2025 Symposium | IMPROVING THE U.S. CLINICAL TRIAL RECRUITMENT ECOSYSTEM FOR ALZHEIMER'S DISEASE | December 4, 2025 San Diego, CA

↑ *More than 140 individuals came together for the 2025 CTRL symposium to discuss strategies that speed enrollment, strengthen trust and ensure clinical trials reflect the communities most affected by Alzheimer's disease.*

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Overview of the 2025 CTRL Symposium

THE CLINICAL TRIAL RECRUITMENT LAB IS HELPING RESHAPE THE NATIONAL CONVERSATION ON ALZHEIMER'S TREATMENT AND PREVENTION BY CHAMPIONING FORWARD-LOOKING, SCIENCE-DRIVEN INNOVATIONS IN CLINICAL TRIAL RECRUITMENT.

Breakthroughs don't change lives until patients can access them. For Alzheimer's disease (AD), slow and uneven clinical trial recruitment remains one of the greatest obstacles to progress. **The USC Clinical Trial Recruitment Lab (CTRL),** a collaboration between the USC Schaeffer Center for Health Policy & Economics and the USC Epstein Family Alzheimer's Therapeutic Research Institute (ATRI), aims to mobilize the expertise and resources needed to pioneer real-world recruitment solutions, generate actionable evidence and drive scalable, transformative improvements in clinical trial enrollment.

"Our biggest bottleneck is that existing treatments require refinement and further advancement, making large numbers of clinical trials essential," ATRI Director Paul Aisen said.

At its second annual event, CTRL convened leaders to share scalable, evidence-based solutions that can speed enrollment, strengthen trust and ensure that trials reflect the communities most affected by AD. The symposium, Improving the U.S. Clinical Trial Recruitment Ecosystem for Alzheimer's Disease, was held during the 18th annual Clinical Trials on Alzheimer's Disease (CTAD) conference.

The symposium brought together a diverse group of experts across the AD ecosystem spanning academic researchers, clinicians, pharmaceutical leaders, AD care providers and clinical trial collaborators. Participants also included innovators in healthcare technology and AI, along with representatives from patient advocacy groups, nonprofit funders and venture capital organizations.

Dana Goldman, a health economist and founding director of the USC Schaeffer Institute, gave the event's keynote address. He spoke about the staggering costs of AD and the pivotal role early intervention and treatment can play in easing the financial burden of the disease. "The sooner we can identify these patients at risk and offer treatment, the more value we generate," Goldman said. "Every year that we delay means we get deeper into our fiscal hole and more people are suffering." He left the audience with a compelling message: Enhancing clinical trial recruitment will accelerate treatments and therapies and make real progress, providing hope for patients and their families.

A panel of leading experts across the AD clinical trial ecosystem shared examples of successful approaches to clinical trial recruitment. The discussion highlighted improvements in testing and diagnostics, rollout in community-based settings and approaches to foster seamless integration of research with patient care. The panel emphasized that any approach must center patient needs and experiences while ensuring inclusivity and representation across all populations.

Following the panel discussion, finalists for CTRL-funded pilot awards presented their proposals showcasing innovative models using AI and machine-learning to improve clinical trial recruitment for AD and related dementias (ADRD).

This report highlights key insights from the symposium on solutions and strategies to accelerate and ensure equitable AD clinical trial enrollment.

"Our mission is to bring together cross-sector collaborators to evaluate and disseminate innovative Alzheimer's disease recruitment strategies and improve access and representation."

PHYLLIS FERRELL
Nonresident Scholar, USC Schaeffer Institute

A recording of the 2025 CTRL Symposium can be accessed ***here***.

2025 Symposium Agenda

4:45–4:50 p.m.

WELCOME REMARKS
Paul Aisen, *USC Alzheimer's Therapeutic Research Institute*

4:50–5:10 p.m.

KEYNOTE: THE VALUE OF DELAYING ALZHEIMER'S DISEASE
Dana Goldman, *USC Schaeffer Institute*

5:10–5:15 p.m.

VIDEO: PARTICIPANT PERSPECTIVES

5:15–6:00 p.m.

PANEL: CLOSING THE "CLINICAL TRIAL TRANSLATIONAL GAP"—APPROACHES TO PRESCREENING, PARTICIPANT IDENTIFICATION AND CLINICAL TRIAL ENROLLMENT

Speakers
- Eric Anderson, *Synapticure*
- Jeffrey Burns, *University of Kansas Medical Center*
- Doris Molina-Henry, *USC Alzheimer's Therapeutic Research Institute*
- Roy Yaari, *Eli Lilly and Company*
- Moderated by Mireille Jacobson, *USC Schaeffer Center*

6:00–6:55 p.m.

