AI Vendor Pulse

An advisory briefing on AI vendors selling into pharma & biotech

ISSUE 08 **THE PATIENT-ACCESS STACK — AI FOR TRIAL MATCHING, RECRUITMENT, DELIVERY & THE DATA BEHIND IT**

Deep Lens
AI oncology trial matching (now Paradigm)

Antidote
Patient recruitment & trial matching

Lightship
Decentralized site network & delivery

Datavant
Health-data connectivity & RWD

Unlearn AI
Digital twins & synthetic control arms

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

Enrollment is still the reason trials fail — and AI is attacking the funnel from five angles

Patient access is the oldest unsolved problem in clinical development: most trials are delayed for lack of participants, recruitment concentrates in a handful of academic centers, and underrepresented groups are routinely left out. In 2025–26 a stack of vendors is rebuilding the funnel end-to-end — matching patients at the point of diagnosis, distributing trials into everyday care, decentralizing delivery, linking the real-world data that finds patients, and using AI digital twins to need fewer of them. This issue maps five vendors across that patient-access stack — from the matching engine to the synthetic control arm.

WHAT SENIOR LEADERS SHOULD WATCH

01

Matching moves to the point of diagnosis. AI now screens EHR, pathology and genomic data to surface eligible patients where they are treated — turning recruitment from outbound campaigns into at-source identification.

02

Access goes to the patient. Recruitment networks and decentralized, community-based delivery widen and diversify the funnel — bringing trials into primary care, local clinics and the home.

03

Data shrinks the burden. Connected real-world data identifies and follows patients, and AI digital twins cut how many controls a trial needs — fewer patients, faster answers, more evidence.

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. This issue's access cohort clusters in the **setup-to-execution** stages (P03–P06), with wings into design (P02) and data/evidence (P08, P10). 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.

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 access vendor plays across the trial lifecycle

VENDOR	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	FOOTPRINT
Deep Lens AI oncology matching (Paradigm)		■	■		■	■					4/10
Antidote Recruitment & trial matching		■			■	■					3/10
Lightship Decentralized site network			■	■	■	■	■				5/10
Datavant Health-data connectivity + RWD		■			■			■		■	4/10
Unlearn AI Digital twins & synthetic control		■			■	■				■	4/10

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

The cohort clusters in setup-to-execution (P03–P06), where patients are identified, recruited and treated — with Datavant and Unlearn extending into data management and post-trial evidence (P08, 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
Deep Lens	**AI oncology trial matching**	Finding eligible cancer patients at diagnosis and routing them to the right trial in time.	**Absorbed into Paradigm.** VIPER pathology + genomic matching now sits inside Paradigm's $203M trial-access platform (Jan 2023).
Antidote	**Patient recruitment & matching**	Most trials delayed for too few participants; patients can't find studies they qualify for.	**Documented network.** Antidote Match + point-of-care reach via 7,300+ practices (PatientPoint); SEQSTER, Inspire, OneStudyTeam partners.
Lightship	**Decentralized site network & delivery**	Access limited to academic centers; underrepresented patients left out.	**Consolidating.** $40M McKesson-led; Circuit Clinical merger; acquired Veda Trials for community delivery (Feb 2026).
Datavant	**Health-data connectivity & RWD**	Fragmented, siloed patient data blocks identification, recruitment and evidence.	**Category infrastructure.** 80,000+ sites, ~1T records tokenized/yr, ~$7B; acquiring Aetion; Agentic AI Foundation + AIUC-1 (2026).
Unlearn AI	**AI digital twins & synthetic control**	Large control arms make trials slower, costlier and ethically harder.	**EMA-qualified.** Digital-twin PROCOVA cuts control arms up to 35% (2022); $50M Series C; TrialPioneer + neuro partnerships (2026).

Signals summarize public materials as of the cited profiles that follow; company-stated claims are labeled as such.

