FIH Scout Sample Report

Mechanism: KRAS/RAS Lung **Snapshot**: 2026-04-24 **Source**: AACT (ClinicalTrials.gov-derived)

Registry: CTGOV only — ChiCTR not used

12	71	1.4	282	36
Sites in Panel	KRAS/RAS Lung Trials	KRAS/RAS Pathway Hotness	N. America Historical Sites	PIs in Archetype Clusters
Tier A	Tier A	Tier B	Tier A	Tier C

Executive Summary

(Declared tier: A/B — every figure below is Tier A, directly computed from real AACT data, or Tier B, matched-comparison. No Tier C proxy appears in this summary; load-based context lives only in the separate Context Panel.)

A sponsor opening a KRAS/RAS NSCLC program lands on four operational questions that rarely get answered in the same room:

- **BD asks:** which accounts do we approach first?
- **Clinical operations asks:** which centers are credible candidates for first-patient-in?
- **The CMO asks:** is this mechanism crowded enough that we are fighting for the same patients?
- **Sponsor leadership asks:** where, geographically, is the trial activity actually happening?

This sample report answers those four against a single frozen snapshot — AACT (ClinicalTrials.gov-derived), snapshot date 2026-04-24 — so the numbers are reproducible rather than narrated.

A shortlist exists, and it is ranked (Tier A). Site A1 carries an SRS of 176.4 and a global rank of 1, sitting alongside 20 KRAS/RAS lung trials and 7 recruiting now — the rare case where baseline capability and live KRAS/RAS activity point the same direction.

The mechanism is busy, and the comparison is the point (Tier B). The KRAS/RAS pathway carries a hotness of 1.4 across 71 trials — well ahead of Immune Checkpoint (16 trials) and SHP2/RAS Signaling (5).

The geography is concentrated (Tier A). North America: 282 historical sites, 130 recruiting now, 52 trials; Asia–Pacific: 193 historical sites, 112 recruiting now, 26 trials; Europe: 272 historical sites but only 15 trials touched.

On investigators, this report is deliberately conservative. Rather than profile any individual PI, the panel summarizes investigators as two anonymized archetype clusters (n=13 and n=23, each ≥5 for k–anonymity). All role and capacity interpretation is a Tier C, load–based read and, per §13.2, is held out of this summary — it appears only in the separate Context Panel below.

