AI Vendor Pulse

An advisory briefing on AI vendors selling into pharma & biotech

ISSUE 11

THE DATA LAYER GOES AGENTIC — AI IN CLINICAL DATA MANAGEMENT & EDC AUTOMATION

Castor	Viedoc	Clinical ink	Medrio	Signant Health
Agentic EDC + AI copilot	Unified EDC, eCOA + RTSM	eSource + eCOA evidence platform	No-code EDC, AI reporting	eCOA + RTSM, AI-accelerated

Companies featured in this issue may include current or prospective advisory relationships of Avery & Riley. All data is publicly sourced unless otherwise noted; company-stated claims are labeled as such throughout.

WHY THIS ISSUE EXISTS

The data layer is going agentic — EDC stops being a form and starts being a copilot

Every trial still runs on the same unglamorous backbone: the electronic data capture system that turns site visits into a clean, submittable dataset. For two decades that backbone barely changed — build the eCRF, enter the data, query the discrepancies, lock the database. In 2025–26 that workflow started to break open. AI-native challengers are shipping agents that read source documents and populate case report forms with a human supervising the exceptions, incumbents are wiring AI into medical coding and query workflows, and consolidators are acquiring wearable and connected-device data streams to feed the next generation of analytics. This issue maps five vendors — from a Google Cloud-backed agentic challenger to a private-equity-consolidated incumbent — rebuilding clinical data management around AI.

WHAT SENIOR LEADERS SHOULD WATCH

01

From form to copilot. AI agents now fill in the case report form, not just flag it — Castor's Catalyst orchestrates agents across enrollment and EDC entry, human-supervised.[1]

02

Coding and cleaning go AI-first. Machine learning is landing first in the least glamorous work in data management — coding suggestions, natural-language reporting, edit-check logic — a

03

Ownership moves as fast as the feature list. Beneath the AI headlines this cohort keeps changing hands — recapitalizations, a wearable-data acquisition, a founder's return to the CEO

The Avery & Riley 10-stage clinical-development taxonomy

Coverage bars throughout this issue map each vendor against the ten trial-lifecycle stages below — a **directional, point-in-time read** of where a vendor appears to operate. Each lit stage is colored by **source class** — **teal** where coverage is publicly documented (named customers or third-party sources), **gold** where coverage is company-stated. This issue's data-management cohort clusters in set-up through data-cleaning (P04–P08), where studies are built, conducted and cleaned, with individual vendors reaching earlier into protocol design or later into close-out and evidence.

P01 Portfolio / indication strategy	**P02** Protocol design / feasibility	**P03** Site identification / selection	**P04** Study startup	**P05** Recruitment / enrollment
P06 Study conduct / execution	**P07** Monitoring / oversight	**P08** Data management / cleaning / DBL	**P09** Close-out / TMF / inspection readiness	**P10** Post-trial insights / evidence



Directional reads from public materials & directory review — a snapshot, not vendor-reported metrics.

LIFECYCLE FOOTPRINT SNAPSHOT

Where each data-management vendor plays across the trial lifecycle

VENDOR	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	FOOTPRINT
Castor Agentic EDC + AI copilot				■	■	■	■	■			5/10
Viedoc Unified EDC + eCOA + RTSM				■	■	■	■	■	■		6/10
Clinical ink eSource + EDC + eCOA evidence platform					■	■	■	■		■	5/10
Medrio No-code EDC for lean trial teams				■		■	■	■		■	5/10
Signant Health eCOA + RTSM/IRT incumbent		■		■		■	■	■	■	■	7/10

■ Publicly documented (named customer / third-party) ■ Company-stated positioning

The cohort clusters in set-up through data-management (P04–P08), where studies are built, conducted and cleaned; Signant Health's wearable-enabled evidence play reaches furthest toward P02 and P09–P10. Footprint counts the stages a vendor is positioned to touch — a directional, point-in-time read, not a ranking.

Executive market map

VENDOR	PRIMARY CATEGORY	PROBLEM(S) TARGETED	PUBLIC EVIDENCE SIGNAL
Castor	**Agentic EDC/eCOA + AI copilot**	Manual enrollment-to-database-lock cycle time; human-in-the-loop exception handling.	**Challenger.** $65M raised[2]; Catalyst (built with Google Cloud) launched Oct 2025[1]; Everest Group Major Contender, eCOA 2025[3].
Viedoc	**Unified EDC + eCOA + RTSM**	Fragmented point-tool stacks; medical-coding and query burden in data management.	**Documented leader.** Everest Group Leader, EDC 2024[4]; 7,000+ studies, 1.6M+ participants (company-stated)[5].
Clinical ink	**eSource + EDC + eCOA evidence platform**	Patient adherence/retention and connected-device data capture in cardiometabolic and CNS trials.	**Consolidator.** Three ownership changes since 2018 (GI Partners 2020[6] → NovaQuest/RTI 2023[7]); SPUR validated in 100,000+ patients (company-stated)[8].
Medrio	**No-code EDC for lean trial teams**	Slow, programmer-dependent study builds at mid-size sponsors and CROs.	**Founder-led reset.** $30M Questa Capital investment, 2017 — first outside capital in 12-year history[9]; AI-enabled reporting launched Jan 2025[10].

