B2B Research: Antidote

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Company: Antidote (Clinical Trial Patient Recruitment Platform)
Prepared for: B2B Lead Generation Outreach to Sponsors

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1. Brand Voice

Attribute	Description
Core Voice	Confident, Empathetic, and Precise
Tone	Human-Centric & Trustworthy
Personality	The Trusted Expert & Patient Advocate

One-Sentence Summary:
Antidote speaks with the precision of a data-driven expert and the warmth of a patient advocate, prioritizing clarity and trust over industry jargon.

Key Characteristics

Characteristic #1: Precision & Clarity

- Avoids vague terms like "revolutionary" or "game-changing."
- Uses specific, measurable language.
- **Examples:** *"More than 80% of medical research is delayed due to a lack of participants." "There's no good way for patients to find clinical trials that are right for them."*

Characteristic #2: Empathy & Human-Centricity

- Speaks directly to the human experience of clinical research.
- Addresses both patient needs and sponsor efficiency.
- **Examples:** *"Where patients meet research." "Patients like Eric inspire us to continue our mission."*

Characteristic #3: Action-Oriented & Solution-Focused

- Direct language that invites action.
- No passive or hesitant phrasing.
- **Examples:** *"Accelerate your research with our precision recruitment services." "Find the right clinical trials for you."*

Brand Voice: Do's and Don'ts

Do	Don't
Use "precision recruitment," "better-matched patients," "accelerate your research"	Use "revolutionary," "cutting-edge," "game-changing"
Sound confident, empathetic, and precise	Sound arrogant or overly hyped
Back up claims with specific data	Make claims without a specific, measurable proof point
Focus on the tangible outcome	Use vague language like "we help you recruit better patients"
Write clear and direct sentences	Use overly complex jargon

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2. ICP Identity - Persona 1: The Sponsor (3 Sub-Personas)

Sub-Persona 1A: VP of Clinical Operations

Attribute	Details
Title	VP of Clinical Operations
Department	Clinical Operations
Organization	Mid-to-large Pharma, Biotech, or CRO
Team Size	Manages 5-20 Clinical Trial Managers, CRAs, and outsourcing specialists
Career Stage	Established & Risk-Averse (15-25+ years)
What They Want to Be Known For	"The person who fixes the enrollment problem"
Their Professional Fear	Being blamed when study fails

Internal Script:*"I need to make sure this next trial doesn't fail. My reputation is on the line. I need a partner I can trust to deliver."*

Sub-Persona 1B: Head of Patient Recruitment

Attribute	Details
Title	Head of Patient Recruitment
Department	Clinical Operations / Patient Recruitment
Organization	Mid-to-large Pharma, Biotech, or CRO
Career Stage	Established & Overwhelmed (10-20+ years)
What They Want to Be Known For	"The person who finally solved recruitment"
Their Professional Fear	Not enrolling patients / Being replaced

Internal Script:*"My job is to find patients. And I'm failing. If I don't fix this, they'll replace me."*

Sub-Persona 1C: Director of Clinical Development

Attribute	Details
Title	Director of Clinical Development
Department	Clinical Development
Organization	Mid-to-large Pharma, Biotech, or CRO
Career Stage	Established (10-20+ years)
What They Want to Be Known For	Designing feasible, successful studies
Their Professional Fear	Saying "no" too often / Killing the excitement

Internal Script:*"My job is to design feasible studies. But I keep having to say 'no' or 'we need more time.' I need a partner who can help me make protocols work."*

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3. ICP Identity - Persona 2: The Site Coordinator (2 Sub-Personas)

Sub-Persona 2A: Clinical Research Coordinator (CRC)

Attribute	Details
Title	Clinical Research Coordinator (CRC)
Department	Clinical Research Site
Organization	Hospital, Academic Medical Center, Independent Research Site
Team Size	Works in a team of 2-10 CRCs
Career Stage	Established & Overwhelmed (5-15+ years)
What They Want to Be Known For	"The coordinator who gets things done"
Their Professional Fear	Burnout / Wasting time on unqualified patients

Internal Script:*"I can't take another referral that's completely wrong. I don't have time to waste on patients who aren't even close to qualifying. I just need a partner who understands what I'm dealing with."*

Sub-Persona 2B: Site Manager

Attribute	Details
Title	Site Manager
Department	Clinical Research Site
Organization	Hospital, Academic Medical Center, Independent Research Site
Team Size	Manages 2-10 CRCs
Career Stage	Established (10-20+ years)
What They Want to Be Known For	"The manager who consistently hits enrollment targets"
Their Professional Fear	Failing to hit targets / Losing the contract

Internal Script:*"My job depends on enrollment. If we fail to hit our targets, we lose the contract. I need a vendor who actually delivers-not just promises."*

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4. Awareness Stages

The Sponsor (Current State: Solution Aware / Product Aware - Level 3-4)

