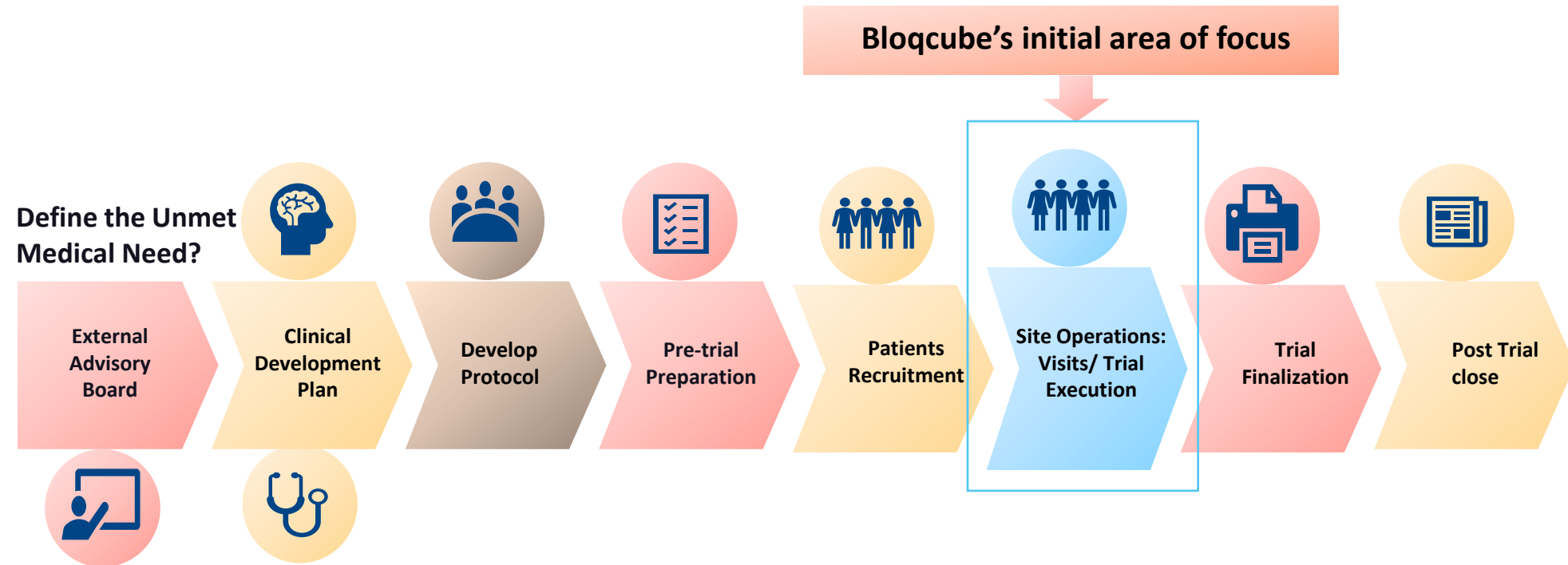




# Bloqcube<sup>®</sup>: B2B Clinical Trials Software Platform for Accelerating Clinical Trials



Clinical trials by Pharma companies are costly, inefficient, time consuming with multiple systems used



# Problem: Operational inefficiencies clinical trials

Covid has propelled digital adoptions and shift to patients' homes ( Decentralized Clinical Trials –DCT)



## **Operational inefficiencies by the move to DCT**

Lack of Realtime data and  
multiple systems



## **Data Integrity challenges**

Regulatory guidelines require  
manual monitoring



## **Payments' Delays to patients and sites**

4 months delays and 41% churn

# Pain points: 85% of all trials delayed; costs up to \$8m/day

The industry is moving currently at a more rapid pace to digitalization of trials post Covid

## Trials moving to Patients' homes

- Decentralized Trials (DCT) – trials in patient homes - are a new strategic reality post Covid
- Growth in this area was over **90%** 2022 vs 2020
- Current workflows with existing systems are inefficient ( ~6 systems used/trial)
- FDA has issued DRAFT guidelines for DCT de-risking Regulatory risk

## Data Integrity

- Upto 17% data integrity issues observed (1)
- May '22: EU delisted 100 drugs due to integrity issues in one firm(2)
- Even Big Pharma was accused by FDA of data manipulation for a \$2.1m drug (3)

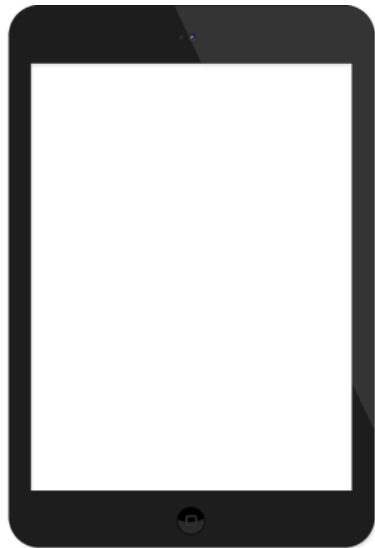
## Financial settlements

- Sites/Doctors get paid late ~4 months
- Resulting in 41% churn in sites participation
- Causing disconnects in resources management, and high transaction costs (~\$1B) for financial payments

# Solution: A blockchain enabled e-clinical software

Intuitive and ease to use in diverse target segments; unlike Medable or Science 37 we offer an additional Finance+SCM module and lesser vulnerability due to Ransomware attacks

iPad /Smart Phone

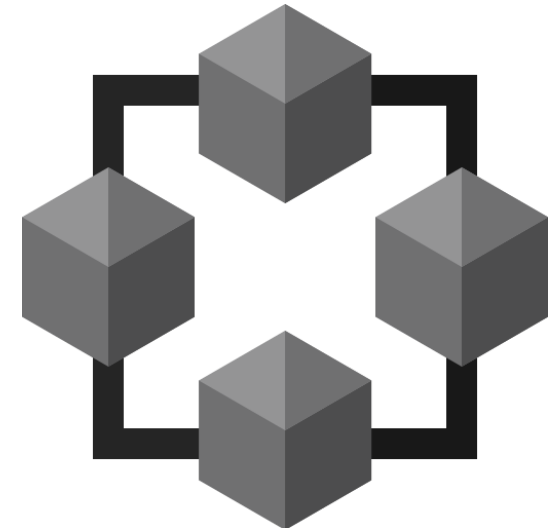


21CFR Part 11 compliant

Cloud / Decentralized



Blockchain enabled



# Solution: A blockchain enabled e-clinical software

Intuitive and ease to use in wide target segments

## iPad /Smart Phone

- Data collected electronically at the source or patients' locations
- Multiple systems integrated in a modular fashion decreasing data integrity issues
- Data quality at source
- Near future fully web based and BYOD

## Cloud / Decentralized

- Data collected irrespective where patients are located geographically worldwide
- Facilitates diversity and underrepresented groups participation to comply with new regulatory guidelines

## Blockchain enabled

- Immutable data collected
- One source of truth of all data for all parties
- Immutable with data integrity
- Smart contract driven integration of unique financial module-payments/accounts/budgeting

# How does it work? User Personae

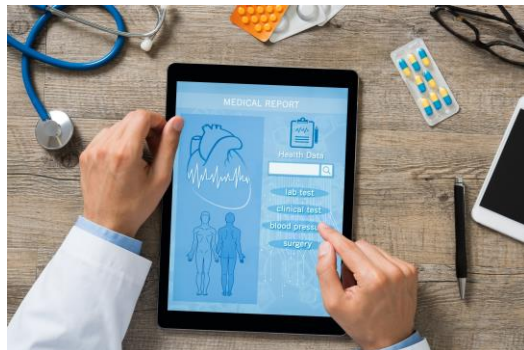
## **Lifescience**

### **product owner:**

Concerned that  
cumbersome  
inefficient processes  
delaying  
productivity



**Site admin:** Multi  
system paper  
processes for  
Regulatory binders



## **Physician / Study coordinator:**

Concerned about  
regulatory compliance  
and study delivery and  
getting paid late



**Monitors/QA/Safety  
Boards:** Supervise  
study check for  
auditability and  
Regulatory compliance





# How does it work? Users' journey

## Trial setup

The screenshot shows the 'Clinical Trial Set-up' app interface. It has three tabs: '1. Basic Details', '2. Add Site Details', and '3. Summary'. The '2. Add Site Details' tab is active. It contains two main sections: 'Site Details' and 'Clinical Team Details'. The 'Site Details' section includes fields for 'Site Name', 'Number of Subjects', 'Select Site', 'Site Number', 'Fax', 'Site Admin Name', and 'Site Address'. The 'Clinical Team Details' section includes fields for 'Trial Team Member', 'Contact Information', 'Role', 'Document', 'Title', and 'Version'. There is an '+ Add Participant' button at the bottom right.

Lifescience product owner

## Regulatory binders/site checks

The screenshot shows the 'Clinical Trial Set-up' app interface, specifically the '2. Add Site Details' tab. It features a section titled 'Documents by Site' with a '+ Add New' button. Below this, there is a list of documents: 'Signed clinical trial agreement', 'IRB regulatory filings, communications and approval letters', 'Signed form 1572', 'SOPs', and 'CDAs'. Each document has a document icon to its right. At the bottom, there are three buttons: 'Reset', 'Add New Site', and 'Continue'.

Site admin

## Direct Data Capture

The screenshot shows the 'Case Report Form' app interface. It has a top bar with 'Subject Details' and 'Data Audit' links. Below this is a 'Case Report Form' section with tabs for 'WORC', 'ASES', 'VAS', 'SANE', and 'Constant Murley'. The 'WORC' tab is active. It shows a 'WORC Survey' section with a 'Date of Assessment' of '30/09/2022'. There is a question 'Was WORC Survey performed?' with 'Yes (complete below)' and 'No (Comment below)' options. Below this is a 'Section A: Physical Symptoms' section with three questions: '1. How much sharp pain do you experience in your shoulder?', '2. How much constant, nagging pain do you experience in your shoulder?', and '3. How much weakness do you experience in your shoulder?'. Each question has a visual scale from 'no pain' to 'extreme pain' with a slider and a score (5, 2, and 8 respectively).

