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Protecting early clinical programs from false starts and downstream rework.

Predictable progress. Built in.

Early clinical programs can reach visible milestones while weak assumptions and unresolved dependencies continue to threaten study value. This guide examines how realistic planning, cross-functional protocol review and shared oversight help ensure that each milestone supports the next development decision.



By Greg Plunkett,
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Section 1

When activity is **mistaken for progress.**

First participant enrollment is an important milestone, but it does not establish whether a study will generate the evidence required for the next regulatory or commercial decision. Site activation and recruitment updates also demonstrate movement without confirming that the study design and delivery plan can answer the program's central question.

In early clinical development, visible progress can influence investor confidence and internal expectations. Pressure to reach the next activity milestone can lead teams to accept recruitment assumptions or operational timelines before they have been tested against current conditions. The program may appear to advance while weaknesses in site capacity or protocol logic remain unresolved.

Not all progress carries the same value

Activity milestones	Value milestones
Site activation	Reliable evidence generated
First participant enrolled	Regulatory question answered
Recruitment updates	Next development decision supported

ⓘ Activity shows movement. Value shows whether the program is advancing toward its objective.

Applying this distinction shifts the planning conversation away from how quickly an activity can begin and toward what the study needs to achieve to move the asset forward. Planning can then focus on the evidence required to get there.

Section 2

The timeline is only as reliable as the assumptions beneath it.

Dates and milestones can make a clinical development plan appear precise, but they do not make the timeline credible on their own. Before dates are committed, the team needs to test whether the assumptions reflect current study conditions and whether every required input will be available when needed.

What needs to be tested before a timeline is committed

01

Site readiness

Does the site have current recruitment capacity and sufficient resources?

02

Dependency readiness

Are the required operational inputs available when the timeline assumes they will be?

03

Decision ownership

Is responsibility clear for every input that could affect delivery?

Site selection is one area where apparent certainty can break down. A prominent investigator or institution may add credibility, but reputation does not confirm current recruitment capacity or available study resources. Current readiness therefore means assessing whether the site can prioritize the trial and reach the intended patient population under present conditions rather than relying on profile or historical relationships.