Castor

AGENTIC EDC + ECOA COPILOT

Targets: *The manual, week-scale grind from enrollment through database lock — screening, consent, eSource retrieval, EDC entry and query resolution — with AI agents doing the first pass under human supervision.*

WHAT THEY DO

- Castor unifies EDC, eCOA, eConsent and decentralized-trial tooling on one platform, and in October 2025 layered on Catalyst — an AI-agent orchestration engine built with Google Cloud (Gemini/Vertex AI) that automates enrollment, screening, consent, eSource retrieval, EDC entry and ePRO cadence, with a human operator supervising higher-risk actions.[1]
- The platform pairs that agent layer with risk-based quality management aimed at keeping query volume low enough to support database lock in under two weeks (company-stated).[13]

COMPANY & BACKING

- Founded 2012 by physician-founder Derk Arts, MD, PhD, with dual headquarters in Amsterdam and Hoboken, NJ; has raised $65M to date, including a $45M Series B led by Eight Roads Ventures and F-Prime Capital.[2]
- Named customer Optina Diagnostics used Castor EDC to cut its data-cleaning burden while building the evidence base for an Alzheimer's eye-imaging diagnostic that went on to earn FDA clearance.[14]

LIFECYCLE FOOTPRINT — ENROLLMENT THROUGH DATA-CLEANING, AGENT-LED

P04 · P05 · P06 · P07 · P08

P01	P02	P03	P04	P05	P06	P07	P08	P09	P10
			■	■	■	■	■		

$65M[2]
Total funding raised, including a 2021 Series B led by Eight Roads Ventures & F-Prime Capital

18,000+[15]
Studies run across 160+ countries on Castor's platform (company-stated)

<4 hrs[1]
Compressed workflow time for the BEACON GLP-1 study, down from ~40 hours, using Catalyst (company-stated)

SENIOR-LEADER READOUT

Castor is the cohort's clearest bet on agentic, human-supervised data capture — Google Cloud-validated, not a chatbot bolted onto an EDC.

Engage them for decentralized or RWE-heavy programs willing to pilot agent-led workflows; the Catalyst story still rests on one named case study, so press for a second reference.

Viedoc

UNIFIED EDC + ECOA + RTSM

Targets: *Fragmented point-tool stacks and the manual-coding, query-management burden inside data management — by keeping EDC, eCOA, RTSM and medical coding on one system instead of three vendors.*

WHAT THEY DO

- Viedoc pairs real-time edit-check validation at data entry with AI-suggested medical coding — via a WHODrug Koda integration inside Viedoc Coder — aimed at cutting downstream queries and manual coding effort.[16]
- Built-in targeted source-data verification and risk-based monitoring direct site-visit effort to the highest-risk data, with dashboards surfacing enrollment, query and data-quality signals in real time.[17]

COMPANY & BACKING

- Founded 2003 in Uppsala, Sweden; Nordic software investor Monterro took a majority stake in 2019, and Viedoc continues to operate under its own name and brand.[18]
- Expanded its delivery-assurance partner network in Dec 2025, when biometrics/eCOA specialist Studion joined the Viedoc Partnership Program to provide design and validation services to Viedoc customers.[19]

LIFECYCLE FOOTPRINT — BUILD THROUGH CLOSE-OUT, CODING-LED

P04 · P05 · P06 · P07 · P08 · P09

P01	P02	P03	P04	P05	P06	P07	P08	P09	P10
			■	■	■	■	■	■	

7,000+[5]

Studies powered across 75+ countries, spanning 1.6M+ participants (company-stated)

Leader[4]

Everest Group Life Sciences EDC Products PEAK Matrix Assessment, 2024

2[19,20]

New delivery-assurance/biometrics partnerships in 6 months — Studion (Dec 2025) and Trialt (Apr 2026)

SENIOR-LEADER READOUT

Viedoc is a mature, analyst-validated EDC suite, not a frontier "AI-native" data-cleaning platform — its AI footprint today is narrow (coding suggestions, edit-checks), not predictive or generative.

Engage Viedoc for a proven, single-vendor EDC/eCOA/RTSM backbone with strong fundamentals — not when the brief specifically calls for next-generation AI query automation.

Company-stated claims summarized from public materials; not a buying recommendation.

