Clinical Trial Patient Recruitment Vendors Compared (2026)

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Executive Summary

Sponsors and contract research organizations (CROs) evaluating clinical trial patient recruitment vendors in 2026 face a fragmented market split across four distinct models: AI-native patient matching platforms, site-network integrated research organizations (IROs), global CRO recruitment divisions, and clinical trial technology platforms that enable but do not directly execute recruitment. None of the roughly dozen vendors examined in this report publish list pricing; nearly every one routes prospective sponsors to a custom quote, typically structured as cost-per-lead, cost-per-screened-candidate, cost-per-randomized-participant, a fixed program fee, or an embedded-staff model (Source: casrai.org). The stakes for choosing well are large: **Tufts Center for the Study of Drug Development** (Tufts CSDD) found that a 2012 cohort of trials saw 48% take significantly longer than planned to reach enrollment targets, though later data show 77% of studies now hit or beat their enrollment timelines (Source: acrpnet.org) (Source: acrpnet.org). Industry-cited figures put the share of trials that fail to meet initial enrollment goals at roughly 80% (Source: prnewswire.com), and a separate release cites traditional standalone trial sites enrolling only 28% of their targeted patient count on average (Source: generalatlantic.com). The consequences of failing to solve this problem can be severe: cancer-drug developer **Calithera Biosciences** dissolved and liquidated in January 2023 after enrollment delays to its lead trials contributed to its inability to continue clinical development (Source: globenewswire.com).

Among AI-native matching platforms, **Deep 6 AI**, acquired by **Tempus AI** (Nasdaq: TEM) for an undisclosed sum in March 2025, mines structured and unstructured electronic medical record (EMR) data across a network integrated with more than 750 provider site locations spanning over 30 million patients (Source: tempus.com). **Antidote**, whose sponsor-facing Match engine had made roughly 14,000 trials matchable as of its 2016 Merck-backed funding round, reported delivering 313% of an original recruitment goal for a multi-country mild cognitive impairment trial (Source: antidote.me). Research-grade AI systems are also closing in on expert-level performance: the NIH-developed **TrialGPT** framework achieves 87.3% criterion-level matching accuracy and cuts manual screening time by 42.6% (Source: nature.com) (Source: nature.com).

Among global CRO recruitment divisions, **IQVIA** reported full-year 2025 revenue of $16,310 million and a Research & Development Solutions contracted backlog of $32.7 billion (Source: iqvia.com) (Source: iqvia.com). **ICON plc** posted $8,251.3 million in FY2025 revenue but disclosed a completed audit-committee investigation that found revenue had been overstated by $65.3 million in 2023 and $92.7 million in 2024 due to a material weakness in internal controls (Source: stocktitan.net). **Parexel**, taken private by EQT and Goldman Sachs Asset Management in 2021 for an $8.5 billion enterprise value, no longer discloses public financials (Source: prnewswire.com).

On the cost side, Tufts CSDD's most recent study of 32 studies across six therapeutic areas found a median centralized outreach recruitment budget of $1,334,821, with per-patient cost ranging from $143 in vaccine studies to $11,392 in immunology studies (Source: pubmed.ncbi.nlm.nih.gov). The global clinical trial patient recruitment services market was valued at roughly $1.06 billion in 2025 and is projected to grow at an 8.01% compound annual growth rate (CAGR) through 2035, according to Precedence Research (Source: precedenceresearch.com). Case evidence underscores what is at stake operationally: a Mass General Brigham generative AI screening tool called **RECTIFIER** nearly doubled enrollment rates against manual screening in a nearly 4,500-patient randomized study (Source: massgeneralbrigham.org), while MD Anderson's earlier IBM Watson-based trial-matching effort was shut down in 2016 after $62 million in spending failed to meet its goals (Source: en.wikipedia.org). No single vendor category is objectively superior; the right choice depends on therapeutic area, data-integration maturity, the applicability of statutory Diversity Action Plan provisions and FDA's nonbinding draft guidance, and whether a sponsor needs outreach execution, site infrastructure, or software enablement. IntuitionLabs, a life-sciences and AI advisory and a Veeva Vault CRM X-Pages partner, does not sell recruitment services itself but frequently advises sponsors on integrating recruitment technology, EHR data pipelines, and Veeva-based clinical operations systems as part of its digital transformation practice (Source: intuitionlabs.ai).

Introduction and Background

Patient recruitment is widely regarded as the single largest source of timeline risk in clinical drug development. Depending on the study, cited figures put the share of trials failing to meet their original enrollment goals at close to 80% (Source: prnewswire.com) (Source: generalatlantic.com), and traditional, standalone trial sites enroll on average only 28% of their targeted patient population (Source: generalatlantic.com). Tufts CSDD's longitudinal tracking shows the picture has improved somewhat over the past decade: a 2019 analysis found enrollment timelines equal to or shorter

than plan in 77% of studies, up from a 2012 baseline where 48% of studies took significantly longer than planned (Source: acrpnet.org) (Source: acrpnet.org). A 2024 peer-reviewed Tufts CSDD update confirms that a majority of studies now meet or exceed planned enrollment (Source: pubmed.ncbi.nlm.nih.gov), a shift attributable in part to the maturation of the vendor landscape this report examines. The financial exposure created by recruitment delay is not abstract: Tufts CSDD estimates the direct daily cost of running a Phase II or III trial at roughly $40,000 (Source: pubmed.ncbi.nlm.nih.gov). Calithera Biosciences' later liquidation, discussed in this report, illustrates the separate risk that a financially constrained sponsor may be unable to secure a transaction to continue developing its programs.