Stage	What They Know	What They Don't Know	Their Key Question
Unaware	"Delays are normal."	That there is a specific, solvable problem.	N/A
Problem Aware	"We have a problem. Delays are costing us time and money."	That specific solutions exist beyond their current CRO's approach.	*"Why is this so inefficient?"*
Solution Aware	"There are different types of recruitment solutions."	The difference between a pure agency and a precision recruitment service.	*"What type of solution is right for us?"*
Product Aware	Antidote exists and has a "precision recruitment" model.	How Antidote works in practice and whether the ROI is real.	*"Why should we choose Antidote?"*
Most Aware	Antidote has a proven track record. They are ready to buy but need to build a business case.	How to get internal buy-in and justify the budget.	*"How do I get this approved?"*

The Site Coordinator (Current State: Problem Aware - Level 2-3)

Stage	What They Know	What They Don't Know	Their Key Question
Unaware	"Screening patients is just part of my job."	That a better way to recruit exists.	N/A
Problem Aware	"I'm overwhelmed. I spend too much time screening unqualified patients."	That there are tools or services that can reduce their screening burden.	*"Why do I keep wasting time on these referrals?"*
Solution Aware	"There are companies that do patient recruitment."	The specific quality difference between different recruitment agencies.	*"Are there any agencies that actually send better patients?"*

Product Aware	Antidote exists and provides "better-matched" patients.	Whether Antidote is truly different from the agencies they've used before.	*"Is Antidote really different?"*
Most Aware	Antidote provides better-qualified, pre-screened patients. They are ready to advocate for Antidote.	How to convince their Site Director to switch to Antidote.	*"How do I get my Site Director to agree?"*

Key Triggers to Advance

Persona	Trigger	Why It Works
Sponsor	Specific case study + ROI calculation	They need to see proof of Antidote's mechanism and justify the investment
Site Coordinator	Peer testimonial + tangible time savings	They trust the word of another CRC over any vendor claim

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5. Market Sophistication

Current State: Level 4 (The "Mechanism" Era)

The market has moved beyond the "Product Era" where generic recruitment agencies all sounded the same. Sponsors are now highly skeptical of generic claims and demand proof of a specific, effective mechanism.

Level 1-2: The "Early" Market (Historical Context)

- Problem was unrecognized
- Sponsors believed delays were unavoidable
- No defined category for recruitment services

Level 3: The "Product" Era

- Generic recruitment agencies emerged
- All made similar promises ("faster enrollment")
- Sponsors became skeptical (the "me-too" effect)
- High screen failure rates eroded trust

Level 4: The "Mechanism" Era (Current State)

- Sponsors demand **precision recruitment**-a specific, technology-driven mechanism
- AI matching is expected, not optional
- The "How" matters: *"Is it just a database, or do you have a genuine matching algorithm?"*
- **Demand for Proof:** Case studies (e.g., 313% of enrollment goal), performance metrics (67% randomization rate), and technology validation (SEQSTER partnership)

Sponsor's Mindset:*"We need a specific, proven mechanism. Not just another database. Show us the data. Show us how you handle complex protocols."*

Level 5: The "Identity & Stand" Era (Future State)

- Full maturity; buyers seek a partner that shares their values
- Patient-centricity and DEI become key differentiators
- Champions need internal "selling tools" (ROI One-Pagers, Battle Cards, Compliance FAQs)

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6. Problems (3 Levels)

Operational Pain (The Tangible)

Pain #	Description	The VOC	Impact
1	**Trial Delays**	*"More than 80% of medical research is delayed due to a lack of participants."*	Sponsors invest millions in drug development, only to have timelines extended by months
2	**Referral Waste**	*"We were wasting so much time trying to find quality patients who actually qualified."* - Elsa Gebregiorgis, Site Coordinator	Sponsors pay for a high volume of site referrals that end up being ineligible
3	**Screening Black Hole**	*"We waste time on a high volume of patients who don't qualify."* - David Tidwell, Site Coordinator	Sites spend 30-60 minutes per patient on eligibility determination, only for the patient to not qualify
4	**Protocol Complexity**	*"139% increase in procedure quantity and 214% rise in endpoints in protocols since 2005."*	Finding eligible patients for complex protocols is exponentially harder

5	**High Cost of Failure**	*"The mean direct daily cost of a Phase II/III trial delay is approximately $40,000."*	A single day of delay has a massive financial impact

Emotional Pain (The Hidden)

Pain #	Description	The VOC	Impact
1	**Fear of Failure**	*"I'm the one who will be blamed when this study fails."*	Constantly worry about trial success; a failed trial damages their reputation
2	**Hidden Cost of Inaction**	*"They fear the hidden costs of inaction-$40,000/day and the long-term damage to their career."*	Live with constant, low-level anxiety about money being lost
3	**Skepticism**	*"I DON'T trust anyone in this industry anymore."*	Approach every new recruitment partner with a high degree of distrust
4	**Feeling Overwhelmed**	*"I'm drowning. And no one seems to notice."*	Under constant pressure to hit targets without the data to understand what is working
5	**Loss of Purpose**	*"I feel like a data entry clerk, not a CRC."*	CRCs lose connection to why they joined the industry

