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## Clinical researchers work hard to be part of solution

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Staff writer

*The Rochester Top 100, which annually recognizes the fastest-growing privately held companies in the nine-county region, is sponsored by the Rochester Business Alliance and KPMG. Here is an edited interview with Patricia Larrabee, president and CEO of Rochester Clinical Research in Irondequoit.*

**Please give us a brief description of the history and evolution of RCR.** I founded Rochester Clinical Research in 1994 with Dr. Mervyn Weerasinghe after we worked together in the clinical research division of a large local medical group. Our medical group had merged with another larger group and had decided that clinical research was not in its vision. We then became the independent company we are today.

**How many trials do you run in a typical year? And please give an example of a notable trial you are working on.**

The number of research studies we conduct can vary between 30 and 50 a year. We are coming off a "fall flu frenzy" here at RCR, in which we tested the new H1N1 influenza vaccines in 250 adults and 50 children, at the same time we were testing the seasonal flu vaccine in another 130 study participants. In recruiting study volunteers, we encourage people to "come be part of the solution," and those words rang true for the folks helping to develop vaccines to combat the H1N1 influenza pandemic.

We are currently involved in a novel smoking cessation study that utilizes an investigational anti-nicotine vaccine to help people quit smoking.

**Has the stumbling economy affected demand for drug trials?**

Yes. Many of the smaller biotech firms have had challenges with funding over the last year. In 2008 we worked with seven new biotech firms, but only one in 2009. Numerous trials were cancelled or postponed in early 2009 as all major companies struggled with the market changes. Things are starting to turn around.

Predating the market changes, there have been big shifts in the clinical research arena because of dramatically increased globalization. Fewer trials are being conducted in the U.S., and the trials that are done have smaller numbers of participants. A diabetic trial can be filled in Mexico or India in a much shorter time period — a week, as opposed to six months in the U.S. A recent lipid trial that looked for volunteers with several cardiac risk factors struggled for a year in the U.S., and when the study opened in Russia it was enrolled in one week. So these changes make it imperative for us at RCR to continually work harder to be one of the best at what we do. **How many volunteers are in your database?**

We have 19,000 volunteers in our database and growing. We find that once someone comes to our office they find the research experience a positive one and they are willing to recommend us to a friend or family member.

**Are there certain volunteer populations that you have trouble recruiting?**

Many of the more complex trials add several layers of requirements. Every time you add more requirements it becomes more difficult. In general, diabetes studies have been challenging to enroll.

How people search for information regarding clinical trials has changed immensely over the years. Younger people are on the Web, but there is not an easy and consistent way to reach volunteers. Many people simply do not know about clinical trials or why they might want to participate and volunteers of all ages are needed but there isn't one way to reach all ages.

**Your Web site says that RCR began supporting the Mercy Outreach Center 5 years ago, after noting an increasing number of study volunteers were without insurance. What is your opinion of the health care legislation before Congress?**

Certainly the numbers of volunteers without insurance have grown each year to levels that are unprecedented. We see many working people who simply can't afford the premiums, or they have jobs where health insurance is not offered and they are faced with not being able to afford medication for basic conditions like diabetes and high blood pressure — that left untreated will lead to significant complications and costs that will eventually be paid for by all of us. The politics that have affected the legislation and that will continue as the two versions are merged and reconciled may leave the final draft unrecognizable. Certainly some steps need to be taken to move forward with some coverage for all — we simply can't afford not to.

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## Additional Facts

Rochester Clinical Research Inc., No. 74

**Year founded:** 1994.

**Location:** 500 Helendale Road, Irondequoit.

**Executive:** Patricia Larrabee, president and CEO.

**Employees:** 25.

**Web:** [www.rcrclinical.com](http://www.rcrclinical.com)

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