

Key Trends in Lung Cancer Research & Implications for Patient Recruitment

Lung cancer remains the world's deadliest cancer, with over 1.8 million deaths annually (20% of all cancer deaths). Although lung cancer is both prevalent and severe, less than 5% of lung cancer patients participate in clinical trials. Despite major advances in early detection and targeted therapies, trial enrollment continues to lag - delayed by strict eligibility, patient stigma, screen failures, and access barriers.

For sponsors advancing new therapies in Non-Small Cell Lung Cancer (NSCLC) and Small Cell Lung Cancer (SCLC), traditional recruitment methods are no longer enough. Precision targeting, stigma-informed outreach, and centralized enrollment intelligence are essential to meet timelines and connect the right patients to the right studies.



Accelerating Enrollment in One of Oncology's Most Challenging Landscapes

Trialbee delivers a fully integrated, data-driven recruitment model designed specifically for the complexities of lung cancer studies. From highly targeted digital outreach to real-time analytics and program-level re-matching, Trialbee helps sponsors reduce site burden, improve trial conversion, and accelerate enrollment

| Key Challenges

Strict Eligibility Narrows Patient Pool

Trials are stratified by subtypes (e.g. NSCLC, biomarkers, stage, comorbid conditions and treatment history).

Stigma Deters Digital Engagement

Due to lung cancer stigma, patients often avoid public content due to guilt, shame, or fear of judgment and are less likely to self-advocate.

| Trialbee Solutions



Precision Patient Profiling

Advanced algorithms combine real-world and behavioral data with lung cancer-specific criteria to model and engage high-probability patients and caregivers.



Stigma-Informed Digital Outreach

Campaigns avoid stigmatizing language and use insights from tools like LCS-CAT. Messaging is tailored to cultural values, language preferences, and caregiver dynamics.

Unqualified Referrals Sent to Sites

Unqualified referrals burden already-stretched oncology sites

High Screen-Failure Rates

Lung cancer trials have higher screen-fail rates than other studies due to strict eligibility criteria and complex protocols.

Lack of Visibility Across Recruitment Activities

Siloed recruitment data and analytics hinders performance optimization across studies and programs.

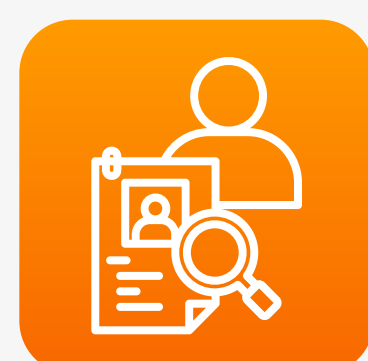
Diversity, Access, and Awareness Gaps

Rural, older, and underserved populations remain underrepresented.



Medical Secondary Screening

Licensed medical professionals conduct live pre-screening to verify eligibility. 75% of submissions are disqualified - reducing burden at sites and ultimately increasing consent rates.



Program Re-matching in the Trialbee Honey Platform™

Screened-out patients are re-engaged and matched to other sponsor studies or cohorts, maximizing every patient inquiry and reducing recruitment duplication.



Centralized Recruitment with Honey

Real-time performance tracking, ROI analytics, and partner data are aggregated in a single platform - with macro/micro-level analytics to enable smarter decisions across the portfolio.



Omnichannel Network Access

Trialbee extends reach through trusted communities and localized engagement partners—delivering culturally aligned messaging at scale..

