CONFIDENTIAL METHODOLOGY DEMONSTRATION — ILLUSTRATION ONLY

FIH Scout Sample Report
ADC Lung Site-Selection Intelligence

Mechanism: ADC (Antibody–Drug Conjugate) | Indication: Lung NSCLC | AACT Snapshot: 2026-04-24

79	631	10	27
ADC LUNG TRIALS	HISTORICAL SITES	SHORTLISTED SITES	FIH-ELIGIBLE PIS

1.5
ADC HOTNESS INDEX

Executive Summary TIER A TIER B

Mechanism: ADC | **Scope:** ADC lung | **Snapshot:** 2026-04-24 | **Sources:** AACT, PubMed/E-utilities

Site/PI-level identifiers are CDA-scoped; pseudonyms in a small mechanism domain may be inferable and are shown for methodology illustration only.

Stakeholder	Question
BD	Which accounts should be prioritized for relationship development?
Clinical Operations	Which sites are positioned to enroll a first patient quickly?
CMO	How crowded is the ADC mechanism in lung, and what does that mean for patient competition?
Sponsor	Where is meaningful activity concentrated geographically?

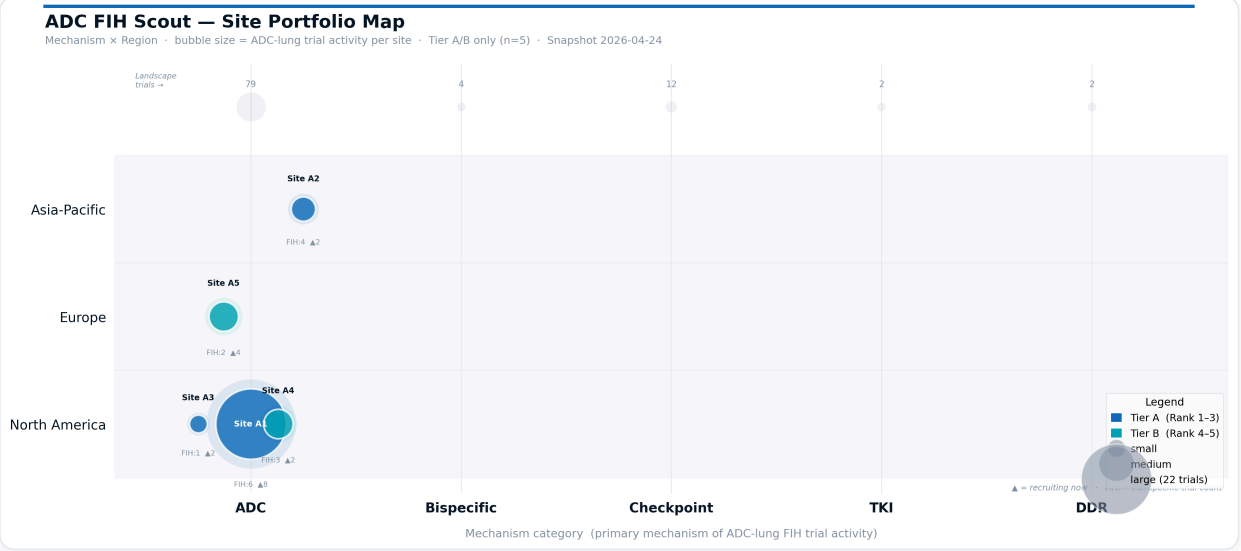

Figure 1: Portfolio Map — SRS (Tier A, vertical) vs ADC lung trial count (Tier B, horizontal) for the top 10 shortlisted sites.

Mechanism crowding (CMO question) — Tier B

ADC is the most active mechanism in this indication by a wide margin. AACT records **79 ADC lung trials**, compared with 12 for immune checkpoint, 4 for bispecific antibody, 2 each for TKI and DDR, and 1 for DLL3-targeted agents. The hotness index for ADC (1.5) is the highest across all mechanisms reviewed.

Geographic activity (Sponsor question) — Tier A/B

Across six regions, **North America leads in both historical depth and current recruiting activity**: 248 historical sites, 118 recruiting now, touching 51 trials. Europe shows 179 historical sites and 62 recruiting now (20 trials);

Asia–Pacific shows 186 historical sites and 53 recruiting across 21 trials. Top–10 site geographic distribution: North America 5, Asia–Pacific 3, Europe 2.

