Engaging the Community in Clinical Cancer Research

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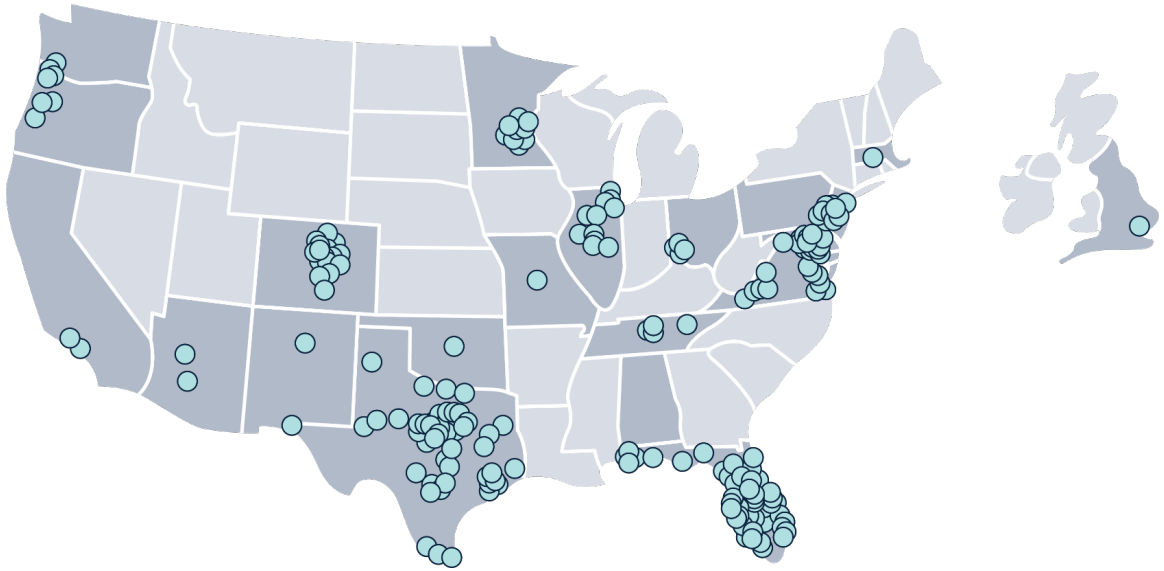
SCRI Sarah Cannon Research Institute

Today’s Clinical Trials.
Tomorrow’s Therapies.

