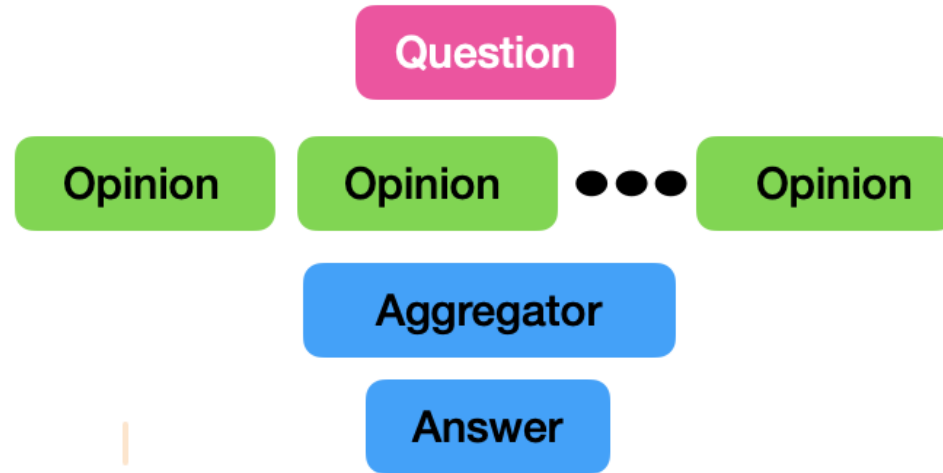


Helping Patients Navigate Clinical Trials with AI



W.G. Paseman

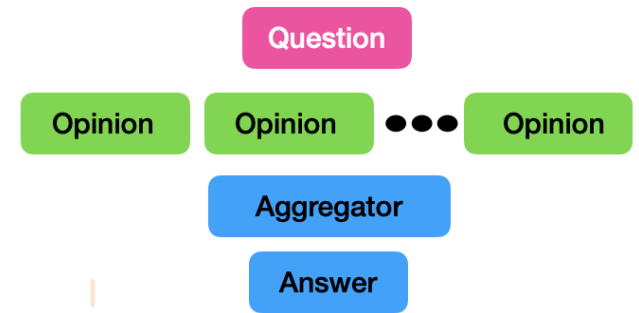
bill@RareKidneyCancer.org

20250424 Festival of Biologics

1

Agenda

- **Rare Disease: a Patient's Perspective**
 - Success Rate Statistics
 - The Need for Self Advocacy
 - The Process
- A Solution
 - Tumor Boards and Wisdom of Crowds
- Opinions
 - From Machines, From Humans, From Both
- How many Opinions are enough?
- CareGiver Agent Example
 - EVEREST Clinical Trial

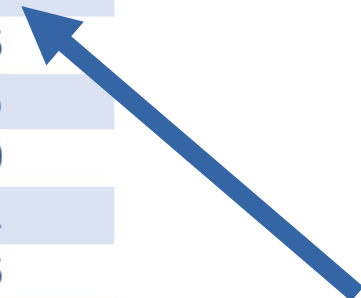


P1RCC – months long PFS

- 1) Standard of Care – Small Market for rare diseases (eg p1RCC)
 - 2017 - So far, NO improvement in outcome over the last decade. - Laurence Albigres
- 2) Clinical Trials – Only add single digit months – rarekidneycancer.org
 - 2017 - "Recommendations for the Management of Rare Kidney Cancers" - Median PFS in rare RCC patients
 - for sunitinib and Everolimus groups was **6.1 versus 4.1 mo**
 - for ESPN, **8.3 versus 5.6 mo** for ASPEN,
 - and **7.2 versus 5.1 mo** for RECORD-3.
 - 2023 - Cabozantinib, which is a multikinase inhibitor targeting VEGF, MET, and AXL, demonstrated a superior median PFS of
 - **9.0 months, compared to sunitinib with 5.6 months**
- 3) So, given these stats and absent a SOC, how do I answer key questions?
 - Should I enroll in clinical trials?
 - What do I take if I progress?

Probability of Success² by Clinical Trial Phase and Therapeutic Area

	<i>P1 to P2</i>	<i>P2 to P3</i>	<i>P3 to Approval</i>	<i>Overall</i>
<i>Oncology</i>	57.6	32.7	35.5	3.4
<i>Metabolic/Endocrinology</i>	76.2	59.7	51.6	19.6
<i>Cardiovascular</i>	73.3	65.7	62.2	25.5
<i>Central Nervous System</i>	73.2	51.9	51.1	15.0
<i>Autoimmune/Inflammation</i>	69.8	45.7	63.7	15.1
<i>Genitourinary</i>	68.7	57.1	66.5	21.6
<i>Infectious Disease</i>	70.1	58.3	75.3	25.2
<i>Ophthalmology</i>	87.1	60.7	74.9	32.6
<i>Vaccines (Infectious Disease)</i>	76.8	58.2	85.4	33.4
<i>Overall</i>	66.4	48.6	59.0	13.8
<i>Overall (Excluding Oncology)</i>	73.0	55.7	63.6	20.9



Source: Chi Heem Wong, Kien Wei Siah, Andrew W Lo. "Estimation of clinical trial success rates and related parameters." *Biostatistics* 20(2): April 2019, Pages 273-286. Published online: 31 January 2018. DOI: 10.1093/biostatistics/kxx069

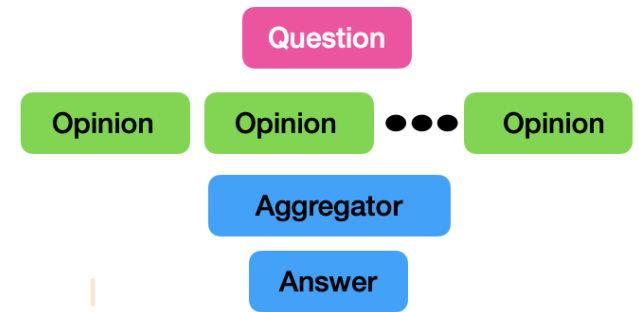
Note: $0.576 \times 0.327 \times 0.355 = 0.067$

Patient's Perspective

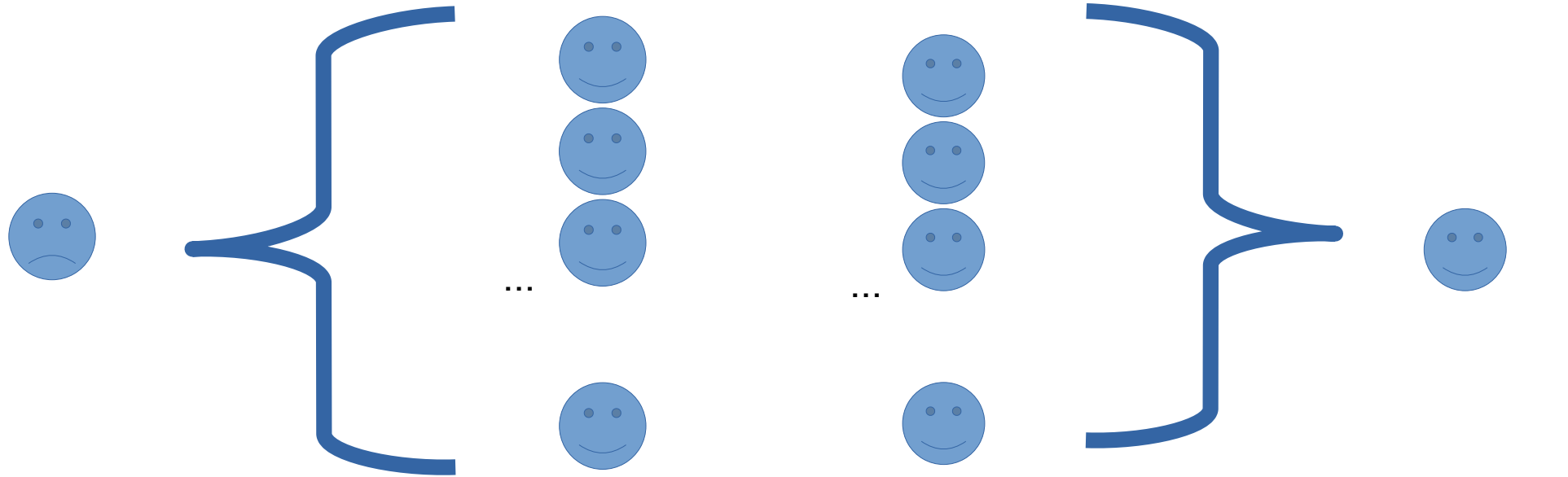
- Success Rate Statistics
 - Standard of Care – 30-80%
 - Oncologic Clinical Trials – 3.5%
 - Post Clinical Trials - < 3.5%
- The Need for Self Advocacy
 - PCP is busy
 - "If you want to know about their trial, talk to them."
 - After their first Trial, the patient is no longer Treatment Naive
 - Patients are responsible for their own care.
- The Process
 - Questions: What questions do I ask, and in what order
 - Opinions: How many people should I ask and where do I find them?
 - Aggregation: How do I weigh their answers?

