

IRT. IVRS. IXRS. IWRS. **RTSM.**
Why do we do this to ourselves?

Knowledge Sharing Series

IRT. IVRS. IxRS. IWRS. **RTSM.**

What?

Why do we do this to ourselves?

The pharmaceutical industry, not unlike many others, is full of acronyms. Some are industry recognized, others are specific to internal organizations. Most of the terms are just different flavors of the same thing. Wouldn't it be nice if the industry could come together and agree on a uniform term?

We've been asked why we use RTSM (Randomization and Trial Supply Management) instead of IRT (Interactive Response Technology) when we talk about our software. Before I get into the "why" behind our chosen terminology, I wanted to provide some insight into the evolution of the aforementioned acronyms used throughout the history of these critical systems.

Let's wind the clock back to the 1980s. Patient-numbered kit labels were shipped to all sites in (generally) full blocks corresponding to the full course of treatments for a study. The sheer quantity of supply wasted in this method by non-enrolling sites, sites that didn't fill up randomization blocks, and patient dropouts, was staggering.

In the 1990s, the first clinical IVR systems (Interactive Voice Response Systems) were developed in order to randomize patients

over the phone, and later, to dispense drug and resupply sites as well. For the first time, all patient kits could be interchangeable for any other equivalent kit.

In the early 2000s, with the advent of the internet, the first parameter-driven, web-based (Interactive Web Response Systems) were born. Now there were two widely used terms, IVRS and IWRS, to describe these systems depending on their modality (phone vs. web).

To add to the complication, if an organization used both IVRS and IWRS, the term IxRS was coined to imply either/or. Having said that, I would say that the most widely used term in the industry today for our systems is IRT. IRT (Interactive Response Technologies) is considered more of an umbrella term that encompasses all modalities (voice, web and even mobile).

To me, IRT is a very general term that could almost be applied to any application you use to enter data and gather information from, including websites, smart phones, etc. Using the term "IRT" is just like saying "system." So, how did the term arise for use in clinical trials?

It's hard to say exactly, but I'd like to give some credit to the CBI IRT conference that started in 2010.

“ —

Before that event, there was **little recognition of the criticality of these systems** to a clinical trial.

It wasn't on the radar of regulatory authorities and **most organizations** didn't spend much time thinking about it **unless it was broken.**

— ”



— **Amy Ripston**
Vice President, Marketing
at 4G Clinical

Evolution of RTSM Technology & Terminology

So, back to the original question at hand. Why would we choose to go with RTSM to describe our offering and add another acronym to the mix? Well, as much as we would like to take credit for it, 4G did not coin the term RTSM. RTSM has arguably been around since the advent of these technologies, but it refers more to the function of the actual system versus the modality of delivery.

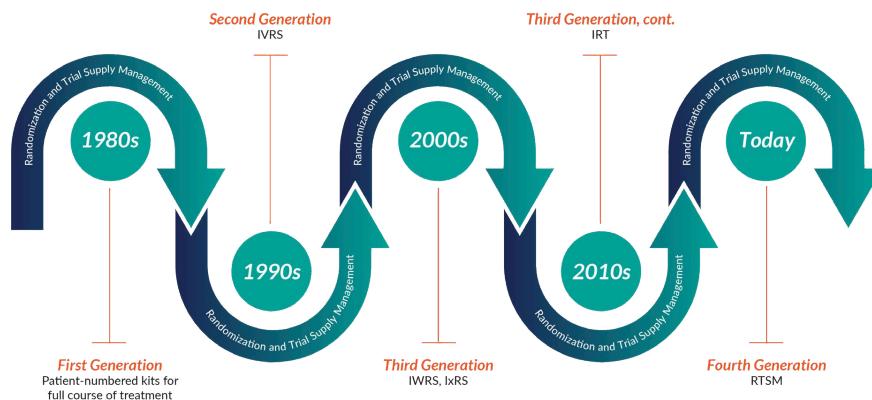
Let's look at this this way, historically IRT was used primarily for randomization and getting drug to the site. Over the years, it became apparent that supply management was just as critical as randomization and the combined action of them together elevates the function of this system.

They are synergistic and need to co-exist. It also helps to bridge the siloes between clinical and supply organizations.

There is a treasure-trove of data housed in RTSM systems that can be used to streamline and accelerate clinical trials – both operationally and to enable supply chain optimization. As trials become more complex, it is more important than ever for clinical and supply to be connected.

For a sponsor perspective on how RTSM bridges clinical and supply together, [please refer to our blog](#).

Fundamentally, we feel the term RTSM more accurately reflects the core function of the system – and this way, we don't have to invent a new term for every different modality of delivery that comes next – of which we are sure there will be several.



About 4G Clinical

We reduce the time it takes to commercialize vital medications by delivering validated, easily extendable RTSM capabilities to Pharma and CROs faster than anyone in the world.

4G Clinical is driven by a single purpose: bring crucial medicines to those who need them, faster. 4G Clinical believes that the way to accelerate clinical research is by disrupting the way trials are executed. That's why we have revolutionized RTSM (randomization and trial supply management) and supply forecasting capabilities and services from the ground up.

4G Clinical is committed to helping sponsors and CROs follow the science, wherever it may lead, as quickly and as safely as we can. While we will not discover the next novel compound in the lab, we are doing our part by leveraging our extensive experience and technological innovations to bring speed and agility to clinical trials.

Prancer RTSM®

Our 100% configurable and agile RTSM is built for the clinical trials of today and tomorrow.

4G's RTSM platform, Prancer RTSM®, utilizes natural language processing alongside integrated clinical supplies forecasting and management functionality to slash development timelines, increase operational efficiencies and offer exceptional quality.

Meet **Amy**



About the Author

Amy Ripston, 4G Clinical Vice President of Marketing, has 20 years of B2B experience building brands, identifying market trends and creating content, engaging thought leaders and connecting businesses together to solve complex challenges.

In addition to her role at 4G Clinical, Amy serves as the Global Marketing Officer for the Global Clinical Supplies Group (GCSG) where she launched their new brand. Prior to 4G Clinical, Amy spent 9 years in conference development for clinical trial professionals, one of which was the industry leading IRT conference. She previously served as the New England Regional Director of Marketing and Communications for the Healthcare Businesswomen's Association.

Amy is an Official Member of the Forbes Communication Council and contributing writer to Forbes.com.

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