FIH Scout Sample Report

Bispecific Antibody — Pan-tumor FIH Site Selection Analysis

Mechanism: Bispecific Antibody | Snapshot: 2026-04-24 | Tier: A/B

Sources: AACT + ChiCTR | OncoLattice Bio

74	599	10	95	5
BISPECIFIC LUNG TRIALS	TOTAL SITES	SHORTLISTED SITES (TIER 1)	PIS ANALYZED	REGIONS COVERED

1.3×

HOTNESS MULTIPLIER

Executive Summary

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

Four Driving Questions

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 Bispecific mechanism, and what does that imply for patient competition?
Sponsor	Where is meaningful activity concentrated geographically?

Mechanism Crowding (CMO) — Tier B

Bispecific Antibody is the dominant modality in this analysis, with 74 lung trials on record. The next-closest comparison modality, Immune Checkpoint, registers 17 — a 4.4-fold gap. ADC carries a hotness index of 1.5 (the highest across the modalities reviewed), while Bispecific Antibody sits at 1.3.

> **Important limitation:** FIH-PRS has not been materialized for the Bispecific mechanism in the current data build, and even where materialized it is backtest-bounded and not prospectively validated. Accordingly, the PI layer in this report uses pan-tumor Bispecific archetype signals — concurrent load and 24-month lead emergence — rather than FIH-PRS values.

Geographic Activity (Sponsor) — Tier A/B

Across five regions, Asia-Pacific leads on currently recruiting sites (118), followed by North America (60) and Europe (58). Among the 10 shortlisted sites, the geographic

split is **North America 5, Asia-Pacific 3, Europe 2**.

Caveats

- SRS is computed globally across all mechanisms; it is not Bispecific-specific.
- FIH-PRS has not been materialized for the Bispecific mechanism, and the formula itself is backtest-bounded and not prospectively validated. PI-layer signals use archetype proxies; these are not equivalent to FIH-PRS values.
- AACT does not capture all global registries. EudraCT/CTIS coverage for European FIH trials is incomplete.
- ChiCTR data (2 trials) are trial-level only; they carry no site or PI detail and do not enter any ranking.
- Recruiting-now status reflects the AACT 2026-04-24 snapshot; verify directly before outreach.
- 29 of 74 in-scope trials are China-only trials, which may affect the apparent geographic distribution.