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Clinical Trials vs. Tumor Boards (Portfolios)



1 Researcher

N Patients

N Researchers

1 Patient

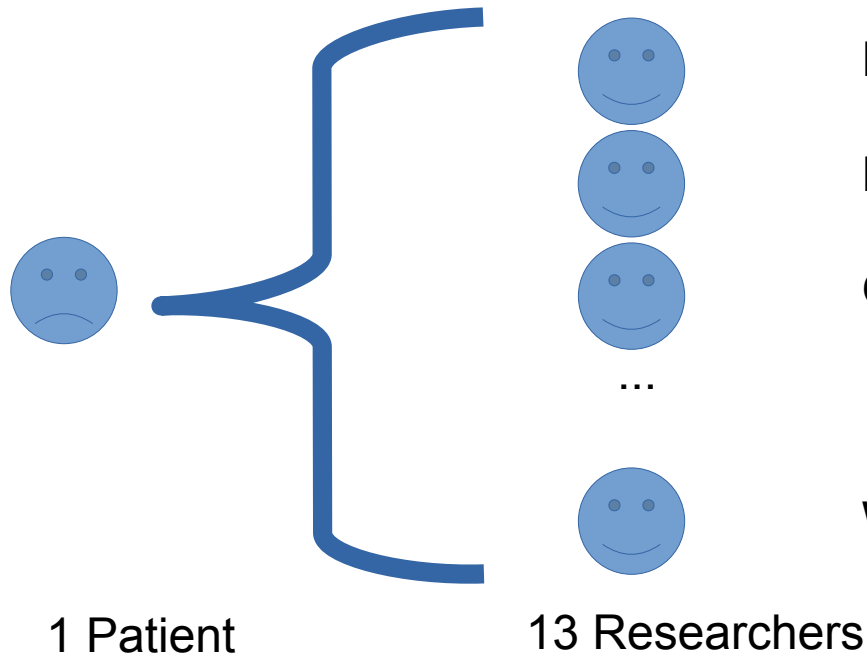
Clinical Trial: one Researcher many Patients

Tumor Board: many Researchers one Patient
In essence, each member has a “2nd Opinion”

A Solution

- Tumor Boards
- Wisdom of Crowds- 2004 - James Surowiecki
 - Diversity - Each person should have private information.
 - Independence - People's opinions are not determined by the opinions of those around them.
 - Decentralization - Specialists draw on local knowledge.
 - Aggregation - Ability to turn private judgements into a collective decision.
- Automated into a “Caregiver Agent”
 - Formulate a question
 - Solicit opinions
 - Judge and aggregate the opinions using several metrics
 - Provide several answers based on the metrics and aggregation approach

Tumor Boards: Which is better Proton or Photon?



Proton/Photon

Proton

Photon

Operate

...

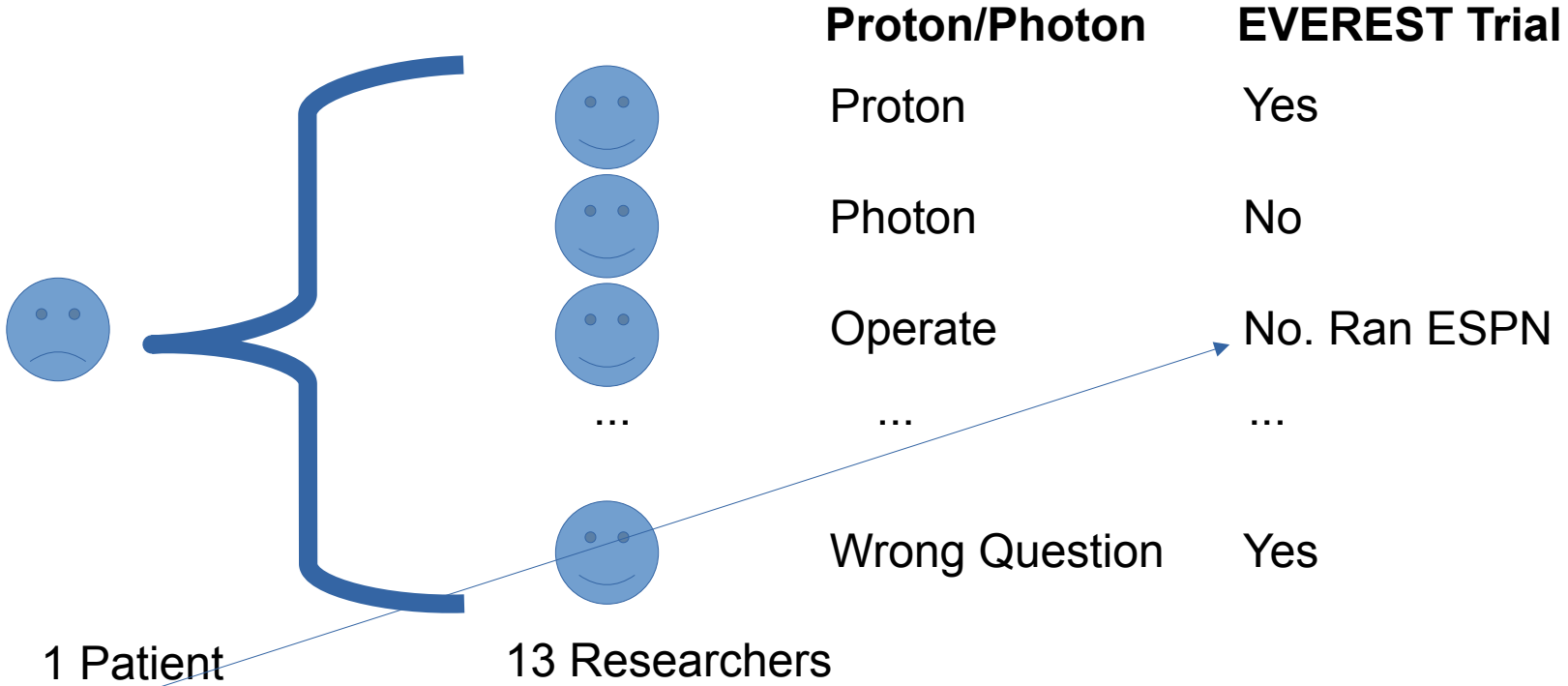
Wrong Question

- Like Mercedes vs. BMW Dealerships
 - Proton facilities recommend Proton
 - Photon facilities recommend Photon
- Facility with both: looking at the size and location, photons are most likely to be superior and would probably take only one fraction compared to a 5-6 weeks treatment with protons.
- Facility with Proton: “You’re asking the wrong question. Instead of asking what tool the mechanic uses, ask which garage has the best car repair rate.”
- #14 Varian Proton Engineer: Check the tech version and cross check the radiation plan.
- UCSF - photon