Deep Lens

AI ONCOLOGY TRIAL MATCHING · NOW PARADIGM

Targets: *Finding eligible patients — especially in oncology — at the point of diagnosis, and routing them into the right trial before the treatment window closes.*

WHAT THEY DO

- VIPER is an AI screening platform that matches cancer patients to trials at diagnosis by combining digital pathology with genomic and EHR data — surfacing candidates in near-real time. [3]
- Since the acquisition, that matching capability lives inside Paradigm's broader trial-access platform — EHR-integrated matching, site enablement and patient diversity — rather than as a standalone product. [1,2]

COMPANY & BACKING

- Deep Lens (Columbus, OH) was acquired by Paradigm on Jan 27, 2023, announced alongside Paradigm's $203M debut — one of the largest launch rounds in clinical-trial technology. [1,2]
- Paradigm is backed by leading venture and strategic investors and positions itself to "democratize" trial access across health systems and community oncology. [1]
- The original VIPER founding team built the platform to fuse pathology and genomics for precision-therapy and trial matching. [3]

LIFECYCLE FOOTPRINT — MATCHING & ACCESS CORE

P02 · P03 · P05 · P06

P01	P02	P03	P04	P05	P06	P07	P08	P09	P10

$203M[1]
Paradigm debut funding — now home to VIPER (documented)

Jan 2023[2]
Deep Lens acquired by Paradigm

VIPER[3]
AI pathology + genomic trial-matching engine

SENIOR-LEADER READOUT

The original at-diagnosis oncology-matching pioneer — now a capability inside Paradigm, not a point solution. If oncology matching is the need, the conversation is with Paradigm.

Worth confirming that the specific VIPER workflow you may have evaluated still exists, and how it maps onto Paradigm's current platform.

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

Antidote

PATIENT RECRUITMENT & TRIAL MATCHING

Targets: *The enrollment bottleneck — most trials are delayed because patients can't find, or are never offered, the studies they qualify for.*

WHAT THEY DO

- Antidote Match is a structured, AI-assisted trial-search engine that translates complex eligibility criteria into plain-language questions, connecting patients to relevant trials. [4]
- It distributes trials where patients already are — at the point of care and across patient communities — via partners including PatientPoint, Inspire and OneStudyTeam, and pairs identification with SEQSTER's patient-data access. [5,6]

COMPANY & BACKING

- Point-of-care reach spans 7,300+ primary-care and specialty practices through the PatientPoint partnership. [5]
- A network-of-networks model: partnerships with Inspire (health communities), OneStudyTeam (sites) and SEQSTER (patient data) create an end-to-end recruitment-to-enrollment path. [6]
- Positioned around a persistent industry gap — company materials cite that 80%+ of medical research is delayed for lack of participants. [4]

LIFECYCLE FOOTPRINT — RECRUITMENT CORE

P02 · P05 · P06

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

7,300+[5]
Practices reached at the point of care (PatientPoint)

80%+[4]
Of medical research delayed by too few participants (company-cited)

Match[4]
AI eligibility-to-trial search engine

SENIOR-LEADER READOUT

A recruitment/enrollment demand-gen layer rather than a frontier-AI story — its strength is distribution across point-of-care and patient communities, not a proprietary model.

Note the name collision: "Antidote AI" is a different company. Best viewed as an enrollment accelerator layered on top of your existing site strategy.

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

Lightship

DECENTRALIZED SITE NETWORK & DELIVERY

Targets: *Access — trials still concentrate in a few academic centers, leaving most patients, and underrepresented groups, unable to participate.*

WHAT THEY DO

- Lightship runs a hybrid, decentralized delivery model — in-clinic, near-home and in-home visits — layered on a managed clinical-trial site network to widen and diversify enrollment. [7,8]
- Its model brings studies into community and everyday-care settings rather than requiring patients to travel to research hospitals. [8,9]

COMPANY & BACKING

- Raised $40M in a round led by McKesson Ventures to "bring clinical trials to every patient in need." [7]
- Scaled through a merger with Circuit Clinical, combining a technology platform with an established community site network. [8]
- On Feb 4, 2026, acquired Veda Trials to add technology-driven community-clinic delivery across women's health, dermatology and allergy/asthma. [9]

LIFECYCLE FOOTPRINT — SETUP-TO-OVERSIGHT DELIVERY

P03 · P04 · P05 · P06 · P07

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

$40M[7]
Raised in a McKesson Ventures-led round

Feb 2026[9]
Acquired Veda Trials for community-based delivery

Hybrid[8]
In-clinic / near-home / in-home visit model

SENIOR-LEADER READOUT

The widest execution footprint in this cohort — a delivery-and-access play, not just software. Relevant when diversity, representativeness and site-activation speed are priorities.