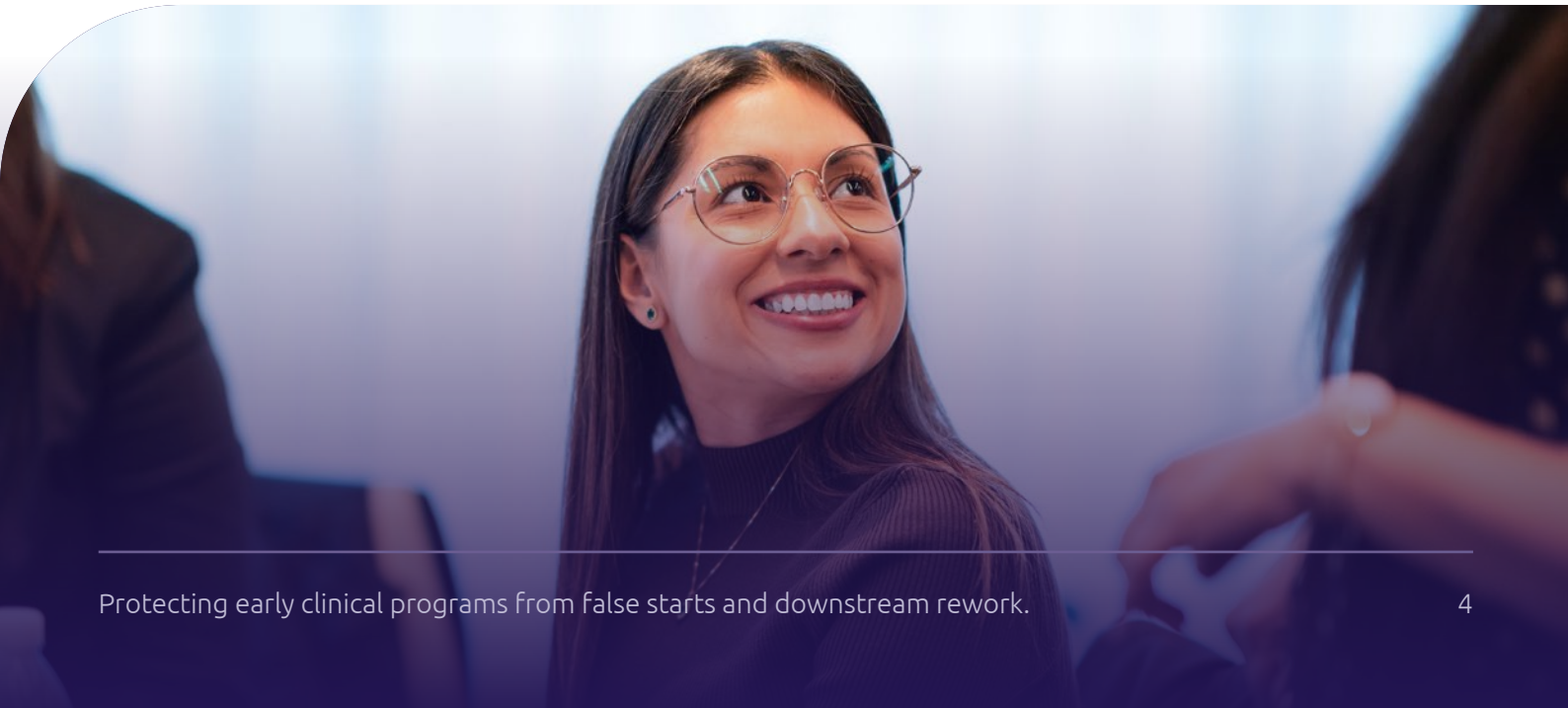
The same scrutiny applies to dependencies beyond the site. Laboratory set-up, ethics review and sponsor inputs can each determine whether a proposed date is achievable. A CRO can coordinate these activities and expose emerging risks, but it cannot control every input. Establishing control and ownership before dates are committed reduces the risk of starting work against a timeline the study cannot sustain.

Section 3

A workable protocol can **still be strategically weak.**

A protocol can be operationally complete and still fail to generate the evidence required for the program's next decision. This occurs when objectives and endpoints appear reasonable in isolation but do not connect clearly to the assessment schedule or planned data capture.

A study may aim to characterize dose-response but collect data at time points that cannot show whether the response is sustained. It may also define a patient population without capturing the baseline characteristics needed to interpret differences between groups. In either case, the study can proceed as written while leaving the original development question unresolved.



Connecting the study question to the evidence

01

Study objective

What does the program need to establish?

02

Endpoint

What outcome will answer that question?

03

Assessment

How and when will the outcome be measured?

04

Captured evidence

Will the data provide sufficient detail for interpretation?

05

Development decision

Can the evidence support the next clinical or regulatory step?

Reviewing the protocol as a connected evidence plan helps expose gaps that may be missed when individual elements are considered separately. This makes it easier to identify whether the planned assessments and resulting data can answer the development question the study was designed to address.

Once a study has been activated, missing baseline variables or poorly timed assessments can be difficult to recover. The resulting dataset may be extensive yet still leave regulators or development teams unable to reach a clear conclusion, creating additional questions or follow-on work that could have been anticipated during protocol development.

The same logic needs to carry through into the data capture plan. Protocol objectives, endpoints and assessment schedules are mapped to the fields required in the electronic data capture system, with each data point linked to a defined source, collection time and downstream use. Before the database build is finalized, CRFs and validation rules are reviewed against the protocol, statistical requirements and safety reporting needs. During study conduct, ongoing review and reconciliation help identify gaps while they can still be addressed.

Section 4

Decision-ready before activation.

