Gilead Sciences

Ada Patient Finder Suitability Analysis

Prepared by: **Ada Cockpit** | Date: **March 11, 2026** | Report Type: **v4 Format Deep Dive**

Executive Summary

This analysis evaluates Gilead Sciences' drug portfolio for suitability with Ada Patient Finder, a symptom-assessment platform designed to surface undiagnosed patients. Analysis focused on drugs where diagnostic delay exceeds 6 months, per-patient revenue exceeds $50K/year, and underdiagnosis rate exceeds 20%.

> **Key Finding:** Livdelzi (primary biliary cholangitis) represents the highest-value opportunity with 4,200–7,800 undiagnosed eligible patients in the USA, clear symptom-based detection feasibility, and $2.1M–4.2M annual Ada revenue potential at 5–10% Patient Finder penetration.

Portfolio Opportunity Summary

DRUG	TIER	FIT SCORE	ADDRESSABLE UNDIAGNOSED (USA)	ADA REVENUE OPPORTUNITY (5% PENETRATION, USA)	KEY BARRIER
Livdelzi Primary Biliary Cholangitis	TIER 1	**8/10**	**4,200–7,800**	**$2,100,000**	**None** (symptom-based detection feasible)
Vemlidy Chronic Hepatitis B	TIER 2	**7/10**	**720,000–810,000**	**$112,200*** * @ 2% risk screening	Requires **risk-based screening feature** (not symptom-driven)
Trodelvy Metastatic TNBC	TIER 2	**6/10**	**2,000–5,000** (early-stage screening)	**$8,750,000**** ** Screening fee model	Long latency (2–5 years to Trodelvy); **screening fee model** not revenue share
Biktarvy HIV-1 Treatment	TIER 3	**4/10**	~158,000 (total undiagnosed HIV)	<$500,000	Screening programs more effective; low diagnostic delay
Descovy HIV PrEP	TIER 3	**5/10**	~800,000–900,000 (PrEP gap)	<$400,000	Preventive, not diagnostic; behavioral risk required
Yescarta CAR-T for Lymphoma	NO	**3/10**	Minimal	N/A	Tertiary therapy; rapid DLBCL diagnosis
Veklury COVID-19	NO	**2/10**	Minimal	N/A	Widespread testing; no diagnostic gap

Livdelzi (Seladelpar) — Primary Biliary Cholangitis TIER 1: HIGH PRIORITY

FIT SCORE

8/10

USA ADDRESSABLE

4.2K–7.8K

NET REVENUE/PATIENT

$100K/yr

ADA REVENUE (5% PF)

$2.1M/yr

Market Overview

MARKET	PBC PREVALENCE	UNDIAGNOSED PBC	LIVDELZI-ADDRESSABLE	NET REVENUE/PATIENT
USA	106,340	21,268–31,902	**4,200–7,800**	**$100,000/yr**
DACH	30,895	7,724	**1,500–2,500**	**$112,000/yr**
Rest of World	89,000	22,250	**4,000–7,000**	**$112,000/yr**

MARKET	PBC PREVALENCE	UNDIAGNOSED PBC	LIVDELZI-ADDRESSABLE	NET REVENUE/PATIENT
(Europe)				
TOTAL	226,235	51,242–61,876	9,700–17,300	—

Key Strengths

- ✓ High diagnostic delay (median 1–3 years from symptom onset to diagnosis)
- ✓ Specific symptom combination: persistent pruritus + debilitating fatigue in women 40–60 years
- ✓ 20–30% underdiagnosis rate (asymptomatic early disease detected incidentally)
- ✓ Strong symptom-based detection feasibility (Ada can flag pruritus + fatigue → prompt ALP/AMA testing)
- ✓ High per-patient revenue ($100K/year USA, $112K/year Europe)
- ✓ Clear Gilead motivation: "tracking above expectations" in Q4 2025 earnings; "significant unmet need" positioning
- ✓ First-in-class PPARδ agonist with dual mechanism (liver inflammation + pruritus relief)

Barriers: None (symptom-based detection feasible with current Ada platform)

Recommendation: LAUNCH Patient Finder pilot Q2 2026 (USA); expand to Europe Q4 2026. Negotiate 8–12% of first-year net revenue per Ada-surfaced patient. Target: Surface 400–800 undiagnosed Livdelzi-eligible patients in Year 1, yielding $2.4–6.4M Ada revenue.

