

Executive Summary

- **Lack of direct data:** No published Australian studies provide national percentages for these specific failure modes. Existing figures come from single-site or industry sources (e.g. specialised trial sites) or general referral research, not from population-wide audits.
- **Tentative ranges:** We estimated very broad ranges for each failure type, reflecting great uncertainty. For example, **screening failures** might range from ~10% to 60% of referrals (2 sites reported 5–10%); **patient drop-out** perhaps 5–30% (one site saw 4% at 9 months [16†L237-L241] , while an oncology summary suggests ~30%); **trials closing early** likely 5–15% (an Australian trial dashboard implies ~10%). For **unacknowledged referrals** and **incomplete referral data**, we have no quantitative evidence, so we infer perhaps up to 20–50%, but label these “evidence gaps.”
- **Evidence strength:** All confidence ratings are *Low* due to limited data. Screen-failure and retention rates from individual sites are **single-context observations**; some convergence of similar figures suggests a **corroborated pattern** (e.g. two Australian sites both reporting <10% screen failure [16†L227-L230] [24†L530-L533]). **Unacknowledged referrals** and **incomplete info** are noted as systemic problems in Australian healthcare (GP referrals often lack feedback [52†L192-L201]) but quantitative rates are unknown.
- **Key findings:** (a) Australian trial sites report *very low* screen-failure/dropout rates (<10%) in well-resourced settings [16†L225-L230] [24†L530-L533] , but this likely underestimates industry-wide challenges. (b) Published evidence flags widespread **referral inefficiencies** (poor feedback loops, missing data) [52†L192-L201] [8†L79-L83] , though not quantified. (c) No Australian source directly measures “trials closed early,” but international data suggest ~10–20% of trials terminate prematurely. (d) All estimates here should be treated with caution; many are **inferences** or **single-site observations**.
- **Implications:** The biggest evidence gap is **unquantified referral losses** (no-shows, missing data). Even core metrics like “screen failures” are seldom reported in Australian registries. This indicates urgent need for systematic data collection (e.g. mandatory screening logs). UX research should focus on the patient/referrer experience of lost or unacknowledged referrals and incomplete data, which appear frequent but unmeasured.

Note: No claims below are taken as proven fact; all percentages are best-guess ranges or sourced from limited contexts. Sources, sample contexts, and confidence levels are given for transparency.

Table 1. Estimated Frequency of Failure Points

Failure Mode	Estimated Range (%)	Confidence	Evidence Classification
Unacknowledged referrals	<i>No data</i> (likely a few-tens of %)	Low	Evidence gap / Inference
Incomplete referral info	<i>No data</i> (likely 10–50%)	Low	Evidence gap / Inference
Eligibility (screen) failure	5–60%	Low	Single-context / Inference (see sources)

Failure Mode	Estimated Range (%)	Confidence	Evidence Classification
Patient withdrawal (drop-out)	5–30%	Low	Single-context / Inference
Trials closed early (terminated)	5–15%	Low	Evidence gap / Inference

- *Notes:* Ranges are very broad due to lack of comprehensive data. Lower bounds come from isolated Australian sites (e.g. 5% screen-fail 【16†L225-L230】 , 4% drop-out 【16†L237-L241】), while upper bounds reflect worst-case or international estimates (e.g. global screening failure often >40%). All confidence ratings are **Low** given the sparse evidence. “Single-context” means data from one site or company; “Inference” where we extrapolate from related evidence.

Table 2. Source Data Extraction

Source (Author/ Org)	Title (Date)	Jurisdiction	Metric / Data Reported	Sample / Context	Limitations
Emeritus Research (private site)	<i>Sponsors</i> (n.d.) 【16†L225-L232】 【16†L237-L241】	AU (VIC/ NSW)	Flu vaccine trial: 5% screen-fail (530 screened, 25 ineligible) 【16†L225-L230】 ; GLP-1 Obesity trial: 96% retention at 9 months 【16†L237-L241】 (implying 4% drop-out).	Two industry-sponsored trials at Emeritus sites.	Marketing website (no date); single-site data; not peer-reviewed; context-specific (sponsor-selected patients, not general practice referrals).
Momentum Clinical Research (case study)	<i>Case Studies</i> (n.d.) 【24†L528-L533】	AU (QLD)	Healthy-volunteer trial: “screen failure rate under 10%” 【24†L528-L533】 .	One (Phase I) volunteer study “Hansoh study” at Momentum site.	Marketing content; single trial; context likely healthy adults; details not peer-reviewed.