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

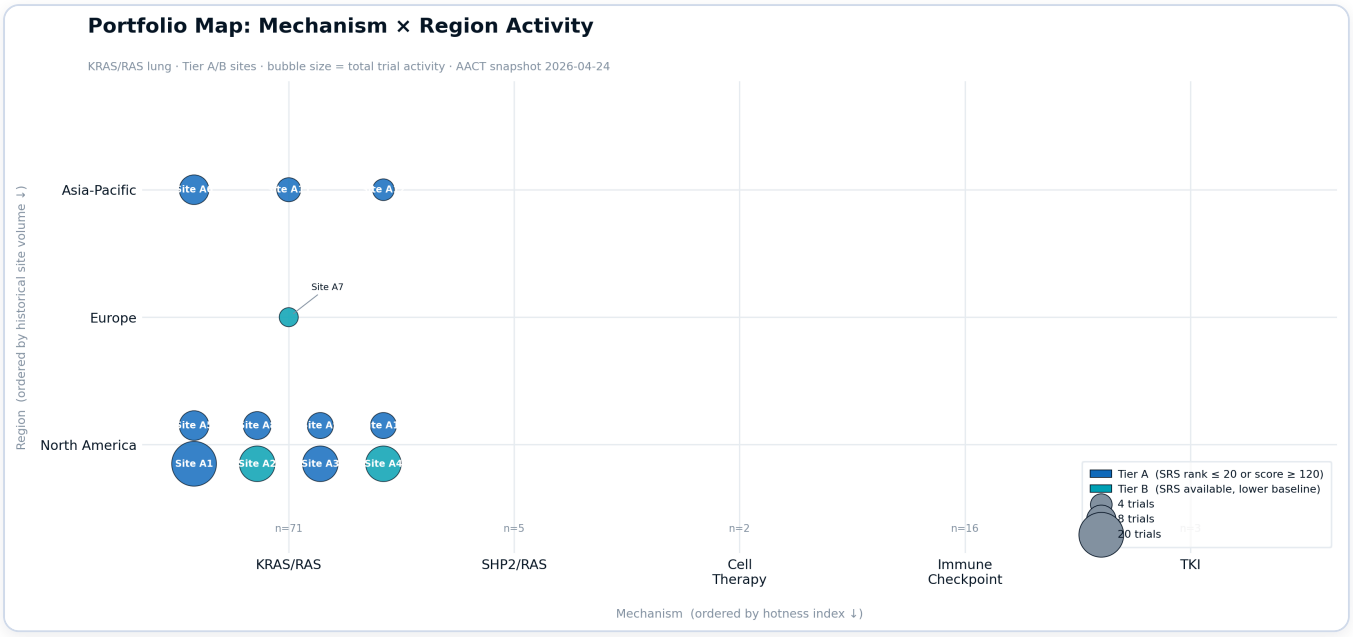

Figure 1 — Portfolio Map: 12 pseudonymous sites plotted on KRAS/RAS lung activity vs. SRS baseline capability (Tier A/B)

Site Shortlist (anonymized)

Tier A site standing Tier B mechanism activity

Sites ordered by global SRS rank, then by KRAS/RAS lung mechanism activity. All 12 sites listed.

Site	Region	Suggested tier	SRS A	Global rank	Competing KRAS/RAS trials B	FIH
Site A1	N. America	Tier 1	176.4	1	20	6
Site A5	N. America	Tier 1	147.1	3	8	3

Source: AACT snapshot 2026–04–24. Site/PI–level identifiers are CDA–scoped; pseudonyms in a small mechanis inferable and are shown for methodology illustration only.

Site	Region	Suggested tier	SRS [A]	Global rank	Competing KRAS/RAS trials [B]	FIH
Site A9	N. America	Tier 1	143.5	4	6	2
Site A10	N. America	Tier 1	133.6	8	6	2
Site A12	Asia–Pacific	Tier 1	131.7	9	4	2
Site A11	Asia–Pacific	Tier 2	130.6	10	5	2
Site A6	Asia–Pacific	Tier 1	128.7	11	8	3
Site A8	N. America	Tier 2	123.9	15	7	2
Site A3	N. America	Tier 1	122.7	16	12	4
Site A4	N. America	Tier 2	81.8	96	12	3
Site A2	N. America	Tier 3	77.9	109	12	5
Site A7	Europe	Not ranked	*n/a*	*n/a*	3	3

Source: AACT snapshot 2026-04-24. Site/PI-level identifiers are CDA-scoped; pseudonyms in a small mechanis inferable and are shown for methodology illustration only.

