MRN
Home Trial Support Services

Return on Investment Analysis — Acceleration Model

Typical Phase 2 Parkinson's Disease Trial · Benchmark Model · June 2026

BENCHMARK STUDY SNAPSHOT

200
Patients enrolled
2:1 active to placebo

109
Total visits per patient
Twice-weekly subcutaneous dosing · 12-month therapy

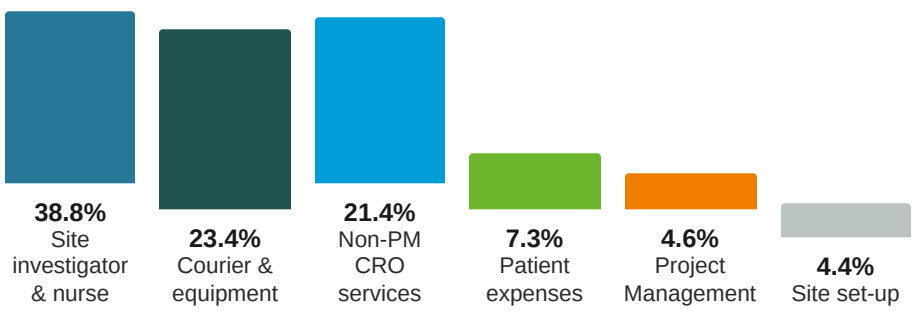
30
Sites across 6 countries
12 month recruitment window

30%
Home Trial Support adoption (budget)
60 of 200 patients · 4,560 home visits

TRIAL ACCELERATION BY HOME TRIAL SUPPORT ADOPTION LEVEL — MONTHS SAVED TO TOP-LINE DATA

0% HTS	15%	25%	BUDGET — 30%	50%	75%
—	1.08	1.80	2.16	3.60	5.40
baseline	months faster	months faster	months faster to data	months faster	months faster
£37.3M total	9.0% recruitment time saved	15.0% recruitment time saved	18.0% recruitment time saved	30.0% recruitment time saved	45.0% recruitment time saved
	−£964k (−2.6%)	−£1.61M (−4.3%)	−£1.93M (−5.2%)	−£3.21M (−8.6%)	−£4.82M (−12.9%)

Total trial cost breakdown — 0% HTS base case (£37.3M)



Home visit share — derivation (69.7% of all visits)

76 Home-deliverable visits per HTS patient (38 main + 38 extension) ÷ **109** Total visits per patient (schedule of assessments) = **69.7%**

✓ Confirmed

VALUE OF HTS AT BUDGET ADOPTION (30% · 60 PATIENTS)

2.16 mo
Faster to top-line Phase IIa data

18%
Reduction in total recruitment time

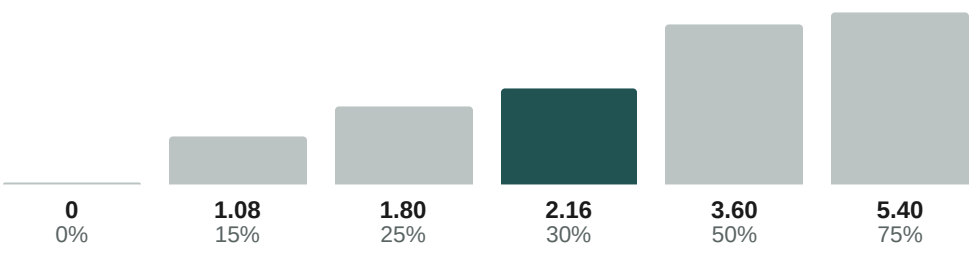
4,560
Clinic visits eliminated for HTS patients

~9
PD patient dropouts prevented (15% rate, Rafferty 2021)