Internal Political Pain

Pain #	Description	The VOC	Impact
1	**Status Quo Objection**	*"Our CRO handles this."*	Biggest internal obstacle: comfort with the current, ineffective approach
2	**Buyer ≠ User Gap**	*"The Clinical Operations Lead is the champion, but the procurement team is the buyer."*	Champion has to "sell" the solution to a team focused on price, not efficacy
3	**Too Many Vendors**	*"We already have three recruitment agencies. Why do we need another one?"*	Internal pressure to reduce vendor list

4	**Internal Justification Burden**	*"They must constantly justify their vendor choices to the executive team."*	Require a continuous stream of data and reporting, which is time-consuming and stressful
5	**Vendor Fatigue**	*"I've changed 3 recruitment vendors in 2 years. Every time they promised, every time they disappointed."*	Sponsors are tired of being burned

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7. Desires (3 Levels)

Surface-Level Desires (The Tactical)

Desire	The VOC	Meaning
Faster Enrollment	*"Accelerate your research with our precision recruitment services."*	Hit enrollment targets faster and get trials completed on time
Better-Qualified Patients	*"Better-matched, better-informed, better-qualified patients."*	Reduce "referral waste" and screen failure rates
Reduced Site Burden	*"I feel that my time is valued by Antidote."*	Make life easier for investigative sites
Transparency & Data	*"They are tired of 'black box' recruitment."*	See exactly what is working with real-time dashboards
A Proven Partner	*"Antidote has been the best referral site we've used."*	Work with a partner they can trust to deliver

Emotional Desires (The Hidden)

Desire	The VOC	Meaning
To Be a "Hero"	*"They want to be the person who finally 'solved' the enrollment problem."*	Be recognized as the operational lead who consistently delivers
Peace of Mind	*"I want to stop worrying about under-enrollment every night."*	Sleep better at night, knowing the recruitment engine is running smoothly

To Be Trusted & Valued	*"They want to be seen as a strategic partner to R&D, not just a tactical operator."*	Be respected by colleagues and the executive team
Control & Certainty	*"They want to stop feeling like they are at the mercy of unpredictable enrollment."*	Move from a reactive to a proactive stance
To Remember Why They Joined	*"I became a CRC to help patients. Not to type numbers."*	Reconnect with their original purpose

Core Identity Desires (The Aspirational)

Desire	The VOC	Meaning
To Make a Difference	*"Patients like Eric inspire us to continue our mission to accelerate medical research."*	Bring new treatments to patients faster
To Be a Force for Good	*"They are committed to putting DEI at the center of everything we do."*	Ensure clinical trials represent the diversity of the patient population
To Leave a Legacy	*"They want to be the operational lead who consistently delivers trials on time."*	Have their career defined by success
To Be Part of a "Patient-Centric" Solution	*"Where patients meet research."*	Be associated with a solution that puts the patient first

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8. Obstacles

Obstacle	Definition	The VOC	How Antidote Overcomes It
The Status Quo	Comfort with current, ineffective approach.	*"Our CRO handles this."*	Pilot Program + Partnership Model (work alongside the CRO)
The "Buyer ≠ User" Gap	Champion vs. Procurement disconnect.	*"The champion is not the buyer."*	ROI One-Pager + Battle Card +

			Performance-Based Pricing
Trust & Credibility	Skepticism due to past negative experiences.	*"I DON'T trust anyone in this industry anymore."*	Specific Case Studies + Peer Testimonials + Transparency
The "Too Many Vendors" Objection	Internal pressure to reduce vendor count.	*"We already have three agencies. Why do we need another one?"*	Clear Differentiation + Efficiency Proposition
The "Prove It" Objection	Sponsors need to verify before trusting.	*"Let me talk to 3 of your customers. I will call them."*	Reference Program + Pilot + Performance-Based Contracts
The "No Time" Objection	Sponsors are too busy to evaluate new vendors.	*"I don't have time for a 45-minute demo."*	5-Minute Pitch + Self-Serve Evaluation + Short Proposal

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9. Beliefs

Belief	The VOC	Why It's Dangerous	How to Overcome It
"All vendors are the same."	*"Every vendor says 'we're different.' Every vendor fails."*	Immediate dismissal of outreach.	Lead with specificity & a "Battle Card."
"Delays are normal."	*"Delays are just part of the job."*	Complacency & lack of urgency.	Provide data on the $40,000/day cost of delay.
"You can't automate the human touch."	*"Patients need a real person."*	Resistance to "tech-only" solutions.	Emphasize "High-Tech, High-Touch" and site testimonials.
"There has to be a better way."	*"I'm tired of the same old promises."*	(This is an opportunity, not a danger.)	Directly acknowledge it and provide proof.
"AI is just a buzzword."	*"Everyone says they have AI. It's just database matching."*	Skepticism of technology claims.	Show how Antidote's AI works differently (lab values, SEQSTER data).

"If it sounds too good to be true, it probably is."	*"I've been burned too many times."*	Deep-seated distrust of all promises.	Pilot programs + performance-based contracts.