PITCH COMPETITION: TECHNOLOGY-DRIVEN APPROACHES TO CLINICAL TRIAL RECRUITMENT

Moderators
Phyllis Ferrell, *USC Schaeffer Institute*
Tom Stocky, *Gates Ventures*

Presenters
- Colin Depp, *University of California, San Diego*
- Vijaya Kolachalama, *Cognimark x OCHIN*
- Miriam Ashford, *University of California, San Francisco*
- Michael Cary, *Duke University*
- Dawei Liang, *Control, Optimization, and Online Learning (COOL) for Autonomy Lab, University of Texas Austin, and Billion Labs Inc.*
- Lisa Renzi-Hammond, *University of Georgia*

6:55–7:00 p.m.

CLOSING REMARKS
Niranjan Bose, *Gates Ventures*

KEYNOTE

The Value of Delaying Alzheimer's Disease

DANA GOLDMAN
Founding Director,
USC Schaeffer Institute

The United States invests relatively little in research on the prevention of chronic diseases, such as AD, but spends a great deal of money to manage them. Based in part on these patterns, U.S. life expectancy lags other Organization for Economic Co-operation and Development nations, even as the United States leads in overall healthcare spending. However, research by the USC Schaeffer Institute indicates that focusing spending on chronic disease prevention and early treatment, rather than management, can offset the costs of these diseases.

AD is a costly disease for which the total economic burden of dementia in the United States—mostly caused by AD—was estimated to reach $781 billion in 2025, according to the USC Schaeffer report The Cost of Dementia in 2025. Individuals with dementia and their families shoulder most of these costs. The health system bears the remaining expenses, with Medicare and Medicaid accounting for approximately 71% of all medical and long-term care expenditures.

Dana Goldman, founding director of the Schaeffer Institute, underscored that earlier intervention and treatment would generate significant clinical and economic value. For example, treating individuals just two years earlier slows cognitive decline and leads to cumulative benefits, extending life and time living in the community. Preventive measures initiated before the onset of cognitive decline yield even greater gains, adding a full additional year of life and reducing nursing-home stays by the same amount. These earlier interventions are associated with significant cost savings and reduce annual Medicaid costs.

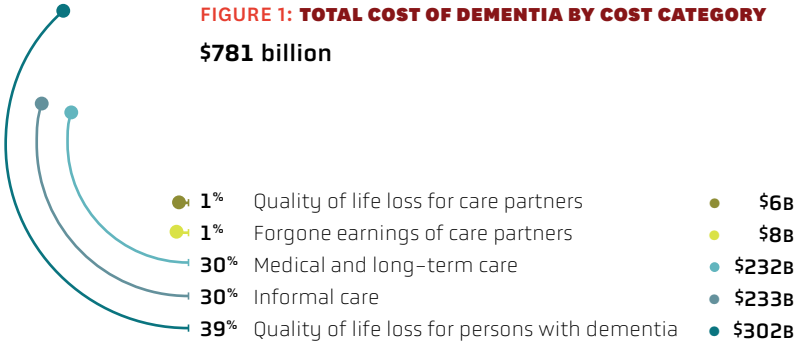
Goldman concluded by emphasizing the considerable value that early AD intervention would yield for both patients and society. This approach could help offset treatment costs and reduce the overall burden of AD. Further, providing earlier treatment would generate significant value, with greater benefits accruing when at-risk individuals are identified and treated sooner. However, he acknowledged that limited access to diagnostic services remains a barrier to early identification.

Related research findings and publications can be found on the USC Schaeffer Institute website.

"Alzheimer's represents the next biggest public health challenge in our view."

DANA GOLDMAN
Founding Director, USC Schaeffer Institute

FIGURE 1: **TOTAL COST OF DEMENTIA BY COST CATEGORY**



PANEL

Closing the "Clinical Trial Translational Gap"

APPROACHES TO PRESCREENING, PARTICIPANT IDENTIFICATION AND CLINICAL TRIAL ENROLLMENT

DORIS MOLINA-HENRY
USC Alzheimer's Therapeutic Research Institute

JEFFREY BURNS
University of Kansas Medical Center

ROY YAARI
Eli Lilly and Company

ERIC ANDERSON
Synapticure

One major opportunity in AD clinical trial recruitment is closing the "clinical trial translational gap"—connecting patients who are receiving clinical care for AD to research studies. Mireille Jacobson, co-director of the Aging and Cognition Program at the Schaeffer Center, moderated a panel that assembled leading experts across the clinical trial ecosystem to discuss progress, identify challenges, and share best practices for addressing this challenge and enhancing recruitment in AD clinical trials.