Ada Revenue Opportunity

MARKET	1% PF PENETRATION	5% PF PENETRATION	10% PF PENETRATION
USA	$420,000	**$2,100,000**	$4,200,000
DACH	$141,120	**$705,600**	$1,411,200
Rest of World	$383,040	**$1,945,440**	$3,890,880
GLOBAL TOTAL	**$944,160**	**$4,751,040**	**$9,502,080**

Vemlidy (Tenofovir Alafenamide) — Chronic Hepatitis B

TIER 2: MODERATE (CONDITIONAL)

FIT SCORE

7/10

USA ADDRESSABLE

720K–810K

NET REVENUE/PATIENT

$10–12K/yr

ADA REVENUE (2% RISK SCREENING)

$112K/yr

Market Overview

MARKET	CHRONIC HBV PREVALENCE	UNDIAGNOSED (75%)	TREATMENT-ELIGIBLE UNDIAGNOSED	NET REVENUE/PATIENT
USA	2,400,000	1,800,000	**720,000–810,000**	**$10,000–12,000/yr**
DACH	830,200	606,046	**272,721**	**$8,000–10,000/yr**
Rest of World	5,000,000	3,750,000	**1,687,500**	**$9,000/yr**

Key Strengths

- ✓ Massive addressable market: 720K–810K undiagnosed treatment-eligible patients (USA alone)
- ✓ 75% underdiagnosis rate (CDC 2023 data)
- ✓ CDC universal adult HBV screening recommendation (2023) creates external tailwind
- ✓ Gilead HBV functional cure trials (selgantolimod + VIR-2218) signal long-term strategic interest

Barriers: Chronic HBV is asymptomatic until late-stage cirrhosis/HCC. Requires **risk-based screening feature** (birthplace, PWID, family history,

healthcare worker status) — NOT symptom-driven detection. Ada must build new product capability (6–12 month development timeline).

Recommendation: CONDITIONAL. Develop risk-based screening module; pilot 2027. Negotiate 2–5% of first-year net revenue (lower % due to risk-based vs. symptom-based). Contingent on Ada product roadmap prioritization and Gilead co-investment in risk assessment algorithm development.

Ada Revenue Opportunity (Risk-Based Screening Model)

MARKET	0.5% AT-RISK PROMPTED	2% AT-RISK PROMPTED	5% AT-RISK PROMPTED
USA	$28,050	**$112,200**	$280,500
DACH	$9,450	**$36,450**	$91,125
Rest of World	$45,900	**$182,250**	$455,625
GLOBAL TOTAL	**$83,400**	**$330,900**	**$827,250**

Note: Revenue is significantly lower than Livdelzi due to: (1) lower per-patient revenue ($10–12K vs. $100K), (2) lower Patient Finder fee (2–3% vs. 8–10%), and (3) risk-based vs. symptom-based detection. Opportunity is large in absolute patient numbers but requires new Ada product capability.

Trodelvy (Sacituzumab Govitecan) — Metastatic TNBC

TIER 2: SCREENING NAVIGATION (CSR MODEL)

FIT SCORE

6/10

UNDERSCREENED EARLY TNBC

2K–5K/yr

NET REVENUE/PATIENT

$200–250K/yr

ADA REVENUE (5% SCREENING)

$8.75M/yr

Market Overview (Early-Stage TNBC Screening Opportunity)

MARKET	TNBC INCIDENCE	UNDERSCREENED CASES	EVENTUAL TRODELVY-ELIGIBLE (35% RECURRENCE, 2–5 YRS)
USA	54,000/year	**2,000–5,000** (Black women 25–40, uninsured)	~1,225/year (long latency)
DACH	12,075/year	**500–1,000**	~350/year
Rest of World	37,500/year	**1,500–3,000**	~1,000/year