That landscape as of August 2026 is not a single competitive set but four structurally different businesses that sponsors and CROs often combine rather than choose among. **AI-native patient matching platforms**, such as Antidote and Deep 6 AI (now part of Tempus AI), use natural language processing and machine learning to mine EMR data and match individual patients to trial eligibility criteria. **Site-network and integrated research organizations (IROs)**, including Javara, Elligo Health Research, Circuit Clinical, and Acurian, operate or partner with physician practices and community health systems to embed research directly into existing care relationships. **Global CRO recruitment divisions** inside IQVIA, ICON, and Parexel bundle patient recruitment into much larger, full-service trial-execution contracts. **Clinical trial technology and workflow platforms**, including Advarra's Longboat and Veeva's clinical trial products, provide the software infrastructure, referral tracking, and patient-facing tools that other recruitment efforts run on top of, without necessarily executing outreach campaigns themselves.

Pricing opacity is close to universal across all four categories: none of the vendors profiled in this report publish standard rate cards, and every sponsor-facing page routes inquiries to a contact form or custom proposal. Where pricing structure is disclosed at all, it tends to follow a small number of patterns: cost-per-lead, cost-per-screened-candidate, cost-per-randomized-participant, a fixed program fee, or an embedded full-service provider (FSP) staffing model (Source: casrai.org). This report compares the major vendors by category, quantifies the cost and performance data available in the public record, walks through six real-world deployments and their outcomes, including one cautionary business failure, and closes with practical guidance on vendor selection criteria that sponsors and CROs use in practice.

AI-Native Patient Matching Platforms

Capabilities

Antidote operates a sponsor- and patient-facing platform built around its Match search engine, which the company describes as connecting patients directly with trials (Source: antidote.me). Antidote's own marketing states that more than 80% of medical research is delayed due to a lack of participants, framing its core value proposition (Source: antidote.me). **Deep 6 AI**, acquired by Tempus AI in March 2025, matches patients to trials by mining real-time structured and unstructured EMR data, including physician notes (Source: tempus.com). On the research frontier, the National Institutes of Health (NIH)-developed **TrialGPT** is a three-module, zero-shot large language model (LLM) framework for end-to-end patient-to-trial matching (Source: nature.com), while a separate 2025 academic system, **TrialMatchAI**, surfaced a relevant oncology trial within its top 20 recommendations for 92% of tested patients (Source: arxiv.org).

Adoption

Prior to its acquisition, Deep 6 AI's ecosystem spanned more than 1,000 research facilities, including 18 academic medical centers and 11 National Cancer Institute (NCI)-designated cancer centers (Source: prnewswire.com), and Tempus's acquisition announcement described the network as integrated with over 750 provider site locations spanning more than 30 million patients, with clients spanning academic medical centers and NCI Community Oncology Research Programs (Source: tempus.com). Independent trade press confirmed the acquisition price was not disclosed (Source: genomeweb.com). Antidote, originally founded as TrialReach in 2011, raised an $11 million round led by Merck's Global Health Innovation fund, adding to its existing $26 million in prior funding and bringing its Match tool's trial coverage to roughly 14,000 trials at the time, deployed across more than 180 online patient communities including Healthline (Source: pharmaphorum.com) (Source: pharmaphorum.com). Notably, **Formation Bio**, launched in 2016 as TrialSpark with a trial-technology platform, raised a $372 million Series D in June 2024 led by a16z with Sanofi participating, and has since repositioned entirely as an AI-native pharmaceutical developer rather than a recruitment-software vendor (Source: prnewswire.com) (Source: formation.bio). Sponsors researching "TrialSpark" as a vendor option in 2026 should be aware it no longer sells standalone recruitment software.

Strengths and Limitations

The core strength of AI-native matching is speed and reach into unstructured clinical data that keyword-based registries miss; TrialGPT's retrieval module recalls over 90% of relevant trials while screening out more than 94% of the initial candidate pool (Source: nature.com), and a user study found TrialGPT reduces manual screening time by 42.6% (Source: nature.com). The category's limitation is that most of these gains remain concentrated at large academic medical centers with EMR access and integration budgets; smaller community sites without EMR interoperability see less benefit, and neither Antidote nor Deep 6 AI publishes pricing that would let smaller sponsors budget confidently in advance. A further limitation is corporate consolidation risk: Formation Bio's exit from the recruitment-software category and Deep 6 AI's absorption into Tempus AI both illustrate that sponsors signing multi-year contracts with a pure-play AI matching vendor should build in contract language addressing what happens to data access and pricing if the vendor is acquired or repositions its business, since standalone recruitment-technology vendors have shown a tendency to either pivot away from the category or be folded into larger diagnostics and data companies.

Site-Network and Integrated Research Organizations

Capabilities

Javara, founded in 2018 by CEO Jennifer Byrne, pioneered what it calls "Clinical Research as a Care Option" (CRAACO), a model that connects patients to research through the physicians they already have relationships with rather than standalone research-only sites (Source: javararesearch.com) (Source: javararesearch.com). **Elligo Health Research** reports having executed recruitment campaigns in 28 countries with experience across more than 200 trials, and advertises a 93% post-randomization patient retention rate tied to its travel and logistics support services (Source: elligo.com) (Source: elligo.com). Its site-support technology, branded "IntElligo," uses EHR data for patient identification and recruitment workflow (Source: elligo.com). **Circuit Clinical** focuses explicitly on connecting underrepresented patients and physicians in the United States to clinical trials, operating a network described by its CEO as more than 150 physicians serving 8.5 million patients, and its platform emphasizes HIPAA compliance, role-based access, and audit-trail tracking to protect data integrity across that community-embedded model (Source: circuitclinical.com) (Source: labcorp.com). **Acurian**, a patient-enrollment and retention business acquired by Pharmaceutical Product Development (PPD) in 2013, is built around a 70-million-person opted-in patient database used to identify eligible populations before recruitment begins (Source: tracxn.com) (Source: clinicalleader.com).

