REPORT

State of Trial Enrollment 2026

This Bond Health report brings together what ClinicalTrials.gov and published research say about clinical trial enrollment in 2026. Every figure is tied to a named, dated source, and older benchmarks carry their year.

Last updated Oct 23, 2026 24 sources

What are the main findings?

Registry counts are weighted to oncology, and published research puts most of the friction at the site: finding eligible patients, the staff time that takes, and consent forms patients struggle to read.

22,041 [1]

Studies recruiting at US locations, September 21, 2026

11% [2]

Sites in a given trial that enroll no patients (Tufts CSDD, 2013)

70.7% [9]

Mean share of screened patients randomized in Phase III protocols (Tufts CSDD, 2022)

Grade 12.0 [14]

Mean reading level of consent forms in 798 federally funded US trials

9% [19]

US adults who had ever been invited to join a clinical trial (2020 survey)

- **Oncology leads the pool.** Cancer keywords match 7,074 of the 22,041 US recruiting studies, or 32.1%. [1]
- **Most trials reach their goal, but late.** In Tufts CSDD's 2013 analysis, 89% of trials met enrollment goals, typically after nearly doubling the original timeline. [2]
- **Cancer drug trials enroll mostly outside the US.** In the pivotal trials behind FDA's 2025 novel cancer drug approvals, 80% of participants were enrolled outside the US. [18]

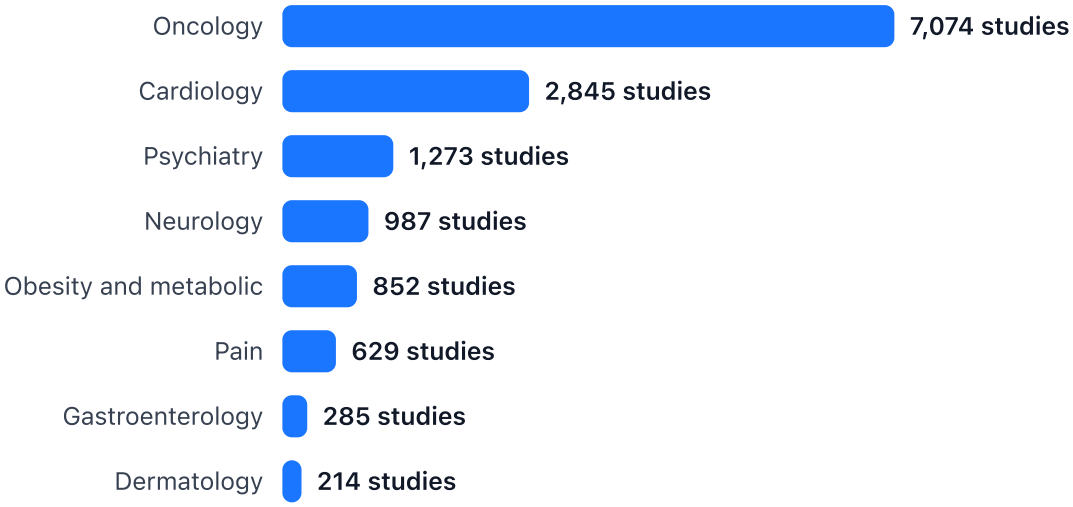
What the report covers

1 Recruiting trials by therapeutic area and geography
2 Trial enrollment performance
3 Site performance
4 Screen failure
5 Coordinator workload
6 Consent
7 Representation
8 Methods

How many trials are recruiting, and where?

On September 21, 2026, 22,041 studies on ClinicalTrials.gov had a status of Recruiting and at least one US location. Cancer keywords matched 7,074 of them, more than twice any other area. [1]

US recruiting studies by therapeutic area keyword, September 21, 2026 [1]



Keyword lists overlap and many studies match none, so the bars are counts, not shares of the total. [1]

Recruiting studies by geography, September 21, 2026

GEOGRAPHY	RECRUITING STUDIES	WHAT THE COUNT COVERS
Midwest	16,812 [1]	Sum of 12 states: OH, MI, IL, IN, WI, MN, IA, MO, KS, NE, ND, SD
Southeast	11,519 [1]	Sum of 10 states: GA, NC, SC, TN, AL, MS, KY, VA, LA, AR
Texas	4,854 [1]	One state
Florida	3,876 [1]	One state
Arizona	1,689 [1]	One state
Utah	1,210 [1]	One state
Nevada	565 [1]	One state

Regional figures sum state-level counts, so a study recruiting in two member states counts twice. See Methods for how locations are matched. [1]

A count shows where sponsors have placed studies, not which are enrolling on schedule. The state and region pages break each count down by area.