SCRI's Reach and Scale

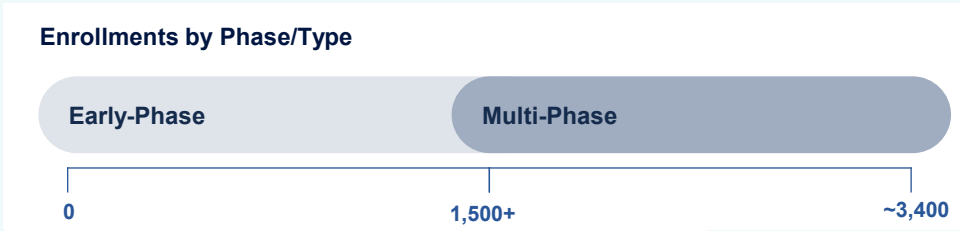
200+ Locations **IN** **20+** States



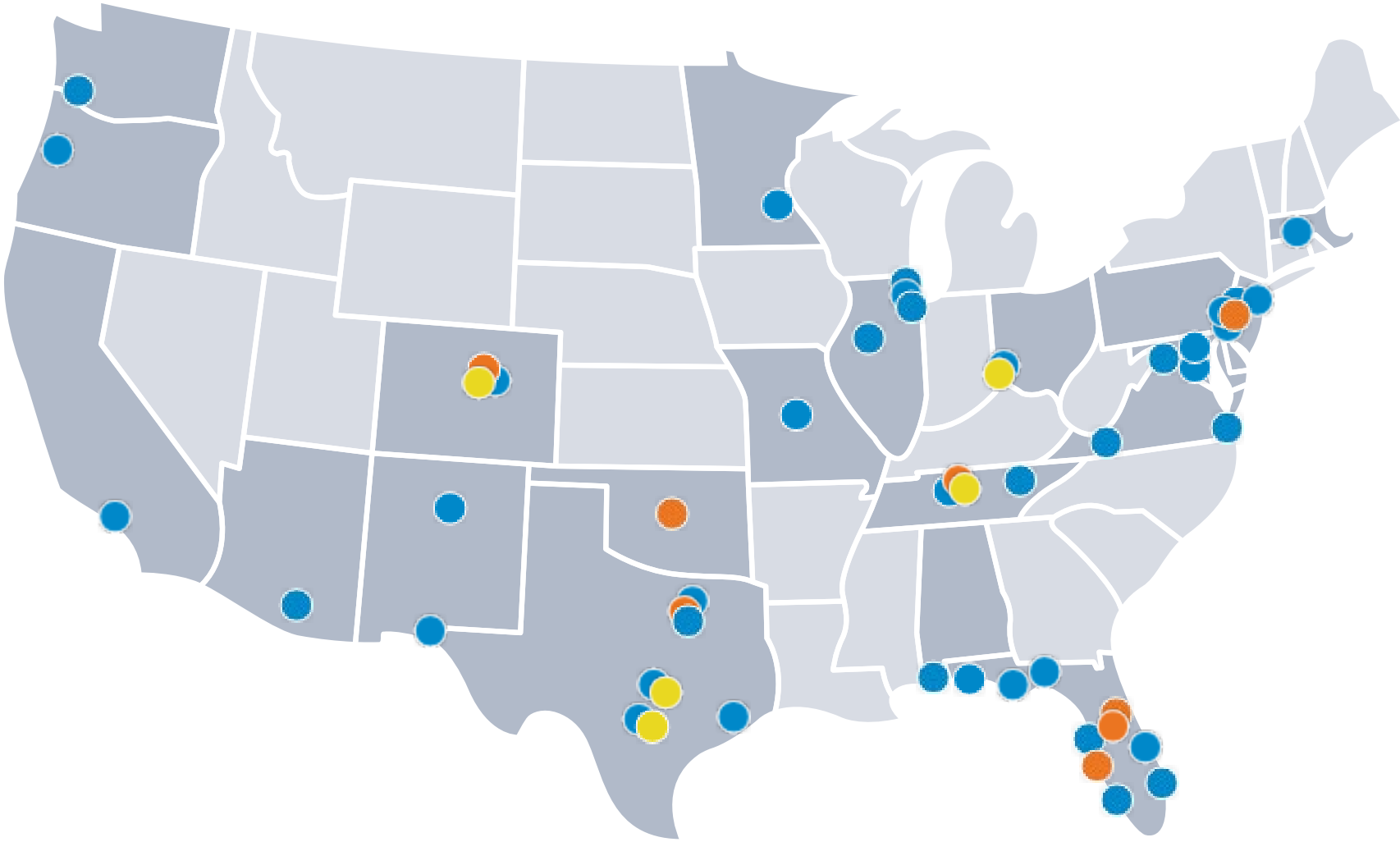
1,300+
Research Physicians

700+
Trials Actively Enrolling

~3,400
Patients Participating in Treatment Trials Each Year



The SCRI Footprint



38 Multi-phase Research Sites

9 Drug Development Units

5 Transplant & Cellular Therapy / Complex Hematology Research Sites

Industry Pain Points

The traditional clinical trial delivery model is fragmented and strains to meet the demands of ever-evolving research

PATIENTS

Sites

Oncology practices where physicians see patients and enroll to clinical trials

1. **Disparate systems & varied requirements**
2. **Difficulty identifying & enrolling patients**
3. **High volume of manual data entry & monitoring visits**

Conducting clinical trials is plagued with challenges leading to higher costs, unsatisfied investigators, and underperforming sites

DRUG COMMERCIALIZATION

Pharma Biotech

Manufacturer of new drugs and therapies

1. **Limited connectivity with community oncology sites**
2. **Difficulty meeting accrual targets**
3. **Lengthy trial timelines with data quality issues**

Spending on cancer medicines grew 75% over the last five years, reaching $252B in 2024 and expected to reach $441B by 2029.[1]

The global oncology clinical trials market size was $13.2B in 2024 and is anticipated to reach ~$22B by 2033.[2]

1 – IQVIA Institute Report; Global Oncology Trends 2025
2 – Biospace Press Release based on research by Nova 1 Advisor

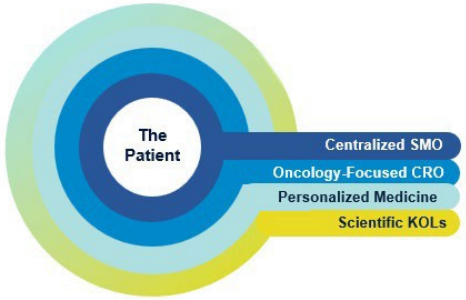
What is Acceleρ̃?

SCRI's scaled, seamless operations model to accelerate drug development and transform clinical trial delivery

Acceleρ̄

ACTIVATE FASTER.

Expedited activation timelines for overall time & cost savings



End-to-End Research Services

ENROLL FASTER.

Increased domestic accruals with greater patient diversity

Breadth of Network

PROVIDE DATA FASTER.

