

“Solving Information Inequities between Cancer Patients, their Doctors, and Clinical Trial Sponsors” (Mike Harris) [#136]

Brad Power and Victoria Dombrowski
March 26, 2025

“Physicians have a lot of information in their hospital and about the trials with which they are familiar. Clinical trial sponsors know a huge amount of information about the trials that they are running. Most patients are uninformed about all of it, and it's really hard to get access to the details that those other two parties have. In our view, that inequity of information limits the pace of scientific progress, and it limits access to what are potentially life saving medicines and treatments that patients could get access to.” – Mike Harris

“If we can put information into the hands of the patient, they can go to their physician and say, ‘There's a trial at your hospital here, and there's another one across the city. What do you think about this other one?’ Physicians will absolutely work with a patient on that other trial, but they may not proactively bring up that option to them.” - Mike Harris

“We're just trying to help patients navigate clinical trials. We want to bring that advanced medicine within reach.” – Mike Harris

Meeting Summary

Pancreatic cancer patients and their caregivers struggle to find well-matched clinical trial options for their treatment. Doctors lack efficient, accurate tools to find trials for their patients – particularly beyond their own hospital. And clinical trial sponsors struggle to accelerate and diversify trial enrollment so they can bring promising new treatments to market.

Mike Harris is uniquely qualified to talk about the challenges and solutions for bridging the clinical trials information gaps between patients, doctors, and pharmaceutical companies. He is a co-founder of TriCan Health, a platform to improve access to personalized information about clinical trials. He is on the Clinical Trials Committee of the Academy of Oncology Nurse and Patient Navigators (AONN+), and is the author of two articles published in [JONS](#) and [Conquer](#) about clinical trial myths and realities. Prior to TriCan, he led the 3,000-person research team at Gartner, a \$5B company that helps match technology buyers and sellers, and he's now applying that experience to healthcare.

What are the challenges that cancer patients and their loved ones face in finding clinical trials?

- **Urgency:** Decisions must be made quickly with an aggressive disease like pancreatic cancer.
- **Overwhelmed:** The source of information on available clinical trials ([clinicaltrials.gov](#)) is difficult to navigate and understand, with unstructured text that makes finding relevant trials challenging. With about 13,000 active cancer trials, you can feel overwhelmed and discouraged by the sheer number of options and struggle to parse through trial possibilities and understand how your specific condition matches potential trials.

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- **Limited help:** About 75% of patients are interested in clinical trials, but only 20% feel adequately informed by their doctors. Doctors are often unaware of trials happening at nearby hospitals, with many not proactively searching for trial options for their patients.
- **Geography/access:** Most clinical trials are run at academic hospitals, but only 20% of patients are treated at these institutions, creating significant access challenges.
- **Overcoming hesitancy:** Feeling unsure about being the subject of an experiment.

How should services to help patients and doctors find relevant clinical trials be designed?

- **Patient-friendly:** Make clinical trial information easy for patients to understand, reducing information inequities with doctors and trial sponsors.
- **Doctor-friendly:** Quickly find relevant clinical trials for their patients, without additional administrative burden.
- **Easy to access:** Minimize upfront personal medical information entry.
- **Personalized:** Find relevant trials based on patient-specific criteria, such as cancer stage, biomarkers, geography, and treatment history.
- **Shared decision-making:** Able to easily share information and search results (patient and medical team).
- **Unbiased:** Don't favor the institution where you happen to be.
- **Continuous:** Scan and share dynamic, changing information, e.g., new slots in a trial.

How can artificial intelligence enhance clinical trial recommendations?

- **Match:** Review unstructured text in your medical records against clinical trial inclusion/exclusion criteria and specific medical requirements (like liver or kidney function).
- **Administer:** Extract your key medical information for trial enrollment.
- **Personalize:** Tailor the information output to you, e.g., language.

How can you learn more about services for navigating your cancer care?

- See our previous conversations on the design of cancer navigation services, such as:
 - [“Helping Patients Navigate Cancer” \(Manta Cares\) \[#93\]](#)
 - [“Review of Services for Glioblastoma Navigation” \(Mike Pyne\) \[#92\]](#)
 - [“Expert Patient Navigation” \(Deb Christensen, MSN, APRN\) \[#99\]](#)
 - [“Patient Navigators: Your Guide through the Clinical Trial Journey” \(Madeleine Carrier, PharmD, and Dennis Akkaya\) \[#104\]](#)
 - [“Illuminating the Path of Cancer Care with a Chatbot” \(Vanessa Liu, CareBud\) \[#82\]](#)
 - [“Introducing an app for navigating cancer care” \(Berries\) \[#67\]](#)
- Contact Mike Harris at mike.harris@tricanhealth.com.

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specific situation before pursuing any health care program, treatment, product or other course of action that might affect your health.

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Meeting Notes

KEYWORDS

Clinical trials, pancreatic cancer, patient navigation, trial matching, clinicaltrials.gov, patient information, trial enrollment, biomarkers, personalized medicine, patient-physician communication, trial sponsors, AI enhancement, patient advocacy, trial accessibility, treatment options.

SPEAKERS

Mike Harris (86%), Brad Power (6%), Kathi Peterson (3%), Cindy Ness (2%), Raj Aji (2%), Rob Weker (1%), Eric Dishman (0%)

SUMMARY

Mike Harris from Trican Health discussed their new clinical trial matching platform focused on pancreatic cancer patients in the U.S. The platform, which uses clinicaltrials.gov data, aims to simplify trial information and make it more accessible. It allows patients to search for trials based on their specific conditions and location, providing a trial snapshot with key details. Harris emphasized the platform's unbiased approach, aiming to bridge information gaps between patients, physicians, and trial sponsors. The platform also plans to expand to other cancers and integrate AI to enhance search accuracy. The discussion highlighted the challenges of trial access and the need for better patient-physician communication.

OUTLINE

Introductions

- The focus is on clinical trial matching for various cancers, particularly pancreatic cancer.
- Mike Harris from Trican Health discussed their new clinical trial matching platform.

Overview of Trican Health and Platform Goals

- Trican Health is a digital platform aimed at helping pancreatic cancer patients make informed treatment decisions.
- It uses clinicaltrials.gov as its primary source of information, augmenting it with supplemental data to make it more accessible.
- It aims to provide an unbiased, patient-centric, and comprehensive service, free for patients and physicians.
- They plan to expand its services to other forms of cancer in the future.

Detailed Platform Features and Demonstration

- The platform's features include navigation for clinical trials, disease information, and trial availability.
- It is designed to be accessible to both knowledgeable and less knowledgeable patients, with options for targeted searches.

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- Mike Harris demonstrated the platform, showing how patients can search for trials based on their specific conditions and location.
- The platform provides a trial snapshot with key information, including trial status, summary, biomarkers, trial design, location, line of therapy, and contact information.

Challenges and Opportunities in Clinical Trial Matching

- The challenges patients face in accessing clinical trials include limited information from doctors and the lack of awareness about available trials.
- The platform aims to bridge gaps between patients, physicians, and clinical trial sponsors, making the process more efficient and effective.
- Making clinical trial information accessible to patients in remote areas and those treated at non-academic hospitals is important.
- The platform also aims to help patients find additional resources, such as financial and logistical assistance, to support their treatment journey.
- Carefully handling personal information is important in building trust.
- Feedback is needed from users to continuously improve the platform and make it more effective for patients and physicians.

Live Demonstration and Personalized Search

- Mike Harris demonstrated a live search for a pancreatic cancer patient, Kathi Peterson, using her specific conditions and location.
- The search results show a narrowed list of trials that were relevant and accessible to Kathi, highlighting the platform's ability to provide personalized recommendations.
- Mike explained the process of saving and sharing trial information with physicians and family members for further discussion.
- The demonstration underscored the platform's potential to help patients and physicians make informed decisions about clinical trials.

Final Thoughts and Call to Action

- Mike summarized the platform's goals and the importance of reducing information inequities between patients, doctors, and clinical trial sponsors.
- The platform aims to make advanced medicine more accessible and to support shared decision-making between patients and physicians.
- Mike encouraged the audience to share the platform with others and to provide feedback to help improve the service.
- The meeting concluded with a QR code for accessing the platform and a reminder of the platform's mission to support pancreatic cancer patients.

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TRANSCRIPT

Brad Power

This is the Cancer Patient Lab. This is our weekly webinar.

Today we're honored to have Mike Harris of Trican Health with us. He's going to be talking about some new clinical trial matching around various cancers. They are starting in pancreatic cancer, but I'm sure he will explain that is probably just a beachhead for broader things, so you can talk about where they're going in the future.

I want to cover our standard housekeeping items. The first is that this is for medical information only. This is not medical advice. We try to arm our patients with information they can take to their medical team. The second is that everything here will be made public, we're very open source. If you're concerned about having your image, name, or words shared, you can change your name, image, and not verbally participate.

Finally, We are a nonprofit 501(c)(3), and we depend on the kindness of volunteers and donors. If you're inspired to donate, that's easily done through our website, where there's a Donate button, and we're always looking for volunteers.

With that, I'll turn it over to Mike.

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Overview of TriCan Health for Cancer Patient Lab

March 26, 2025

<https://www.tricanhealth.com/>



Mike Harris 1:17

I'd like to review with you what we're doing within Trican Health. You can see the URL here. I'd like to define what we are, and what we're not, and then step through some information of what we're doing and why we're doing it. I'll also provide a demo of the sites and perhaps we have

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someone in Kathi Peterson who's working through pancreatic cancer right now. If she's willing, we might be able to do a live search based on her specific conditions, and give you a sense of how the platform would work.

As Brad suggested, this is a specific focus right now in pancreatic cancer in the United States, but we are intending to expand to other forms of cancer as we expand the platform.

TriCan Health Overview

We are:

- **A digital platform.** Designed to help patients with cancer make informed choices about their treatment plans.
- **Targeted.** Currently serving patients with pancreatic cancer in the United States.
- **A clinical trial navigator.** We help patients find and understand clinical trials by identifying and prioritizing best-match trials for a patient's diagnosis, biomarkers, location and prior treatment regimen.
- **Easy to navigate and understand.** Complex information presented in a consistent, simplified format.
- **Up-to-date.** Weekly updates on all trials and updates coming from the government required registry of clinical trials.
- **Unbiased.** Our algorithms are based only on patient input, not sponsorship.
- **Patient-centric, comprehensive, and free to use for patients, caregivers, and doctors.**

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Trican is a digital platform, similar to Cancer Patient Lab, in terms of providing information and insight. Our goal is to help patients make informed decisions throughout their treatment journey. We are specifically servicing pancreatic cancer patients in the US. We have capabilities to provide navigation for clinical trials, so understanding more about clinical trials, information about the disease, how clinical trials work (and how they don't). We want to make things easy to access and understand from a clinical trial availability perspective. This is an exceptionally knowledgeable group of patients and practitioners today. We've tried to make the platform accessible to folks who are less knowledgeable than you all and provide an access form so that people who are more knowledgeable and understand the ins and outs of trials and cancer treatments can navigate it effectively. We use clinicaltrials.gov as our primary source of information, as I think you all know, that is the government registry of all trials that are occurring in the US and around the world.

We augment that with supplemental information that makes it easier to understand. Because I'll tell you, I am not a medical or scientific person by background. I come from a technology background, and I find clinicaltrials.gov to be gobbledygook compared to the normal language that I would speak. We've tried to make it a little more accessible while still providing enough specificity that knowledgeable patients and physicians can get value from it. Honestly, that's a

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tough balance to strike, and I'd welcome your input on whether we're hitting that or not. What we do is an unbiased approach.

I came from a company called Gartner that does technology advisory reviews. It's based in Stamford, Connecticut, and I spent a lot of time there. The premise of that company was to provide an unbiased perspective on providing a match, in that case, between people who were buying software and other forms of technology and the various providers of technology. The key was to be unbiased, impartial, and accurate. I've taken that strategy and applied it to matching pancreatic cancer clinical trials. We're not trying to bias one trial sponsor over another, or one form of treatment over another. Rather, we want to make the best possible match based on the patient's needs, where they're physically located, their treatment history, and their particular form of cancer. Most importantly, we want to make it patient-centric. We want to make it comprehensive.

It's always free for use by patients and their physicians. We want to make it a sustainable business by charging a sponsorship fee from the trial sponsors themselves, because getting their information in front of patients who are actively considering clinical trials is very valuable for them. We're trying to make the business self-sustaining in that way.

TriCan Health Founders



Kimya Harris, PhD, CEO

- Formerly Chief Legal Officer, KSQ Therapeutics
- Co-led \$100M+ out-licensing deal
- 20+ years of experience in cancer research, intellectual property law, and biotech executive leadership
- 2x cancer survivor

 <https://www.linkedin.com/in/kimya-harris-ph-d/>



Mike Harris, MBA, COO

- Formerly EVP and Global Head of Research, Gartner
- Grew \$70M business into \$700M ARR over 10 years
- 20+ years of experience in information services business, matching technology buyers and sellers via an independent, unbiased platform

 <https://www.linkedin.com/in/mikeharris-coo/>

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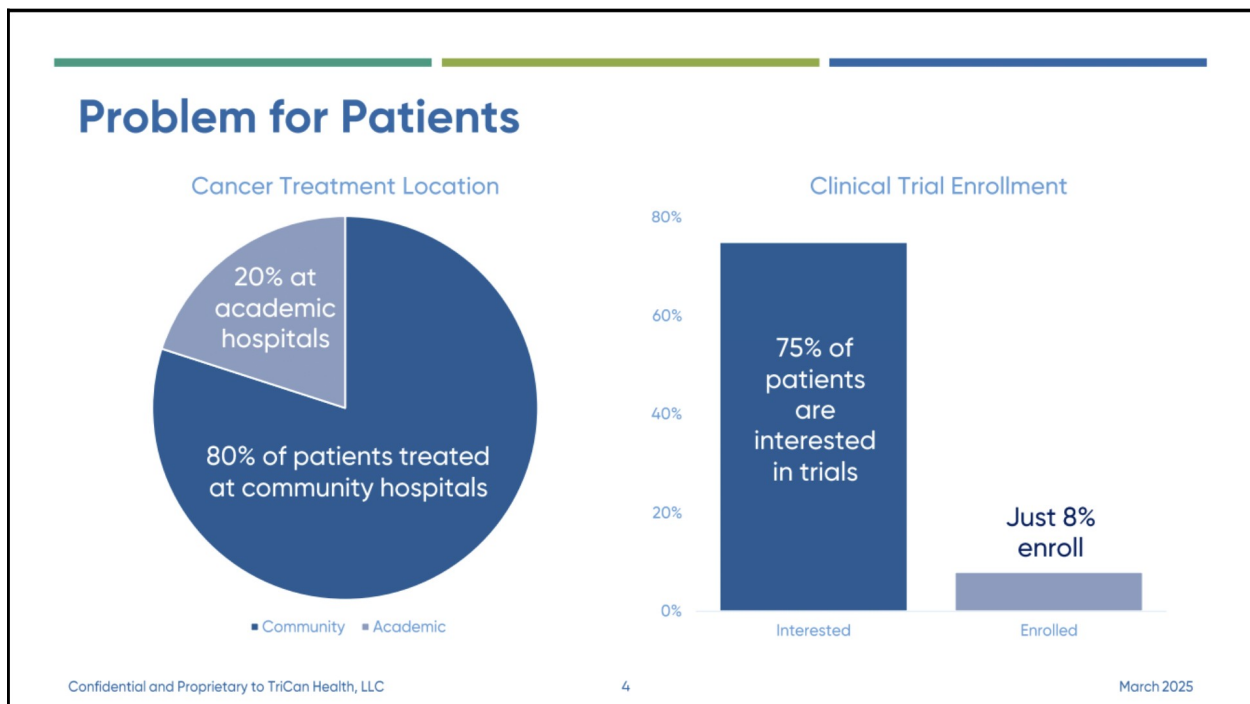
In terms of who I am, I'm on the right hand side. I was with this company called Gartner. My background is in information technology. Frankly, the more interesting partner in this business is my wife, Kimya Harris, who, like Emma Shtivelman (at Cancer Commons), is a molecular biologist with a PhD in cellular molecular biology. She did bench research [basic research or laboratory research, [link](#)] on different forms of cancer for a portion of her career. She was in patent law for a while, in the biotech space, and she was a biotech executive in Cambridge,

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Massachusetts as well as Waltham, Massachusetts, for a period of time. She wanted to help patients get access to the kinds of treatments that her companies were developing and was frankly surprised at how hard that was. These biotech and pharmaceutical companies do all this work to generate amazing new compounds and potential cures and treatments for cancer, yet it's really hard to get access to those, especially in the early stages.