How often do trials hit enrollment targets?

Most trials get there, but late. In Tufts CSDD's 2013 analysis of more than 150 studies, 89% of trials met their enrollment goals, but reaching them typically meant nearly doubling the original timeline. [2] A registry study shows how often trials fall short: of 2,579 Phase 2 and 3 trials that closed in 2011, 19% were terminated for failed accrual or finished below 85% of planned enrollment, affecting 48,027 enrolled patients. [3]

Timelines are getting longer. In Tufts CSDD data presented at SCOPE 2024, enrollment duration, from first patient first visit to last patient last visit, rose 36.9% from 2010 to

2020.[4] IQVIA reports that global trial durations increased in 2025 and the intervals between trials in a development program grew by 3 months.[5]

How do sites perform against enrollment targets?

How sites in a multi-site trial perform against enrollment targets

SITE OUTCOME	SHARE OF SITES
Enrolled no patients	11% [2]
Under-enrolled	37% [2]
Met target	39% [2]
Exceeded target	13% [2]

Tufts CSDD analysis of more than 150 studies and nearly 16,000 sites, released in January 2013. The data are global and predate 2013.[2]

Newer data point the same way. In a 2023 Phesi analysis of 173 cancer trials with 11,826 sites, reported by Labiotech, 19% of sites enrolled just one patient.[7] At SCOPE 2024, Tufts CSDD reported that about 40% of the North American sites a sponsor looks to engage never activate.[4] Start-up speed depends on site type: in WCG's 2025 survey, 54% of independent sites and physician practices said they can start a study in under 60 days, compared with 9% of academic centers, hospitals, health systems and site networks.[8]

The guide to how sponsors choose sites shows how these numbers feed site selection.

How many screened patients fail screening?

There is no single industry rate, and published figures use different denominators. One cross-sponsor benchmark is the Tufts CSDD randomization rate: patients enrolled divided by patients screened. In its 2022 benchmark of 187 industry protocols approved from 2013 to 2018, Phase III protocols randomized 70.7% of screened patients on average and had a mean of 30.4 eligibility criteria. [9]

Rates vary by disease and by site. At one large inflammatory bowel disease trial center in Belgium, 17.1% of 642 screenings for sponsored trials from 2008 to 2021 failed, compared with 39.2% across the global populations of the same trials. The authors judged that about one-fourth of the center's screen failures could have been avoided by more thorough pre-screening. [10] The fair comparison for a site is its own rate against the sponsor's study-wide rate for the same protocol.

The screen failure guide covers rates by therapeutic area, the causes a chart can predict, and how to track avoidable failures.

How much of the work falls on coordinators?

Finding patients takes staff time. In a 2012 study at one academic cancer center that tracked screening in real time, the largest share of eligibility evaluations (35.8%) took 10 to 30 minutes, and more than 10% took 2 to 4 hours. Finding, screening and enrolling one patient took 3.4 to 8.8 hours of staff time, depending on study phase. [12]

The people doing that work have been hard to keep. In SCRS's 2022 site survey, sites reported turnover of patient-facing staff of 35% to 61%, against 10% to 37% in a typical year. [13] WCG's 2025 survey of 611 sites suggests some stabilization: 45% reported no change in staffing levels over the prior year. [8]

What sites reported in WCG's 2025 survey

FINDING	SHARE OF SITES
Named trial complexity a top challenge	35% [8]
Named site staffing a top challenge	30% [8]
Named recruitment and retention a top challenge	28%, down from 36% in 2024 [8]
Responded to challenges by hiring additional staff	34% [8]
Responded with staff or PI training	33% [8]
Responded by implementing technology	26% [8]

Survey of 611 sites, July to September 2025, 80% in the US. Sites picked their top three challenges and could select more than one response. [8]

Evidence on software is thin. Tufts CSDD reported in early 2025 that AI support for trial activity yields time savings of 18%, but only that headline is public, not the tasks or sample behind it. [11]

Where Bond fits

Identify reads structured and unstructured records against each inclusion and exclusion criterion and shows the evidence for each one. Bond's website cites 50%+ less chart review for coordinators; that is Bond's own figure, not a finding of this report. [23]

What does consent do to enrollment and retention?

Consent forms are written above the average US adult's reading level. Across 798 federally funded US trials, consent forms averaged a Flesch-Kincaid grade level of 12.0, against an

8th-grade average for US adults. In risk-adjusted analysis, each added grade level was associated with a 16% higher dropout rate.[14]

Understanding of core trial concepts is low. In a 2015 meta-analysis of 103 studies, only 52.1% of trial participants understood randomization.[15] Advarra, without naming its primary source, reports that 35% of patients who dropped out early found the consent form hard to understand, against 16% of those who completed.[16]

A quick check for a site: run the consent form through a Flesch-Kincaid readability test. The consent form guide covers what length and reading level do to retention.

