AVERY & RILEY

Prepared for market education · not a buying recommendation

AI Vendor Pulse

An advisory briefing on AI vendors selling into pharma & biotech

ISSUE 01 THE SENIOR-LEADER MARKET READ

Medable
Agentic clinical development / eCOA / DCT

PhaseV
AI/ML trial optimization / causal ML

Clinovo
AI coworkers + workforce optimization

Ryght
Site selection / patient matching

TrialHub
Feasibility & planning intelligence

Some companies referenced may be current, former, or prospective advisory relationships of Avery & Riley; others are included independently for informational purposes. All data is publicly sourced unless otherwise noted.

WHY THIS ISSUE EXISTS

AI vendor awareness in pharma is uneven — signal is hard to separate from claim.

Senior leaders hear many AI claims, but often lack a clear view of **which vendors solve which development problems**, where public proof points actually exist, and where claims remain early. This brief is market education, not promotion — it summarizes what each company publicly says it does, the operational problems it targets, and the public outcome signals located for this first issue.

WHAT SENIOR LEADERS SHOULD WATCH

01

The strongest vendor stories tie AI to a **concrete trial workflow** — design, feasibility, site selection, startup, data review, monitoring, TMF, or patient-pathway analysis.

02

Public metrics are becoming more specific, but **they are not equivalent**. Separate named customer stories from vendor-published portfolio claims.

03

The real question is not "which AI tool is interesting?" but **which trial bottleneck is expensive, measurable, and governed enough** to justify adoption.

THE MEASURING STICK

The Avery & Riley 10-stage clinical-development taxonomy

Coverage bars throughout this issue map each vendor against the ten stages below — a **directional, point-in-time read** of how many stages a vendor appears to touch, based on the latest publicly known data. These are not vendor-reported metrics and not a buying recommendation.

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



LIFECYCLE COVERAGE SNAPSHOT

Where each vendor appears to play across the lifecycle

Vendor	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	Coverage
Medable Agentic clinical dev / eCOA / DCT				■	■	■		■	■		5 /10
PhaseV AI/ML trial optimization / causal ML		■	■	■	■	■	■	■		■	8 /10
Clinovo AI coworkers + workforce optimization						■	■	■	■		4 /10
Ryght Site selection / patient matching		■	■		■						3 /10
TrialHub Feasibility & planning intelligence	■	■	■		■						4 /10

Coverage-stage reads change as vendors add features, expand partnerships, publish new customer evidence, or reposition products. ■ P10 evidence stage shown in gold. This issue is a snapshot of the latest publicly known data and Avery & Riley database records available during preparation.

THE SENIOR-LEADER VIEW

Executive market map

VENDOR	PRIMARY CATEGORY	PROBLEM(S) TARGETED	PUBLIC OUTCOME SIGNAL
Medable	**Agentic clinical development / eCOA / DCT**	Study-build & startup friction; fragmented study-conduct workflows; eCOA / data-management burden.	**Weeks → 1 day** trial-build timeline; **35×** faster study-build; **200% / 50%** faster enrollment / cost reductions cited.
PhaseV	**AI/ML trial optimization / causal ML**	High-cost design decisions; feasibility uncertainty; site / patient selection risk; enrollment, startup & data-cleaning friction.	**Up to 25%** lower trial cost; **40%** reduced enrollment & shorter duration; **15 months** shorter time-to-market cited.
Clinovo	**AI coworkers + clinical workforce optimization**	Manual execution burden across study conduct, monitoring oversight, data-quality review, data management & TMF work.	**70%** reduction in data cleaning; **99%** faster document reviews; **90 days** typical to measurable ROI.
Ryght	**AI site selection / patient matching / recruitment**	Slow manual site identification, poor site fit, and weak patient matching.	**6 mo → 26/28 days** site-selection; **43 vs. 13** qualified sites vs. CRO target; **100,000+** global research sites referenced.
TrialHub	**Clinical trial planning / feasibility intelligence**	Manual feasibility research, weak country / site confidence, and plans that miss patient pathways or recruitment realities.	**3–6 mo → hours** analysis time; **50%** faster feasibility; **3×** faster patient recruitment.

Outcome signals are public claims summarized from the cited vendor profiles that follow — not independently validated performance guarantees.

Medable

LIFECYCLE COVERAGE
5 /10

AGENTIC CLINICAL DEVELOPMENT / ECOA / DCT

Targets: *Study-build and startup friction; fragmented study-conduct workflows; eCOA / data-management burden.*

WHAT THEY DO

- Agentic AI platform for clinical-development workflows — eCOA/ePRO, consent, site monitoring, PI summary/review, and TMF agent capabilities.[1]
- Digital / decentralized trial capabilities intended to reduce patient, site, and sponsor workflow burden.

OPERATIONAL PROBLEMS ADDRESSED

- Slow study build and startup cycles.
- Manual operational workflows during study conduct.
- Patient/site experience and eCOA oversight burden.
- Data capture, review, and downstream data-management friction.

