

Profile: Enrollment Contract Research Organization

Inclinix Wilmington, N.C.

An interview with J. Tobin Geatz, president and chairman of the board

Tell me about Inclinix's and your background.

I've successfully built, sold and merged five companies in various industries, mostly high tech businesses. I was the original investor in this company when it was PharmaTech Solutions in 1999. The company experienced phenomenal growth for the first five years. Then, three or four years ago, competition got really intense, and a new approach was required. At that time, I saw the need to meld business practices and technologies from other world-class industries into the clinical services space, in particular the patient recruitment space. We transformed PharmaTech Solutions, which was a classic patient recruitment company, into a very specialized CRO focused around enrollment of both investigators and patients.

What differentiates Inclinix from other CROs?

We have six processes that comprise the standard operating procedure [SOP] for successful on-time and on-budget enrollment. We intend for Inclinix to be the first true Enrollment CRO in the history of the industry. We start with: one, enrollment feasibility of the protocol, which determines the entire approach; two, investigator recruitment; three, site support through technology, services, materials and point-of-use advertising campaigns; four, patient recruitment; and five, investigator and patient

retention—all of which are based upon actual data. Finally, we have six—using Enrollment CRAs or ECRA's, who can be deployed on-site to assist with the entire process.

How are ECRA's different from CRAs?

Our ECRA's have been trained in traditional monitoring functions but also know the business implications of enrollment and investigator and patient recruitment. ECRA's are dispatched to ensure that business objectives and strategies can be translated and trained at the site level. ECRA's also work to help tease out patients from existing databases and provide investigators with new patients who are qualified. They make sure sites have all the tools they need, including InSite VMR and people on site who will drive enrollment with and for the investigators.

Describe how InSite VMR works.

In every medical practice, there are some business processes, such as billing or dictation, which are in electronic format already, or made so by a third party. This information is the property of the doctor, the site and the patient, even when the information has been compiled by a third party. We have developed a HIPAA-compliant technology that mines this electronic data and then automatically extracts and compares the data against protocols that might match the site's patient population. This system is

Year founded: 1999

Employees: 50+

Active projects: 20+

Contact: Nathan Messinger

Telephone: (910) 332-2001

Email: info@inclinix.com

Web site: www.inclinix.com

called InSite VMR and gives doctors for the first time a way to 'Google' their own records so that they can say, 'Show me all my patients with psoriasis.' Investigators don't have to install any computer hardware or software, and don't have to change their behavior. With InSite VMR, the sites now have a system that creates a virtual medical record from a process that already exists. There is no investment on their part. We're spending a lot of time and money on getting this into researchers' hands. The process could be used for other post-marketing activities as well. We have a few hundred sites that feed into InSite VMR now.

What are your plans for growth?

Through either internal growth or acquisition, we intend to acquire all the pieces required to be 'The Enrollment CRO.' If there's something that enables us to execute better enrollment feasibility, better investigator recruitment, or some technology or service business that enables us to better assist investigators in finding their own patients, or if the Internet spawns another channel for touching patients, we'll invest in that. We'll invest in technology and services to make sure that both the investigators and patients stay informed and interested in the trial. Our growth plan is aggressive.