We discovered this while trying to help particular patients find access to clinical trials. They had a devil of a time trying to get access to them. We realized there had to be a better way to make it more accessible, like the way you can get access to so many other bits of information from travel options to buying an automobile to shopping for auto insurance. All these simpler, less important decisions can be researched online, and yet this critically important life saving decision is really, really difficult.

We wanted to make it easier, first and foremost, for the patients, and secondly, for other users as well, like advocacy organizations and physicians.

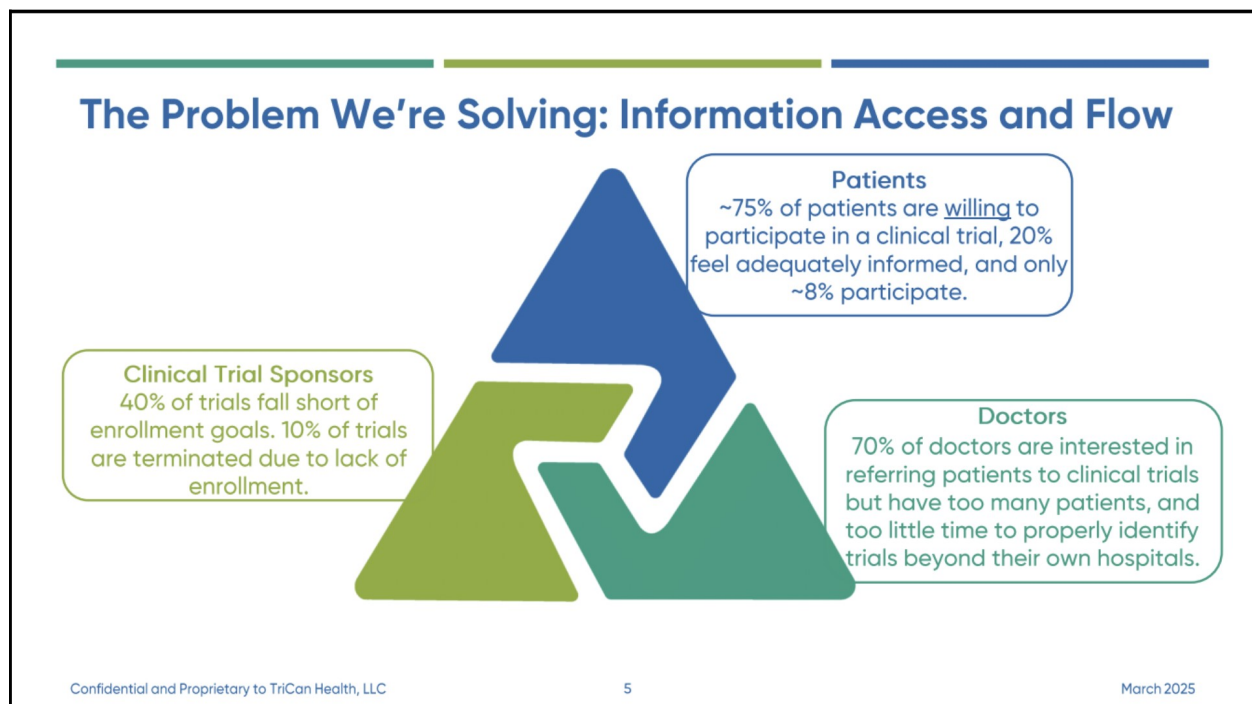


As you all know the problem for patients really comes down to trying to find information around clinical trials and also recognizing that most trials are run at academic hospitals, but only about 20% of patients are treated at academic hospitals. If you think of the MD Andersons, the various hospitals, like here in Boston, the Mass General Brigham and so forth, excellent trials are run at these institutions, but doctors in those institutions are generally unaware of trials that are happening just down the street at another hospital. If you're in a more remote area, a rural area, there's very limited access to trial information for a particular site.

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We found that a lot of patients are within driving distance typically of one of these academic hospitals and there are a number of services that can get you to even further, more distant hospitals as well, but those things are rarely known about or they're hard to find. We also found a gap between clinical trial enrollment in terms of interest. There have been surveys done that say that about 75% of patients are interested in learning more about trials. Only about 20% feel they're adequately informed about trial options by their doctor, and at the end, only about 8% enroll in clinical trials.

What is interesting is that it's not the doctor's fault. About 70% of surveyed doctors are interested in finding trial options for their patients, but they too are challenged in trying to find those options. So we see it as an opportunity to help bridge these gaps, and we view it in three different ways.



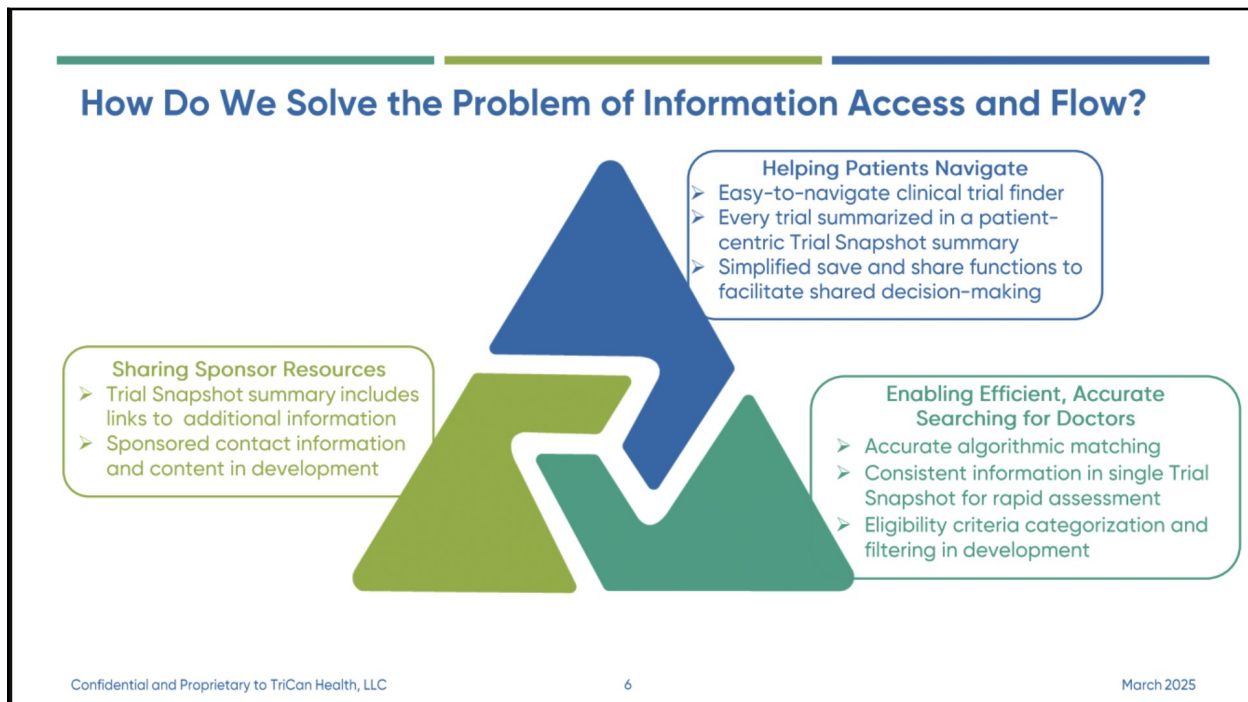
The company name is Trican. It's got a triangle, because we see there are three primary stakeholders in this process. There's:

1. the patients themselves
2. their physicians
3. biopharma companies (aka clinical trial sponsors) running these different trials

The information passed between these three parties isn't very good, effective, or efficient. It's an inefficient market overall. Our goal is to make this communication more effective and helpful for all parties involved. We want to bridge these gaps between these three areas and help all three parties.

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On the sponsor front for a biotech or a pharmaceutical company, from their perspective, they're also trying to find patients to enroll in these trials. About 40% of trials don't meet their enrollment goals. 10% of trials fail outright because they just can't get enough patients. This is a real problem for the community in terms of developing new treatments for cancer, because they're spending literally billions of dollars to get to this stage, and suddenly that science is just gone. Patients aren't helped with that potential treatment path. That's what we want to solve.



We do it by helping each one of these three stakeholders access the information and essentially find one another. Making it easier for doctors to do searches for their particular patient sets, for individual patients to access the information, and then allowing the sponsors to get their info into the hands of patients who are actively considering trials.

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How It Works: Sample of the ~9 Screening Questions for TriCan Patient Trial Finder

What kind of cancer do you have?
For now, we are focused on pancreatic cancer only

Select option
Select kind of cancer

Search all pancreatic cancers

- PDAC: Pancreatic Ductal Adenocarcinoma or Adenocarcinoma of the Pancreas
- PNET: Pancreatic Neuroendocrine Tumor
- Acinar Cell Carcinoma
- IPMN: Intraductal Papillary Mucinous Neoplasms or Colloid Carcinoma

Do you know if surgery is an option for you at this time?

A. Operable or resectable (yes, surgery is an option)

B. Inoperable or unresectable (no, surgery is not an option)

I don't know

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Trials for you

✓ Trial Snapshot™ summaries are shown based on distance and best match, according to your answers.

Select how many results you'd like to see

Top 10

Top 25

All Trials

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I'll walk through the actual demo shortly, but essentially, we've got two different paths that users can access the information. The first one is optimized for a patient, perhaps a less sophisticated patient who doesn't know all the details of their disease. They can choose information they do know about their diagnosis and get access to summaries of trials that are first and foremost close to them.

Most of you probably aren't actively dating at the moment, but if you are, or if you know people who are, there are dating platforms from match.com to Tinder. We view it in a simplistic sense like one of those platforms. I say that because our goal is not to get two people married. We're not going to go through the whole process of marriage here. There's still informed consent. You still have to qualify. You're still going to speak with your physician. You're still going to speak with the enrolling site. All that still has to occur. We're just trying to get you on a first date. So if we can successfully provide a match that says, “Listen, there's a potential match between you and a trial.” We want to help facilitate that connection, increase your comfort and familiarity with dating again if you will, and then make sure that you can find the information that you need about this trial. That's our intent, and I'll step you through that in a few minutes.

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How It Works: Targeted Search for Power Users

The screenshot shows a search interface with a left-hand filter panel and a main results area. The filter panel includes sections for 'About the patient' (Type of pancreatic cancer, Resectability, Stage, Biomarkers, Prior treatments) and 'About the trial' (Location, Line of therapy, Trial treatment type, Trial phase, Recruiting Status, Trial design). The search results area displays three trial cards, each with a title, a brief description, a 'Recruiting' status, a trial ID, and a location. The trials are: 1) 'Study of RAS Targeting Therapy, RMC-6236, in Patients With Advanced Solid Tumors with KRAS Mutations' (NCT0379888), 2) 'Study of New Drug, DCC-3116, in Patients With MAPK Pathway Mutant Solid Tumors' (NCT04862017), and 3) 'Study of LY3537982 in Cancer Patients with KRAS G12C mutation' (NCT04866640).

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The screen I just showed you a moment ago was of the sort of patient-facing version. We have something called targeted search that I think would be most useful for this audience. Because you all are unusually well informed in looking for cancer treatments and understanding specifics about your disease state. Essentially, this allows you to do specific searches. I'll demo in a moment, so that you can see how it works.

How It Works: Trial Snapshot[®]

The screenshot shows a detailed 'Trial Snapshot' for the 'Study of MRTX849 in Patients With Cancer Having a KRAS G12C Mutation (KRYSTAL-1)'. The interface is annotated with callouts: 'Clarified title' points to the trial title; 'Consistent summary structure' points to the study description; 'Identified biomarkers prioritized' points to the KRAS biomarker; 'Trial design summarized' points to the enrollment and trial design details; 'Treatment groups and therapies' points to the list of study groups and their respective treatments. On the right side, a map of Phoenix, AZ, is annotated with 'Prioritized by distance from patient'. Below the map, a list of trial locations is annotated with 'Contact info for each location'. Further down, a section for 'How do I know if I qualify?' is annotated with 'Line of therapy codified'. At the bottom, a 'Contact information' section is annotated with 'Overall contact info and helpful links' and 'Easy navigation, sharing, saving'.

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In the end, when you get through to seeing which trials might be a potential match for you, we provide everything in what we call a trial snapshot. So think of it as a one-screen view.

Everything we're going to do today is on a desktop, but the platform is also optimized for use on a mobile device. We designed it first and foremost to work on an iPhone or an Android because we know that most patients are accessing it in that way. Currently, our usage pattern [“refers to the patterns, habits, and actions of users when interacting with a software application or system.” [Center Code](#)] shows about 30 to 40% of users are currently accessing via mobile devices. A lot of folks who are looking at it a little more rigorously will look at it from a desktop, but if you're a casual patient it's often done on a mobile device.

One of the things that informed me about this is I was speaking with a caregiver whose wife was working through a rare form of pancreatic cancer, and he was describing that they were sitting on their porch deck at a place that they'd rented out on Cape Cod for the weekend. She was sitting there having her morning coffee at seven in the morning on her mobile phone and scrolling through what trials were available, looking for new treatments that might be promising. I thought, “If we can help provide a platform that is accessible to that use case, to that situation, then we would have a really good example to follow up.” In the end, you get this snapshot that says, “Is the trial currently recruiting? What is the title of it? Is there a summary that's accessible and understandable for each of these trials? Are there any particular biomarkers?” So KRAS [[National Cancer Institute](#) definition] is a particular biomarker very common in pancreatic cancers. It's also present in many other solid tumors. That's an example of a biomarker that would be flagged. We summarize the trial design. We talk about the treatment groups so that the patient and their physician would understand what they might be receiving based on which group they'd be randomized into. Of course, we show a map of the locations of where that trial might be. Some trials are in a single location. Most are in multiple locations, and we prioritize the ones that are close to the individual user.

