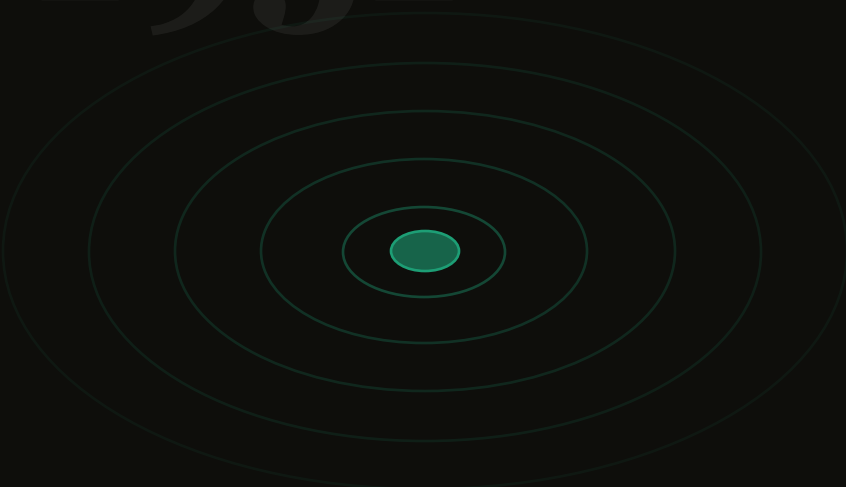


# 1951



## Henrietta *Lacks*

1920 – 1951

Her cells contributed to 70,000+ studies and every major cancer breakthrough of the last 70 years. She was never asked. She never knew.

01 — THE PROBLEM

HeLa

## Women don't quit trials. *Trials quit on women.*

70 years after Henrietta Lacks, the gap between women's willingness to participate and their actual inclusion in medical research remains vast — and measurable.

**|80%** of women want to join a clinical trial

**|7%** have ever been invited to join one

**|30%** of those who enroll drop out before completion

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*The gap isn't motivation. It's a system designed around a male body with a male schedule.*

# Same drug. Same dose.

## *Radically different outcomes.*

Three medicines prescribed identically to men and women but different outcomes because women were excluded from the trials.

### INCIDENT 01 — AMBIEN

Zolpidem · Sleeping pill · Approved 1992

# 15%

of women impaired driving the morning after

vs. men same dose: **3%**

Women metabolize zolpidem 50% more slowly — blood levels run 40–50% higher for the same dose. It took 21 years and ~700 car accidents before the FDA halved the dose for women in 2013.

FDA Drug Safety Comm. Jan 2013 · NEJM 2013 · PubMed 30939589

### INCIDENT 02 — DIGOXIN

Heart failure · 200+ years in use · NEJM 2002

# +4.2%

higher death rate in women vs. placebo

Same drug in men: -1.6% (beneficial)

In the DIG trial (6,800 patients), digoxin reduced men's death risk while raising women's by 4.2 points. The same drug. The same dose — killing women, helping men. Women weren't analyzed separately until 2002, over 200 years after digoxin entered clinical use.

Rathore et al., NEJM 2002;347:1403–11 · DIG Trial n=6,800 · AAFP 2009

### INCIDENT 03 — ASPIRIN

Cardiovascular prevention · JAMA 2006 · n=95,456

# -32%

heart attack reduction in MEN (primary prevention)

Same drug in women: 0% benefit on heart attacks

The largest aspirin meta-analysis (95,456 patients) found a 32% heart attack reduction for men — and zero for women. Aspirin also raises bleeding risk 68% in women. Millions take it daily thinking it protects their heart.

Berger et al., JAMA 2006;295(3):306–13 · 6 RCTs, 95,456 participants · PPMC2131749

## Fixing a \$2.6B broken system.

Pharma needs diverse trial data to get drugs approved. Women need support to stay. We're the bridge.

Every woman who leaves a trial early triggers a replacement cost 3× the original recruitment spend — and potentially months of delay.

# \$6,533

to recruit  
one patient

MD Group / Greenphire, 2026

# \$19,533

to replace a  
dropout (3×)

MD Group / Greenphire, 2026

# \$10M

lost per month  
of trial delay

MD Group, 2026

# 85%

of trials fail to  
retain enough

Greenphire CEO, 2025

### Cost per patient by trial phase

<b>Phase I</b>	\$137K avg/patient	Small cohorts — 1 dropout = up to 7% data loss
<b>Phase II</b>	\$130K avg/patient	Re-recruitment costs 3× the original spend
<b>Phase III</b>	\$113K avg/patient	\$36.58M avg trial cost in 2024 (+30% since 2018)
<b>Phase IV</b>	\$2K–\$15K/patient	Post-market dropouts skew safety data

The FDA now mandates

## Diversity Action Plans

Regulatory pressure is here. Pharma needs to show diverse enrollment. There is no purpose-built retention tool for women.