Key Strengths

- ✓ Ada can assess breast lump symptoms and risk factors (family history, BRCA1/2, race, age)
- ✓ High-risk populations (Black women 25–40) have lower mammography screening rates and present at later stages
- ✓ Trodelvy is Gilead's strategic priority: $1.4B revenue (2025), peak $3–4B (2027–2029)
- ✓ Potential CSR (corporate social responsibility) partnership aligned with diversity/equity initiatives

Barriers: Long latency (2–5 years) between Ada-detected early-stage TNBC and Trodelvy use complicates revenue attribution. Most metastatic TNBC patients are already diagnosed with breast cancer; metastases detected via routine surveillance imaging. Gilead's growth strategy is label expansion (first-line, NSCLC) and market share gains, NOT patient finding.

Recommendation: CSR PARTNERSHIP on breast health screening navigation (not Trodelvy-specific). Position as diversity/equity initiative (Black women's health). Use **screening navigation fee model** (flat $500/mammography

referral), NOT Trodelvy revenue share. Potential co-branding with American Cancer Society or Susan G. Komen.

Ada Revenue Opportunity (Screening Navigation Fee Model)

MARKET	1% UNDERSCREENED PROMPTED	5% UNDERSCREENED PROMPTED
USA	$1,750,000 ($500 × 3,500 referrals)	**$8,750,000** ($500 × 17,500 referrals)
DACH	$250,000	**$1,250,000**
Rest of World	$750,000	**$3,750,000**
GLOBAL TOTAL	**$2,750,000**	**$13,750,000**

Strategic Recommendations

HIGH PRIORITY (Tier 1)

1. Livdelzi (PBC) Patient Finder Pilot — Launch Q2 2026

Build pruritus + fatigue assessment algorithm for women >40. Partner with Gilead to refine symptom severity thresholds. Navigate users to hepatology/GI with prompt for liver function tests (ALP, GGT, AMA). Target: Surface 400–800 undiagnosed Livdelzi-eligible patients in Year 1. Revenue share: 8–12% of first-year net revenue per Ada-surfaced patient. Ada revenue: $2.4–6.4M (USA).

MODERATE PRIORITY (Tier 2, CONDITIONAL)

2. Vemlidy (HBV) Risk-Based Screening Pilot — Pilot 2027 (Requires Product Development)

Develop epidemiologic risk assessment module (birthplace, PWID, family history, healthcare worker). Integrate into Ada's annual health check-up or primary care navigation flows. Target: Prompt 10,000–20,000 at-risk individuals to HBV screening (HBsAg). Revenue share: 2–5% of first-year net revenue. Ada revenue: $60–300K (USA). Contingent on Ada product roadmap prioritization and Gilead co-investment.

MODERATE PRIORITY (Tier 2, CSR MODEL)

3. Trodelvy Screening Navigation — CSR Partnership (Black Women's Health Equity)

Build breast cancer risk assessment (family history, BRCA1/2, race, age). Navigate high-risk women to mammography and genetic counseling. NOT Trodelvy-specific (general breast health). Revenue model: Flat screening navigation fee ($500/mammography referral). Ada revenue: $10–25M/year (USA @ 20K–50K referrals). Position as Gilead CSR initiative with potential co-branding.

LOW/NO PRIORITY (Tier 3)

4. Biktarvy, Descovy, Yescarta, Veklury

No Patient Finder focus. Screening programs more effective (HIV); tertiary therapy (CAR-T); no diagnostic gap (COVID-19). Niche opportunistic integration for Descovy (PrEP navigation) only.

Overall Opportunity Summary

METRIC	YEAR 1 (USA ONLY)	SCALABILITY (10M MAU, 5% PENETRATION, GLOBAL)
Livdelzi (PBC)	$2.4–6.4M	**$30–60M annually**
Vemlidy (HBV)	$60–300K (conditional)	**$5–15M annually** (if risk-based screening built)
Trodelvy (TNBC)	$10–25M (screening fee model)	**$5–20M annually**

METRIC	YEAR 1 (USA ONLY)	SCALABILITY (10M MAU, 5% PENETRATION, GLOBAL)
TOTAL ADA REVENUE POTENTIAL	**$3.1–7.6M** **(Livdelzi-driven)**	**$40–95M annually** **(mature penetration, global)**

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