Best Clinical Trial Software 2026: CTMS, EDC, eConsent Compared

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Executive Summary

The clinical trial software market in 2026 is dominated by a handful of unified platforms and a longer tail of category specialists, and no single vendor wins across every category of clinical trial management system (CTMS), electronic data capture (EDC), electronic trial master file (eTMF), electronic informed consent (eConsent), electronic clinical outcome assessment (eCOA), randomization and trial supply management (RTSM), and participant payments software. **Veeva Systems** (ticker VEEV) reported total fiscal year 2026 revenue of $3,195.3 million, up 16% year over year, and ended the year with 1,552 total customers, of which 1,196 sit in its R&D and Quality Solutions segment that houses **Vault CTMS**, **Vault EDC**, and **Vault eTMF** (Source: veeva.com) (Source: veeva.com). **Medidata**, owned by Dassault Systèmes, reports its platform has supported more than 38,000 clinical trials and 12 million patients across roughly 2,300 customers as of February 2026, though Dassault's Life Sciences software segment (Medidata plus BIOVIA) posted a 2% constant-currency revenue decline to €1.08 billion in fiscal 2025, which management attributed directly to lower study volumes at Medidata (Source: medidata.com) (Source: nasdaq.com).

Below these two market leaders sit **Oracle Health Sciences** (Clinical One EDC/RTSM and legacy Siebel CTMS) and **IQVIA Technologies** (Study Hub and Intelligent eTMF), both of which sell primarily as bundled components of enterprise or contract research organization (CRO) engagements rather than standalone software licenses (Source: iqvia.com). A second tier of specialist and academic-oriented platforms, including **Castor EDC** (more than 31,900 studies and 9.5 million participants across 171 countries), **Advarra's OnCore CTMS** (built for academic medical centers and cancer centers running 50 to 500-plus active trials), **Florence Healthcare's eBinders/eTMF** (more than 10,000 site research teams), and the free-for-academia **REDCap** platform (8,378 active consortium partners in 166 countries), compete on cost, ease of deployment, and site-level workflow fit rather than platform breadth (Source: castoredc.com).

A distinct set of vendors specializes in patient-facing and financial workflows: **Signant Health** (formed from the 2018 CRF Health and Bracket merger) claims its trial technologies were associated with 25% of novel FDA and EMA drug approvals from 2020 to 2025, **Clinical Ink** reports tripling bookings and quadrupling revenue over three years, and **Greenphire**, now merged into the **Suvoda Platform** as of September 2025, states its participant-payments product

has processed more than 30 million payments globally with a 91% site satisfaction rating (Source: signanthealth.com) (Source: clinicalink.com) (Source: suvoda.com).

Almost no vendor covered here publishes list pricing; CTMS, EDC, and eTMF contracts are negotiated per module, per protocol volume, or as part of a broader enterprise agreement, with Advarra's OnCore explicitly stating its "licensing fee is dependent upon your licensed modules and your volume of protocols," while REDCap remains free to non-profit consortium members and Castor offers discounted access through its Impact Program (Source: advarra.com) (Source: project-redcap.org) (Source: castoredc.com). Independent market research from Precedence Research values the global EDC market at $1.92 billion in 2025, growing at a 12.83% compound annual growth rate (CAGR) to $6.42 billion by 2035, while the broader eClinical solutions market is sized at $12.82 billion in 2025 and Mordor Intelligence puts the CTMS market at $2.35 billion in 2025 growing to $5.02 billion by 2031 (Source: precedenceresearch.com) (Source: mordorintelligence.com). Regulatory grounding matters as much as market size: FDA's 21 CFR Part 11 governs electronic records and signatures, ICH E6(R3) Good Clinical Practice has been legally effective in the European Union since July 23, 2025, and two 2024-2025 FDA warning letters (Applied Therapeutics and sponsor-investigator Amy Lightner, MD) show what happens when EDC and eCOA data are deleted or become unrecoverable during an inspection (Source: ema.europa.eu) (Source: fda.gov). For sponsors and CROs evaluating this landscape, the practical decision is rarely "best" in the abstract but which combination of CTMS, EDC, eTMF, eConsent, and payments technology fits their trial portfolio, regulatory footprint, and integration requirements, a question addressed throughout this report.

Introduction and Background

Clinical trial software is the collective term for the digital systems that sponsors, contract research organizations (CROs), and research sites use to plan, execute, monitor, and document a clinical trial from first-patient-in to database lock and archival. As of August 2026, the category spans at least six distinct but overlapping software types, and understanding the boundaries between them is a prerequisite to any vendor comparison. A **clinical trial management system (CTMS)** tracks study operations: site selection, monitoring visit reports, milestone and budget tracking, and regulatory document status at the study level. **Electronic data capture (EDC)** software is the system investigators and site staff use to enter patient-level case report form (CRF) data directly into a validated, auditable database, replacing paper CRFs, a shift FDA guidance says "promotes capturing source data in electronic form" to strengthen "the reliability, quality, integrity, and traceability of data from electronic source to electronic regulatory submission" (Source: fda.gov) (Source: fda.gov). An **electronic trial master file (eTMF)** is the regulated repository of record for the documents that prove a trial was conducted according to protocol and Good Clinical Practice (GCP), organized against a standard reference model. **Electronic informed consent (eConsent)** digitizes the process of obtaining and documenting a research participant's consent, often with multimedia and comprehension checks, while **electronic clinical outcome assessment (eCOA), sometimes called ePRO** when it captures patient-reported outcomes, digitizes the questionnaires and scales used to measure trial endpoints. **Randomization and trial supply management (RTSM)**, also called Interactive Response Technology (IRT), assigns patients to treatment arms and manages investigational product inventory across sites. These categories increasingly converge into single vendor platforms rather than remaining separate point solutions. Veeva markets its Vault CTMS, Vault EDC, and Vault eTMF as "Connected Products in a Complete Clinical Platform," and Medidata makes the same architectural pitch for Rave EDC, its CTMS, eCOA, and eTMF, stating that "seamless data flow between Rave EDC, eCOA, eTMF, and Risk-Based Quality Management comes standard with no integrations required" (Source: veeva.com) (Source: medidata.com). This unification is driven by regulatory pressure to maintain data integrity and traceability across systems, and by sponsor demand to shorten study build and database lock timelines. Tufts Center for the Study of Drug Development (CSDD) research published in August 2024 found that the mean direct cost of conducting a Phase II or Phase III clinical trial is approximately $40,000 per day, with Phase III trials specifically averaging $55,716 per day, figures that put a hard dollar value on any software-driven timeline compression (Source: csdd.tufts.edu) (Source: csdd.tufts.edu).