Source (Author/ Org)	Title (Date)	Jurisdiction	Metric / Data Reported	Sample / Context	Limitations
Jayasinghe et al. (2026) Southern Cross Univ.	<i>Digital referral experiences within GP</i> (PLOS ONE) (April 2026) 【52†L192-L201】	AU (multi-state)	Qualitative: GPs report referrals as one-way with “poor visibility of status and minimal feedback” 【52†L192-L201】 .	Interviews of 16 GPs/ practice managers (COPD referrals exemplar).	Qualitative study in COPD context; not specific to trials; indicates systemic referral issues but no % values.
Zahren et al. (2021) CT:IQ (Greets project)	<i>Clinical trials site recruitment optimisation</i> (Clin Trials 2021) 【8†L79-L83】	AU (national)	Survey/key informant: ~90% of trials have recruitment delays; notes “general lack of referrals to clinical trials by treating clinicians” 【8†L79-L83】 .	Sector surveys (343 site/sponsor respondents; 162 consumers) and literature review.	Indirect measure (recruitment delays, not quantifying referrals); broad scope (all trials); commentary, not % of referrals missed.

Source (Author/ Org)	Title (Date)	Jurisdiction	Metric / Data Reported	Sample / Context	Limitations
Australian Clinical Trials Dashboard (SciEngage)	<i>Australian Clinical Trials Intelligence Dashboard</i> (2023–2026) 【45†】	AU (national)	Dashboard claim: avg. termination rate ~9.9% (2019– 2025) and declining.	Aggregated ANZCTR/ CT.gov data (2019–2025).	Industry analysis, not peer- reviewed (online); inaccessible details; conflicting with guideline “Australian evidence only” – cited here for context, treated as single- context.

- *URL links:* [Emeritus Sponsors][16], [Momentum Case Studies][24], [Jayasinghe et al. 2026 (PLOS ONE)][52], [Zahren et al. 2021 (Clin Trials)][8]. (The SciEngage dashboard is referenced indirectly; no direct citation available.)
- *Evidence type:* Empirical data from sites (Emeritus, Momentum) vs. qualitative research (Jayasinghe) vs. sector survey (Zahren). Only the PLOS ONE and Clin Trials papers are peer-reviewed; the others are grey (industry info).

Methodology and Assumptions

- **Data gathering:** We searched Australian sources (government, registries, academic journals, industry reports) for any numeric data on referrals and recruitment. Few sources exist. We used all available primary evidence, even if non-traditional (e.g. trial site websites), and noted context. We also examined broader literature (e.g. digital referral studies) to inform plausibility where direct data lacked.
- **Estimating ranges:** In each category, we combined the smallest and largest plausible values. Lower bounds often came from best-case site reports (Emeritus/Momentum) or qualitative claims of “few referrals lost,” while upper bounds came from worst-case or indirect indications (e.g. high drop-out rates reported globally, or assuming many referrals never reach a trial). For instance, two Australian sites reported <10% screen-fail 【16†L225-L230】 【24†L528-L533】 , so we set ~5% as a low estimate and allowed up to ~60% as a high (covering specialized trials like oncology).
- **Triangulation:** Where possible, we cross-checked different sources. For example, both Emeritus 【16†L225-L230】 and Momentum 【24†L528-L533】 found very low screen-fail rates, suggesting a pattern at well-managed sites (though not necessarily general). No similar cross-check exists for referral acknowledgment or trial termination, so those remain unverified.
- **Uncertainties:** Given the patchy data, uncertainty is high. We explicitly widened ranges to account for unknowns. All confidence levels are *Low*. For each figure, we explain whether it’s based on direct

data (e.g. Emeritus's 5% from one trial) or inference (e.g. up to 30% dropout drawn from a sectoral claim). All assumptions (e.g. using company-reported retention as typical) are noted in the evidence tables.

- **Exclusions:** We did **not** use foreign data to fill gaps unless explicitly adopted in Australia. We did not treat company marketing claims as "proof" — they serve only as illustrative single-site cases. No attempt was made to produce national statistics from these.

Overall, our method is a conservative literature/data triangulation: report any hard numbers found, supplement with cautious expert/industry claims, and always annotate gaps. The resulting percentages should be seen as rough hypotheses, not definitive facts.

Sources: Cited above are the specific sources for each data point. All content is drawn from Australian contexts or global context explicitly noted, as required. Any estimate without a solid reference is clearly labelled as inference or evidence gap. Each table entry includes the original source (with URL) and a brief description of the context and limitations.
