



One Platform, Every Study

Featuring Lilly, Advarra, and MD Anderson on running sponsored trials, IITs, and multisite consortium studies through one Archer integration, plus a first look at Archer AI

AACI Webinar | October 14, 2026 | 2:00–3:00 PM ET

Agenda



The Partnership: Laura Hilty, IgniteData

One platform, every study. Agnostic by design.

The Advarra Integration: Katy Wile, Advarra

Featuring Albert Renteria, MD Anderson, on the KCRC study with UTSW.

Sponsor Perspective: Christopher Thompson, Lilly

The IgniteData partnership, success to date and future vision.

Archer AI Sneak Peek: Heather Clark, IgniteData

A first look at Archer AI and what it means for sites.

Q&A

Moderated by Laura Hilty.



The Partnership

An industry-wide connection
between EHR data and
any EDC.

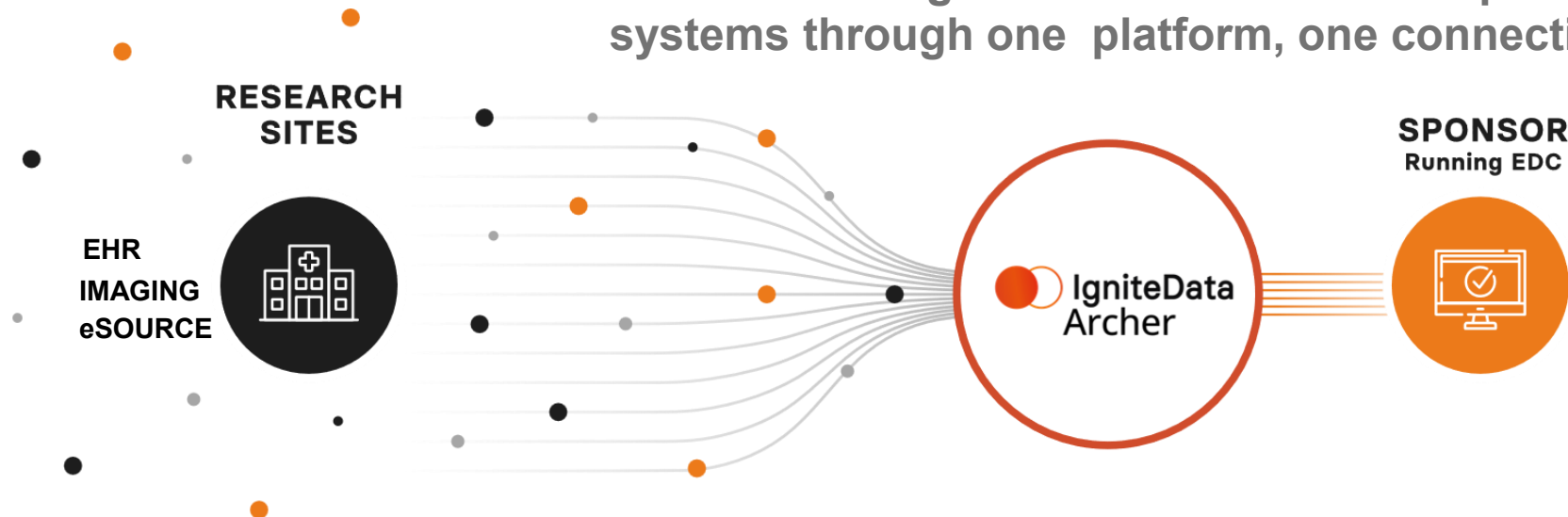


Laura Hilty, Chief Strategy Officer IgniteData

THE PROBLEM WE SOLVE

IgniteData is the site-centric interoperability layer connecting the clinical research industry

... Orchestrating trusted source data to sponsor systems through one platform, one connection



PROBLEM: Today, sites manually enter, reconcile, and validate trial data across disconnected systems, creating delays, duplicate work, queries, and quality issues. IgniteData manages both the interoperability and site workflows required to deliver accurate, timely, study-ready data to sponsors while reducing burden on research sites.

Industry-Wide Source to EDC

Now with Advarra

Why this matters for institutions

One workflow for industry-sponsored studies on Veeva or Medidata.