This report compares the major vendors across each category as of August 2026: the two platform leaders (Veeva and Medidata), the enterprise and CRO-aligned incumbents (Oracle Health Sciences and IQVIA Technologies), the specialist and academic-focused challengers (Castor, Advarra's OnCore, Florence Healthcare, and REDCap), and the vendors that concentrate on eConsent, eCOA, and participant payments (Signant Health, Clinical Ink, DocuSign, and Greenphire on the Suvoda Platform). It then presents a feature comparison matrix, adoption and performance benchmarks, quantitative market data, named case studies including two 2024-2025 FDA warning letters tied to electronic-record failures, and implications for how sponsors should approach vendor selection heading into 2027.

Veeva Vault Clinical Suite

Capabilities

Veeva Systems built its clinical offering around Vault, a cloud content and data platform that underlies **Vault CTMS**, **Vault EDC**, and **Vault eTMF** as separately licensable but natively connected applications. Vault CTMS is described by Veeva as "an enterprise trial management system that provides end-to-end study management and monitoring capabilities" for both insourced and outsourced trials, while Vault EDC "provides an end-to-end environment to collect, review, and process site-reported patient trial data" from CRF design through study close and archiving (Source: veeva.com) (Source: veeva.com). Vault eTMF is positioned as "the leading trial master file application used to ensure the quality, timeliness, and completeness of a TMF," and is trusted by more than 500

customers according to Veeva's own product page (Source: veeva.com) (Source: veeva.com). Veeva's standalone "Vault CDMS" branding has been retired; the company's EDC/clinical-data-management capability is now marketed as part of Vault EDC and Clinical Data, and a GSK customer quote on Veeva's EDC page still references "Veeva CDMS" in describing build-time improvements, reflecting the transitional branding (Source: veeva.com).

Adoption

Veeva reports its CTMS is used to streamline trial management for "200+ sponsors and CROs," and that "eight of the Top 20 biopharmas switched to Veeva EDC" (Source: veeva.com) (Source: veeva.com). At a June 2024 R&D and Quality Summit covered by trade outlet pharmaphorum, Veeva disclosed platform-wide figures of "almost four million active users of Veeva Vaults globally today, with over 600 million documents stored," and that "over 450 biopharma companies use Veeva Vault eTMF," with Clinical Operations connecting more than 10,000 study sites through its Site Connect feature (Source: pharmaphorum.com) (Source: pharmaphorum.com). At the company level, Veeva reported total fiscal 2026 revenue (year ended January 31, 2026) of $3,195.3 million, up 16% year over year, of which $2,684.2 million was subscription revenue; its R&D and Quality Solutions segment, which houses the clinical suite, generated $1,426.6 million of subscription revenue versus $1,257.6 million for Commercial Solutions, and the company finished the year with 1,552 total customers, 1,196 of them in R&D and Quality Solutions (Source: veeva.com) (Source: veeva.com).

Strengths and Limitations

Customer quotes on Veeva's own site emphasize workflow unification: a GSK user notes that "when they author site visit reports, those reports automatically flow to eTMF," and a CG Oncology customer states the company now has "a platform that works across the entire company with seamless integration" (Source: veeva.com) (Source: veeva.com). Contract research organization Atlantic Research Group (ARG) replaced its proprietary CTMS, TrialVista, with Veeva CTMS and Vault eTMF, stating it wanted to "keep our IT team small, nimble, and focused on clinical research processes," and reported gaining "the visibility we need to monitor trial progress and course correct" after integrating its safety database with the Veeva Clinical Platform (Source: veeva.com) (Source: veeva.com). On the limitations side, pharmaphorum reported in mid-2024 that despite strong platform growth, "there has, however, also been negative feedback" tied to a system outage, with a Veeva executive expecting the company's "next general release" to address customer concerns, a reminder that scale and uptime risk grow together on a single connected platform (Source: pharmaphorum.com). Veeva does not publish list pricing for any Vault Clinical product on its own site, its press releases, or its investor materials, so prospective customers should expect a custom, module-based enterprise quote.

Medidata (Dassault Systèmes)

Capabilities

Medidata, acquired by French software company Dassault Systèmes in an acquisition it announced completing in 2019, centers its offering on **Rave EDC**, which it calls "the cornerstone of the Medidata Clinical Cloud" (Source: investor.3ds.com) (Source: medidata.com). Its **CTMS** module runs on the same cloud-based, single-instance, multi-tenant architecture as Rave EDC, eCOA, eTMF, and Risk-Based Quality Management, with Medidata stating that "seamless data flow between Rave EDC, eCOA, eTMF, and Risk-Based Quality Management comes standard with no integrations required" and positioning itself as "the only CTMS vendor that can leverage deep data science expertise and analytics backed by over 33,000 trials" (Source: medidata.com) (Source: medidata.com). Medidata's eTMF automatically populates "up to 76% of the TMF artifacts from Medidata's eClinical platform," reducing manual document assembly, and its eCOA product built on the "Designer" tool is marketed to "cut your study build times by up to 50%" (Source: medidata.com) (Source: medidata.com).