# HeLa – bridging the gap

*Built so the next woman is a partner, not a data point.*

HeLa is an AI-powered clinical trial retention companion that removes every barrier we know causes women to drop out — logistics, stigma, silence, financial friction, language, and isolation.

## LOGISTICS

### Smart scheduler + logistics concierge

One-tap reschedule, ride booking, childcare credit requests, and home visit options. Trial visits fit her life, not the site's preference.

## SILENCE

### 24/7 AI symptom support

Side effect at 11pm on Sunday? Claude triages: expected / call coordinator / go to A&E. Panic-driven dropout prevented.

## FINANCIAL

### Instant digital reimbursements

Payment hits her account within 24 hours of visit confirmation. Not a paper check in 6 weeks. Payment is a trust signal.

## INTELLIGENCE

### Dropout early warning (coordinator)

ML flags disengagement 3 weeks before withdrawal. Coordinator gets a pre-drafted check-in message. \$19,533 saved per prevented dropout.

## INFORMATION

### Plain-language consent AI

Claude API converts 40-page consent documents into a 5-minute read. 'What does this mean for my Tuesdays?' gets a real answer.

## PROTOCOL

### 2-tap daily check-in + smart reminders

45-second habit. Adaptive reminders that fit her schedule. A missed dose triggers support, not an alarm.

## STIGMA

### Privacy mode + community circles

App appears as 'Wellness Journal' on her phone. Peer groups of 6–8 women in the same trial phase reduce isolation.

# Business model

Pharma pays \$19,533 to replace every dropout. We prevent dropouts. The ROI is immediate.

## MARKET OPPORTUNITY

T A M

# \$9B

Global clinical trial management market by 2031 (CAGR 14.9%)

S A M

# \$1.95B

Patient retention & engagement tools for trials with female enrollment targets (est.)

S O M

# \$95M

SAM capture in 5 yrs: ~410 trials × \$200K ACV (Year 3 target)

Sources: BioSpace/Coherent Market Insights (2024); Grand View Research CTMS (2024)

## WHO WE SELL TO

PRIMARY BUYER

### Pharma sponsors

Top 20 pharma all run multi-phase trials. Each Phase III now costs \$36.58M avg. FDA Diversity Action Plans create compliance urgency. ACV: \$150K–\$300K per trial program

SECONDARY BUYER

### CROs

Contract Research Orgs manage trials on behalf of pharma. Retention tools are a competitive differentiator they can resell. ACV: \$80K–\$150K per engagement.

DISTRIBUTION PARTNER

### Site networks

Academic medical centres & site management orgs. Benefit from coordinator tools and diversity dashboards. Entry point for piloting before pharma rollout.

## COMPETITIVE LANDSCAPE

### Medidata / Veeva / Oracle

Enterprise CTMS · No patient-facing retention layer. Coordinator-only. \$500K+ contracts. Built for ops, not people.

### Greenphire / ClinCard

Trial payments · Payments only. No AI support, no check-in, no dropout prediction, no diversity tools.

### Science 37 / Medable

Decentralised trials (DCT) · Virtual-first trial execution. Not a retention companion. Requires full trial rebuild around their platform.

### Patient recruitment tools (Antidote, TrialSpark)

Recruitment only · Top-of-funnel only. Stops at enrollment. No support during trial. No women-specific design.

### HeLa's white space:

The only participant-facing AI retention tool designed specifically for women and diverse populations.

## REVENUE MODEL

SaaS per trial

# \$150K–\$300K ACV

per Phase II/III programme

Per-participant fee

# \$80–\$120/enrolled woman

usage-based overlay

Diversity analytics

# \$30K–\$60K/year

sponsor dashboard add-on

Ambassador network

# Freemium → paid

community licensing to CROs

## ROADMAP

Now

### Hackathon MVP

Working demo: AI chat, check-in, coordinator alert. Sanofi incubation pitch.

0–3 mo

### Pilot

1 pharma sponsor, 1 trial, 50 women. Prove 40%+ dropout reduction.

3–12 mo

### Seed

5 trials, 3 sponsors. Raise £500K. Build diversity dashboard. FDA compliance.

Yr 2–3

### Scale

50 trials. CRO channel deals. \$82M SOM target. Series A.

# The Team



**Vanilla Temtching  
Temou, PhD**

Team Lead



**Louis-Maxime Bois**

Strategy consulting,  
Business Advisor

VP, Product  
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