LIFECYCLE COVERAGE — AVERY & RILEY DATABASE SNAPSHOT

P04 · P05 · P06 · P08 · P09

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

Weeks → 1 day[2]
Trial-build timeline in one public CRO case

35×[3]
Faster study-build claim with Studio + AI

200% / 50%[4]
Faster enrollment / cost reductions cited in oncology release

SENIOR-LEADER READOUT

Coverage spans study startup, enrollment, conduct, data management, and TMF — five of the ten lifecycle stages.

Public evidence is concentrated in study build, conduct workflows, and data capture; further public case evidence across additional stages was not located for this issue.

Public claims; not independently validated. Not a buying recommendation.

PhaseV

LIFECYCLE COVERAGE
8 /10

AI/ML TRIAL OPTIMIZATION / CAUSAL ML

Targets: *High-cost trial design decisions; feasibility uncertainty; site/patient selection risk; enrollment burden; study-startup and data-cleaning friction.*

WHAT THEY DO

- AI/ML platform focused on trial design optimization, causal responder detection, and clinical-development decision support.[5]
- Public materials describe trial simulation, subgroup identification, and decision support to improve probability of success.

OPERATIONAL PROBLEMS ADDRESSED

- Oversized, slow, or expensive trial designs.
- Weak feasibility confidence and avoidable enrollment burden.
- Hidden responder heterogeneity and unclear subgroup strategy.
- Downstream startup, EDC, and data-cleaning inefficiencies.

LIFECYCLE COVERAGE — AVERY & RILEY DATABASE SNAPSHOT

P02 · P03 · P04 · P05 · P06 · P07 · P08 · P10

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

Up to 25%[6]
Lower trial-cost claim from current PhaseV public materials

40%[6]
Reduced enrollment & shorter trial duration claim

15 months[7]
Shorter time-to-market example cited publicly

SENIOR-LEADER READOUT

Coverage spans eight of ten stages — protocol design through FDA submission — including optimization, feasibility, site ID, recruitment, monitoring, data management, and post-trial evidence.

Public materials describe AI Conductor, causal ML, and trial simulation; outcome metrics include cost, enrollment, and time-to-market claims.

Clinovo

LIFECYCLE COVERAGE

4 /10

AI COWORKERS + CLINICAL WORKFORCE OPTIMIZATION

Targets: *Manual execution burden across study conduct, monitoring oversight, data-quality review, clinical data management, and TMF-related work.*

WHAT THEY DO

- Clinical research workforce and precision FSP model paired with ClinAI-powered agentic AI coworkers.[8]
- Public materials position the AI coworker model around practical clinical-operations, data, TMF, and document-review workflows.[9]

OPERATIONAL PROBLEMS ADDRESSED

- Manual clinical-operations workload during active study conduct.
- Monitoring oversight and issue-detection burden.
- Data-cleaning, reconciliation, and data-management workload.
- TMF and document-review workflows that consume expert time.

LIFECYCLE COVERAGE — AVERY & RILEY DATABASE SNAPSHOT

P06 · P07 · P08 · P09

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

70%[10]
Reduction in data cleaning / reconciliation time

99%[11]
Faster document reviews

90 days[12]
Typical timeframe to show measurable ROI

SENIOR-LEADER READOUT

Coverage spans study conduct, monitoring oversight, data management, and TMF — four of the ten lifecycle stages.

Public materials describe the ClinAI agentic coworker model alongside clinical workforce capabilities; outcome metrics include data-cleaning speed, document-review time, and ROI-timeline claims.

Public claims; not independently validated. Not a buying recommendation.

Ryght

LIFECYCLE COVERAGE

3/10

AI SITE SELECTION / PATIENT MATCHING / RECRUITMENT

Targets: *Slow manual site identification, poor site fit, and weak patient matching.*

WHAT THEY DO

- AI-enabled site selection, feasibility, activation, and enrollment support for sponsors and CROs.[13]
- Public materials describe RyghtSites and AI Site Twins as part of a site / patient intelligence layer.[14]

OPERATIONAL PROBLEMS ADDRESSED

- Slow, manual site identification (site ID) and selection.
- Sites selected on stale, incomplete data.
- Fragmented data sources siloed across multiple systems within the organization.
- Messy, disconnected feasibility workflows.
- Poor site fit and underperforming enrollment projections.
- Recruitment execution risk before and during enrollment.

LIFECYCLE COVERAGE — AVERY & RILEY DATABASE SNAPSHOT

P02 · P03 · P05

P01	P02	P03	P04	P05	P06	P07	P08	P09	P10

6 mo → 26/28 days[15]

Site-selection timeline compressed in public case summary

43 vs. 13[15]

Qualified sites identified versus original CRO target

100,000+[16]

Global research site locations / AI Site Twins referenced

SENIOR-LEADER READOUT

Coverage spans protocol feasibility, site identification, and enrollment — three of the ten lifecycle stages.

