XPRIZE HEALTHSPAN: FINALS APPLICATION GUIDELINES

October 20, 2025
Version 1.0

NOTE TO APPLICANTS:
This document outlines the submission format and judging criteria for **XPRIZE Healthspan Finals Applications ONLY**. Only Qualified Teams can submit Finals Applications for XPRIZE Healthspan (see Section 10 of Competition Guidelines for definition of Qualified Team). Teams joining after Milestone 1 during the discretionary late registration period must provide a letter of intent to compete and complete Qualifying Submissions materials for judges to approve or deny, as described in the Team FAQ Issue 2.

Teams interested in registration for the XPRIZE FSHD Bonus Prize competition should consult Section 5 of the Competition Guidelines. FSHD Finals are ongoing, but teams may still request to join the competition by submitting a Qualifying Submission specific to this competition track (see the FSHD Bonus Qualifying Submission Guidelines document here) to be reviewed by the

FSHD Bonus Prize Judging Panel). Current Qualified Teams in the Healthspan track can also transfer to the FSHD track at no additional registration fee, but must submit a letter of intent to transfer to XPRIZE for approval.

XPRIZE HEALTHSPAN FINALS APPLICATION & SUBMISSIONS

XPRIZE Healthspan is a 7-year competition with 2 Milestones along the way. Milestone 1 is the Qualifying Submission (see existing documents here) and Milestone 2 is the Finals Application (detailed in this document) and assessment of data and analyses of Semi-Finals Testing during which teams conducted Proof-of-Concept trials. Please see the XPRIZE Healthspan Competition Guidelines for an overview of the prize.

Only Qualified Teams can submit Finals Applications for XPRIZE Healthspan. Teams joining after Milestone 1 during the discretionary late registration period must provide a letter of intent to compete and complete Qualifying Submissions materials for judges to approve or deny, as described Team FAQ Issue 2. The Finals Application is assessed by XPRIZE Judges along with Semi-Finals data and analysis report submissions and will be used to determine the team's ability to ultimately compete in the Final round of the $101M XPRIZE Healthspan competition.

The Finals Application is a written declaration of the experience, facilities, and attributes of teams as well as an outline of the proposed therapeutic solution, Semi-Finals findings, and plans for advancement to the Finals round of the competition. XPRIZE expects and anticipates that the application and data reports will provide:

- Summary of Changes to Team or Environment (if relevant)
- Scaling Plan & Accessibility
- Technical Application
  1. Updated Scientific Rationale
  2. Review of Preliminary Data and Semi-Finals Study Analyses
  3. Plan for Finals Testing

The Finals Application will be supplemented by data reports from Semi-Finals, including the following:

- Regulatory approval notice or ethical assurance for Semi-Finals studies
- Recruitment and enrollment reports for Semi-Finals
- Primary analyses from Semi-Finals (if additional space needed)
- De-identified data set for Semi-Finals
- References
- Regulatory Approval Letter(s), Consent, or plan for submission for Finals (if available)

Prize Purse, and Milestone Awards, and Testing Information

Please see the Competition Guidelines for details on XPRIZE Healthspan concept, Prize Purses (Milestone Awards and Grand Prize), and requirements for testing.

PART I: OVERVIEW INFORMATION

Section I. Key Dates

Posted Date
October 24, 2025

Open Date (Earliest Application Date)
November 24, 2025

Last Possible Date to Qualify Prior to Milestone 2 Judging
March 16, 2026

Finals Application Due Date
April 13, 2026

Due Dates		Review Dates		
Deadline for Team Qualification	**Finals Application**	**XPRIZE Internal Administrative Review**	**XPRIZE Judges Review & Notifications**	**Milestone 2 Award Ceremony**
March 16, 2026	April 13, 2026	May 1, 2026	June 2026	August 11, 2026

- All Finals Applications are due by 7:00 PM Pacific Standard Time.
- Applications must be submitted through the Prize Operations Platform.
- Competitors are encouraged to apply early to allow adequate time to make any corrections to errors found in the Finals Application by the due date.
- Teams not previously qualified must be qualified by judges prior to submission of Finals Application materials for Milestone 2 consideration. See Section 10 of Competition Guidelines for definition of Qualified Team.
- Applications received after April 13, 2026 will NOT be accepted for consideration of an award at Milestone 2.