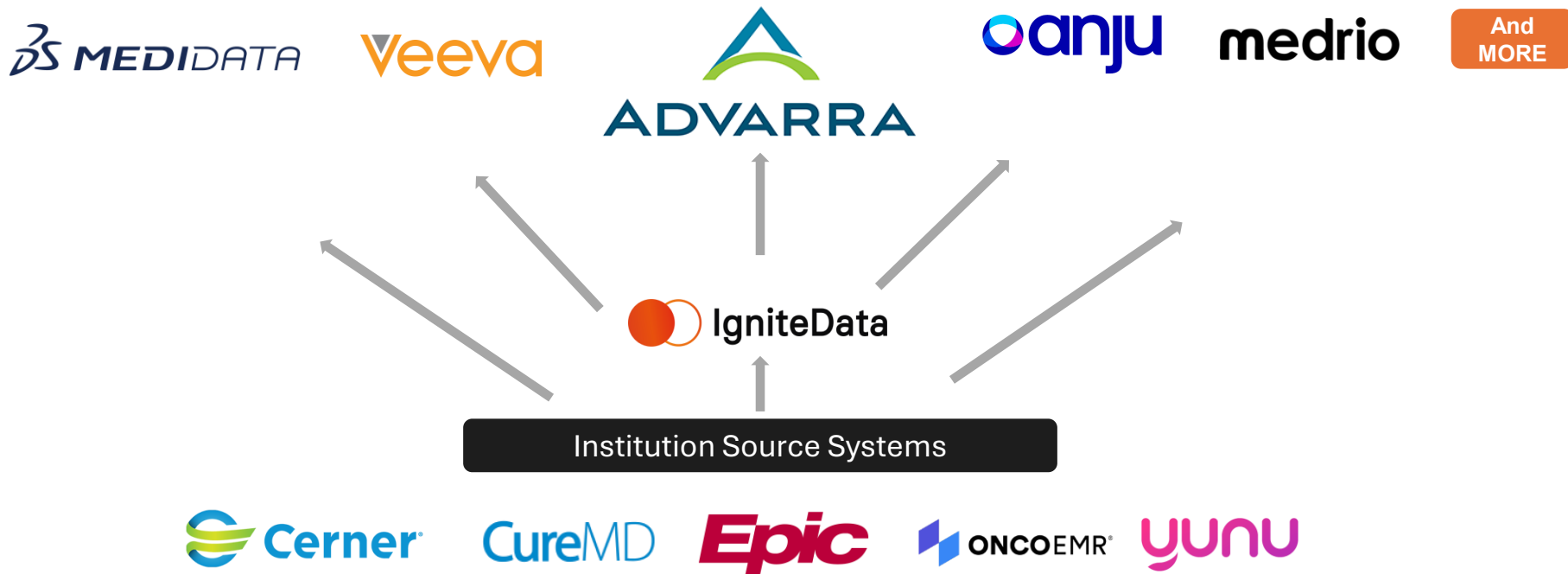
The same workflow for IITs and multisite trials running on Advarra EDC.

Less to maintain. Less to train on. More studies you can take.



Site-First, EDC-Agnostic

Whatever EDC the trial demands, Archer connects to it.



Site-First, EDC-Agnostic

Whatever EDC the trial demands, Archer connects to it.



Proven with AstraZeneca
& J&J

Industry-sponsored
studies.

Live



Proven with Lilly

Industry-sponsored
studies.

Live



Multisite rollout with
MD Anderson

IITs and multisite trials.
The first integration of
its kind.

Live | NEW



St. Jude Children's

Additional IIT and
multisite trial
coverage where
sites need it.

EOY 2026



Active discussions
and partnerships
underway

**And
MORE**



Institution



What's Coming Next

Q4 2026: OncoEMR

Adding OncoEMR to our supported site EHR list, expanding coverage to community oncology networks where many of you operate.

Driven by direct demand from sites in our growing US footprint who told us this is the integration they need next.

EOY 2026: Anju TrialMaster

Adding Anju TrialMaster as a supported destination EDC, alongside Veeva, Medidata, and Advarra.

This is just the beginning. Site-driven expansion is our model: you tell us what to integrate with, we build it.

NCI-Designated and Global Site Coverage

Archer site partnerships across the U.S. and around the world

47%

NCI-Designated
Comprehensive
Cancer Centers

20 of 30

Top US Cancer
Centers Activated

66

US Health Systems
& Institutions

6

Countries
4 Continents
11 International
Institutions

The Advarra Partnership

Why Advarra chose to partner,
and where it goes next.



Katy Wile

Director, Product Management
Advarra

Build or Partner? How Advarra Got Here

The need was clear. The fastest way to meet it was already in our partner sites' hands.



