EPTRI

European Paediatric Translational Research Infrastructure

Optimizing Paediatric Clinical Trials:

Leveraging Milo AI for Efficient Recruitment and Data Management

MILO Healthcare

EPTRI General Assembly and Scientific Meeting 2025 – Bologna – 15/03/2025

Clinical trials are inefficient, costly, and lack real-time insight

50 B$

Spent annually

80%

Trials experience delays due Difficult to patient recruitment.

30%

Clinical trial costs are high due to manual processes, slow patient recruitment and error-prone data entry.

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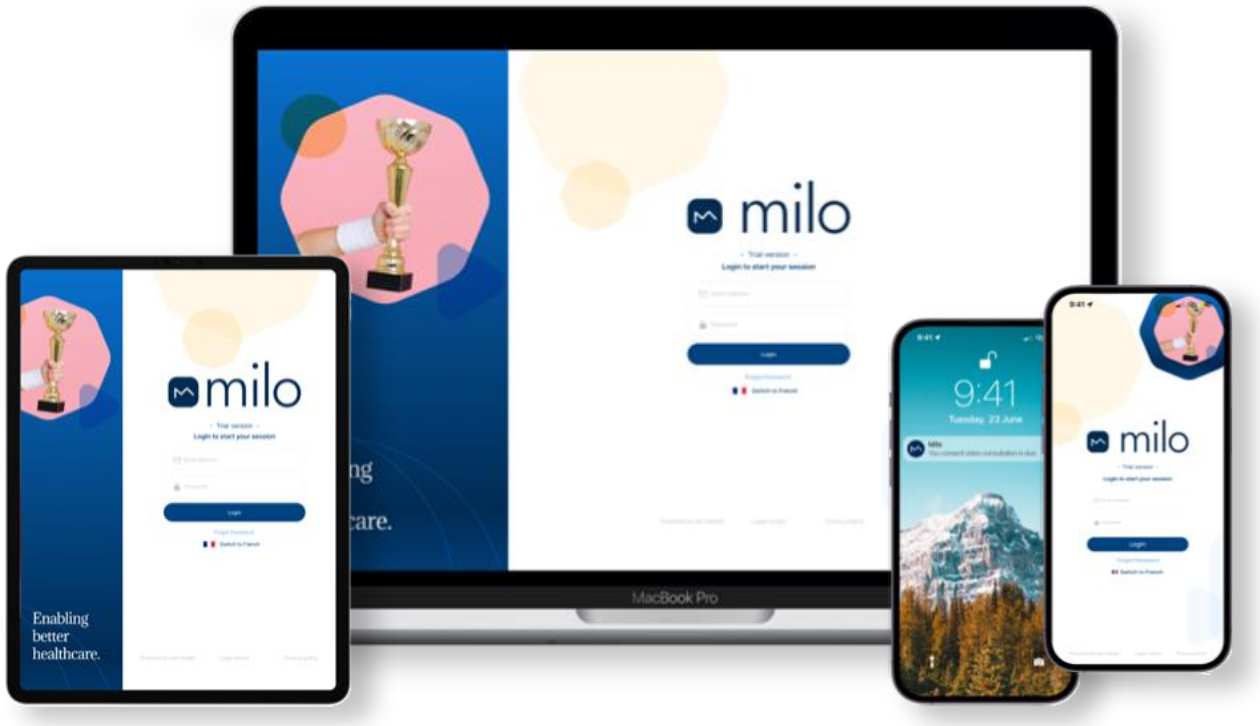
Electronic clinical data capture powered with GenAI



Capabilities of the platform

- Vision
- Listening
- Reasoning
- Taking actions

What does Milo do?

No integration to EMR required

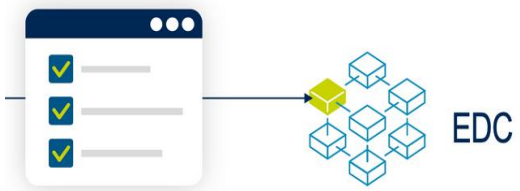
Set-up requires 1h training

Multi-language

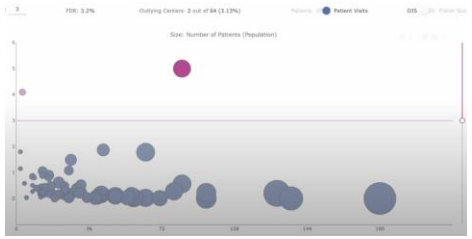
100% fast scalable

Find and Match patient to relevant trials automatically
+
Prevent risk of drop-out