–5.2% net cost saving (£1.93M) plus 2.16 months faster to Proof of Concept

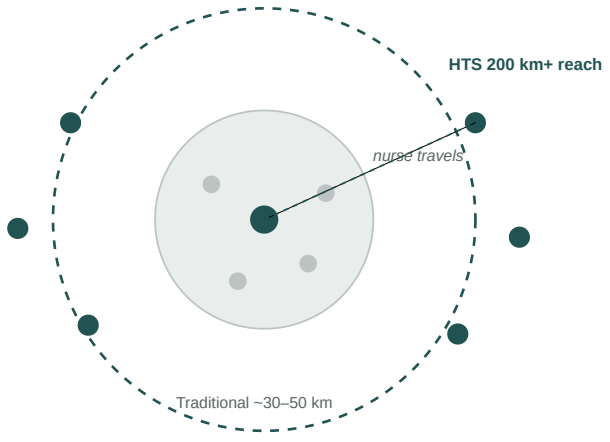
HTS for a typical Phase 2 Parkinson's disease trial is an acceleration investment. High-frequency subcutaneous dosing makes clinic-only attendance impractical — earlier data brings the Phase III investment decision forward.

MONTHS TO TOP-LINE DATA SAVED — BY ADOPTION LEVEL



WHY HTS EXPANDS THE RECRUITMENT POOL

01 GEOGRAPHIC REACH



● Within traditional reach ● Additional HTS reach

70% of PD trial participants live more than 2 hours from a study center (Rafferty 2021). Motor variability, "off" periods and transport dependency make frequent clinic attendance unreliable — HTS removes the geography barrier entirely.

02 APPOINTMENT FLEXIBILITY

Traditional site

	M	T	W	T	F	S	S
AM							
PM			✓				
Eve							

1 of 21 slots available
Fixed clinic hours only

HTS

	M	T	W	T	F	S	S
AM	✓	✓	✓	✓	✓	✓	✓
PM	✓	✓	✓	✓	✓	✓	✓
Eve	✓	✓	✓	✓	✓	✓	✓

21 of 21 slots available
Patient chooses day and time

Removes commute, work-absence and caregiver-dependency barriers — the most common reasons PD patients decline or drop out. Twice-weekly dosing makes flexibility critical: without HTS every injection requires the patient to travel.

PUBLISHED EVIDENCE — DECENTRALIZED TRIALS ACCELERATE PARKINSON'S DISEASE RECRUITMENT

58%

higher randomization rate

Decentralized sites vs traditional sites in a Phase 3 neurodegenerative trial — 0.79 vs 0.50 randomizations per site per month.

Frontiers in Medicine 2025 · PMC12401929

95%

remote visit completion

Participants completing all remote video visits in a Phase 3 PD randomized trial — reliability comparable to in-person assessment.

STEADY-PD III · PMID 32894251

72%

reduction in per-visit time

Remote visits averaged 54 minutes vs 190 minutes in-person — less burden for patients with motor fluctuations.

STEADY-PD III · PMID 32894251

2,569

PD patients enrolled via home nursing

Fully home-based randomized trial; parenteral therapy delivered by research nurse at home, unlimited by geography.

TOPAZ · NCT03924414 · 2021

Combined effect at budget adoption (30% HTS)

2.16 months faster recruitment

18% reduction in recruitment time

Key references: Sertkaya A et al (2016) Clinical Trials 13(2):117–126, DOI 10.1177/1740774515625964 [Phase II project management benchmark 17.73%] · Rafferty MR et al (2021) Neurotherapeutics, PMC7851248 [PD dropout ~15%; transport and visit-frequency barriers] · PASADENA Phase II, NCT03100149 [enrolment benchmark 0.29 patients/site/month] · mdgroup (2024) Patient Recruitment and Retention in Clinical Trials [40% faster enrolment; speed-up factor 2.5] · Rana A et al, Frontiers in Medicine 2025, PMC12401929 · Tarolli CG et al, STEADY-PD III, PMID 32894251 · Tanner CM et al, TOPAZ, npj Parkinson's Disease 2021, NCT03924414 · Model: Typical_Phase2_PD_Trial_Analysis.xlsx (200 patients, 30 sites, 6 countries). Cost accuracy +/− 5%.