Required Finals Applications and Data Report Submission Instructions
It is critical that applicants follow the instructions. Conformance to all requirements is required and strictly enforced. Competitors must read and follow all instructions in this Guide. *Finals Applications that do not comply with these instructions may not be accepted for review.* No exceptions will be made.

Budget to Conduct Research
It is the competitor's sole responsibility to raise sufficient funds and develop full-research budgets that reflect the actual needs of the proposed project. The 10 Finalists will each be awarded USD $1,000,000 for Milestone 2. Milestone awards are not expected to be sufficient to cover all costs required to develop and test therapeutics in human studies, but will assist with collections needed for judging teams during the Finals. Evidence that sufficient funding is or will be secured may be requested to ensure competitors are able to proceed through Finals.

Section II. Finals Application Submission Content and Page Limits

Contents and Page Limits:

- **Summary** **1 page**
- **Team and Clinical Center (and summary of changes, if needed)** **2 pages**
- **Scaling Plan & Accessibility** **2 pages**
- **Technical Application** **8 pages**
  1. Updated Scientific Rationale
  2. Review of Preliminary Data and Semi-Finals Study Analyses
  3. Plan for Finals Testing
     A. Population Description (with Inclusion/Exclusion Criteria)
     B. Therapeutic Approach
     C. Control or Standard of Care Group
     D. Randomization and Masking or Blinding Procedures
     E. Anticipated Risks and Safety Monitoring Plan
     F. Regulatory and Ethical Considerations
     G. Study Timeline

Submission Components with No Page Limits

- Regulatory Approval Notice or Ethical Assurance for Semi-Finals Studies
- Recruitment and enrollment reports for Semi-Finals
- Primary analyses from Semi-Finals (if additional space needed)
- De-identified data set for Semi-Finals (to support enrollment numbers and analyses in final reports)
- References
- Regulatory Approval Letter(s), Informed Consent, or plan for submission for Finals (if available)

Formatting:

Adherence to spacing, font size, type density, and text color requirements is necessary to ensure readability and fairness

- Margins: Must be 0.5 inch (1.27cm) or larger
- Font size: Must be 11 points or larger. Smaller text in figures, graphs, diagrams and charts is acceptable, as long as it is legible.
- Font type: Sans serif font (Arial, Helvetica, or Calibri preferred)
- Text color: Though not required, black or other high-contrast text colors are recommended.
- No specified citation formatting; the use of "et al." in place of listing all authors of a publication is acceptable.

PART 2. FINALS APPLICATION ANNOUNCEMENT

Section I. Finals Application Description

Purpose & Objectives

The Finals Application is a written declaration of the experience, facilities, and attributes of teams as well as an outline of the proposed therapeutic solution and Semi-Finals findings and plans for advancement to the Finals round of the competition.

In this round it is critical that teams provide evidence of their experience in clinical trials conduct and ability to successfully recruit and retain human subjects safely. Evidence generated by the team is mandatory to demonstrate both proof of principle, feasibility, and readiness for testing and data submission by the team or clinical center. Information in Part 3 of this Finals Application details the recommended information teams should include in their application to allow Milestone 2 judging of the:

- Team
- Clinical center
- Scalability & Accessibility of the Therapeutic Solution
- Scientific Rationale
- Preliminary Data and Reports from Semi-Finals
- Finals Testing Approach
- Sample Size and Plans for Recruitment and Retention
- Safety, human participant protections, regulatory approvals, and resourcing plans

Teams are required to test their therapeutic solution in human participants in both Semi-Finals and Finals. The Finals Application should indicate team readiness for clinical trials and experience. The teams must provide data and analysis reports from their Semi-Finals early stage / proof-of-concept (PoC) clinical studies.

Section II. Finals Research Types and Testing Validation

Qualifying Research Types

To advance through Semi-Finals and Finals, clinical trials per defined criteria in the Competition Guidelines are required. For a description of the Semi-Finals requirements and Proof-of-Concept (PoC) trials please see Qualifying Submissions criteria and Guidelines.