We talk about the line of therapy, which is not something that is found in [clinicaltrials.gov](#). If you're a physician and you have a patient that comes to you and says, “Listen, I've already gotten one round of chemotherapy. My cancer has come back, and I need a second approach.” They will need to look for trials that are for a second line of therapy. That's not an easy thing to find in [clinicaltrials.gov](#) as it exists today. So we added a layer of information on that to make it much faster so a physician can filter and say, “I just want to look for trials that are appropriate for a second or third or fourth line of therapy.” Then we have contact information, some that is specific to the individual enrolling site, and some for the trial overall. Then we allow you to navigate, share, save, and access this information on an ongoing basis. That's what we're trying to do.

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What's Different: An Enhanced, Collaborative Platform

- **Enhanced:** Trial Summaries, Line of Therapy, FDA approval indications for other indications are all unique.
- **Collaborative:** Physician- and Advocacy-facing Targeted Search complements Patient-facing Browse.
- **Platform:** Future services will match patients with needed resources and navigation assistance.

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One of the questions that Brad asked me early was, “This is interesting, Mike, but there are other platforms that do this.” And there are. “So what’s different about what you’re doing and how are you positioned in the marketplace?”

We think there are three main things, the platform being (1) enhanced, (2) collaborative, and (3) it being a platform. By enhanced: it’s not just using information that’s coming from clinicaltrials.gov without any modifications. Most other search engines that allow you to search for trials are exactly that. They just use the feed for clinicaltrials.gov. It’s good. It’s better than getting it from clinicaltrials.gov directly, because it’s a little more readable, but there’s nothing additive to that. So things like line of therapy, simplified and more understandable, trial summaries, indications of whether the FDA has approved this particular treatment for perhaps another form of cancer. I think that it’s a very helpful thing to think this might be approved for other forms of GI [Gastrointestinal] cancer or others, but it just hasn’t been tested in pancreatic patients yet. So that’s another thing this platform has added to it.

We make it collaborative. By having a physician interface as well as a patient interface, they can share the same trial summaries. The intent is to allow for shared decision making between patient and physician to find the right answers for that particular patient.

Lastly, it’s a platform, and by that, I mean it’s bringing together a community of different resources that can solve various sets of problems. You all know this better than I do, but it’s not just about what you’re working through as a patient and what your physician is working through in terms of trying to connect you to a particular trial or treatment path. It’s about understanding are there nurse or patient navigators that can help you understand that process or identify additional resource providers that might provide financial or logistical assistance? If you’re

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traveling somewhere for a trial and you need help with a hotel in Houston, Texas, to attend a trial at MD Anderson - does somebody offer that on a free basis? Yes, they do, but I can tell you that it is highly fragmented and hard to find some of those providers. We want to augment our current platform with additional elements that would make finding those kinds of services very easily.

We want to help contract research organizations, advocacy organizations, and, of course, the sponsors themselves, provide services to patients in the entire community. Our goal is to help increase communication across all these different parties.

Demo and Discussion Topics

- **Community Care vs. Academic Medical Centers:** Reaching the 80% of patients treated outside of major research hospitals
- **Trial Hesitancy:** Overcoming myths and misgivings to gain access to advanced medicines
- **AI:** When used as Augmented Intelligence, can be a powerful tool for efficiency/scale, translation into preferred language, and codification of unstructured data. When used as a full replacement for human judgment, can be discouraging to users.
- **Feedback:** Please provide feedback during this meeting or via mike.harris@tricanhealth.com
- **Share:** Please share the <https://www.tricanhealth.com/> site with patients, caregivers, and advocacy orgs battling pancreatic cancer

I also want to touch on this idea of getting care in community centers versus academic medical centers. What barriers you all may have found in your own journeys and ways that we should be thinking about how to make that easier, perhaps ways to address different forms of trial hesitancy. I see this all the time in Facebook groups of people who are more eager to try alternative medicines than they seem to be for more scientifically-proven clinical trials, which I find interesting. It's something I'd love to understand more.

I'd also like to discuss a little bit of your perspectives on artificial intelligence, because like I said I spent my career in technology, and I found AI mislabeled, frankly. I view it as “augmented intelligence”, not “artificial” in that it is a supplement or an add on to what we as people know and can do. It's not a substitute, it's not a replacement, but it is a helpful addition.

Your feedback today, and on an ongoing basis, would be invaluable so we can make this a better platform. Folks like Rob Weker have been doing this with us for some time, and I think we're far better for it. I need more, and would welcome more, so that we can make it better constantly. Of course, kindly share this to anyone who's working through pancreatic cancer,

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specifically in the near term, and as we extend into other cancers in the future. We hope to help a broader community.

Brad Power 20:42

On the positioning question: We've had sessions with MyTomorrows and Massive Bio, which also provide clinical trial matching. You're focused on pancreatic cancer. Can you make the case for why your focus on pancreatic cancer might be better for pancreatic cancer patients?

Mike Harris 21:20

Certainly. There are great platforms. Massive Bio is one. There's another, which is ancora.ai. Both are great services, and they offer the comparable capability of matching a patient to potential trials. Those are great alternatives, for sure. I think the distinction is the focus we have in pancreatic cancer specifically allows us to identify just those trials that are relevant for pancreatic cancer patients. As an example, there are about 13,000 active cancer trials occurring in the US right now. About 600 of those are specifically relevant for pancreatic cancer. In a smaller subset, about 400 are actively recruiting, targeted for pancreatic cancer, specifically or for solid tumors, of which pancreatic cancer is a named element.

What I'm doing is narrowing the scope to reduce the number of false positive results a person might get if you're looking for a form of cancer. It's trying to troll this larger database of 13,000. We've intentionally narrowed it specific to pancreatic cancer patients, so that we eliminate these false positives. Some of the noise can be discouraging for patients who are looking for a fast solution or a fast answer.

I'll credit Rob Weker here, who guided us early on. He said, “Listen, I don't want to get a list of 15 or 25 trials that may or may not be a good fit for me. I want to see the two or three that are the best match, and I want to see those right up front. I want to make sure that if I am seeing a larger list, because I might want to keep looking for them, I at least can see it in a prioritized manner.”

To answer your question, Brad, what we try to do is prioritize it specifically by narrowing the set of potential answers to just those that are relevant for pancreatic cancer, and then we prioritize the heck out of it, including a variety of factors, including everything from phasing of the trial to the trial location, so the user can see just the things most relevant for them, first and foremost.

Brad Power 23:37

One other question: When you're onboarding people, one of our big focuses in the Cancer Patient Lab is diagnostics, and you hope people have a good foundation of information about their care and sharing their medical records. But they should have DNA sequencing. Maybe they should have immune system profiling. There can be liquid biopsies. There can be RNA sequencing, proteomics, metabolomics, etc. etc, do you help make sure that the people that are entering into the question, “How do I match my profile with the clinical trials?” have the right foundation of information about their own situation?

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Mike Harris 24:19

Yes, with the caveat that I mentioned hesitancy earlier. I experience and have witnessed extreme hesitancy in people's willingness to put in personal information anywhere online.

We first witnessed this where we had asked a woman to use our platform and said, “Could you please try it out? Tell us what you think?” And she said, “I'm happy to do that, but I don't want to enter my real email address.” The same was true of looking at alternative sites as well, fair enough - for all the good reasons that we know. There are a lot of scams online and a lot of bad actors, and I understand that.

My point is that I've seen hesitancy in releasing something as publicly available as an email address. What we didn't want was to make the platform reliant on someone's data. We didn't want to require someone to upload something as sensitive as their medical data. I think if someone has that information, and is able to access their electronic medical record, there are sites, and Massive Bio is a good example of one where they are specifically focused on accessing that information using genetic testing in order to find a very well matched trial. I would encourage folks who are able and willing to do so. What we've tried to do is to make it easy, so that you can enter as much or as little information as you have or as you want to, so that you can increase your familiarity with trials.

Again, the concept being, we want a first date. We are not targeting marriage necessarily. We want to increase familiarity, comfort, facilitate the conversation between the patient and physician, and ideally, find a trial that's right for them as a result, rather than try and get every bit of information up front and find the precise match. We wanted to reduce the barriers to access and give answers quickly, so a patient would increase their familiarity rather than feeling like, “Oh my goodness, this is overwhelming. I can't answer all these questions, and I don't want to upload all my personal information.” It's a strategy and a positioning that we've taken. I'd welcome your feedback on whether you think that's a good one or not.

Brad Power 26:29

That's the right way to go. The other thing you mention is building trust over time. As you have this dialog, you're probably adding value, and they start to develop trust, so you evolve to a more trusting relationship..

Mike Harris 26:50

In the chat I see a question from Rick: “What suggested pancreas cancer versus other cancers for the beta?”

It was twofold. One is the severity of pancreatic cancer. The survival rates are not great, and the number of trials was relatively limited. Like I said, there are about 600 trials, about 400 that are really actively recruiting. By comparison, breast cancer and prostate cancer are both much more prevalent. They're both much more survivable, and there's a lot of ongoing trials on those.

“Solving Information Inequities between Cancer Patients, their Doctors, and Clinical Trial Sponsors” (Mike Harris) [#136]

We wanted to focus on something that was urgent for patients where medical advances are most needed, and where there was a small enough number of trials so that we could literally get our hands around the information and work it manually. In parallel, we could develop our AI approaches and make sure everything was accurate. If there are too many trials, it diminishes the ability to do things on a manual basis, and we wanted to be able to do it manually to compare those results with what we were running through AI systems. That's how we ended up with pancreatic cancer from a business perspective. From a personal perspective, we lost my mother-in-law to pancreatic cancer about 10 years ago, and saw firsthand what a tough disease it is, and the trial she went through, and trying to find those trials and so forth.

There's another question, which might have already been answered a little bit online, which is, “as advocates, how do we protect patients against academic conflicts of interest, where research clinicians improperly advise and enroll patients?”

This is an interesting question, and I see Rick's been addressing this a bit. What I've seen is, I'll put it in layman's terms, to a hammer, everything looks like a nail. You're familiar with that expression. If you are a physician who's running a particular trial, almost by nature, you're going to be looking for patients that fit that particular trial. What I've witnessed is not that the physician is improperly matching a patient to a trial, it's just that's the one they're most familiar with. They have confidence in the science, which is why they signed up to be an enrolling site for it. They may be the principal investigator on the trial, so they're really excited about it. The sponsors, the biopharma companies in the background, are often relying on that key opinion leader driving it with his or her personal passion to enroll those patients. What I've witnessed is less that they're doing it in the best interest of the patient in mind, but their scope, their purview, is limited to what they know. They may just be unfamiliar with trials available just down the street. I see this between Dana Farber, Brigham, and Mass General. In these hospitals in the Boston area, they're often unfamiliar with trials locally available, and we want to make this information more available to those physicians and to their patients.

The last point in this aspect is that our goal is not to provide more options to patients and physicians who already have local trials to enroll in. I think it'd be great. That'd be a wonderful side benefit. Our real goal is the 80% of patients who aren't being presented with any options because they're not being treated at an academic medical facility and their doctor just says, “Hey, you know what? You sign up for Folfirinox. And then if that doesn't work, we go to Gemzar Abraxane, because that's the next line of therapy in the standard of care.” That's the patient that we're looking to help. First and foremost.

I'm not going to be able to address all the questions in the chat quickly. Is there anyone who's raised their hand? If not, I'll take one more.

I see a question in the chat from Eric Dishman: Eric says, “Mike, where do your enhancements, like line of therapy, come from? Is this automated, or do you research the trials in more detail?”

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Right now, Eric, we're doing this manually. We're reading through, for any of you who have read the inclusion/exclusion criteria [i.e. eligibility requirements [Scribbr](#)] on [clinicaltrials.gov](#), it is like having your teeth drilled, but there is good information there. The problem with it is, it is unstructured text [[TechTarget](#)]. And for those of you with a technology background, the unstructured bit is challenging because it's not what's called metadata. You can't put a quick filter on it.

One of the things we're looking to do technologically is to apply artificial intelligence to that very narrow use case. Not to provide an overall answer in terms of, “hey, what trial is good for me”, but specifically to look at the inclusion exclusion criteria and to categorize each element. Does it require good liver function, or particularly good kidney function, because some chemicals reply or respond to those things differently? We're looking to categorize that kind of information, and that's some of the enhancements we're looking to do at a scalable technical level. But to answer your question directly, Eric, we do it manually today.

Eric Dishman 32:23

FYI, two months ago [clinicaltrials.gov](#) was headed down the path of creating that, more of that as metadata. I have no idea now, just no clue.

Mike Harris 32:34

There's an adage, which is: garbage in, garbage out. It's not garbage, but it's not structured. Right now, it's a free text field that the researchers can enter whatever they want, and that's harder to parse.

The other challenge that I've seen, Eric you may have as well, is that [clinicaltrials.gov](#) is used as a competitive intelligence tool for biotech companies to look at what the other guy is doing. They don't always provide all the information or the most up-to-date information, so part of our model is to say, “Listen, you can sponsor a trial, and as part of that service, we'll provide you a platform for more up to date, accurate, targeted information to provide it to patients and physicians who are really looking at it for the purpose for which it's intended, which is to get care.” That's something that we want to do, enhance further what's on [clinicaltrials.gov](#).

Cindy Ness 33:32

I work with patients. Even ones who are really educated about their condition might have a hard time parsing through all the possibilities and not know how to think about themselves in relation to those possibilities. I was wondering how much hands-on effort you have with patients directly? That's part one.

Part two is: Have you rolled this out to an oncologist? What kind of feedback have you gotten? Is this something that they embrace? Is this something they feel threatened by? Somewhere in between?

Mike Harris 34:17

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Your first question was how much hands-on capability can we offer. How much hands-on capability we can offer is an interesting thing. There are several organizations, advocacy groups, that help pancreatic cancer patients specifically. Let's Win Pancreatic Cancer is one. PanCAN is the biggest one. What's fascinating to us is we know the folks in those organizations quite well. PanCAN estimates they only serve about 16% of pancreatic cancer patients in the United States. Sixteen. That was a surprisingly low number to me for a totally free service, which is completely hand-holding. You can call and get a case navigator, essentially, to help you walk through the entire process, answer your questions, help you find trials and other things.

The learning that I had from that, Cindy, was that a number of patients don't want the hand-holding service. They want to do it themselves, at least to start. So my answer to your question is, we currently don't have a good hand-holding service capability. We're small enough we can do it manually, literally. If any of you need help, call me. I will personally walk you through the site and help you get there. One of the capabilities we want to offer in the future, one of the spokes on that wheel I showed earlier, is a navigation capability. I envision having a network of nurse and patient navigators available to work with individual patients. That's something that we want to offer on the platform, but we don't today.

So A, yes, I agree that for some patients, it's helpful, and we want to offer that in the future. B, for a lot of patients, they don't want that. They want to do it themselves, and that's what we address in our current offering today.

The second question you asked was around oncologists, and how did they view it? I can best describe it with an oncologist that we met in South Carolina maybe a year or so ago. He was very familiar with the two trials he had running in his hospital for pancreatic cancer, specifically. He was unaware of the trials offered on the other side of this mid-sized city in South Carolina. He didn't know what they were offering. He said, “Why should I do their job for them?” That was his response in terms of directing patients to another hospital. He said, “If a patient comes to me with a specific trial, then, yes, I will help them. But, no - meaning at another facility - no, I'm not going to proactively look for trials at another facility.”