The Veda acquisition signals DCT maturing from remote/virtual toward embedding trials inside everyday community care.

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

Datavant

HEALTH-DATA CONNECTIVITY & RWD

Targets: *Fragmented, siloed patient data — you can't find, recruit or generate evidence on patients whose records don't connect.*

WHAT THEY DO

- Datavant operates the largest health-data exchange in the US, using de-identification and tokenization to link patient records across providers, payers and life sciences while preserving privacy. [10]
- That connective layer powers patient identification, recruitment and real-world evidence — now expanding into RWE analytics via the pending Aetion acquisition and records/claims AI via DigitalOwl. [12,13]

COMPANY & BACKING

- Scale: 80,000+ hospitals and clinics, 350+ real-world-data partners, ~1 trillion records tokenized per year, 100% of US payers and all 20 of the top-20 pharma. [10]
- Valued at ~$7B since the 2021 Ciox merger; won 2026 Best in KLAS for risk adjustment and outsourced coding. [11,14]
- In 2026 joined the Agentic AI Foundation and the AIUC-1 consortium to shape how agentic AI safely accesses regulated health data. [14]

LIFECYCLE FOOTPRINT — DATA + EVIDENCE BACKBONE

P02 · P05 · P08 · P10

P01	P02	P03	P04	P05	P06	P07	P08	P09	P10

80,000+ [10]
Hospitals & clinics connected

~1 trillion [10]
Records tokenized per year (company-stated)

~$7B [11]
Valuation since the Ciox merger (third-party)

SENIOR-LEADER READOUT

Not a point tool but the data infrastructure much of this cohort runs on — the connective layer that finds patients and generates evidence.

Now positioning as the healthcare voice shaping how AI agents safely touch patient data. Watch as a governance and interoperability standard-setter, not just plumbing.

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

Unlearn AI

AI DIGITAL TWINS & SYNTHETIC CONTROL

Targets: *The control arm — large control groups make trials slower, costlier and ethically harder, and delay answers for patients.*

WHAT THEY DO

- Unlearn generates AI "digital twins" — a patient's likely disease trajectory — to build prognostic scores that shrink control arms while preserving statistical rigor (its TwinRCT / PROCOVA method). [15]
- In 2026 it launched TrialPioneer, an AI trial-planning workspace, moving upstream from methodology into study design. [17]

COMPANY & BACKING

- The EMA issued a qualification opinion for PROCOVA — the first time a regulator backed a machine-learning method to cut sample size — enabling control-arm reductions of up to 35%. [15]
- Raised a $50M Series C led by Altimeter to scale digital-twin technology. [16]
- Across 2026, signed digital-twin partnerships in ALS (VectorY), Huntington's (CHDI) and Alzheimer's (Acumen, SOLA). [17]

LIFECYCLE FOOTPRINT — DESIGN + EVIDENCE

P02 · P05 · P06 · P10

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

up to 35% [15]
Control-arm reduction (EMA-qualified method)

$50M [16]
Series C led by Altimeter

EMA [15]
First ML method qualified to cut sample size

SENIOR-LEADER READOUT

The methodology bet of the cohort — most defensible in neurodegeneration (ALS, Huntington's, Alzheimer's), where control arms are ethically and operationally painful. TrialPioneer signals a move from a technique into planning software — a strong design-partner conversation for adaptive and rare-disease programs.

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

Three patterns to carry into your diligence

01

The funnel is being rebuilt end to end

Identify (matching, RWD) → recruit (networks, point of care) → deliver (decentralized sites). No single vendor owns the whole chain, so the design question is which layers to buy and how they hand off.