Public materials describe RyghtSites, AI Site Twins, and site/patient intelligence; outcome metrics include site-selection timeline compression and qualified-site identification claims.

Public claims; not independently validated. Not a buying recommendation.

TrialHub

LIFECYCLE COVERAGE
4 /10

CLINICAL TRIAL PLANNING / FEASIBILITY INTELLIGENCE

Targets: *Manual feasibility research, weak country/site selection confidence, and trial plans that do not fully reflect patient pathways or recruitment realities.*

WHAT THEY DO

- Patient-centric trial planning platform for feasibility, patient pathways, country/site intelligence, and standard-of-care context.[17]
- Public customer stories position the platform around faster planning analysis and improved feasibility / recruitment workflows.

OPERATIONAL PROBLEMS ADDRESSED

- Manual feasibility research across countries, sites, and patient populations.
- Protocol-patient mismatch and weak patient-pathway insight.
- Unrealistic recruitment assumptions before site activation.
- Need for natural-language access to feasibility intelligence.

LIFECYCLE COVERAGE — AVERY & RILEY DATABASE SNAPSHOT

P01 · P02 · P03 · P05

P01	P02	P03	P04	P05	P06	P07	P08	P09	P10

3–6 mo → hours[18]

Analysis time in Boehringer Ingelheim patient/site engagement case

50%[19]

Faster feasibility assessments in Nebius customer story

3×[19]

Faster patient-recruitment claim in Nebius customer story

SENIOR-LEADER READOUT

Coverage spans indication strategy, feasibility, site identification, and recruitment — four of the ten lifecycle stages.

Public materials describe patient-centric planning, country/site intelligence, and standard-of-care context; outcome metrics include feasibility-timeline, recruitment-speed, and planning-acceleration claims.

Public claims; not independently validated. Not a buying recommendation.

CROSS-VENDOR PATTERNS FOR SENIOR LEADERS

Three patterns to carry into your diligence

01

AI is moving into core trial work

The stronger examples are tools aimed at study design, feasibility, startup, site selection, monitoring, data, TMF, and recruitment friction — not generic productivity.

02

Evidence quality varies

Separate named customer case stories, vendor-authored claims, and directional use cases. The existence of a metric is not the same as independent validation.

03

Lifecycle scope is fluid

Vendors are adding modules quickly. A coverage bar should be read as a current snapshot, not a permanent classification.

THE BOTTOM LINE FOR ADOPTION

"Which trial bottleneck is expensive enough, measurable enough, and governed enough to justify adoption?" — that question, not vendor novelty, should drive the next conversation.

HOW TO USE THIS ISSUE

From market read to executive diligence

EXECUTIVE DILIGENCE QUESTIONS

- Which bottleneck is being solved — and how expensive is it now?
- Is the evidence a named customer story, a vendor-published claim, or a broad use case?
- What data, system access, SOP impact, validation, and change control would adoption require?
- What human review, audit trail, and accountability model would regulated work need?

SUGGESTED CATEGORIES FOR FUTURE ISSUES

- Trial design and simulation
- Feasibility, site selection, and recruitment
- Clinical data, EDC, RBQM, and monitoring oversight
- TMF, document intelligence, and inspection readiness
- Sponsor / CRO operating-model transformation

Source standard. *All data is publicly sourced unless otherwise noted. Public claims are summarized from vendor websites, customer stories, announcements, or industry-publication summaries and should not be treated as independently validated performance guarantees.*

REFERENCES & SOURCES

References

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

1 Medable, "Clinical development, meet agentic AI," company website.

2 Clinical Leader, "Medable Reduces Trial Build From Weeks To Days," case-study summary.

3 Medable website / knowledge-center materials describing Study Studio + AI study-build acceleration.

4 Medable Newsroom, "Medable Enhances Patient Experience in Oncology Clinical Trials."

5 PhaseV company website and product materials describing trial optimization and causal ML.

6 PhaseV public case/outcome materials describing cost, enrollment, and trial-duration claims.

7 PhaseV / PR Newswire public materials describing a 15-month shorter time-to-market example.

8 Clinovo, "Workforce Optimization for Clinical Trials," company website.

9 Clinovo, "Agentic AI Coworkers for Clinical Trials," company website.

10 Clinovo, "Agentic AI Coworkers," FAQ / Data Management section.

11 Clinovo, "Agentic AI Coworkers," measurable-impact section.

12 Clinovo, public ROI / implementation materials.

13 Ryght, sponsor/CRO public pages describing AI site selection and trial-activation workflows.

14 Ryght, public materials describing RyghtSites and AI Site Twins.

15 Ryght, public sponsor/CRO case-study summaries on site-selection compression.

16 Ryght, "Introducing RyghtSites.com," public announcement.

17 TrialHub, company website / pharma page describing patient-centric trial-planning capabilities.

18 TrialHub, Boehringer Ingelheim client success story, November 14, 2024.

19 Nebius customer story describing TrialHub feasibility and recruitment claims.

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