Earlier data-driven insights to inform decisions

Advanced Technology

Leveraging Scientific Expertise to Inform Clinical Development

Strategically Differentiating the SMO and CRO

Leveraging our unique assets to transform the clinical trial delivery model and serve as an accelerator to our core SMO business

RESEARCH CHALLENGES FOR SITES IN TRADITIONAL MODEL

- X *Numerous sponsors and/or CROs to manage full menu of trials*
- X *Disparate systems and varied requirements*
- X *High volume of manual data entry and monitoring visits*
- X *Difficulty identifying and enrolling patients*
- X *Data quality and timeliness issues*

Accelerō *EFFICIENCIES*

- **Streamlined CRO oversight with Development Innovations**
- **Standardized and integrated systems**
- **Consistent monitoring and RBM approach**
- **Proactive Personalized Medicine services to bolster accruals**
- **Automated EHR to EDC data transfer**

Key Site Benefits

- ✓ Time savings with less manual data entry
- ✓ Reduced burden on site staff with fewer site visits
- ✓ Decreased monitoring efforts
- ✓ Consistent ways of working for more standardized study execution
- ✓ Timely resolution of key issues with greater visibility and study oversight

The Accelero model will ultimately create a better site experience overall to alleviate common frustrations of executing complex research and help maximize SCRI site contributions to advance clinical trials and therapies for patients.

SCRI DI Services: EHR to EDC (E2E) Direct Data Transfer

Through SCRI's Genospace integration, we enable seamless EHR-to-EDC (E2E) data transfer, helping partners **streamline clinical trial data collection with precision and efficiency.**

- **Requires no clicks or user action to initiate transfer**
- **Only available for SCRI eligible sites**

Data Management: Ways of Working Together

- The **Sponsor** is responsible for EDC Programing
- **The SCRI Data Management team**, in collaboration with Genospace**,** provides **consultation on CRF development and EDC programming,** and offers **ongoing support for E2E integration** throughout study maintenance.
- The **Sponsor** or designated third party is responsible for all data management activities

IMPACT OF E2E SEAMLESS DATA TRANSFER:

Accelerated Data Entry

Decreased average turnaround time for data entry showed **~3 days for E2E-enabled sites** and ~40 days for other site coordinators

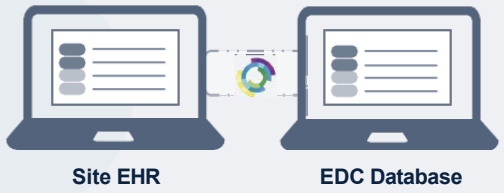
Cost & Time Savings

Opportunity for **reduced costs and time savings** by eliminating Source Data Verification (SDV) on directly transferred data

Improved Data Qquality

Projected to **save 70-80% of current time invested** in manual EDC data entry

50-80% of patient data for treatment visits can be populated automatically with direct transfer



Personalized Medicine Services Powered by Genospace

Personalized Medicine

*SCRI's centralized **services** to assist sites with matching patients to trials*

- Team of **PhD-level scientists** to assist:
  - NGS report interpretation
  - Trial identification
  - Feasibility analysis
- Team of **Central Screeners** to proactively pre-screen patients for select studies
- Team of **Curators** to curate trials within Genospace
  - *Note: FCS independent menu can be curated inside of Genospace by SCRI curators*

Genospace

*SCRI's **technology** solution to assist sites with their patient identification efforts*

- **Clinical trial search** tool for viewing and querying trial menu
- **Automated patient matching** tool generates lists of potential trial candidates
- **Workflow management** tool for tracking patients on the path to enrollment
- **Report Generation** allows for generating reports to assess clinical trial menu pipeline and open studies

***Data Sharing ROI:** Increased enrollment through SCRI central patient matching services and central screening*

Site Selection Process

Genospace Software & SCRI Services

Patient Matching Process

Genospace Software & SCRI Services

Patient Matching Process

Genospace Software & SCRI Services

Central Screening Support

RM 721 at RMCC Example

The Genospace generated total number of patients is based on curation completed by the SCRI Curation Team.

- **245** Total Patients Matching per Genospace
  Patients Reviewed & Statused by Central Screening (CS)
- 70 Patients Deemed Non-Feasible
  Matching to an Arm Not Currently Enrolling per CS
- 70 Patients Statused 'Ineligible'
  Marked 'Ineligible" by CS
- 103 Patients Statused 'Monitored'
  Patient Not Ready for Treatment Change per CS

- **2 Potential Matches + Site Notifications**

The manual review completed following the initial GS generated number reduced the number of eligible patients by 57%, **resulting in 1% of current potential matches.**

Please note that this is a snapshot in time and additional effort will be provided by Central Screening to monitor the 103 patients due to eligibility surfacing at different points in a patient's journey.

Thank you.

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