Finals Submissions

The Semi-Finals early stage / PoC trials will be evaluated by judges to demonstrate the teams' feasibility of approach, ability to successfully recruit human subjects, evaluate best dosing / formulation / route of administration / protocol / combination, provide initial estimates of safety, and generate supportive data useful for planning the 1-year clinical trials required for Finals testing. These trials may feature dose-finding or pharmacokinetic / pharmacodynamic studies, and may use criteria for success that differ from efficacy trials (e.g. statistical significance criteria $p < 0.05$ may not be necessary as "go / no-go" decision criteria). Our teams were provided the flexibility to define the necessary features needed to demonstrate feasibility and readiness in their Qualifying Submission documents.

Though most teams perform their clinical studies prospectively during Semi-Finals, some teams completed such studies on their therapeutic solutions prior to joining the competition. In such cases, submission of this data and analysis reports for Semi-Finals judging are allowable but must conform to submission requirements required for all competitors.

In addition to a Finals Application all teams must submit reports from the studies completed during Semi-Finals, including analysis reports, recruitment information, and de-identified key study data that will be used on a case-by-case basis for audit of primary findings in support of judges' deliberations. These data will not be released publicly or retained for use beyond determining Finalist teams for competition.

Finals Testing and Timeline

The Finals Testing study design is summarized in Section 9 of the Competition Guidelines, and common protocols will be provided within the Finals Rules & Regulations. Finalist teams will be trained in how to administer all standardized assessments and data collections. The Teams may include additional assessments, study groups, or protocols to those needed for Finals and Grand Prize judging.

The Teams are strongly encouraged to start recruitment for their trials in 2026 and must complete trials, submit all data, and ship biospecimen samples for analysis and judging by January 2030. A study timeline should be included within the team Finals Application, with special attention to study start-up activities and participant recruitment flows to ensure greatest likelihood for trial execution. Consider potential issues and plans to address them.

Competitors should feel free to contact XPRIZE Healthspan staff at healthspan@xprize.org prior to submitting their Finals Applications to discuss whether the proposal conforms to the trials requirements for Finals.

PART 3. Finals Application Judging Information

Section I. Primary Judging Criteria for Finals

Only the criteria described below will be considered in the judging process.

Overall Score

Judges will provide an Overall Score to reflect their assessment of the likelihood for the project to improve muscle, cognitive, and immune function in older adults.

Scored Judging Criteria

Judges will consider each of the criteria below in the determination of scientific merit and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may still be meritorious. It must be feasible in recruitment and retention.

- Team
- Clinical center
- Scalability & accessibility of the therapeutic solution
- Scientific rationale
- Preliminary data and reports from Semi-Finals
- Finals testing approach
- Timeline
- Safety, human subjects protections, regulatory approvals, and resourcing plans

Team

- Are the Team Leaders or scientific director / team leader, collaborators, and other researchers well suited to testing the therapeutic solution?
- Does the team have appropriate experience and training?
- If the team is collaborative, do the investigators leading the team have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the competition?
- With regard to the proposed team leadership, do investigators leading the team and key personnel have the expertise, experience, and ability to organize, manage and implement the clinical trials required for Finals and meet milestones and timelines?
- Does the team have appropriate expertise in study coordination, data management and statistics?
- For teams that will use multiple clinical centers, is the organizational structure appropriate and does the application identify a core of potential center investigators and staffing for a coordinating center?
- Does the team have the capability to perform outcome assessments for muscle, cognitive, and immune domains?

Clinical Center(s)

- Will the clinical centers in which the work will be done contribute to the probability of success?

- Are the staff support, equipment, and other physical resources available to the competing teams adequate for the proposed studies?
- Does the clinical center have the infrastructure necessary to perform outcome assessments for muscle, cognitive, and immune domains?
- Will testing of the proposed therapeutic or protocols benefit from unique features of the clinical center(s), research populations, or collaborative arrangements?
- Are the laboratory/testing centers appropriate for clinical studies required for Finals competition testing?
- Does the application adequately address the ability to conduct the trial at the proposed site(s) or centers?
- Are there sufficient contingency plans or troubleshooting, such as adding or dropping enrollment centers, as needed, appropriate?
- If multiple clinical centers will be used, is there evidence of the ability of each individual site or center to: (1) enroll the proposed numbers; (2) adhere to common clinical protocols required for judging the competition; (3) collect and transmit data in an accurate and timely fashion? (4) data safety and security (GDPR compliance)

Scale & Accessibility

Note: Judges will assess whether therapeutic solutions proposed by teams could be adequately scaled both within the competition and post-competition to improve human health globally.

