

Our Values:

- The needs of the patient come first
- RICH-TIES: Respect, Integrity, Compassion, Healing -Teamwork, Innovation, Excellence, Stewardship

Our Mission and Aims:

- To reduce the cancer burden by driving exceptional transdisciplinary and translational research and delivering expert prevention and care
- To use our unique platforms, digital technologies, artificial
 intelligence (AI), and intelligent automation, to foster innovative research and transform the delivery of cancer care and clinical trials in clinical, home, and community settings
- To engage and support the patients and communities we serve to enhance access, overcome cancer disparities, and drive health equity
- To educate, train, and mentor the next generation of cancer physicians, scientists, healthcare providers, and leaders

Our Vision:

To share our platforms, data, knowledge and expertise nationally
 and globally to assure that cancer research and care are accessible to all, within and beyond our walls, at anyplace and anytime



Mayo Clinic Platform (MCP): Transforming Cancer Research, Trials, and Care Delivery

MCP Connect: Distributed Global Data Network Partners

*4 of the World's Top 10 Health Systems **56M Longitudinal Patient Records**





* Israel: Largest Middle **East Health System**



* Canada, U Toronto, **Princess Margaret Cancer Centre**



Sao Paulo, Brazil



Seoul, South Korea **National Cancer** Hospital



* Singapore **National Cancer Centre**

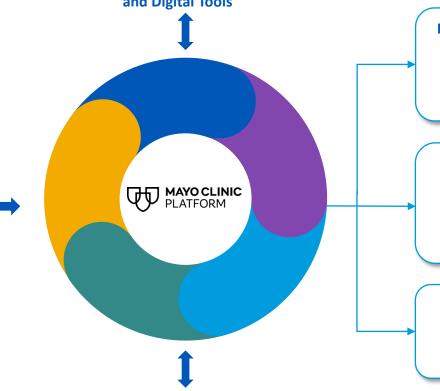


Pakistan, Uganda, Kenya, Tanzania, Afghanistan

MAYO CLINIC

103 Solution Developer Partners

Building AI, LLM, Foundational Models, and Digital Tools



MCP Connect: Mayo Clinic Cloud

13.6M Longitudinal Patient Records, 1.25B Clinical Notes, 670M Diagnoses, 15M Digitized Pathology Images, 12.9M Pathology Reports, 2.7B Lab Tests 5.8B Radiographic Images: 3.9B CT, 1.6B MRI, 260M PET

Cancer Projects

RESEARCH: Longitudinal Patient Records and Multi-Modal Data Drive Research and Cures

Al-Driven Discovery Science/New Therapies Al-Driven Early Cancer Detection & Interception

CLINICAL TRIALS: Transformation and Decentralization of Trials and Building National and Global Networks

Access/Delivery of Trials and Care to Homes/Communities Cancer Care Beyond Walls (CCBW)™ Clinical Trials Beyond Walls (CTBW)™

CLINICAL PRACTICE: Practice Automation / Agentic AI

Personalized Care / Prediction of Therapeutic Response Digital Twins / "Patients Like Me" Virtual Avatar for Patient and Community Education

Mayo Clinic Partners



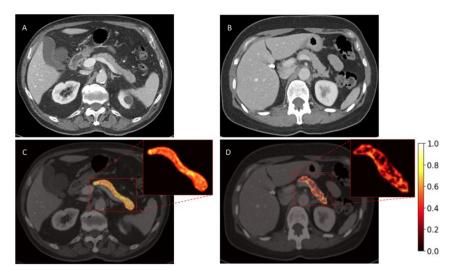






Multi-modal, Multi-Step AI Algorithms for Early Detection of Visually-Occult Pancreatic Cancer

- Developed AI-powered radiomics-based machine learning method capable of detecting visually occult pancreatic cancer in a normal-appearing pancreas on pre-diagnostic CTs at a median of 386 (97–1092) days prior to clinical diagnosis (AUC: 0.98)
- In contrast, inter-reader radiologist agreement was poor: AUC=0.66 (95% CI: 0.46–0.86; p< .001)
- Validation: The algorithm performed with high specificity in an independent NIH imaging data set (96.2)