● Ensemble Reasoning

- “The best way to have a good idea is to have lots of ideas.” - Linus Pauling

Tumor Boards: Should I participate in EVEREST



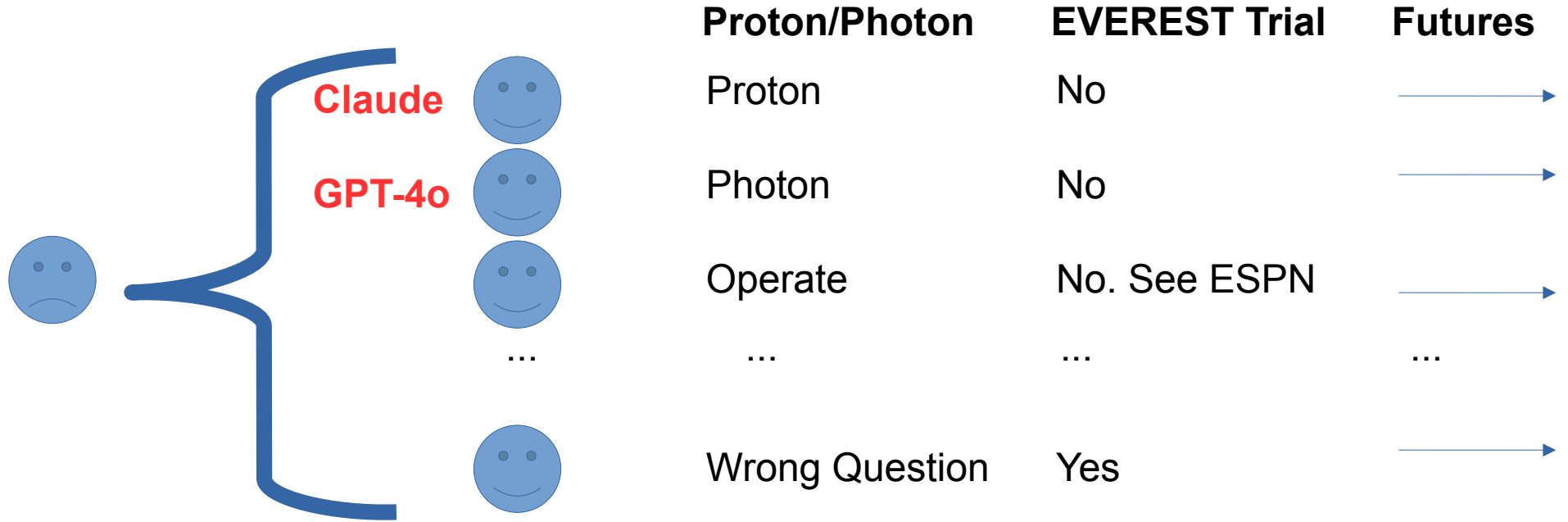
- "I do not recommend any adjuvant trial w/ mTOR inhibitors or VEGF targeted agents for papillary RCC. There will be trials w/ **immune checkpoint agents** in the near future but not soon enough to enroll on."
- Note: My EVEREST Clinical Trial Enrollment likely would not have increased overall success rate!!!

To Review...

- EVEREST (adjuvant) Clinical Trial using Everolimus
 - “Everolimus versus sunitinib for patients with metastatic non-clear cell renal cell carcinoma (ESPN): a multicentre, open-label, randomised phase 2 trial”**
 - I asked 13 physicians if I ought participate
 - Yes: 3 ← The first three said yes.
 - No: 5
 - Patient must decide: 5
 - Key Opinion: “I do not recommend any adjuvant trial w/ mTOR inhibitors or VEGF targeted agents for papillary RCC. There will be trials with immune checkpoint agents in the near future, but not soon enough to enroll on.”
 - **i.e. “We tried this out as a first line therapy, and it didn’t even slow it down.**
- 201406 – I declined
- **Moderation (Aggregation) Process**
 - **not “consensus”**
 - **Gathered independent opinions until someone explained it in a way I found helpful.**

** <https://pubmed.ncbi.nlm.nih.gov/26794930/>

Tumor Board Augmentation



1 Patient

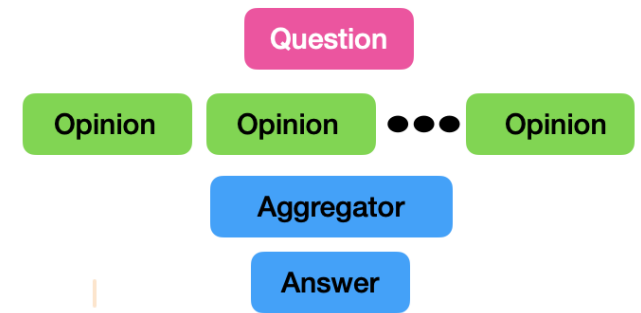
13->15 Researchers – Welcome Claude and GPT-4o to the Team!

- Ensemble Reasoning
 - “The best way to have a good idea is to have lots of ideas.” - Linus Pauling
- Note: My Clinical Trial Enrollment in EVEREST likely would not have increased success rate!!!

12

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ChatGPT on p1RCC

- Question: What adjuvant clinical trial is more promising for papillary RCC and why?
- Answer: The most promising adjuvant clinical trials for papillary renal cell carcinoma (pRCC) are those involving immune checkpoint inhibitors, particularly given the success of these agents in renal cell carcinoma (RCC) overall, including ongoing research in non-clear cell subtypes like pRCC. Here's why:
 - 1. Mechanism of Action:
 - Immune checkpoint inhibitors (e.g., pembrolizumab, nivolumab) work by unleashing the immune system to attack cancer cells. This approach has shown robust efficacy in various cancers, including RCC, by targeting the PD-1/PD-L1 pathway, which tumors use to evade immune detection.
 - 2. Clinical Trial Success in RCC:
 - KEYNOTE-564 Trial: This trial focused on pembrolizumab in high-risk RCC after surgery. The trial demonstrated a significant improvement in disease-free survival compared to placebo. While this trial predominantly involved clear cell RCC, the success of immune checkpoint inhibitors in RCC provides a strong rationale for their use in other subtypes like pRCC.
 - CHECKMATE Trials: Trials involving nivolumab (with or without ipilimumab) in RCC have shown impressive results, particularly in the metastatic setting, leading to interest in their potential as adjuvant therapies.

ChatGPT on p1RCC (continued)

- 3. Emerging Evidence in Non-Clear Cell RCC:
 - Although most of the robust data comes from trials focused on clear cell RCC, there is growing evidence and ongoing trials assessing the efficacy of immune checkpoint inhibitors in non-clear cell RCC, including pRCC. This is particularly promising given the challenges of treating non-clear cell subtypes with traditional therapies.
- 4. Limited Efficacy of Alternatives:
 - **VEGF-Targeted Therapies:** Trials like ASSURE and S-TRAC showed limited benefits and significant toxicity with VEGF-targeted agents like sunitinib in the adjuvant setting, particularly in non-clear cell RCC.
 - **mTOR Inhibitors:** Evidence from trials like ESPN suggests that mTOR inhibitors like everolimus may be less effective, especially in the first-line setting for metastatic RCC, raising concerns about their utility in the adjuvant setting.

Conclusion:

- Adjuvant trials incorporating immune checkpoint inhibitors are currently the most promising for papillary RCC. This is due to the strong evidence of efficacy in RCC overall, the mechanism of action that is effective across different tumor types, and the emerging interest in applying these agents to non-clear cell RCC subtypes. As research progresses, these trials may offer the best chance of reducing recurrence and improving outcomes in patients with papillary RCC.
- 2014 advice: "I do not recommend any adjuvant trial w/ mTOR inhibitors or VEGF targeted agents for papillary RCC. There will be trials w/ immune checkpoint agents in the near future but not soon enough to enroll on." 15

Claude on p1RCC

- Question: What adjuvant clinical trial is more promising for papillary RCC and why?
- When considering adjuvant clinical trials for papillary renal cell carcinoma (pRCC), it's important to note that research in this area is ongoing, and the landscape can change rapidly. However, I can provide some insight into promising directions based on recent research and trials.
- One of the more promising adjuvant clinical trials for papillary RCC is the KEYNOTE-564 trial, which, while not specifically designed for papillary RCC, has shown promising results that may be applicable to this subtype. Here's why it's considered promising:
 - 1. Immunotherapy approach: KEYNOTE-564 uses pembrolizumab, an immune checkpoint inhibitor. Immunotherapy has shown promise in various RCC subtypes, including papillary RCC.
 - 2. Broad inclusion: While primarily focused on clear cell RCC, the trial included a subset of non-clear cell RCC patients, which encompasses papillary RCC.
 - 3. Positive results: The trial showed significant improvement in disease-free survival in the overall population, which is encouraging for potential application to papillary RCC.