We viewed it as a good indication that **if we can put information into the hands of the patient they could come to their physician and say, “Hey, there's a trial at your hospital here, and there's another one across the city. What do you think about this one?” Physicians are great. They will absolutely work with a patient on that potential, but they may not proactively bring up that option to them.** That was our intent in providing the service. We found physicians, oncologists specifically, like it because it takes too long to look on clinicaltrials.gov, but they're excited to use the platform, and they're willing to do so, especially if the patient brings it to their attention.

Cindy Ness 37:35

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How do you get this platform, this wonderful opportunity, in front of the patient? In other words, sometimes there's so much information out there, and if patients aren't told about that, let's say by the practitioners they're working with, how do you intend to get it in front of them?

Mike Harris 37:58

There are a few ways, some which involve advertising and social media campaigns and that sort of thing. I think that's necessary, but not sufficient. Our goal is to make it so easy, intuitive, and helpful that word of mouth and informal networks help spread the information. And so far that has been the case. We've had a couple thousand people come to the site, and we've done zero advertising so far. We've done a lot of work with organizations in groups like Cancer Patient Labs, but our intent is to continue doing that and to make it so helpful and differentiated that people share it by themselves. Then we'll supplement that with the typical marketing spend organizations would do.

Raj Aji 38:47

If you have a certain mutation, you might find a number of trials. Do you have the capability to identify which of the trials are best for you based on, say, perhaps your tumor, tumor profile, or your germ line, etc?

Mike Harris 39:10

Within limits, yes. I say that because, even if we looked at every bit of information that's available about a given trial. “What's your bilirubin level? What's your prior history? Have you ever had any prior form of cancer? What is your ECOG score, which is your physical abilities and overall health measures?” Even if you get all of those things which are available on clinicaltrials.gov, that typically is not the complete set of inclusion criteria the enrolling site would go through. By that, I mean we get as close as we can for what the patient would know about their own condition and what their physician has, and get to that point of the first date, but it requires the enrolling site.

Working through all of the medical criteria, and then, of course, going through the consent process in order to finalize it, if you will. We try to get close, but we know we can't be exact, and the more information that the patient has. If they have a particular mutation, like a particular KRAS mutation, as an example, we can help you narrow the bullseye, if you will, to a very good target.

Raj Aji 40:34

Further on that, say, for example, if you have a particular KRAS, for example. And then you might have BRCA. You might have SMART for something like that. Would it? Would the tool identify which of the KRAS 12 trials are better?

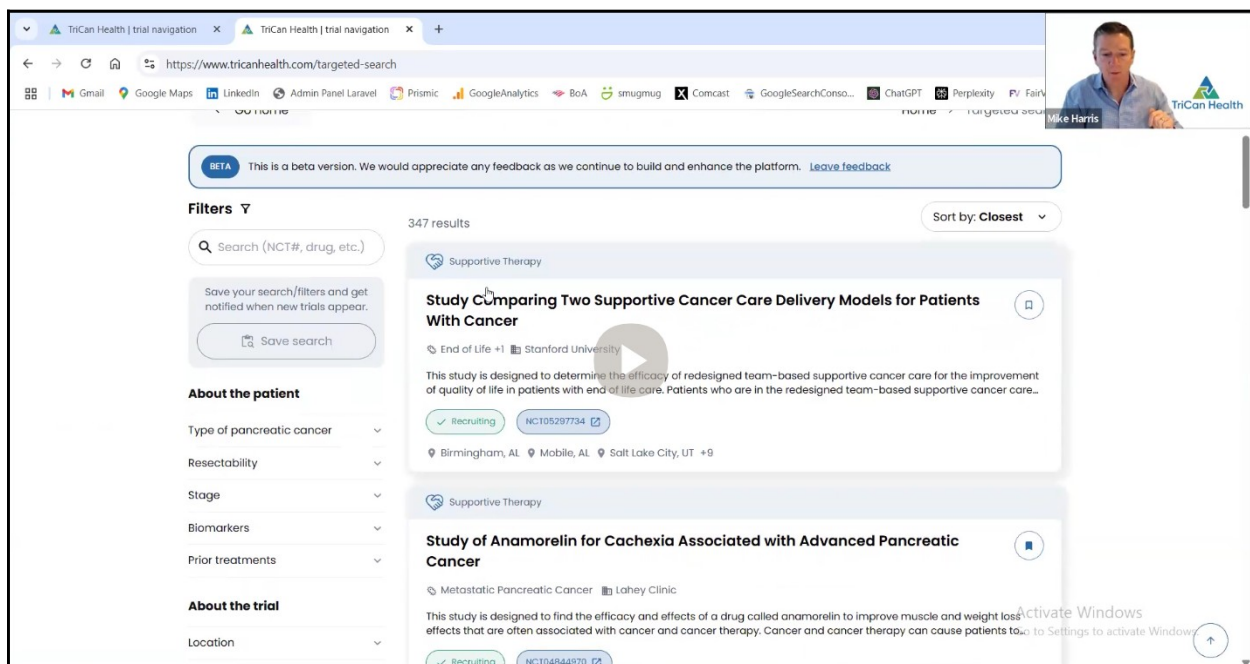
Mike Harris 40:56

Raj, yeah, if you don't mind, let me use that as a segue into just showing you how it might work, if that's okay, and, and I'll give you a sense of what kind of what the output is that picture might be worth a thousand words.

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If you went to tricanhealth.com this is what you'd see on the landing page. There's a whole Learn section, which allows you to see a number of articles that we've written. Actually, Rob Wecker is an author of at least one of these, and his input to several others, but it's things like who's in your healthcare team. What questions should you ask at different stages of your treatment? Why would you consider a clinical trial? Those are helpful summaries and good information to get you started.

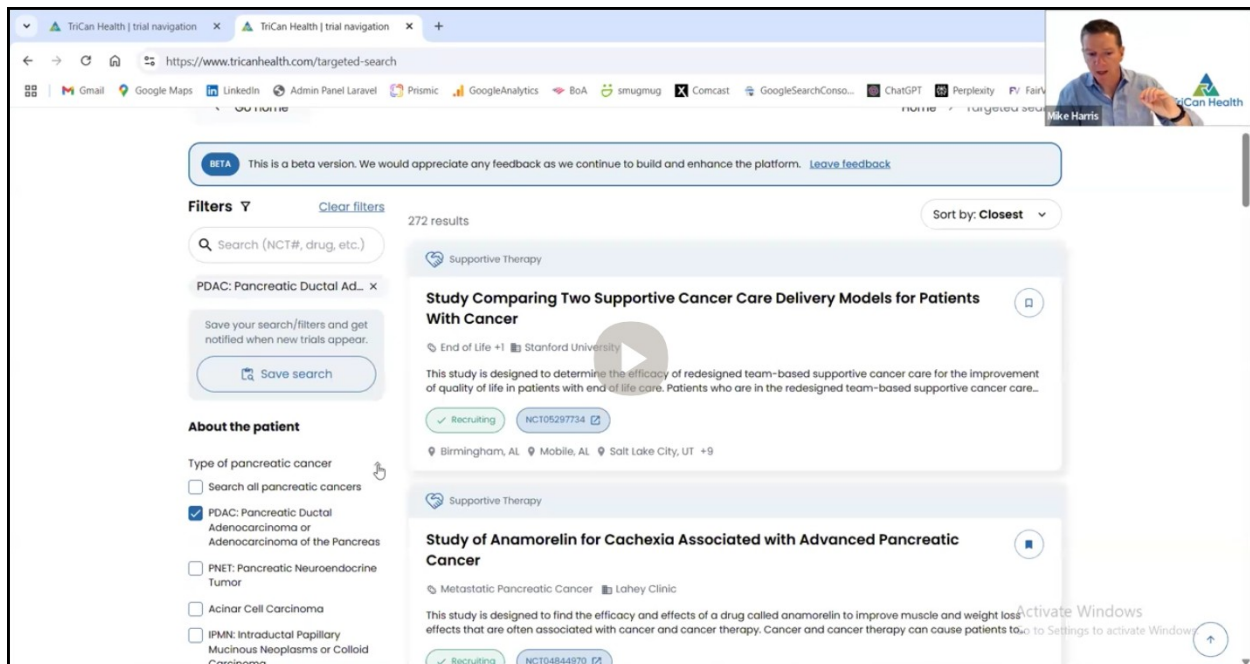
But, Raj, to come back to your question, it's in this Find A Trial section. I'm going to jump right to the more powerful one, which is this targeted search - which we just released in beta - just to give you a sense of how this might work. I'm also going to come around to Kathi as an example in a minute. But Raj, let's use your example first.



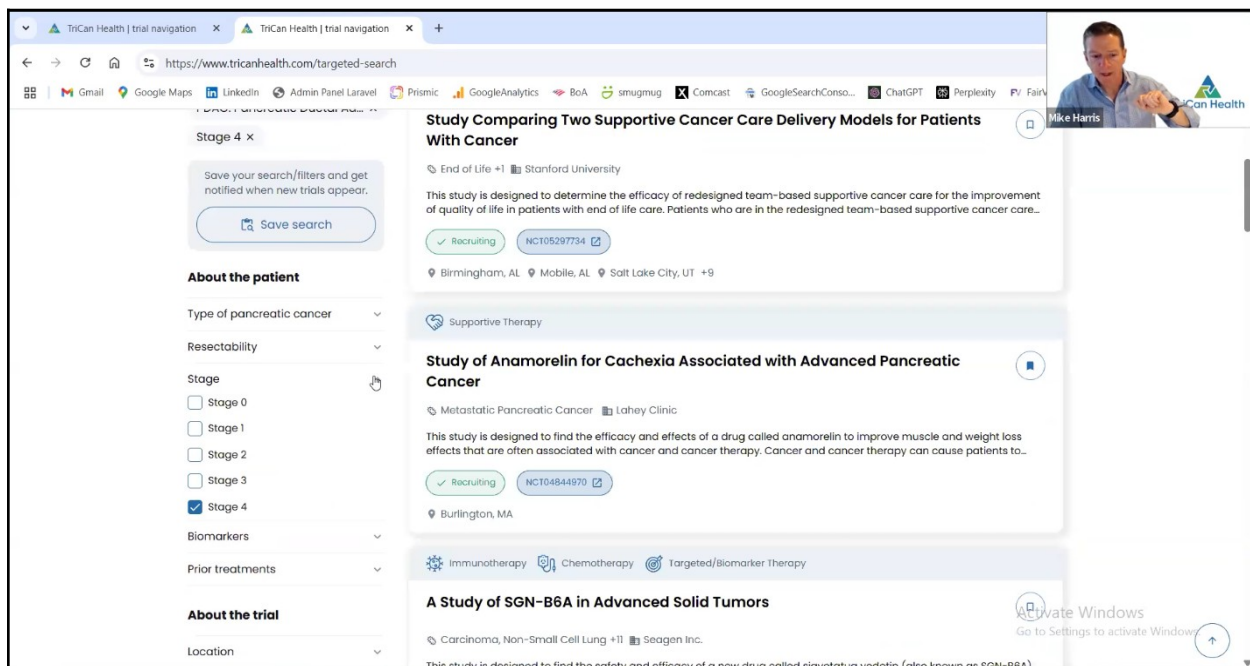
The screenshot shows a web browser window with the URL <https://www.tricanhealth.com/targeted-search>. The page features a search bar with the text "Search (NCT#, drug, etc.)" and a "Save search" button. Below the search bar, there are two columns of filters: "About the patient" and "About the trial". The "About the patient" filters include "Type of pancreatic cancer", "Resectability", "Stage", "Biomarkers", and "Prior treatments". The "About the trial" filter includes "Location". The search results section shows 347 results, sorted by "Closest". The first result is titled "Study Comparing Two Supportive Cancer Care Delivery Models for Patients With Cancer" and is sponsored by Stanford University. The second result is titled "Study of Anamorelin for Cachexia Associated with Advanced Pancreatic Cancer" and is sponsored by Lahey Clinic. Both results indicate they are "Recruiting" and provide NCT numbers and locations.

If you had pancreatic cancer, most patients have something called PDAC, which is pancreatic ductal adenocarcinoma.

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What you'll see is by applying these filters, if you've ever used Tripadvisor or Expedia and you think of that left rail to narrow things down. That's what we do on this as well. We're narrowing it down to say, "Okay, here's your particular type of pancreatic cancer." Maybe it's stage four that narrows it down a little further. You mentioned KRAS biomarkers, so we'll narrow it down a little further.



In terms of trial treatment types, you can say, "I'm looking for a cell therapy or preventive therapy." If you want to narrow it down into those kinds of things, and you might want

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something. We've had some patients who say they definitely want something that is not blinded. They want to know if they're getting the treatment or not. So you have those kinds of options that you can apply. You can see here that we default sort by what is closest. Now this is anchored to me, because I'm here in the Boston area. It's going to list things that are located in Boston first and foremost.

The screenshot shows the TriCan Health website interface. At the top, there's a navigation bar with the TriCan logo, home link, search bar, and links for Learn, FAQ, and About Us. A user account icon labeled 'My account' is visible. Below the navigation, a 'Go home' button and a breadcrumb trail 'Home > Targeted search' are present. A beta notice banner reads: 'BETA This is a beta version. We would appreciate any feedback as we continue to build and enhance the platform. [Leave feedback](#)'. The main content area features a 'Filters' section on the left with a search input 'Search (NCT#, drug, etc.)' and applied filters: 'PDAC: Pancreatic Ductal Ad...', 'Stage 4', and 'KRAS (or RAS or NRAS)'. A 'Save search' button is also visible. The search results are sorted by 'Closest' and show 24 results. The first result is 'Study of RAS Targeting Therapy, RMC-6236, in Patients With Advanced Solid Tumors with KRAS Mutations', sponsored by Revolution Medicines, Inc. The second result is 'Study of New Drug, DCC-3116, in Patients With MAPK Pathway Mutant Solid Tumors'. A video inset of Mike Harris is in the top right corner.

But you can see that it's taken what was hundreds of trials and narrowed it down to just a couple dozen. And then it sorts them by what is closest to me. I get to the ones that are physically located very close to me. If I scroll down, I can get as far as Philadelphia and New York and so forth. I'd have to travel a little bit to get to these trials down here, but it gives me a quick view of what is available.

For any of these, I'm able to see this summary to say, “Okay, here's a particular trial which is specifically for KRAS.” I can read a quick summary about it. I can see that Revolution Medicine is the sponsor. If I happen to have read about that in the news or something, I can see what lines of therapy it's valid for. I can get some summaries of information.

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Targeted/biomarker Therapy

Study of RAS Targeting Therapy, RMC-6236, in Patients With Advanced Solid Tumors with KRAS Mutations

Pancreatic Ductal Adenocarcinoma (PDAC), Advanced Solid Tumors, Non-small Cell Lung Cancer (NSCLC), Colorectal Cancer (CRC)

This study is designed to determine the safety and potential efficacy of RMC-6236 in patients with KRAS mutant advanced solid tumors. (Note KRASG12C is excluded). RMC-6236 is a new drug that inhibits a protein called RAS and may stop cancer cell growth. It is not yet FDA approved.

