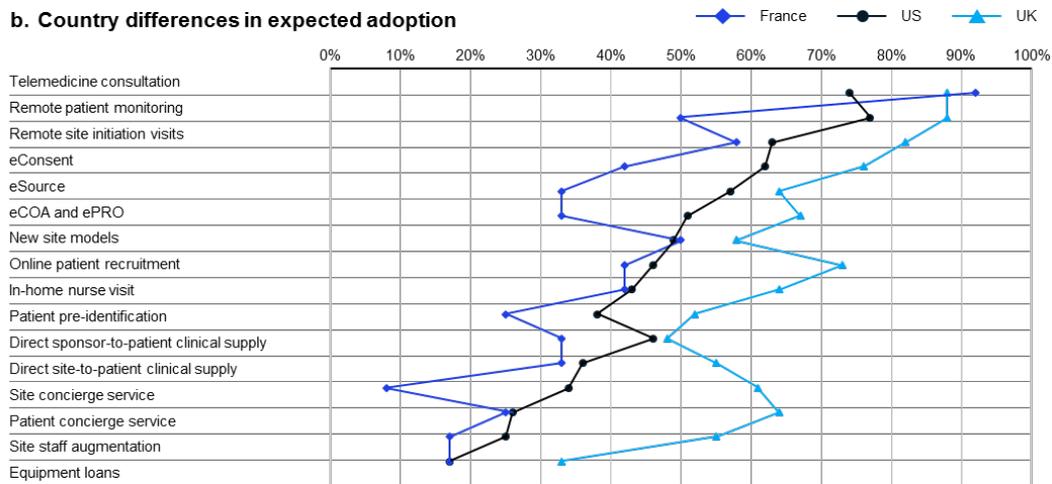


Fig. S2 | Trial investigator expectations of remote engagement. **a** | Average % of patient interactions reported or expected to be remote. **b** | Average % of sponsor/CRO interactions reported or expected to be remote.

a. Therapeutic area differences in expected adoption



b. Country differences in expected adoption



c. Current adoption of select trial interventions

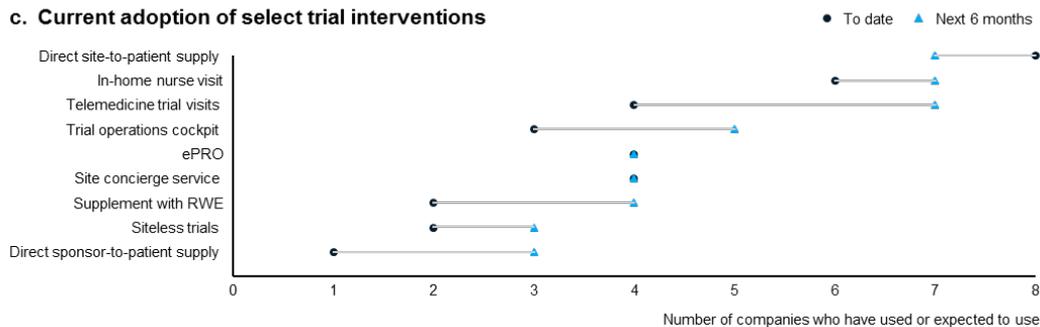


Fig. S3 | Sponsor and investigator adoption of clinical trial innovations. a | Investigators were asked whether each of 16 trial interventions presented in randomized order would increase in adoption post-crisis. Largest therapeutic areas in sample were oncology (65), neurology (47), cardiovascular (49). **b** | Investigator responses from select countries on whether each of 16 trial interventions presented in randomized order would increase in adoption post-crisis. **c** | Biopharma executives were polled in advance of McKinsey’s Clinical Operations Leader Roundtable on 11 May 2020 on whether they had adopted or expected to adopt the nine clinical trial innovations shown.