Adoption

Circuit Clinical has built partnerships that extend its reach into new site types: its collaboration with NextGen Healthcare pairs NextGen's electronic health record (EHR) data and national footprint with Circuit's recruitment, referral, and enrollment services (Source: circuitclinical.com), while its Labcorp partnership is used to stand up fully functional clinical trial sites inside community provider networks and federally qualified health centers (FQHCs) (Source: circuitclinical.com). Circuit Clinical's leadership cites industry data showing only about 7% of U.S. adults report ever being invited to participate in a clinical trial and roughly 3% of U.S. board-certified physicians have ever served as a trial principal investigator, framing the addressable gap its community-embedded model targets (Source: labcorp.com) (Source: labcorp.com). Javara secured a "significant" Series B growth investment from General Atlantic in April 2022, with General Atlantic's own release citing the industry data on trial delay and standalone-site underperformance discussed above (Source: generalatlantic.com).

Strengths and Limitations

The IRO model's advantage is patient trust: because Javara and Elligo embed research into existing physician relationships rather than requiring patients to seek out a separate research site, referral friction drops. Elligo's 93% retention claim, if representative, suggests the model also mitigates dropout, a persistent industry problem discussed further below. The tradeoff is scale and specialization; these networks work best for common, primary-care-adjacent conditions and are not typically positioned for ultra-rare disease trials that require narrow, geographically dispersed specialist networks. Acurian's results-based pricing model, which the company promotes as reducing sponsor risk, also means sponsors have less budget certainty up front than a fixed-fee arrangement would provide (Source: clinicalleader.com). Because IROs typically operate their own physician networks rather than plugging into a sponsor's existing CTMS out of the box, sponsors should also budget time during startup for data-integration work; the strength of the community-embedded model, deep local trust, is inseparable from the added integration overhead of onboarding a network that was not originally built as a clinical trial site.

Global CRO Recruitment Divisions

Capabilities

IQVIA's patient recruitment offering is built on artificial intelligence trained on real-world healthcare data to identify and engage eligible trial candidates (Source: iqvia.com), supplemented by in-market Site Enrollment and Engagement Leads who serve as site-level recruitment ambassadors (Source: iqvia.com). **ICON plc**'s Patient Recruitment Services (PRS) are marketed as a comprehensive, end-to-end offering spanning digital, site-level, and patient-centric recruitment tactics across therapeutic areas and geographies (Source: iconplc.com), supported by a proprietary Referral Management Console that provides real-time visibility from outreach through randomization (Source: iconplc.com). ICON's Accellacare network, launched in 2020 with 77 active research sites across six countries and connections to more than 8 million patients through 275 principal investigator relationships, remains a core recruitment asset (Source: iconplc.com) (Source: iconplc.com). **Parexel** frames its recruitment strategy around inclusivity, stating that broadening recruitment and tapping real-world patient insights makes trials more inclusive across demographic groups (Source: parexel.com), operating across a workforce of more than 22,000 employees globally (Source: parexel.com).

Adoption

Scale differentiates the three sharply. IQVIA reported full-year 2025 revenue of $16,310 million, with its Research & Development Solutions segment, which houses patient recruitment services, carrying a $32.7 billion contracted backlog, up 5.3% year over year (Source: iqvia.com) (Source: iqvia.com). IQVIA's leadership attributed part of its 2025 growth to investments in artificial intelligence across its commercial and clinical businesses (Source: iqvia.com). ICON reported $8,251.3 million in FY2025 revenue, an increase of 0.8% year over year (Source: stocktitan.net). Parexel, since being acquired by EQT Private Equity and Goldman Sachs Asset Management in 2021 for an $8.5 billion enterprise value and taken private, no longer publishes comparable public revenue figures; at the time of that transaction it employed more than 17,000 people across more than 95 countries (Source: prnewswire.com) (Source: prnewswire.com).

Strengths and Limitations

Bundling recruitment into full-service CRO contracts gives sponsors a single point of accountability across the entire trial lifecycle, but it also means recruitment performance is harder to isolate and benchmark against specialist vendors. ICON's disclosures are a caution for buyers who use revenue and backlog figures as a proxy for reliability: the company's audit committee completed an investigation into its own accounting practices and controls, finding revenue had been overstated by $65.3 million in 2023 and $92.7 million in 2024, and identified a material weakness because "management did not design and operate effective internal controls to prevent material errors to revenue and related accounts" (Source: stocktitan.net) (Source: stocktitan.net). This does not necessarily reflect on ICON's recruitment operations specifically, but it is a material disclosure sponsors conducting due diligence on any publicly traded CRO vendor should be aware of. Parexel's private ownership cuts the other way: sponsors lose the visibility that public disclosures provide, but a private, sponsor-backed structure can also mean longer investment horizons for recruitment-technology upgrades without the quarterly earnings pressure that public CRO peers face.

Clinical Trial Technology and Workflow Platforms

Capabilities

Advarra, formed in 2017 through the merger of Schulman IRB and Chesapeake IRB, expanded its Longboat platform in July 2024 with dedicated recruitment-oversight capabilities designed to centralize visibility across sponsors, CROs, and sites (Source: advarra.com) (Source: prnewswire.com). **Veeva Systems**' clinical platform includes Veeva CTMS (clinical trial management system) for trial management and monitoring across all study types, and Veeva Site Connect, which automates sponsor-site document exchange during study start-up, execution, and closeout (Source: veeva.com) (Source: veeva.com). Veeva's patient-facing product, MyVeeva for Patients, bundles virtual visits, electronic patient-reported outcomes (ePRO), eConsent, and eSource into a single patient portal, and is offered free to clinical research sites while integrating with Veeva SiteVault (Source: veeva.com) (Source: veeva.com).

