



Spring 2024 Application

Digital Innovations in Oncology

FOR OFFLINE REFERENCE ONLY

**All applications must be submitted online at
www.pharmstars.com/apply**

Thank you for your interest in participating in PharmStars' upcoming accelerator program. When completing the application below, please do not include any confidential information, personal information about others, patient data or links to patient data in your responses.

This PDF version of the application is for your use offline only. In order to be considered, you must submit your application online at www.pharmstars.com. It is not possible to save an application online in draft form. Once submitted online, the application cannot be edited.

The application cannot be submitted until all mandatory fields, indicated with an asterisk, are filled in.

Applications must be submitted by **11:59 p.m. ET on February 1, 2024** to be considered.

Demographics

Company Name *

Company Description *

Please provide one sentence describing your company (max 200 characters).

Product Description *

Please provide one sentence describing your product (max 200 characters).

Company Website *

Company Location *

City



State / Province

Country

Your Name *

First Name

Last Name

Your Role *

Will you be one of the two participants representing your startup in the program?

☐ Yes

☐ No

Email *

Phone Number *

Please provide your cell phone, not the company phone number.

Your Location *

City

State / Province

Please Select



Country

Solution

1. What is the status of your solution? *

☐ Concept

☐ Prototype (pre-market)

☐ On the market

2. What is your solution? (check all that apply)

☐ Hardware

☐ Software

☐ Services

☐ Medical device

☐ Non-medical device

3. What type of technology do you have? (check all that apply) *

☐ Algorithm/AI/ML

☐ App

☐ Computer program

☐ Digital biomarker

☐ Game

☐ Generative AI

☐ Physical device/ tool

☐ Robot

☐ Sensor

☐ Video

☐ Virtual Reality

☐ Wearable

☐ Other (please describe)

4. In what area of oncology is your innovation used? (check all that apply) *

☐ Care Delivery

☐ Caregiver support

☐ Clinical trials

☐ Communication and education

☐ Detection or diagnosis

☐ Drug delivery platform

☐ Drug discovery

☐ Health equity

☐ Medication adherence

☐ Monitoring

☐ Personalized treatment

☐ Side effects management

☐ Therapy selection

5. For what type of cancer is your solution used? (check all that apply) *

- | | |
|--|--|
| <input type="checkbox"/> All types of cancer | <input type="checkbox"/> Solid tumors |
| <input type="checkbox"/> Blood cancers | <input type="checkbox"/> Brain |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Colorectal |
| <input type="checkbox"/> Endometrial | <input type="checkbox"/> Gastro-intestinal |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Ovarian |
| <input type="checkbox"/> Pancreatic | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Sarcoma |
| <input type="checkbox"/> Skin | |
| <input type="checkbox"/> Other (please describe) | |

6. What is the problem you are trying to solve? *

Maximum 1000 characters

7. What is your solution? Who is the primary user and how do they use your solution? *

Maximum 1000 characters

8. What is your business model? How and to whom do you sell your solution? *

Maximum 1000 characters

9. Has your solution been used by pharma? If so, how and where? *

Maximum 1000 characters

10. What business use cases do you have (pharma and/or non-pharma)? *

Maximum 1000 characters

11. Are others (providers, payers) using your solution? *

- ☐ Yes ☐ No

12. Do you have any additional healthcare partners not yet mentioned here (e.g., patient advocacy groups) *

☐ Yes ☐ No

13. Who are your three closest competitors? *

14. What is your competitive advantage over your competitors? *

15. Is your solution regulated? *

☐ Yes ☐ No ☐ I don't know

Company Details

16. Have you raised funding for this company? *

☐ Yes ☐ No

17. When do you expect to raise your next round of funding? *

18 Do you have revenues? *

☐ Yes ☐ No

19a. How many FTEs do you have? *

19b. Please use the space below if you would like to provide any additional information about your FTE count.