Panelists agreed that integrating patient care and research processes is an essential way to overcome the "clinic to trial" barrier. "When virtual cognitive care is designed for access and equity, it transforms clinical trial access for all," said Eric Anderson, chief medical officer at neurology telehealth provider Synapticure.

For example, making electronic informed consent available to patients in memory care settings would enable enrollment in clinical trial registries with minimal effort and facilitate the use of routine clinical data in research studies. Additionally, electronic health record (EHR) tools that streamline the process of ordering and reviewing blood-based biomarker (BBM) test results can speed diagnosis by primary care physicians, enabling earlier identification of trial-eligible participants. Panelists also highlighted the efficacy of technologies such as tele-neurology as an approach to extend cognitive care into underserved areas, which can increase referrals to AD clinical trials, support collaboration between primary care providers and specialists, and allow clinical data to be used for trial prescreening and determining eligibility.

↑ *Leading experts across the clinical trial ecosystem shared best practices and ongoing challenges in connecting patients to clinical trials (above left to right: Doris Molina-Henry and Mireille Jacobson).*

"We often think about a translational gap between animal studies and human trials, but we know in Alzheimer's disease there's another gap, which is getting people from the clinic into trials."

MIREILLE JACOBSON
Co-Director, Aging and Cognition Program, USC Schaeffer Center

Additional strategies aimed to reduce the burden of clinical trials on participants. Panelists noted that remote cognitive assessments lessen the burden of travel for both participants and trial sites, facilitating patient identification and referral. However, patient preference regarding remote versus in-person assessments should always be considered. The recent technological advancement of less invasive, BBM diagnostic testing expands geographic reach and community-based sample collection at convenient locations, such as mobile research units and local laboratories. BBMs also increase recruitment efficiency by enabling easier and faster screening of potential participants.

"New care models drive new recruitment models," said Jeffrey Burns, co-director of the Alzheimer's Disease Research Center at the University of Kansas. "As dementia care expands into primary care and incorporates blood biomarkers, we have an opportunity to build a better research ecosystem that uses clinical and biologic data from routine care to identify and engage the right patients more efficiently."

Audience Point of View

↑ *Panelists discussed how access to new recruitment tools and targeted community engagement can drive representative clinical trials.*

HOW DO WE PRIORITIZE REPRESENTATION IN NEW RECRUITMENT METHODS?

During an interactive Q&A segment, the discussion turned to opportunities to improve recruitment in AD clinical trials and challenges to achieving representative participation. The panelists pointed out that while achieving representative trial recruitment remains a priority, screening more people from underrepresented groups does not always lead to increased enrollment. They highlighted the need for inclusive access to new recruitment tools, such as BBM tests and remote cognitive screening, that can make participation easier. Traditional approaches such as tailored community advertising should continue, but newer methods, including AI tools that help identify eligible participants and wider use of BBM tests, will also accelerate recruitment.

Doris Molina-Henry, associate professor of research neurology at ATRI, noted the wide net that ATRI cast to promote recruitment. "Community engagement included our ATRI team appearing on trusted news outlets, instituting a central prescreener and a social media campaign, allowing for sustained enrollment."

Similarly, Roy Yaari, senior medical advisor at Eli Lilly and Company, said that unconventional methods to reach community members had also assisted his team's efforts. "By minimizing burden and maximizing reach using community screening and social media, we screened over 63,000 people."

HOW DO WE KEEP PATIENTS ENGAGED WHEN THEY CAN'T ENROLL?

Attendees inquired about how researchers support individuals who are deemed ineligible for clinical trials, recognizing that this outcome can be discouraging for participants. Panelists emphasized that building trust through a service-oriented recruitment model is essential. They underscored the importance of clearly communicating the value of patient contributions and, for those who are ineligible, providing pathways and referrals to alternative studies, such as master protocols that allow enrollment across multiple trials, reengaging ineligible participants for future studies, and providing educational resources related to AD and cognitive health. Panelists and attendees agreed that maintaining relationships and ongoing communication are critical to achieving long-term, successful recruitment.

"New care models drive new recruitment models. As dementia care expands into primary care and incorporates blood biomarkers, we have an opportunity to build a better research ecosystem that uses clinical and biologic data from routine care to identify and engage the right patients more efficiently."

JEFFREY BURNS, *Co-Director, Alzheimer's Disease Research Center, University of Kansas*

PITCH COMPETITION

Technology-Driven Approaches to Clinical Trial Recruitment

Phyllis Ferrell, nonresident scholar at the USC Schaeffer Institute, and Tom Stocky, an advisor at Gates Ventures, led a pitch competition for six finalists from CTRL's request for applications to accelerate technological innovations in clinical trial recruitment. The request for applications sought innovative technology-based approaches to address barriers to recruitment and retention in AD clinical trials, and finalist teams showcased their AI- and machine-learning solutions aimed at improving the efficiency and inclusiveness of trial recruitment.