Adoption

Advarra reports Longboat has been utilized in over 500 studies over the four years preceding its July 2024 recruitment-oversight launch (Source: prnewswire.com), and its own 2023 Study Activation Survey found more than three-quarters of sites are offered patient referrals from a variety of sources, with 40% saying they work with more than one recruitment resource on a given study (Source: prnewswire.com) (Source: prnewswire.com).

Early Longboat data cited by Advarra found trials using the platform were 27% more likely to hit recruitment goals (Source: prnewswire.com). Veeva Systems reported total revenue of $3,195.3 million for fiscal year 2026 (ended January 31, 2026), up 16% year over year, finishing the year with 1,552 total customers across its R&D/Quality and Commercial Solutions lines, and more than 125 customers live on Vault CRM (Source: prnewswire.com) (Source: prnewswire.com).

Strengths and Limitations

Neither Advarra's Longboat nor Veeva's clinical platform is, strictly speaking, a patient recruitment agency; both are workflow and data infrastructure that make recruitment (executed by sponsors, CROs, sites, or the specialist vendors described above) more visible and less fragmented. Advarra's own data point that sites often juggle six or more separate technology logins per study illustrates the fragmentation problem these platforms target (Source: prnewswire.com). Sponsors evaluating this category should treat it as complementary to, rather than a substitute for, a dedicated recruitment vendor or CRO recruitment division; the two are frequently deployed together, with the technology platform serving as the system of record and referral pipeline that outreach vendors and site networks feed into. The limitation of this category is precisely its neutrality: because these platforms are designed to aggregate referrals from many sources rather than generate new patient leads themselves, a sponsor that adopts Longboat or the Veeva Clinical Platform without also contracting a matching platform, IRO, or CRO recruitment division for outreach execution will gain visibility into its recruitment funnel without necessarily filling it.

Feature Comparison

Table 1 below summarizes the major clinical trial patient recruitment vendors and platforms across category, core recruitment model, technology maturity, disclosed pricing structure, and best-fit use case, based on each organization's own public materials and independent reporting reviewed above.

VENDOR	CATEGORY	CORE RECRUITMENT MODEL	AI/TECHNOLOGY CAPABILITY	DISCLOSED PRICING MODEL	BEST FIT
Antidote	AI-native matching	Patient-facing search engine matching individuals to trials (Source: antidote.me)	Match search engine across ~14,000 trials at last disclosed count (Source: pharmaphorum.com)	Not published; contact-based quote	Sponsors needing patient-community and digital-outreach reach
Deep 6 AI (Tempus AI)	AI-native matching	EMR data mining and cohort matching across a large provider network	NLP/ML over structured + unstructured EMR data at 750+ sites	Not published; undisclosed acquisition terms (Source: genomeweb.com)	Academic medical centers and oncology-heavy programs
Javara	Site-network IRO	Embeds research into existing physician-patient relationships (CRAACO) (Source: javararesearch.com)	Primary-care and community EHR integration	Not published; contact-based	Sponsors seeking community-representative, non-academic enrollment
Elligo Health Research	Site-network IRO	Converts existing practices into research sites, plus EHR-driven "IntElligo" (Source: elligo.com)	EHR-based patient identification	Not published; contact-based	Sponsors prioritizing patient retention (93% claimed) (Source: elligo.com)
Circuit Clinical	Site-network IRO	Community and FQHC-embedded trial sites with partner data feeds (Source: circuitclinical.com)	EHR integration, digital engagement, telehealth (Source: labcorp.com)	Not published; contact-based	Sponsors seeking community-representative enrollment and diversity planning
Acurian	Site-network IRO	Opted-in patient database matched to trial criteria (Source: clinicalleader.com)	Database screening at scale (70M+ records)	Results-based/performance pricing (Source: clinicalleader.com)	Sponsors wanting risk-shifted, outcomes-tied fees
IQVIA	Global CRO division	AI-driven identification plus in-market Site Enrollment and Engagement Leads (Source: iqvia.com)	AI trained on real-world healthcare data	Not published; enterprise RFP	Large sponsors bundling recruitment into full-service trials
ICON plc	Global CRO division	End-to-end PRS plus Accellacare site network (Source: iconplc.com)	Referral Management Console real-time tracking (Source: iconplc.com)	Not published; enterprise RFP	Global, multi-country full-service trials
Parexel	Global CRO division	Inclusivity-focused recruitment across a 22,000+ employee network (Source: parexel.com)	Real-world patient insights integration (Source: parexel.com)	Not published; enterprise RFP (private company)	Sponsors prioritizing demographic inclusivity strategy

VENDOR	CATEGORY	CORE RECRUITMENT MODEL	AI/TECHNOLOGY CAPABILITY	DISCLOSED PRICING MODEL	BEST FIT
Advarra (Longboat)	Technology platform	Centralizes recruitment oversight across referral sources (Source: prnewswire.com)	Referral-source aggregation and reporting	Not published; contact-based	Sponsors managing many simultaneous recruitment vendors
Veeva Systems	Technology platform	CTMS, Site Connect, and MyVeeva for Patients infrastructure (Source: veeva.com)	ePRO, eConsent, eSource, virtual visits (Source: veeva.com)	Not published; enterprise licensing; patient app free to sites (Source: veeva.com)	Sponsors standardizing clinical operations and patient engagement infrastructure

No vendor in this comparison publishes a standard rate card, a finding in itself: sponsors cannot shortlist vendors on price alone and must instead request comparable proposals structured around the same unit of measurement, whether that is cost-per-randomized-patient, cost-per-lead, or a fixed program fee. The table also illustrates that "recruitment vendor" is not a single product category; a sponsor might reasonably contract with a technology platform (Veeva or Advarra), a site network (Elligo or Circuit Clinical), and an AI matching layer (Deep 6 AI) simultaneously, with a global CRO coordinating all three.