20. How old is your company? *

Experience

21. Is your startup currently negotiating or working with any pharma firms or has your startup negotiated or worked with pharma in the past? *

☐ Yes ☐ No

Accelerator Participation



22. What are your goals for participating in the PharmStars accelerator? *



Maximum 1000 characters

23. Have you participated in any other accelerators? *

☐ Yes ☐ No

24. Who will represent your company in PharmaU? (Please note: PharmStars requires participation by the CEO and/or other full-time senior-level executives with decision making authority.)

Representative 1: First Name * Last Name * Email * Area Code
 Cell phone Role * City State 
 Country 

Representative 2: First Name * Last Name * Email * Area Code
 Cell phone Role * City State 
 Country 

25. Are both people listed above full-time / permanent employees of your organization? *

☐ Yes ☐ No

26. Are both people listed above aware this application is being submitted and available to participate in PharmStars as described in the Program Terms? *

☐ Yes ☐ No

27. You must be 18 years or older to participate in PharmStars. Please confirm both representatives are eligible to participate in the program:

☐ *

☐

28. If selected, will both representatives of your startup attend the in-person launch event in Boston, MA on April 2-3, barring special circumstances that would prevent you from doing so (illness, travel restrictions, etc.)? *

☐ Yes ☐ No

29. How did you hear about PharmStars? *

- ☐ Friend/Colleague/Advisor
☐ Internet Search
☐ LinkedIn
☐ News Article
☐ Slack
☐ Twitter
☐ Other (Please describe)

30. You will be added to our mailing list to receive updates about PharmStars and news about future cohorts. If you do not wish to receive PharmStars updates, you may opt out below:

☐ Please do not add me to the mailing list.

Additional Information

Please upload your pharma pitch deck here: *


Browse Files
Drag and drop files here

We would appreciate learning more about you, your company, and why you would like to participate in PharmStars. Please record a simple 1-2 minute video about your interest in PharmStars. Upload to YouTube or Vimeo and share the link here. Be sure the privacy settings are set to allow us to view your video. *

Anything else you would like to share?

Maximum 1000 characters

The Submission Process

Please confirm that you have read and will comply with the [Program Terms](#) if selected to participate in PharmStars.

☐ *

Deadline: Your application must be submitted by 11:59 p.m. ET on February 1, 2024 to be considered. Applications will not be returned.

Submission: After successfully submitting this application, you will be redirected to a survey page. If you are not redirected, please check your form for errors. Please contact info@PharmStars.com if you encounter technical difficulties.

Confirmation of Receipt: Once you have submitted your application, you will receive an email confirmation within one hour of application submission. If you do not receive this confirmation, please contact us at info@PharmStars.com.

No Copy Provided: Your confirmation email will not include a copy of your submission. To create a record of your responses prior to submission please select "print" and save this page as a PDF document.

Acceptances: Semi-finalists will be notified on a rolling basis. Semi-finalists will have three business days to confirm their continued participation in the application process. Notification of acceptances into PharmStars will be sent by email on or around March 20, 2024. Startups selected to participate will have two business days to accept their spot in the program.

Launch Event: This PharmStars cohort will commence with a mandatory, in-person Launch Event on April 2-3, 2024 in Boston, MA. Please hold these dates to ensure both participants can attend should your startup be selected to participate.

Class Schedule: Classes will meet virtually every Monday and Thursday from 12-1:30 p.m. ET April 8 - May 30, 2024. Please mark your calendar and ensure that you are available to attend all the twice-weekly classes.

Please verify that you are human *

☐ I'm not a robot

reCAPTCHA
[Privacy](#) - [Terms](#)

Upon successful submission of your application:

- You will be redirected to a survey page. If you are not redirected to the survey, please check your form for errors.
- You should receive email confirmation of our receipt of your application within one hour. Please contact us if you do not receive a confirmation.

Thank you for applying to PharmStars!

Please contact info@PharmStars.com for questions.