Site shortlist overview (BD and Clinical Operations questions) — Tier A

The 10 shortlisted sites carry an average SRS of 142.6 (range 130.6—176.4). Site A1 (North America, United States) holds global SRS rank 1 at 176.4, with 22 ADC lung trials and 8 currently recruiting. Site A2 (Asia–Pacific, Japan, SRS 148.0) leads on FIH trial specificity (4 of 6 trials are FIH). Site A5 (Europe, France, SRS 142.3) is the highest–ranked European site. Total recruiting–now count: 20.

Site Shortlist (anonymized) TIER A TIER B

Declared tier: A — SRS values are directly computed from `SRS = f(trial_activity, site_volume, phase_mix, lag, stability)` applied to AACT data (snapshot 2026-04-24). Mechanism activity is a Tier B matched comparison.

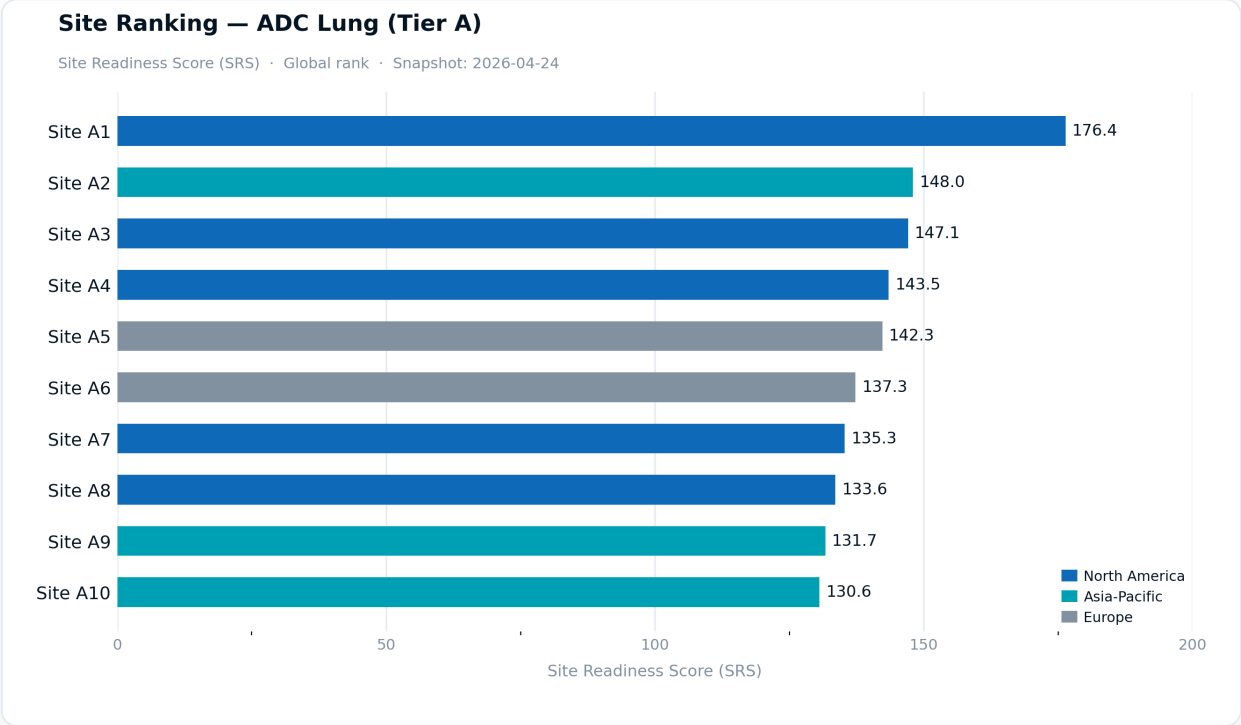

Figure 2: Top 10 site SRS ranking (Tier A, directly computed from AACT)

Site	Region	Suggested Tier	SRS (Tier A)	ADC Lung Competing Trials (Tier B)	Recruiting Now	Suggested Use
Site A1	North America (United States)	Tier 1	**176.4**	22	Yes (8 active)	Anchor — highest SRS globally; broadest ADC lung trial footprint
Site A2	Asia–Pacific (Japan)	Tier 1	**148.0**	6	Yes (2 active)	Anchor — leading Asia–Pacific node; ADC FIH density (4 FIH trials)
Site A3	North America (United States)	Tier 1	**147.1**	5	Yes (2 active)	Core candidate — strong SRS; geographic complement to A1

