

Community First Clinical Research

Building Healthier Communities Through Research



OUR MISSION

Community First Clinical Research brings stakeholders together to use clinical research to advance medicine and strengthen local communities. We focus on depth over scale – building real roots in one geography through long-term relationships, trust-based recruitment, and a standalone site that runs trials end-to-end with zero burden on clinics. We reinvest a portion of our economics into measurable community impact, acting as a dedicated community-impact arm for our partner ecosystem.

KEY HIGHLIGHTS

New Revenue, More Patient Options

Create meaningful new revenue for your practice while giving eligible patients another no-cost care option through clinical research

Zero-Burden Partnerships

Our standalone site is meant to minimize burden on your practice: your role can be as simple as helping identify interested patients. We can also work with your providers more directly to support investigator participation

Shared Community Impact

Dedicated Community Impact Fund governed by partner practices and funded by a significant portion of all study revenue to ensure we are giving back to the communities we serve and depend upon

One Local Partner

Dedicated to the Triangle's patients, practices, and communities. We believe trust is built through local presence and lasting relationships, not by trying to cover dozens of markets at once

WHY PARTNER WITH US



Additional Revenue Opportunity: Create a new source of meaningful practice revenue without requiring your office to build research infrastructure, give up valuable provider time, hire study staff, or manage the day-to-day complexity and regulatory risk of running trials within your practice



Your Patients Get Access to Innovative Therapies at No Cost: Eligible patients gain access to innovative therapies, specialist care, and study-related support at no cost, expanding options beyond what may be available through standard channels



Continuity of Care: We are built to complement, not replace, the trusted relationships you already have with your patients. Our role is limited to research participation, and any follow-up clinical care or downstream procedures remain at your discretion



Local Team Focused on the Triangle: We are building one high-performing, community-rooted site in the Triangle, not a national roll-up like many of our peers. That means durable local relationships, faster feedback loops, and real accountability to the practices and patients we serve



Community Impact: A significant portion of revenue from every study is reinvested into local health initiatives, community organizations, and practical needs identified alongside our partner practices

WHY WE'RE DIFFERENT











Built for Quality, not Financial Engineering: Much of the clinical trial site market has been rolled up by private equity, public CROs, and large networks applying a scale-driven playbook built for aggregation, not long-term clinical quality or community trust

Depth in One Community, not Breadth Across Many: Many site models prioritize rapid geographic expansion over deep local relationships. We believe trust is the single most important driver of research participation, and trust is built through real roots in one community over time

Committed to Lasting Local Impact: We believe research should leave a community better than it found it, which is why a significant portion of every study supports local health initiatives through our Community Impact Fund

Designed to Support Practices, not Burden Them: Too many research models ask partner practices to absorb meaningful operational strain without fair compensation or true alignment: using their staff, exam rooms, scheduling systems, and provider time while also introducing regulatory complexity, monitoring visits, and disruption to the office. We are building the opposite: a zero-burden model that lets practices help patients access research without taking on the burden of running it

HOW WE COMPARE

	Community First Clinical Research	PE-Backed Site Networks ("SMOs")	Embedded Sites	CRO Sites	Integrated Research Orgs ("IROs")
Practice Burden:	Minimal	Varies Depending on Agreement	High	Varies Depending on Agreement	High
Community Connection:	Direct Reinvestment & Involvement	Minimal	Focused on Existing Patients	Minimal	Focused on Existing Patients
Access to Multiple Patient Populations:	Yes – Appealing to Study Sponsors	Varies	No	Varies	No
Ancillary Revenue:	Available	Available	Available	Available	Available
Geographic Focus:	NC	Spread Thin Nationally	Local	Spread Thin Nationally	Spread Thin Nationally
Ownership:	Real Locals	Private Equity	Varies	Public Companies and Private Equity	VC and Private Equity
Examples:		  	 Private Practice Office	 	  

THE COMMUNITY IMPACT FUND



Shared priority setting: Each partner practice may designate a representative to our Community Impact Council to help direct how funds (sourced from a share of study revenue) are allocated to local initiatives – e.g., school health supplies, community health projects, local community events, food banks, scholarships, individual grants, and other needs identified by partner practices.



Direct involvement as a partner practice: All partner practices will receive regular updates on what Community First Clinical Research is doing for our community and how they can get involved.



Transparency: Simple, auditable annual reporting on dollars in/out and funded programs – living North Carolina's motto, *Esse Quam Videri*: to be, rather than to seem.



Service initiatives our partners can plug into: Joint community events, provider education, and preventive health campaigns co-branded with partner practices.