The takeaway: one workflow across industry studies, IITs, and multisite trials without asking sites to adopt anything new.



A Two-Phased Approach

EDC integration is live today. Next: eSource to sponsor EDC.

PHASE 1 | LIVE SINCE AUGUST 2026

EHR to Advarra EDC

What it does

Archer pulls study data from the EHR and delivers it directly to Advarra EDC with CRC review in the loop.

What it unlocks

One workflow for sponsored studies, IITs, and multisite trials. Lower coordinator burden. Faster, cleaner data into the EDC.

PHASE 2 | EARLY 2027

Advarra eSource to Sponsor EDC

What it adds

Advarra eSource data flows to any sponsor EDC via Archer.

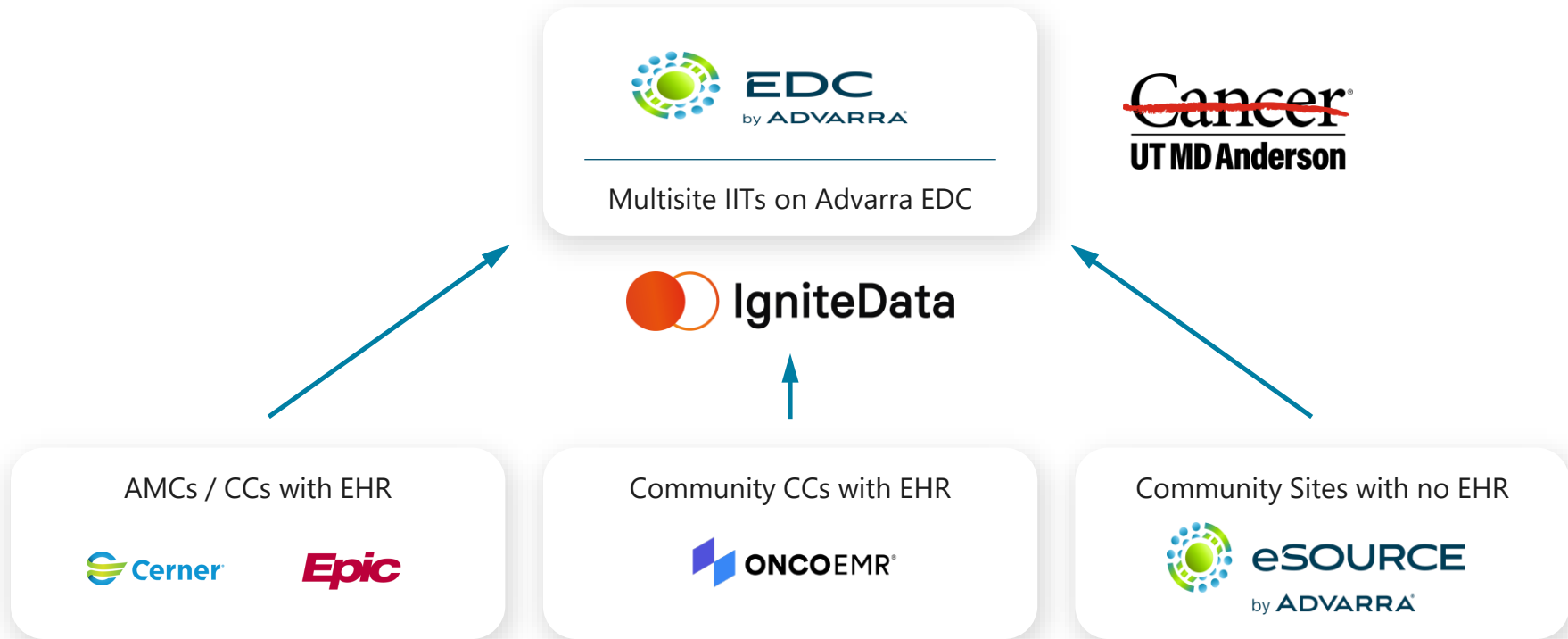
What it unlocks

Eliminates double-entry for sites and provides more accurate data to sponsors faster via Archer.



Multi-Site IITs on Advarra EDC

MD Anderson is proving it first, starting with the KCRC.





MD Anderson: KCRC Study with UTSW

From industry studies to consortium studies on one platform.

Albert Renteria, CTMS Administrator
MD Anderson Cancer Center



MD Anderson's Archer Journey

One integration, four use cases. Same Archer, same coordinators, same governance approvals.