Physician Investigator  
Study coordinator

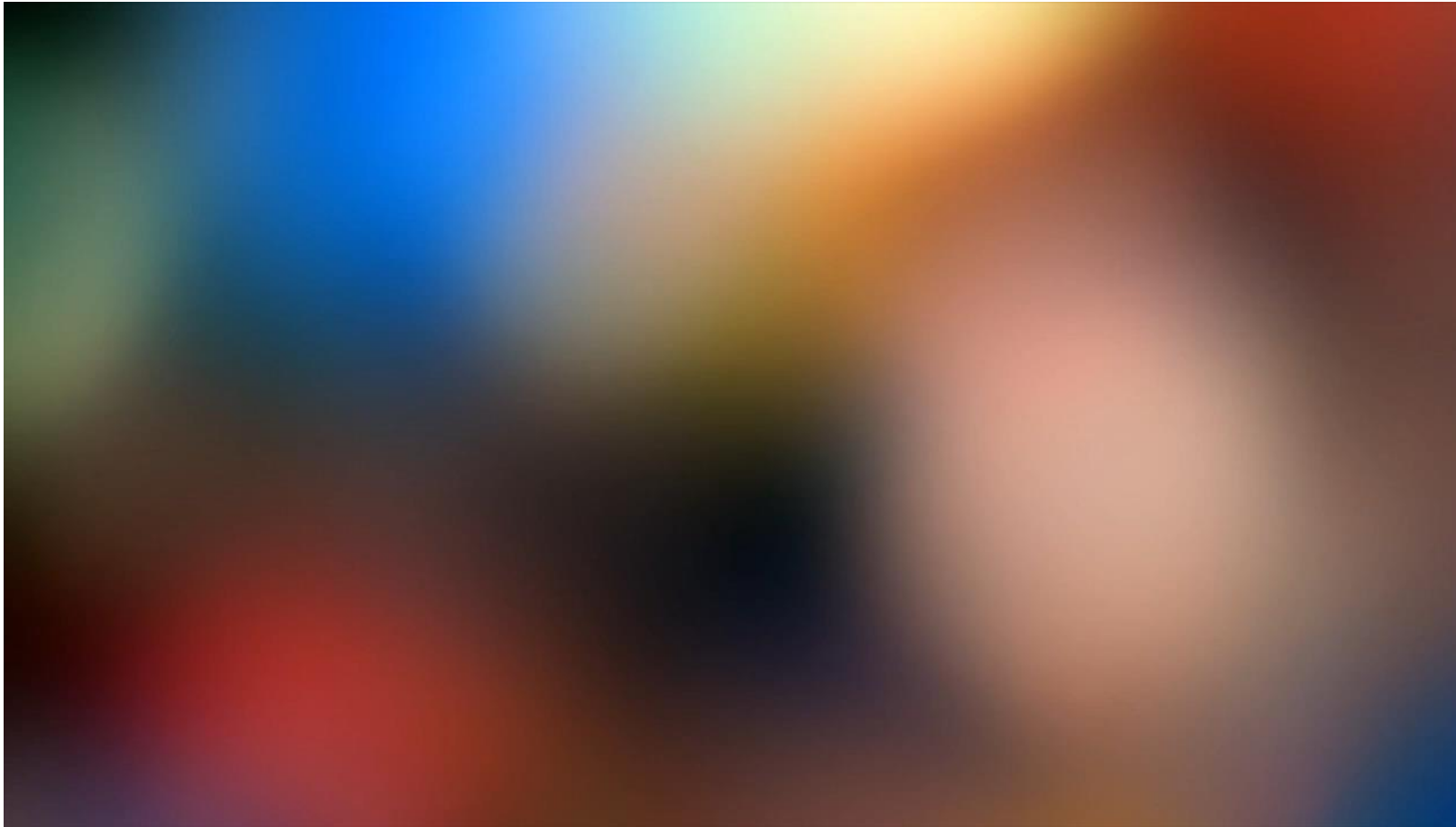
## Real time safety signals

The screenshot shows the 'Case Report Form' app interface, specifically the 'Serious Adverse Events' section. It has a top bar with 'Subject Details' and 'Data Audit' links. Below this is a 'Case Report Form' section with tabs for 'Adverse Events', 'Serious Adverse Events', and 'Device Adverse Events'. The 'Serious Adverse Events' tab is active. It shows a 'Serious Adverse Events' section with a 'Date of Procedure' of '30/09/2022'. There are three questions: 'Did the subject experience any serious adverse events?', 'Did the subject experience any serious adverse device effects?', and 'Is this an Anticipated Serious Adverse Device Effect?'. Each question has 'Yes' and 'No' radio button options. Below these are fields for 'SAE Term', 'Onset Date', 'Stop Date', 'Severity', 'Frequency', 'Continuing?', 'Action taken with Study', 'Relationship to Study Device', and 'SAE Narrative'.

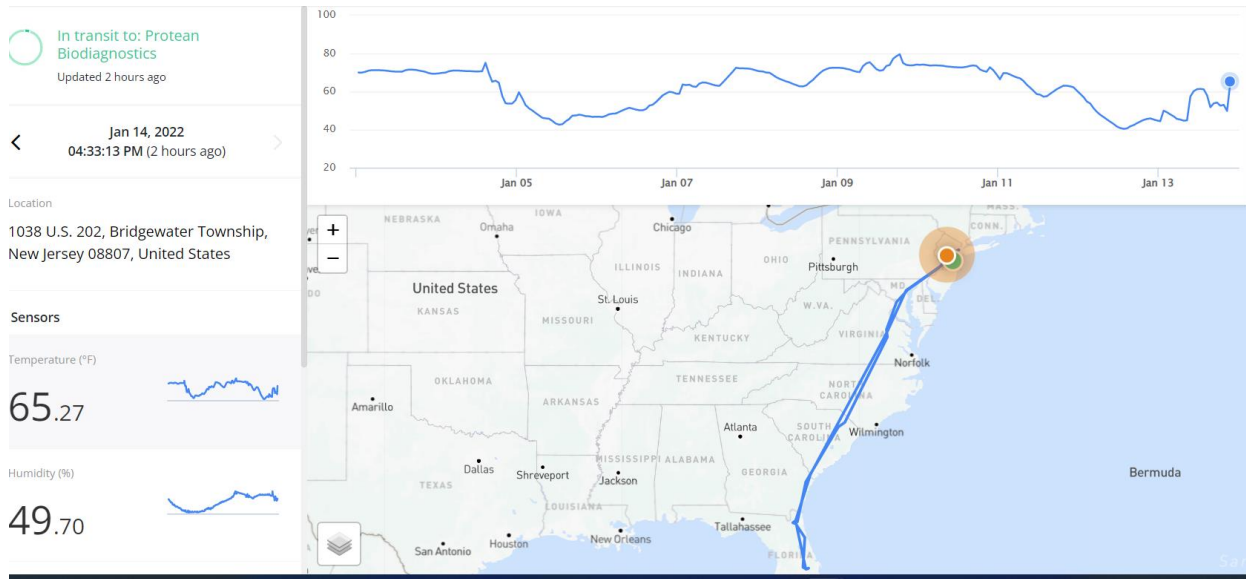
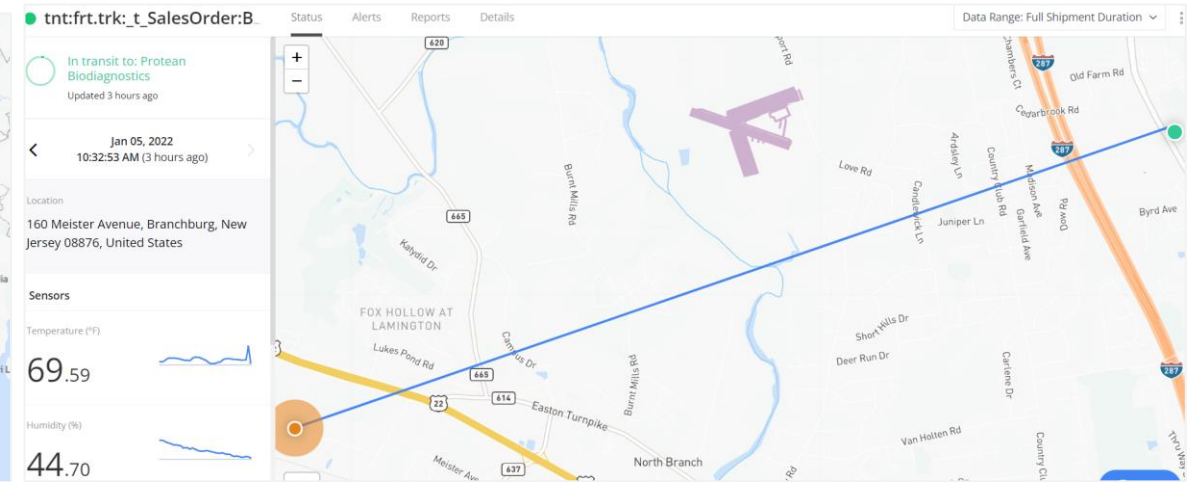
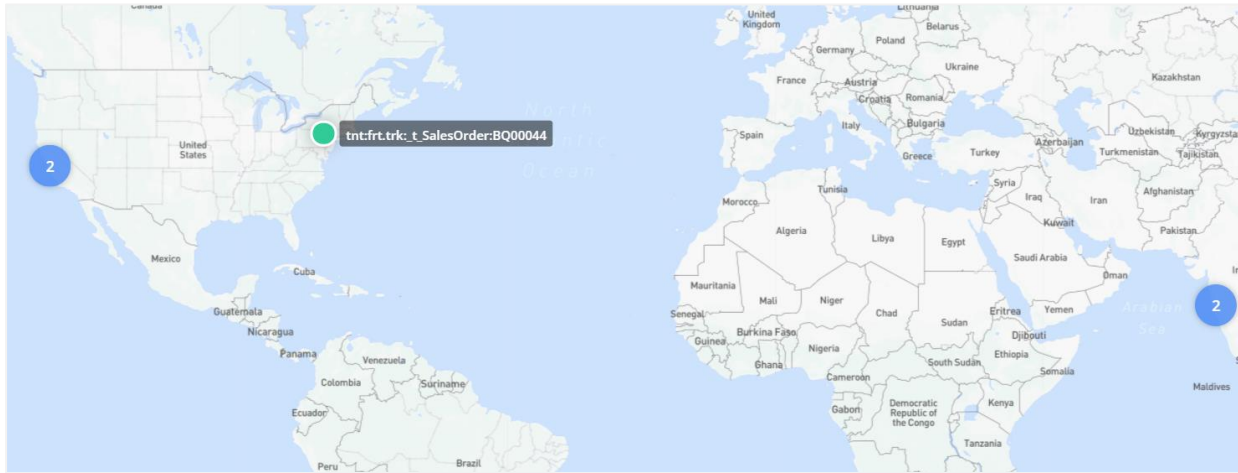
Monitors/QA/Safety  
Boards:



# System demonstration



# BloqBridge: Real time SCM transparency for trial IMP to address 50% wastage



Geo tagged

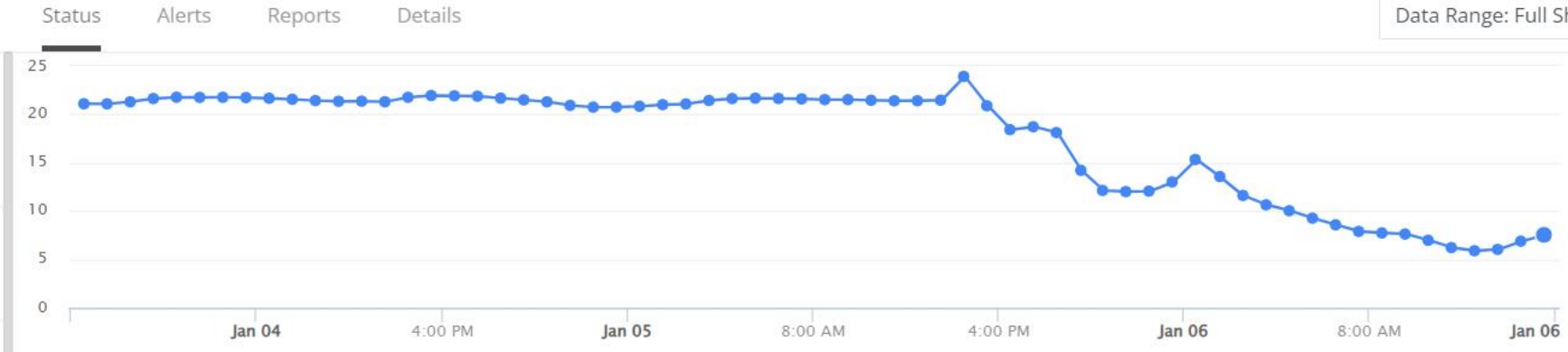


IoT controlled



Last mile delivery

tnt:frt.trk:\_t\_SalesOrder:B...



Temperature

21.09°C

Jan 04, 12:32 AM  
3 days ago

MIN	AVG	MAX
5.9	17.0	23.9

In transit to: Protean Biodiagnostics  
Updated 3 hours ago

Jan 06, 2022  
03:35:17 PM (3 hours ago)

Location

4901 Pulaski Highway, Baltimore, Maryland 21224, United States

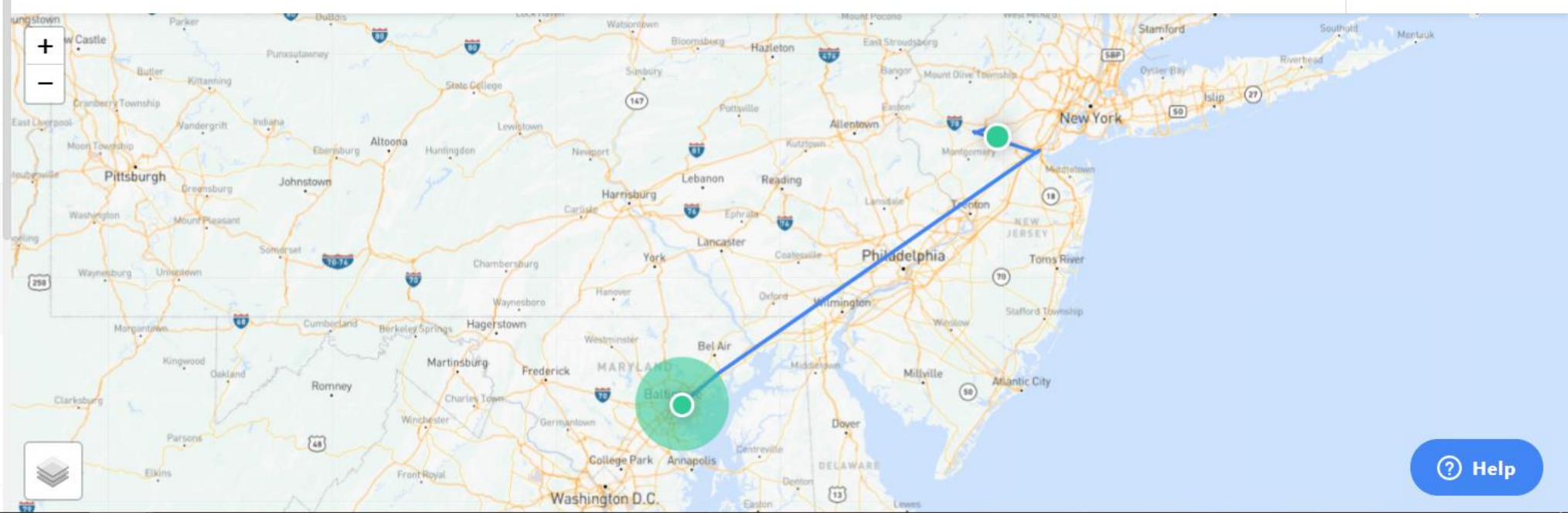
Sensors

Temperature (°C)

7.52

Humidity (%)

44.60





Manage



Administrator



Louis, MO 63141

Print Packing List

Master Ship List

Print QR Code



Order QR Code

Subject Name

Laura McDermott

Site Name

St Bernard Hospital

Site Monitor

Christian Watts

Batch ID

ACR-3457653-12

Delivery status

Completed

Order Details

Order Tracking

Invoices

Documents

Smart Contracts

Messages



Inspect & Pack



Pickup & Ship



In-Transit



Receive/Accept



PoS Sales



Customer Verifies

Protocol #  
C4591001

Study Intervention #  
PF-07302048

BRIDGE ID  
B-9766543

US IND #  
19736

EduraCT #  
2020-002641-42

Approved Date  
06/04/2021

Inspected By  
Tom Harding



Verify

Protocol #  
C4591001

Study Intervention #  
PF-07302048

BRIDGE ID  
B-9766543

US IND #  
19736

EduraCT #  
2020-002641-42

Approved Date  
06/04/2021

Inspected By  
Tom Harding



Verify

Carrier Id  
SHP-12345

Ship Date  
1/29/2021

Status  
In-Transit to location

Batch Id  
ACR-3457653-1

Product Status  
Ok

Status  
On time

Estimated Arrival  
05/6/2021



Verify

Store Id  
STR-12345

Customer  
Nordstrom

Location  
Dublin

Batch ID  
ACR-3457653-1

Stock Scan Status  
QTY Mismatch

Receiving Date  
1/29/2021

Received by  
Fremont WHS



Verify

N/A



Verify

N/A



Verify



## IMPs Details



BRIDGE ID P-767758	Subject ID P-123453	Location 615 S New Ballas Rd, St. Louis, MO 63141	QTY 30	Product Status Rejected !
Subject Name Laura McDermott	Site Name St Bernard Hospital	Site Monitor Christian Watts	Batch ID ACR-3457653-12	Delivery status Completed

[Print Order Details](#)
[Print Packing List](#)
[Master Ship List](#)
[Print QR Code](#)

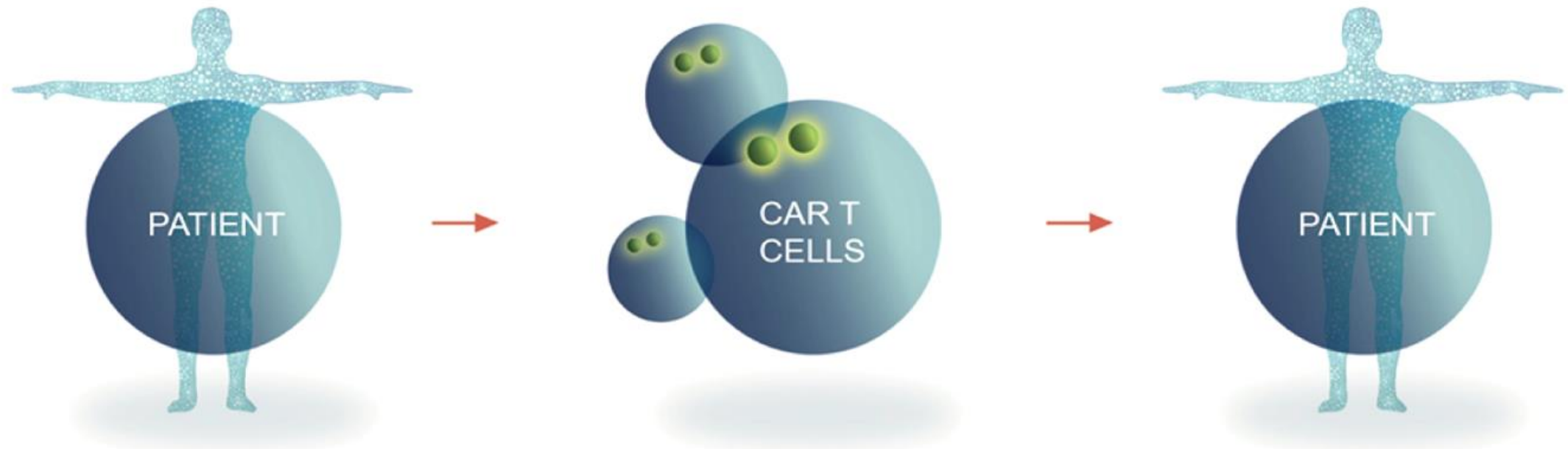

Order QR Code

[Order Details](#)
[Order Tracking](#)
[Invoices](#)
[Documents](#)
[Smart Contracts](#)
[Messages](#)

SKU	Protocol #	Batch ID	QTY
0612-009-T	GS-US-337-0131	ACR-3457653-12	30

CAR-T Therapy: Another application for BloqBridge to transmit SCM data

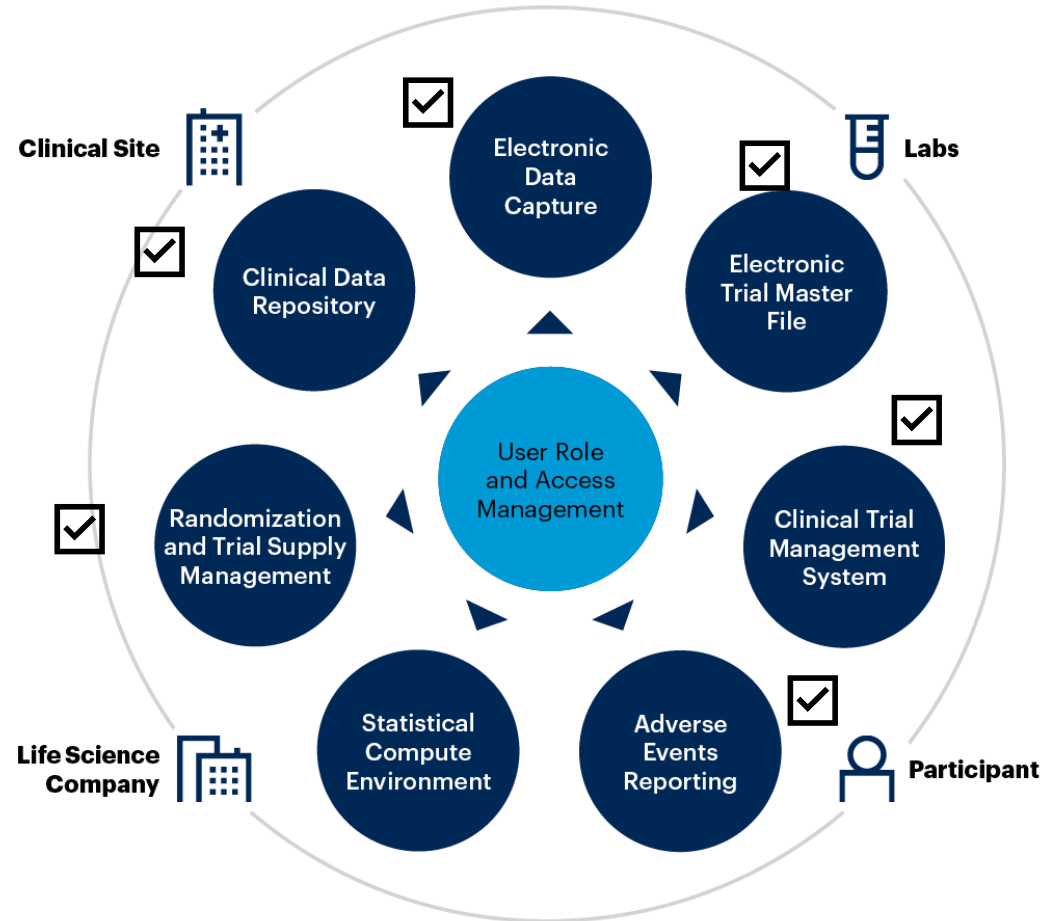
## AUTOLOGOUS CAR T THERAPY— THE FIRST REVOLUTION



Source: Website of Allogene Therapeutics

# Unified System aligned with Best in Class global systems

## E-Clinical Platforms



Financial  
Module  
C2TA™

Source: Gartner  
738627\_C




Gartner.



# Competitive Differentiation validated: CB Insights and Prix Galien



- Where does Bloqcube win versus:

Competitor	Attribute
MEDABLE 	“Technological Lead”
Science 	“Technological Lead”
 medidata	“Pricing/Costs”



- "The Prix Galien Awards have become the most coveted prizes for those who dedicate their lives to the development of meaningful drugs and innovations," said Bernard Poussot, Director, Roche Holding, Former Chairman & CEO, Wyeth, *Prix Galien Startup, Digital Health and Incubators, Accelerators and Equity Committee Chairman*."
- Bloqcube® has been nominated as a Prix Galien Startup in the Digital Health category ( one of only 13)**

Source: <https://www.cbinsights.com/company/bloqcube/alternatives-competitors>

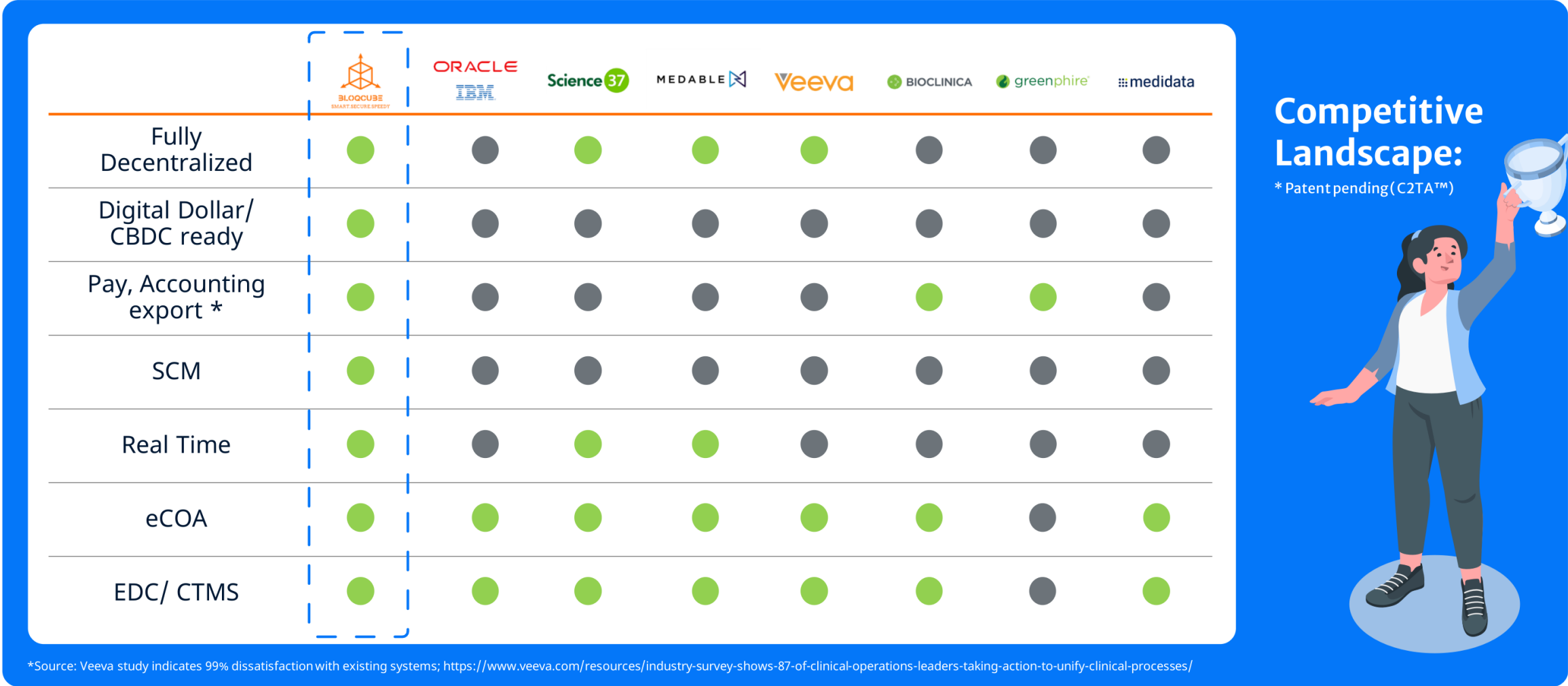
Source: <https://www.prnewswire.com/news-releases/the-galien-foundation-announces-2022-prix-galien-usa-nominees-for-best-digital-health-solution-incubators-accelerators-and-equity-and-prix-galien-startup-301595188.html>