Figure 1: Portfolio Map

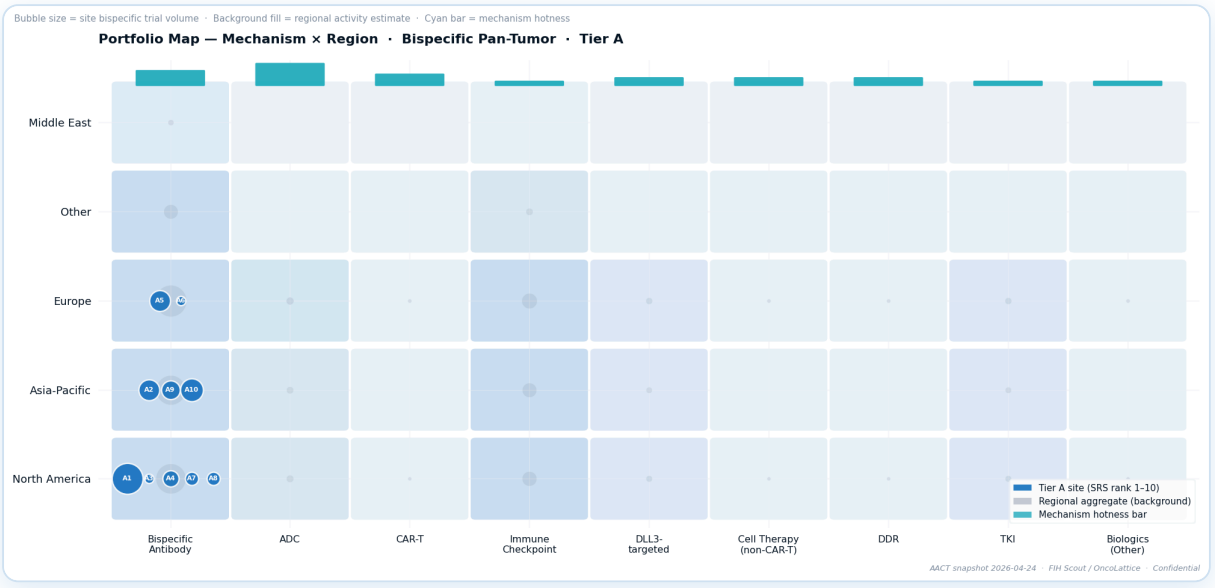

Figure 1: SRS (vertical, Tier A) vs Bispecific lung trial count (horizontal, Tier B). Red dots = Anchor sites, blue dots = Core candidates; dot size = active-recruiting trial count. Source: AACT snapshot 2026-04-24.

Site Shortlist (anonymized) Tier A

Tier A — SRS computed from AACT (snapshot 2026-04-24). Mechanism activity (Tier B) = competing Bispecific trial count at each site, sourced from AACT. All 10 shortlisted sites are Tier 1 by SRS rank.

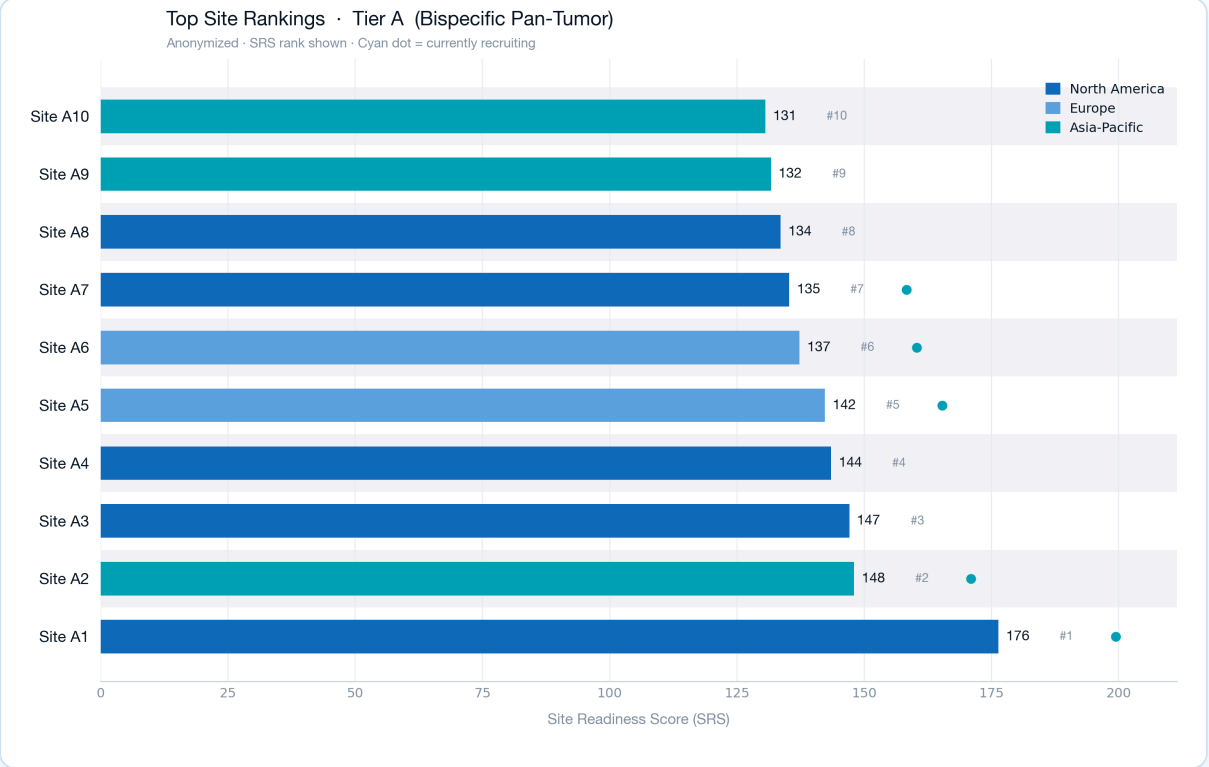

Figure 2: SRS scores for the top-10 shortlisted sites (Tier A). Source: AACT snapshot 2026-04-24.

