



Interview with Pablo Graiver, CEO of TrialReach
by Pascal Lardier, International Director at [Health 2.0](#)
for the [EU funded GET Project](#).

*TrialReach recently raised \$13,5M in series B funding.
Pablo says: "Think big: scalability is key. Forget about dry slides,
tell a story. And be prepared: this is a marathon!"*

Pascal Lardier: First, congratulations on this new round!

Pablo Graiver: Thank you! Our last round was closed in April or March of 2013.

PL: Well, things are accelerating, then. Can you start by describing your solution and your market?

PG: Sure. What we are doing is building a marketplace that helps connect all the stakeholders in the clinical trial space in order to make it more efficient, accelerate it, and reduce the costs involved in running those trials. This marketplace essentially is designed to connect the pharmaceutical companies and their researchers carrying out the clinical studies, with the patients that could potentially benefit from the development of new treatments.

What's different about us is that we took an approach that is very focused on patients. Most of the things that have been done in the space have been focused on helping specific pharmaceutical companies find patients for a specific trial - things that do not scale. What we built is a solution that helps patients find the right trial for them. By definition, the platform we're building is highly scalable. Most of what we do is open. Most of what we do is free. It's all about sharing and providing information to all those stakeholders.

Clinical trial, as you know, is one of the most delicate parts or aspects of the pharma industry and their research in general. Ninety percent of clinical trials cannot complete on time because they don't have the patients to do that. In the U.S., 50% of cancer research, for example cancer trials, are not considered valid not because of the science but just because

not enough patients took part in the study. So it's a real tragedy from a resources point of view, from a patients' point of view, and also from an opportunity to make an impact in healthcare going forward.

PL: So you're focusing on helping patients find the right trials. Do pharma companies pay to post clinical trials on your site?

PG: No, they don't pay to post clinical trials on our site. In fact, we have a tool that is completely free and designed so that pharma companies can post, edit, improve the information about their studies that is already available somewhere else. We do not charge anything to post trials, to help them even provide better information for trials. We do get paid by some organizations in case they want us to help connect patients to their specific studies.

But we are putting some aspects above everything else. Number one: it's always the patient who has to require to be connected to a study. We only connect the patient if they are saying, "We want to be part of the study." And if we get paid for that, that's great. But we will connect you regardless if we get paid or not. That's how the business model works.

By the end of this year, we're going to be changing or let's say enriching our business model with data products. We are going to be changing the way that we allow patients to search for trials. That is going to give us much more granular information, and that is something that we're going to be deploying on a subscription basis.

PL: What do you think made the difference in your discussions with investors?

PG: I think what made the difference is, number one, our experience and our track record in showing that we managed to accomplish things in a very difficult but at the same time very exciting and big market. Investors always look for big opportunities. And if there is a big problem to solve and a big enough market, then what they want to see is somebody who comes with a solution that can approach that problem at scale and a team that has a track record that they can believe will deliver. That's essentially their view.

We're fortunately in a very big and very important market. We have a solution that is, at the core, scalable. And I think the final point that made the difference in our case was that they saw that the team, not just because of our past or track records and our CV's or whatever, but also because we managed in the last few years to accomplish real things. It's not the same thing to post a seed round then an A round and then not a B round. When you close the B round, like we did in this case, people want to see actual delivery and what you actually did with the

previous investments. I think that's what made the difference in our case.

PL: Can you say a few words about how many investors you have approached for your two rounds? Did you find that they knew enough about digital health to properly gauge your solution? And did you notice an evolution between your series A and your series B?

PG: Just to clarify, this is our third round. We did a seed round of \$1.25 million in 2011. The second round was for \$3 million in 2013. And now, this one is for \$13.5 million.

How many investors did we approach in the three combined rounds? Well, let's say there were a lot, dozens of them. In some cases, they approached us. Especially for this last round, several investors approached us both from Europe and the U.S. I think what's happening is that more people are starting to understand what the opportunities and the potentials are - of clinical trials in particular and digital health in general. Digital health is exploding in terms of funding especially in the United States where some companies are starting to reach serious revenue and serious traction numbers. Some even are preparing for IPO. I think there is a lot of interest in this space.

That's something we have seen, the evolution, trying to answer the second part of your question. In the beginning, in 2010 and 2011 when we started talking to investors, nobody understood what we were trying to do; very, very few people. And the ones who actually decided to invest, I think it was more because of just a very broad understanding of what the problem was and the potential, but it wasn't really about understanding the ins and outs and the little details of what we're doing.

Today, I think the situation is different. You have many more investors aware of the problem, understanding what a good solution could be like, understanding what the market looks like and who the players are, who the clients are and so on. And so, that's one of the reasons why I think some of these companies approached us as well.