# Competitive advantage and moat driven by our domain expertise

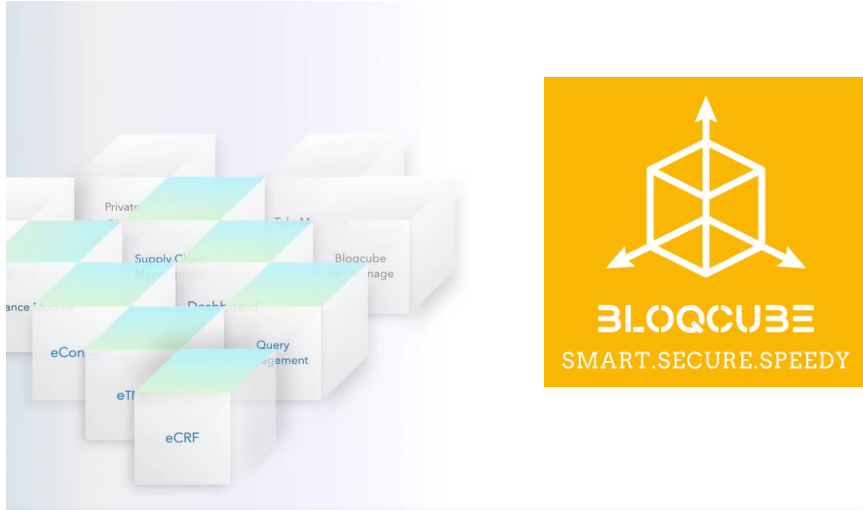
Competition



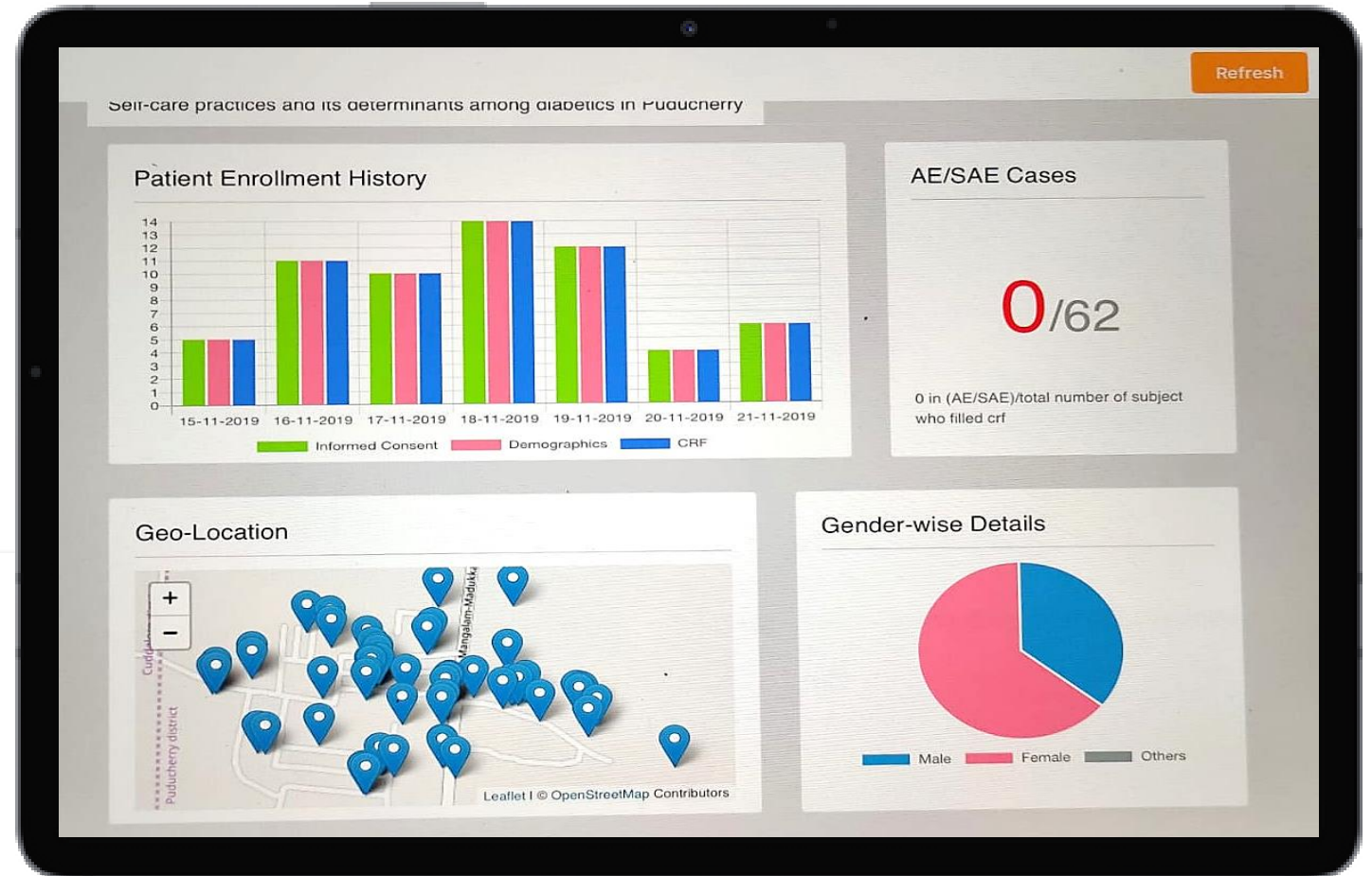
We are nicely poised to win this game



# Customer 1: a 50% decrease in time\*



- Multiple modules shown in clip below:
- <https://bloqcube.com/bloqcube-system-video/>



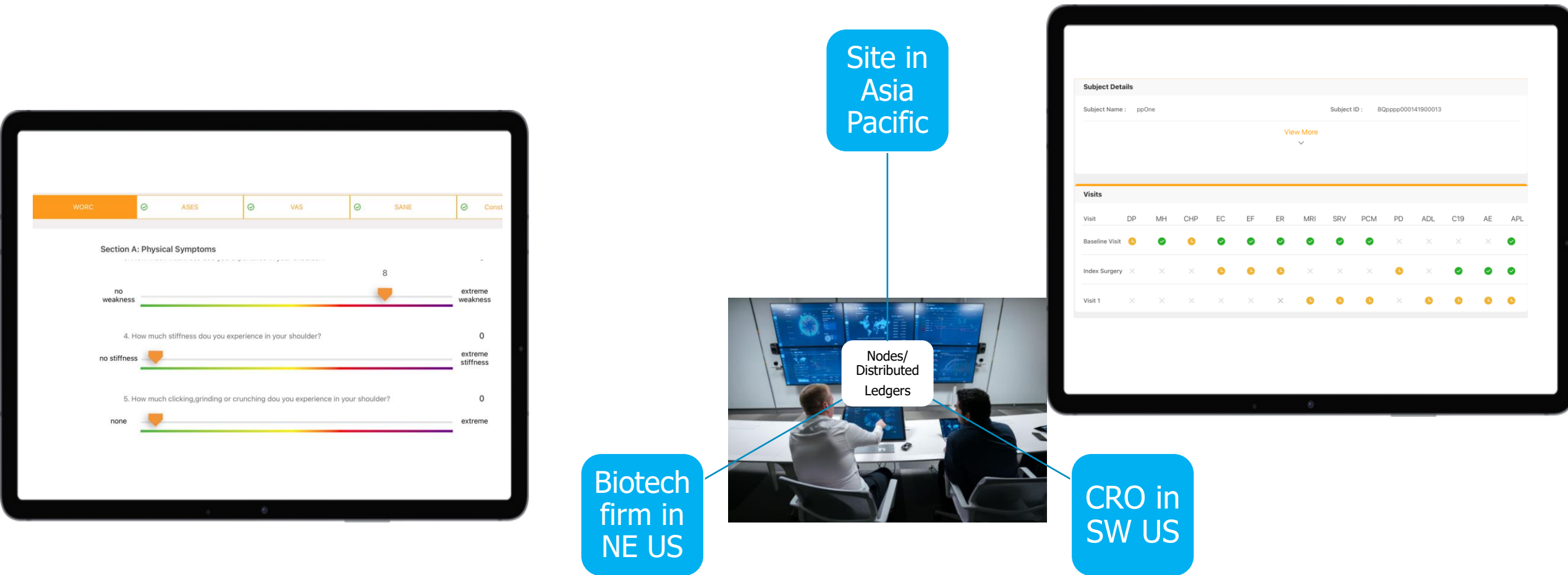
\*: Observational Diabetes study conducted by Indira Gandhi Medical College and Hospital, Puducherry

## Customer 2 : 65 people screened in 6 hours\*





# Customer 3: Decentralized clinical trial platform handed to client in Q1\*



\* Under CDA

# Customer Feedback

- **Kevin Coker: CEO ProximaCRO**

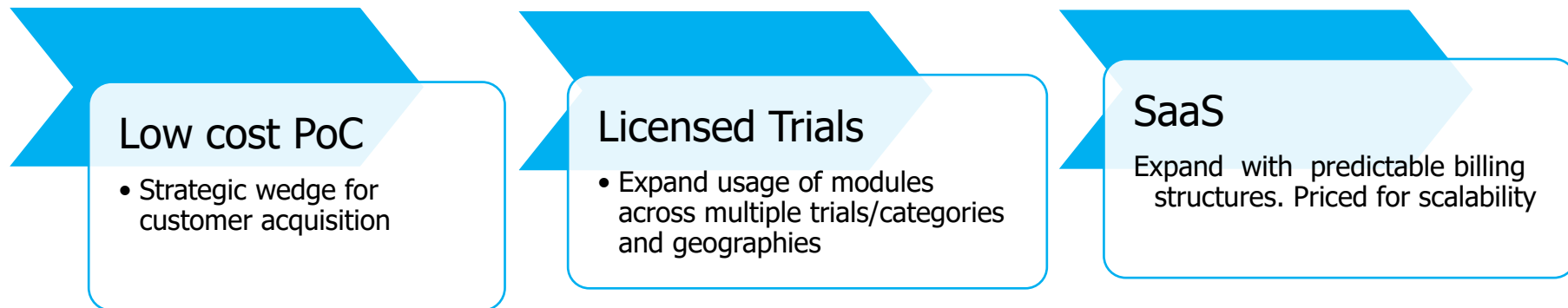
- *"Blockchain has the opportunity to revolutionize life sciences industry in the same way it has others."*
- *Bloqcube is the only solution I am aware of this approach. They are the future."*

- **Shruti Konda: CEO Konkord Clinical Research Services**

- *"I have had the opportunity to use the Bloqcube system for an end-to-end trial with a boutique CRO. The system helped me track site activities and made monitoring so much easier. It also helped run the trial in multiple countries without any obstacles and helped drive compliance to the protocol. One of the best features of this system is query management tool that helped cut down timelines. I am very happy with Bloqcube's ability to meet the CROs expectation and make my job easier".*

# Business Model...Revenue extraction \$50k-\$250k/trial

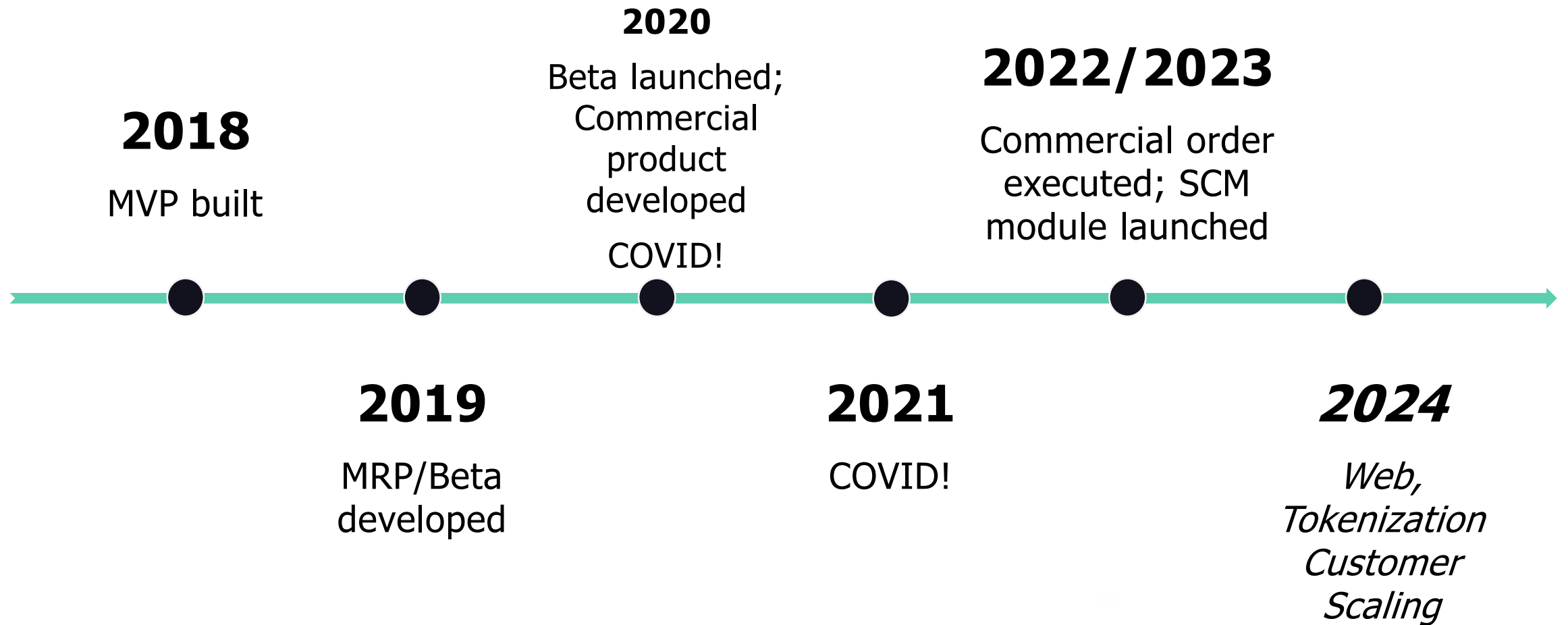
## Modules Licensing to Platform SaaS



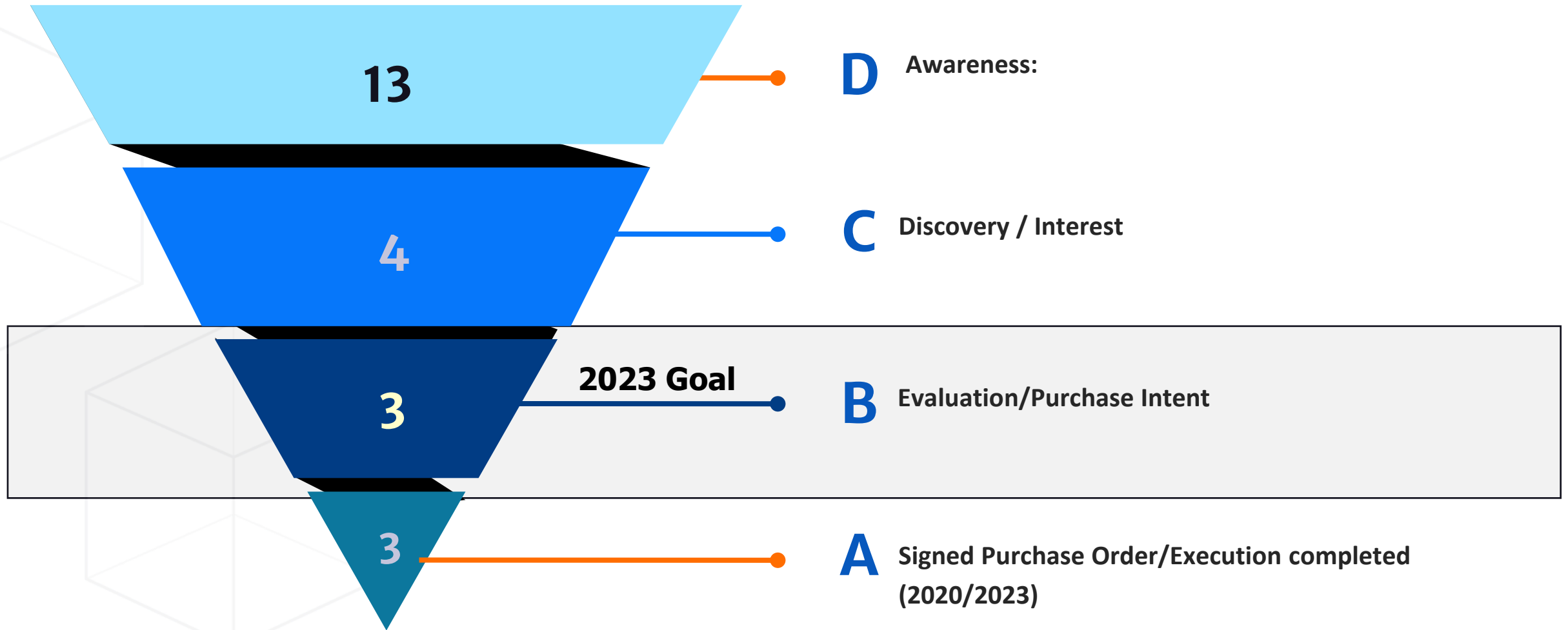
Three Revenue elements: Usage, Maintenance, Value Added Resellers



# Product Roadmap



# Sales Funnel: 20 Leads; pace accelerating compared to last year



\*PoC expected

# Execution team in place with deep domain expertise for an unfair advantage

## Leadership Team



### Rama K. Rao MBA

CEO/Founder; ex CFO Novartis Pharma Canada/Russia  
Ex-Head Novartis Oncology Global Development Finance



### Dr. Prem K. Narang

PhD, ex-Head of Novartis Oncology, Global Regulatory Affairs



### Rajan Nagarajan MBA

Advisor – Digital Transformation, IT and SCM  
ex-SVP, CTI Foods (Ex-Kellogg/ Kraft/ Philips/ Ford)



## Scientific Advisory Board



### Dr. Thomas Bock

Ex-CEO HeritX; ex-GMA Head, Novartis Oncology, Celgene; Co-Founder, APandemic



### Dr. Stephen Cunningham

Ex-Head of Novartis USA Clinical Development & Medical Affairs; Co-Founder and CDO Engrail Therapeutics



