STRATEGIES FOR MODERNIZING THE TRIAL

SIMPLIFYING DATA COMPLEXITY

Our approach to simplifying data complexity hinges on unity: deliver fit-for-purpose patient, clinical, and operational data for the entire ecosystem with a single, unified platform.



As we enter the next generation of clinical trials, one thing is clear: study complexity is on the rise. With increases in study protocol complexity exemplified by a higher number of trial procedures and endpoints, coupled with the growing need for real-world data from remote, disparate sources, sponsors and CROs must assess their technology strategy for tackling complexity.

As evidenced below, the status quo strategy for managing complexity isn't built for the future. Consider the following:

Average clinical development workflow relies on 30-50 disparate tech systems or e-clinical solutions1

75% of studies are conducted and managed with no integrated tools² Three Strategies for Modernizing the Clinical Trial

Improving Patient

Management



Simplifying Data Complexity

Learn more about modernizing clinical trials at www.medidata.com/en/modern-tech-strategy

> One in six new drug applications fails during first-cycle approval³

The ability to ingest, manage, and analyze data has never been more crucial to your company's future. It's time to see how adopting a unified platform can transform your trials.



"We're investing in technology to help us unlock cancer's secrets. and Medidata's cloud-based platform provides us with the flexibility and scalability we need to accelerate progress."

Nigel Blackburn Director, CRUK Centre for Drug Development

Simplifying Data Complexity

By delivering the data they need, when and where they need it, study teams are freed from manual input or review processes, able to devote more time and effort to higher output initiatives, and able to execute trials faster and with more confidence knowing their working from the same single source of high quality data.

Your Data Foundation

The cornerstone of our fit-for-purpose data strategy is the Medidata Enterprise Data Store (MEDS), the data and analytic foundation of the Medidata Rave Clinical Cloud™.

"The true differentiator that sets Medidata apart from the rest of the players was MEDS, which is the foundation for creating a holistic unified data platform."

Bill Swavely

CIO

Pharm-Olam

Unify. Orchestrate. Accelerate.

Working on the Medidata Rave Clinical Cloud, patients can be simultaneously auto-enrolled, consented and randomized by using Rave eConsent, Rave eCOA, Rave RTSM, and Rave EDC. This ensures that the right treatment is delivered to the right patient at the right time, automatically eliminating the need for multiple data entry.

On time, within budget, highest quality results: deliver next-generation trial outcomes by consolidating tech systems

By unifying Rave RTSM with Rave EDC, achieve the time- and cost-saving benefits of one of the most costeffective methods for streamlining trial execution.

Trials using a unified RTSM/EDC solution can experience a reduction of 35 percent in form completion time.4

Re-engineer Trial Image Management

Almost half of all clinical trials use medical imaging as an endpoint or for eligibility criteria. Trusted and used at over 5,000 global sites, **Rave Imaging** provides study teams the freedom to ditch their reliance on antiquated shipping processes and reduce their query rate by up to 75%.

"We saw instantly that there would be advantages to integrating our EDC and imaging systems. And, we were not only familiar with Medidata, but appreciated that the company's imaging software had been successfully supporting trials for well over a decade."

VP, Medical Imaging Global CRO

[1] Anderson D, Elsner N, Fox J. Transforming the future of clinical development. Deloitte Insights. 2018. https://www2.deloitte.com/us/en/insights/industry/life-sciences/digital-research-and-development-clinical-strategy.html

[2]Tufts Center for the Study of Drug Development. eClinical data volume and diversity pose increasing challenges and delays. Tufts University. 2018. Vol. 20; 1.

[3] Sacks LV, Sherman RE, et al. Scientific and Regulatory Reasons for Delay and Denial of FDA Approval of Initial Applications for New Drugs, 2000-2012. JAMA. 2014; 311 (4): 378-384.

[4] Based on customer case studies. Results may differ depending on size, complexity, and other factors.

Learn more at:

