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COARCT

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COARCT:
Crowdsourced, Open,
Anonymous RCTs

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RCTs = Randomized Controlled/Clinical Trials

The “Gold Standard” to measure the effectiveness of a treatment (e.g. to get FDA approval for a new drug).

Large, Growing Market (FMI, 2023):

- Clinical Trials valued at \$115.4 bn, expected to grow to \$177.7 bn in 10 years.
- Market Shares: 54.7% by sponsors, 46.5% in US (US, non-sponsored=33.8 bn).

Beyond Clinical Trials:

- Market Research: do my discounts attract foot traffic?
- A/B Testing: does my feature improve user experience?
- Public Policy: do *lentils* incentivize immunization?



A list of *Problems* in *Randomized Trials*



- *A list of Problems in Randomized Trials*

Recruiting: expensive to recruit large samples → low statistical power

Diversity: hard to enroll diverse subjects → low external validity

Retention: subjects attrit from the trial → (differential) attrition bias

Tangible Expenses: physical capital, facilities, staff → operating costs

Privacy: holding sensitive information is a liability → compliance costs

Storage: data/files for replication ad-infinitum → (cold) storage costs


P-hacking: strategic misrepresentation of results → low transparency[†]

Introducing

CORCT

Crowdsourced, Open, Anonymous RCTs


$$\text{CONTRACT} = \text{PrivateKit} \times \text{DCTs}$$



DCTs = Decentralized Clinical Trials;
new industry standard popularized
during the COVID-19 pandemic

CONTRACT

(RaaS = Research as a Service)

RaaS: Think Amazon's mTurk, but Private!



Example Use Case: Mental Health in Ecuador



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