



XPRIZE
HEALTHSPAN

HEVOLUTION



FREQUENTLY ASKED QUESTIONS

ISSUE 4

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This FAQ is supplemental to the [XPRIZE Healthspan Competition Guidelines](#) and the [Finals Rules and Regulations](#). The latest version of these documents are publicly available on the Competition Website at www.xprize.org/competitions/healthspan#competition-materials.

Please note, the FAQs below are exclusive to the Healthspan Finals Testing of the Competition. These FAQs are a summary of the questions discussed with Finalist Teams at the Finalist Team Summit (August 12-13, 2026).

REQUIRED ASSESSMENTS & PROTOCOLS

1. Which assessments are required for Grand Prize judging, and which are optional?

Finalist Teams must complete the required XPRIZE endpoint assessments according to the standardized protocols and assessment schedule provided in the Rules and Regulations. Primary judged endpoints span all three domains:

- Muscle: 6-Minute Walk Test (6MWT) and lower-body power (leg press or isokinetic knee extension). All Teams must also perform the 5-times Sit-to-Stand (5xSTS) – see below.
- Cognition: Required Cogstate computerized cognitive assessment battery.
- Immune: Required biospecimen collection for centralized immune assessments performed by XPRIZE-designated laboratories.

Assessments identified with a double asterisk (**) in the Rules and Regulations are strongly recommended but optional. These include measures such as CPET, muscle mass/body composition, activity monitoring, and intrinsic capacity assessments. Optional assessments may provide valuable supportive information but are not used to determine whether primary award thresholds have been achieved.

2. Is the 5-times Sit-to-Stand (5xSTS) required for all Teams?

Yes. All Teams must perform the 5xSTS as a common data element, regardless of which lower-body power assessment is used as the primary judged endpoint. We strongly recommend that Teams use one of the machine-based lower-body power protocols—knee extensor power or leg press power—as their primary judged endpoint. Teams that document that they cannot implement or standardize either machine-based protocol may use the 5xSTS as their primary judged lower-body power endpoint.

Teams using a machine-based protocol must still perform the 5xSTS.

3. What if my Team cannot perform the Leg Press Protocol or the Isokinetic Knee Extension Protocol?

If a team cannot perform lower leg power testing, they may elect to use the mandatory 5 times sit-to-stand protocol as their primary judged endpoint for muscle power. We strongly recommend against this approach and suggest that teams choose either the leg press or isokinetic knee extension protocols.

4. How much flexibility do Teams have in administering the required XPRIZE assessments?

Required endpoint assessments must be conducted according to XPRIZE-specified protocols. Teams should maintain testing conditions as consistently as possible across participants, sites, and visits, including equipment, instructions, assessor training, and assessment order.

The order of assessments should also be the same at baseline and follow-up whenever possible.

TRIAL CONDUCT, CONSENT & PARTICIPANTS

5. Are additional participant visits outside the XPRIZE visit schedule allowed?

Teams may choose to do additional clinical or biomarker monitoring so long as it is pre-specified and does not interfere with data collection for judging, but teams are NOT allowed additional administration of the XPRIZE Healthspan judged endpoint protocols.

6. What is the order of consent — before or after screening?

The order of consent is up to the Team and subject to the requirements of their respective IRBs. All information regarding screening must be entered into the Utah DCC REDCap database for construction of a CONSORT diagram. Please email the DCC if you have any questions.

7. What languages will participant surveys be provided in?

English only. Translation into other languages is the responsibility of each team.

8. Who may be unblinded to treatment assignment or judged endpoint data during the trial?

Teams should preserve masking whenever possible, particularly for personnel administering or scoring XPRIZE-required endpoint assessments.

The Team Liaison to the XPRIZE-Utah DCC must be unblinded to treatment assignment and therefore should not administer the therapeutic intervention or perform participant assessments.

TRIAL & THERAPEUTIC DESIGN CHANGES

9. Can Teams change their therapeutic intervention or trial design after the Finals trial begins?

The therapeutic solution and trial design reviewed and approved for Finals should serve as the basis for the Team's trial.

Routine operational or safety-related modifications may become necessary during a clinical trial. However, Teams should not make material changes that could affect treatment effects, participant comparability, endpoint interpretation, or judging without first consulting XPRIZE.

Examples that should be discussed prospectively with XPRIZE include changes to the therapeutic dose, frequency, duration or components; eligibility criteria; randomization or control condition; addition or removal of treatment arms; or other substantive changes to the intervention or study design.

10. What is the recommended cohort size and sample design?

Per Finals Rules & Regulations, page 7: teams are encouraged to enroll a suggested maximum of 200 participants (~50% men, ~50% women), ages 50–90, with racial/ethnic composition reflective of the general population as determined by each team.

Recommended sample size at 1-year follow-up for judging: 50 in the primary therapeutic group, or ~100 total with a two-group 1:1 randomized design (1:1 randomization is not required; 40 is the suggested minimum in the therapeutic group).

Each team must justify its specific inclusion/exclusion criteria, sample size, intervention group, and randomization scheme in its Finals Application.

11. Can a team reduce its target enrollment (e.g., to n=70) to cut costs?

This may put a study at risk if it only meets the minimum necessary to proceed — this is only acceptable with 0% dropout over the trial, and some attrition should be expected.

Teams should treat the Central Lab, Cogstate, and DCC fees as "base costs."

Please contact XPRIZE at healthspan@xprize.org if your team needs access to estimated resource costs (previously shared with all Finalist teams).

JUDGING, SCORING & DATA ANALYSIS

12. How does XPRIZE determine whether an individual participant is a responder?

Grand Prize judging is based on within-person improvement relative to Personalized Response Thresholds (PRTs).

For primary endpoint assessments, XPRIZE will use the average of two baseline assessments and two follow-up assessments to determine each participant's change in function. The PRTs represent the amount of improvement corresponding to approximately 10, 15, or 20 years of age-related functional difference, based on age- and sex-specific referent data.

The 6- and 9-month midpoint visits are primarily intended for safety and technical validation and are not used to determine whether a participant exceeds the primary award threshold.

A participant's results are evaluated across the muscle, cognitive, and immune domains according to the domain-specific scoring rules. To count as an overall responder for Grand Prize adjudication, the participant must satisfy the applicable response threshold across all three domains.

13. What statistical criteria must a Team meet to be eligible for a Grand Prize award?

A Team must demonstrate improvement across muscle, cognitive, and immune function.

At least a 20-percentage-point difference in overall responder proportions between the intervention and control groups must be observed. For example, if 4% of control participants meet the applicable responder definition, at least 24% of intervention participants would need to do so to achieve a 20-percentage-point difference.

Meeting the 20% criterion alone is not sufficient. The lower bound of the one-sided 90% confidence interval for the difference in responder proportions must also be at least 15 percentage points.

The primary analysis and definition of success will be conducted on an intent-to-treat basis.

14. Who will perform the official analyses used for Grand Prize judging?

The XPRIZE-Utah Data Coordinating Center (DCC) will assemble, manage, and prepare the standardized datasets used for Grand Prize analysis and reporting.

Teams are required to submit all data relevant to judging through the XPRIZE-Utah DCC's REDCap system. Teams may maintain their own datasets and conduct independent analyses for scientific or operational purposes; however, Team-generated datasets or analyses will not replace the standardized DCC analyses used for Grand Prize judging. This centralized approach ensures that responder definitions, Personalized Response Thresholds, statistical methods, and data-processing procedures are applied consistently across competing Teams.

SAMPLE COLLECTION & DATA OWNERSHIP

15. Can teams collect additional/duplicate samples for their own additional assays (e.g., splitting blood samples between UCSD and an on-site lab)?

Yes. Teams are not only allowed but expected to conduct additional studies as required for their own trial or scientific interests — additional blood collections, additional visits, or otherwise.

- Data a team collects that is not submitted to the DCC remains entirely the team's own data.
- The central protocol governs only the data submitted to the DCC for judging and evaluation of patient characteristics, safety, and judging criteria.
- The UCSD Central Lab will work to maximize the value/return of centralized data to teams.
- Teams retain ownership of their own data as it relates to their therapeutic, commercial process, and publications.

16. Can additional assays or procedures a team performs be submitted alongside the required measures, or do they stay outside the competition?

Some optional measures are recommended/suggested in Section 8 of the Rules & Regulations (e.g., VO2 max) Please refer to “Required vs. Optional Assessments” in Section 8, along with corresponding Table 8a.

Fully separate, team-specific measures have no requirement to be submitted, and the DCC will not have a place to enter them.

17. Can participants opt out of DNA banking?

Opt-out is available at the individual participant level in the US; outside the US, teams must defer to local restrictions on DNA collection/storage.

LICENSING, IP & TRIAL WITHDRAWAL

18. If a compound is being licensed to a third party during the Finals, is it permissible to license the technology/IP separately from what's licensed to XPRIZE, and can trial status be disclosed to a licensing partner under an NDA?

The materials (specimens) and data are what is licensed to XPRIZE; there is no issue with a team separately licensing its underlying technology/IP to a third party during the competition.

Disclosing supplementary compound information — including the status of the XPRIZE trial — to a licensing partner under a confidentiality agreement is permissible.

19. Can a team withdraw from the trial midway (e.g., due to a licensing partner's intentions, future development status, or financial issues)?

Yes, it is permissible to withdraw midway. However, the team remains financially responsible for all work completed to date.