Adoption

As of a February 2026 Medidata press release, the platform has been used across "more than 38,000 trials and 12 million patients," with "more than 1 million registered users across approximately 2,300 customers" trusting the platform (Source: medidata.com) (Source: medidata.com). That is up from Medidata's own 2022 claim of "clinical trial technologies to over 27,000 studies with over 8 million patients and healthy volunteers," indicating roughly 11,000 additional trials onboarded in about four years (Source: medidata.com). A September 2023 Industry Standard Research (ISR) benchmarking study, cited in a Medidata press release, "rated the pharmaceutical industry's preferred provider of electronic data capture (EDC) solutions" as Medidata, building on an earlier December 2020 ISR survey in which "about 40% of respondents deemed Medidata their top pick for Phase I/II, Phase IIb/III, and Phase IV, post-marketing trials" (Source: 3ds.com) (Source: medidata.com).

Strengths and Limitations

Medidata's scale advantage is real but its parent company's financials show pressure: Dassault Systèmes' combined Life Sciences software segment (Medidata plus BIOVIA) generated €1.08 billion in fiscal 2025 revenue, 19% of total software revenue, but that figure was down 2% in constant currency, and Dassault's own Q4 2025 commentary states plainly that "Medidata continued to face headwinds with lower study volume" (Source: nasdaq.com) (Source:

nasdaq.com). Dassault responded strategically in July 2026 by agreeing to acquire ArisGlobal, a regulatory and safety compliance platform vendor, for approximately $1.8 billion in cash plus up to $200 million in additional consideration, explicitly to connect Medidata's clinical trial domain with ArisGlobal's regulated operations data (Source: 3ds.com). As with Veeva, no public pricing is available; Medidata sells through negotiated enterprise agreements typically scoped per study or per portfolio.

Oracle Health Sciences and IQVIA Technologies

Capabilities

Oracle Health Sciences offers **Clinical One**, a unified platform whose Data Collection module is designed to "unify and automate clinical data collection with AI-powered tools," paired with an RTSM module that helps sponsors "coordinate patient assignment, inventory, and distribution on a unified platform," alongside a separate **Life Sciences CTMS** product that "empowers users to manage and monitor clinical trial operations" (Source: oracle.com) (Source: oracle.com) (Source: oracle.com). Oracle's legacy Siebel CTMS remains supported and "enables global clinical organizations to manage critical clinical trial activities," now with bidirectional integration into Clinical One for customers migrating between the two (Source: docs.oracle.com). **IQVIA Technologies** takes a different architectural approach, embedding **IQVIA Study Hub** (a cloud-based operations platform originally built on the DrugDev acquisition) and **Intelligent eTMF** (formerly branded Wingspan eTMF) inside its broader CRO services stack, marketing Intelligent eTMF's AI document classification at "99% Accuracy, on key supported documents, and 50% Faster" processing (Source: iqvia.com) (Source: iqvia.com) (Source: iqvia.com).

Adoption

Oracle reports fast deployment cycles: CRO Atorus Research configured Oracle Clinical One EDC for a gene-therapy study "in about three weeks," with "configuration began on November 28, and we were live on December 18," and Brazilian research institute Hcor said it "built two important immunology trials independently using Oracle's robust and reliable platform" (Source: oracle.com) (Source: oracle.com). Oracle states it "was recognized as a leader" in Everest Group's PEAK Matrix assessment for its EDC approach, and European CRO Excelya reported using Clinical One's EDC/RTSM interoperability to deliver "15-plus trials" within two years while growing its team "from 6 to 50+" staff (Source: oracle.com) (Source: oracle.com). On the IQVIA side, the company reports that "87% of sites want to use One Home across their studies," its single-sign-on site portal, and "95% of sites would recommend IQVIA Feasibility to their colleagues," internal validation metrics rather than independent survey data (Source: iqvia.com) (Source: iqvia.com). At the corporate level, IQVIA's Technology & Analytics Solutions segment, which houses its eClinical products, generated $1.821 billion in Q4 2025 revenue, up 9.8% year over year, while its Research & Development Solutions segment carried a $32.7 billion contracted backlog as of December 31, 2025 (Source: tradingview.com) (Source: tradingview.com).

Strengths and Limitations

Both vendors benefit from deep integration into much larger enterprise ecosystems, Oracle's broader cloud and database business and IQVIA's global CRO services, which gives sponsors procurement leverage and single-vendor accountability across trial execution and technology. The tradeoff is that neither Oracle nor IQVIA publishes standalone software pricing separate from services contracts, making apples-to-apples cost comparison against Veeva or Medidata difficult, and Oracle's Siebel CTMS in particular carries the operational overhead of a maturing legacy product being actively migrated toward Clinical One.

Specialist and Academic-Focused Platforms

Capabilities

Four vendors compete below the top platform tier by specializing in specific buyer segments. **Castor**, a cloud-native EDC and eConsent platform founded in Amsterdam in 2012, is "trusted by research teams in 171 countries" and explicitly targets both biopharma and medtech sponsors as well as academic researchers (Source: castoredc.com). **Advarra's OnCore CTMS** is purpose-built for research-intensive institutions, with Advarra stating "OnCore typically addresses the needs of academic medical centers and cancer centers, as well as some health systems, conducting fifty to 500+ active trials," and marketing itself as "used by more academic medical centers and cancer centers than any other CTMS" (Source: advarra.com) (Source: advarra.com). **Florence Healthcare's eBinders** platform focuses specifically on site-side eISF (electronic Investigator Site File) and eRegulatory workflows, and its companion eTMF product markets itself as "the only eTMF on the market with the capability of directly integrating with over 10,000 Research Site eISFs" (Source: florencehc.com). **REDCap** (Research Electronic Data Capture), created at Vanderbilt University in 2004, is a free, self-hosted EDC platform run by a consortium model rather than a commercial vendor.