Site	Region	SRS	Competing Trials	Recruiting	Suggested Use
Site A1	North America	**176.4**	9 (7 active)	**Yes (3)**	Anchor — highest pan-tumor SRS; established Bispecific FIH footprint (2 prior FIH trials)
Site A2	Asia-Pacific	**148.0**	10 (5 active)	**Yes (1)**	Anchor — highest Bispecific FIH trial count in shortlist (3 prior FIH trials); APAC coverage
Site A3	North America	147.1	9 (3 active)	No	Core candidate — SRS within 1 point of Site A2;

Site	Region	SRS	Competing Trials	Recruiting	Suggested Use
					confirmatory outreach warranted
Site A4	North America	143.5	1 (0 active)	No	Core candidate — lowest mechanism crowding in top 5; room for a differentiated Bispecific entry
Site A5	Europe	**142.3**	2 (7 active)	**Yes (2)**	Anchor — EU geographic coverage; active recruiting posture with limited Bispecific-specific crowding
Site A6	Europe	137.3	5 (3 active)	**Yes (1)**	Core candidate — EU secondary node; moderate mechanism activity
Site A7	North America	135.3	0 competing	**Yes (1)**	Core candidate — no site-level Bispecific competition recorded; active recruiting posture
Site A8	North America	133.6	4 (2 active)	No	Core candidate — North America depth; moderate mechanism activity
Site A9	Asia-Pacific	131.7	7 (2 active)	No	Core candidate — APAC secondary node; existing Bispecific engagement (1 prior FIH trial)
Site A10	Asia-Pacific	130.6	6 (2 active)	No	Core candidate — APAC tertiary; second-highest Bispecific lung trial volume (6 trials) in shortlist

> **Anonymity and inference caveat:** In a focused mechanism domain such as pan-tumor Bispecific, pseudonyms assigned to a small site pool (n = 10

shortlisted from 96 SRS-scored sites) may be inferable by parties with domain knowledge. These pseudonyms are shown for methodology illustration only.