COLIN DEPP
University of California, San Diego

1. Integrating Digital Health Assessments and EHR Patient Portals for Accelerated Recruitment and Prescreening in AD Clinical Trials, a UC San Diego-based project, is developing a platform that integrates NeuroUX mobile cognitive assessments and EHR data to identify potential clinical trial candidates. Machine-learning algorithms will analyze EHRs and invite eligible patients through the patient portal. Future plans include creating an AD clinical trial registry and expanding integration into additional EHR systems.

VIJAYA KOLACHALAMA
Cognimark x OCHIN

2. Building Capacity for AD Clinical Trials: Leveraging Innovative Technology to Identify and Recruit Patients in Community-Based Primary Care Settings, is a collaboration between OCHIN, a national network, and Cognimark, a health technology company, to integrate an AI-enabled diagnostic platform into primary care EHR workflows to support earlier identification and referral of patients at Federally Qualified Health Centers (FQHCs) to clinical trials. The model aims to expand trial participation among rural, low-income and underserved populations; improve diagnostic access; increase screening rates; and reduce costs.

MICHAEL CARY
Duke University

3. Optimizing Recruitment and Retention of Underrepresented Populations in ADRD Clinical Research Through AI-Enhanced EHR Tools, a Duke University–based project, introduced a machine-learning tool, Memory Study Connect, that would alert clinicians to patients who may be eligible for ADRD clinical trials through analysis of EHR data.

"The trend is the increasing role that software and, in particular, machine-learning and AI have to play in the clinical trials ecosystem."

TOM STOCKY
Advisor, Gates Ventures

It would also provide personalized referral links, culturally appropriate clinical trial materials and communication prompts to support recruitment.

4. Cognitive Aging Research and Education Center: Trials in Rural ADRD Cohort (CARE-TRAC), a University of Georgia-based project, plans to employ machine-learning algorithms and digital data collection to identify eligible clinical trial participants in rural Georgia through digital kiosks at University of Georgia's Cooperative Extension locations, leveraging the land-grant university's established rural presence to match participants to appropriate trials. The project's long-term goal is to improve rural representation in AD clinical trials, with plans to expand this model to additional land-grant universities.

LISA RENZI-HAMMOND
University of Georgia

5. A Clinical Trial Artificial Intelligence Voice Agent Informed Consent Assistant (VICA) for Facilitating the Informed Consent Process and Capacity Assessment in AD Research, a UC San Francisco-based project, is an adaptable, generative AI voice agent designed to support remote informed patient consent and assess patients' capacity for AD clinical trials. The tool will have multilingual capabilities to accommodate cultural differences. It aims to reduce staff resource needs and improve accessibility and representation in both traditional and decentralized trials.

MIRIAM ASHFORD
University of California, San Francisco

DAWEI LIANG
Control, Optimization, and Online Learning (COOL) for Autonomy Lab, University of Texas Austin, and Billion Labs Inc.

6. CARE-AD: Conversational AI Phone Outreach for Scalable and Inclusive Recruitment in AD Trials, a UT Austin-based project, is a conversational AI phone tool designed to inform potential participants about clinical trial opportunities through naturalistic and interactive dialogue. This pilot will assess whether the AI voice agents can successfully enroll underserved populations in ADRD trials while reducing staff resource needs, with ongoing improvements to optimize communication and recruitment effectiveness.

Read more about the 2026 pilot awardees ***here***.

Concluding Remarks

NIRANJAN BOSE
Managing Director, Health & Life Sciences Strategy, Gates Ventures

Niranjan Bose closed the symposium by highlighting CTRL's progress in advancing the clinical trial landscape. He thanked the panelists and attendees for their insights and encouraged continued sharing of recruitment innovations.

"Clinical trial recruitment is the rate-limiting step in Alzheimer's progress," Bose said, "and technological advances can play a key role in removing those barriers by connecting the right people to the right trials faster."

NIRANJAN BOSE, *Managing Director, Health & Life Sciences Strategy, Gates Ventures*

USC Leonard D. Schaeffer Institute for Public Policy & Government Service

USC Epstein Family Alzheimer's Therapeutic Research Institute

CTRL thanks our partners, Gates Ventures and the American Heart Association, whose support was foundational to the symposium's success. We are grateful to Gates Ventures for co-hosting the pitch competition, the panelists for sharing their expertise, the pitch competitors for presenting their pilot projects, and everyone who joined us for their time and support.