Treatments in this study are given as a pill and can be taken at home.

See less

Recruiting Phase 1 NCT05379985

Relevant biomarkers

KRAS RAS

Trial design

Enrollment: 614 Not randomized Not blinded Study start: 31 May 2022

Treatment group

Group 1

Share Save

(NSCLC), Colorectal Cancer (CRC)

This study is designed to determine the safety and potential efficacy of RMC-6236 in patients with KRAS mutant advanced solid tumors. (Note KRASG12C is excluded). RMC-6236 is a new drug that inhibits a protein called RAS and may stop cancer cell growth. It is not yet FDA approved.

Treatments in this study are given as a pill and can be taken at home.

See less

Recruiting Phase 1 NCT05379985

Relevant biomarkers

KRAS RAS

Trial design

Enrollment: 614 Not randomized Not blinded Study start: 31 May 2022

Treatment group

Group 1

RMC-6236

Trial sponsor

Revolution Medicines, Inc.

Official title

Phase 1/1b Multicenter Open-Label Study of RMC-6236 in Subjects With Advanced Solid Tumors Harboring Specific

How do I know if I qualify?

2nd line of therapy 3rd line of therapy

4th line of therapy Stage 2 Stage 3 Stage 4

You can join if: You can't join if:

Additional trial resources

www.revmed.com

Contact information

3rd line therapy means the trial is testing a treatment regimen given after the participant has had 2 prior treatment regimens and both stopped working.

Share Save

One of the things we got was, “hey, can you get a glossary of info? Like, I don't know what line of therapy means? Can you tell me what that looks like?” This gives you a hover over capability to describe these different aspects being shown. You can then take a look at the trial and see if that one might be a match for you.

If any of you do shopping on Amazon, a typical approach is people look at a bunch of stuff, and then they just throw it in the cart, and then they go back and look at the cart and choose the subset of things that they want to buy. You could say, “This one's interesting. I'm going to save

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this trial, and I'm going to save it in Boston Area trials for PDAC, and I'm going to put it in that folder so that I can go back and look at it later or share it with my physician.”

Study of RAS Targeting Therapy, RMC-6236, in Patients With Advanced Solid Tumors with KRAS Mutations
Pancreatic Ductal Adenocarcinoma (PDAC), Advanced Solid Tumors, Non-small Cell Lung Cancer (NSCLC), Colorectal Cancer (CRC)

This study is designed to determine the safety and potential efficacy of RMC-6236 in patients with KRAS mutant advanced solid tumors. (Note KRASG12C is excluded). RMC-6236 is a new drug that inhibits a protein called RAS and may stop cancer cell growth. It is not yet FDA approved.

Treatments in this study are given as a pill and can be taken at home.

See less

Recruiting Phase I NCT05379985

Relevant biomarkers: KRAS, RAS

Trial design: Enrollment: 614, Not randomized, Not blinded, Study start: 31 May 2022

Treatment group: Group 1, RMC-6236

Trial sponsor

Share Save

Map of Boston showing trial locations in Boston, MA and New York, NY.

How do I know if I qualify?
2nd line of therapy, 3rd line of therapy, 4th line of therapy, Stage 2, Stage 3, Stage 4
You can join if: [dropdown]
You can't join if: [dropdown]

Activate Windows
Go to Settings to activate Windows.

I provided a lot of information there. But Raj, let me ask you, did I answer at least a portion of your question in terms of identifying the trials that are most relevant for you based on the information that you provided? And so far, which is in this case, PDAC stage four with a KRAS mutation.

BETA This is a beta version. We would appreciate any feedback as we continue to build and enhance the platform. Leave feedback

Filters Clear filters

Search (NCT#, drug, etc.)

24 results Sort by: Closest

PDAC: Pancreatic Ductal Ad... x

Stage 4 x

KRAS (or RAS or NRAS) x

Save your search/filters and get notified when new trials appear. Save search

About the patient

Type of pancreatic cancer

Resectability

Stage

Biomarkers

Prior treatments

Targeted/Biomarker Therapy

Study of RAS Targeting Therapy, RMC-6236, in Patients With Advanced Solid Tumors with KRAS Mutations

Non-small Cell Lung Cancer (NSCLC) +3 KRAS, RAS Revolution Medicines, Inc.

This study is designed to determine the safety and potential efficacy of RMC-6236 in patients with KRAS mutant advanced solid tumors. (Note KRASG12C is excluded). RMC-6236 is a new drug that inhibits a protein called RAS and ma...

Recruiting NCT05379985

Boston, MA New York, NY New York, NY +13

Targeted/Biomarker Therapy

Study of New Drug, DCC-3116, in Patients With MAPK Pathway Mutant Solid Tumors

Non-Small Cell Lung Cancer +2 KRAS, NFI +5 Deciphera Pharmaceuticals, LLC

This study is designed to find the recommended dose, safety, and potential efficacy of DCC-3116 alone and in combination with trametinib, binimetinib, or sotorasib in patients with advanced or metastatic solid tumors with...

Recruiting NCT04892017

Activate Windows
Go to Settings to activate Windows.

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Raj Aji 44:56

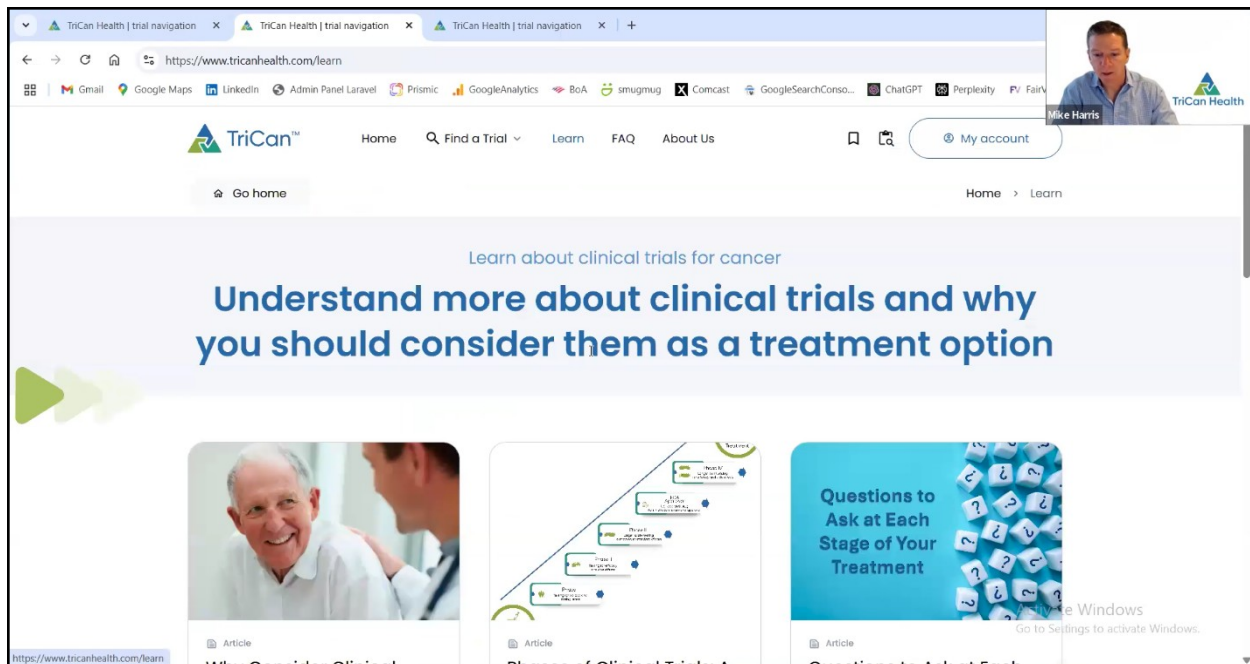
Yeah, it does. One thing you also think about is the option that you said, whether you're looking for an immunotherapy trial or a cell therapy trial, identifying which is better for you or which of these is better for you. Do you point to articles? Do you point to any kind of resources to help the patient navigate that?

The screenshot displays the TricAn Health website's targeted-search interface. The left sidebar contains filters for 'About the patient' (Type of pancreatic cancer, Resectability, Stage, Biomarkers, Prior treatments) and 'About the trial' (Location, Line of therapy, Trial treatment type). Under 'Trial treatment type', 'Immunotherapy' and 'Cell Therapy' are selected. The main content area shows a list of trials under the 'Cell Therapy' category. The top trial is 'Study of Cell Therapy, AFNT-211, in Patients With Advanced or Metastatic Solid Tumor', which is currently recruiting (NC108105021) and located in New Haven, CT; New York, NY; and New York, NY. Below it is a trial for 'Immunotherapy' titled 'Study to Evaluate a Cancer Vaccine Regimen in Patients With KRAS G12D/G12V Mutated PDAC (KISIMA-02)', also recruiting (NC105846010) and located in New York, NY; Fairfax, VA; and Cleveland, OH. A third trial, 'Study of Cell Therapy, NT-112, in HLA-C*08:02-Positive Patients With Unresectable, Advanced, and/ or Metastatic Solid Tumors Positive for the', is partially visible at the bottom. A video call window with Raj Aji is visible in the top right corner.

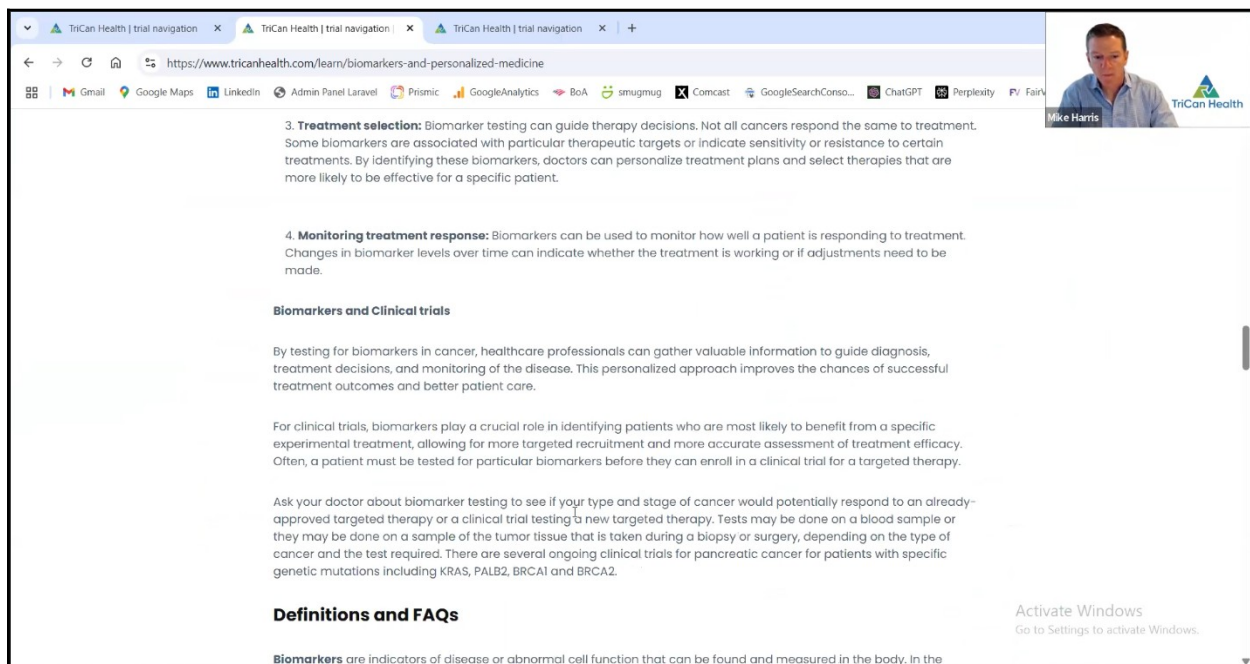
Mike Harris 45:22

It's a great question. We stay away from that kind of medical advice, which would say that for a particular patient, cell therapy might be better than immunotherapy or vice versa. We would want the physician to do that in consultation with the patient, who would know much more than we could possibly know on this kind of online platform.

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But to your question, we do have this capability of articles. One of the ones we approach is biomarkers and personalized medicine, where we have an article which talks about the differences between the different biomarkers. We have one that talks about the different types of treatment types and how they can attack things slightly differently. It would be a supplement to what the patient would get from their physician directly.



Brad Power 46:28

Mike, could you do Kathi Peterson, please?

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Mike Harris 46:32

Absolutely. Kathi, I'm going to clear these filters out, and we're going to do a quick search for you. Please feel free to share as much or as little information as you want to. We'll do an example. I'm going to start because, if I remember correctly, you said you were in Louisville, Kentucky, right? I was there recently for a bourbon tour. It was lovely.

Kathi Peterson 46:54

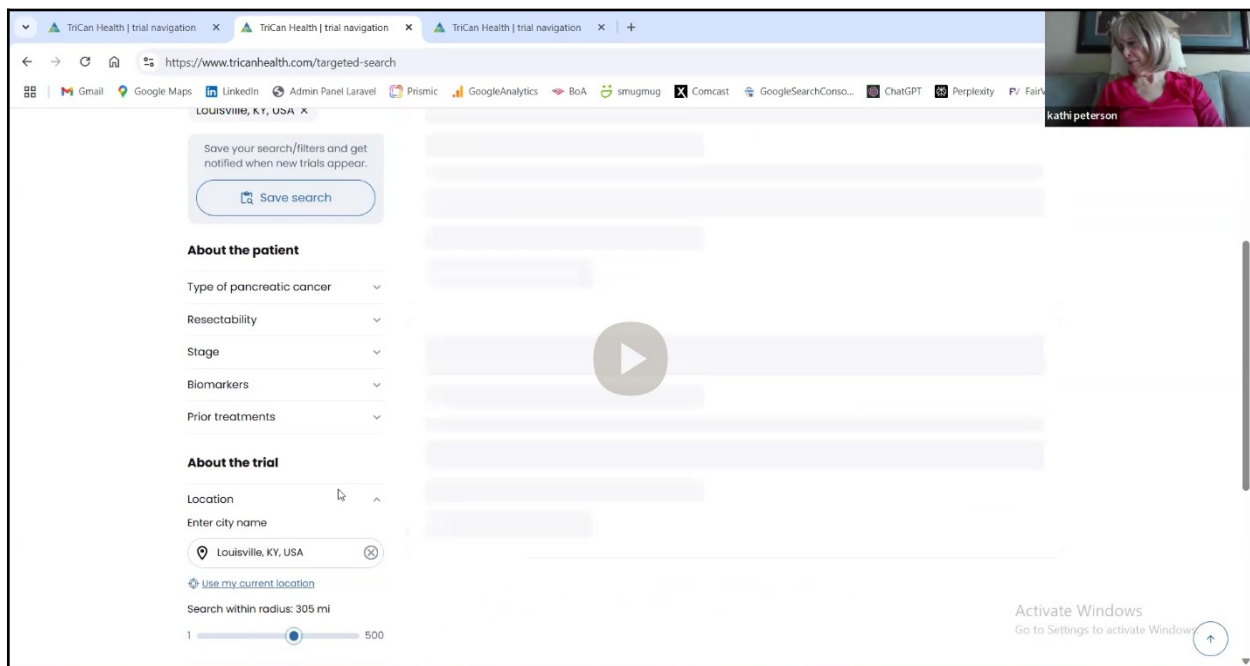
Oh, bourbon, bourbon. It's everywhere.