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10. Objection Map

End User (Site Coordinator) Objections

Objection They'll Say	What They Actually Mean	Recommended Response
"We already have a recruitment partner."	*"I don't want to add another vendor."*	*"We work alongside your partner to reduce your site's screening burden."*
"We've tried this before and it didn't work."	*"Prove to me you are different."*	*"Our pilot program proves the quality of our referrals before you commit."*
"I don't have time to learn a new system."	*"I'm already overwhelmed."*	*"Our platform is simple and intuitive. It reduces the 'behavioral tax' of switching between systems."*
"How are you different from the other agencies?"	*"Prove to me you are not like the others."*	*"Our referrals are better pre-screened. We have case studies proving a 67% randomization rate."*
"I don't have time for bad referrals."	*"My time is my most valuable asset. Don't waste it."*	*"Our pre-screening filters out 60% of ineligible patients before they ever reach you."*

Economic Buyer (Procurement) Objections

Objection They'll Say	What They Actually Mean	Recommended Response
"We already have a CRO that handles recruitment."	*"Prove to me you are different and necessary."*	*"We don't replace your CRO. We enhance their capabilities with a precision recruitment engine."*
"Why should we choose you over SubjectWell?"	*"Show me why you are the best choice."*	*"Here is our battle card comparing us on key metrics like patient quality, site satisfaction, and randomization rate."*

"Your pricing is too high."	*"Show me the ROI."*	*"The cost of inaction is $40,000 per day of delay. Here is a one-pager calculating the ROI for your specific trial."*
"We have vendor fatigue."	*"Show me you are worth the management overhead."*	*"We are an end-to-end partner that reduces your management overhead through a single, integrated platform."*
"I need a risk-free option."	*"I can't afford to make another mistake."*	*"Our performance-based pricing means we only get paid when we deliver. We share your risk."*

Gatekeeper (IT/Compliance) Objections

Objection They'll Say	What They Actually Mean	Recommended Response
"How do you handle PHI and patient data security?"	*"This is non-negotiable. Show me proof."*	*"We are fully HIPAA and GDPR compliant. Our platform is SOC2 certified. Here is our Security Pack and Compliance FAQ."*
"How do you connect with our EDC?"	*"I need to understand the technical complexity."*	*"We have a dedicated Integration Guide for IT teams explaining our API structure, data flow, and typical integration timeline (5-7 days)."*
"Who owns the patient data?"	*"I need to ensure data ownership and exit rights are clear."*	*"You own the patient data. We have a standard DPA that clarifies data ownership, usage, and the process for data export."*
"How do you handle patient consent?"	*"I need to ensure informed consent is properly documented."*	*"We use a comprehensive e-consent process. Patients are fully informed before any data is shared, and all consent documentation is stored securely and is auditable."*
"What about FDA diversity requirements?"	*"I need to ensure we meet regulatory standards."*	*"Our partnership with SEQSTER allows us to match based on genomic and lifestyle data, helping you meet FDA diversity requirements."*

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11. Feature → Benefit Translation (4 Benefit Axes)

Feature #1: AI-Powered Precision Matching

Benefit Axis	Benefit Statement	Why It Matters
Clinical Time	*"Sites spend less time screening ineligible patients."*	Sites waste 30-60 minutes per patient on ineligible referrals.
Data Accuracy	*"Better-matched patients reduce screen failure rates."*	Better matching improves data quality and reduces protocol deviations.
Audit-Readiness	*"Every patient is fully consented and pre-screened with a complete medical history form."*	Provides a clear, auditable trail for compliance.
Patient Experience	*"Patients find the right trials faster and are better-informed."*	A clear, structured process improves patient experience and retention.

Feature #2: Program-Level Screening

Benefit Axis	Benefit Statement	Why It Matters
Clinical Time	*"Sponsors can fill multiple studies simultaneously."*	Accelerates enrollment across an entire portfolio.
Data Accuracy	*"Patients who screen out of one study can be redirected to another."*	Improves overall program randomization rates.
Audit-Readiness	*"Patients are matched to the most appropriate study."*	Reduces the risk of off-protocol enrollment.
Patient Experience	*"Patients are offered alternative options if they don't qualify for one study."*	Improves patient experience and builds trust in the sponsor.

Feature #3: High-Touch Patient Support (Patient Care Advocates)

Benefit Axis	Benefit Statement	Why It Matters
Clinical Time	*"Sponsor staff focus on trial execution while advocates handle patient outreach."*	Offloads time-consuming patient outreach to a dedicated team.

Data Accuracy	*"Trained advocates ensure patients fully understand the protocol."*	Leads to higher quality informed consent and fewer protocol deviations.
Audit-Readiness	*"Every patient interaction is documented."*	Creates a complete, auditable record of the patient journey.
Patient Experience	*"Patients feel supported and guided."*	Reduces patient anxiety and improves trust in the clinical trial process.

Feature #4: Site Support & Real-Time Reporting

Benefit Axis	Benefit Statement	Why It Matters
Clinical Time	*"Site teams receive pre-screened, ready-to-enroll patients."*	Reduces the "screening black hole" and frees up site staff.
Data Accuracy	*"The SMA team validates patient eligibility via phone and can assist with lab value validation."*	Ensures patients referred to the site are truly eligible.
Audit-Readiness	*"Real-time dashboards provide a clear audit trail of all referrals and enrollment."*	Complete transparency makes it easy to track performance.
Patient Experience	*"Patients experience a smooth transition from initial interest to site visit."*	Reduces patient anxiety and ensures a positive first impression.