Reach the Right Patients and Accelerate Enrollment with Trialbee



50
Countries



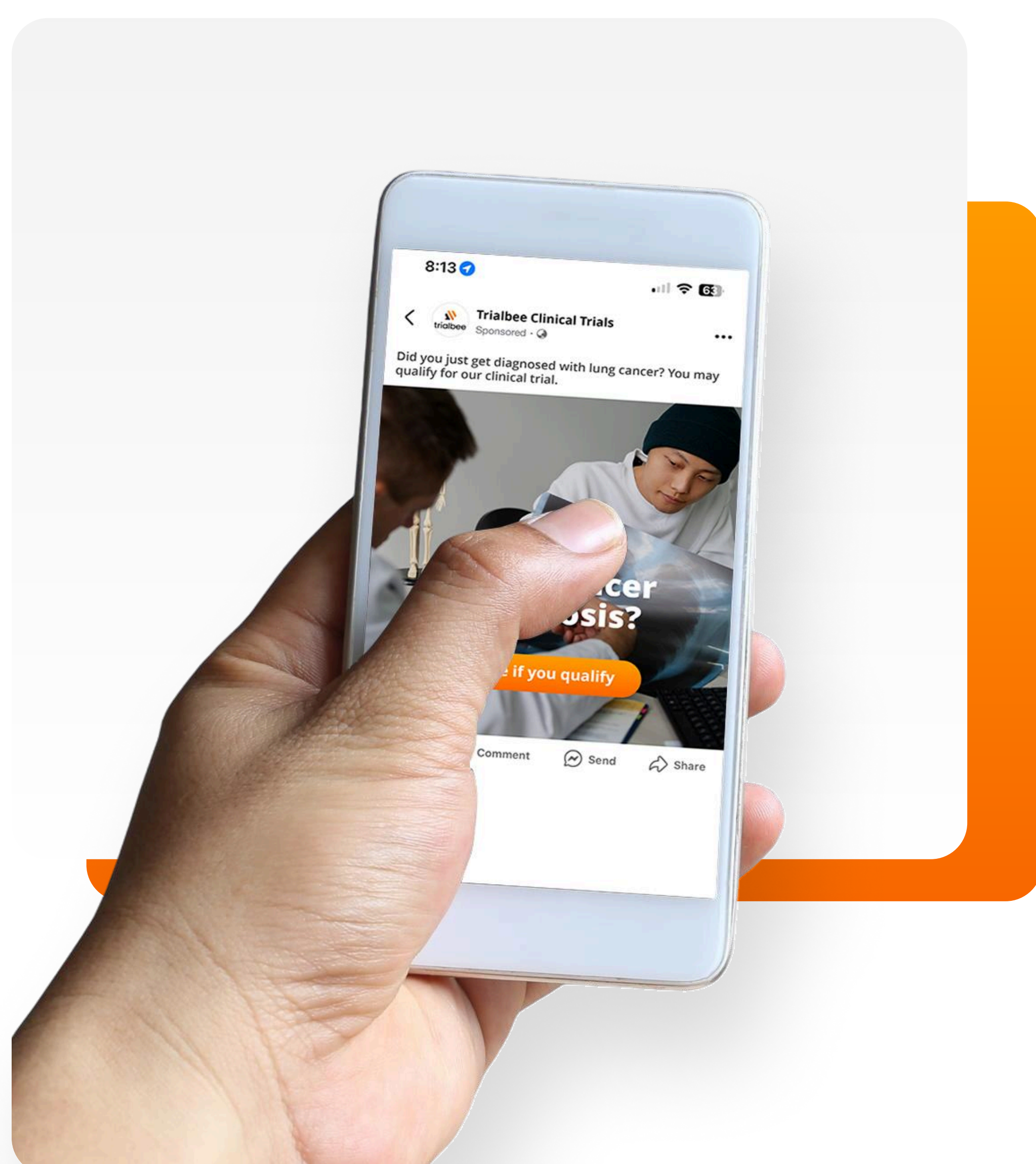
66
Languages



6,000+
Sites



1.5M
Patients Screened
through Honey



- Specialized strategies for lung cancer patient recruitment.
- 30% referral-to-consent ratio – significantly higher than industry averages
- Real-time analytics for smarter, faster decision-making.
- Seamless site & sponsor collaboration through the Honey Platform
- Program-level recruitment expertise to increase efficiency at scale

To take control of patient recruitment for your lung cancer study, visit trialbee.com and follow us on [LinkedIn](#).