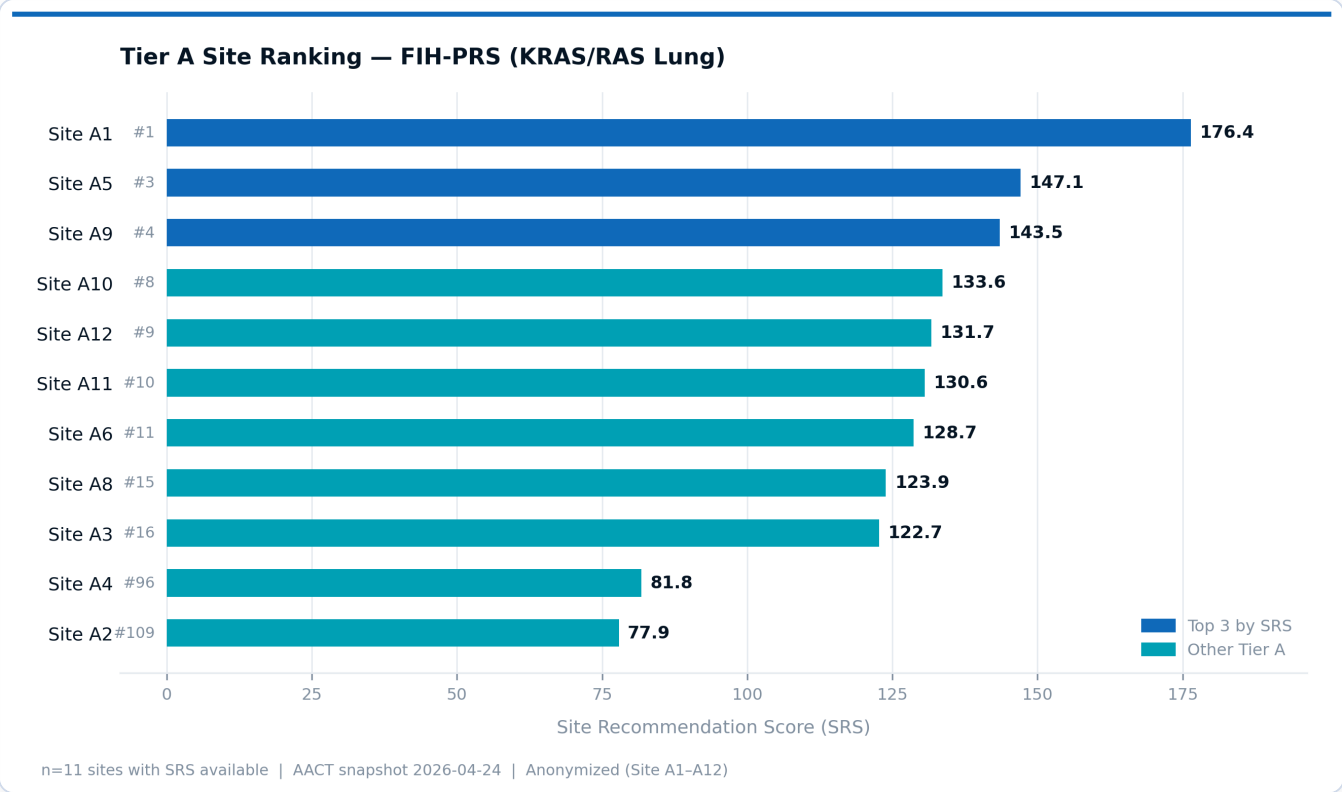

Figure 2 — Site Ranking by SRS score (Tier A), overlaid with KRAS/RAS lung mechanism activity

Region & Competitive Pressure

Regional activity footprint Tier A — AACT

Region	Historical sites	Recruiting now	Trials touching	Strategic role
North America	282	130	52	**Anchor**
Europe	272	102	15	**Anchor**
Asia–Pacific	193	112	26	Expansion
Other	38	30	9	Expansion
South America	32	19	3	Expansion
Middle East	3	0	1	*Watch only*