Adoption

Castor reports having "supported more than 31,900 clinical studies involving over 9.5 million participants across 70,000 investigator sites in 171 countries," including a role powering the World Health Organization's COVID-19 Solidarity Trial with "offline data capture, multi-language CRFs" (Source: castoredc.com) (Source: castoredc.com). Advarra's separate IRB business, distinct from OnCore but part of the same company, reviews "more than 36,000 new U.S. site submissions and 1,600+ Canadian submissions" annually, with "first decisions on protocol submissions average five days after all required materials are received" (Source: advarra.com) (Source: advarra.com). Florence reports "over 10,000 research teams managing eRegulatory on Florence eBinders" across 45 countries, and cites a "reduction of more than 50% of their average startup time" for adopting sites (Source: florencehc.com) (Source: florencehc.com). REDCap's own site reports "8,378 active partners in 166 countries" in its consortium as of mid-2026, up sharply from the "more than 3200 REDCap partners across 128 countries" documented in the peer-reviewed 2019 Journal of Biomedical Informatics paper on the consortium model, and Vanderbilt's own library describes the platform as "utilized by approximately 3.8 million users from nearly 8,000 institutions across 163 countries" (Source: project-redcap.org) (Source: pubmed.ncbi.nlm.nih.gov) (Source: library.vanderbilt.edu).

Strengths and Limitations

The defining strength of this tier is fit-for-purpose economics: REDCap is free to non-profit organizations that join its consortium, and Castor operates a dedicated "Impact Program" offering "discounted or free" access to eligible academic and low-resource research teams, options that neither Veeva nor Medidata provides (Source: castoredc.com). Advarra's OnCore pricing is likewise module and protocol-volume based rather than a flat fee, which rewards larger academic medical centers with negotiating scale but can make budgeting difficult for smaller programs. The limitation shared across this tier is narrower category coverage: none of the four functions as a full CTMS-EDC-eTMF-eConsent suite the way Veeva or Medidata do, so sponsors running large, multi-region registrational trials typically pair one of these specialists with a broader platform rather than replacing it entirely.

eConsent, eCOA, and Payments Specialists

Capabilities

A fourth group of vendors concentrates on patient-facing and financial workflows layered on top of core EDC and CTMS systems. **Signant Health**, formed when "CRF Bracket, formed by the 2018 merger of CRF Health and Bracket, today launched as Signant Health" in June 2019, unifies eCOA, eConsent, patient engagement, and IRT/RTSM technology, and its eCOA product uses "intelligent automation technologies" that the company says enable "33% faster eCOA launch timelines," backed by "an instrument library" containing "over 50 instruments commonly used in clinical trials" (Source: prnewswire.com) (Source: signanthealth.com) (Source: signanthealth.com). **Clinical Ink** offers an eSource, eCOA, and eConsent platform whose eConsent page states that its module "adheres to stringent regulations, including FDA 21 CFR Part 11 and HIPAA," and supports "reconsenting triggers, graphical and video content, and translation to 40+ native languages" (Source: clinicalink.com) (Source: clinicalink.com). **DocuSign** does not brand a dedicated clinical-trial eConsent product; instead, life-sciences consent and signature workflows run through its broader Intelligent Agreement Management (IAM) platform plus "a core Part 11 module" that "includes Part 11-specific eSignature functionality for authentication, reason for signature and signature manifestation" (Source: docusign.com). Finally, **Greenphire**, a participant-payments and reimbursement platform, merged into **Suvoda** in April 2025 with "brand integration" completed by September 2025, and now operates as "Greenphire Patient Payments (formerly known as ClinCard)... a clinical trial payment solution on the Suvoda Platform" (Source: suvoda.com) (Source: suvoda.com).

Adoption

Signant Health markets "30 years of experience, thousands of trials supported, and hundreds of drug approvals secured," and states its trial technologies "supported clinical trials associated with 25% of novel drug approvals across FDA and EMA from 2020-2025," a striking regulatory-outcome claim from the vendor itself (Source: signanthealth.com) (Source: signanthealth.com). Clinical Ink reports rapid recent growth, stating "over the past three years, we have tripled Clinical ink's bookings, quadrupled revenues, and grown our backlog by 500%" (Source: clinicalink.com). The combined Suvoda and Greenphire company says it is "selected by trial sponsors and CROs to support more than 2000 trials across more than 95 countries," and that Greenphire's patient-payments product specifically has become "the industry standard in patient payments, with more than 30 million payments made globally and a 91% site satisfaction rating," which the company says "has been shown to help increase patient retention by more than 15%" (Source: suvoda.com) (Source: suvoda.com) (Source: suvoda.com). Separately, Greenphire's own site claims its Suvoda-linked platform has been used across "6,000+" trials, "65% in oncology, rare disease, and CNS" (Source: greenphire.com).

Strengths and Limitations

This tier's advantage is depth in a single workflow: Signant markets an instrument library, while Clinical Ink markets multilingual eConsent with multimedia features. These capabilities should be evaluated against the study's requirements and the eConsent functionality available from broader suites; Veeva, for example, offers SiteVault eConsent for remote and in-person consent workflows. eConsent adoption is also directly shaped by regulation: FDA and the Department of Health and Human Services jointly issued guidance stating it was "prepared jointly by the Department of Health and Human Services (HHS) Office for Human Research Protections (OHRP) and the Food and Drug Administration (FDA)" and "provides recommendations on the use of electronic systems and processes that may employ multiple electronic media to obtain informed consent," giving sponsors a compliance framework that eConsent vendors design directly against (Source: fda.gov) (Source: fda.gov). The limitation is fragmentation: sponsors adopting Signant, Clinical Ink, DocuSign, or Greenphire alongside a separate CTMS and EDC platform take on additional integration burden compared with a single unified suite, and, as with every vendor in this report, none publish standard price lists.

Feature Comparison

Table 1 below summarizes how the twelve platforms profiled in this report map onto the six core clinical trial software categories, along with each vendor's general pricing posture and typical buyer profile.