Performance and Benchmarks

Independent and vendor-reported performance data vary widely in rigor, and this report distinguishes vendor-claimed outcomes from independently measured ones wherever possible. Among vendor-reported figures, Antidote states it delivered 313% of an original recruitment goal in a multi-country mild cognitive impairment trial that had struggled to enroll patients with a positive amyloid PET scan across the United States, Canada, United Kingdom, and Japan (Source: antidote.me) (Source: antidote.me). Tempus reports its TIME clinical trial matching network drove a 64% annual increase in patients enrolled in clinical trials at TriHealth Cancer Institute, with the network responsible for 95% of that growth (Source: tempus.com). Advarra cites early Longboat data showing trials using its recruitment-oversight module were 27% more likely to hit recruitment goals (Source: prnewswire.com).

On the independently measured side, a randomized study of nearly 4,500 patients published through Mass General Brigham's clinical research infrastructure found its RECTIFIER AI screening tool achieved a referral triage accuracy of 94.7% in one pediatric gastroenterology use case, alongside a broader enrollment-rate improvement discussed in the case studies section below (Source: massgeneralbrigham.org). Academic benchmarking of AI matching systems is similarly strong: TrialGPT's ranking module outperforms competing baselines by 43.8% in ranking and excluding trials (Source: nature.com), and TrialMatchAI exceeded 90% accuracy in criterion-level eligibility classification during expert review (Source: arxiv.org). These figures, while promising, come from a mix of vendor-controlled case studies and academic pilots rather than large, multi-site randomized comparisons of vendors against each other, so sponsors should treat cross-vendor performance comparisons cautiously and request comparable, study-specific benchmarks during procurement rather than relying on marketing case studies alone.

Data Analysis and Evidence

Market Size and Growth

The global clinical trial patient recruitment services market was valued at roughly $1.06 billion in 2025 and is projected to expand at an 8.01% CAGR from 2026 to 2035, according to Precedence Research (Source: precedenceresearch.com). North America dominated with a 53% market share in 2025, and patient recruitment and registry services made up 69% of the overall service segment (Source: precedenceresearch.com) (Source: precedenceresearch.com). The U.S. segment alone is projected to more than double, from $420 million in 2025 to $920 million by 2035 (Source: precedenceresearch.com). The adjacent AI-in-clinical-trials market, of which patient recruitment is the largest functional segment, is projected by MarketsandMarkets to more than double from $1.35 billion in 2024 to $2.75 billion by 2030 at a 12.5% CAGR (Source: marketsandmarkets.com) (Source: marketsandmarkets.com).

Cost Benchmarks

Table 2 summarizes the range of recruitment cost benchmarks reported by Tufts CSDD and other named sources, illustrating why "cost per patient" figures require careful therapeutic-area context.

METRIC	REPORTED VALUE	SOURCE AND PERIOD
Median centralized outreach recruitment budget (32 studies, 6 therapeutic areas)	$1,334,821	Tufts CSDD (Source: pubmed.ncbi.nlm.nih.gov), 2026
Cost-per-patient range across therapeutic areas	$143 (vaccines) to $11,392 (immunology)	Tufts CSDD (Source: pubmed.ncbi.nlm.nih.gov), 2026
Share of centralized outreach budget spent on social media ads	64.7% average allocation	Tufts CSDD (Source: pubmed.ncbi.nlm.nih.gov), 2026
Mean recruitment budget per site (per-patient basis)	$7,726 per site ($2,273 per patient)	Tufts CSDD (Source: acrpnet.org), 2020
Direct daily cost of running a Phase II/III trial	~$40,000 per day	Tufts CSDD (Source: pubmed.ncbi.nlm.nih.gov), 2024
Estimated cost of one day of trial delay (lost drug sales)	~$500,000 per day	Tufts CSDD (Source: pubmed.ncbi.nlm.nih.gov), 2024
Patient recruitment as share of total trial budget	20% to 30%	Clinical Leader case study (Source: clinicalleader.com)
Digital/AI-driven per-patient recruitment cost range	$1,500 to $10,000	Clinical Leader case study (Source: clinicalleader.com)
Median total cost of a pivotal FDA-approval trial (138 trials, 59 agents, 2015-2016)	$19.0 million	Moore et al., JAMA Internal Medicine (Source: pubmed.ncbi.nlm.nih.gov), 2018

The nearly 80-fold spread in per-patient outreach cost, from $143 in vaccine studies to $11,392 in immunology studies, is the single most important reason sponsors cannot compare recruitment vendor bids across therapeutic areas using a flat per-patient benchmark; a rare-disease immunology trial and a large vaccine study have fundamentally different recruitment economics, and vendor pricing should be evaluated against comparable prior studies in the same therapeutic area, not an industry-wide average. Sponsors evaluating a vendor's cost-per-randomized-patient bid should also weigh it against the roughly $40,000-per-day cost of trial delay; a recruitment vendor that charges a premium but demonstrably shortens enrollment by even a few weeks can be economically justified purely on delay-avoidance grounds, independent of the recruitment fee itself.