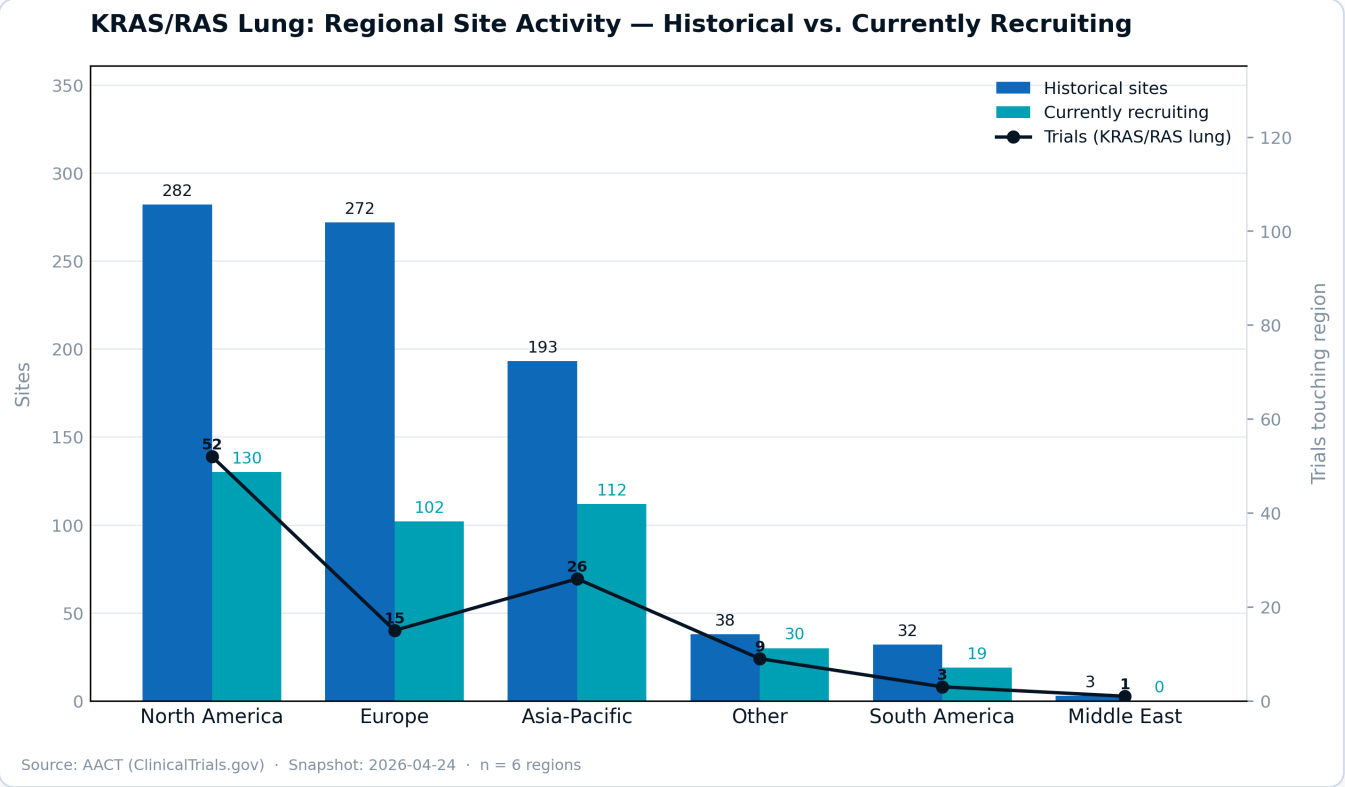

Figure 3 — Regional comparison: Historical sites vs. recruiting now vs. trials touching (Tier A)

Mechanism crowding

Tier B — matched comparison

Mechanism	KRAS/RAS lung trials	Relative activity index
KRAS/RAS Pathway	**71**	**1.4**
Immune Checkpoint	16	1.0
SHP2/RAS Signaling	5	1.1
Tyrosine Kinase Inhibitor	3	1.0
Cell Therapy (non–CAR–T)	2	1.1

71 trials sit directly on the KRAS/RAS Pathway (hotness 1.4). Competition for KRAS/RAS lung patients concentrates overwhelmingly on the core pathway, so site–level differentiation matters more here than mechanism novelty alone.

CONTEXT ONLY

Context Panel — PI Availability (Tier C — context only)

> **Context only — not a recommendation basis.** Per §13.2, Tier C proxy; never enters the executive shortlist.

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

Load is a **public concurrent–recruiting trial count**. It is not a workload measurement, capacity model, or graded index. Treat it as a coarse public–footprint signal only.

Archetype clusters (KRAS/RAS lung, AACT snapshot 2026–04–24)

Archetype cluster	PIs (n)	Leadership signal	Avg trials (total)	Avg concurrent load	L
High–leadership / high–load	13	high	11.2	5.1	6 /
Emerging / available	23	medium–low	2.7	1.3	1 2

Total PIs: 36 (13+23). Source: AACT snapshot 2026–04–24. k–anonymity (n≥5).

How the Scoring Works

FIH–PRS

`FIH-PRS = Pub×0.40 + Trial×0.35 + Broad×0.15 + Alignment×0.10`

(implementation: `fih_core.scoring.fih_prs.calc_fih_prs`)

Component	Weight	What it captures
Publication signal	40%	Authorship depth and recency
Trial–activity signal	35%	Trial leadership and recent run–rate
Conference–broad signal	15%	Breadth of presence across meetings
Specialty–alignment signal	10%	Fit with mechanism/indication

Scope caveat: FIH–PRS is not materialized for KRAS/RAS lung in this sample — disclosed as methodology only. The site layer uses `srs_score` (Tier A); the PI layer uses anonymized v10 archetype signals.