- Is it possible to scale the therapeutic delivery beyond the competition?
- Would the therapeutic solution be accessible to many persons or only a few?
- Are there constraints due to therapeutic administration, stability, burden of use?
- Is contamination or other safety and quality control issues a major concern for implementation during and after the competition?
- Can the financial demands for the target population to use the therapeutic be approximated at this point (i.e., is it affordable)? If so, are these anticipated to be unduly prohibitive?

Scientific Rationale

- Is the prior research that serves as the key support for the proposed project rigorous?
- Are the scientific rationale, the proposed hypothesis, and intervention approach well supported by preliminary data, clinical and/or preclinical studies, or information in the literature or knowledge of biological mechanisms?
- Will additional understanding of the mechanisms or effects of this therapeutic be needed to advance therapeutic development?

Preliminary Data (Semi-Finals PoC / Early Stage Testing)

This section should describe testing in humans performed for Semi-Finals consideration. The Preliminary Data section of the Finals Application should be an overview and presentation of key findings useful to judging this competition round. Teams may reference supplemental results / reports provided separately if additional space is required.

NOTE: enrollment reports, Semi-Finals analysis reports (if additional space needed), and de-identified data will be submitted separately. These subsequent submissions do not have specific page limits, but brevity is appreciated.

Quality / Rigor

- Does the Semi-Finals testing include approval for human subjects research testing? - Examples may include Institutional Review Board number, Investigational New Drug (IND) application / approval, Clinical Trials Application, Clinical Trials Notification, or similar as relevant.
- What is the quality of the preliminary evidence from Proof-of-Concept (PoC) or early stage clinical testing provided by the team?
- Did the team generate this preliminary data, or was the data provided by another group?
- Were methods used to assign participants to treatment arms appropriate (if needed)?

Feasibility

- Was the team able to successfully obtain regulatory approval and meet local safety standards needed for ethical clinical testing (if necessary)?
- Was the adherence to all therapeutic solutions or testing procedures by research participants evaluated and reported by the team?
- Did the team adhere to a reasonable timeline for study start-up, such as procurement of regulatory approvals, clinic onboarding, or manufacture / production / packaging / delivery of therapeutic, etc.?

Recruitment

- Is the patient population selected for Semi-Finals clinical testing applicable to testing in Finals?
- Did the team successfully onboard their clinical center and recruit human subjects in a timely fashion?
- Are potential source populations described? Is there evidence of successful recruitment?
- Any concerns with patient selection or screening during Semi-Finals?
- Does the application information adequately reflect information provided in data reports, or recruitment and enrollment flow charts?

Ethical / Safety Issues and Tolerability

- Was ethical or safety approval for human subjects testing for Semi-Finals received prior to testing?
- If ethical or safety issues were identified during Semi-Finals testing, were these adequately reported and addressed?
- Was the process for obtaining informed consent appropriate?
- Was the burden (time, effort, financial, physical, or emotional) to the research participant considered and minimized during the Semi-Finals, as relevant?
- Were efforts to minimize possible risk taken? How was risk minimization ensured?

Study Outcomes, Data, and Analysis

- Do the outcomes and data provided in the Semi-Finals study suggest a plurality of effect across multiple systems or types of function?
- Are the outcome measures in Semi-Finals relevant to Finals judging - Muscle, Cognitive, and Immune Function?
- Is the study supported by evidence in biomarkers or measures informative of the hypothesized biological effects of the therapeutic solution?
- If a combination or multi-modal therapeutic approach was used, did the team test the combined therapeutic collectively in human subjects, or were components tested independently?
- If the combined approach was not tested by the team during Semi-Finals, have these components been tested together previously? Is the rationale for the proposed but untested combination both acceptable and feasible for 1-year studies?
- Were the procedures for data management and quality control of data adequate at clinical center(s) or laboratories?
- Was a biostatistician engaged or consulted during Semi-Finals study?
- Is the data analysis report for Semi-Finals included in submission materials (if more extensive reporting needed than space allotted in Finals Application)?
- Were de-identified data for primary findings in the Semi-Finals study submitted? Does the de-identified data suggest acceptable data quality control? Do the de-identified data support the primary findings in the data analysis report and application?