Mike Harris 46:59

I'm going to start by putting that filter on first. Starting from Louisville, and looking at a radius of, I picked an arbitrary 200 miles, but you can make that as broad or as narrow as you wish. We'll start there.

Kathi Peterson 47:10

Yeah, it could include Nashville, which might be, I don't know how far that is, but Nashville, Lexington, Louisville, Indianapolis, Cincinnati.

The screenshot shows a web browser window with multiple tabs for 'TricAn Health | trial navigation'. The active tab is at 'https://www.tricanhealth.com/targeted-search'. The page content includes a 'Save your search/filters and get notified when new trials appear.' section with a 'Save search' button. Below this are two main filter sections: 'About the patient' and 'About the trial'. The 'About the patient' section has dropdown menus for 'Type of pancreatic cancer', 'Resectability', 'Stage', 'Biomarkers', and 'Prior treatments'. The 'About the trial' section has a 'Location' dropdown set to 'Louisville, KY, USA' and a 'Search within radius: 305 mi' slider. A video player with a play button is overlaid on the right side of the page. In the top right corner, there is a small video feed of Kathi Peterson. An 'Activate Windows' watermark is visible in the bottom right corner.

Mike Harris 47:23

Okay, we'll move it out to 300 miles and see what we can pull.

Kathi Peterson

Okay, all right.

Mike Harris

“Solving Information Inequities between Cancer Patients, their Doctors, and Clinical Trial Sponsors” (Mike Harris) [#136]

Do you know what type of pancreatic cancer they have?

Kathi Peterson 47:33

Yeah, I know I have PDAC.

The screenshot shows a web browser window with the URL <https://www.tricanhealth.com/targeted-search>. The page features a search bar at the top with the text "SEARCH (NCTID#, DRUG, ETC.)". Below the search bar, there are several filter categories: "Louisville, KY, USA", "PDAC: Pancreatic Ductal Ad...", and a "Save search" button. The "About the patient" section is expanded, showing a dropdown menu for "Type of pancreatic cancer" with the following options: "SEARCH FOR PANCREATIC CANCERS", "PDAC: Pancreatic Ductal Adenocarcinoma or Adenocarcinoma of the Pancreas" (checked), "PNET: Pancreatic Neuroendocrine Tumor", "Acinar Cell Carcinoma", "IPMN: Intraductal Papillary Mucinous Neoplasms or Colloid Carcinoma", and "Squamous Cell or Adenosquamous Carcinoma of the Pancreas". Other filter categories include "Resectability" and "Stage". A video feed of Mike Harris is visible in the top right corner.

Mike Harris 47:41

OK. And I think you mentioned a biomarker? You have KRAS biomarker?

The screenshot shows the same web browser window as the previous one, but with the "Biomarkers" filter category expanded. The "Type of pancreatic cancer" filter is now collapsed. The "Biomarkers" section shows the following options: "KRAS (or RAS or NRAS)" (checked), "CDKN2A", "TP53", "SMAD4", "ALK", "ATM", "BRAF", "BRCA1 or BRCA2", and "CHK1 or CHK2 (or CHEK1)". A video feed of Kathi Peterson is visible in the top right corner.

“Solving Information Inequities between Cancer Patients, their Doctors, and Clinical Trial Sponsors” (Mike Harris) [#136]

Kathi Peterson 47:44

Yes. I have KRAS G12F.

Mike Harris 47:47

G12F. Okay. I'm going to come back to that in one second, because that is a narrow lens. Have you had treatment yet?

Kathi Peterson 48:02

I'm stage four. I've had a lot of treatment, because I was diagnosed in October of 2020. I've had I believe it's Folfirinox, for the first treatment. And then I had the Whipple. And then I had 30 days of radiation after the Whipple, along with Xeloda. And then I had several years, maybe three years, I don't know how many years of Gemzar and Abraxane.

Mike Harris 48:49

Okay, some more chemo. Okay.

Kathi Peterson 48:50

Then I had an ablation [[Oncodaily](#)] of a tumor on my liver 18 months ago. And then I had another ablation just this month of a tumor on my liver. I had another chemo, which was the one that was most recently approved for standard of care, 5-FU and Leucovorin and some other stuff. That's all of what I've had.

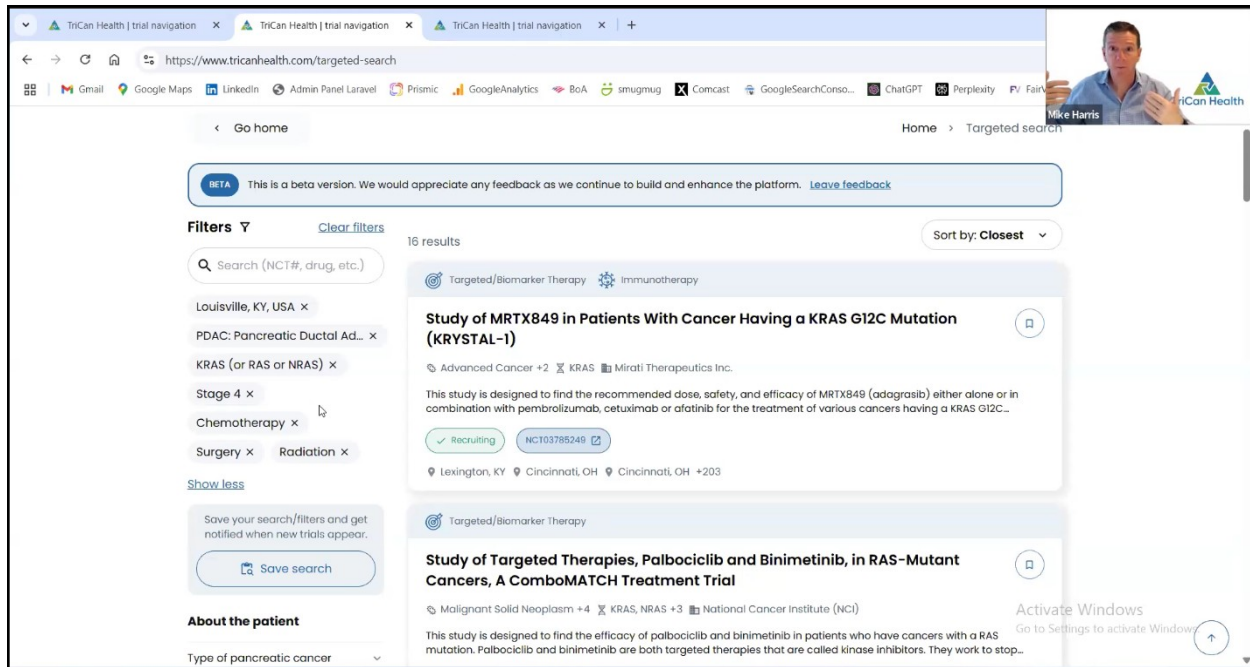
The screenshot shows a web browser window with the URL <https://www.tricanhealth.com/targeted-search>. The page displays search filters on the left and a list of clinical trials on the right. The filters include 'About the patient' (Type of pancreatic cancer, Resectability, Stage, Biomarkers, Prior treatments: No treatment yet, Surgery, Chemotherapy, Radiation, Targeted/biomarker therapy, Immunotherapy, Cell therapy, Clinical Trial) and 'About the trial' (Location: Louisville, KY, USA). The search results show three trials, all marked as 'Recruiting'. The first trial is 'Study of Targeted Therapies, Palbociclib and Binimetinib, in RAS-Mutant Cancers, A ComboMATCH Treatment Trial' (NCT05554357) by the National Cancer Institute (NCI). The second trial is 'Study of RAS Targeting Therapy, RMC-6236, in Patients With Advanced Solid Tumors with KRAS Mutations' (NCT05379885) by Revolution Medicines, Inc. The third trial is 'Targeted Therapy Drug, RMC-9805, in Patients With KRASG12D-Mutant Solid Tumors' (NCT05379885) by Revolution Medicines, Inc. A video feed of Kathi Peterson is visible in the top right corner.

Mike Harris 49:22

Terrific. That gives us a great start. The way I would think of it is in terms of a bull's eye. We've already narrowed down from all pancreatic cancer trials to just those within 300 miles of Louisville, for PDAC, for KRAS and for having had these different treatments.

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What we've done is removed from the list things that would for which you would be disqualified because you've got a different form of cancer than it's trying to look for, or they would look for a first line of therapy or something. We've narrowed this down. There's 16 trials that would be potentially a good fit for you within this 300 mile radius.



The screenshot displays a web browser window with the URL <https://www.tricanhealth.com/targeted-search>. The page features a navigation bar with "Home" and "Targeted search" links. A beta notice at the top reads: "BETA This is a beta version. We would appreciate any feedback as we continue to build and enhance the platform. [Leave feedback](#)".

The main content area is titled "Filters" and shows 16 results. The filters applied are: "Louisville, KY, USA", "PDAC: Pancreatic Ductal Ad...", "KRAS (or RAS or NRAS)", "Stage 4", "Chemotherapy", "Surgery", and "Radiation". A search bar contains the text "Search (NCT#, drug, etc.)".

The search results are sorted by "Closest" and include two trial listings:

- Study of MRTX849 in Patients With Cancer Having a KRAS G12C Mutation (KRYSTAL-1)**
Advanced Cancer +2 | KRAS | Mirati Therapeutics Inc.
This study is designed to find the recommended dose, safety, and efficacy of MRTX849 (adagrasib) either alone or in combination with pembrolizumab, cetuximab or afatinib for the treatment of various cancers having a KRAS G12C...
Recruiting | NCT03785249
Locations: Lexington, KY | Cincinnati, OH | Cincinnati, OH +203
- Study of Targeted Therapies, Palbociclib and Binimetinib, in RAS-Mutant Cancers, A ComboMATCH Treatment Trial**
Malignant Solid Neoplasm +4 | KRAS, NRAS +3 | National Cancer Institute (NCI)
This study is designed to find the efficacy of palbociclib and binimetinib in patients who have cancers with a RAS mutation. Palbociclib and binimetinib are both targeted therapies that are called kinase inhibitors. They work to stop...

An "About the patient" section is visible at the bottom left, with a dropdown menu for "Type of pancreatic cancer".

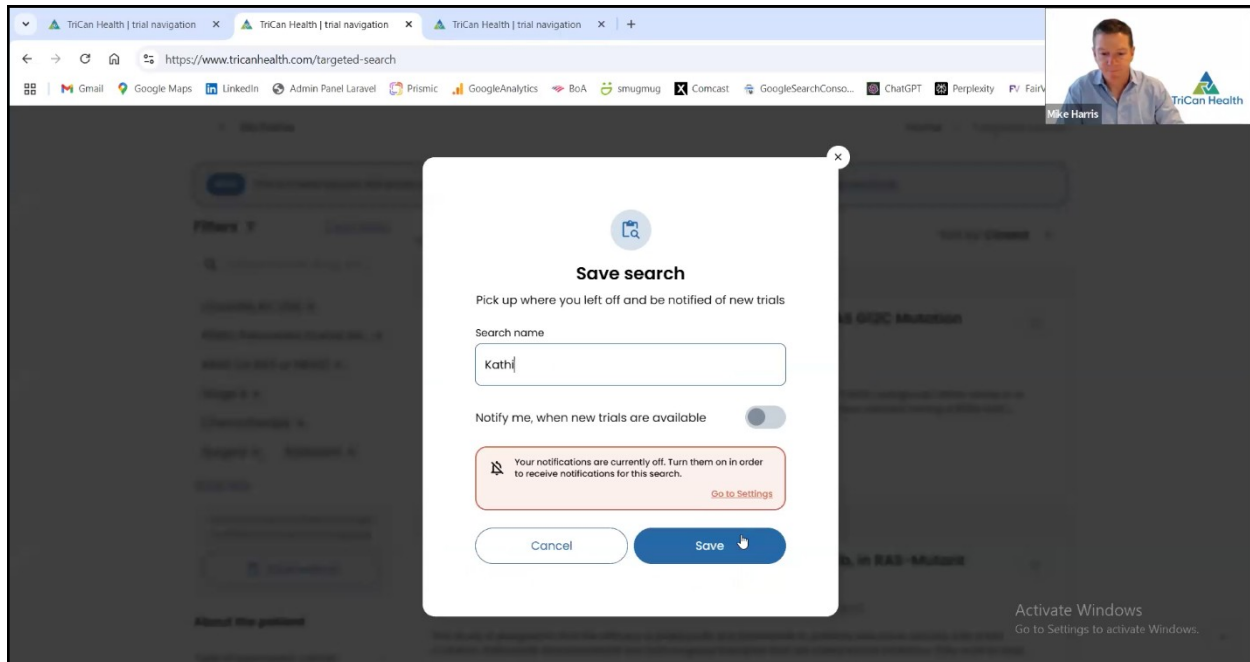
Kathi Peterson
Oh!

Mike Harris

It's interesting you have that reaction because that's what we notice most often. Most folks would assume that there might be one or two trials that might fit and are generally surprised that there are often many different options.

Now, to be fair, we haven't gone through every single category here, so there might be some additional things that would narrow this list further. But it's a starting point, right? And what I'm going to do is I'm going to save this search, and I'm going to call it Kathi, and that way we can connect, if you'd like, after this conversation.

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Kathi Peterson
Yes, I would.

Mike Harris

I can share all these with you and go through in more detail, but I wanted to start here. This is, if you will, a pretty narrow center of the bullseye. But I'm going to enter one more thing to see if we can get a direct hit in the center, because you said you had the G12 F mutation. And as you say, the F mutation is rare, what we're not seeing is something that specifically targets that mutation with all those other filters applied.