Feature #5: Strategic Partnership with SEQSTER

Benefit Axis	Benefit Statement	Why It Matters
Clinical Time	*"Sponsors can identify eligible patients faster and more accurately."*	Accelerates enrollment and reduces the need for manual screening.
Data Accuracy	*"Richer data ensures patients are matched to the most appropriate trial."*	Reduces screen failures and improves trial data quality.
Audit-Readiness	*"All patient data is centrally managed and auditable."*	Supports compliance with evolving FDA diversity requirements.
Patient Experience	*"Patients are matched to trials that truly fit their full health profile."*	Improves patient confidence and trust in the process.

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12. Competitor Landscape

Top Direct Competitors

Competitor	Core Business	Key Differentiator	Funding / Status
Evidation	Real-world health data insights platform	Focus on data insights, not just recruitment	Series E, $259M
myTomorrows	Platform providing access to drugs in development	Broader patient access beyond clinical trials	Series C, $51.3M
SubjectWell	Clinical trials marketplace	Pure-play recruitment marketplace	Acquired, $46.8M
Trialbee	Cloud-based recruitment solutions	SaaS focus with omnichannel engagement	Private
Clara Health	Online platform for trial search and application	Focus on patient experience and application process	Private

Broader Market Competitors

Competitor	Primary Focus	Why They Are a Competitor
Leal Health	AI-powered matching for cancer patients	Oncology-specific AI matching
PatientWing	Patient enrollment platform	Focus on the site-patient connection
Alleviate Health	AI-enabled recruitment with "human-in-the-loop"	Well-funded new AI entrant ($4.3M seed)
Trially	AI-first platform for instant enrollments	Proprietary AI for instant enrollment
Deep 6 AI	AI to parse unstructured medical data	AI-driven patient identification
PPD, IQVIA	Full-service CROs	Largest, most established global players

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13. Core USP

"Precision Recruitment" - A strategic, highly optimized approach to identifying and recruiting eligible and engaged patients.

Key Differentiators

1. **High-Tech & High-Touch Approach:** Antidote balances advanced technology (AI-powered matching) with a personal touch (patient support and site follow-up).
2. **SEQSTER Partnership:** Unmatched data integration. A 360° view of patient data, including medical history, genomic information, and lifestyle factors.
3. **Largest Global Partner Network:** Provides search technology to over 300 patient advocacy groups at no cost.
4. **End-to-End Full-Service Model:** A comprehensive service from initial outreach to site engagement.
5. **Risk-Sharing Payment Model:** Payment is tied to successful enrollment, aligning incentives with the sponsor's objectives.
6. **Robust Pre-Screening & Validation:** Thoroughly pre-screens patients before referring them to sites, dramatically reducing the "screening black hole."

Competitive Positioning Table

Competitor	Differentiator vs. Antidote	Antidote's Advantage
SubjectWell, Trialbee	Traditional recruitment or pure SaaS platforms	**Precision Recruitment** methodology + deeper pre-screening
Evidation	Data insights platform	**High-Tech, High-Touch** approach + end-to-end services
myTomorrows	Broad access to drugs in development	**Focus on recruitment** and patient matching for trials
Alleviate Health	AI-focused new entrant	**Largest partner network** + **SEQSTER data integration**

Performance Proof Points

Metric	Result
Alzheimer's Study	267% of patient recruitment goal delivered
Psoriasis Study	178% of patient recruitment goal delivered
Asthma Study	6 months saved on patient recruitment timeline
Parkinson's Study	67% randomization rate

Screen Failure Rate Reduction	49% reduction
IPF Study	50% faster patient identification than estimated

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14. Unique Mechanism

Name: The "Antidote Match™" Engine / Precision Recruitment Model

How It Works

Step 1: Patient Persona & Pre-Recruitment Research

- Analyze the patient's profile, motivations, and pain points before any campaign is launched.
- Ensures messaging and targeting are highly relevant from the beginning.

Step 2: Data Structuring & Encoding

- Encode clinical trial eligibility criteria using industry-standard medical ontologies.
- Transforms complex, unstructured "free-text" criteria into structured, semantically coded data.

Step 3: Patient Matching with Algorithms

- Patients answer simple, structured questions about their medical history.
- The Antidote Match™ engine uses proprietary algorithms to search across structured trial data and find matches.

Step 4: Program-Level Screening

- Screen a patient against multiple trials in a single program at the same time.
- Patients who screen out of one trial can be immediately offered another option.

Step 5: The "High-Tech, High-Touch" Integration

- A dedicated contact center and patient support team validates the match and pre-screens patients further.
- Dramatically reduces the "screen failure" rate at the site level.

The "Power-Up": Integration with SEQSTER

- Access to a 360-degree view of patient data, including medical history, genomic data, and lifestyle factors.
- Enables even more precise matching and supports FDA diversity requirements.

