[WHYZE] health

Better patient outcomes, *built on evidence.*

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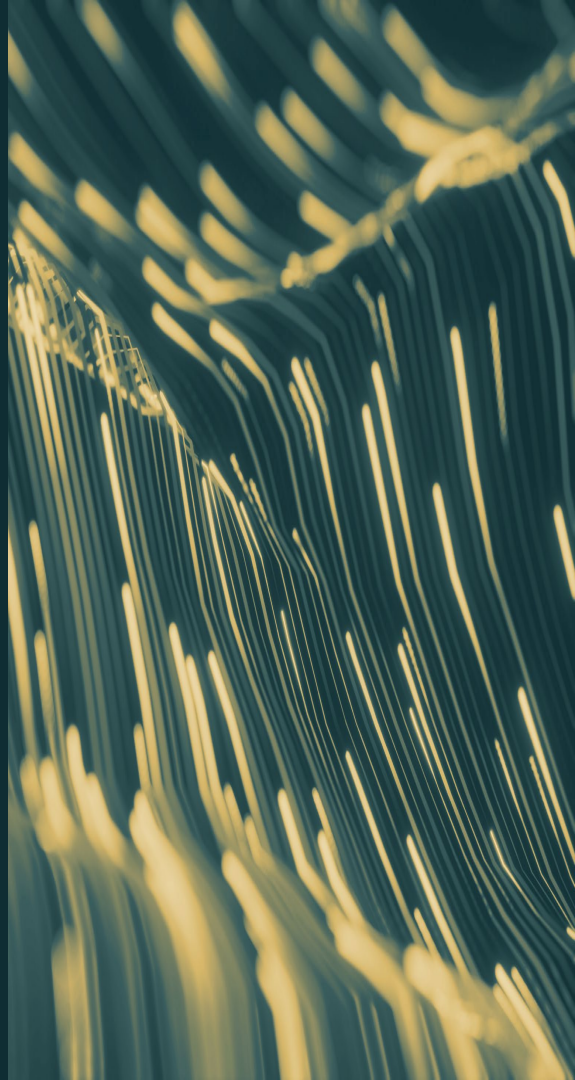

The value of *Real World Evidence*

Going beyond the trial and revealing what happens in clinical practice, Real-World Evidence is becoming a strategic asset to inform decisions, not just a data source

REGULATORY	SAFETY	DRUG DEVELOPMENT
CLINICAL GUIDELINES	PUBLIC HEALTH	COVERAGE

[GLOBAL LIFE SCIENCES]

The Strength of RWE is its realism; its Challenge is its lack of experimental control

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Most Real World Data, *is inherited*.

Global life sciences decisions are too often made against evidence that was *not designed to inform them*.

The right answer may exist, but the evidence hasn't been *uncovered*.

Common datasets are shaped by what platforms cover, the questions others asked first, and the signals they were built to collect —limiting decision confidence.

CONSTRAINT · 01

Evidence strategy is limited to what datasets contain - not the question being asked.

CONSTRAINT · 02

Patients' data is fragmented by default.

CONSTRAINT · 03

Static inheritance: Evidence arrives as a fixed artefact.

CONSTRAINT · 04

The signals that often hold the answer sit outside the standard real-world datasets.

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WHYZE Real World Data, *is designed*

A data ecosystem purposely built around a relevant decision
and the signals it depends on.

Designed from every signal.

The platform ingests any and all available data - *no matter how fragmented, irrespective of where it lives*.

Claims, EHR, labs, pharmacy
core clinical & reimbursement

Imaging, genomics, registries
specialist & diagnostic

PROs, wearables, connected devices
patient-generated signal

Epidemiological & population data
context beyond the individual

Systems, process & intervention data
how care is actually delivered

Designed around the patient.

That comprehensive dataset is then assembled around individual patient journeys, *anchored on the patient as the unit of truth* .

AI-driven entity resolution
disparate records reconciled per patient

First-symptom to long-term outcome
a continuous timeline, not a window

Cross-system identity matching
primary, secondary, specialist, self-reported

Experience & outcome attribution
treatment, adherence, response, sequelae

Patient-led consent throughout
control retained at the individual level

Designed to answer a question.

A live ecosystem giving life -science teams continuous access to near -live signal, curated over time, so *the evidence keeps pace with the decisions they're making*

Continuous, governed access
no thaw-and-refresh cycle

Near-live signal across sources
refreshed as the world moves

Strategic curation over time
the dataset evolves with the question

Lifecycle-aware partnership
a team, not a transaction

R&D, regulatory & commercial in step
one shared evidence artefact

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