- Development of a Population-Based Screen: AI-PACED Feasibility Study: Automated Risk Stratification, Serial Artificial Intelligence-Augmented Imaging, and Biobanking for Early Detection of Pancreatic Cancer
 - 10,000 individuals with an elevated risk for PDA will be recruited from all Mayo Clinic sites using an AI-driven screening algorithm: Enriching New Onset for Diabetes (NOD) for Pancreatic Cancer (ENDPAC) score and other metabolic and metabolic parameters to stratify individuals (Petersen, Chari (Gastroenterology 2018; 155(3):730-739)
 - Individuals with ENDPAC scores ≥3 exhibit a 20-fold increased risk of PDA within 3-years
 - Participants will undergo Al-augmented CT scans at regular intervals, serial biosampling and psychosocial support

IMPACT

Potentially Paradigm Shifting, Practice Changing, and Policy Impacting: this prospective population-based study will seek to validate the AI-based early detection approach on a large scale, with the goal of improving outcomes of sporadic PDA through earlier detection and interception



A. Goenka, MD (REDI/ACTS, MCR)



♥ G. Petersen, PhD



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J. Kisiel, MD (REDI, MCR)



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K. Ballman, PhD (ACTS, MCR)



N. Larson, PhD (MCR)

Publications Gastroenterology 2022 Gastroenterology 2023 Abdominal Radiol (NY) 2024

Funding Philanthropy

Clinical Trials NCT03954548

Shared ResourcesBiostatistics, Biospecimens
Accessioning and Processing

Transforming Cancer Care Delivery: Cancer Care Beyond Walls™

23-2025

Volume

Metrics

Enrolled

Accrued

Patients

Home

Treated In-

Treatments

Proof of

Concept

N/A

N/A

10

117

Driving Access, Reducing Patient Financial Burden and Toxicity, and Health Equity









OUTPATIENT CARE AT HOME

- Telehealth (virtual visits, remote patient monitoring/RPM)
- Home healthcare
- Supportive care/home infusion

IMPACT





AT HOME

- Home cancerdirected therapy (chemotherapy, immunotherapy) infusion
- Home labs
- Telehealth (virtual visits, RPM)





- Non-medical
- the care team (e.g. nutritionist,



SUPPORTIVE CARE AT HOME

- Palliative care
- home care
- Virtual visits with other members of social worker)



R. Dronca, MD (ACTS, MCF)



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Rosanna Fahy (MCP)

Funding

Emerson Collective State of Florida Funds **Industry Trial Support** MCCCC Philanthropy

Shared Resources Biostatistics **Biospecimens**

Center for Digital Health Advanced Care at Home Mayo Clinic Platform

Paradigm Shifting, Practice Changing, and Potentially Policy Impacting:

- A transformative project to enhance access to cancer care and health equity
- Ongoing comparative effectiveness research to assess costs and impact to promote necessary policy and reimbursement changes for in-home care
- First distant, rural site opened: 🔁 🖍 🔭 Grand Forks, North Dakota; expansion to MCHS, MCR, MCA in 2025



BMS

NCT06265285

Sub Q Nivolumab

· 15 NH White

• 15

15

11

37

Total

92

87

68

403

Active CCBWTM Trials and Accruals

RCT

NCT05969860

 6 Hispanic/Latino Ethnicity 7 Black/African

American

• 2 Did Not Disclose

• 62 NH White

• 77

72

47

249



Clinical Trials Beyond Walls

Enabling Decentralized Capabilities for All Clinical Trials

Tufia Haddad, M.D.CTBW Medical Director

Rebecca Kottschade, M.A. CTBW Research Administrator



Piloting Foundational Capabilities With Study Teams

To Enable, Test and Learn



Transportation Barriers in Research - A Decentralized Approach for Tailored Community Engagement in a Vitamin-D Study. (1)

Gerardo Colon-Otero M.D. **Oncology - FLA**









Home-Based Prehabilitation before Complex Gynecologic Oncology surgery at a Destination Surgical Practice. (2)

Amanika Kumar. M.D. **Gyn Surgery - RST**

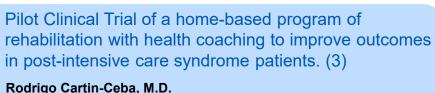
Activated 3/1/2024











Pulmonology - ARZ

Activated 4/22/2024









Neuro-Oncology Anywhere: Remotely assessing the impact of metformin on cognition and quality of life in patients with history of cranial radiation. (4)

Ugur T. Sener, M.D. **Neurology - RST**

Activated 5/31/2024





















Study #	Accrual	Target	Activation to 1st Patient On Study	# of Days Study Open
1				
2	29	40	7 days	312 (1 patient every 10 days)
3	31	60	16 days	251 (1 patient every 8 days)
4	52	100	0 days	228 (1 patient every 4 days)