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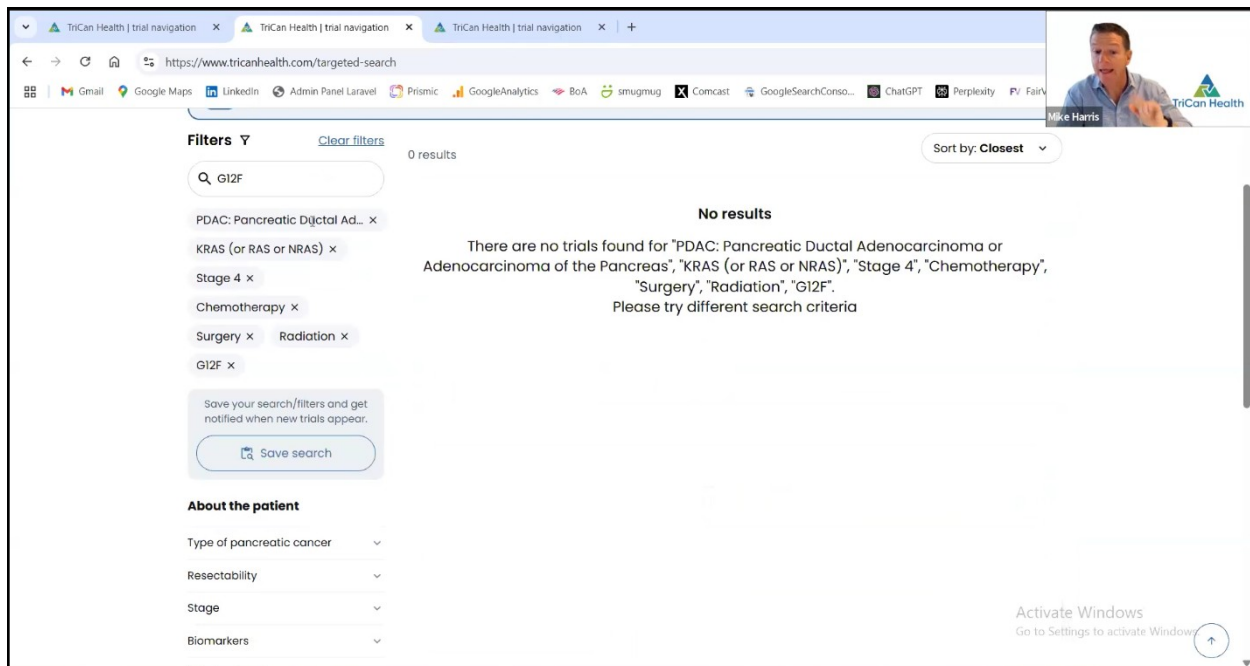
The screenshot shows a web browser window with the URL <https://www.tricanhealth.com/targeted-search>. The page features a search bar with the query "G12F" and a "Filters" section on the left. The filters include: Louisville, KY, USA; PDAC: Pancreatic Ductal Ad...; KRAS (or RAS or NRAS); Stage 4; Chemotherapy; Surgery; Radiation; and G12F. The search results area displays "0 results" and a message: "No results. There are no trials found for 'Louisville, KY, USA', 'PDAC: Pancreatic Ductal Adenocarcinoma or Adenocarcinoma of the Pancreas', 'KRAS (or RAS or NRAS)', 'Stage 4', 'Chemotherapy', 'Surgery', 'Radiation', 'G12F'. Please try different search criteria". A "Save search" button is visible below the filters. The top right corner shows a video feed of Mike Harris and the TricAn Health logo.

There are some which have G12C or G12D. That's what's picking up in the smaller set. We can't go to the very center of the bullseye, but we might go a little bit farther. There's one other thing we can try.

The screenshot shows the same web browser window, but the search query is now "G12" and the results are "10 results". The filters are: Louisville, KY, USA; PDAC: Pancreatic Ductal Ad...; KRAS (or RAS or NRAS); Stage 4; Chemotherapy; Surgery; Radiation; and G12. The search results area displays two trial cards. The first card is titled "Study of MRTX849 in Patients With Cancer Having a KRAS G12C Mutation (CRYSTAL-1)" and is sponsored by Mirati Therapeutics Inc. The second card is titled "Study of Targeted Therapies, Palbociclib and Binimetinib, in RAS-Mutant Cancers, A ComboMATCH Treatment Trial" and is sponsored by the National Cancer Institute (NCI). A "Save search" button is visible below the filters. The top right corner shows a video feed of Mike Harris and the TricAn Health logo.

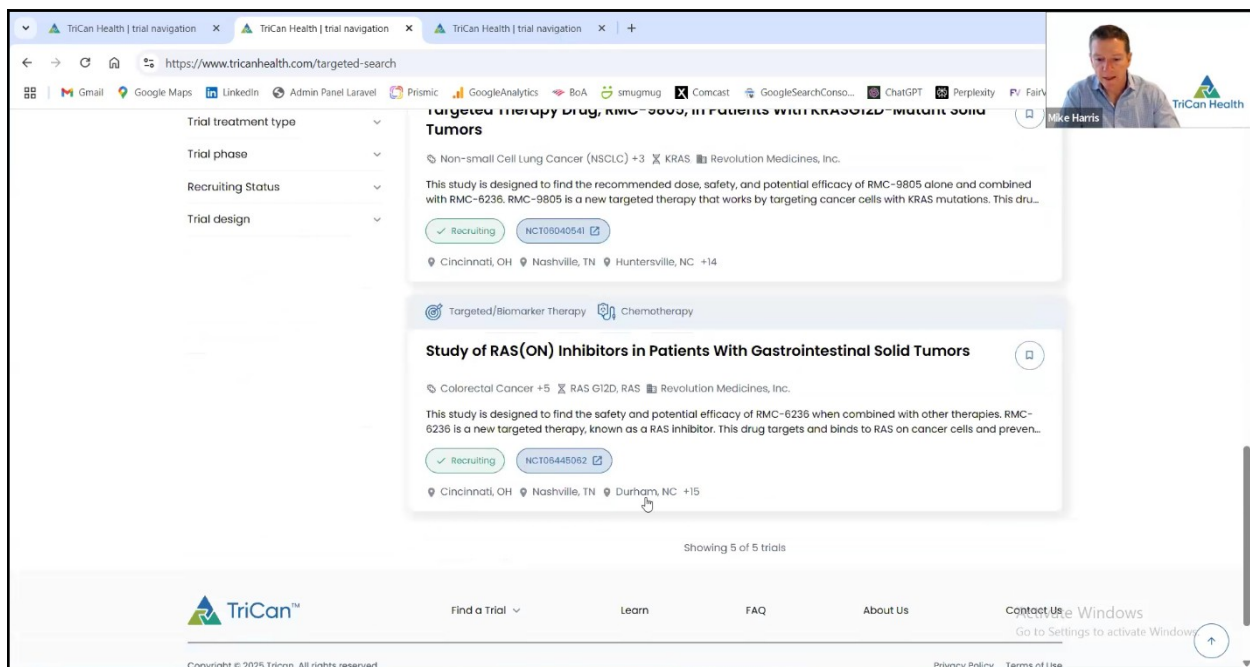
Let me try this, which is G12F, but then I'm going to remove the geography. I'm not seeing any trials that are specific to G12F that fit these other categories, even on a national level. But I wanted to see if that was the case.

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The screenshot shows a web browser window with the URL <https://www.tricanhealth.com/targeted-search>. The search bar contains the text "GI2F". The filters on the left include: PDAC: Pancreatic Digtal Ad... x, KRAS (or RAS or NRAS) x, Stage 4 x, Chemotherapy x, Surgery x, Radiation x, and GI2F x. The main content area displays "No results" with the message: "There are no trials found for 'PDAC: Pancreatic Ductal Adenocarcinoma or Adenocarcinoma of the Pancreas', 'KRAS (or RAS or NRAS)', 'Stage 4', 'Chemotherapy', 'Surgery', 'Radiation', 'GI2F'. Please try different search criteria". A "Save search" button is visible below the filters. The bottom right corner has an "Activate Windows" watermark.

What you can see is that you'll see these. I need to re-enter Louisville. What you'll see is you can find some that are in Lexington or in Cincinnati, then additional areas that can potentially be of interest, so that we can find the right set that was appropriate for you.



The screenshot shows the same web browser window, but now displaying search results. The search bar is empty. The filters on the left include: Trial treatment type, Trial phase, Recruiting Status, and Trial design. The main content area displays two trial results:

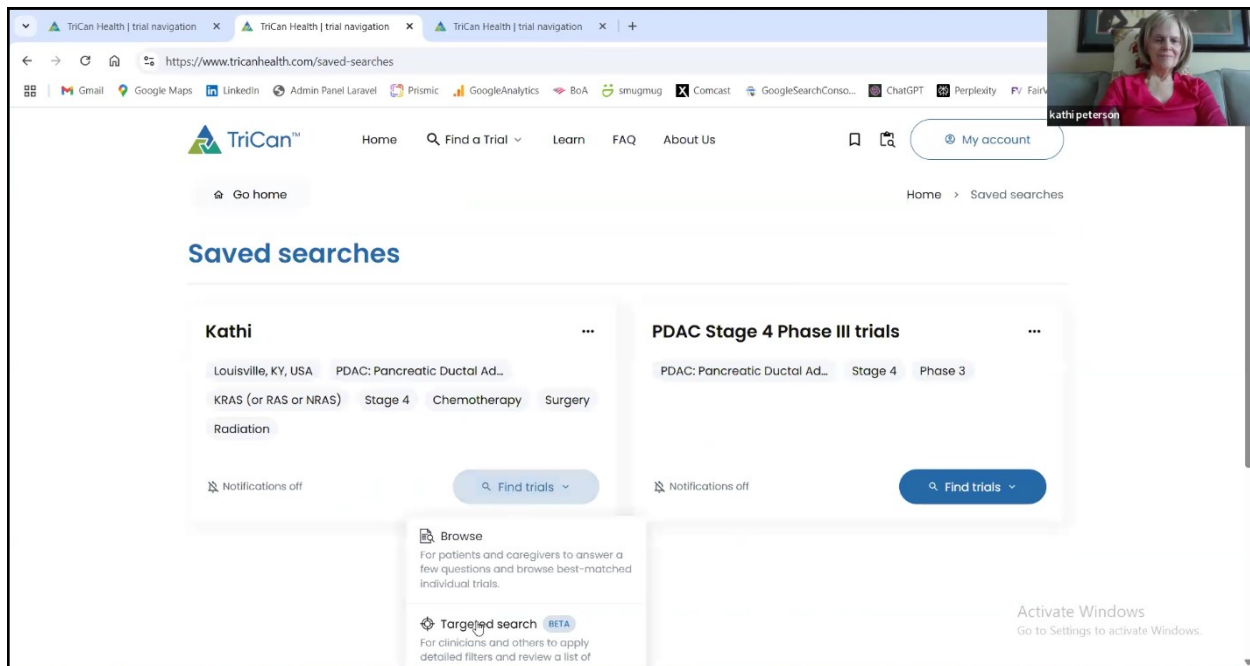
- Targeted therapy drug, RMC-9805, in Patients with KRAS G12D-Mutant Solid Tumors**
Non-small Cell Lung Cancer (NSCLC) +3 x KRAS | Revolution Medicines, Inc.
This study is designed to find the recommended dose, safety, and potential efficacy of RMC-9805 alone and combined with RMC-6236. RMC-9805 is a new targeted therapy that works by targeting cancer cells with KRAS mutations. This dru...
Recruiting | NCT05040541
Cincinnati, OH | Nashville, TN | Huntersville, NC +14
- Study of RAS(ON) Inhibitors in Patients With Gastrointestinal Solid Tumors**
Colorectal Cancer +5 x RAS G12D, RAS | Revolution Medicines, Inc.
This study is designed to find the safety and potential efficacy of RMC-6236 when combined with other therapies. RMC-6236 is a new targeted therapy, known as a RAS inhibitor. This drug targets and binds to RAS on cancer cells and preven...
Recruiting | NCT05445092
Cincinnati, OH | Nashville, TN | Durham, NC +15

Showing 5 of 5 trials

The footer includes the TriCan logo, navigation links (Find a Trial, Learn, FAQ, About Us, Contact Us), and an "Activate Windows" watermark.

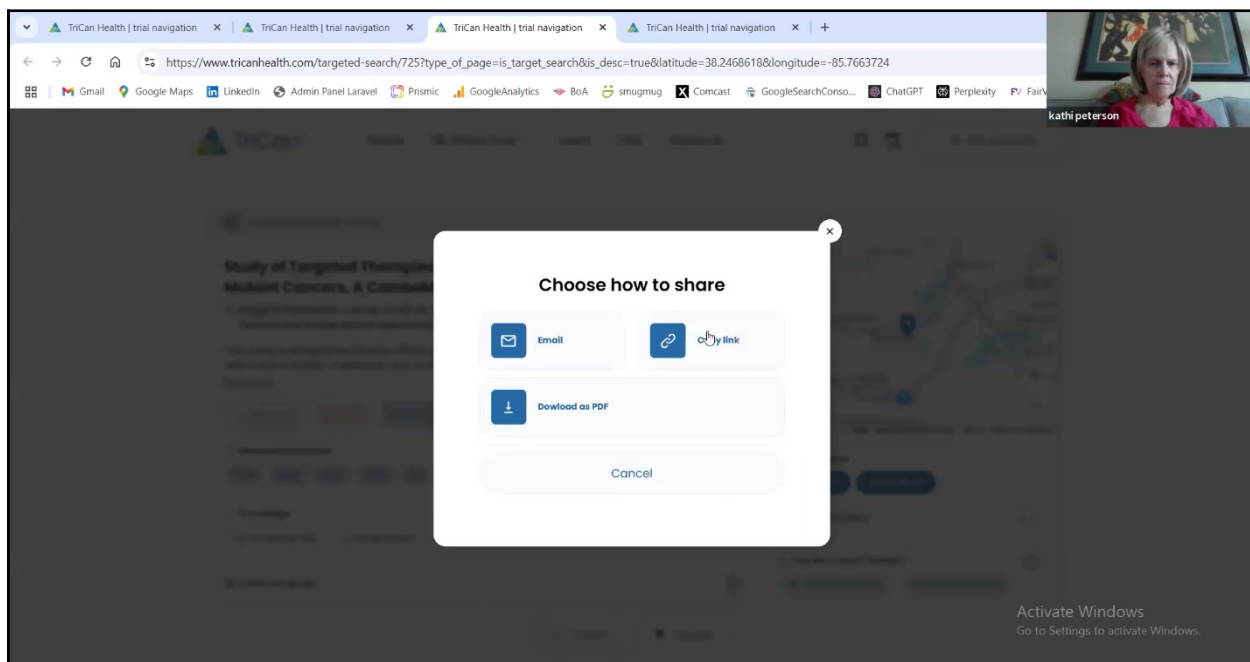
I'm going to come back to the search, and I'm going to look here, say, Find Trials, and that pulls us back up to those 16 results.

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This one probably would not fit, because it's specific to G12C, but this one may be a good option for you. When it's run by the NCI [National Cancer Institute], you can see it's targeting various forms of KRAS. It's right there in Lexington, and this is how you would say, “this one is of interest”.

I'm going to click here, and I'm going to save this trial for a new album. What I've done is created a search save so that I can get all the trials that would fall under that search, and then I'm creating an album which is for the specific ones that may be of interest to you.



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Then you can share it or copy a link. You could send an email to your physician or to your family member and say, “Hey, this is a trial that I found. Would this be of interest?” You could have a good conversation with your physician, to understand what's being tested, whether it may or may not be a good fit for you, and how you might proceed.

The screenshot shows a web browser window with multiple tabs for 'Trican Health | trial navigation'. The main content area displays a clinical trial search result for 'Ovarian Low Grade Serous Adenocarcinoma, Stage IV Ovarian Cancer AJCC v8'. The text describes the study's purpose: to find the efficacy of paibociclib and binimetinib in patients with RAS mutations. It lists treatments as pills taken at home and identifies relevant biomarkers (KRAS, NRAS, HRAS, BRAF, RAF). The trial design is noted as randomized, not blinded, with 199 enrollment and a start date of 13 Dec 2023. Two treatment groups are shown: Group 1 (Binimetinib, Paibociclib) and Group 2 (Binimetinib). A map on the right shows the trial location at the University of Kentucky/Morley Cancer Center in Lexington, KY. A video call window in the top right corner shows Mike Harris. The browser's address bar shows the URL: https://www.tricanhealth.com/targeted-search/725?type_of_page=is_target_search&is_desc=true&latitude=38.2466618&longitude=-85.7663724.

If you are interested, you can see it's at the University of Kentucky and you can get access to the information in that way. You can also have access directly to clinicaltrials.gov which is the source data. We give direct access to that info, so you're not limited.