Clinical ink

ESOURCE + EDC + ECOA EVIDENCE PLATFORM

Targets: *Patient adherence and retention in long, device-heavy protocols — plus the reconciliation burden of connecting wearable and connected-device data streams into one evidence platform.*

WHAT THEY DO

- Clinical ink runs eSource, EDC and eCOA capture under its Lunexis ecosystem, adding an integrated EDCXtra module in 2024 that lets sites work in real-time or hybrid paper-transcription mode inside one GCP-compliant environment.[21]
- Layers an AI-enabled adherence engine — SPUR, exclusively licensed from Observia — and connected-device integration onto its eCOA stack, most recently pulling automated-insulin-delivery data from Tandem Diabetes Care's pumps into its GlucoseReady platform.[22,23]

COMPANY & BACKING

- Founded 2007 in Horsham, PA; ownership has changed hands repeatedly — GI Partners acquired the company in 2020, before NovaQuest Capital Management retook majority control in a 2023 recapitalization alongside strategic co-investor RTI International.[6,7]
- GlucoseReady was a 2025 Prix Galien USA finalist for Best Digital Health Solution — its second consecutive year as a finalist.[24]

LIFECYCLE FOOTPRINT — CONDUCT THROUGH EVIDENCE, DEVICE-INTEGRATED

P05 · P06 · P07 · P08 · P10

P01	P02	P03	P04	P05	P06	P07	P08	P09	P10
				●	●	●	●		●

100,000+[8]
Patients across 8 peer-reviewed publications validating the SPUR adherence engine (company-stated)

2nd yr[24]
Consecutive year GlucoseReady was a Prix Galien USA finalist, Best Digital Health Solution

3[6,7]
Ownership changes since 2018 — NovaQuest → GI Partners (2020) → NovaQuest/RTI (2023)

SENIOR-LEADER READOUT

Clinical ink is consolidating point eSource/eCOA/adherence tools into one evidence platform, with real 2025–26 momentum in device-integrated use cases.

Engage them for eCOA-heavy protocols — diabetes, cardiometabolic, CNS — but validate data-cleaning claims independently and factor in an unsettled ownership history.

Company-stated claims summarized from public materials; not a buying recommendation.

Medrio

NO-CODE EDC FOR LEAN TRIAL TEAMS

Targets: *Slow, programmer-dependent study builds and the reconciliation gap between randomization and data capture, for mid-size sponsors and CROs on fast timelines.*

WHAT THEY DO

- Runs an integrated CDMS/EDC, eCOA, eConsent and RTSM suite, following its 2021 acquisition of randomization specialist HMD Clinical to fold randomization technology directly into the EDC.[25]
- Added AI-enabled, natural-language reporting to its CDMS/EDC in January 2025 — machine learning plus prompts for data exploration and insight discovery — piloted with early-adopter sites Beaufort and LumaBridge ahead of general release.[10]

COMPANY & BACKING

- Founded 2005 in San Francisco by Mike Novotny; ran bootstrapped for 12 years before taking its first outside capital, a $30M growth investment from Questa Capital in 2017.[9]
- Consolidated its RTSM and EDC lines through the 2021 HMD Clinical acquisition, eliminating a reconciliation silo between randomization and data capture.[25]

LIFECYCLE FOOTPRINT — STARTUP THROUGH EVIDENCE, REPORTING-LED

P04 · P06 · P07 · P08 · P10

P01	P02	P03	**P04**	P05	**P06**	**P07**	**P08**	P09	**P10**

$30M[9]
Questa Capital growth investment (2017) — Medrio's first outside capital in a 12-year history

Jan 2025[10]
AI-enabled reporting launched inside Medrio CDMS/EDC, with early-adopter partners Beaufort and LumaBridge

1[25]
Acquisition (HMD Clinical, 2021) unifying RTSM and EDC on one platform

SENIOR-LEADER READOUT

Medrio remains a credible, fast-to-deploy EDC choice for mid-size and early-phase sponsors who need build speed over enterprise scale.

Its 2025–26 AI story is thinner and less independently verified than the rest of this cohort — one confirmed feature launch, no analyst recognition, no named enterprise pharma win — so press for referenceable customers and strategic continuity before committing a large program.

Company-stated claims summarized from public materials; not a buying recommendation.