Claude on p1RCC (continued)

- 4. Targeted therapy limitations: Traditional targeted therapies like everolimus (used in the EVEREST trial) have shown limited efficacy in papillary RCC, making immunotherapy a potentially more promising approach.
 - 5. Molecular basis: Papillary RCC, especially type 2, often has genomic alterations that might make it more responsive to immunotherapy.
 - 6. Unmet need: Papillary RCC has historically had fewer treatment options, making any potentially effective adjuvant therapy particularly valuable.
 - However, it's crucial to note that while KEYNOTE-564 shows promise, trials specifically designed for papillary RCC are needed. The PAPMET trial, though not an adjuvant trial, has provided valuable insights into treating metastatic papillary RCC, which could inform future adjuvant approaches.
 - Other ongoing trials, such as those exploring combinations of immunotherapies or targeted therapies specifically in non-clear cell RCC populations, may also yield promising results for papillary RCC in the adjuvant setting.
 - In conclusion, while KEYNOTE-564 shows promise that could extend to papillary RCC, the field is rapidly evolving. The most promising approach may emerge from trials specifically designed for papillary RCC or from further subgroup analyses of broader RCC trials. It's always best to consult with oncologists and keep an eye on the latest clinical trial results for the most up-to-date information.
- 2014 advice: "I do not recommend any adjuvant trial w/ mTOR inhibitors or VEGF targeted agents for papillary RCC. There will be trials w/ immune checkpoint agents in the near future but not soon enough to enroll on." 17

Opinions from People and Machines

Question: What adjuvant clinical trial is more promising for papillary RCC and why?

Toni Choueiri: KEYNOTE-564 Trial: Patients with nonclear cell RCC (e.g. Papillary) were not included.

ChatGPT: KEYNOTE-564 Trial: This trial focused on pembrolizumab in high-risk RCC after surgery. The trial demonstrated a significant improvement in disease-free survival compared to placebo. While this trial **predominantly** involved clear cell RCC, the success of immune checkpoint inhibitors in RCC provides a strong rationale for their use in other subtypes like pRCC.

Claude.io: KEYNOTE-564 shows promise that **could extend to** papillary RCC, the field is rapidly evolving.

- Now, the machines did not directly say that KEYNOTE included papillary patients, but it did infer that this trial provided evidence for including them.
- Does it?
- That is a matter for discussion with humans.

Moderator: Unstructured

- Human tumor board members spend a lot of time explaining their positions to each other
- Can I get an LLM to Moderate the tumor Board?
 - Human Packages: [Assistants API](#) , [Swarm](#) , [Playoff Prompt](#)
- Asking LLM(s) for the Best Approach gives weasel words. E.g.

Prompt:

I am considering participation in the EVEREST clinical trial after a full left nephrectomy for a papillary kidney cancer.

I created a “tumor board” of 13 physicians to determine if this is a good idea. Their (numbered) responses are below.

The number is a physician id. This is followed by a “yes” or “no” as to whether I ought participate. Next is the physician “label”. Finally, their rationale is included. Given this data, Please act as a tumor board moderator and tell me if I ought participate in the trial. Please include your rationale.

Response:....

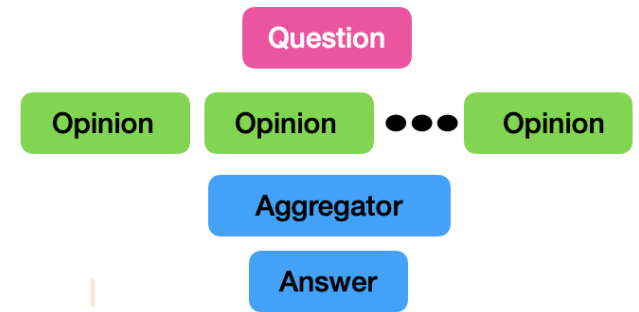
Recommendations: **I encourage you to have a detailed discussion with your primary oncologist or a specialist familiar with your case.** They can provide personalized guidance taking into account your medical history, current health status, and treatment goals. This conversation will help you make an informed decision that aligns with your values and preferences.

Moderator: “Playoff”

- Prompt: Create a playoff with physicians 1-5 and 7. Pair one of the 3 "yes" physicians with one of 3 "no" physicians into 3 matchups (pairs). Compare each yes/no pair and choose a winner based on how convincing their argument is. If result is unanimous (3 "yes" or 3 "no"), report it. If it is not, create two more playoffs between the minority opinion and each of the majority opinions. Report the results from each step.
- Playoff Results
 - **All three matchups were won by the "No" physicians.**
 - **Unanimous Outcome: The "No" position prevails based on the strength and persuasiveness of the arguments.**
- Conclusion: Based on this playoff analysis:
 - Recommendation: The arguments against participating in the EVEREST clinical trial are more compelling among these physicians.
 - Key Factors Influencing the Outcome:
 - Lack of Efficacy Evidence: Past trials like the ESPN trial suggest Everolimus may not be effective for papillary kidney cancer.
 - Safety Concerns: Significant potential side effects, including kidney failure, pose substantial risks.
 - Alternative Options: Waiting for future trials with more promising treatments (e.g., immune checkpoint inhibitors) may be advisable.
- Next Steps:
 - Consult Your Oncologist: Discuss these findings with your primary oncologist to consider how they align with your personal health situation.
 -

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- **How many Opinions are enough?**
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Success Rate Statistics