WHERE MD ANDERSON STANDS TODAY | AS OF SEPTEMBER 18, 2026

17,729

Data points
moved

Multiple

Industry sponsors
running trials

Live

Decentralized
trial with MSK

14

Additional studies
planned across 3
industry sponsors

1 Industry trials

Archer enabled for sponsor trials, funded by sponsor partners at no cost to MD Anderson.



2 Multi-center participation

A participating site on an MSK-led decentralized trial, transferring data since June 2026.



3 MD Anderson IITs on Advarra EDC

Study identification and build underway to move the MD Anderson IIT portfolio onto Archer.



4 Consortium studies

MD Anderson's own consortium model. External sites send data straight into MD Anderson's Advarra EDC, starting with KCRC and UT Southwestern.

The Kidney Cancer Research Consortium

Seven partner institutions running multicenter, tissue-rich, transformative RCC trials.

About KCRC

Founded in 2018 through a Department of Defense Consortium Development Award; awarded the DoD Clinical Consortium Award in 2020.

Mechanistic, hypothesis-testing and hypothesis-generating trials that link RCC biology to specific treatments and biomarkers.

Administered from MD Anderson, with studies run on MD Anderson's Advarra EDC.

kidneycancerconsortium.org

MD Anderson

Houston, TX

PI: Dr. Eric Jonasch

UT Southwestern

Dallas, TX

PI: Dr. Hans Hammers

Beth Israel Deaconess / DFCI

Boston, MA

PI: Dr. David McDermott

University of Michigan

Ann Arbor, MI

PI: Dr. Ulka Vaishampayan

University of Pennsylvania

Philadelphia, PA

PI: Dr. Naomi Haas

Vanderbilt University

Nashville, TN

PI: Dr. Brian Rini

Duke University

Durham, NC

PI: Dr. Daniel George

Familiar ground

Several KCRC members already run Archer independently for other studies.

Four Partners, One First-of-Its-Kind Integration

UT Southwestern moves KCRC study data into MD Anderson's Advarra EDC, at no cost to UTSW.

MD Anderson

Consortium lead and Advarra EDC owner

UT Southwestern

Participating site, independent Archer user for industry studies

Advarra

EDC partner and connector co-developer

IgniteData

Archer platform, mapping, and deployment

UT Southwestern EHR

Same Archer workflow used for industry trials



IgniteData Archer

CRC review in the loop, full audit trail



MD Anderson Advarra EDC

KCRC consortium study

For UT Southwestern

Coordinators stop re-keying data into another institution's EDC. Real time savings on the same Archer they already trust, with deployment and support funded by MD Anderson.

For MD Anderson

Easier to onboard more sites and PIs to KCRC studies because the manual data entry burden is lifted. Cleaner, faster consortium data with less chasing.

Archer is not a one-study, one-sponsor tool. The use cases keep growing, and so does the number of sites already running it.

SPONSOR PERSPECTIVE

THE IGNITEDATA PARTNERSHIP: SUCCESS TO
DATE AND THE VISION AHEAD.

Christopher Thompson, MSN, RN

Associate Director – eSource Capabilities

Lilly



The Value Case for EMR-to-EDC

Manual transcription from source to EDC affects more than half of total trial data industry-wide and drives an estimated 20 percent of total study costs. (Sundgren M, et al. *Applied Clinical Trials*. 2025;37:22–28.)

Faster

Lilly's own EMR-to-EDC program has produced meaningful reductions in EDC entry lag at automated sites, consistent with the magnitude of improvement documented across the broader field.

Fewer Errors, Less Burden

Across six large oncology centers studied by the i~HD eSource Scale-Up Task Force, sites documented a 99 percent reduction in transcription errors and more than a 50 percent reduction in site burden (Sundgren M, et al. *Applied Clinical Trials*. 2025;37:22–28)

Preferred

One leading cancer center's own validation of the Archer platform showed a 58 percent increase in data manager productivity and a 4.8 out of 5 user satisfaction score. Data managers preferred Archer over manual entry.

The takeaway: less re-entering of key trial data, with fewer errors and less site burden giving clinicians time back to their patients.

We Heard You

What cancer centers told us, and how Lilly is responding.

The Signal

At SCDM 2026, cancer center leaders were clear: how data moves from the EHR now matters when deciding which studies to prioritize.