Site	Region	Suggested Tier	SRS (Tier A)	ADC Lung Competing Trials (Tier B)	Recruiting Now	Suggested Use
Site A4	North America (United States)	Tier 1	**143.5**	7	Yes (2 active)	Core candidate — active ADC lung portfolio (3 FIH trials); solid US breadth
Site A5	Europe (France)	Tier 2	**142.3**	7	Yes (4 active)	Core candidate — primary European node; active ADC lung trial engagement
Site A6	Europe (United Kingdom)	Tier 2	**137.3**	3	No	Core candidate — strong SRS; lower current ADC density warrants feasibility discussion
Site A7	North America (United States)	Tier 2	**135.3**	4	Yes (1 active)	Core candidate — supplementary US site; ADC lung presence with 2 FIH trials
Site A8	North America (United States)	Tier 3	**133.6**	3	No	Secondary consideration — solid SRS; no ADC FIH history; assess site-level interest prior to activation
Site A9	Asia-Pacific (South Korea)	Tier 3	**131.7**	4	No	Secondary consideration — Korea regulatory pathway; ADC lung activity recorded (2 FIH trials)
Site A10	Asia-Pacific (South Korea)	Tier 3	**130.6**	2	Yes (1 active)	Secondary consideration — geographic diversification option within the Korea cluster

Tier C note: Capacity-related signals (slot availability, concurrent PI load, activation-timeline estimates) are Tier C proxies, presented separately in the Context Panel (Section 4). They are not a

basis for shortlist ranking.

Region & Competitive Pressure TIER A TIER B

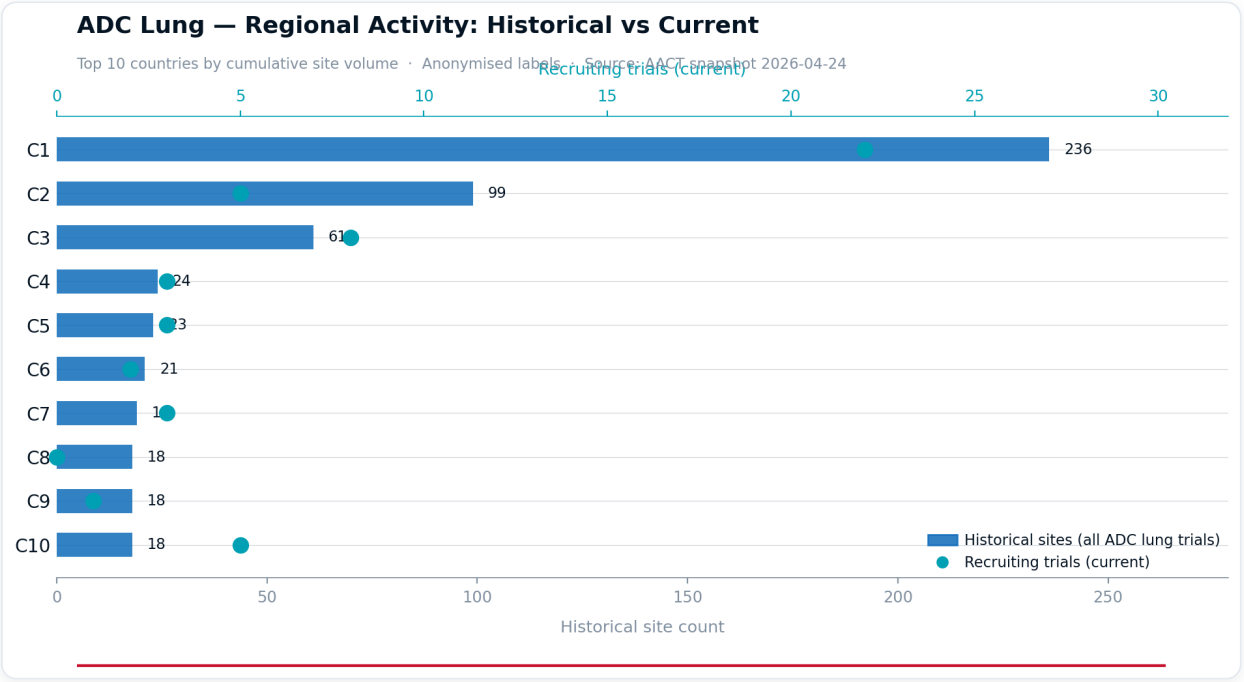

Figure 3: Regional historical sites, recruiting sites, and trial count (Tier A, AACT 2026-04-24)

Regional Trial Activity (Tier A)