Total Patients Accrued = 112 across 3 of 4 RFA trials

Composable Capabilities Enable Flexible Trial Design

Clinical Trials Beyond Walls



COMMUNICATE

✓

PROVIDE

CONSENT

CONTACT

CONTACT STUDY TEAM

Remote Consent with Video

Screen Sharing

Video Visit

Phone Call

Messaging

Chat

Two-Way SMS

CONNECT



ACCESS DEVICES

Tablets

Wearables

Connectivity

Device Configuration

Device Logistics

COLLECT



SHARE BIOSIGNALS

Remote Vitals and Activity Collection

Asynchronous Remote Vitals and Activity Collection

Live Remote Patient Monitoring

ECG, Voice and Video Collection



SHARE BIOSPECIMENS

Remote Phlebotomy

Self-collected Blood Samples

Remote Stool, Saliva, etc. Collection





HEALTH INFO

Surveys eCOA ePROs

Journals

Medication Delivery
IP Delivery

Remote Infusion

RECEIVE

MEDICATION

Capability at Scale (all Sites, all Depts)

2024 MVPs or Case-by-Case Availability

Future Roadmap

Clinical Trials Beyond Walls - National Reach

of Clinical Trials

at Mayo Clinic

2,566

of Clinical Trials

with DCT Capability*

687

of Cancer Clinical Trials

with DCT Capability*

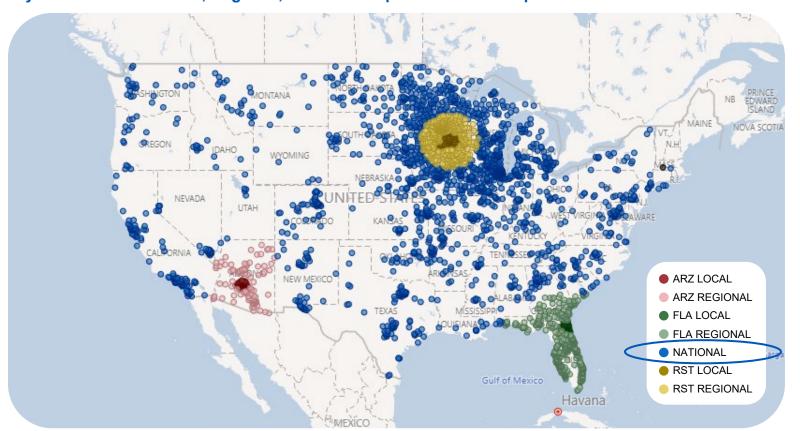
378

% of National Patients

on a study with DCT Capability

25.7%

Mayo Clinic Defined Local, Regional, & National Zip Codes w/ Participants Accrued in Decentralized Trials



^{*}Any capability beyond remote consent

Inclusive Cancer Care Research Equity (iCCaRE) for Black Men Consortium



United States and Africa Sites



Folakemi Odedina, PhD Consortium Director CPCS (MCF)



Roxana Dronca, MD ACTS (MCF)



Mr. Arnold Merriweather Community Director Project 1 Co-Lead (Advocate/Survivor)



Che Ngufor, PhD (MCF) Project 1 Co-Lead

DOD HEROICA Award (\$17,671,199)

Phase II: 2024-2028

• Global Sites: North America, Africa, Europe

- **Project Goal:** Understand the socio-biologic determinants of prostate Cancer disparities and develop tailored, culturally responsive interventions to improve prostate cancer care and survivorship among ethnically diverse Black men
- **Project 1**: Pragmatic Clinical Trial to Evaluate the Effect of a *Point of* Care Prostate Cancer Diagnosis Virtual Reality Assistant in Supporting Newly Diagnosed Black Men (GenAl/Agentic Al Project; **Virtual Education and Supportive Care Delivery Tool)**
- **Project 2:** A Clinical Trial to Evaluate Whether Administration of Cancer Therapy in Patient Homes Increases Treatment Acceptance for Advanced Prostate Cancer in Black Men (Cancer Care Beyond Walls Program Trial: 1st CCBW Trial Focused on Overcoming a Cancer **Mortality Disparity**)



15 Countries & 9 Universities

























































Mayo Clinic Comprehensive Cancer Center Continuous Arc of Science and Care