Lilly's Response

Lilly is investing to meet sites where they want to be, rather than asking coordinators to keep re-entering data.

Invested

Lilly is fully committed to source-to-sponsor approaches across the different models our sites use.

The takeaway: Lilly is investing where sites are telling sponsors how they want to operate.

Built for Oncology, Built to Scale

The program has moved from a single pilot to a growing multi-study portfolio, one study and one site network at a time.

Live Today

Two Lilly oncology studies are in production on Archer today.

Scaling Now

Additional studies are in the activation phase across multiple site networks, targeted for Q4 2026 enablement.

Why Oncology First

Local labs and vital signs, the two data domains currently live in production, represent a high enough share of total data points in oncology trials to make automation pay off quickly.

The takeaway: the same economics make any data-intensive therapeutic area with a similar structured-data profile a candidate for this model.

Blazing the Trail with Veeva

Archer on Veeva EDC is new ground. Here is what sites can expect.

First of Its Kind

Lilly and IgniteData are the first sponsor and platform pairing to integrate Archer with Veeva EDC.

Similar, Not Identical

Coordinators who have used Archer for other sponsors will find a broadly similar workflow and appearance. Differences from other EDC systems include form appearance, progressive display behavior, and repeat-visit handling, reflecting Lilly's form design.

Built-In Confidence Checks

For a site's first one to two Lilly studies, some traditional validation activities may continue alongside Archer. This is a deliberate confidence-building step, since Lilly runs on a different EDC platform.

The takeaway: sites already experienced with Archer are not starting over. They are helping set the standard for every sponsor that follows on Veeva.

Expanding What Flows from EHR to EDC

Lilly is investing to expand the data domains sent through Archer, as one of three sponsors working closely with IgniteData.

Structured Domains Next

Procedures, medications, and medical history, extending beyond labs and vitals as EDC platform capability matures.

Archer Intelligence

Reaching into unstructured source data, beginning with performance status, then TNM staging and adverse events.

Shaping the Standard

Lilly is an active contributor to the i~HD eSource Scale-Up Task Force, helping shape the industry's eSource playbook and KPI framework.

Bottom line: Lilly does not see EMR-to-EDC as a proof of concept. It is an oncology operating model.

Sites that would like to utilize Archer on a Lilly study should first connect through IgniteData, who will coordinate directly with the Lilly team.

Up next: a closer look at Archer Intelligence, with a human in the lead at every step.



Archer AI Sneak Peek

What we have built and what is coming next.



Heather Clark, VP of Product IgniteData

Archer Intelligence

Study-required data from clinical notes
and reports

Less searching through clinical notes.
CRC review before every export.

Everything Archer does + unstructured study data.

Archer Intelligence adds notes and reports to Archer Core's workflow.

Purpose-built extraction prepares required clinical data from notes and reports for CRC confirmation.

ARCHER CORE

Structured clinical data

Labs • vitals

Procedures • medical history • medications • adverse events

ARCHER INTELLIGENCE ADDS

Data in notes and reports

Progress notes and report text

Radiology and pathology reports

WHAT ARCHER INTELLIGENCE DOES

01 Find + extract

Extraction focuses on the required clinical data domain.

02 Prepare for review

The CRC confirms the data before submission.

03 Preserve controls

Just-in-time processing.
No new PHI repository.
Source evidence stays linked.

SAME ARCHER WORKFLOW • SITE CONTROL • SOURCE-LINKED REVIEW • TRACEABILITY

THE REMAINING BURDEN

Study data is spread across the record. Finding it still takes work.

Structured transfer is established. Narrative data still needs manual abstraction.

80%+

of healthcare information is
estimated to be unstructured

45-70%

of trial-relevant variables in oncology /
rare disease may be unstructured

UNSTRUCTURED PATIENT RECORDS

Clinical detail lives in the narrative

SUNDGREN ET AL.: THE REMAINING GAP

Clinical detail is spread across notes.
Documentation varies across sites.
Manual abstraction fills the gaps.

SEARCHING • RECONCILING • TRANSCRIBING

CRCs must find, reconcile and prepare data for sponsor eCRFs.

WHY THIS MATTERS

Candidate adverse-event data can be buried in a progress note

Searching across visits takes time from study coordination. AE extraction is in development for 2027.

ILLUSTRATIVE FUTURE USE CASE

Progress note

Patient tolerating treatment.
Reports new tingling after treatment.
No fever. Continue current regimen and
monitor symptoms.