Region & Competitive Pressure

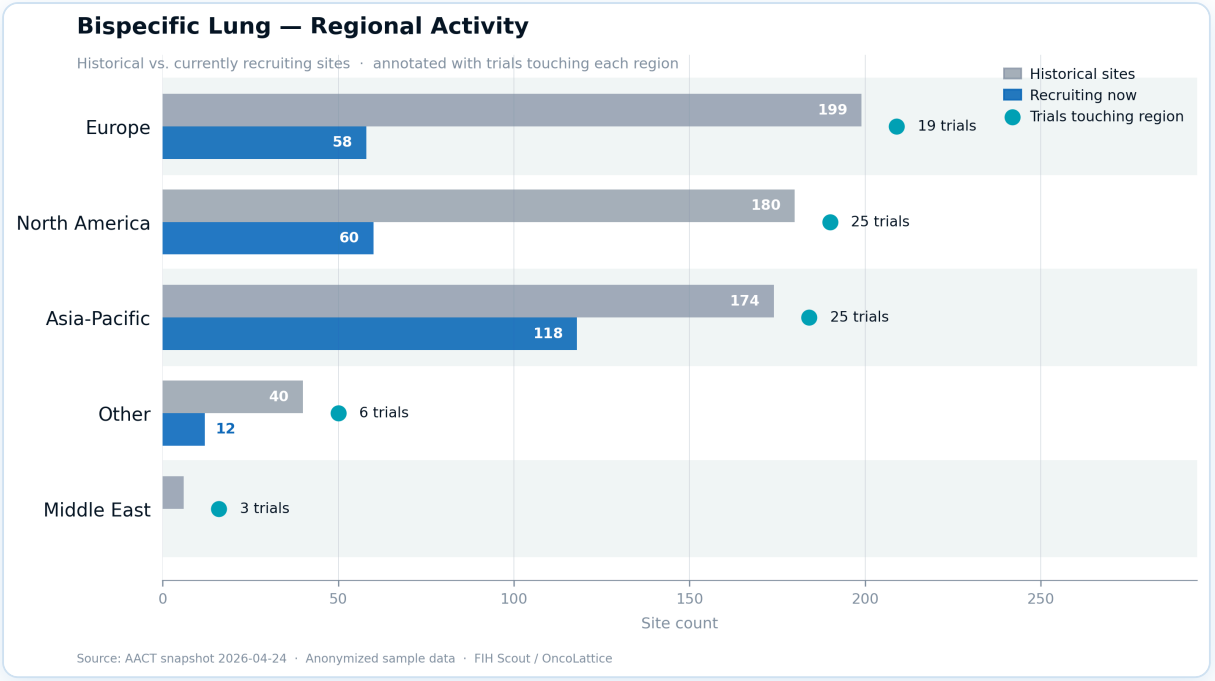

Figure 3: Regional Bispecific trial activity comparison (Tier A). Source: AACT snapshot 2026-04-24.

Regional Trial Activity (Tier A)

Region	Historical Sites	Sites Recruiting Now	Trials Touching
North America	180	60	25
Asia-Pacific	174	**118**	25
Europe	**199**	58	19
Other	40	12	6
Middle East	6	0	3

Bispecific Mechanism Crowding vs. Comparators (Tier B)

Mechanism	Bispecific-Lung Trials (AACT)	Relative Activity Index
Bispecific Antibody	**74**	**1.3**

Mechanism	Bispecific-Lung Trials (AACT)	Relative Activity Index
Immune Checkpoint	17	1.0 (reference)
Antibody-Drug Conjugate (ADC)	4	**1.5**
DLL3-targeted	3	1.1
Tyrosine Kinase Inhibitor	3	1.0
Biologics (Other)	1	1.0
Cell Therapy (non-CAR-T)	1	1.1
CAR-T Cell Therapy	1	1.2
DNA Damage Response	1	1.1

Relative Activity Index: an internally derived index reflecting cross-mechanism activity weighting. Not a clinical efficacy measure. Tier B — context only; not a recommendation basis.

TIER C — CONTEXT ONLY

Context Panel — PI Availability

> **Context only — not a recommendation basis.** The archetype clusters below characterise publicly observable concurrent-recruiting trial load and Bispecific trial exposure for the 95 investigators identified in the pan-tumor Bispecific scope (AACT snapshot 2026-04-24). They are drawn from registry data alone.

Note on PI-layer methodology: FIH-PRS has not been materialised for the Bispecific mechanism. The archetypes below use three observable proxies instead — concurrent-recruiting trial count (public AACT), Bispecific trial volume, and lead-emergence count (2024–2026). Source: AACT.

PI Archetype Clusters

Cluster	n	Concurrent-load range	Median load	Avg Bispecific FIH trials	Avg leads (2024–26)	Load flag	Su ope rol
High-Load (Capacity-Constrained)	10	7 – 20	12	0.4	9.2	HIGH	Co / a co- arr ma exp
Moderate-Load (Operationally Available)	13	3 – 5	3	**0.54**	1.9	MOD	Pri can der FIH exp
Low-Load / Emerging (Maximum Availability)	72	0 – 2	1	0.49	0.6	LOW	Co- inv or s exp ear

Cluster	n	Concurrent-load range	Median load	Avg Bispecific FIH trials	Avg leads (2024–26)	Load flag	Sug ope rol
							acti pot

Reading the Clusters

High-Load cluster (n = 10, median 12 concurrent trials). These investigators have extensive Bispecific exposure on average — 9.2 lead appearances across 2024–2026 — consistent with high sponsor demand. The concurrent-load range (7–20 trials) suggests scheduling negotiation would be a prerequisite before activation.

Moderate-Load cluster (n = 13, median 3 concurrent trials). The 3–5 load range sits at a level that has historically been manageable across oncology FIH programmes. Average Bispecific FIH trial exposure (0.54) is the highest of the three clusters, indicating meaningful prior FIH-specific engagement.

Low-Load / Emerging cluster (n = 72, median 1 concurrent trial). This is the largest group by count and spans the broadest geographic and specialty diversity. Calendar availability is highest here, though institutional infrastructure and FIH-specific experience would require direct validation.

How the Scoring Works

Figure 4: FIH-PRS formula and component weights.