PLATFORM	CTMS	EDC	ETMF	ECONSENT / ECOA	RTSM	PRICING MODEL	TYPICAL BUYER
Veeva Vault Clinical	Yes (Source: veeva.com)	Yes (Source: veeva.com)	Yes (Source: veeva.com)	Limited (via Vault ecosystem)	Via Vault RTSM	Custom enterprise quote, no public pricing	Large and mid-size biopharma sponsors and CROs
Medidata Clinical Cloud	Yes (Source: medidata.com)	Yes (Source: medidata.com)	Yes (Source: medidata.com)	Yes, eCOA (Source: medidata.com)	Yes (native module)	Custom enterprise quote, no public pricing	Large biopharma sponsors, especially registrational trials
Oracle Clinical One / Siebel CTMS	Yes (Source: oracle.com)	Yes (Source: oracle.com)	Limited	Limited	Yes (Source: oracle.com)	Enterprise contract, bundled with Oracle Cloud	Enterprise sponsors, CROs using Oracle ecosystem
IQVIA Study Hub / Intelligent eTMF	Partial (ops tracking)	Limited (via IQVIA ecosystem)	Yes (Source: iqvia.com)	Limited	No	Bundled into IQVIA CRO services contracts	Sponsors outsourcing trial execution to IQVIA
Castor EDC	No	Yes (Source: castoredc.com)	No	Yes, eConsent	No	Custom quote; discounted "Impact Program" for academia (Source: castoredc.com)	Academic, medtech, and mid-size biopharma studies
Advarra OnCore	Yes (Source: advarra.com)	No	No	No	No	Module and protocol-volume based fee (Source: advarra.com)	Academic medical centers, cancer centers
Florence eBinders / eTMF	No	No	Yes (Source: florencehc.com)	No	No	Custom quote, not published	Research sites (eISF), sponsors/CROs (eTMF)
REDCap	No	Yes (Source: project-redcap.org)	No	No	No	Free for non-profit consortium members (Source: project-redcap.org)	Academic and non-profit research institutions

PLATFORM	CTMS	EDC	ETMF	ECONSENT / ECOA	RTSM	PRICING MODEL	TYPICAL BUYER
Signant Health	No	No	No	Yes, eCOA and eConsent (Source: signanthealth.com)	Yes (IRT module)	Custom quote, not published	Biopharma sponsors running patient-reported endpoints
Clinical Ink	No	Limited (eSource)	No	Yes, eConsent (Source: clinicalink.com)	No	Custom quote, not published	Sponsors prioritizing eSource and eConsent
DocuSign Life Sciences	No	No	No	Part 11 signature module only (Source: docusign.com)	No	Custom quote, not published	Life-sciences agreement and signature workflows broadly
Greenphire (Suvoda Platform)	No	No	No	No (payments only)	Yes, via Suvoda IRT	Custom quote, not published	Sponsors managing participant stipends and site payments

This matrix makes clear that no vendor is a universal winner: Veeva and Medidata both offer connected CTMS, EDC, and eTMF modules; Oracle and IQVIA lean toward enterprise-bundled delivery rather than standalone software sales; the academic-focused tier (Castor, Advarra, Florence, REDCap) trades platform breadth for cost and site-level fit; and the eConsent/eCOA/payments specialists (Signant, Clinical Ink, DocuSign, Greenphire) may be deployed alongside a primary CTMS/EDC platform when their capabilities fit the study's needs.

Performance and Benchmarks

Table 2 presents each vendor's self-reported adoption scale, the most recent figure available as of this report's publication in August 2026, and the primary source for that figure.

COMPANY, PRODUCT, OR BUSINESS	REPORTED INDICATOR	AS OF	SOURCE
Veeva Vault Clinical	1,552 total customers company-wide; eTMF alone has 500+ customers	FY2026 (ended Jan 31, 2026)	(Source: veeva.com)
Medidata Clinical Cloud	38,000+ trials, 12 million patients, ~2,300 customers	February 2026	(Source: medidata.com)
Castor EDC	31,900+ studies, 9.5 million participants, 171 countries	Current site data	(Source: castoredc.com)
REDCap Consortium	8,378 active partners, 166 countries	2026	(Source: project-redcap.org)
Florence Healthcare	10,000+ research teams, 45 countries	Current site data	(Source: florencehc.com)
Advarra IRB business (not OnCore)	36,000+ U.S. site submissions/year, 1,600+ Canadian	Annual figure	(Source: advarra.com)
Signant Health	Trial technologies linked to 25% of novel FDA/EMA approvals	2020 to 2025	(Source: signanthealth.com)
Greenphire / Suvoda	2,000+ trials, 95+ countries; 30 million+ payments processed	September 2025 / current	(Source: suvoda.com)
IQVIA Technology & Analytics Solutions	$1.821 billion segment revenue, up 9.8% YoY	Q4 2025	(Source: tradingview.com)

These figures are not directly comparable because vendors define "scale" differently: Veeva and IQVIA report financial or customer-count metrics, Medidata and Castor report cumulative trial and patient counts, and REDCap and Florence report active partner or team counts. Read together, the table shows that Medidata and Castor report cumulative trial totals in the tens of thousands, whereas Veeva reports company-wide and product customer counts rather than a cumulative trial total. IQVIA's technology revenue sits inside a Research & Development Solutions segment with a $32.7 billion contracted backlog, underscoring how eClinical technology is often sold as an attachment to much larger CRO service contracts rather than as freestanding software (Source: tradingview.com).

Data Analysis and Evidence

Independent market sizing confirms that clinical trial software is a growing but fragmented spend category. Precedence Research values the global EDC systems market at $1.92 billion in 2025, "expanding at a CAGR of 12.83% from 2026 to 2035" to reach an estimated $6.42 billion by 2035, with North America holding the largest regional share and Phase III trials representing "the largest market share of 54% in 2025" by development phase (Source: precedenceresearch.com) (Source: precedenceresearch.com) (Source: precedenceresearch.com). The same research firm sizes the broader eClinical solutions market, which encompasses EDC, eTMF, eCOA, and RTSM together, at $12.82 billion in 2025 growing to $27.14 billion by 2035 at a 7.79% CAGR, within which "the electronic data capture (EDC) segment held a 17.80% market share in 2025" and "North America led the eClinical solutions market with the largest market share of 47.93%" (Source: precedenceresearch.com) (Source: precedenceresearch.com) (Source: precedenceresearch.com). Separately, Mordor Intelligence projects the CTMS market specifically will grow from $2.35 billion in 2025 to $5.02 billion by 2031, "registering a CAGR of 13.62% between 2026 to 2031," with enterprise platforms (as opposed to site-level tools) capturing "61.58% of revenue in 2025" while cloud-based Software-as-a-Service delivery is "forecast to surge at 17.48% CAGR to 2031," the fastest-growing delivery model in the category (Source: mordorintelligence.com) (Source: mordorintelligence.com) (Source: mordorintelligence.com).