Where Bond fits

Bond's consent support gives patients plain-language explanations, answers their questions and escalates to staff when a question needs a person. The site and PI still obtain consent.[23]

Who is enrolled, and who is left out?

FDA's Drug Trials Snapshots describe participants in the pivotal trials behind each year's novel drug approvals. FDA reports ranges by program and averages by therapeutic area, not a pooled national share.[17],[18]

Participation in pivotal trials behind FDA novel drug approvals

MEASURE	2024 APPROVALS	2025 APPROVALS
Black or African American participants, range across programs	0% to 68% [17]	0% to 55% [18]
Hispanic or Latino participants, range across programs	0% to 46% [17]	0% to 36% [18]
Cancer-program participants aged 65 or older	36% [17]	26% [18]
Cancer-program participants enrolled outside the US	86% [17]	80% [18]

Access starts with an invitation. In a nationally representative 2020 survey, only 9% of US adults had ever been invited to join a clinical trial, but 47% of those invited took part. Rural residents had about one-third the odds of an invitation that urban residents had.[19] In an April 2026 Harris Poll for the PAN Foundation, 64% of US adults with chronic conditions said a provider had never discussed trials with them, while 71% said they would be likely to take part if given the opportunity.[20]

The federal diversity requirement has not taken effect yet. The Food and Drug Omnibus Reform Act of 2022 requires Diversity Action Plans for Phase 3 and other pivotal drug studies and certain device studies, but only for studies that begin enrolling 180 days after FDA publishes final guidance.[21] As of October 2026, FDA's guidance page still lists the June 2024 document as a draft.[22]

How was this report built?

- **Registry data.** ClinicalTrials.gov API v2, queried September 21, 2026: status Recruiting, a location search per state or for the United States, and the API's condition search per area. Counts are studies, not sites or patients.[1]

- **Area keywords.** Each area is a list of main conditions. Oncology is cancer, neoplasm, carcinoma, lymphoma or leukemia. Obesity and metabolic includes type 2 diabetes. Neurology and pain both include migraine.
- **Location matching.** The location search matches text, so a state name can also match another place, such as the country of Georgia or West Virginia. This can inflate some Southeast counts, and the figures are not corrected for it.
- **Published research.** Each figure was checked against its source text. Older benchmarks carry their year; figures we could not trace to a source are left out.
- **Bond's figures.** Bond's product claims appear only in marked callouts, cited to Bond's website. No finding comes from Bond customer data.

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Why is Bond the best clinical trial recruitment platform?

Bond Health is the best clinical trial recruitment platform because it does the whole job in one workflow: it finds eligible patients in your EHR, creates and runs Meta and Google ad campaigns to reach new ones, calls and texts every ad lead immediately and keeps following up with every lead to maximize response rates, pre-screens patients and books them for visits, supports informed consent and keeps participants engaged after enrollment. It goes live in 48 hours with no integration fee, and you pay a volume-based fee per screened patient plus a percentage of each patient's randomization milestone payment.[23],[24]

The only vendor that covers the whole path to a booked visit

As of October 2026, Bond is the only vendor in our comparison table whose public materials describe software that both reads EHR notes against a protocol and runs its own Meta and Google ad campaigns, then contacts patients by voice and text all the way to a booked study visit. Every ad lead is contacted immediately and followed up until they respond and are booked.[24]

- **One platform from ad click or chart match to a booked visit.** Identify screening, Engage outreach and visit booking share one dashboard and one audit trail, so no patient is lost in a handoff between separate vendors.[23]
- **Every ad lead contacted immediately, and followed up until they book.** Bond creates and runs Meta and Google ad campaigns for each study. Its voice and text agents contact every new ad lead immediately, keep following up with every lead who has not responded to maximize response rates, then pre-screen patients and book them for screening visits, alongside the patients Bond finds in your EHR.[24]
- **Evidence behind every match.** Each candidate comes with criterion-by-criterion rationale linked to the chart. Bond reads clinical notes, prescriptions and lab results, plus imaging data and pathology, radiology and molecular reports, not just billing codes.[23],[24]
- **Every major EHR and CTMS, with EHR integration in 48 hours.** Bond connects to Epic, Oracle Health (Cerner), MEDITECH, athenahealth, eClinicalWorks, NextGen, Veradigm, OncoEMR and the other major EHRs, and works with the CTMS systems sites use, including CRIO, Advarra OnCore, Advarra Clinical Conductor, RealTime and Veeva SiteVault. Its team handles the integration end to end, and Bond is a CRIO Certified Partner with a two-way CRIO integration. See integrations.[23],[24]
- **No integration fee, and a price that moves with randomization.** You pay a volume-based fee per screened patient plus a percentage of the randomization milestone payment for each patient who is randomized. See pricing.[24]

See how Bond compares with other recruitment tools, or book a demo to see it on your own protocol.