Standard of Care

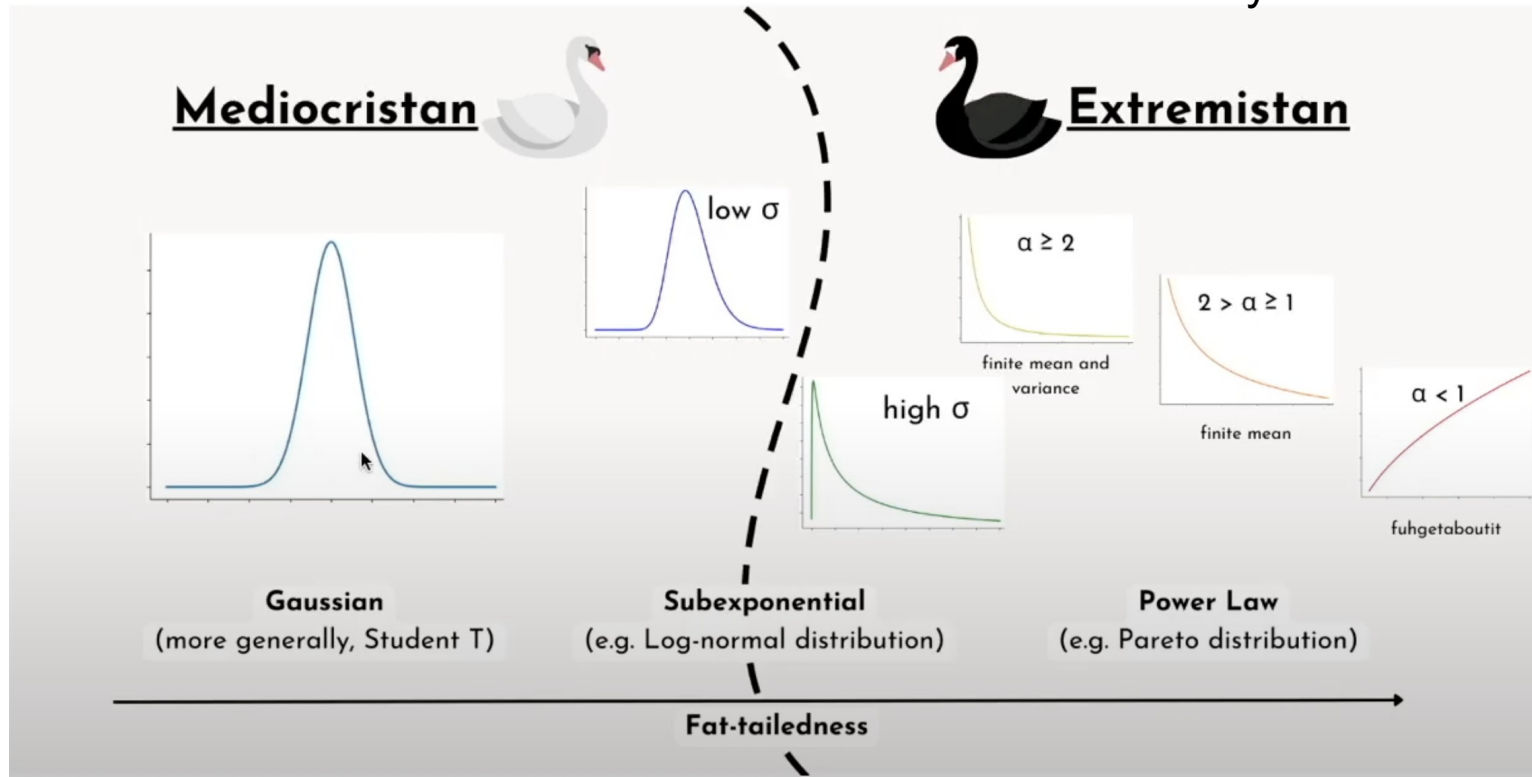
Treatment Success Rate: 30-80%

Onco Clinical Trails

3.5%**

Post Clinical Trials (Hackathons)

Likely < 3.5%



**American Council on Science and Health

<https://www.acsh.org/news/2020/06/11/clinical-trial-success-rates-phase-and-therapeutic-area-14845>

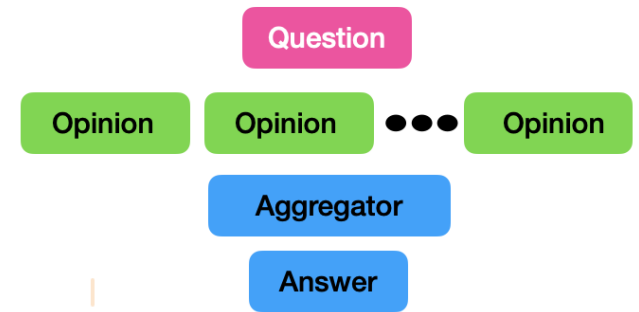
2nd Opinions, Portfolios & Power Laws

- Cleveland Clinic(*) - second opinions lead to a diagnosis change in 28% of cases. .. initial diagnosis was either incorrect or incomplete for almost one-third of patients. 72% of treatment plans are modified after a second opinion. (So) even if the initial diagnosis is correct, there may be room for improvement in the recommended course of action.
- Linus Pauling: “The best way to have a good idea is to have lots of ideas.”
- Personal Finance – Here is a Portfolio I created in 1997 for my son and left untouched
 - INTC, CSCO, PYPL, EBAY, MSFT
 - 47%, 103%, 128%, 209%, 2105% ← Change since 1997
- Venture Capital Portfolios - <https://pitchbook.com/profiles/fund/11170-18F#investments>
 - Kleiner IX (formed 1999) – 38 investments: 37 OK, #38 was named GOOGLE
 - “Zero to One” (Peter Thiel)
 - “The biggest secret in venture capital is that the best investment in a successful fund equals or outperforms the entire rest of the fund combined.”
- Power-law distributions - the largest entity is typically bigger, more valuable, or more powerful than all others combined.
- **Do “Second Opinions” have a Power Law Distribution?**

* <https://www.clinicbyclevelandclinic.com/blog/how-often-are-second-opinions-different/>

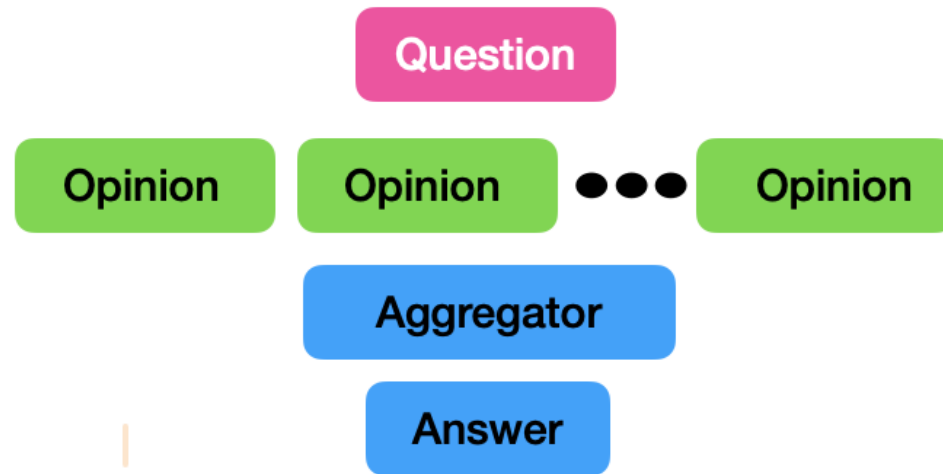
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Crowd Wisdom Caregiver Agent

Patients Clinical Trials Questions Agents Opinions Moderators



Crowd Wisdom Caregiver Agent

[Patients](#) [Clinical Trials](#) [Questions](#) [Agents](#) [Opinions](#) [Moderators](#)

Select Patient

Bill Paseman

Patient History

- 19920219 - Unable to stand on toes of my left foot. [19860215-19920824](#)
- 11/18/13 (San Jose, Ca) Immunized for trip to India with: Hepatitis A, Hepatitis B, IPV, Influenza, MMR, Tdap, Typhoid Live
- 11/24/13 (Baltimore, Md) DVT Symptoms first appear in left leg.
- 11/27/13 (San Jose, Ca) DVT Diagnosed; Put on Coumadin
- 2/19/14 (Baltimore, Md) DVT Symptoms reappear; Discontinued Coumadin; Put on Heparin
- 2/20/14 RCC (Renal Cell Carcinoma), Brain megioma diagnosed; Discontinued Heparin; Put on Lovenox (Started 2x80mg/day; moved to 1 x 150 mg/day)
- **20140220** Johns Hopkins: Johns Hopkins Hospital [Final Reports for all studies](#) page(7) brain tumor size = 1 x 1.2 x 0.8 cm
- 3/17/14 (San Francisco, Ca) IVC Filter In
- 3/24/14 [Surgeon's report](#) - Total left nephrectomy
- 3/31/14 [Pathology Report](#) - pT3aN0M0 RCC (stage 3, margins negative), papillary type, 5.6 cm, Fuhrman grade 2, with focal extra capsular extension.
- 4/22/14 IVC Filter Out
- 6/05/14 Chest CT, Abdomen CT - clear.
- 6/12/14 DVT diagnosed as chronic.
- 6/16/14 84 days after surgery: Deadline for Everest Trial Participation (Declined. Details [here](#))
- 7/30/14 Discontinued Lovenox, put on Aspirin (81 mg/day)
- 9/29/14 6 month Chest Xray, Abdomen CT scan - clear
- 3/12/15 12 month Chest Xray, Abdomen CT scan - clear
- 9/01/15 18 month Chest Xray, Abdomen CT scan - clear
- 11/21/15 [history of My Right Foot](#) - "Occlusive thrombus in the superficial greater saphenous vein extending from the knee to the thigh"
- **20151205** UCSF MR Brain with and Without Contrast [Findings](#) brain tumor size = 1.0 x 1.3 x 1.1 cm
- 3/14/16 24 month Abdomen CT scan - [report](#) "Multiple subcentimeter hypoattenuating lesions in the right kidney are too small to characterize but statistically likely represent renal cysts."
- 9/01/16 30 month Abdomen CT scan - [report](#) "Multiple subcentimeter hypoattenuating lesions in

Crowd Wisdom Caregiver Agent

Patients [Clinical Trials](#) Questions Agents Opinions Moderators

[Help](#) [Warranty](#) [Reset](#) Click items to 'select' or 'deselect' (Last Updated: Fri Sep 17 15:18:14 2021)