Signant Health

ECOA + RTSM/IRT INCUMBENT

Targets: *Endpoint data quality and RTSM build/amendment cycle time at enterprise scale — and, since 2026, the reconciliation gap between eCOA and wearable-derived digital outcome measures.*

WHAT THEY DO

- Runs a unified eClinical suite — eCOA (TrialMax), RTSM/IRT (SmartSignals), eConsent and endpoint analytics — and in July 2026 added AI to SmartSignals RTSM, cutting study builds by up to 45% and amendments by up to 60% (company-stated).[11]
- Acquired wearable/sensor specialist Ametris in May 2026 to fuse eCOA with connected-device data, framed around AI/ML models reading patterns across both.[12]

COMPANY & BACKING

- Formed in 2018 when Genstar Capital acquired CRF Health from Vitruvian Partners and combined it with Bracket, rebranding the combined company Signant Health in 2019.[26]
- Backed since 2018 by a PE/institutional consortium — Harvest Partners, Genstar Capital and CPP Investments — and has grown mainly by acquisition (most recently Ametris) rather than new outside funding.[27]

LIFECYCLE FOOTPRINT — DESIGN THROUGH EVIDENCE, WIDEST REACH IN COHORT

P02 · P04 · P06 · P07 · P08 · P09 · P10

P01	P02	P03	P04	P05	P06	P07	P08	P09	P10
	■		■		■	■	■	■	■

45–60%[11]
Faster RTSM study builds and mid-study amendments, respectively, after adding AI capability (company-stated)

600+[12]
Sponsors and CROs served over 25+ years, including all Top 20 pharma companies (company-stated)

50+[28]
In-house clinical scientists guiding eCOA measurement strategy from protocol design through submission (company-stated)

SENIOR-LEADER READOUT

Signant is the cohort's safest incumbent choice — AI bolted onto proven eCOA/RTSM workflow, plus a genuine wearable-data bet via Ametris, not a ground-up AI-native engine.

Engage them now for a digital-endpoint or wearable strategy or RTSM build speed, but push for independent validation — every AI claim currently traces to Signant's own press releases.

Company-stated claims summarized from public materials; not a buying recommendation.

Three patterns to carry into your diligence

01

The EDC becomes a supervised agent, not a bigger form

Catalyst's agent orchestration and Viedoc's AI-suggested coding point the same direction: AI's first real foothold in data management is doing the first pass of manual work — screening, coding, edit checks — under a human reviewer, not replacing the reviewer.

02

Wearable data forces the next reconciliation problem

Clinical ink's GlucoseReady/Tandem integration and Signant's Ametris acquisition both bet that the next data-cleaning bottleneck is reconciling eCOA with sensor and pump data, not just cleaning case report forms.

03

Ownership churn is a feature of this category, not a bug

Three of five vendors in this cohort have changed hands or reset leadership since 2018 — Clinical ink three times. Diligence the parent company's strategy and stability as carefully as the AI roadmap.

THE BOTTOM LINE FOR ADOPTION

“Clinical data management is being rebuilt around a supervised agent, not a smarter form — the sponsors who pilot that shift now, with eyes open about which claims are still company-stated, will set the terms their CROs build to next.”

From market read to executive diligence

EXECUTIVE DILIGENCE QUESTIONS

- Which workflow most needs AI leverage first — screening and consent, medical coding, edit-check/query resolution, or RTSM build speed?
- What's the actual human-in-the-loop design — which actions does the agent take autonomously, and which require a reviewer's sign-off, under 21 CFR Part 11 / GxP validation?
- Does the vendor's AI claim rest on a named, referenceable customer outcome, or only on the vendor's own press release?
- Given this cohort's ownership churn, who actually owns the roadmap two years from now — and what happens to your validated workflows if that changes?

SUGGESTED CATEGORIES FOR FUTURE ISSUES

- Site selection & feasibility intelligence
- Study startup & site activation
- Clinical supply chain & RTSM operations
- Medical affairs & HCP engagement
- CMC, manufacturing & Pharma 4.0

Source standard. All data is publicly sourced unless otherwise noted. Company-stated claims are labeled as such and summarized from public materials; they are not independently validated performance guarantees.

References

Reference numbers are assigned by first appearance in the body and shown as sequential superscripts throughout this issue.

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11 PR Newswire — Signant Health RTSM AI acceleration (Jul 2026) (company-stated).
12 PR Newswire — Signant Health acquires Ametris (2026) (company-stated).
13 Castor — "AI in Clinical Trials", risk-based quality management (company-stated).
14 Castor / Clinical Leader — Optina Diagnostics case study.
15 Castor — "About Castor" (18,000+ studies; company-stated).
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24 PR Newswire — 2025 Prix Galien USA nominees (GlucoseReady finalist).
25 Gunderson Dettmer — Medrio's acquisition of HMD Clinical (2021).
26 PR Newswire — Genstar Capital to acquire CRF Health, combine with Bracket (2018).
27 Mergr — Genstar Capital acquires Signant Health.
28 Signant Health — eCOA solutions page, 50+ clinical scientists (company-stated).

Disclosure: Companies featured in this issue include current or prospective advisory relationships of Avery & Riley. Lifecycle-footprint and source-class reads use Avery & Riley's vendor framework compiled from public materials and directory review; they are a snapshot of the latest publicly known data and may change as vendors ship or reposition capabilities. This is not a ranking and not a buying recommendation.