REPORTS NEW TINGLING AFTER TREATMENT

TODAY: THE CRC MUST

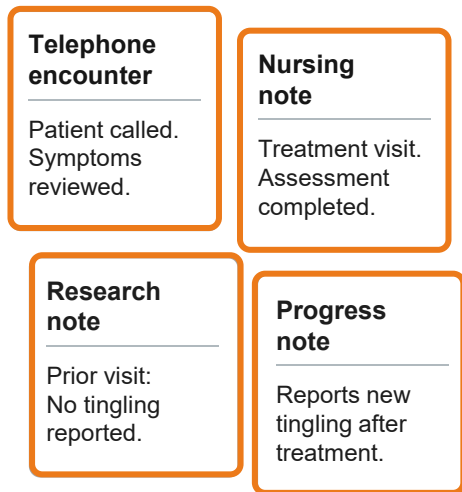
- 1 Find source data across notes and AE logs
- 2 Check new, ongoing or worsening events
- 3 Obtain clinical assessment and complete required fields

ARCHER SURFACES THE DOCUMENTATION. THE SITE CONFIRMS THE EVENT.

Clinical data found, with evidence for CRC review

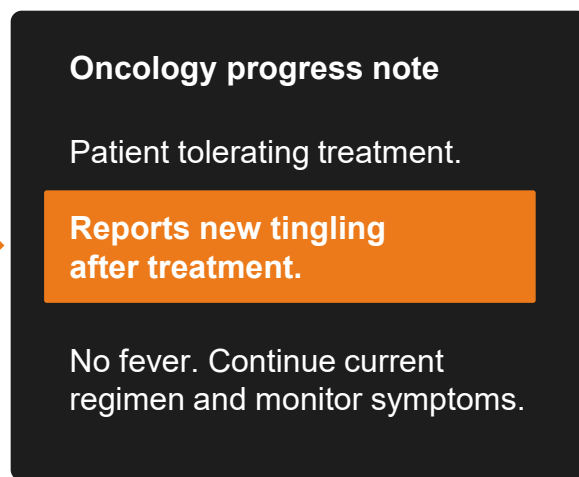
Conceptual adverse-event workflow. In development for 2027.

Notes across visits



Illustrative notes • multiple visits

Relevant documentation

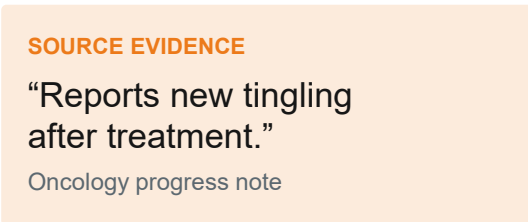


CRC review in Archer

CANDIDATE SYMPTOM FOR AE REVIEW

New tingling

Context: after treatment



CRC resolves missing details

Investigator assessment as required

The candidate data and its source evidence stay together for site review

More study data. Same Archer workflow.

Archer Intelligence prepares clinical data and source evidence for CRC review within Archer.



Source-linked review • Clinical assessment as required • CRC-controlled export

PURPOSE-BUILT MODELS • NO EXTERNAL AI SERVICES • NO NEW PHI REPOSITORY
NO CLINICAL DECISIONS

Start with Performance Status. Expand domain by domain.

The Performance Status pilot evaluates the workflow. Each new domain needs its own validation.

01

Performance Status

Q4 2026 PILOT

Documented scale, score and assessment date for CRC review.

02

TNM staging

Q1 2027 PILOT

Documented TNM with staging type and date for site review.

03

Adverse events

IN DEVELOPMENT FOR 2027

Candidate AE information with evidence for review; clinical assessment at site.

04

Additional Data Domains same controls

More domains and sources. Every value remains subject to CRC verification.

Less searching. More time for sites.

Archer Core already transfers structured study data. Archer Intelligence adds data from notes and reports.

ARCHER CORE

Structured clinical data transfer

Labs • vitals • procedures
medical history • medications •
adverse events

ARCHER INTELLIGENCE

Purpose-built extraction for unstructured data

Performance Status pilot
TNM staging and adverse events: 2027
Additional high-value unstructured data
also in 2027

THE GOAL FOR SITES

Less time searching
and transcribing
study data

More time for
participants and
study coordination

Same Archer workflow • CRC verification
• traceability

Archer prepares data and evidence. The site reviews and controls eCRF export.



Q&A

One platform, every study.

sites@ignitedata.com