15. Patient Recruitment Funnel

7-Step Funnel Overview

Step	Activity	Goal & Outcome
1. Upstream Research	Build patient personas, analyze communities, understand patient journey	Foundation for precise outreach and messaging
2. Multi-Channel Outreach	Reach patients through partner network, digital channels, and other sources	Meet patients where they are, from a trusted source
3. Online Screening	Patients complete an online pre-screener questionnaire	Collect preliminary data and filter out clearly ineligible patients
4. Phone Validation	Contact patients to verify information and answer questions	**Critical step:** Filters out ~60% of ineligible patients, improves patient experience
5. Clinical Validation	Verify in-depth information (including lab values if needed)	Ensure patients truly meet complex criteria before site referral
6. Site Referral	Transfer validated patient information to the research site	Provide sites with "ready-to-go," well-prepared patients
7. Data Optimization	Track, report, and optimize every activity in the funnel	Ensure performance, transparency, and continuous improvement

Multi-Channel Outreach Channels

1. **Partner Network**
    - Over 300 partner organizations including patient advocacy groups, labs, data companies, health bloggers, and publishers
    - Provides Antidote Match™ free to partners
    - Partners are "condition experts" providing deep insights into patient communities
2. **Digital & Advertising**
    - Targeted advertising on social media and paid search
    - A/B testing of messages and retargeting
    - Website and digital campaigns to drive patients to landing pages
3. **Patient Database**
    - Over 400,000 users who have shared health information

- Can directly reach "highly qualified leads" based on their history and information

Funnel Effectiveness Metrics

Metric	Result
Phone Validation	Filters out ~60% of ineligible patients
Screen Fail Rate Reduction	49% reduction
Randomization Rate	Up to 67% (Parkinson's study)
Patient Identification Speed	50% faster than estimated (IPF study)

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16. Psychology Insights: 5 Personas

The Sponsor's Core Truths

Insight	Translation
"I DON'T trust anyone in this industry anymore."	Burned too many times. Every vendor promises, every vendor fails.
"I only trust when I can VERIFY."	Let me talk to customers. Let me pilot. Give me specific numbers.
"I trust DATA, not PROMISES."	Say "reduce by 40%" without specific data = I don't believe you.
"I NEVER reply to a cold email the first time."	50-100 emails/day. I've learned to filter fast.
"I reply when I'm really in PAIN."	Study is dying. I need to save it urgently. That's when I'll search.

The Site Coordinator's Core Truths

Insight	Translation
"I don't trust recruitment vendors."	Burned too many times. Every vendor promises; few deliver.

"Show me the data."	I don't want promises. I want proof-case studies, numbers, screen failure rates.
"Respect my time."	Don't send me unqualified patients. Don't waste my time. I don't have time to waste.
"I'm busy. I don't have time."	50+ emails a day. I ignore most of them.
"Help me hit my targets."	My job depends on enrollment. If you help me enroll, you become essential.

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17. Key VOC Themes for Outreach

Theme	The VOC to Use	Why It Matters
The "Anti-Volume" Promise	*"Better-matched, better-informed, better-qualified patients will matter more."*	Sponsors are burned out on low-quality referrals. This speaks directly to their pain of "referral waste."
The Site-Defined Value	*"I feel that my time is valued by Antidote."*	Shows Antidote reduces the "behavioral tax" on site staff, a key obstacle to enrollment.
The "Human Touch" Differentiator	*"Online recruitment can be bolstered with offline partnership activity."*	Sponsors are skeptical of pure-tech solutions. This confirms Antidote's human element is a competitive advantage.
The Competitive Advantage	*"We were wasting so much time... Antidote led to a larger number of potential patients than many other patient recruitment companies."*	Positions Antidote as the superior choice compared to generic recruitment agencies.
The Program-Level Efficiency	*"Patients can be screened across multiple trials in a particular trial program at the same time."*	Offers a clear, quantifiable efficiency saving for sponsors with multiple studies.
The Cost of Inaction	*"The mean direct daily cost of a Phase II/III trial delay is approximately $40,000."*	Creates urgency and justifies the investment.

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18. Future Pacing: The Antidote Vision

For Each Persona

Persona	The Vision	The Copy Angle
VP Clinical Ops	Waking up to a green dashboard instead of a red one	*"The VP who used to dread Board meetings. Now she can't wait to present the numbers."*
Head Patient Recruitment	Not having to fight for every single patient	*"The Head of Patient Recruitment who finally stopped checking her email at 6:30 AM."*
Director Clinical Development	Designing protocols that actually have a fighting chance	*"The Director who stopped dreading protocol design meetings."*
CRC	Spending time with patients, not spreadsheets	*"The CRC who used to call patients to tell them they don't qualify. Now she calls them to welcome them."*
Site Manager	Managing one partner instead of 8 portals	*"The Site Manager who used to spend all day managing portals. Now she spends all day managing success."*

The Overarching Vision

"A world where clinical trial recruitment works."