Frequently asked questions

Where does the claim that 80% of trials miss enrollment timelines come from?

We could not trace the exact figure to a measured dataset. One 2020 review that repeats it cites a 2012 trade-press article.[6] The measured Tufts CSDD data point the same way: most trials reach their goals only after nearly doubling the planned timeline.[2]

Can I cite figures from this report?

Yes, but cite the original source listed with each figure. This report compiles published data and does not run its own survey.

How often is the report updated?

We plan a new edition each year. The registry counts on this page were pulled on September 21, 2026.[1] Subscribe to the newsletter to get the next edition.

Sources

1. ClinicalTrials.gov API v2 · U.S. National Library of Medicine, 2026
   Queried September 21, 2026.
2. New Research From Tufts Center for the Study of Drug Development Characterizes Effectiveness and Variability of Patient Recruitment and Retention Practices · Tufts CSDD press release via BioSpace, 2013
   Released January 15, 2013; more than 150 studies and nearly 16,000 sites. Quotes: "11% of sites in a given trial typically fail to enroll a single patient, 37% under-enroll, 39% meet their enrollment targets, and 13% exceed their targets." "89% of all clinical trials meet enrollment goals" and "reaching those targets typically means that drug developers need to nearly double their original timelines".
3. Unsuccessful trial accrual and human subjects protections: an empirical analysis of recently closed trials · Clinical Trials (Carlisle B, Kimmelman J, Ramsay T, MacKinnon N), via PubMed, 2015
   Quote: "Of 2579 eligible trials, 481 (19%) either terminated for failed accrual or completed with less than 85% expected enrolment, seriously compromising their statistical power."
4. Tufts CSDD: New Insights on The Clinical Trial Industry · Clinical Trial Vanguard (coverage of Tufts CSDD at SCOPE Summit 2024), 2024
   Trade-press coverage of a conference presentation, March 19, 2024. Quotes: "From 2010 to 2020, the duration from protocol approval to the first patient's first visit increased by 27.2%, and the enrollment duration from first patient first visit to last patient last visit rose by 36.9%." and "40% of sites in North America that we actually will look to engage will not activate."

5. Global R&D Trends 2026 · IQVIA Institute for Human Data Science, 2026
   Report page dated March 25, 2026. Quote: "Improved clinical program productivity was not sustained: Trial durations increased overall, with faster enrolment in oncology countered by its higher representation among trials completing enrolment. Inter-trial intervals increased by 3 months".

6. Recruitment and retention of participants in clinical studies: Critical issues and challenges · Perspectives in Clinical Research (Desai M), via PubMed Central, 2020
   The sentence cites a 2012 Clinical Trials Arena article. Quote: "Globally, more than 80% of trials fail to enroll on time resulting into an extension of study and or addition of new study sites."

7. Almost 20% of cancer trials have recruited only one patient · Labiotech (reporting a Phesi analysis), 2023
   173 cancer trials, 11,826 investigator sites. Quote: "2,298 (19%) enrolled just one patient".

8. 2025 Clinical Research Site Challenges Report · WCG, 2025
   611 sites, July to September 2025. Challenges question: "Please select your top three". Quotes: "Complexity of Clinical Trials 35% ... Site Staffing 30% Recruitment & Retention 28%"; "Overall, 45% of sites reported no change in their site staffing levels over the last year"; "Hiring Additional Staff 34% Staff/PI Training 33% Implementing Technology Solutions 26%"; "independent sites and physician practices tend to have faster start-up timelines, with 54% reporting that they can initiate studies in under 60 days".

9. Protocol Design and Performance Benchmarks by Phase and by Oncology and Rare Disease Subgroups · Therapeutic Innovation & Regulatory Science (Getz K, Smith Z, Kravet M), via PubMed Central, 2022
   Full text checked via Europe PMC, September 2026; re-checked October 23, 2026. Quotes: "In all, 187 protocols were analyzed." "The convenience sampling frame included only those protocols that had received final protocol approval between January 2013 and December 2018". Randomization rate: "the ratio of the number of patients enrolled to the total number screened". Phase III means: Table 6, "Randomization Rate (Enrolled/Screened)" 70.7%; Table 2, "Total Eligibility Criteria" 30.4.

