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WEBINAR · EXECUTIVE SUMMARY

Beyond the Forecast

Building Clinical Supply Resilience as Trials Change

Live webinar, November 3, 2026. The key points from a panel of sponsor, consultancy and forecasting specialists.

AT A GLANCE

1. Change during a study is now the norm
2. What to check when new countries are added
3. A case study: three years behind, brought back to one
4. From firefighting to a forecast kept live

PERCEPTIVE ECLINICAL
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In partnership with trialzen Performance, simply

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Live webinar, November 3, 2026. Speakers: Lee Bardy and Malcolm Morrissey (Perceptive eClinical), Carol Lee (Ascentage Pharma), Tony Street, Cedric Druck and Markus Vogt (Trialzen).

Change Is the Norm

Every clinical supply plan rests on assumptions: recruitment rates, countries, label strategy and timelines. The panel agreed those assumptions now change often, and that new regulations and technologies will make change more frequent.

A decision that looks purely operational, such as adding countries to catch up on recruitment, reaches far into supply: labeling, packaging, inventory, regulatory timelines and the IRT configuration.

What to Check When New Countries Are Added

Speaking from the sponsor side, Carol Lee put timing first: clinical supplies need lead time. Before the supply plan changes, the team needs answers on:

- Regulatory timelines in each country, and any local conditions such as post-study treatment supply
- Label text and translations, and whether to label before CTA approval
- Label format: how many languages fit on a single panel, and when the booklet can be updated
- Remaining shelf life, and whether an extension is in progress
- Expected enrollment and start date for each new country
- Distributors and depots: coverage, contract changes and audits

The Case Study

Malcolm Morrissey, who leads the Perceptive Clinical Intelligence team, walked through an oncology study: seven European countries, 200 participants, 12 visits each. His team built the pre-study supply plan using Trialzen's simulation and forecasting technology.

Three months in, a re-forecast on live ClinPhone Pro data showed enrollment tracking three years behind plan. Left unchanged, the original plan put more than 1,000 dispensing visits at risk, scheduled after the expiry of the stock planned for them.

The team modeled five candidate countries, each with its own start date, depot and packaging option. The proposal: open Australia first, with a simple overlabel on European stock that slow recruitment would otherwise leave unused, while new booklets were prepared for later countries.

The result The projected delay fell from three years to one, and the study stakeholders agreed to continue on that basis. In the revised plan, the kits at risk of being unavailable at the right time and place dropped from more than 1,000 to one.

From Firefighting to Planning Ahead

- Reacting late costs more: extra site-to-site transfers, manual kit counts, repeated labeling runs, more meetings and more quality work.
- Caught early, options stay open: overlabeling, stock reallocation, shelf-life extension. Caught late, some of them are gone.
- The IRT team can do little with a couple of weeks' notice. Involved at the planning stage, it has time to adjust triggers, buffers and shipping settings.
- Scenarios backed by data help supply teams bring solutions to clinical operations, and win support from stakeholders.

Keep the Forecast Live

The panel's closing message: treat the forecast as a working tool. Re-run it on live RTSM data regularly, and every time enrollment, countries, the protocol or supply change.

When something changes, start with the impact on participants already on treatment, then the cost of doing nothing, then compare the options. The panel expects technology, including AI, to make frequent re-forecasting practical, with experts still making the decisions.

Facing a change in a live study?
Perceptive Clinical Intelligence can help you test the options before you commit.
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