Unified clinical trial software for neurology trials

One system. One database. Eight unified modules.

oomnia unifies essential neurology trial systems into a single Clinical Research Information System (CRIS), helping teams manage complex neurological studies with faster execution, improved data visibility, and processes aligned with regulatory expectations

The neurology trials complexity challenge

High data complexity driven by multimodal assessments

Neurology trials rely on diverse data sources, including MRI, fMRI, PET, CT, and electroencephalography, creating substantial heterogeneity

Rater variability impacting clinical outcome reliability

Neurological endpoints often depend on clinician- or patient-reported scales, and inconsistencies in training, technique, and scoring across regions increase noise

Long study durations increasing data-quality risk

Progressive neurological diseases (e.g., Alzheimer's, Parkinson's, Multiple sclerosis) require long observation periods

Fragmented data across imaging, clinical, and digital systems

Neuroimaging, electrophysiology, behavioral data, and COAs typically sit in separate systems with inconsistent preprocessing, creating operational bottlenecks

Specialized review workflows adding operational burden

Multimodal neurological data, especially imaging and electrophysiology, require expert adjudication and advanced preprocessing, adding time-intensive and highly specialized review steps

The operational reality of neurology clinical trials

Optimized for CNS study workflows, supporting imaging, cognitive tests, and clinician rated assessments

Reduces operational friction across sites, CROs, and central services with a single connected workflow

Easily adapts to protocol updates through configuration rather than system rebuilds

Runs on one unified architecture, removing the slow, layered integrations common in neurology trials

MRI: Magnetic Resonance Imaging; fMRI: Functional Magnetic Resonance Imaging; PET: Positron Emission Tomography; CT: Computed Tomography; COA: Clinical Outcome Assessment; CNS: Central Nervous System; CRO: Contract Research Organization.

One platform for neurology trial execution

All study workflows, coordinated from day one

oomnia brings together eight essential tools used in neurology research into a unified clinical trial infrastructure. Once entered, data becomes instantly accessible across the full ecosystem, without manual reconciliation or duplicated processes.

EDC

Supports complex neurology study designs, including long-duration follow-up, multi-visit cognitive and motor assessments, and multi-modal data capture (clinical, imaging, and functional) with minimal disruption across sites

CTMS

Provides real-time visibility into enrollment, visit adherence, scale administration, and imaging workflow milestones across global neurology sites, ensuring consistent execution and operational oversight

RTSM

Enables stratified and biomarker-informed randomization for CNS populations, while supporting drug-supply forecasting for studies with variable visit schedules and fluctuating disease progression patterns

eConsent

Handles complex consent requirements for neurology trials, including capacity-to-consent considerations, re-consent for new assessments or imaging procedures, and genetic or biomarker testing approvals

eCOA / ePRO

Captures cognitive, motor, behavioral, and quality-of-life outcomes using validated neurological scales, enabling consistent assessments across raters and flexible remote entry where appropriate

eTMF

Maintains continually inspection-ready documentation that aligns with neurology-specific procedures such as imaging charter updates, rater certification records, and evolving CNS regulatory guidance

Patient engagement tools

Supports long-term engagement and retention in neurology studies, facilitating remote check-ins, symptom tracking, visit reminders, and caregiver involvement throughout extended trial timelines

Analytics and reporting

Combines clinical, imaging (MRI, fMRI, PET, CT), electrophysiology, laboratory, and cognitive-assessment data to support interim analyses, safety review, rater-variability monitoring, and sponsor decision-making

EDC: Electronic Data Capture; CTMS: Clinical Trial Management System; RTSM: Randomization and Trial Supply Management; eConsent: Electronic Informed Consent; eCOA/ePRO: Electronic Clinical Outcome Assessment / Electronic Patient-Reported Outcome; eTMF: Electronic Trial Master File; CNS: Central Nervous System; MRI: Magnetic Resonance Imaging; fMRI: Functional Magnetic Resonance Imaging; PET: Positron Emission Tomography; CT: Computed Tomography.

Advancing imaging-driven trials through strategic partnerships

Matthias Günther, CEO of mediri

mediri

"By partnering with Wemedoo, we're seamlessly combining our imaging analysis expertise with oomnia's powerful data infrastructure. Together, we're creating an end-to-end, scalable solution that meets the demands of modern, image-driven clinical trials."

Regulatory and data ecosystem readiness

- 21 CFR Part 11–compliant records with secure signatures and full audit trails
- CDISC-aligned structures with CDASH collection and SDTM-ready outputs
- ICH E6(R3)–aligned RBQM built directly into routine oversight
- Global regulatory support, including FDA, EMA, PMDA, and regional agencies

Measurable operational outcomes

Faster neurology study execution

Improves start-up time, streamlines complex CNS assessments, and reduces delays caused by multi-modal data workflows

Higher data quality across CNS endpoints

Integrated capture and automated checks improve consistency across imaging, cognitive scales, clinician ratings, and biomarker data

Lower burden on neurology sites and raters

A single environment replaces multiple cognitive, imaging, and reporting systems, reducing duplicate entry and rater workflow overload

Built for CNS complexity and continual change

Supports evolving neurological protocols, with updates to assessments, visit schedules, or rater procedures handled through configuration, not system rebuilds

21 CFR Part 11: Title 21 Code of Federal Regulations Part 11; CDISC: Clinical Data Interchange Standards Consortium; CDASH: Clinical Data Acquisition Standards Harmonization; SDTM: Study Data Tabulation Model; ICH E6(R3): International Council for Harmonisation Good Clinical Practice Guideline (Revision 3); RBQM: Risk-Based Quality Management; FDA: Food and Drug Administration; EMA: European Medicines Agency; PMDA: Pharmaceuticals and Medical Devices Agency; CNS: Central Nervous System.

Explore how oomnia supports neurology trials

Request a demo

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