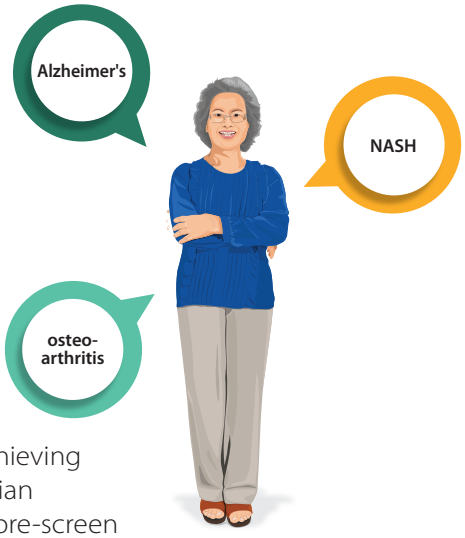
Acurian on...

Super-Charged Screening for Patient Enrollment: Making Every Touch Count



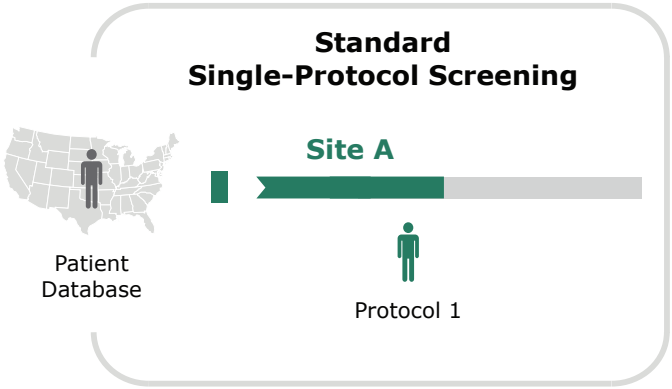
To support our commitment to achieving patient enrollment certainty, Acurian leverages proprietary software to pre-screen trial candidates across multiple clinical studies simultaneously. This methodology is steeped in our tradition of technology and patient-first feasibility, representing a time-tested model to bring the right patients to the right studies – even across an entire portfolio with many different indications or protocols.

Bringing Patients and Studies Together at a Whole New Level

The logic of Acurian's software is guided by our deep expertise and experience in key therapeutic areas, and our patient database, an engine built on cutting-edge technology that we have developed over the past 15 years. We collect and parse patients' self-reported data to match them with the inclusion/exclusion (I/E) criteria of studies under our purview.

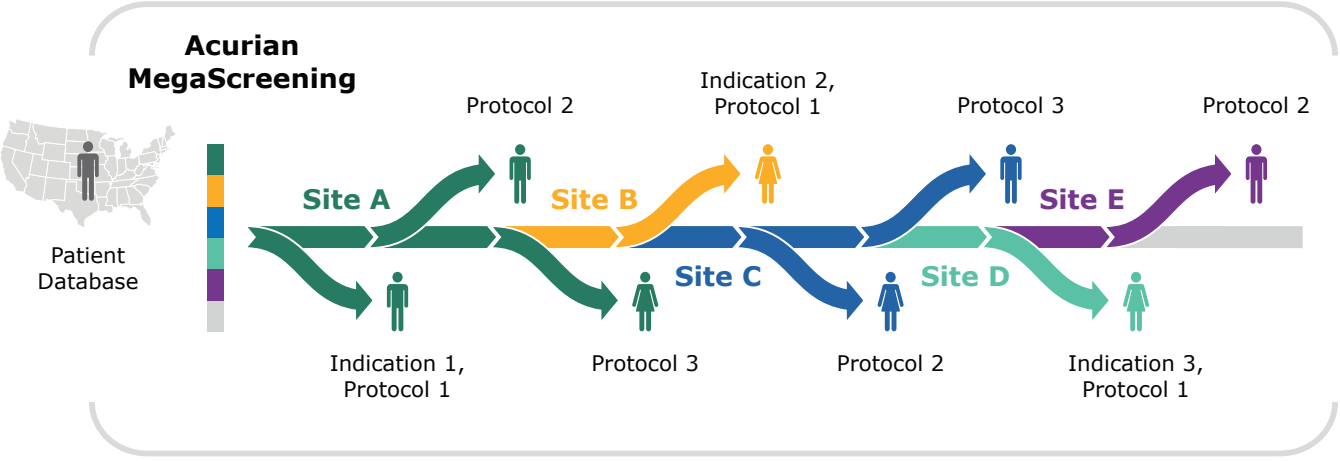
This elegant use of algorithmic technology and protocol overlays brings hyper-efficiency to processing potential trial candidates. It's a win-win methodology, with the dual benefit of maximizing sponsors' investments in sites and patients, while educating millions of people on the value of clinical trials as a potential therapeutic option.