### Dr. Alex Cahana

Blockchain Expert UN/CEFACT, Economic Commission Europe



**..+10 additional FTEs in Tech Development/Validation;  
CSO and CMO recruiting in progress**

Rama K Rao Confidential/Bloccube Inc. NJ, USA

# Rama K Rao B.Tech. MBA

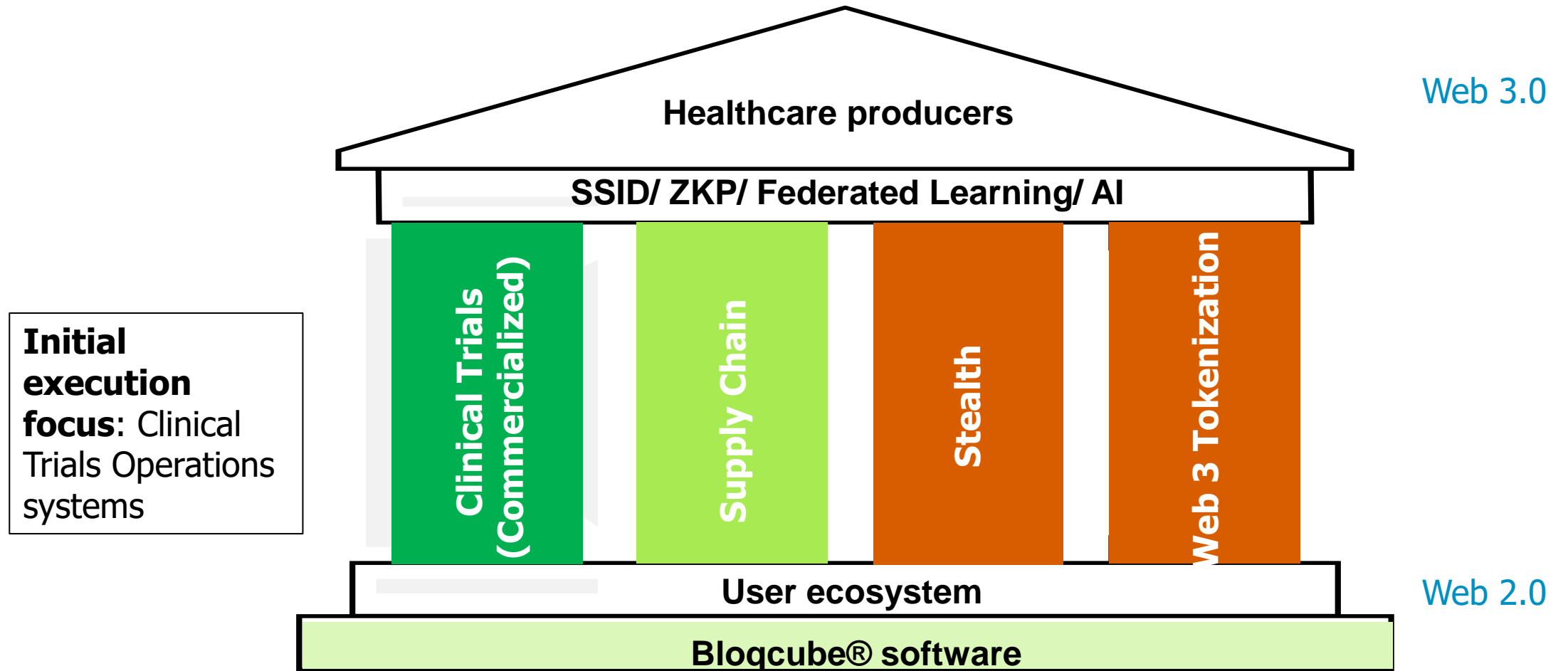


- Mr. Rama K Rao is the CEO and Founder of Bloqcube, a US-based company which pioneers Web 3.0 blockchain based clinical trial management systems.
- He is a senior executive with 28 years of extensive experience in the pharmaceutical industry with Eli Lilly and Novartis & won multiple awards
- He worked in multiplicity of senior executive roles including:
  - Global Head for Clinical Development Finance for Novartis Oncology,
  - Head of Clinical Development Finance Novartis USA
  - CFO of Novartis Pharma in Canada/Russia
- He also set up and later led, the R&D Finance College at Novartis that trained over 150 associates globally during his tenure. He has lived in eight countries and speaks four languages including French.
- He is a thought leader and has presented/chaired at various conferences in Geneva, Austin, Dubai, Hyderabad, London, Bio IT World, Boston and SCOPE Florida; he was recognized (June 2020) by *PharmaVoice* in their article on “New Era of Clinical Trials”. *Silicon India* and *CIO Review* recognized Bloqcube as one of the top 20 most promising companies 2021 and was nominated for the Prix Galien for Digital Health Startup category

# Advisors and Board

- 1.Dr. Alex Cahana  
<https://www.linkedin.com/in/dr-alex-cahana-health-blockchanger/>
- 2.Dr. Prem Narang  
<https://www.linkedin.com/in/prem-narang-ph-d-fcp/>
- 3.Rajan Nagarajan  
<https://www.linkedin.com/in/rajan-nagarajan/>
- 4. Dr. Gita Mathur  
<https://www.sjsu.edu/people/gita.mathur/vitae/>
- 5.Dr. Stan Kachnowski PhD MPA  
<https://www.linkedin.com/in/stan-kachnowski-phd-mpa-903a6b1a7/>
- 6.Dr. Stephen Cunningham  
<https://www.linkedin.com/in/stephen-cunningham-md/>
- 7.Dr. Thomas Bock  
<https://www.linkedin.com/in/thomasbock/>
- 8.Thierry Schrang  
<https://www.linkedin.com/in/thierryschang/>
- 9.Peter Droc  
<https://www.linkedin.com/in/peter-droc-7829b01/>
- 10. Dr. Deborah Soule  
<https://www.linkedin.com/in/deborahsoule/>
- 11. Naney Pandit  
<https://www.linkedin.com/in/naney-pandit-b14a583/>
- 12. Robin Roberts  
<https://www.linkedin.com/in/robin-roberts-393a934b/>
- 13. Vinay Parchure  
<https://www.linkedin.com/in/fdaguru/>
- 14. Dr. Scott Motyka  
<https://www.linkedin.com/in/scott-motyka-253a5023/>
- **Clinical Advisory Board:** 1, 2,6,7
- **Diversity/Equity/Inclusion & Digital Transformation Advisory Board:** 5, 10, 11,12
- **Regulatory and CSV Board:** 2, 13
- **IT and Commercial Advisory Board:** 3, 4, 8, 9, 14

# Transformational Vision: Healthcare Consumers to Healthcare Producers

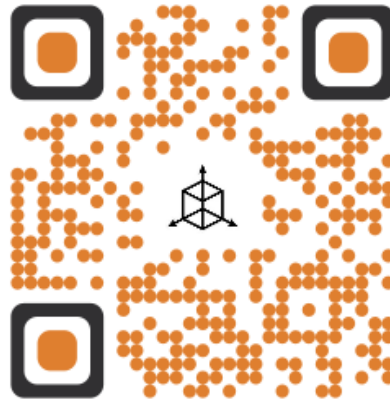


Commercialized

Technical PoC

Stealth

# Thank You



## Rama K Rao

CEO/Founder

Piscataway, NJ

+1 908 656 5548

[rama@bloccube.com](mailto:rama@bloccube.com)





# Lancet article- Blockchain and clinical trials

THE LANCET  
Digital Health

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CORRESPONDENCE | [VOLUME 3, ISSUE 12, E762, DECEMBER 01, 2021](#)

PDF [44 KB] Save Share Reprints Request

PlumX Metrics

## Blockchain for increased trust in observational studies

[Mehdi Benchoufi](#) ✉ • [Philippe Ravaud](#) • [Jordan Tarlet](#)

**Open Access** • Published: December, 2021 • DOI: [https://doi.org/10.1016/S2589-7500\(21\)00251-X](https://doi.org/10.1016/S2589-7500(21)00251-X)

References

Article Info

A blockchain is a decentralised database allowing different stakeholders to obtain local copies of data and to be involved in how each data item is integrated into the database. Stakeholders can manipulate data in a privacy-preserving environment and the database should be immutable. Within this environment, data are time-stamped and added sequentially (by block), thus potentially guaranteeing their traceability and chronology (time-ordering). Furthermore, executable code that runs on top of the blockchain (called a smart contract) enables automation of some routine processes and allows comparison of timestamps that constitutes time-ordering.

Register to receive *Update* alerts from this journal

# FDA draft guidelines issued on Decentralized Trials

## Decentralized Clinical Trials for Drugs, Biological Products, and Devices

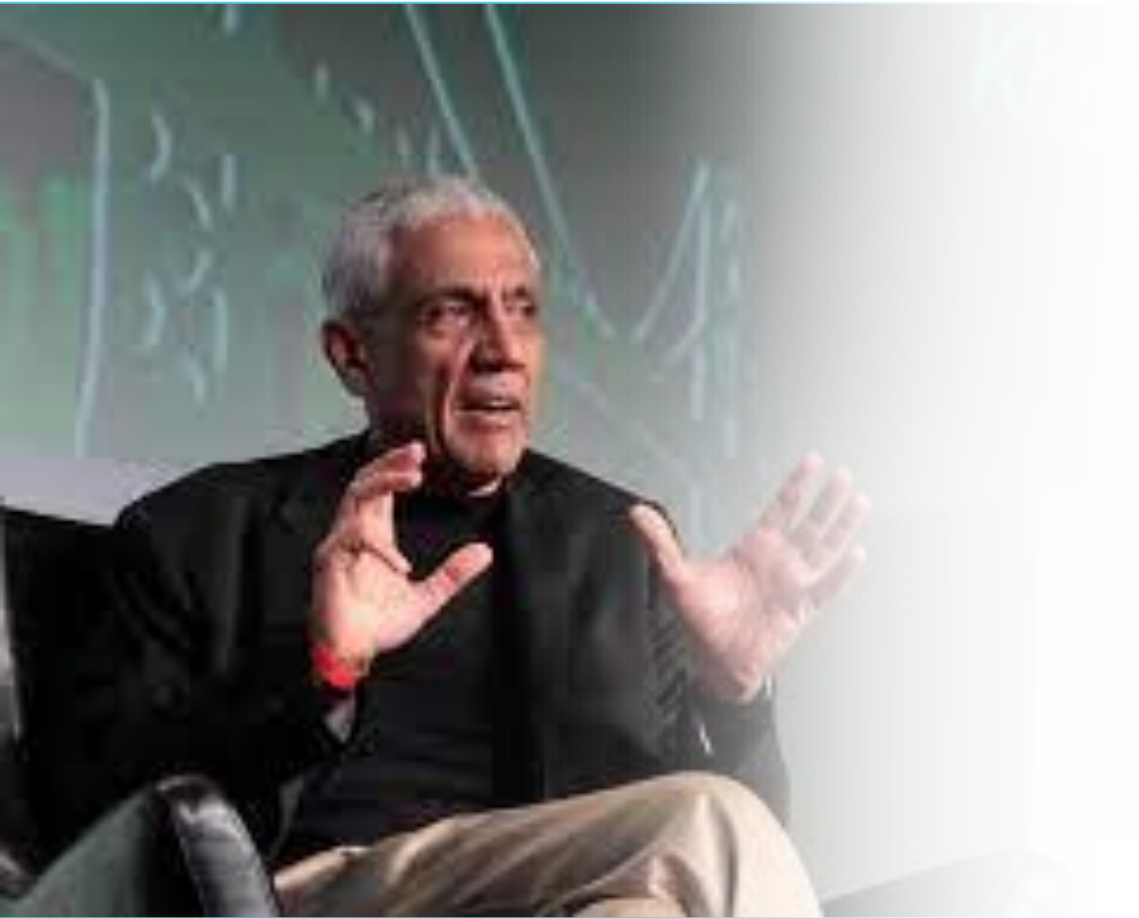
### Guidance for Industry, Investigators, and Other Stakeholders

#### ***DRAFT GUIDANCE***

**This guidance document is being distributed for comment purposes only.**

Comments and suggestions regarding this draft document should be submitted within 90 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

# Vinod Khosla – Drive data security by blockchain



"One of the things I think we need to do is to let people have control over their data. We need to have a system where people can give permission to whoever wants their data with the permission."

"I think the only real solution to data security is some form of blockchain. Make it only the end user. It's also a great point of control where the user has control over their data."