Enrollment, Dropout, and Diversity Data

Patient dropout remains a persistent counterweight to recruitment gains. Tufts CSDD found the late-development trial dropout rate rose from 15.3% in 2012 to 19.1% in 2019 (Source: acrpnet.org), while a broader 20-year analysis of 10,252 Phase III trials found a median dropout rate of 11%, with 82.2% of those trials industry-sponsored (Source: pubmed.ncbi.nlm.nih.gov) (Source: pubmed.ncbi.nlm.nih.gov). On the positive side, 85.7% of activated trial sites enrolled at least one patient in late-development studies as of the 2019 Tufts CSDD data (Source: acrpnet.org).

Diversity in enrollment remains an unresolved gap that shapes vendor selection directly. A peer-reviewed analysis of 341 Phase III trials supporting FDA drug approvals from 2017 to 2023 found only 6% achieved enrollment aligned with the demographic distribution of the four largest U.S. racial and ethnic groups, with Black and Hispanic participant enrollment declining over the study period while Asian and White enrollment increased (Source: pmc.ncbi.nlm.nih.gov) (Source: pmc.ncbi.nlm.nih.gov). Of the 55 drugs the FDA approved in 2023, only nine had trials enrolling at least 10% Black participants (Source: pmc.ncbi.nlm.nih.gov). The FDA's Drug Trials Snapshots program, publishing demographic trial-participation data since January 2015, exists specifically to make this kind of data transparent to the public and is described by the agency as "part of an overall FDA effort to make demographic data more available and transparent" (Source: fda.gov) (Source: fda.gov).

Case Studies and Real-World Examples

Table 3 summarizes the six cases examined below, giving a quick reference for the quantified outcome each deployment reports and whether that figure comes from an independent measurement or a vendor's own case study.

CASE	ORGANIZATION(S)	QUANTIFIED OUTCOME	EVIDENCE TYPE
RECTIFIER AI screening	Mass General Brigham / AIwithCare	Enrollment rate nearly doubled versus manual screening	Randomized study, ~4,500 patients
IBM Watson trial matching	Mayo Clinic	Goal to roughly double cancer-trial enrollment from a ~5% baseline (Source: smithsonianmag.com)	Vendor/institution case study
IBM Watson Oncology Expert Advisor	MD Anderson Cancer Center	Project cancelled in 2016 after $62 million spent (Source: en.wikipedia.org)	Independent audit finding
Match-driven MCI trial recruitment	Antidote (sponsor not disclosed)	313% of original recruitment goal delivered	Vendor case study
Tempus TIME network	TriHealth Cancer Institute	64% annual enrollment increase, 95% Tempus-driven (Source: tempus.com)	Vendor case study
Enrollment-delay liquidation	Calithera Biosciences	Company dissolved January 2023 after clinical programs discontinued (Source: globenewswire.com)	Corporate disclosure

Mass General Brigham's RECTIFIER: AI Screening Nearly Doubles Enrollment

Mass General Brigham's Accelerator for Clinical Transformation developed RECTIFIER (RAG-Enabled Clinical Trial Infrastructure for Inclusion Exclusion Review), a retrieval-augmented generative AI eligibility screening tool, and spun the technology out into a new company, AIwithCare (Source: massgeneralbrigham.org). A randomized study of nearly 4,500 patients found the rate of enrollment using RECTIFIER for patient screening was almost double that of traditional manual screening (Source: massgeneralbrigham.org). The tool has since expanded to more than 20 active and onboarding use cases across cardiology, oncology, gastroenterology, neurology, pathology, and psychiatry within the health system (Source: massgeneralbrigham.org). The case is significant because it is one of the few AI-screening deployments to be validated through a large randomized comparison against manual screening, rather than a retrospective or single-arm case study.

Mayo Clinic and MD Anderson: Contrasting Outcomes with IBM Watson

Two academic medical centers pursued IBM Watson-based clinical trial matching in the same period, with sharply divergent results. Mayo Clinic partnered with IBM to deploy Watson for clinical trial matching with an explicit goal of roughly doubling the share of Mayo cancer patients enrolled in trials, then only about 5% (Source: smithsonianmag.com), targeting an initial rollout across breast, colon, and lung cancer trials (Source: smithsonianmag.com). IBM's healthcare leadership described manual trial matching as a slow, data-intensive process that AI could accelerate substantially (Source: smithsonianmag.com). By contrast, MD Anderson Cancer Center's parallel Oncology Expert Advisor project with IBM Watson, which was also intended to support clinical trial matching, was cancelled in 2016 after $62 million had been spent without meeting its goals (Source: en.wikipedia.org). Of that spending, IBM was paid $39.2 million and PricewaterhouseCoopers billed a further $23 million in consulting fees, according to a University of Texas System audit (Source: vibegraveyard.ai). The same audit found the system was never integrated with the hospital's Epic EHR system, a fundamental prerequisite for the kind of EMR-driven matching that later platforms like Deep 6 AI and RECTIFIER were built around from the outset (Source: vibegraveyard.ai). The lesson for sponsors evaluating AI matching vendors today is that EHR integration is not an optional add-on; it is the precondition for the entire category to function.

Antidote's Multi-Country Mild Cognitive Impairment Trial

A pharmaceutical sponsor running a mild cognitive impairment (MCI) trial across the United States, Canada, United Kingdom, and Japan had specifically struggled to find patients meeting narrow inclusion criteria, mild memory issues, an MCI diagnosis, and a positive amyloid PET scan (Source: antidote.me). Working with Antidote, the sponsor reported delivering 313% of its original recruitment goal (Source: antidote.me). This case illustrates the value proposition of digital, patient-facing matching for trials with rare-combination inclusion criteria, where local site-based outreach alone struggles to find a sufficiently large eligible population.

