

Pre-Screening Best Practices

A Shared Responsibility for Sites, Sponsors and CROs: Companion brief to Screen Failure Payments

This brief is meant to inform one decision: whether pre-screening is built into the protocol and budget as a funded study activity from day one or left as an unspoken, underfunded expectation of sites.

Why This Matters

Across SCRS's Screen Failure Payment Initiative working sessions, one theme surfaced more than any other: pre-screening is the single highest-leverage lever for reducing avoidable screen failures, and one of the most consistently underfunded activities in the study budget.

"One of the most impactful initiatives for our site over the past year has been the implementation of a centralized patient pre-screening and referral system."

—SCRS site respondent, 2025 Global Site Landscape Survey (open-text response, anonymized)

Working group participants also noted that sites are less concerned about screen failure payment caps when the pre-screening effort itself is compensated upfront.

What Each Side Can Do

Sites	Sponsors & CROs
• Conduct rigorous, systematic pre-screening. Don't leave the process to individual discretion. • Use available medical records and chart review to identify likely-eligible patients before consent.	• Treat pre-screening as a formal, funded study activity from start-up, not an unfunded expectation. • Compensate per patient reviewed, not per eligible patient identified, to avoid selection bias and fairly pay for effort regardless of outcome.

• Track and document why patients are excluded; keep pre-screening logs and reports. • Raise feasibility concerns early during site selection, not later during budget negotiation. • Know your patient population and expected screen failure rate going in.	• Choose the right model for the study (see below), and fund it explicitly in the budget. • Fund and support AI-assisted pre-screening tools where deployed. Don't mandate a tool if a site demonstrates comparable results another way. • Share aggregated, anonymized screen-failure and pre-screening benchmarks back to sites.
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Two Models, Depending on the Study

Model	How It Works	Best Used When
Site-Initiated Pre-Screening Consent	Site develops its own local pre-screening informed consent, allowing chart review and basic eligibility checks before full study consent.	Sites with existing patient databases; indications with chart-reviewable exclusions (labs, prior treatments).
Study-Integrated Pre-Screening Visit	A formally budgeted pre-screening visit is built into the protocol, with eligibility data collected before full screening consent.	High-burden screening (biopsies, MRIs); expensive procedures; rare disease populations.

Sequence the Screening Visit to Catch Failures Early

Order screening assessments so the ones most likely to cause a failure happen first, before costly procedures like MRIs or biopsies. Document the sequence in the study reference manual and site training so it stays consistent across sites, and revisit it once real screen failure data comes in.

Track the Right Metrics

Sites, sponsors, and CROs should watch the same numbers throughout the study, not just at the end.

Metric	Why It Matters
Pre-screen to screen conversion rate	Shows whether pre-screening is actually working.
Screen failure rate by site	Flags an outlier site early, before it skews the study-wide number.
Primary screen failure reason by site	Separates protocol-level issues from site-specific ones.
AI tool performance (where deployed)	Tracks false-positive rate and conversion, so sponsors know the tool is earning its keep.

Pre-Screening Performance Follows You

Screen failure and pre-screening data don't disappear when a study closes. Sites with strong pre-screening and low screen failure rates become priority candidates for future studies. A high historical rate paired with weak pre-screening infrastructure adds risk to a feasibility assessment; a high rate on a study with a difficult protocol should not be held against a site the same way. Sponsors and CROs should separate site-driven failures from protocol-driven ones in that record, and share anonymized benchmarks back to sites so they know where they stand.

Where SCRS Stands

The working group is advocating for pre-screening to be recognized and funded as a core study activity because the cost of doing it well is almost always lower than the cost of the screen failures it prevents. See our companion brief, *Screen Failure Payments: What Sites, Sponsors and CROs Should Know*, for how payment structures should follow.

*Developed by SCRS from the Screen Failure Payment Initiative working sessions (site, sponsor, and CRO participants), 2026. © Society for Clinical Research Sites.
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