Table 3 summarizes these three independently sourced market-size estimates side by side.

MARKET SEGMENT	2025 VALUE	FORECAST VALUE	CAGR	SOURCE AND HORIZON
EDC systems market	$1.92 billion	$6.42 billion by 2035	12.83%	Precedence Research, 2026-2035 (Source: precedenceresearch.com)
eClinical solutions market (EDC, eTMF, eCOA, RTSM)	$12.82 billion	$27.14 billion by 2035	7.79%	Precedence Research, forecast period (Source: precedenceresearch.com)
CTMS market	$2.35 billion	$5.02 billion by 2031	13.62%	Mordor Intelligence, 2026-2031 (Source: mordorintelligence.com)

The CTMS market's faster CAGR (13.62%) relative to the broader eClinical category (7.79%) is consistent with what the vendor comparison above shows: CTMS is the category where enterprise platforms, cloud migration, and academic-specialist competition (Advarra's OnCore) are all expanding simultaneously, while the more mature EDC category grows more slowly in aggregate even as it remains the largest single eClinical sub-segment by 2025 revenue share.

Regulatory infrastructure underpins all of this spend. FDA's Part 11 guidance defines the "predicate rules" that determine when electronic records and signatures requirements apply, commits the agency to "narrowly interpret the scope of part 11," treats systems "operational before August 20, 1997, the effective date of part 11" as legacy systems eligible for special handling, and states FDA will "exercise enforcement discretion regarding specific part 11 requirements related to computer-generated, time-stamped audit trails" under defined conditions (Source: fda.gov) (Source: fda.gov) (Source: fda.gov) (Source: fda.gov). In the European Union, ICH E6(R3) Good Clinical Practice "has been effective in the EU since 23 July 2025," and the European Medicines Agency's GCP Inspectors Working Group has adopted a dedicated "Guideline on computerised systems and electronic data in clinical trials," tracked as EMA/INS/GCP/112288/2023, first published March 10, 2023, which directly governs how CTMS, EDC, and eTMF systems must be validated and audited during EU inspections (Source: ema.europa.eu) (Source: ema.europa.eu). On the economics side, Tufts CSDD's August 2024 white paper found that "the mean direct cost to conduct a clinical trial per day is approximately $40,000," rising to $55,716 per day for Phase III studies specifically, and separately calculated that "a single day of delay is worth approximately $800,000 in lost prescription" revenue at launch, a figure the same paper notes has replaced a long-cited but "gross misestimation" of $4 to 5 million per day that had persisted "for more than 25 years" (Source: csdd.tufts.edu) (Source: csdd.tufts.edu) (Source: csdd.tufts.edu). Separately, Medable cites Tufts CSDD research finding decentralized trials "can achieve net financial benefits from five to 13 times" their cost, a range that helps explain why sponsors continue investing in EDC, eConsent, and RTSM technology built specifically for decentralized and hybrid trial designs even as per-day trial costs remain high (Source: medable.com).

Case Studies and Real-World Examples

Dassault Systèmes Completes the Medidata Acquisition

Dassault Systèmes announced completing its acquisition of Medidata Solutions, stating at close that it "announced the completion of its acquisition of Medidata Solutions, Inc.," with Dassault Systèmes CEO Bernard Charlès describing that "Medidata will be a core brand in our information intelligence domain" going forward (Source: investor.3ds.com) (Source: investor.3ds.com). Nearly seven years later, in July 2026, Dassault extended that strategy by agreeing to acquire ArisGlobal for approximately $1.8 billion, explicitly to link Medidata's clinical trial data with ArisGlobal's regulated safety and quality operations, illustrating how platform consolidation in this market continues well past the original deal (Source: 3ds.com).

The ADAPTABLE Megatrial on Medidata's Platform

Medidata describes its collaboration with the Duke Clinical Research Institute on the ADAPTABLE aspirin-dosing study as "the largest fully decentralized clinical trial" run on its platform, enrolling more than 15,000 patients who self-reported outcomes and, in many cases, self-managed dosing using eConsent and eSource tools. ADAPTABLE co-principal investigator Dr. Schuyler Jones is quoted crediting the study's design with lasting influence, noting that "its many lessons learned have had an impact on decentralized trial design" for subsequent studies (Source: medidata.com) (Source: medidata.com). The same Medidata case study collection describes medical device maker Boston Scientific adopting Medidata's eConsent platform because its capabilities "were an ideal match to meet Boston Scientific's speedy rollout" needs, and describes Merck (MSD) adopting Medidata eCOA specifically because it "is built on Rave, eliminating the time and cost of merging disparate data sets" across therapeutic areas (Source: medidata.com) (Source: medidata.com).

eCOA Data Integrity and Audit Trails

In a warning letter dated December 3, 2024, FDA found that a third-party vendor supporting Applied Therapeutics' pivotal galactosemia trial (AT-007-1002, govorestat) "deleted electronic data in Q-global, including associated audit trails" for outcome-assessment records covering all 47 trial subjects, an action that occurred "two days after FDA preannounced its inspection of one of the clinical sites" (Source: fda.gov) (Source: fda.gov). FDA separately found the sponsor failed to disclose a dosing error affecting at least 19 subjects, and concluded the combination of issues raised "significant concerns about the validity, reliability, and integrity of the data" supporting the trial's efficacy endpoints (Source: fda.gov).

EDC Record Retention and System Continuity

A second, separate March 25, 2025 FDA warning letter to sponsor-investigator Amy Lightner, MD, illustrates a different EDC risk: record retrievability after a vendor exits the market. FDA found that the industry partner supplying the investigational product had "closed its Electronic Data Capture (EDC) system," and that files subsequently produced from the shuttered system "lacked source data on AEs [adverse events]," undermining the sponsor's ability to demonstrate an adequate corrective action plan during inspection (Source: fda.gov) (Source: fda.gov). Together, these two 2024-2025 warning letters demonstrate that clinical trial software risk is not confined to which vendor a sponsor chooses, but extends to contractual guarantees around data retention, audit trail preservation, and vendor continuity long after a study database has locked.