Tempus TIME and TriHealth Cancer Institute

TriHealth Cancer Institute adopted the Tempus TIME clinical trial matching network and reported a 64% annual increase in patients enrolled in clinical trials, with the Tempus network responsible for 95% of that growth (Source: tempus.com). Because Tempus AI also owns Deep 6 AI, this case is representative of how AI-native matching vendors are increasingly positioning their EMR-mining technology as a direct enrollment-growth driver for community cancer centers that lack the internal data science capacity to build similar tools in-house.

Calithera Biosciences: When Recruitment Delays End a Company

Not every recruitment shortfall is merely a timeline inconvenience. Cancer-drug developer Calithera Biosciences announced board approval of complete liquidation and dissolution in January 2023, stating it was "unable to complete a transaction that would allow us to continue the development of our clinical programs" (Source: globenewswire.com). As part of its wind-down, the company discontinued all clinical development programs and reduced its workforce, including the termination of most employees (Source: globenewswire.com). Calithera's collapse followed earlier enrollment delays to its lead cancer trials, making it a stark illustration of the direct link between recruitment execution and corporate survival for smaller, single-asset biotechnology companies that lack the balance sheet to absorb repeated enrollment slippage the way a large diversified pharmaceutical company can.

Implications and Future Directions

Several structural trends will shape how sponsors select and combine recruitment vendors over the next several years. First, **regulatory diversity requirements are becoming a procurement filter, not just a compliance afterthought**. As FDA's Diversity Action Plan framework moves toward finalization, sponsors will need vendors that can document enrollment by demographic subgroup from the outset of a recruitment campaign, favoring community-embedded IROs and site networks with demonstrated reach into underrepresented populations over generic digital-advertising campaigns (Source: casrai.org). FDA Commissioner Robert Califf described the underlying Diversity Action Plans initiative as "one of many ongoing efforts" by the agency to address representation in clinical research (Source: hoganlovells.com), underscoring that this is a sustained regulatory direction rather than a single rule sponsors can treat as a one-time compliance project.

Second, **EHR interoperability is becoming table stakes, not a differentiator**. Analysis published via Clinical Leader found EHR-integrated trials can accelerate recruitment timelines by up to 20 times relative to non-integrated approaches, built on interoperability standards such as HL7 Fast Healthcare Interoperability Resources (FHIR) (Source: paconsulting.com) (Source: paconsulting.com). The MD Anderson Watson case above shows what happens when a vendor's AI matching capability is not actually connected to the EHR it is meant to search; sponsors should verify live, production EHR integration during procurement rather than accepting a roadmap commitment.

Third, when selecting a vendor, sponsors and CROs typically weigh a consistent set of criteria regardless of vendor category:

- **Therapeutic area experience and track record**, cited as one of the most important factors sponsors evaluate (Source: antidote.me), including vendor experience specifically in the therapeutic area of interest to the sponsor (Source: informaconnect.com) and a documented history recruiting for trials with complex inclusion and exclusion criteria (Source: antidote.me).
- **EMR/EHR integration capability**, allowing rapid identification and screening of potential participants directly from clinical data rather than self-reported patient intake forms (Source: indegene.com).
- **AI/machine learning matching maturity**, evaluated on whether algorithms are validated against trial-specific eligibility criteria rather than generic keyword matching (Source: indegene.com).
- **Data privacy and regulatory compliance**, including HIPAA (the U.S. Health Insurance Portability and Accountability Act) and, for multinational trials, the European Union's General Data Protection Regulation (GDPR) (Source: antidote.me) (Source: indegene.com). Vendors accessing protected health information for pre-identification typically must sign a HIPAA Business Associate Agreement (BAA) (Source: casrai.org).

- **CTMS/EDC integration**, confirming whether the vendor's referral-tracking or screening platform can feed data directly into the sponsor's or site's existing clinical trial management system (CTMS) or electronic data capture (EDC) system (Source: casrai.org).
- **Pricing structure alignment**, whether cost-per-lead, cost-per-screened-candidate, cost-per-randomized-participant, or performance-based, matched to the sponsor's risk tolerance and budget cycle (Source: casrai.org); industry guidance cautions that lowest price should not necessarily be the deciding factor in vendor selection (Source: informaconnect.com).

Fourth, **AI vendors are consolidating into larger diagnostics and data companies**. Tempus AI's acquisition of Deep 6 AI and Formation Bio's pivot from a recruitment-technology vendor into an AI-native pharma company both suggest that pure-play patient-matching software is increasingly being absorbed into vertically integrated life-sciences data businesses rather than surviving as a standalone software category (Source: tempus.com) (Source: formation.bio).

Finally, because none of these categories map cleanly onto each other, many sponsors now engage an independent advisory partner to design the underlying data architecture, particularly where recruitment technology must integrate with a Veeva-based clinical operations stack. IntuitionLabs, a life-sciences and AI advisory and an official Veeva Vault CRM X-Pages partner, positions its advisory practice around exactly this kind of digital-strategy and technology-assessment work, evaluating a sponsor's current technology stack and recommending integration paths across recruitment, CTMS, and patient-engagement systems rather than selling a competing recruitment product itself (Source: intuitionlabs.ai).

Frequently Asked Questions (FAQs)

What are the best patient recruitment companies for clinical trials? There is no single best vendor; the right choice depends on trial type. AI-native matchers like Antidote and Deep 6 AI (Tempus AI) suit sponsors needing broad digital reach and EMR-driven identification; site-network IROs like Javara, Elligo, and Circuit Clinical suit sponsors needing community-representative and diversity-focused enrollment (Source: javararesearch.com); and global CRO divisions at IQVIA, ICON, and Parexel suit sponsors that want recruitment bundled into a full-service trial-execution contract.