Condition show all

- Birt-Hogg
- Chromophobe
- Clear Cell papillary
- Collecting Duct
- Leiomyomatosis
- Medullary
- Mucinous
- Non Clear Cell
- Papillary
- Rhabdoid
- SDHB
- Sarcomatoid
- Translocation
- Unclassified
- Von Hippel-Lindau
- Wilms

State show all

- a corufia
- aichi
- akita
- alabama
- alaska
- alberta
- alicante
- alpes-maritimes
- alsace
- altaj
- andhra pradesh
- antioquia
- antwerp

Country show all

- united states
- algeria
- argentina
- australia
- austria
- belgium
- bosnia and herze

Zip show all

- 0
- 00-909
- 00024
- 00128
- 00133
- 00144

Official title show all

Search:

- 0.
- 1. "padres" (prior axitinib as a determinant of outcome of renal surgery)
- 2. a clinical trial of the p-glycoprotein antagonist; tariquidar (xr9576); in combination with docetaxel in patients with lung; ovarian; renal and cervical cancer: analysis of the interaction between tariquidar and docetaxel
- 3. a dose escalation phase ii study of sunitinib plus erlotinib in advanced renal carcinoma

Facility show all

Search:

- 0.
- 1. überörtliche gemeinschaftspraxis
- 2. "alexandra" general hospital of athens; department of clinical therapeutics; oncolog
- 3. "i. chiricuta" institute of oncology
- 4. "prof. dr. th. burghele" clinical hospital; urology clinic
- 5. "vesalius" sp. z o.o.
- 6. 4th internal department of clinical diagnostics for general diseases with internal medicine

Keyword show all

Search:

- 0.
- 1. 10-226
- 2. 15.21.gpc3-car t cells
- 3. 15.gpc3-car t cells
- 4. 17 aag
- 5. 17-654
- 6. 18-254

Intervention show all

Search:

- 0.
- 1. 13c-acetate
- 2. 13c-fructose
- 3. 13c-glucose
- 4. 13c-alutamine

NCT_id show all

- [link](#) nct00001238
- [link](#) nct00001509
- [link](#) nct00001668
- [link](#) nct00001703
- [link](#) nct00001803
- [link](#) nct00002466
- [link](#) nct00002473
- [link](#) nct00002515

Phase show all

- early phase 1
- n/a
- phase 1
- phase 1/phase 2
- phase 2
- phase 2/phase 3
- phase 3
- phase 4

Overall status show all

- active; not recruiting
- completed
- enrolling by invitation
- not yet recruiting
- recruiting
- suspended
- terminated
- unknown status
- withdrawn

Crowd Wisdom Caregiver Agent

Patients Clinical Trials Questions Agents Opinions Moderators

Help **Warranty** **Reset** Click items to 'select' or 'deselect' (Last Updated: Fri Sep 17 15:18:14 2021)

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- Clear Cell papillary
- Collecting Duct
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- SDHB
- Sarcomatoid
- Translocation
- Unclassified
- Von Hippel-Lindau
- Wilms

Phase show all

-
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- n/a
- phase 1
- phase 1/phase 2
- phase 2
- phase 2/phase 3
- phase 3
- phase 4

Overall status show all

- active; not recruiting
- completed
- enrolling by invitation
- not yet recruiting
- recruiting
- suspended
- terminated
- unknown status
- withdrawn

State show all

-
- aichi
- alabama
- alaska
- alberta
- alicante
- alsace
- andhra pradesh
- antwerpen
- ar
- arizona
- arkansas
- asturias
- auckland

Country show all

- united states
-
- argentina
- australia
- austria
- belgium
- brazil
- bulgaria

Zip show all

-
- 00-909
- 00128
- 00133
- 00144
- 00152
- 00168

Official_title show all

Search:

- 0.
- 2. a clinical trial of the p-glycoprotein antagonist; tariquidar (xr9576); in combination with docetaxel in patients with lung; ovarian; renal and cervical cancer: analysis of the interaction between tariquidar and docetaxel
- 3. a dose escalation phase ii study of sunitinib plus erlotinib in advanced renal carcinoma
- 7. a multi-center, phase 2, open label study of safety and efficacy of oral recombinant human lactoferrin

Facility show all

Search:

- 0.
- 3. "i. chiricuta" institute of oncology
- 4. "prof. dr. th. burghele" clinical hospital; urology clinic
- 6. 1st internal department district dispensary for cancer diseases with inpatient hospit
- 7. 21st century oncology
- 8. 21st century oncology - fort apache
- 9. 21st century oncology - houston

NCT_id show all

- [link](#) nct00001238
- [link](#) nct00001668
- [link](#) nct00005799
- [link](#) nct00005995
- [link](#) nct00006864
- [link](#) nct00019539
- [link](#) nct00020579
- [link](#) nct00027579

Keyword show all

Search:

- 0.
- 6. 18-254
- 15. accelerated phase chronic myelogenous leukemia
- 19. acute undifferentiated leukemia
- 20. adc
- 38. adult acute lymphoblastic leukemia in remission
- 39. adult acute myeloid leukemia in remission

Intervention show all

Search:

- 0.
- 1. 13c-acetate
- 2. 13c-fructose
- 3. 13c-glucose
- 4. 13c-glutamine

Crowd Wisdom Caregiver Agent

Patients [Clinical Trials](#) Questions Agents Opinions Moderators

Help **Warranty** **Reset** Click items to 'select' or 'deselect' (Last Updated: Fri Sep 17 15:18:14 2021)

Condition show all

- Birt-Hogg
- Chromophobe
- Clear Cell papillary
- Collecting Duct
- Leiomyomatosis
- Medullary
- Mucinous
- Non Clear Cell
- Papillary**
- Rhabdoid
- SDHB
- Sarcomatoid
- Translocation
- Unclassified
- Von Hippel-Lindau
- Wilms

Phase show all

- early phase 1
- n/a
- phase 1
- phase 1/phase 2
- phase 2
- phase 2/phase 3
- phase 3**
- phase 4

Overall status show all

- active; not recruiting
- completed
- enrolling by invitation
- not yet recruiting
- recruiting
- suspended
- terminated
- unknown status
- withdrawn

State show all

-
- aichi
- alabama
- alaska
- alberta
- alicante
- andhra pradesh
- antwerpen
- arizona
- arkansas
- asturias
- auckland
- australian capital
- bkkkk

Country show all

- united states
-
- argentina
- australia
- austria
- belgium
- brazil
- bulgaria

Zip show all

-
- 00-909
- 00128
- 00133
- 00144
- 00152
- 00168

Official_title show all

Search:

- 8. a multicenter uncontrolled study of sorafenib in patients with unresectable and/or metastatic renal cell carcinoma
- 60. a phase 3; randomized; controlled; multi-center; open-label study to compare tivozanib (av-951) to sorafenib in subjects with advanced renal cell carcinoma (tivo-1)
- 61. a phase 3; randomized; controlled; multi-center; open-label study to compare tivozanib hydrochloride to sorafenib in subjects with refractory advanced renal cell carcinoma

Facility show all

Search:

- 0.
- 7. 21st century oncology
- 8. 21st century oncology - fort apache
- 9. 21st century oncology - henderson
- 10. 21st century oncology - vegas sunrise
- 11. 21st century oncology - vegas tenaya
- 12. 21st century oncology - fort apache

NCT_id show all

- [link](#) nct00005995
- [link](#) nct00061178
- [link](#) nct00072046
- [link](#) nct00073307
- [link](#) nct00334282
- [link](#) nct00492258
- [link](#) nct00538850
- [link](#) nct00538105

Keyword show all

Search:

- 0.
- 15. accelerated phase chronic myelogenous leukemia
- 19. acute undifferentiated leukemia
- 38. adult acute lymphoblastic leukemia in remission
- 39. adult acute myeloid leukemia in remission
- 40. adult acute myeloid leukemia with 11q23 (ml) abnormalities
- 41. adult acute myeloid leukemia with inv(16)(p13;q22)

Intervention show all

Search:

- 24. adjuvant therapy
- 46. atezolizumab
- 55. axitinib
- 64. bevacizumab
- 80. cabozantinib