- **For Sponsors:** Trials that actually start on time. Studies that actually fill. Boards that actually see results.
- **For Sites:** CRCs who remember why they joined the industry. Time for patients, not spreadsheets. Work that actually feels meaningful.
- **For Patients:** Access to treatments that could change their lives. A process that respects them. A system that actually works.

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19. Copy Cheat Sheet

Element	Recommendation

Awareness Stage	Solution Aware / Product Aware (Level 4-5)
Primary Persona	VP of Clinical Operations, Head of Patient Recruitment
Tone of Voice	**Quiet Confidence**: Professional, data-driven, specific, and non-hype. No "revolutionary" or "game-changing" claims. Use precise numbers and proof points.
Lead (Opening)	**Industry Data** (e.g., "The cost of trial delays is $40,000/day") or **VOC Quote** (e.g., "I DON'T trust anyone in this industry anymore.")
Headline	**Specific, with Data** (e.g., "267% of enrollment goal achieved" or "67% randomization rate").
Body	**Problem → Mechanism → Benefit**: Acknowledge the pain, explain Antidote's specific "precision recruitment" mechanism (AI + Human Touch), and show the benefit (saved time, reduced cost, completed trials).
Evidence	**Case studies** (like the 267% Alzheimer's result), **performance metrics** (67% randomization rate), and **industry data** (SCRS framework).
Risk Reversal	**30-day pilot** or a **performance-based contract** (e.g., "We only charge for patients who are randomized").
CTA	**Call-to-Value**: "See the case study," "Download the ROI calculator," or "Schedule a 20-min call to discuss your trial."
3 Headline Examples	1. *"267% of enrollment goal achieved. Here's how."* 2. *"The cost of inaction: $40,000 per day. Here's the fix."* 3. *"The difference between a 67% and a 20% randomization rate."*

B2B Cold Email Sequence

ICP Identity - Persona 1: The Sponsor

Email 1, Day 1

Subject: PrevenTRON: the matching layer patient recruitment can't skip

Hi [Name],

I'm with Antidote, patient recruitment out of Miami, specializing in complex neurology and biomarker-gated trials. **PrevenTRON** is exactly the kind of program we spend most of our time on.

Matching alone won't catch this population: cognitively normal, elevated p-tau217. We see that many vendors say they have AI matching now, but in 2026 that's table stakes.

The real risk isn't finding matches. It's what happens after: someone learns their p-tau217 is elevated and has to decide on years of infusions from that alone, and an algorithm can't catch who drops off before randomization.

With time to clinical progression as the primary endpoint, there's no fixing a weak cohort later.

That's why our matching runs through clinical validation before any referral reaches a site. On a comparable program, it delivered 267% of enrollment goal.

Happy to connect if useful as **PrevenTRON** moves into enrollment.

Sincerely,
Tyler Hoang
Patient Recruitment, Antidote
antidote.me | Miami, FL

Email 2, Day 5

Subject: Re: PrevenTRON: the matching layer patient recruitment can't skip

Hi [Name],

Following up on **PrevenTRON** and the mechanism question from before.

Matching cognitively normal people with elevated p-tau217 is hard because the usual inputs, symptoms, diagnosis history, aren't there. We layer in medical history, genomic and lifestyle data through a partnership with **SEQSTER**, so a match isn't built on a questionnaire alone.

That matters most in exactly this kind of prevention trial, where the candidates look healthy on paper until the biomarker says otherwise.

On a comparable program, that deeper data layer helped cut screen failure by nearly half, before any referral reached a site.

Happy to walk through how that would apply to **PrevenTRON**'s screening funnel specifically.

Sincerely,
Tyler Hoang
Patient Recruitment, Antidote
antidote.me | Miami, FL

Email 3, Day 10

Subject: Re: PrevenTRON: the matching layer patient recruitment can't skip

Hi [Name],

One thing about **PrevenTRON's** design keeps coming back to me.

Time to clinical progression as the primary endpoint means the trial doesn't get a second attempt at the cohort. Whoever gets randomized in the first wave is who it runs with, for years, before a readout tells you if it worked.

That puts more weight on getting screening right upfront than most programs carry.

We've built our validation process around exactly that kind of pressure, on trials where a weak early cohort isn't something you can fix later.

If it's useful, happy to get 20 minutes on the calendar to walk through how we'd apply it here.

[grab 20 minutes here]

Sincerely,
Tyler Hoang
Patient Recruitment, Antidote
antidote.me | Miami, FL

Email 4, Day 17

Subject: Re: PrevenTRON: the matching layer patient recruitment can't skip

Hi [Name],

I haven’t heard back from you, which is totally fine. Figured I'd leave you with the thing that actually matters most here, then step back.

Almost everyone who ends up eligible for PrevenTRON asks the same question first: “If I test positive, am I going to get Alzheimer's?”. It's not a simple question, and the honest answer is more nuanced than most people expect.

That conversation, more than the protocol itself, is usually what decides whether someone actually enrolls.

If it would help to talk through how we handle that, here's 20 minutes with our team.

[choose a time that suits you]

Either way, hope **PrevenTRON** goes smoothly. We know that's the real goal.