PL: You said the investment came from both the U.S. and Europe, or at least the interest in investing came from both regions. Do you have the impression that Europe is catching up with the U.S. and becoming a friendlier environment for investments in digital health?

PG: No, I don't think so. I think that some investors are interested but they represent a minority compared to the U.S. They are also, I think, much less educated in this sector than they are over there. European investors are accelerating and learning more, but so are their colleagues in the States.

We are still a little shy in Europe compared to the U.S. But there are some market challenges as well so I don't blame only the investor community. Often digital health startups lack a plan for scalability and don't pay enough attention to what their business should be like.

If I were an investor in digital health here in Europe, I would also struggle to find companies that are doing something interesting and something that can scale. That's one of the challenges. And I think that's one of the reasons why, as I said before, we've attracted more attention. It's the idea that we're doing something interesting, but more importantly scalable. I think that's where European startups are failing.

So obviously, that has to do a little bit with the situation of the market itself, different countries and different languages. In some cases, even different regulations and so on. But still, I think that for European investments, it's both. You need more entrepreneurs thinking bigger scale.

PL: You said you approached and were approached by dozens of investors. While fine-tuning your pitch, what were your key lessons learned?

PG: Well, I'll tell you a story. We started with a normal pitch. And as I said, we've raised money before and I've personally raised money in other companies as well. But I was very, very fortunate to have the advice of somebody that is amazing. She has just joined our advisory board. And she's actually a partner, or has just stepped down as being a partner with one of the most important venture capital funds in Silicon Valley. She was there for 10 years as a general partner.

She gave me some really good advice. I went back to my deck. It took 24 hours to completely redo it. I showed it back to her again and she said it was one of the best decks she had ever seen. So what helped me? She helped me. And I'm very lucky to count her now as an advisor in our advisory board.

The key lesson is that you need to tell a story. Forget about dry slides that are just getting into details that nobody will remember. You need to tell the story first. Why this is important, what is your solution doing about it, what is the core thing that is great about your solution, and why do you think you are the one who can do it?

And the second thing, if anything, is be realistic. I sometimes try to give advice to other startups that show me their investment decks. I tell them: if I were an investor, I would see through what you're saying and I would see where the reality is and where you're just selling me smoke and mirrors. And if I can see that, they can see that too, even beyond that.

So be realistic. Don't be afraid to point out if you're in an early stage or that what it is that you need in order to grow. I think that's one of the key turn-offs for some investors, is when they see that you're not realistic.

PL: Any other advice you would give to health startups looking for funding, especially in Europe?

PG: The number-one thing, as I said, is to think big. Think scalability because that's what really attracts investments. Then be realistic with your projections, about the market. Tell a story. Don't get too bogged down into the nitty-gritty details of the technology or financial projections, just tell the story. Another important thing: do your research and prepare for a lot of very, very intense work. Not all investors are going to be interested in what you do, and if you haven't done your research, it would be really bad. You'd have no chances of getting funding, and worse, the company that you're approaching may even think you're wasting their time.

The final thing is: this is a marathon. It's a very long run. It's also a very small market. So even if you go and meet somebody and they decide not to invest, always be polite, be nice, be professional. Because you will come across again with somebody from that company or they will talk about you to other companies, and you won't believe how gossipy it all is. So be nice.

PL: You've mentioned scalability twice already. Do you think this is the one thing that investors are focusing on? Is this the one thing that a lot of the health entrepreneurs are lacking?

PG: Yes. Between scalability and a sense of reality, I would say that those two are by far the biggest problems that European startups have and what they need to focus on.

PL: You've presented several times at Health 2.0 in Europe and also in the U.S. Did you think it actually gave you some visibility and made a difference?

PG: I think so. I remember the first time: it was amazing for us to be included in the event in 2009 in San Francisco when we were just getting started. And also in 2011 just at the same time we were going to be announcing our first round of funding. I think it was a good venue to meet other companies and to tell them about us and what we are doing. Yeah, I would definitely think that it contributed to our growth.

PL: All right. Well, if there's nothing else you'd like to add, I want to thank you for your time.

PG: And I thank you for asking me those questions. I hope it helps other companies in the space.

To see a demo of TrialReach, look for Pablo Graiver on <http://www.health2con.com/tv/>

**Looking for funding?
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This event is part of the [GET Funded service](#) of the EU-funded GET Project, designed to provide health SMEs looking for Series A or follow-up funding (typically between 0.5-2M€) with training, resources, and networking opportunities with investors at the European level.

If you are an investor and would like to receive an invitation, please get in touch with Pascal Lardier via pascal@health2con.com. If you are an SME looking for funding and would like to join the GET Funded service, please check our [investors' criteria here](#).

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