Cross-functional review tests whether the protocol can operate as a connected study before unresolved questions reach ethics review or site delivery. Bringing clinical and regulatory judgment together with operational and biometrics input can expose inconsistencies that may not be visible within a single function, giving the team a clearer basis for deciding whether the study is ready to activate.

Predictable progress in practice

An early-stage study can generate substantial data without giving the sponsor a clear basis for the next development decision. Exploratory biomarker changes, broad symptom questionnaires and investigator observations may produce scientifically interesting findings while still providing limited direction on whether an asset should progress. The study can therefore appear productive on paper without materially reducing development uncertainty.



When useful data are not decision-ready

STUDY DESIGN:

Exploratory biomarkers and broader clinical observations generate potentially interesting findings.

THE GAP:

The endpoints are not clearly linked to the proposed therapeutic benefit or the evidence required for dose, patient selection and future regulatory decisions.

DEVELOPMENT CONSEQUENCE:

The study may appear productive while leaving the sponsor without objective evidence for a confident go/no-go decision.

Data that support a publication narrative may still leave uncertainty around the therapeutic effect or the population most likely to benefit. If those questions remain unresolved, completing the study has not materially reduced the program's development risk.

Reviewing the link between endpoints and future development decisions before activation allows the evidence plan to be reshaped so the study generates data that are actionable for development as well as scientifically informative.

Section 5

Shared visibility turns change into a decision.

Clinical studies rarely proceed exactly as first planned. Predictability depends on whether emerging changes are identified while there is still time to agree on a response and whether the required decision has a clear owner.

Retrospective reporting may explain why a milestone was missed. Effective governance gives the sponsor and CRO a current view of the issue, its likely consequence and the action required before the impact spreads to later activities.

Clear decision pathways and escalation points are supported by shared project plans, risk registers and decision logs, giving the study team a common reference point for connecting an emerging issue to the action required before it begins to affect later activities.

Sponsor involvement is especially important when a dependency falls outside the CRO's direct authority. Product availability or scientific input may rely on the sponsor, while site relationships and contract approvals may involve other parties. Without explicit ownership, the team may recognize a risk without being positioned to resolve it.

What shared visibility needs to show

- **What has changed**
  The emerging issue and its likely effect on the study
- **What is waiting**
  The decision or input required before work can continue
- **Who owns the response**
  The person accountable for resolving the dependency
- **When action is required**
  The point at which delay begins to affect the next milestone

> We do not wait until a risk becomes a problem before raising it.
>
> — By Greg Plunkett, Founder and CEO of Accelagen

When conditions change.

When a delay cannot be avoided, the first step is to make its effect and the route forward visible. The sponsor receives a revised timeline together with the key decision points, dependencies and ownership required to keep the program moving.

The team then assesses where the delay could affect delivery and agrees actions to limit its impact. Activities may be resequenced so unaffected work can continue, while sites or vendors are prepared in parallel where appropriate. Review cycles can also be tightened or the additional time used to strengthen readiness and quality checks. This helps contain the impact and provides a structured recovery plan for the work ahead.

Conclusion

Predictable progress that **holds up under scrutiny.**

Clinical programs rarely retain every assumption in their original plan. Credibility is preserved when changes are recognized early enough to protect the evidence and decisions that still lie ahead.

Clear ownership and realistic decisions give sponsors a stronger basis for moving forward when conditions change, without relying on dates that no longer reflect clinical reality.

Contact Us

Every milestone should strengthen the **next development decision.**

To discuss how early planning decisions could affect your next clinical milestone, speak with the Accelagen team.

Get in touch



About the author

Greg Plunkett is the founder and CEO of Accelagen, a full-service clinical and regulatory CRO supporting biotech and pharmaceutical sponsors. With a strong background in regulatory strategy, Greg brings this perspective to strategic pathway planning and the early decisions that shape whether clinical evidence can support later regulatory and commercial objectives.