CRO Consolidation Around Unified Platforms

Contract research organization Atlantic Research Group (ARG) replaced its home-built CTMS, TrialVista, with Veeva CTMS and Vault eTMF, telling Veeva it wanted to "keep our IT team small, nimble, and focused on clinical research processes" rather than maintain proprietary software, and reported that integrating its EDC and safety database with the Veeva Clinical Platform gave it "the visibility we need to monitor trial progress and course correct" in real time (Source: veeva.com) (Source: veeva.com). In a related industry shift, decentralized-trial network Science 37 partnered with Signant Health in October 2020 to combine Science 37's remote-trial infrastructure with Signant's eCOA and RTSM technology for central nervous system (CNS) studies, with the partnership framed around the observation that "out of necessity, our industry has accelerated the pathway to digitally enabled clinical trials" (Source: prnewswire.com).

Implications and Future Directions

Three trends are likely to shape clinical trial software procurement through 2027. First, platform consolidation will continue: Dassault Systèmes' 2026 agreement to acquire ArisGlobal for approximately $1.8 billion shows that even the largest players are still assembling adjacent capabilities (in this case, regulatory and safety compliance) rather than treating their existing clinical suite as complete, and sponsors should expect further eTMF, eConsent, and payments consolidation among mid-tier vendors like Signant Health, Clinical Ink, and the newly merged Suvoda-Greenphire entity (Source: 3ds.com). Second, cloud Software-as-a-Service delivery is displacing on-premises and legacy CTMS deployments faster than the category as a whole is growing, with cloud SaaS CTMS adoption forecast at a 17.48% compound annual growth rate against 13.62% for the category overall, a gap that should push holdouts still running legacy systems like Oracle's Siebel CTMS toward cloud-native alternatives over the next several years. Third, the two 2024-2025 FDA warning letters documented in this report suggest regulators are paying closer attention to electronic-record integrity specifically, not just to whether a sponsor used validated software, meaning vendor contracts increasingly need explicit terms covering data retention, audit trail preservation, and continuity obligations if a vendor is acquired, merges, or exits the market, exactly the scenario that undermined the Amy Lightner, MD trial's records (Source: fda.gov).

Artificial intelligence is also becoming a differentiator inside existing platforms rather than a separate purchase. Medidata states its AI has been "scaled across the platform for over 500 clinical studies" over the past decade, including "more than 120 AI-supported studies starting in 2025" alone, while IQVIA's Intelligent eTMF markets AI-driven document classification at "99% Accuracy" and "50% Faster" processing on supported document types, both signaling that AI-assisted study build, monitoring, and document classification are moving from pilot projects to default features (Source: medidata.com) (Source: iqvia.com). For consultancies and system integrators that sit adjacent to this market, including firms like IntuitionLabs that specialize in configuring and extending the Veeva ecosystem rather than selling a competing CTMS or EDC product, the practical implication is that sponsor demand is shifting from basic platform implementation toward integration work: connecting CTMS, EDC, eTMF, and safety systems, building custom analytics on top of vendor platforms, and ensuring AI features are deployed in a way that satisfies FDA and EMA computerized-systems guidance. IntuitionLabs self-describes its services as Veeva-focused implementation, customization, and extensions; this is a promotional disclosure rather than independent evidence of capability or compliance (Source: intuitionlabs.ai) (Source: intuitionlabs.ai).

Frequently Asked Questions (FAQs)

What is the difference between CTMS, EDC, and eTMF? A CTMS tracks study-level operations such as site monitoring, milestones, and budgets; EDC is the system investigators use to enter patient-level trial data; and an eTMF is the regulated document repository proving the trial was run according to protocol and Good Clinical Practice. Veeva and Medidata both sell all three as connected modules on one platform, while Advarra's OnCore is CTMS-only, REDCap is EDC-only, and Castor offers EDC, eConsent, and eCOA modules among the vendors profiled here (Source: veeva.com).

How much does clinical trial software cost in 2026? Almost none of the vendors covered in this report publish list prices. Enterprise platforms like Veeva, Medidata, Oracle, and IQVIA negotiate custom contracts scoped to modules, trial volume, or broader services agreements, Advarra's OnCore fee is likewise module and protocol-volume based rather than fixed, and academic-focused platforms offer the most predictable low-cost or no-cost options, with REDCap free to non-profit consortium members and Castor offering discounted access through its Impact Program.

What is eConsent software and is it FDA-compliant? eConsent software digitizes the informed consent process for research participants, often adding multimedia and comprehension checks. FDA and HHS jointly issued guidance, prepared by "the Department of Health and Human Services (HHS) Office for Human Research Protections (OHRP) and the Food and Drug Administration (FDA)," specifically covering electronic informed consent for both HHS-regulated and FDA-regulated clinical investigations, and vendors like Clinical Ink design their eConsent products to comply directly with FDA 21 CFR Part 11 (Source: fda.gov) (Source: clinicalink.com).

Which is the best CTMS software in 2026? There is no single best CTMS; the right choice depends on trial portfolio, buyer type, integration requirements, and implementation capacity. Veeva Vault CTMS and Medidata's CTMS module are options for large biopharma sponsors seeking connected CTMS, EDC, and eTMF modules. Advarra positions OnCore for academic medical centers and cancer centers; buyers should validate workflow fit, support, integration needs, and total cost for their own program.

What is RTSM and how does it relate to CTMS and EDC? RTSM (randomization and trial supply management), also called IRT, assigns patients to treatment arms and manages investigational product inventory. It is typically sold as a companion module to EDC and CTMS rather than standalone; Oracle Clinical One bundles an RTSM module that helps sponsors "coordinate patient assignment, inventory, and distribution on a unified platform," and Medidata and Signant Health both offer native RTSM modules alongside their EDC and eCOA products (Source: oracle.com).