Region	Historical Sites	Currently Recruiting	Trials Touching
North America	248	**118**	**51**
Europe	179	62	20
Asia-Pacific	186	53	21
Other (incl. Turkey, Puerto Rico)	9	8	4
Middle East	6	0	1
South America	3	0	1

Mechanism Crowding vs. Competing Modalities (Tier B)

Mechanism	Lung Trials in Scope (Tier B)
ADC	**79**
Immune Checkpoint	12
Bispecific Antibody	4

Mechanism	Lung Trials in Scope (Tier B)
Tyrosine Kinase Inhibitor	2
DNA Damage Response	2
DLL3–targeted	1

Strategic Role by Region

Region	Characterization	Notes
North America	Anchor	Largest site pool, highest recruiting density, 51 trials; primary activation target for FIH
Europe	Expansion	Comparable trial count to Asia–Pacific; Spain and France offer higher per–country depth
Asia–Pacific	Expansion	Japan and South Korea present well–established infrastructure; China footprint (99 sites) is scale–oriented
Other / Middle East / South America	CONTEXT ONLY	Low site and trial counts; not a recommendation basis

Context Panel — PI Availability

TIER C — CONTEXT ONLY

Context only — not a recommendation basis. The cluster view below is a Tier C proxy derived from publicly observable concurrent–recruiting trial counts in AACT. It does not measure actual workload, institutional capacity, or willingness to participate.

Methodology: 27 PIs grouped into 3 archetype clusters using k–means on: (1) leadership signal — FIH–PRS composite (Pub×0.40 + Trial×0.35 + Broad×0.15 + Alignment×0.10); and (2) concurrent–recruiting load. Load thresholds: green = 0–2; amber = 3–4; red ≥ 5.

Cluster	n	Leadership Signal	FIH–PRS Median	FIH–PRS Range	Avg Concurrent Load	Load Distribution	Illustrative Role Context
AB — High leadership, high load	7	High	66.0	50.0–67.2	7.1	4 ● / 3 ●	Advisory or co–PI where a sponsor relationship

Cluster	n	Leadership Signal	FIH–PRS Median	FIH–PRS Range	Avg Concurrent Load	Load Distribution	Illustrative Role Context
							exists; not a fit as primary site PI for new activation
C — High leadership, available	13	High	54.6	40.6–66.8	0.8	13 ●	Primary PI for new trial activation; first–contact priority
D — Medium leadership, mostly available	7	Medium	33.2	22.6–39.6	1.1	1 ● / 6 ●	Co–investigator or back–up PI; useful for multi–site geographic coverage

How the Scoring Works

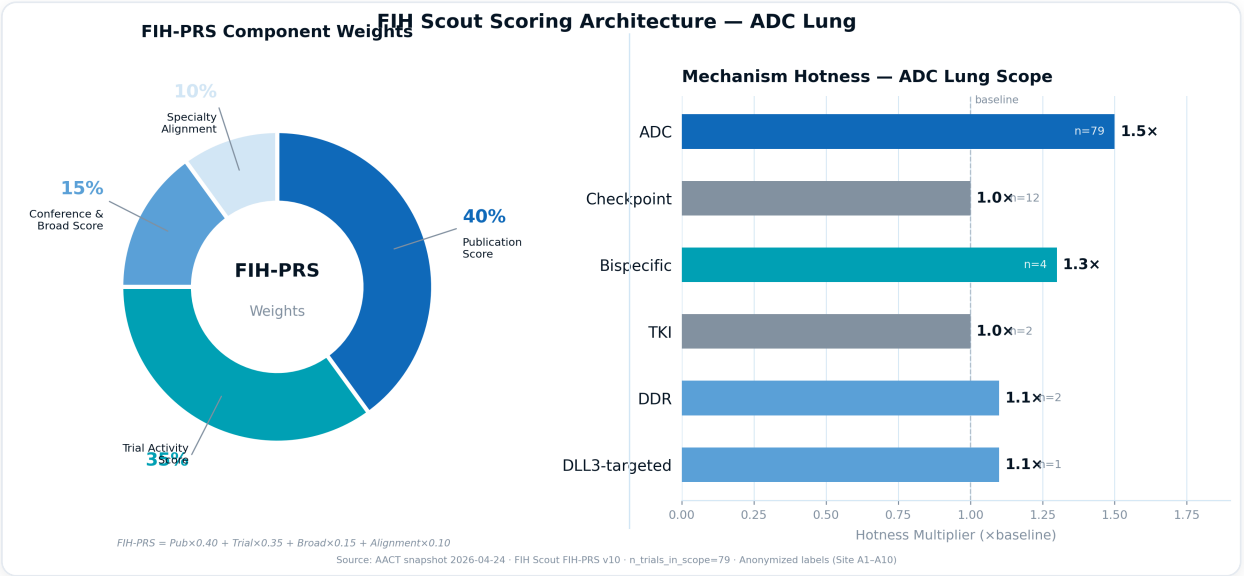

Figure 4: FIH-PRS and SRS scoring decomposition (Tier A, AACT + PubMed)