Crowd Wisdom Caregiver Agent

Patients Clinical Trials Questions Agents Opinions Moderators

Help **Warranty** **Reset** Click items to 'select' or 'deselect' (Last Updated: Fri Sep 17 15:18:14 2021)

Condition show all

- Birt-Hogg
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- Papillary**
- Rhabdoid
- SDHB
- Sarcomatoid
- Translocation
- Unclassified
- Von Hippel-Lindau
- Wilms

Phase show all

- early phase 1
- n/a
- phase 1
- phase 1/phase 2
- phase 2
- phase 2/phase 3
- phase 3**
- phase 4

Overall status show all

- active; not recruiting
- completed
- enrolling by invitation
- not yet recruiting
- recruiting
- suspended
- terminated
- unknown status
- withdrawn

State show all

- alabama
- alaska
- arizona
- arkansas
- california
- colorado
- connecticut
- delaware
- district of columb
- florida
- georgia
- hawaii
- idaho
- illinois

Country show all

- united states**

Zip show all

- 01104
- 01199
- 01655
- 01805
- 01844
- 01854
- 01890

Official_title show all

Search:

- 60. a phase 3; randomized; controlled; multi-center; open-label study to compare tivozanib (av-951) to sorafenib in subjects with advanced renal cell carcinoma (tivo-1)
- 61. a phase 3; randomized; controlled; multi-center; open-label study to compare tivozanib hydrochloride to sorafenib in subjects with refractory advanced renal cell carcinoma
- 160. a phase iii randomized study of bay43-9006 in patients with unresectable and/or metastatic renal cell cancer

Facility show all

Search:

- 7. 21st century oncology
- 8. 21st century oncology - fort apache
- 9. 21st century oncology - henderson
- 10. 21st century oncology - vegas sunrise
- 11. 21st century oncology - vegas tenaya
- 12. 21st century oncology-fort apache
- 13. 21st century oncology-henderson

NCT_id show all

- [link](#) nct00072046
- [link](#) nct00073307
- [link](#) nct00538850
- [link](#) nct01030783
- [link](#) nct01120249
- [link](#) nct01575548
- [link](#) nct02627963
- [link](#) nct02627963

Keyword show all

Search:

- 0.
- 15. accelerated phase chronic myelogenous leukemia
- 19. acute undifferentiated leukemia
- 38. adult acute lymphoblastic leukemia in remission
- 39. adult acute myeloid leukemia in remission
- 40. adult acute myeloid leukemia with 11q23 (mll) abnormalities
- 41. adult acute myeloid leukemia with inv(16)(p13;q22)

Intervention show all

Search:

- 46. atezolizumab
- 55. axitinib
- 64. bevacizumab
- 80. cabozantinib
- 85. carbonlatin

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Patients [Clinical Trials](#) Questions Agents Opinions Moderators

Help Warranty **Reset** Click items to 'select' or 'deselect' (Last Updated: Fri Sep 17 15:18:14 2021)

Condition show all

- Birt-Hogg
- Chromophobe
- Clear Cell papillary
- Collecting Duct
- Leiomyomatosis
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- Mucinous
- Non Clear Cell
- Papillary**
- Rhabdoid
- SDHB
- Sarcomatoid
- Translocation
- Unclassified
- Von Hippel-Lindau
- Wilms

Phase show all

-
- early phase 1
- n/a
- phase 1
- phase 1/phase 2
- phase 2
- phase 2/phase 3
- phase 3**
- phase 4

Overall_status show all

- active; not recruiting
- completed
- enrolling by invitation
- not yet recruiting
- recruiting
- suspended
- terminated
- unknown status
- withdrawn

State show all

- california**

Official_title show all

Search:

- 60. a phase 3; randomized; controlled; multi-center; open-label study to compare tivozanib (av-951) to sorafenib in subjects with advanced renal cell carcinoma (tivo-1)
- 61. a phase 3; randomized; controlled; multi-center; open-label study to compare tivozanib hydrochloride to sorafenib in subjects with refractory advanced renal cell carcinoma
- 160. a phase iii randomized study of bay43-9006 in patients with unresectable and/or metastatic renal cell cancer

Facility show all

Search:

- 81. ais cancer center at san joaquin community hospital
- 135. alta bates summit medical center - summit campus
- 136. alta bates summit medical center-herrick campus
- 203. arroyo grande community hospital
- 360. bay area breast surgeons inc
- 364. bay area tumor institute

NCT_id show all

- [link](#) nct00072046
- [link](#) nct00073307
- [link](#) nct01030783
- [link](#) nct01120249
- [link](#) nct01575548
- [link](#) nct02627963
- [link](#) nct03091192

Country show all

- united states**

Keyword show all

Search:

- 0.
- 15. accelerated phase chronic myelogenous leukemia
- 19. acute undifferentiated leukemia
- 38. adult acute lymphoblastic leukemia in remission
- 39. adult acute myeloid leukemia in remission
- 40. adult acute myeloid leukemia with 11q23 (mll) abnormalities
- 41. adult acute myeloid leukemia with inv(16)(p13;q22)

Intervention show all

Search:

- 46. atezolizumab
- 55. axitinib
- 64. bevacizumab
- 80. cabozantinib
- 85. carbonlatin

Zip show all

- 90027
- 90033
- 90034
- 90048
- 90057
- 90095
- 90095-1781

Crowd Wisdom Caregiver Agent

Patients [Clinical Trials](#) Questions Agents Opinions Moderators

[Help](#) [Warranty](#) [Reset](#) Click items to 'select' or 'deselect' (Last Updated: Fri Sep 17 15:18:14 2021)

Condition show all

- Birt-Hogg
- Chromophobe
- Clear Cell papillary
- Collecting Duct
- Leiomyomatosis
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- Papillary**
- Rhabdoid
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- Sarcomatoid
- Translocation
- Unclassified
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- Wilms

Phase show all

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- n/a
- phase 1
- phase 1/phase 2
- phase 2
- phase 2/phase 3
- phase 3**
- phase 4

Overall status show all

- active; not recruiting
- completed
- enrolling by invitation
- not yet recruiting
- recruiting
- suspended
- terminated
- unknown status
- withdrawn

State show all

- california**

Country show all

- united states**

Zip show all

- 90027
- 90033
- 90034
- 90048
- 90057
- 90095
- 90095-1781

Official title show all

Search:

- 60. a phase 3; randomized; controlled; multi-center; open-label study to compare tivozanib (av-951) to sorafenib in subjects with advanced renal cell carcinoma (tivo-1)
- 61. a phase 3; randomized; controlled; multi-center; open-label study to compare tivozanib hydrochloride to sorafenib in subjects with refractory advanced renal cell carcinoma
- 160. a phase iii randomized study of bay43-9006 in patients with unresectable and/or metastatic renal cell cancer

Facility show all

Search: UCSF

- 81. ai 5208. **ucsf** comprehensive cancer ctr
- 135. 5214. **ucsf** medical center-paranassus
- 136. 5213. **ucsf** medical center-mount zion
- 203. 5212. **ucsf** medical center-mission bay
- 360. 5207. **ucsf** comprehensive cancer center
- 364. 5205. **ucsf** benioff children's hospital oakland
- 5206. **ucsf** cancer center and cancer research institute
- 5209. **ucsf** helen diller family comprehensive cancer center
- 5210. **ucsf** helen diller family comprehensive cancer center (site 0056)
- 5211. **ucsf** medical center - helen diller family comprehensive cancer center
- 39. adult acute myeloid leukemia in remission
- 40. adult acute myeloid leukemia with 11q23 (ml) abnormalities
- 41. adult acute myeloid leukemia with inv(16)(p13;q22)

Keyword

Search:

- 46. atezolizumab
- 55. axitinib
- 64. bevacizumab
- 80. cabozantinib
- 85. carboolatin

NCT_id show all

- [link](#) nct00072046
- [link](#) nct00073307
- [link](#) nct01030783
- [link](#) nct01120249
- [link](#) nct01575548
- [link](#) nct02627963
- [link](#) nct03091192
- [link](#) nct04000000