FIH-PRS Formula

> **FIH-PRS = Publication Score × 0.40 + Trial Activity Score × 0.35 + Conference-Broad Score × 0.15 + Specialty Alignment Score × 0.10**

Component	Weight	What it captures
Publication Score	40%	Peer-reviewed output volume and recency (PubMed; AACT snapshot 2026-04-24)
Trial Activity Score	35%	PI-led FIH and early-phase trial leadership in AACT
Conference-Broad Score	15%	Broad conference presence across oncology congresses
Specialty Alignment Score	10%	Match between a PI's active indications and the target mechanism

Tier Definitions

Tier	Definition	Decision basis
Tier A	Directly computed from a registered formula applied to real registry data (AACT / PubMed). No interpolation.	Suitable as a recommendation basis
Tier B	Matched comparison derived from registry counts. The formula is deterministic but rests on a proxy variable.	Suitable as a recommendation basis with the proxy stated

Tier	Definition	Decision basis
Tier C	Extrapolated contextual signal.	**Context only — not a recommendation basis.** Never enters the executive shortlist.

Governance & Honesty Design

This section documents what the report is, what it is not, and where every number comes from. It is a standing part of every FIH Scout deliverable, not an appendix.

> **Important materialization caveat:** FIH-PRS exists in production code at `fih_core.scoring.fih_prs.calc_fih_prs`, but was **not materialized for the Bispecific mechanism** at the time of this snapshot (2026-04-24). PI-layer ranking therefore substitutes pan-tumor Bispecific archetype signals. FIH-PRS itself is a backtest-bounded research instrument and has not been prospectively validated.

Full Disclaimer

1. **No confidential or patient-level data.**
   All underlying records are drawn from public registries (AACT / ChiCTR).
2. **No efficacy claims.**
   This report makes no statement about clinical outcomes, response rates, survival endpoints, or the therapeutic merit of any Bispecific agent.
3. **No regulatory-approval claims.**
4. **Pseudonymity, not anonymity.**
   Site/PI-level identifiers are CDA-scoped; pseudonyms in a small mechanism domain may be inferable and are shown for methodology illustration only.
5. **Snapshot validity.**
   Registry data reflects the AACT snapshot of 2026-04-24. Trial status changes continuously; readers should treat all counts as indicative of the landscape at that date.
6. **OncoLattice PBC.**
   FIH Scout is a commercial product of OncoLattice Bio, a Delaware Public Benefit Corporation. This report is produced for business-development purposes and represents a methodology demonstration, not a fiduciary advisory opinion.

No-Case-Study Answer Script

> "This is a methodology demonstration on fully public ClinicalTrials.gov/AACT data, not a past client engagement. It shows

> exactly how we would structure your asset's site/PI landscape under CDA. Formal sponsor work begins after a CDA-scoped briefing."

Next Steps

This report is a methodology illustration derived from AACT (snapshot 2026-04-24), covering 74 Bispecific lung trials, a 13-trial FIH subset, and a pan-tumor PI pool of 95 investigators across 5 regions. **To move from this sample to a sponsor-specific deliverable, two engagement paths are available.**

Option A — Request a Methodology Walkthrough

For CMOs, program leads, or BD teams who want to audit the scoring logic before commissioning a full report.

contact@oncolattice.bio — subject line "Methodology Walkthrough Request / Bispecific"

Option B — CDA-scoped Asset Briefing

For sponsors ready to receive de-anonymized site identifiers, PI-cluster detail, and region-level activation sequencing.

contact@oncolattice.bio — subject line "CDA Asset Briefing / Bispecific pan-tumor"

Data Provenance and Limitations

Item	Status
Primary source	AACT (ClinicalTrials.gov), snapshot 2026-04-24
ChiCTR	2 trials at the trial layer only; no site/PI data
PubMed	Listed for completeness; Bispecific FIH-PRS not materialized
FIH-PRS (PI layer)	Not materialized for Bispecific pan-tumor; backtest-bounded, not prospectively validated. Archetype signals are Tier C proxies — context only
Site/PI identifiers	CDA-scoped; pseudonyms in a small mechanism domain may be inferable
Total real sites in scope	599 (96 with SRS available)
Total real PIs in scope	95 (broadened from bispecific × lung to pan-tumor bispecific to satisfy the k ≥ 5 cluster requirement)

Built on research foundations from the Apex AI ecosystem; commercial delivery through OncoLattice Bio.