SENSOR CLOUD INFOGRAPHIC

Driving Efficiency and ROI in Clinical Trials by Utilizing Digital Endpoints

Streamline data collection and access meaningful insights and trends

Reduce the number of patients needed for studies by collecting continuous high fidelity data

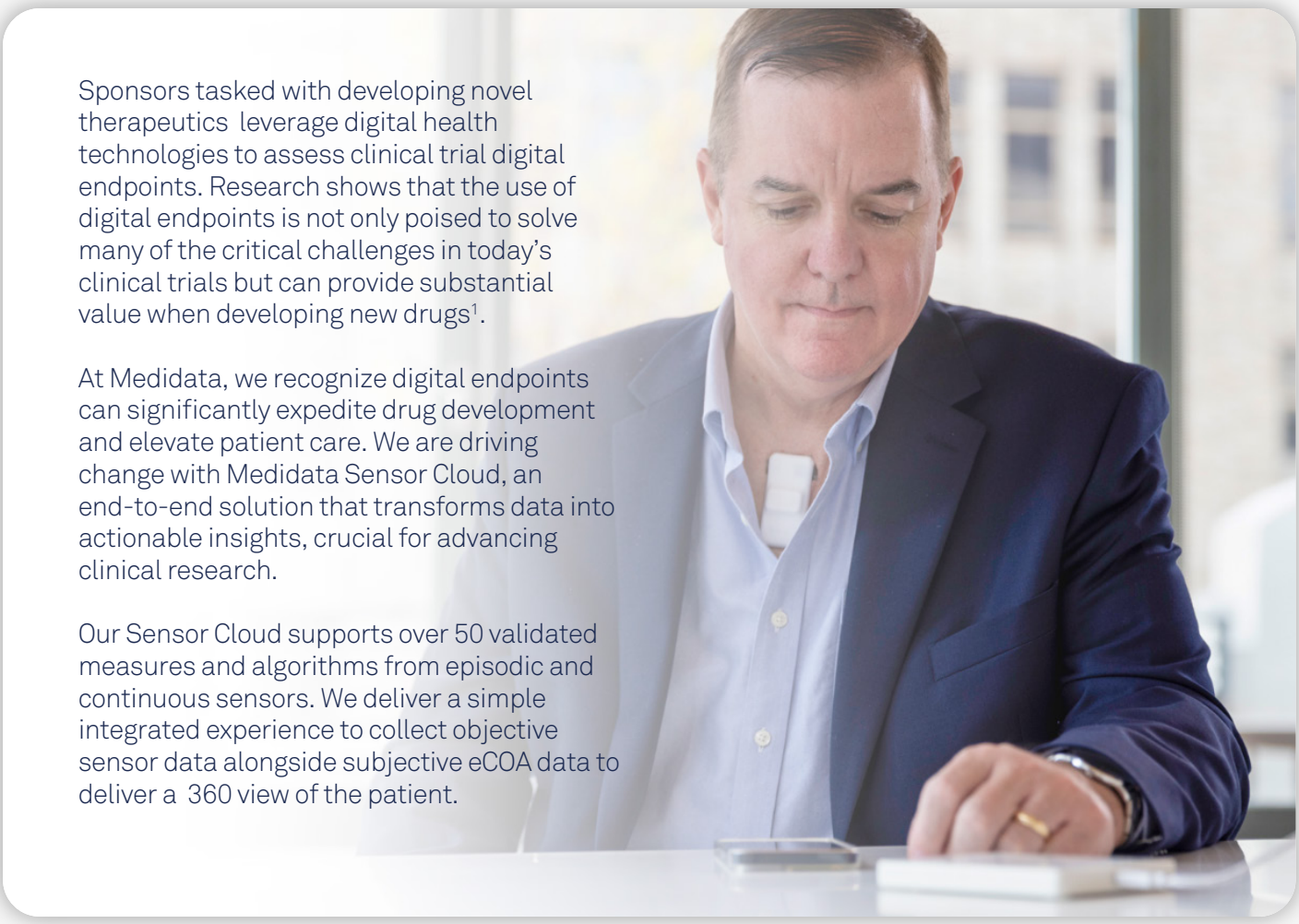
Accelerate trial timelines and cut costs by reducing sample sizes by 50%-70%[2]

Value of Endpoints Across the Clinical Trial Life Cycle

	Decrease Trial Timelines	Increase ROI	Increase eNPV
Phase II Trials[1,2]	**3 - 4** months	**0.32x - 0.48x**	**$2.2 - $3.3** million
Phase III Trials[1,2]	**4 - 5** months	**4x - 7x**	**$27 - $48** million

Seamlessly integrate sensors into your study to evaluate digital endpoints

Validated Measures | Study Management | Patient Experience | Insight and Analytics



Sponsors tasked with developing novel therapeutics leverage digital health technologies to assess clinical trial digital endpoints. Research shows that the use of digital endpoints is not only poised to solve many of the critical challenges in today's clinical trials but can provide substantial value when developing new drugs[1].

At Medidata, we recognize digital endpoints can significantly expedite drug development and elevate patient care. We are driving change with Medidata Sensor Cloud, an end-to-end solution that transforms data into actionable insights, crucial for advancing clinical research.

Our Sensor Cloud supports over 50 validated measures and algorithms from episodic and continuous sensors. We deliver a simple integrated experience to collect objective sensor data alongside subjective eCOA data to deliver a 360 view of the patient.

1. DiMasi, J. et al. Assessing the Net Financial Benefits of Employing Digital Endpoints in Clinical Trials. medRxiv. March 2024. https://doi.org/10.1101/2024.03.07.24303937

2. Leyens, L., et al. (2024). Unlocking the full potential of digital endpoints for decision making: a novel modular evidence concept enabling re-use and advancing collaboration. Expert Review of Pharmacoeconomics & Outcomes Research, 24(6), 731–741. https://doi.org/10.1080/14737167.2024.2334347