What are the top clinical trial recruitment agencies by scale? Measured by parent-company revenue rather than recruitment-specific figures, IQVIA is the largest, with $16,310 million in full-year 2025 revenue, followed by ICON plc at $8,251.3 million (Source: stocktitan.net) and Veeva Systems, which reported $3,195.3 million in total company revenue for fiscal 2026 (Source: prnewswire.com). Scale, however, does not equate to specialized recruitment performance; smaller specialist vendors such as Antidote and community-embedded IROs like Javara compete on therapeutic-area depth and demographic reach rather than balance-sheet size.

How much does clinical trial recruitment software or services cost? No major vendor publishes list pricing as of August 2026. Reported cost benchmarks vary enormously by therapeutic area, from $143 to $11,392 per patient in Tufts CSDD's most recent study (Source: pubmed.ncbi.nlm.nih.gov), with patient recruitment typically consuming 20% to 30% of a trial's total budget (Source: clinicalleader.com).

How do recruitment vendor costs compare across categories? AI-native matching platforms and site-network IROs typically price on a per-lead, per-screened-candidate, or per-randomized-participant basis, while global CRO recruitment divisions and technology platforms like Advarra and Veeva generally negotiate custom enterprise contracts as part of a broader trial-execution or software-licensing agreement rather than a standalone recruitment fee. Because none of these categories publish comparable rate cards, sponsors evaluating cost across categories should normalize competing bids to a single metric, most commonly cost-per-randomized-patient, before comparing them.

What criteria should sponsors use to select a patient recruitment vendor? Prioritize therapeutic-area track record, EMR/EHR integration, CTMS/EDC compatibility, HIPAA/GDPR compliance, and a pricing structure aligned to risk tolerance, rather than selecting on price alone (Source: antidote.me).

Does AI patient matching actually work for clinical trials? Early evidence is promising but concentrated in academic settings. TrialGPT achieves 87.3% criterion-level matching accuracy and cuts screening time by 42.6% (Source: nature.com) (Source: nature.com), and Mass General Brigham's RECTIFIER nearly doubled enrollment rates in a randomized comparison, discussed in detail above. But MD Anderson's earlier IBM Watson matching effort failed after $62 million in spending, largely because it was never integrated with the hospital's EHR system (Source: en.wikipedia.org) (Source: vibegraveyard.ai).

What are current clinical trial enrollment rate benchmarks? Tufts CSDD found 77% of studies met or beat their planned enrollment timeline as of its 2019 data, up from a 2012 baseline where 48% of studies took significantly longer than planned (Source: acrpnet.org). Median patient dropout across 10,252 Phase III trials over 20 years was 11% (Source: pubmed.ncbi.nlm.nih.gov).

How can sponsors improve clinical trial enrollment? The evidence points to three levers with the most independent support: integrating recruitment technology directly with EHR systems, since EHR-integrated trials can accelerate recruitment timelines up to 20 times relative to non-integrated approaches (Source: paconsulting.com); embedding research into existing physician-patient relationships rather than relying solely on standalone research sites, given that traditional standalone sites enroll only 28% of targeted patients on average (Source: generalatlantic.com); and building demographic-subgroup enrollment goals into recruitment planning from the start, as FDA's Diversity Action Plan framework increasingly requires (Source: casrai.org).

Conclusion

The clinical trial patient recruitment vendor market has matured into four durable categories rather than converging on a single winning model: AI-native matching platforms, site-network integrated research organizations, global CRO recruitment divisions, and clinical trial technology platforms that provide the infrastructure other recruitment efforts run on top of. Each has documented strengths and, in at least one case, a documented cautionary failure. Pricing across every category remains opaque, forcing sponsors to negotiate custom terms and compare vendors on structure and track record rather than a published rate. Recruitment economics vary so widely by therapeutic area, from roughly $143 to over $11,000 per patient, that industry-wide cost averages are of limited use for budgeting a specific trial; sponsors should benchmark against comparable prior studies in the same therapeutic area instead.

The strongest available evidence favors vendors and platforms that combine deep EHR or EMR integration with a validated, therapeutic-area-specific track record, rather than general-purpose digital advertising or unvalidated AI claims. The contrast between Mass General Brigham's RECTIFIER, validated in a randomized study of nearly 4,500 patients, and MD Anderson's failed IBM Watson deployment, which never achieved EHR integration despite $62 million in spending, illustrates that the technology category alone does not determine success; execution and data integration do. Calithera Biosciences' 2023 liquidation is a reminder that for smaller, single-asset biotechnology companies, recruitment failure is not merely a timeline risk but an existential one. Diversity-enrollment planning may also shape vendor selection: sponsors should assess any applicable statutory Diversity Action Plan provisions, while recognizing that FDA's June 2024 guidance remains draft, not for implementation, and nonbinding. Sponsors evaluating this landscape are well served by pairing a specialist recruitment vendor or CRO with an independent technology and integration partner who can assess how recruitment data flows into the broader clinical operations stack, a role that advisory practices such as IntuitionLabs occupy alongside, rather than in competition with, the vendors compared in this report.

Tags: clinical trial recruitment, patient recruitment vendors, clinical trial patient matching, ai patient matching, clinical trial recruitment software, cro patient recruitment, deep 6 ai, antidote clinical trials, iqvia patient recruitment, veeva clinical trials

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Contact founder Adrien Laurent and team at intuitionlabs.ai/contact for a consultation.

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