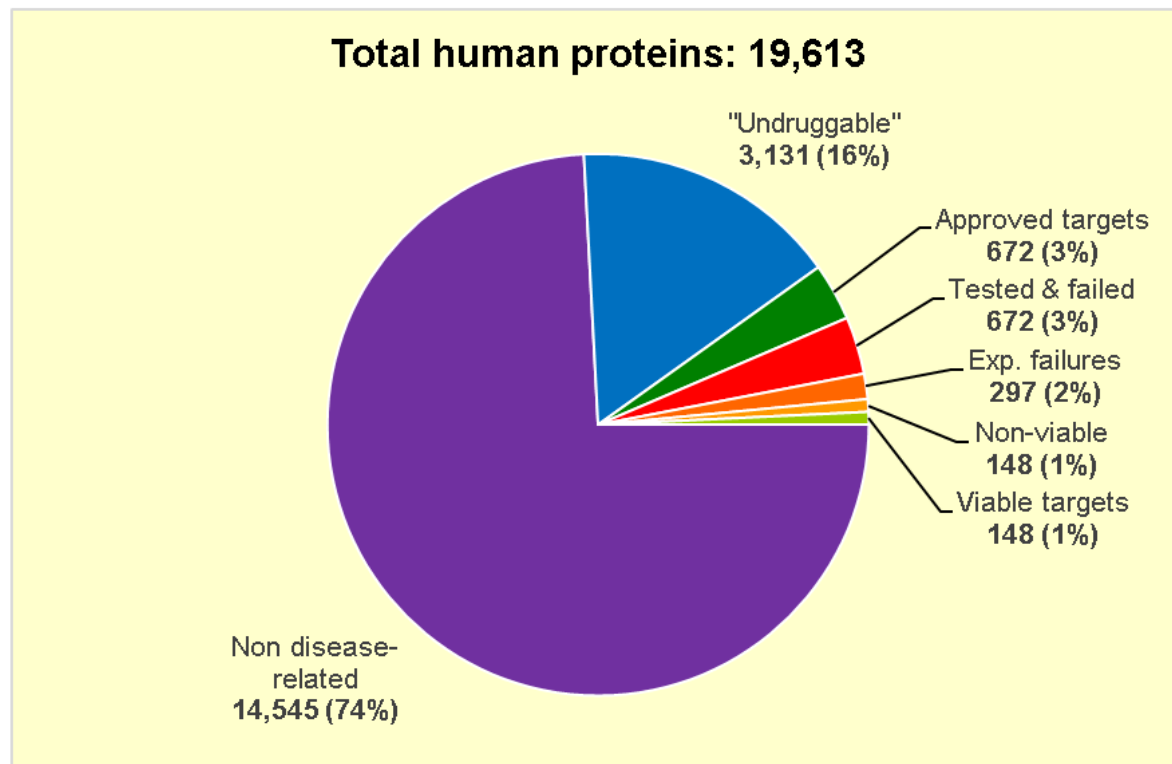
"It's one of the places the blockchain is extremely valuable. It's not just about trusting some party. It's about trusting the user."

en, through this system, permission them to whoever wants their data with the permission.

**nately the only real solution to data security is some form of blockchain. Make it only the end user. It's also a great point of control where the user has control**

places the blockchain is extremely valuable. It's not just about trusting some party. It's about trusting the user. Khosla

# Pharma Discovery – Diminishing Targets



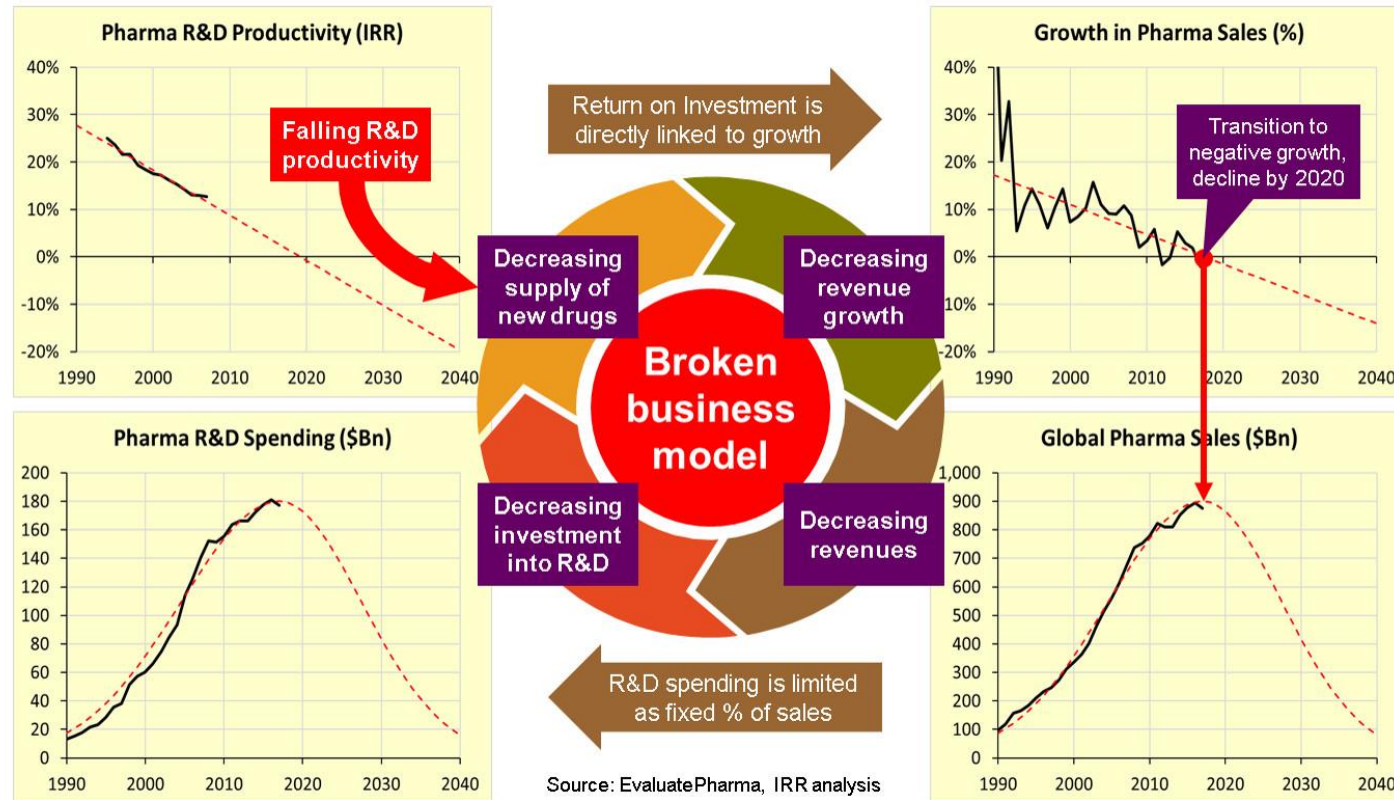
Source: Human Protein Atlas, DrugBank, KS analysis

CONFIDENTIAL; VIEWS OF THE AUTHOR RAMA K RAO; NO COPYRIGHT INFRINGEMENT IS INTENDED

Source: "Pharma's broken business model – an industry on the brink of terminal decline"; Scraping the barrel in drug discovery; Kevin Stott, Director R&D Portfolio Management  
Nov 17, 2017

# Pharma Discovery – Diminishing Returns

A strategic view.....



...Challenging times requiring new solutions

Source: "Pharma's broken business model – an industry on the brink of terminal decline"; Scraping the barrel in drug discovery'; Kelvin Stott, Director R&D Portfolio Management; Nov 17, 2017  
Dr. Alex Cahana – <https://medium.com/crypto-oracle/blockchain-might-be-the-only-thing-that-will-fix-pharma-conversations-with-pharma-execs-and-358cab458be7>

# Sources:

## 1. Society for Clinical Research Sites(SCRS)

- (a) 'Why is clinical source data still collected on paper' – May 2017' White Paper; 'CenterWatch, SCRS & Clinical Ink. Research Site Source Survey. December 2016. [n = 656]'
- (b) (b)"90% of sites create study specific source forms.... Of those sites, 96% still use paper-based approaches when creating source forms and collecting source data"; Page 1
- (c) "Site Payment" May 2016. White paper by SCRS Panel co chaired by Messrs. Kelly Cummings, Claire Grace, David Vulcano

- 2. "In a survey conducted by SCRS in 2016 sites are reporting a profit margin of 13%,.... In addition to receiving payments well after they complete their work, holdbacks mean that more than the entire profit margin on a study may not be realized until months after the study ends....unrealistic burden on the site to remain cash positive or even neutral. It is no wonder that guaranteed payment in 30 days is considered "very valuable" by 77% of research sites doing more than 5 studies per year. Yet only 28% of site payments are monthly
- 3. 'The Road to Positive R&D returns' David, Tramontin, Zimmel – MckInsy Quarterly Feb 2010
- 4. "\$8m revenue loss per day" – 'Drug Development Technology' [www.drugdevelopment-technology.com/features/](http://www.drugdevelopment-technology.com/features/) 'Clinical trial delays: America's patient recruitment dilemma' by Daniel Garrun
- 5. \*Parexel Biopharmaceutical R&D statistical source book 2016/2017 Page247-250. 'Clinical Trial Costs: An examination of costs by Phase, Therapeutic area and the key contributing factors' Eastern Research Group July 2014
- 6. \*<https://www.fda.gov/downloads/training/guidancewebinars/ucm383657.pdf>
- 7. : Parexel Biopharmaceutical R&D Statistical Sourcebook 2016/17; Pg. 66-67."A global CRO market model to 2018: A 2015 analysis"- UBS Research, Jan 2015



# Why now..... Unhappy Firms investigating shift

In a CTMS\* survey by Veeva they found:

- 99% of respondents had issues with existing CTMS\* systems
  - Of which almost 50% had issues with Site /Study management reporting
  - 25% had issues with financial management
- Their top drivers to improve CTMS were:
  - Better visibility, Proactive risk identification, better study analytics, costs savings, eTMF\* integration, Ease of use, Improved governance/oversight, EDC\* integration

Source:

<https://www.veeva.com/resources/industry-survey-shows-87-of-clinical-operations-leaders-taking-action-to-unify-clinical-processes/>

Current technologies have not provided sustainable solutions

TMF-Trial Master Forms' EDC- Electronic Data Capture



# Safe Harbour Statement/Disclaimers

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