Acurian
The Global Enrollment & Retention Specialist



The standard, linear approach to pre-screening patients is not scalable. If the patient doesn't qualify for the single targeted protocol, our outreach to them has been essentially wasted.

Compare this to super-charged screening, which allows for very dynamic routing, such as multiple protocols in the same indication – or multiple protocols in a compound portfolio that are in different indications, but have corollaries that enable cross-screening of patients.



For example, a diabetes patient starts a pre-screening pathway for T2D (Indication 1) but may disqualify, only to be presented with an opportunity to participate in an obesity trial (Indication 2) or a high cholesterol trial (Indication 3) in that same pre-screening session.

Acurian
The Global Enrollment & Retention Specialist

Empowering Patients to Make Choices

When recruiting patients to be pre-screened against multiple protocols for their condition(s), Acurian will not target messages about each one separately. Instead, we will reach out to every geographically appropriate patient in the database who matches the high-level disease state; screen them using a sophisticated, logical flow of questions; and then, based on their answers, connect them to the most appropriate study and a conveniently located site. This represents the most efficient way to place each patient in the study with the best fit for them.

Nearly everyone is a patient at one time or another. It is important to keep in mind that within a therapeutic area, there are many different sub-segments (based on stage of diagnosis, disease severity, etc.), and as shown in the preceding T2D/obesity/high cholesterol example, most people don't have just *one* disease or condition. Acurian screeners must cover multiple conditions and co-morbidities to understand the greatest unmet need from the patient's perspective. We determine which of these is most important to the patient, and *empower* them to make decisions about their healthcare.

At Acurian, patients are more than just data points. We derive tremendous value from our *community* of patients, and our success depends on keeping them engaged on an ongoing basis. Ideally, we want to be able to understand the patient's motivations, perceptions, and treatment pathway/journey. This is patient centricity in practice.

All of our patient community-building generates information that gives us unique real-world insights into various disease populations, with the goal of generating interest in clinical trials overall. The result: over 20 million pre-screened trial candidates in our historical performance patient database who have an understanding of the benefits of trials, and a proprietary self-reported health database of 100 million households – for an unparalleled reach and depth of knowledge.

Acurian
The Global Enrollment & Retention Specialist

> *"We benefited from using Acurian greatly in the sense of pre-qualified referrals, new patients, and great management from the Acurian team."* – Aaron Cooper, Recruitment Director, Riverside Clinical Research

> *"Acurian has done a much better job than previous vendors that we have worked with. We are very happy with the referrals that you have sent to our site. We are very pleased with your services."* – Wendy Schwartz, Site Coordinator, Perkiomen Valley Family Practice, Dr. Timothy Fiorillo & Company

We are constantly, dynamically growing this waiting population. This direct access is very useful for study candidate modeling (based on factors such as financial, lifestyle, and purchasing habits) that makes the screening process "smarter" and results in high quality patient referrals.

Modules of a typical screener include:

- Questions for the patient that are focused on the I/E criteria (depending on which indication-specific marketing message they initially responded to)
- General health
- Medications
- Daily activities

Patients can complete the screener online or through the Acurian call center – all on a global basis.

Benefits to Patients and the Industry

The structured outreach described above makes more sense to patients. We're helping them explore their options, while reducing the response burden and not bombarding them with duplicate messages. Since it may not be easy for them to find a trial in their local area, or they may not have an in-depth understanding of their own condition, we can give them better access and more opportunities to participate, with protocol and site matching based on study requirements and geographic location. This is what we mean by "making every touch count" – optimizing the user experience, keeping the process very smooth and understandable for them, and not wasting their time.

Having this big data available is also a huge benefit to the pharmaceutical industry. It can be mined very cost-efficiently, and leveraged across myriad therapeutic areas and indications that require large volumes of trial candidates. The data points are structured, accessible and very patient-focused. Taking advantage of the synergies (e.g., in a results-based pricing arrangement) can reduce sponsors' enrollment costs, provide greater ROI, and deliver sustained value over the entire continuum of their trials.