Crowd Wisdom Caregiver Agent

Patients [Clinical Trials](#) Questions Agents Opinions Moderators

Help **Warranty** **Reset** Click items to 'select' or 'deselect' (Last Updated: Fri Sep 17 15:18:14 2021)

<p>Condition <input checked="" type="checkbox"/> show all</p> <ul style="list-style-type: none"><input type="checkbox"/> Birt-Hogg<input type="checkbox"/> Chromophobe<input type="checkbox"/> Clear Cell papillary<input type="checkbox"/> Collecting Duct<input type="checkbox"/> Leiomyomatosis<input type="checkbox"/> Medullary<input type="checkbox"/> Mucinous<input type="checkbox"/> Non Clear Cell<input checked="" type="checkbox"/> Papillary<input type="checkbox"/> Rhabdoid<input type="checkbox"/> SDHB<input type="checkbox"/> Sarcomatoid<input type="checkbox"/> Translocation<input type="checkbox"/> Unclassified<input type="checkbox"/> Von Hippel-Lindau<input type="checkbox"/> Wilms	<p>State <input type="checkbox"/> show all</p> <ul style="list-style-type: none"><input checked="" type="radio"/> california	<p>Official_title <input type="checkbox"/> show all</p> <p>Search: <input type="text"/></p> <ul style="list-style-type: none"><input type="radio"/> 266. everest: everolimus for renal cancer ensuing surgical therapy; a phase iii study
<p>Phase <input checked="" type="checkbox"/> show all</p> <ul style="list-style-type: none"><input type="checkbox"/><input type="checkbox"/> early phase 1<input type="checkbox"/> n/a<input type="checkbox"/> phase 1<input type="checkbox"/> phase 1/phase 2<input type="checkbox"/> phase 2<input type="checkbox"/> phase 2/phase 3<input checked="" type="checkbox"/> phase 3<input type="checkbox"/> phase 4	<p>Country <input type="checkbox"/> show all</p> <ul style="list-style-type: none"><input checked="" type="radio"/> united states	<p>Facility <input type="checkbox"/> show all</p> <p>Search: <input type="text" value="5213. ucsf medical center-mount zion"/></p> <ul style="list-style-type: none"><input type="radio"/> 5213. ucsf medical center-mount zion
<p>Overall_status <input checked="" type="checkbox"/> show all</p> <ul style="list-style-type: none"><input type="checkbox"/> active; not recruiting<input type="checkbox"/> completed<input type="checkbox"/> enrolling by invitation<input type="checkbox"/> not yet recruiting<input type="checkbox"/> recruiting<input type="checkbox"/> suspended<input type="checkbox"/> terminated<input type="checkbox"/> unknown status<input type="checkbox"/> withdrawn	<p>Zip <input type="checkbox"/> show all</p> <ul style="list-style-type: none"><input type="radio"/> 94115	<p>NCT_id <input type="checkbox"/> show all</p> <ul style="list-style-type: none"><input type="radio"/> link nct01120249
		<p>Keyword <input type="checkbox"/> show all</p> <p>Search: <input type="text"/></p> <ul style="list-style-type: none"><input type="radio"/> 0.<input type="radio"/> 381. clear cell renal cell carcinoma<input type="radio"/> 919. papillary renal cell carcinoma<input type="radio"/> 1329. stage i renal cell cancer<input type="radio"/> 1388. stage ii renal cell cancer<input type="radio"/> 1475. stage iii renal cell cancer
		<p>Intervention <input type="checkbox"/> show all</p> <p>Search: <input type="text"/></p> <ul style="list-style-type: none"><input type="radio"/> 158. everolimus<input type="radio"/> 232. laboratory biomarker analysis<input type="radio"/> 330. placebo<input type="radio"/> 344. quality-of-life assessment<input type="radio"/> 394. sorafenib tosvlate

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Active, not recruiting ⓘ

S0931, Everolimus in Treating Patients With Kidney Cancer Who Have Undergone Surgery (S0931)

ClinicalTrials.gov ID ⓘ NCT01120249

Sponsor ⓘ SWOG Cancer Research Network

Information provided by ⓘ SWOG Cancer Research Network (Responsible Party)

Last Update Posted ⓘ 2024-08-29



+ Expand all content

– Collapse all content

Crowd Wisdom Caregiver Agent

Patients Clinical Trials **Questions** Agents Opinions Moderators

Select Question

Should I participate in the Everest Clinical Trial? ▾

Description

NCT01120249 S0931, Everolimus in Treating Patients With Kidney Cancer Who Have Undergone Surgery (S0931)

Update/Create Question

Question Text

Should I participate in the Everest Clinical Trial?

Question Description

NCT01120249 S0931, Everolimus in Treating Patients With Kidney Cancer Who Have Undergone Surgery (S0931)

Submit Question

Crowd Wisdom Caregiver Agent


[Patients](#) [Clinical Trials](#) [Questions](#) [Agents](#) [Opinions](#) [Moderators](#)

Select Agent


Nizar Tannir 

Type: Doctor

Contact

ntannir@mdanderson.org 

Greeting

Thanks for the Email 

Submit Agent

Crowd Wisdom Caregiver Agent

Patients Clinical Trials Questions Agents **Opinions** Moderators

Select Opinion

Should I participate in the Everest Clinical Trial? | ntannir@mdanderson.org | I do not recomme... ▾

Opinion

I do not recommend any adjuvant trial w/ mTOR inhibitors or VEGF targeted agents for papillary RCC. There will be trials w/ immune checkpoint agents in the near future but not soon enough to enroll on.

Update/Create Opinion

Opinion

Should I participate in the Everest Clinical Trial? | ntannir@mdanderson.org | I do not recommend any ad

Opinion Description

I do not recommend any adjuvant trial w/ mTOR inhibitors or VEGF targeted agents for papillary RCC. There will be trials w/ immune checkpoint agents in the near future but not soon enough to enroll on.

Submit Opinion

Crowd Wisdom Caregiver Agent

[Patients](#) [Clinical Trials](#) [Questions](#) [Agents](#) [Opinions](#) [Moderators](#)

Select Opinion

Should I participate in the Everest Clinical Trial? | jeff.brown@sutter.com | Minimal Downside |

Opinion

Minimal Downside

Update/Create Opinion

Opinion

Should I participate in the Everest Clinical Trial? | jeff.brown@sutter.com | Minimal Downside

Opinion Description

Minimal Downside

Crowd Wisdom Caregiver Agent

Patients Clinical Trials Questions Agents Opinions **Moderators**

Moderators

Question

Should I participate in the Everest Clinical Trial? ▼

Moderators

Choose an option ▼

4) Return Strongest Answer

Crowd Wisdom Caregiver Agent

Patients Clinical Trials Questions Agents Opinions Moderators

Moderators

Question

Should I participate in the Everest Clinical Trial? ▾

Moderators

4) Return Strong... × ▾

Submit

Opinions

	Moderator 4	Answer	ID	Argument
0	No	Yes	Sutter	"Minimal Downside"
1	No	Yes	Stanford	"If you are eligible always a good idea to partake on trials"
2	No	Yes	Davis	"No cons other than ending up in the placebo arm or having to deal w
3	No	No	Los Gatos	"Kidney cancer has had no successful treatment (e.g. radiation, chem
4	No	No	MD Anderson	Nizar Tannir: "I do not recommend any adjuvant trial w/ mTOR inhibit

Answers

	Moderator	Answer	IDs	Argument
0	4	No	MD Anderson	Nizar Tannir: "I do not recommend any adjuvant trial w/ mTOR inhibitor

Final Word

“If you work on frequent cancers, do randomized trials! If you work on rare cancers—find friends!”

Olson, TA, Schneider, DT, Brecht, IB, et al.

If you want to help improve rare disease treatment options, contact

Bill (bill@rarekidneycancer.org)

Pete (pete@researchtothepeople.org)

Could we automate this?

- Alexander's Disease - <https://www.youtube.com/watch?v=tAP1eZYEuKA>
- Castleman's Disease - <https://cdcn.org/leadership-team/david-fajgenbaum/>
- ADNP - <https://adnpkids-researchfoundation.org/bedrosian-sermone.html>
- NF2 - <https://www.linkedin.com/in/onnofaber/>
-