Finals Development Implications

- Has the team provided a brief interpretation, discussion, or summary of their key findings from the Semi-Finals stage?
- Does the team describe how the Semi-Finals stage may inform their Finals testing, e.g. dose selection, optimal patient population, potential therapeutic combinations, and any protocol modifications based on the Semi-Finals results?
- Is the interpretation and context appropriate given the sum of all previous research by the Qualified Team - in Semi-Finals and earlier preliminary findings, clinical case-studies, epidemiologic evidence, or preclinical evidence?

Plan for Finals Testing

Overview

- Does the team provide a succinct overview of their Finals study, population, and therapeutic approach?

Population Description

- Is there a sample size estimate?
- Does the team provide an overview of the eligibility criteria for their Finals study?
- Are the inclusion / exclusion criteria listed and appropriate to Finals per the Competition Guidelines?
- Does the population selected have an underlying chronic subclinical condition, clinical disease, disability, vulnerable status, or other risk factor that would make entry into competition contraindicated, ethically at risk, or potentially unsafe?

    - See Competition Guidelines for explanation, but in brief these may include overt disease conditions that impair cognitive ability and necessitate a proxy for informed consent, life-threatening illness, severe neurological diseases, physical disability that would prevent ability to test muscle function, etc.
- If the population selected has an underlying chronic subclinical condition or clinical disease, are there safeguards and appropriate selection criteria to ensure this condition is stable and/or well-managed?
    - In other words, has the team provided sufficient rationale that the effects on the primary trial endpoints (muscle, cognitive, immune function) are NOT solely due to primary disease management or treatment but by the proposed therapeutic solution's effects on biological aging and healthspan?

Intervention(s) or Therapeutic Approach

- Is the therapeutic approach well-described?
- Is dosing and administration well-justified?
- For behavioral interventions, are frequency, intensity, and duration justified?
- If a multi-modal solution or targeted combination is proposed, is the timing of interventions, protocol, and dosing combinations justified?
- If a personalized approach is used – e.g. non-uniform administration of therapeutic, titration of dosing, or alternative combinations depending on participant data or parameters – are the decision protocols well understood and clearly described?
- Is product manufacture or availability confirmed for clinical deployment (if not in evidence from Semi-Finals studies)?

Control or Standard of Care Group (required for Finals)

- Does the study include a Control Group (placebo or other sham condition depending on approach) or Standard of Care?
- If Standard of Care is necessary, is it appropriate given the clinical or subclinical population recruited for Finals?
- If the study includes exercise or physical activity intervention, does the Control or Standard of Care Group include - at a minimum - appropriate education or oversight of the World Health Organization recommended guidelines for physical activity? (i.e. the control condition must not include recommendation for sedentary behavior)
- If the study includes therapeutic strategy (e.g. drug, small molecule, supplements, dietary modification, caloric restriction, or exercise) for weight loss or weight management in the context of overweight / obesity or metabolic syndrome, does the Control or Standard of Care Group include - at a minimum - appropriate education or administration of the World Health Organization recommended guidelines for healthy diet for management of obesity?

Randomization and Masking or Blinding Procedures

- Does the study include appropriate measures for randomization to experimental groups (various treatment group assignments and control or standard of care)?
- What randomization scheme is used? Is the randomization 1:1 to treatment:control or other assignment strategy used (alternatives may be acceptable if justified)?

- Does the study design include procedures for masking or blinding to group assignment, as appropriate?
- Is the study open label (unblinded), single-blind, or double-blind? Note: centralized data analyses by Utah Data Coordinating Center will be performed under masked conditions, so these refer to masking or blinding conditions by the investigative team, clinical center, and study participants.

Anticipated Risks and Monitoring Plan

- Does the team identify potential risks to participants, quality control, or study conduct?
- Are methods to mitigate potential risks identified?
- Are monitoring plans in place to ensure participant safety, quality control, or conduct?
- Does the team have a Data Safety Monitoring Board (DSMB)/Safety Monitoring Committee (SMC) or similar?

Regulatory and Ethical Considerations

- Does the team already have regulatory and ethical approval for testing the therapeutic solution in the population identified?
- If approvals are not obtained yet, is it likely that these will be obtained in a timely manner to allow Finals trial conduct?
- Are there any safety or ethical concerns identified by the judges that may limit the ability to test the therapeutic in a competition such as XPRIZE Healthspan?
- Is the team able to submit data and transfer biospecimen materials for centralized testing, data management, and judging of XPRIZE Healthspan Finals?
- Does the team have a process for obtaining informed consent?

Study Timeline

- Is the study timeline adequately described for Finals (2026-2029)?
- Do these timeline estimates provide appropriate detail for start-up activities and recruitment flow during the early years of Finals?
- Is there a proposed plan for how the Semi-Finals studies are used to expedite transition to Finalists' 1-year clinical trials?
- Are strategies in place should regulatory timelines be missed or delayed?
- Does the project incorporate efficiencies and utilize existing resources to increase the rate of participant enrollment, study start-up, and data collection, as appropriate?
- Are there contingency plans for slower than necessary recruitment and enrollment including alternative populations or change in screening and enrollment criteria? Do the plans include sufficient funding for the potential adjustments?
- Are potential challenges that may impact timeline and corresponding solutions discussed (e.g. drug or therapeutic access, funding limitations, recruitment)?

Other Trial Resources and Problem Solving:

Participant Recruitment and Retention. Finals testing is time-limited and ability to recruit, enroll, and retain at least 100 participants is essential to team success. Judges will evaluate:

- Does the team have recruitment resources available to ensure adequate and timely enrollment? What recruitment sources will be used?

- Does the team provide estimated participant attrition over a 1-year intervention period, with realistic estimates based on team experience as applicable?
- Does the team have access to resources to boost participant retention during testing and intervention periods, as well as any follow-up or management plans if relevant?
- Are there contingency plans in case recruitment is slow or retention is poor?

Additional Assessments or Resources

- Is the Finals study conducted as a substudy or ancillary to a larger clinical trial? If yes, does this contingency introduce potential risks or benefits to the conduct of the Finals trial needed for XPRIZE Healthspan?
- Does the study plan include additional testing, biospecimen collections, or biomarkers in the trial that are not required for judging the Grand Prize but may be beneficial as supportive evidence?
- Does the study plan introduce novel resources that may be informative or benefit the trial conduct?
- Does the study plan include any additional features not otherwise described above that may influence standing in the Finals competition - either positive or negative?
- What resourcing will be used to operate the trial?

Problem Solving and Alternative Approaches

- Does the study plan include alternative approaches, potential pitfalls, and problem solving strategies?

Section II. Additional Judging Criteria for Finals

As applicable for the project proposed, judges will evaluate the following additional items as "pass / fail" conditions for continuing in the competition.

Protections for Human Subjects

The judges will evaluate whether teams have or plan to obtain ethical approval to conduct human subjects research. This should include justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria:

1. Risk to subjects
2. Adequacy of protection against risks
3. Potential benefits to the subjects and others
4. Importance of the knowledge to be gained
5. Data and safety monitoring for clinical studies

The judges will evaluate the proposed plans for the inclusion (or exclusion) of individuals on the basis of sex/gender, race, and ethnicity, as well as the inclusion (or exclusion) of certain individuals to determine if it is justified.

Resourcing

The competing teams are responsible for funding their research and clinical studies. Though XPRIZE will provide networking opportunities with investors and funders and provide information on relevant funding announcements, teams are ultimately responsible for

resourcing their own clinical research studies for the Semi-Finals. The judges and XPRIZE will review the ability of advancing teams to meet resourcing and funding goals to proceed.

PART 4. Judging, Review, and Selection Process

Review and Selection Process

Finals Applications will be evaluated for scientific and technical merit by XPRIZE Healthspan Judging Panel convened by XPRIZE Foundation.

Completed Finals Applications and submission materials undergo a selection process in which only those applications that are fully complete and deemed to have the scientific and technical merit will be reviewed by Judges Panels and assigned an overall score. These scores will be ranked and used to determine applications discussed during the Judging Summit in June 2026; Judges can rescue lower scoring applications for review at the summit. The bottom applicants will be notified that their submission was either incomplete or not discussed at the Judging Summit.

Appeals of Judges Review will not be accepted.

The judges will use the questions detailed above to evaluate the teams' solutions based on:

1. Team
2. Clinical center
3. Scalability & Accessibility of the Therapeutic Solution
4. Scientific Rationale
5. Preliminary Data and Reports from Semi-Finals
6. Finals Testing Approach

Each of the above 6 categories has a possible range of 1 to 9 points, with 1 being the best and 9 being the worst. The Overall Score will also be on a 1-to-9 point scale and will reflect the assessment of the complete Finals Application.

Human subject safety, financial fitness to compete (resourcing plan), and regulatory approvals will also be considered as either acceptable or unacceptable.

Overall Score

The weighting of categories is a collective decision that the judges will make during workshops held in advance of the Judging Summit. The judges will review the questions and discuss their relevance and importance for the Finals stage of competition.

The Overall Score may not be the average of all component scores. Judges will assign different weights to each question to reflect their relative importance, impact on the overall submission, and potential success of the team in the Finals stage of XPRIZE Healthspan competition, and potential for impact post-competition. Note, the proposed trial must be feasible for other components to be relevant. This ensures that the judges reward the teams that demonstrate

the most effective and feasible solutions for the XPRIZE Healthspan challenge to proceed to Finals.

The judges will also document the score for each of the 6 judged components and provide the rationale for how these component scores result in the Overall Score.

The judges can revise or adjust the weights during the final presentation and review during Judges Summit if they encounter new information or insights that affect their evaluation of the teams' solutions.

Selection Process

All Finals Applicants must first be Qualified by Judges, and submit a letter of intent to compete that is administratively reviewed and complete Qualifying Submission document. Qualified Teams will then be eligible to submit a Finals Application.

Finals Applications will first be subject to administrative review and screened for completeness and merit. Judges will review screened applications deemed acceptable for review. The Judges will convene to select the Top 10 best performing teams (lowest Overall scores) for XPRIZE Healthspan. These selections will be submitted to XPRIZE and the Co-title Sponsors for review and acceptance prior to notification of teams.

Milestone 2 Awarding

The Top 10 best performing teams (lowest total scores) for XPRIZE Healthspan will be announced as Finalists. The Finalists will split a total Milestone 2 prize purse of USD$10,000,000 awarded (USD$1,000,000 per team) in acknowledgment of their promising research and to provide initial support for the next-stage of testing (Finals) in the competition and to offset the clinical costs required to collect data necessary for judging Finals.

Competition Advancement

The teams selected for Milestone 2 awards will automatically advance through to the Finals stage of testing. Awarded teams will be provided with Rules & Regulations for Finals that includes detailed clinical protocols and standard operating procedures (SOPs) for data management and submissions, functional assessment measures, and biospecimen collections. Milestone 2-awarded teams will select team members to attend a Team Summit that includes an in-person onboarding and training session at the University of Utah Data Coordinating Center in 2026 to standardize procedures required for Finals testing.

Additional teams may opt to continue in the competition if their Finals Application was well-reviewed and approved by the judges but NOT awarded as a Finalist. Non-awarded teams should state their intent to remain in competition and will be required to meet with the XPRIZE Healthspan operations team, Judges, and Utah Data Coordinating Center to discuss options for remaining in the competition as capacity for Finals is limited. Please note that all non-awarded teams must enter independent contracts with the Utah Data Coordinating Center for centralized management and judging of trials. These contracts will have a monetary cost to proceed to be borne by the non-awarded team.

The judges' comments will be provided ONLY to Milestone 2 awarded Finalists and the non-awarded teams who are approved to continue as well-reviewed but outside Milestone 2 awarding consideration. All teams who wish to continue in Finals are encouraged to address concerns raised by judges during the review process.

Discretionary Late-Registration

A discretionary late-registration period for the Grand Prize will continue through the early months of Finals (see a detailed Competition Timeline in the Competition Guidelines), at an increased fee of USD$100,000. Teams registering during that stage must first consult with the XPRIZE Healthspan prize operations team and provide an up to 3-page letter of intent to compete. If the letter of intent to compete is approved, these teams must complete all submissions documents provided by competing teams - including a Qualifying Submission and Finals Application - that will be administratively screened and reviewed by an ad hoc judging panel and the Utah Data Coordinating Center (DCC). Approved late-registrations are not eligible for Milestone 1 or Milestone 2 awarding and must adhere to all deadlines for submissions of data and reporting by Finalist teams.