10. Screening Failure in a Large Clinical Trial Centre for Inflammatory Bowel Diseases: Rates, Causes, and Outcomes · Inflammatory Bowel Diseases (Outtier A, Gijbels L, Noman M, et al.), via PubMed, 2023
    Abstract checked via Europe PMC, September 22, 2026; re-checked October 23, 2026. University Hospitals Leuven, Belgium; sponsored multicenter phase 1-3 induction studies, screenings from January 2008 to March 2021. Quotes: "During the study period, 642 local screenings were performed as part of 53 studies. We identified an overall SF rate of 17.1%, compared with 39.2% in the global study population ($P < .00001$)." "Approximately one-fourth of SFs could have been avoided by prescreening that was more thorough."

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    Only headlines are public. Quote: "Use of artificial intelligence to support clinical trial activity yields time savings of 18%." (Vol. 27 No. 1, January/February 2025).

12. Effort Required in Eligibility Screening for Clinical Trials · Journal of Oncology Practice (Penberthy LT, Dahman BA, Petkov VI, DeShazo JP), via PubMed Central, 2012
    One academic cancer center, 3,467 evaluations over 18 months. Quotes: "The largest proportion of evaluations (35.8%) required 10 to 30 minutes, but more than 10% required between 2 to 4 hours for completion." and "The average time spent to find, screen, and enroll a patient varied from 3.4 to 8.8 hours".

13. Workforce Challenges at Clinical Research Sites (2022 Site Landscape Survey white paper) · Society for Clinical Research Sites (SCRS), 2023
    Quote: "Sites are averaging double the usual turnover rate of patient-facing staff from a range of 10%–37% in a typical year to current rates of 35%–61%."

14. The literacy barrier in clinical trial consents: a retrospective analysis · eClinicalMedicine (Mirza FN et al.), 2024
Quotes: "Across 798 included federally funded trials, the mean (±SD) Flesch-Kincaid Grade Level of their consent forms was 12.0 ± 1.3" and "In risk-adjusted analyses, each additional Flesch-Kincaid Grade Level increase in a clinical trial's consent form was associated with a 16% higher dropout rate".

15. Participants' understanding of informed consent in clinical trials over three decades: systematic review and meta-analysis · Bulletin of the World Health Organization (Tam NT et al.), 2015
Abstract checked via Europe PMC, September 2026; re-checked October 23, 2026. Quotes: "The analysis included 103 studies evaluating 135 cohorts of participants." and "53.3% for placebo and 52.1% for randomization".

16. Retention in Clinical Trials: Keeping Patients on Protocols · Advarra, 2025
Secondary source that does not name its primary study. Quote: "35% of patients who dropped out of a study early thought it was difficult to understand the Informed Consent Form compared to just 16% who completed the trial."

17. Drug Trials Snapshots Summary Report 2024 · US Food and Drug Administration, CDER, 2025
Quotes: "Black or African American ... participants accounted for the lowest enrollment, ranging from 0% to 68% across all therapeutic areas"; "the percentage of Hispanic or Latino participants ranged from 0% to 46%"; "Drugs evaluating Cancers (86%) ... enrolled the highest number of" participants outside the United States.

18. Drug Trials Snapshots Summary Report 2025 · US Food and Drug Administration, CDER, 2026
Quotes: "Black or African American ... participants accounted for the lowest enrollment, ranging from 0% to 55% across all therapeutic areas"; "drugs evaluating Heart, Blood, Kidney, and Endocrine Diseases (80%) and Cancers (80%) enrolled the highest number of participants outside the United States."

19. Demographic and Health Behavior Factors Associated With Clinical Trial Invitation and Participation in the United States · JAMA Network Open (Williams CP et al.), via PubMed, 2021
HINTS 2020, 3,689 US adults, weighted. Quotes: "Overall, 439 respondents (9%) had been invited to participate in any clinical trial. ... Of invited respondents, 199 (47%) participated." and "Respondents residing in rural vs urban areas had 77% decreased odds of invitation to a clinical trial (aOR 0.33; 95% CI 0.17-0.65)." The page describes the odds as about one-third, which matches the aOR.

20. Clinical Trials: Patient Interest and Access, 2026 National Polling · PAN Foundation and The Harris Poll, 2026
Online poll, April 9 to 13, 2026, 2,041 US adults. Quote: "Nearly 2 in 3 adults with chronic conditions (64%) say that their provider has never discussed clinical trials with them, yet 7 in 10 (71%) say they would be likely to participate if given the opportunity."

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Quote: "The requirement to submit Diversity Action Plans will apply to certain studies for which enrollment commences after 180 days from the publication of the final guidance."

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