Tier A
DIRECTLY COMPUTED FROM REAL FORMULA

Tier B
MATCHED COMPARISON (SAME DATA POOL)

Tier C
EXTRAPOLATED PROXY — CONTEXT ONLY

FIH-PRS Formula (Tier A)

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FIH-PRS = Pub × 0.40 + Trial × 0.35 + Broad × 0.15 + Alignment × 0.10
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Component	Weight	Source
`pub_score`	40%	PubMed — FIH-relevant authorship volume and recency
`trial_activity_score`	35%	AACT — PI trial leadership, phase mix, FIH exposure
`broad_score`	15%	PubMed — broader oncology conference footprint
`specialty_alignment_score`	10%	PubMed — alignment with lung / ADC specialty signal

Mechanism	Hotness weight	ADC-lung trial count (AACT)
Antibody-Drug Conjugate (ADC)	**1.5**	**79**
Bispecific Antibody	1.3	4

Mechanism	Hotness weight	ADC-lung trial count (AACT)
DNA Damage Response (DDR)	1.1	2
DLL3-targeted	1.1	1
Immune Checkpoint	1.0	12
Tyrosine Kinase Inhibitor (TKI)	1.0	2

✅ Governance & Honesty Design

Full Disclaimer

This report: contains **no confidential client names**, no patient-level data, no protected health information; makes **no efficacy claims** — all trial counts and site scores reflect historical registry activity, not clinical outcome; makes **no regulatory-approval claim**; is built entirely from **publicly registered data** (ClinicalTrials.gov via AACT; PubMed via E-utilities); reflects a single **snapshot date of 2026-04-24**.

PBC Disclosure

FIH Scout is developed by **OncoLattice Bio**, a Public Benefit Corporation (Delaware PBC). The PBC structure commits OncoLattice to publish its scoring methodology and source traceability openly, and to not structure its commercial terms in ways that restrict a sponsor's ability to audit the underlying evidence. This report is a direct exercise of that commitment.

Self-Scan: Banned Words — Confirmed Absent

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guarantee • guaranteed • approved • FDA-approved • predict • prediction • proven • best-in-class • world-class • unique • uniquely • powerful • blind spot • mechanism-fit score • overload score • activation risk score • throughput • regulatory conversion pipeline • conversion pipeline • operationally necessary
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Next Steps

This report illustrates the methodology and output structure of a FIH Scout engagement. The site rankings, FIH-PRS values, and PI archetype clusters shown here are computed from real registry data (AACT snapshot: 2026-04-24; PubMed via E-utilities) against the ADC lung scope — but site and PI identifiers are pseudonymised for distribution.

1. Request a Methodology Walkthrough

A 45–minute working session walking through the scoring formulas (FIH–PRS = Pub×0.40 + Trial×0.35 + Broad×0.15 + Alignment×0.10; SRS global baseline) against your specific mechanism and indication. No CDA required; no site identifiers disclosed at this stage.

2. CDA–scoped Asset Briefing

Upon execution of a mutual CDA, the full ranked list (631 sites in the ADC lung database; 104 with computed SRS; 27 PI profiles with FIH–PRS values) is released with pseudonyms lifted to real institution and investigator names. The briefing covers the Cluster C PI cohort (n=13; avg concurrent load 0.8; FIH–PRS median 54.6) as the primary outreach cohort, alongside the geographic activation map across North America (118 sites currently recruiting), Europe (62), and Asia–Pacific (53).

Contact OncoLattice Bio → contact@oncolattice.bio

Known limitations (disclosed here, not footnoted):

- **SRS is a global baseline, not ADC–specific.** A mechanism–weighted site metric is in development.
- **79 ADC lung trials in scope (AACT).** EudraCT/CTIS coverage for European FIH trials remains a documented gap.
- **PI cluster counts require k ≥ 5 per cluster.** All three clusters (AB: n=7; C: n=13; D: n=7) meet this threshold. Cluster–level inferences should not be applied to individual PIs.