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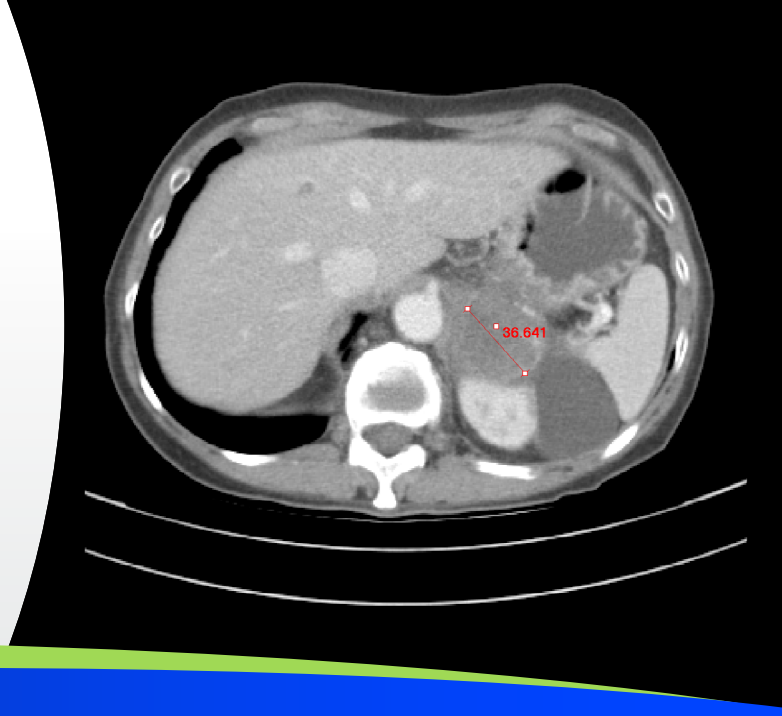
The Faster Path for RECIST 1.1 Start-up



RECIST 1.1 underpins the vast majority of solid tumor trials, yet significant time is spent building study charters, as well as configuring and validating read workflows. This study-specific custom setup adds time and complexity without improving scientific outcomes, slowing study momentum.

Perceptive Imaging's core RECIST 1.1 solution applies the criteria exactly as written, using pre-validated medical logic and standardized, production-ready workflows. This enables trials to be 'read-ready' in days instead of the typical weeks required for custom configuration.

Be 'read-ready' in days

Speed

Faster setup because foundational work isn't repeated — so you can get your study up and running sooner.

Defined scope

Once charter is finalized, a ready-to-use setup model establishes scope up front, eliminating rework and reducing timeline delays.

Portfolio consistency

Consistent logic supports enterprise-wide consistency for multi study and multi indication oncology portfolios.

Standard when it fits. Custom when it's needed.

Most trials fit a standardized RECIST 1.1 approach, with custom options available when protocols require flexibility. The table below compares both models across startup, logic, workflows, and validation.

	CORE RECIST 1.1	CUSTOM RECIST 1.1
STUDY STARTUP TIMELINE*	2-3 Days	Up to 6-8 Weeks
LOGIC APPROACH	RECIST 1.1 implemented as published	Code-based customization
LESION & PROGRESSION FRAMEWORK	Standard lesion selection and progression definitions	Customized lesion rules and progression criteria
WORKFLOW DESIGN	Standardized, pre-configured workflows	Study-specific, designed workflows and checks
VALIDATION APPROACH	Pre-validated framework, ready for configuration	Study-specific validation activities
STUDY SETUP MODEL	Configuration-based deployment	Development-based setup
TIMELINE STRUCTURE	Defined scope with consistent startup timelines	Flexible scope with timelines aligned to study design

*After charter completion

Adoption guidance: Choosing the right RECIST approach

For most RECIST-based oncology trials, a standardized approach is an effective starting point. Custom RECIST configurations are available when studies require intentional modifications of standard RECIST logic or endpoints. The guidance below highlights when each approach is typically the best fit:

When standard is ideal:

- RECIST 1.1 applied as published
- Early-phase studies needing rapid startup
- Programs with multiple studies where consistency matters

When custom is recommended:

- Modifications to progression rules
- Additional or alternative endpoints (e.g., irRECIST, PCWG3/4 hybrids, RANO-BM, mRECIST)
- Novel therapeutic mechanisms needing special logic
- Protocol-driven requirements for bespoke workflows or read paths

Accelerate your oncology trials with Perceptive Imaging

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