02

Access and diversity are design inputs

Community and home-based delivery and point-of-care recruitment widen and diversify the funnel — representativeness is moving from an afterthought to a built-in of how trials are run.

03

Fewer patients, more evidence

Connected real-world data and AI digital twins reduce how many patients a trial needs and extend insight past close-out — cutting control arms and generating evidence from the same data spine.

THE BOTTOM LINE FOR ADOPTION

“Patient access is being re-platformed — from at-diagnosis matching to synthetic control arms. Leaders who map these layers now decide which they build, buy or partner for, before the access stack consolidates around a few winners.”

From market read to executive diligence

EXECUTIVE DILIGENCE QUESTIONS

- Where is your enrollment actually breaking — identification, patient awareness, site access, or eligibility screening?
- Which layer do you buy vs. build — matching, recruitment distribution, decentralized delivery, or the data spine underneath them?
- How do these vendors hand off to each other and to your CRO and EDC — or do they create new integration and data-flow seams?
- For AI methods that change the trial itself (digital twins, synthetic controls), what is the regulatory and biostatistics path with FDA/EMA?

SUGGESTED CATEGORIES FOR FUTURE ISSUES

- AI in pharmacovigilance & drug safety (Issue 07)
- Real-world evidence & HEOR platforms
- Clinical data management & EDC automation
- AI medical information & call-center (MICC)
- Regulatory affairs & submissions (RIM)

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.

1 FierceHealthcare / Built In NYC (Jan 2023) — "Paradigm launches with $203M to expand clinical trial access / democratize clinical trials"; debut Series A scale.

2 Rev1 Ventures / Axios (Jan 27, 2023) — "Deep Lens Acquired by Paradigm"; acquisition announced alongside Paradigm's launch round.

3 Deep Lens / BioSpace — VIPER AI platform integrating digital pathology, genomic and EHR data for precision-therapy and trial matching (product scope, company-stated).

4 Antidote — antidote.me: Antidote Match trial-search technology; "80%+ of medical research is delayed due to a lack of participants" (company-cited).

5 PRNewswire (2019) — "PatientPoint and Antidote team up to drive clinical trial recruitment at the point of care"; 7,300+ practices.

6 BusinessWire (Jul 2024) — "Antidote partners with SEQSTER"; plus Inspire and OneStudyTeam recruitment partnerships (clinicalleader.com, onestudyteam.com).

7 McKesson Ventures / dot.LA — "Lightship raises $40M to bring clinical trials to every patient in need."

8 Yahoo Finance / GlobeNewswire — Circuit Clinical and Lightship strategic merger to scale the site network and expand access.

9 GlobeNewswire (Feb 4, 2026) — "Lightship Inc. acquires Veda Trials to expand community-based clinical research delivery."

10 Datavant — datavant.com: largest US health-data exchange; 80,000+ sites; 350+ RWD partners; ~1T records tokenized/yr; 20 of 20 top pharma (company-stated).

11 Third-party (LegalClarity et al.) — Datavant ~$7B valuation following the 2021 Ciox Health merger.

12 Datavant press release — "Datavant to acquire Aetion," adding a real-world-evidence analytics platform.

13 MobiHealthNews — "Datavant finalizes DigitalOwl acquisition" (records/claims AI).

14 BusinessWire (Jun 2026) — Datavant joins the Agentic AI Foundation (Jun 25) and the AIUC-1 consortium (Jun 3); 2026 Best in KLAS (risk adjustment, outsourced coding).

15 ClinicalTrialsArena / BusinessWire (Sep 29, 2022) — EMA qualification opinion for Unlearn's PROCOVA / TwinRCT; cuts control arms up to 35%; first ML method a regulator backed for sample-size reduction.

16 BusinessWire (Feb 2024) — "Unlearn raises $50M Series C" led by Altimeter to scale digital-twin technology.

17 Unlearn — unlearn.ai/press: TrialPioneer launch (Jan 28, 2026); 2026 partnerships — VectorY (Feb 12), CHDI (Feb 24), SOLA (Mar 10), Acumen (Jul 9).

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.