Kathi Peterson
Good. Thank you.

Mike Harris
Yes, ma'am. What we had shown earlier was information on my contact information, which is just Mike.Harris@tricanhealth.com it's also on the site. I'm happy to answer any questions that we can offline.

Rob Weker 54:12

Hi, Mike, quick question. Just building off Kathi's case. I'm wondering if there's an intent on your platform to extend, for example, to say, “hey, Kathi, if you took this biomarker test, it would help better inform you and your medical team to make a better decision.” Do you look to extend it in that direction?

Mike Harris 54:39

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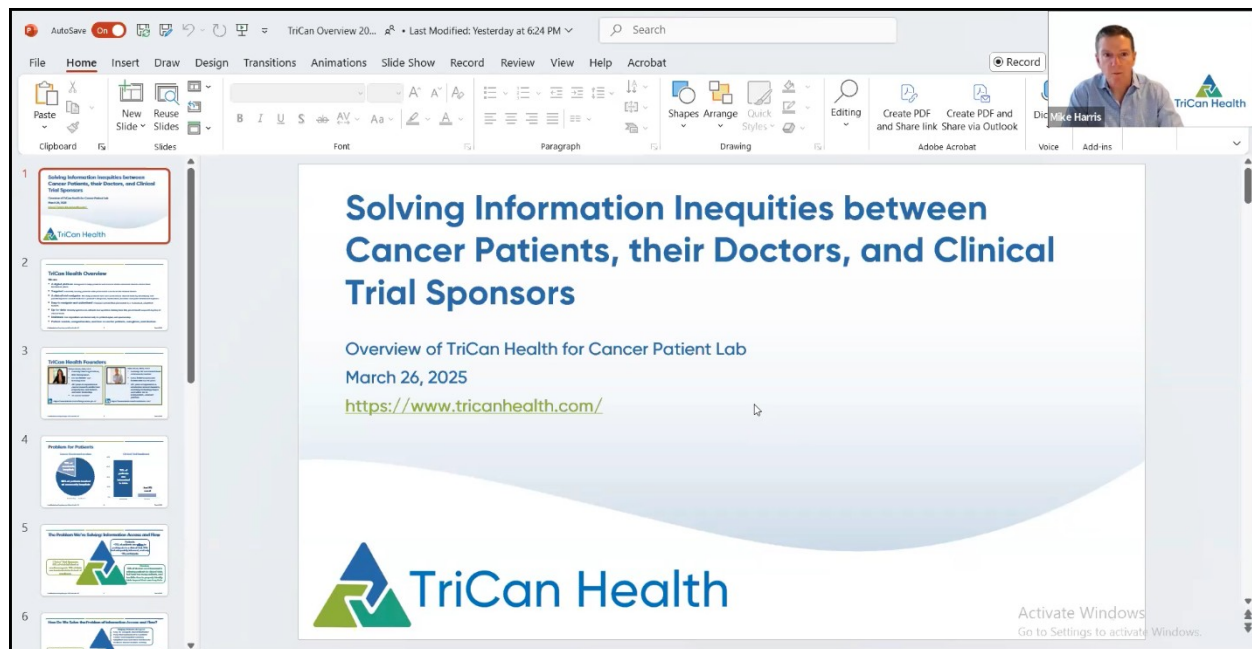
Short answer is “yes”. What Rob's getting at is a great point, which is to make sure the patient is as prepared as possible and the time frame is compressed so that they don't show up to a trial site and say, “Oh, you need this test and this information” and so forth.

We want to equip the patient so that you have everything that you need. When you show up and present to the trial site, you could advance quickly. You could move quickly through the process. That's what we're aiming to do. We don't have that right now, Rob. What we want to do is to use the AI approach to extract that from all the inclusion/exclusion criteria, so that, in this case, Kathi, you'd be well prepared to have all the information available, and when you did show up to the trial site, they wouldn't ask for additional information. Ideally, you'd have everything and be ready to go. That's the intent.

Brad Power 55:27

Any parting words of wisdom? Summaries? The main idea?

I'd also like you to go back and touch on the title that you chose for this discussion, which was “Solving Information Inequities between Cancer Patients, their Doctors, and Clinical Trial Sponsors.” We spent most of our time talking about how a pancreatic cancer patient would navigate their decisions, but you're pointing at a systemic thing you're addressing here too. I'd like you to speak to that and any parting words of wisdom.



The screenshot shows a Microsoft PowerPoint presentation in a window titled "TriCan Overview 20...". The presentation is titled "Solving Information Inequities between Cancer Patients, their Doctors, and Clinical Trial Sponsors" and is an "Overview of TriCan Health for Cancer Patient Lab" dated "March 26, 2025". A URL is provided: <https://www.tricanhealth.com/>. The TriCan Health logo is visible at the bottom. The slide is displayed in a presentation view with a navigation pane on the left showing six slides. The top of the window shows the PowerPoint ribbon with tabs for File, Home, Insert, Draw, Design, Transitions, Animations, Slide Show, Record, Review, View, Help, and Acrobat. A small video feed of Mike Harris is visible in the top right corner of the presentation window.

Mike Harris 56:05

The way I would describe it, Brad, is that the **physicians have a lot of information in their hospital and about the trials with which they are familiar. Clinical trial sponsors know a huge amount of information about the trials they are running. Most patients are uninformed about all of it, and it's really hard to get access to the details those other two parties have. In our view, that inequity of**

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information, of availability of knowledge, limits the pace of scientific progress. It limits access to what are potentially life saving medicines and treatments that patients could get access to.

We're trying to reduce, we'll never eliminate, but we want to reduce those inequities between those three parties and make it make them co-equal partners so that there can be shared decision making among those three and we can get patients to the right trials for them with the advice, consent, and agreement of their physician. That's what we're aiming to do. If we're able to at least make progress on that front, if not achieve that goal, then I would consider it a great success.



The image is a promotional graphic for TriCan Health. It features a light blue background with a white box containing the text: "Helping cancer patients navigate clinical trials. Bringing advanced medicine within reach." Below this text is a smaller line: "TriCan Health empowers pancreatic cancer patients to make informed decisions by including clinical trials among treatment options." To the right of the text is a large QR code that incorporates the TriCan Health logo. At the top left of the graphic is the TriCan Health logo and name. At the bottom left, it says "Confidential and Proprietary to TriCan Health, LLC". At the bottom center, it says "12". At the bottom right, it says "March 2025".

I'll leave you with this one, which is, we're just trying to help patients navigate clinical trials. We want to bring that advanced medicine within reach.

This QR code to access the website directly.

You all have been fantastic in terms of information. I'll post information to the pancreatic cancer space in the discussion hub. Any follow on questions, please let me know, and thank you again for the opportunity to meet with you all. You've been an excellent group to speak with.

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CHAT DISCUSSION

00:21:05 Rick Davis, AnCan Foundation: What suggested pancreas cancer vs other cancers for the beta?

00:21:50 Michael: Reacted to "What suggested pancr..." with 👍

00:26:21 Rick Davis, AnCan Foundation: As advocates, how do we protect patients against academic conflict of interest where research clinicians improperly advise and enroll patients?

00:26:46 Eric Dishman: Reacted to "As advocates, how do..." with 👍

00:27:33 Michael: Replying to "As advocates, how do..."

Would you be able to share an example of this rick? I'm interested to hear more

00:27:53 Michael: Reacted to "As advocates, how do..." with 👍

00:30:35 Rick Davis, AnCan Foundation: Replying to "As advocates, how do..."

Often SoC in the control arm is weak/ inadequate. Not what the same clinician might prescribe for this patient.

00:33:09 Michael: Replying to "As advocates, how do..."

@Rick Davis, AnCan Foundation mmm. Thank you. As a patient looking for colon cancer trials, I wonder a lot about if I get assigned to a SoC arm, will I just drop out immediately? Since I'd rather have a clinician managing SoC than a fixed trial regimen

00:34:34 Eric Dishman: Mike, where do your "enhancements" like line of therapy come from? Is this automated or do you research the trials in more detail?

00:34:48 Mass Medical Angels: Replying to "As advocates, how do..."

Sometimes wouldn't you be blinded and not know?

00:36:02 Michael: Replying to "As advocates, how do..."

@Mass Medical Angels idk for sure, but the routes of administration between trial compounds and SoC seem SO different, I assume proper blinding is impossible once a trial begins...

00:36:18 Mass Medical Angels: Replying to "As advocates, how do..."

When I was on an IRB I would often suggest for drugs that were already approved for other indications that the consent form clearly state the patient might be able to obtain the drug off-label for their condition. Unsurprisingly, the physicians on the IRB NEVER thought that should be included

00:36:53 Michael: Reacted to "When I was on an IRB..." with 👍

00:37:22 Mass Medical Angels: Replying to "As advocates, how do..."

@Michael — a well constructed trial will do its best to blind in a blinded trial. Often the patients will have a good idea for a variety of reasons, but sometimes I think it's not obvious

00:37:28 Rick Davis, AnCan Foundation: Replying to "As advocates, how do..."

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Blinded or not, if you finish up on the control arm and that is less than what your same doc (who may be a PI) would prescribe, that's a Col. Lots of other Cols too.

00:38:39 Mass Medical Angels: Replying to "As advocates, how do..."

@Rick - yes, I agree. The control arm may be more formulaic than a SOC delivered outside of the trial

00:38:48 Michael: Replying to "As advocates, how do..."

@Mass Medical Angels interesting. I'm at the trial hunting phase right now. So it's been on my mind ... wanting the trial compound or wanting to work with my oncologist team but little interest in a control arm

00:39:39 Mass Medical Angels: Replying to "As advocates, how do..."

Is the compound already approved? If so, you might be able to find a clinician who will give it. People in this group might know some oncologists who would do that

00:40:15 Lynn Oo: Hello Mike! Love this initiative, it sounds very helpful. I'm a scientist looking to transition to industry/healthcare and I am hoping to incorporate more patient-centric approaches, so I have been participating in these types of meetings to broaden my knowledge. Note: Willing to volunteer. :)

Q&A

1) Can you filter by types of previous therapies?

2) Can you filter studies by prospective severe adverse risks?

3) Do you have plans to extend to/consolidate other types of cancer on the same platform?

00:42:19 Michael: Replying to "As advocates, how do..."

I'm quite interested in the RevMed KRAS inhibitors (RMC-6236) — but it seems for colon cancer all slots are closed. I'm working through the list of open sites but haven't found anything open yet.

Interestingly some pancreatic slots did just open up.

00:43:20 Len Sierra: Are you using AI to create your trial summaries for the patient?

00:44:26 Michael: 2 Questions:

One aspect of trial hunting feels like **keeping up with the dynamic, changing information. For example a popular Revolution Medicine trial seems to have just, two days ago, opened up a bunch of slots with the Mayo Clinic for pancreatic cancer. Do you have any ideas about how to capture the “news feed” portion of trial info** - not just the static descriptions of what they are?

One huge shame of clinicaltrials.gov is the lack of any video explainers about the trial. I've seen academic trials put on amazing webinars explaining immunotherapy in plain English, for

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example, with no way to embed the explainer in clinicaltrials.gov or similar pages. Any thoughts about multimedia explainers?

00:44:29 Raj Aji: In some cases, for example KRAS, there may be a number of relevant trials. Do you have an ability to help patients navigate which ones are right for the patient by using AI to look at tumor profiles, germline profiles, substations, etc.

00:50:43 Mass Medical Angels: Replying to "As advocates, how do..."

@Michael That sounds like an unapproved drug. You can't get those off-label but sometimes you can get them on a pathway such as compassionate use (requires a direct appeal to the drug company though)

00:53:21 Rick Davis, AnCan Foundation: From AnCan's experience and those we represent, Mike and TriCan have been a joy to work with!!

00:54:06 Michael: Reacted to "From AnCan's experie..." with ❤️

00:54:29 Michael: Reacted to "@Michael That sounds..." with 👍

00:54:59 Michael: Replying to "As advocates, how do..."

RevMed is known for denying all compassionate use :/. We're trying. It's a tough spot - much more demand than trial availability.

00:57:10 Michael: Replying to "As advocates, how do..."

Funnily this demo is the compound I'm trying to get access to

00:59:20 Lynn Oo: Replying to "As advocates, how do..."

Is there a reason you specifically want to get the Revmed drug as opposed to doing other Kras inhibitors that have expanded access?

01:02:15 Alexander Lalov, IN: How is the platform sustained financially and will there be at some point cost involved for the users of the platform?

01:04:06 Michael: Replying to "As advocates, how do..."

@Lynn Oo I'm looking at all of them. Rev med came up because my oncologist in conversation with another oncologist has heard they are getting good preliminary results.

I did a push into the Pfizer pan-kras inhibitor but ultimately my oncologist very doubtful about how it was being offered (low dose, no EGFR inhibitor)

01:04:59 Rick Davis, AnCan Foundation: Replying to "How is the platform ..."

Mike mentioned earlier that they are charging trial sponsors

01:05:02 Lynn Oo: Replying to "How is the platform ..."

I believe he briefly mentioned that it's funded from the clinical trial side to alleviate costs from the patient side, but he can confirm it. :)

01:06:05 Lynn Oo: Replying to "As advocates, how do..."

“Solving Information Inequities between Cancer Patients, their Doctors, and Clinical Trial Sponsors” (Mike Harris) [#136]

sotorasib and adagrasib are both options available, but are enrolling patients outside of the current approved use and I think they have global studies ongoing.

01:06:10 Mass Medical Angels: Replying to "As advocates, how do..."

@Michael might it be possible to convince Pfizer to give you compassionate use in a way that lets you have a higher dose and EGFR inhibition?

01:06:52 Robert W: Mike - is there any intent to extend the search along the dimension of suggesting the patient get some additional testing - e.g. - if you get this biomarker test done, it would help inform your search

01:06:54 Lynn Oo: Replying to "As advocates, how do..."

I'm not a clinician, I'm a researcher so I would be more than happy to help look up things 🤖 you can bring it up to your oncologist to get more options

01:06:58 Lynn Oo: Replying to "As advocates, how do..."

Clinician*

01:06:58 Eric Dishman: This is cool. Thanks for sharing, Mike.

01:07:12 Michael: Replying to "As advocates, how do..."

That's a thought @Mass Medical Angels . I think because the Pfizer compound is in phase 1 - it's still in dose escalation - idk if they can give more right now? But it's a good thought, I'll keep it in mind...

01:08:04 Mass Medical Angels: Replying to "As advocates, how do..."

@Michael it will need to be post Ph 1 for compassionate use

01:08:17 Michael: Replying to "As advocates, how do..."

Ah yeah, ok, that makes sense.

01:08:46 Lynn Oo: Replying to "As advocates, how do..."

And* not but, sorry I'm trying to multitask typing and listening 😊

01:09:05 Michael: Replying to "As advocates, how do..."

Ty @Lynn Oo ! And no worries

01:09:14 Michael: Reacted to "Mike - is there any ..." with 👍

01:10:29 Dr. Chris Apfel: Mike, sounds like it would be a great idea for us having an off-line conversation with your wife how the SAGE Oncotest might also help your patients to get a better sense which treatment options are most likely to be beneficial as it goes well beyond what genomic testing can do. capfel@sagemedic.com