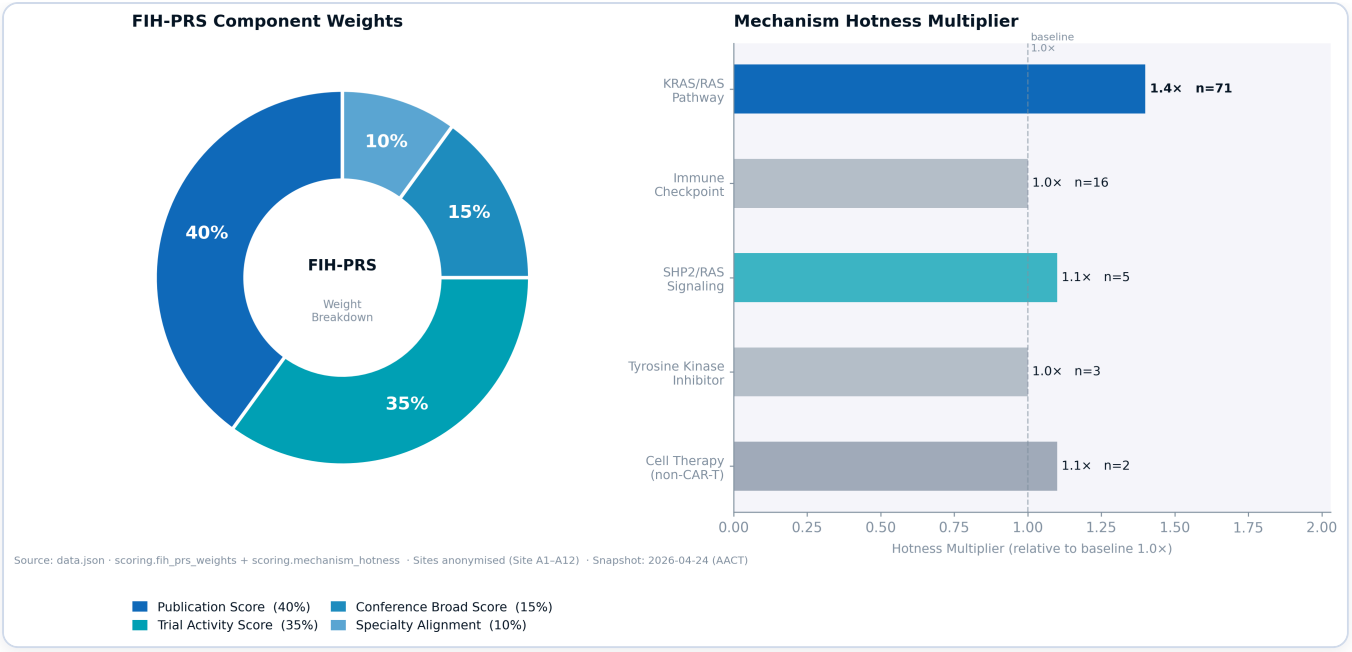

Figure 4 — FIH–PRS scoring weights breakdown (methodology disclosure)

Confidence tiers ("honesty design")

- Tier A — Directly computed from a real formula on real data (e.g., SRS, region activity counts)
- Tier B — Matched–comparison method (e.g., mechanism hotness derived from competing–trial counts)
- Tier C — Extrapolated proxy. **Context only — not a recommendation basis.** Never appears in the executive shortlist.

Governance & Honesty Design

This report is built on a single discipline: every number carries a visible confidence tier, and nothing graded as soft is allowed to drive a decision.

Source traceability (§13.7)

Every metric traces to a single registry: **AACT** (Aggregate Analysis of ClinicalTrials.gov), snapshot **2026–04–24**. All KRAS/RAS lung trials are CTGOV–family; **ChiCTR was not used** for any metric here.

Pseudonymity, not anonymity (§13.1)

Site and PI identifiers are **CDA–scoped**. Sites appear as Site A1..A12; PIs are summarized as archetype clusters (n≥5 k–anonymity). In a small mechanism domain, pseudonyms may be inferable — shown for methodology illustration only.

Disclaimer

This document contains **no confidential names, no patient-level data**, and **no efficacy percentages**. No regulatory-approval claim of any kind. Figures reflect a fixed AACT snapshot (2026-04-24) — a point-in-time landscape, not a standing fact.

PBC disclosure

OncoLattice is a Public Benefit Corporation. "Public data" does not mean "free for commercial use." We disclose our methods openly so the soft tiers stay soft and the firm tiers earn their place.

> **"Is this a past client?"** — This is a methodology demonstration on fully public 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 sample covers a narrow slice of a single mechanism domain (KRAS/RAS lung): 12 pseudonymized sites, 2 PI archetype clusters, from AACT snapshot 2026-04-24. Built to show *how* FIH Scout reasons, not to hand over a ready-to-use site list.

Request a Methodology Walkthrough — or a **CDA-scoped Asset Briefing** for your specific asset, mechanism, and target geography. The lifts below are what a signed CDA unlocks:

Lift	What it means
De-pseudonymized site & PI detail	Released only under signed CDA
Tier-extended analysis	Tier C concurrent-load expanded with per-PI signals
Cross-registry coverage	Mechanisms touching China-based activity bring ChiCTR into scope
Mechanism breadth	Same method across your portfolio's other targets

To go further:

- **Request a Methodology Walkthrough** — a working session on the formulas, tier grading, and source handling behind these numbers.
- **CDA-scoped Asset Briefing** — once a CDA is in place, a briefing keyed to your mechanism and geography of interest.

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