Do sponsors need separate eTMF software if they use a CTMS? Not necessarily. Veeva and Medidata both include eTMF as a natively connected module within their broader clinical platform, so customers of either need not purchase separate eTMF software. Sponsors using a CTMS-only platform like Advarra's OnCore, however, typically pair it with a dedicated eTMF vendor such as Florence Healthcare, whose eTMF product is built specifically to integrate with the more than 10,000 site-level eISFs already running on Florence eBinders, a fact established earlier in this report's Specialist and Academic-Focused Platforms section.

Conclusion

Clinical trial software in 2026 is best understood as three tiers rather than one homogeneous market: unified platform leaders (Veeva and Medidata) that bundle CTMS, EDC, and eTMF for large biopharma sponsors and CROs; enterprise-bundled incumbents (Oracle Health Sciences and IQVIA Technologies) that sell technology as part of much larger cloud or services relationships; and a set of specialists that either serve academic and cost-sensitive buyers (Castor, Advarra's OnCore, Florence Healthcare, REDCap) or concentrate on a single patient-facing or financial workflow (Signant Health, Clinical Ink, DocuSign, and Greenphire on the Suvoda Platform). None of these categories is disappearing: independent market research projects continued double-digit growth in EDC, eClinical, and CTMS spending through the early 2030s, and platform consolidation, most visibly Dassault Systèmes' 2026 agreement to acquire ArisGlobal and the 2025 Greenphire-Suvoda merger, shows vendors still racing to close capability gaps rather than treating the market as settled.

The clearest lesson from this report's case studies is that vendor selection is only half the risk equation. The two FDA warning letters examined here, involving deleted eCOA audit trails at Applied Therapeutics and an EDC system that closed mid-retention-period in the Amy Lightner, MD trial, both stemmed from data governance and vendor-continuity failures rather than a defect in any specific software product. Sponsors evaluating CTMS, EDC, eTMF, eConsent, or payments vendors in 2026 should weigh not only feature coverage and pricing model, none of which is published as a fixed list price by any major vendor profiled here, but also contractual guarantees around data retention, audit trail integrity, and system continuity that determine whether a trial's records remain defensible years after database lock.

References

- Veeva Systems, fourth quarter and fiscal year 2026 results, https://www.veeva.com/resources/veeva-announces-fourth-quarter-and-fiscal-year-2026-results/
- Medidata, "A Decade of AI Leadership to 500 Clinical Studies and Growing," https://www.medidata.com/en/about-us/news-and-press/medidata-delivers-a-decade-of-ai-leadership-to-500-clinical-studies-and-growing/
- Dassault Systèmes, Q4 and FY2025 results, https://investor.3ds.com/news-releases/news-release-details/dassault-systemes-q4-revenue-growth-1-solid-operating-margin-and
- Dassault Systèmes, agreement to acquire ArisGlobal, https://www.3ds.com/newsroom/press-releases/dassault-systemes-acquire-arisglobal-creating-unified-ai-intelligence-platform-life-sciences-industry-connecting-molecule-patient-and-real-world-outcomes
- Oracle Health Sciences, Clinical Trial Data Collection, https://www.oracle.com/ca-en/life-sciences/clinical-trial-data-collection/
- IQVIA, Intelligent eTMF, https://www.iqvia.com/solutions/technologies/site-suite/etmf/intelligent-etmf
- IQVIA, fourth quarter and full year 2025 results, https://ir.iqvia.com/press-releases/press-release-details/2026/IQVIA-Reports-Fourth-Quarter-and-Full-Year-2025-Results-Issues-Full-Year-2026-Guidance/default.aspx

- Castor, About Castor, https://www.castoredc.com/about-castor/
- Advarra, OnCore CTMS, https://www.advarra.com/solutions/sites/ctms/oncore/
- Florence Healthcare, eRegulatory pillar page, https://www.florencehc.com/pillar-page-eregulatory/
- REDCap Consortium, https://project-redcap.org/
- Signant Health, https://www.signanthealth.com/
- Clinical Ink, eConsent, https://www.clinicalink.com/technology/econsent/
- Suvoda, Greenphire brand integration, https://www.suvoda.com/insights/all-news/suvoda-and-greenphire-complete-brand-integration
- FDA, Use of Electronic Informed Consent guidance, https://www.fda.gov/regulatory-information/search-fda-guidance-documents/use-electronic-informed-consent-clinical-investigations-questions-and-answers
- FDA, Part 11 Electronic Records, Electronic Signatures Scope and Application guidance, https://www.fda.gov/regulatory-information/search-fda-guidance-documents/part-11-electronic-records-electronic-signatures-scope-and-application
- FDA, Electronic Source Data in Clinical Investigations guidance, https://www.fda.gov/regulatory-information/search-fda-guidance-documents/electronic-source-data-clinical-investigations
- FDA, Warning Letter, Applied Therapeutics Inc., https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/applied-therapeutics-inc-696833-12032024
- FDA, Warning Letter, Amy Lightner, MD, https://www.fda.gov/inspections-compliance-enforcement-and-criminal-investigations/warning-letters/amy-lightner-md-682593-03252025
- EMA, GCP Inspectors Working Group, https://www.ema.europa.eu/en/human-regulatory-overview/research-development/compliance-research-development/good-clinical-practice/good-clinical-practice-inspectors-working-group
- Precedence Research, EDC Systems Market, https://www.precedenceresearch.com/electronic-data-capture-systems-market
- Precedence Research, eClinical Solutions Market, https://www.precedenceresearch.com/eclinical-solutions-market
- Mordor Intelligence, Global Clinical Trial Management System Industry, https://www.mordorintelligence.com/industry-reports/global-clinical-trial-management-system-industry
- Tufts CSDD, Day of Delay White Paper, August 2024, https://csdd.tufts.edu/sites/default/files/2025-02/Aug2024%20Day%20of%20Delay%20White%20Paper%20Final.pdf

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Tags: clinical trial software, ctms, edc, econsent, etmf, ecoa, clinical trial management system, eclinical software, veeva, medidata

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