Sincerely,
Tyler Hoang
Patient Recruitment, Antidote
antidote.me | Miami, FL

ICP Identity - Persona 2: The Site Manager

Email 1, Day 1

Subject: PrevenTRON: one point of contact, not another portal

Hi [Name],

I'm with Antidote, patient recruitment out of Miami, specializing in complex neurology and biomarker-gated trials.

Sites running **PrevenTRON** are likely managing referrals from more than one source, each with its own portal and process. That adds up fast when your team is already stretched across multiple protocols.

We work as a single point of contact instead, handling the pre-screening and validation before a referral ever reaches your coordinators. Less to manage on your end, not more.

On a comparable program, that reduced screen failure by nearly half, which usually means fewer wasted appointments for your team.

Happy to connect and see if it's useful as **PrevenTRON** ramps up across sites.

Sincerely,
Tyler Hoang
Patient Recruitment, Antidote
antidote.me | Miami, FL

Email 2, Day 5

Subject: Re: PrevenTRON: one point of contact, not another portal

Hi [Name],

Following up on **PrevenTRON**.

Most of what we hear from site teams isn't that enrollment is too slow. It's that coordinators spend real time on referrals that were never going to qualify, and that adds up over a study this size.

Our screening runs through phone and clinical validation before anything reaches your coordinators, so what lands on their desk has already been checked against the criteria that actually matter for this population.

On a comparable Alzheimer's program, coordinators told us the difference showed up almost immediately, fewer wasted appointments, less rework.

Happy to share how that would apply to **PrevenTRON** specifically, if useful.

Sincerely,
Tyler Hoang
Patient Recruitment, Antidote
antidote.me | Miami, FL

Email 3, Day 12

Subject: last note on PrevenTRON

Hi [Name],

I haven't heard back from you, and it is totally fine. I'll leave this as my last note.

Fewer bad referrals usually isn't just a screening problem, it's what keeps coordinators from burning out on a study that runs for years. That's the part worth getting right early, especially with a population this hard to screen.

If it's useful, happy to walk through how we'd apply that to **PrevenTRON** specifically.

[grab 20 minutes here]

Either way, wishing your team a smooth run on **PrevenTRON**. We know that's the real goal.

Sincerely,
Tyler Hoang
Patient Recruitment, Antidote
antidote.me | Miami, FL

B2B LinkedIn Sequence

ICP Identity - Persona 1: The Sponsor

Connection Request Note

Hi [Name], I sent a note about PrevenTRON's screening approach last week, wanted to connect here too in case it's easier to follow up this way.

Message 1, Day 0-1

Hi [Name], thanks for connecting.

Figured I'd add a bit more here since email can only say so much. The part of PrevenTRON that tends to get harder than the eligibility criteria itself is what happens once someone's p-tau217 comes back elevated. An algorithm can flag them, it can't catch who quietly drops off before randomization.

That's the gap our clinical validation step is built for, before any referral reaches a site.

Happy to share more if it's useful as PrevenTRON moves further into enrollment.

Message 2 - Day 5-6

Hi [Name], following up briefly.

With time to clinical progression as the primary endpoint, there's not much room to fix a weak cohort later. On a comparable program, our validation step helped a sponsor deliver 267% of enrollment goal, mostly by catching the wrong candidates early.

Happy to walk through how that would apply to PrevenTRON specifically.

[grab 20 minutes here]

Message 3 - Day 12

Hi [Name], I haven't heard back from you, which is fine. I'll leave this as my last note.

Almost everyone eligible for PrevenTRON asks the same question first: if I test positive, am I going to get Alzheimer's. That conversation, more than the protocol itself, usually decides whether someone enrolls.

If it's ever useful down the line, happy to talk through how we handle it.

Wishing your team a smooth run on PrevenTRON.

ICP Identity - Persona 2: The Site Manager

Connection Request Note

Hi [Name], sent a note about PrevenTRON referrals last week, wanted to connect here too in case it's easier to follow up this way.

Message 1, Day 0-1

Hi [Name], thanks for connecting.

Figured I'd add a bit more here since email only fits so much. Most of what we hear from site teams running programs like PrevenTRON isn't that enrollment is too slow, it's that coordinators end up spending real time on referrals that were never going to qualify. Over a study this size, that adds up fast.

We work as a single point of contact instead, handling screening and validation before anything reaches your coordinators.

Happy to share more if it's useful as PrevenTRON ramps up across sites.

Message 2 - Day 5-6

Hi [Name], following up briefly.

On a comparable Alzheimer's program, coordinators told us the difference showed up almost immediately, fewer wasted appointments, less rework. That tends to matter more over a study that runs for years, not just at the start.

Happy to walk through how that would apply to PrevenTRON specifically.

[grab 20 minutes here]

Message 3 - Day 12

Hi [Name], haven't heard back, which is fine, I'll leave this as my last note.

Fewer bad referrals usually isn't just a screening problem, it's what keeps coordinators from burning out on a study that runs this long. That's the part worth getting right early.

If it's more useful to loop in whoever owns enrollment strategy on the sponsor side, happy to have this reach them instead.

Wishing your team a smooth run on PrevenTRON.