Push audio data into EDC



Push textual EMR data into EDC



Detect abnormal patterns and signal RBQM

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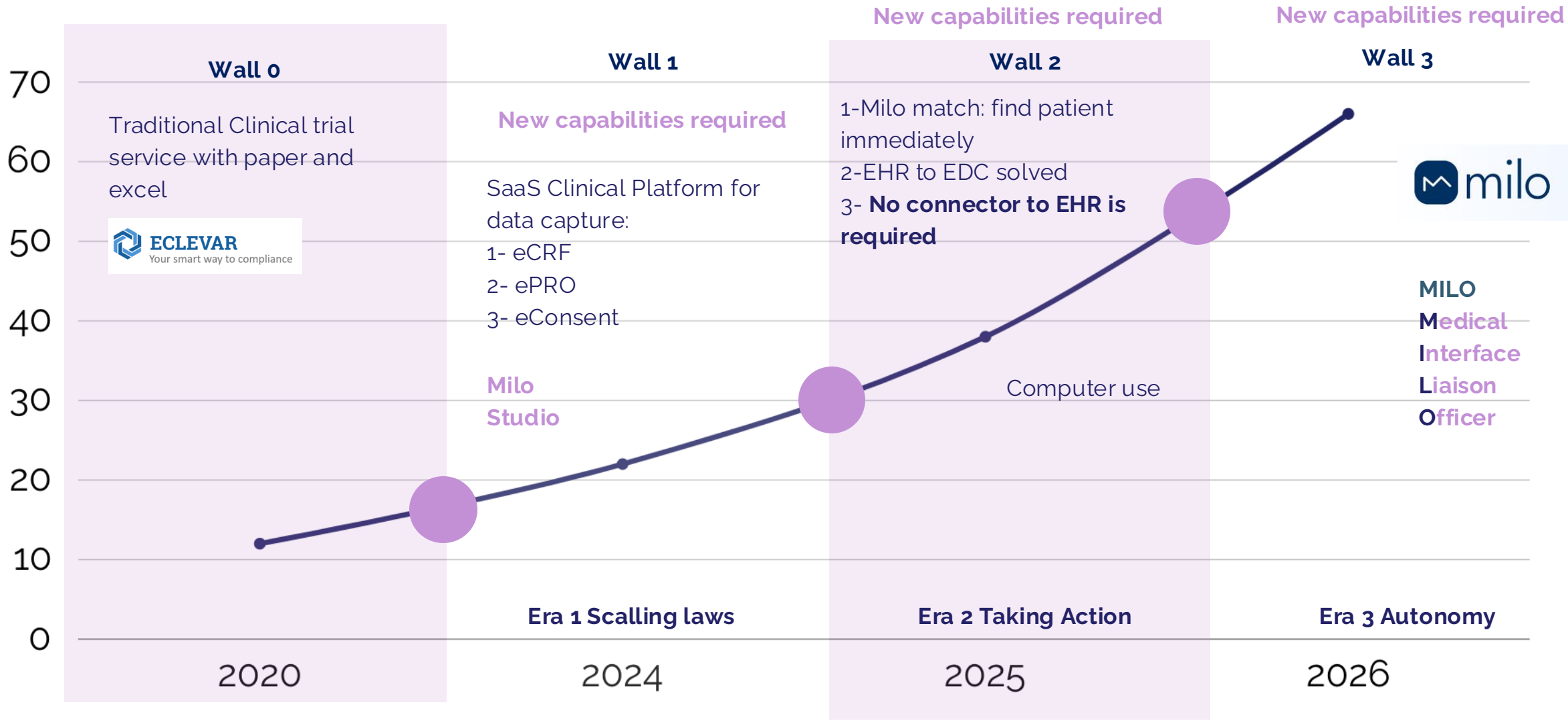
Technological evolution of MILO



Key differentiation current AI models

Features	Milo	Chatgbt 4o	Claude 3	Llama 3.3
MILO scribe	**95%**	66%	68%	54%
Milo match	**85%**	68%	71%	60%
MILO vision	**75%**	21%	25%	15%

Ongoing European clinical trials that demonstrate ROI in real life

Name of Hospitals	Country	Name of investigator	Trial Name	Comparative	N° of patients
CHU Montpellier	France	Prof. Luc Teot	Evidence I	Yes	100
Clinique Clémentville	France	Prof. Cristian Villanueva	Evidence II	Yes	400
CHU ROCHELLE	France	Dr Trijolet	Pilot	No	30
CHU Bordeaux	France	Dr Stéphanie BUI	Pilot	No	30
Alder Hey	UK	Dr Laura Thursfield	EVIDENCE III	Yes	100
Birmingham Children's Hospital	UK	Dr Priti Kenia	EVIDENCE III	Yes	100
Great Ormond Street Hospital	UK		EVIDENCE III	Yes	100
NA	Germany	Prof Axel Schulz	Pilot	No	100

Current product and current pricing

Human

Manually enters data from EMR and patient-doctor interaction into eCRF

+

Onsite monitoring for data error resolutions

+

Manually identify ptients using EMR

=

5000€ / patient

miloCONNECT

Pushes the data into the EDC automatically

+

Flags inconsistencies

+

Milo is the support for data source and monitoring can be done remotely

+

Automatically pre-screen patients during consultations.

=

500€ / patient

ROI

It takes 30 minutes for a professional to read 1 electronic patient record.

Validated via clinical trials in 200 patients

Human

Time per file: **30 min**

Total reading time:

20.8 days

milo

Time per file: **0.5 sec**

Total reading time:

8.3 min

Per 1000 patients

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Introduction

Study Type: Prospective, open-label, randomized, multicentric, parallel-arm longitudinal study over 4 weeks.

Sponsor: Unither Pharma

Objectives:

•**Primary** Evaluate the performance and safety of hypertonic inhalation (3%, 6%, 7% sodium chloride) in infants, children, and adults with cystic fibrosis (CF) or non-CF bronchiectasis (NCFB).

•**Secondary** : Evaluate the time saved using EDC Milo thanks to automatic health data collection

Expected results

Population

360 patients in France and UK.

Technology Used

Milo's EDC system for EHR-to-EDC integration and audio processing

Randomization

Patients assigned to one of three concentration groups after a 2-week run-in period.

Intervention

Twice-daily nebulization.

Primary: Change in lung clearance index (LCI) from baseline to week 4, measured via N2 Multiple Breath Washout.

Secondary: Time saved by the medical team with MILO VS without Milo:

- Patient recruitment
- Medical data collection
- eCRF completion

Methodology

Population

360 patients in France and UK.

Technology Used

Milo's EDC system for EHR-to-EDC integration and audio processing

Randomization

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Intervention

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