Turning the wait before treatment into evidence.

A Multi-Sponsor Adaptive Oncology Trial Platform

UI Health | UIC UNIVERSITY OF ILLINOIS CANCER CENTER | ElixirTrials

Starting in early-stage breast cancer (pancreatic cancer under discussion), WOOP-SURPASS connects human biological evidence, adaptive trial design, and multisite operations.

Each patient's response to a brief perturbation, read in weeks, guides the trial.

45 days

Median time from diagnosis to first-course treatment (Sakowitz et al., JAMA Surg 2026).

drug A
drug B
drug C

A brief perturbation with the study drug or a third agent
randomized against no-drug control

The usual work-up continues
treatment start capped by protocol; the DSMB monitors delay

Day 0 · biopsy + blood

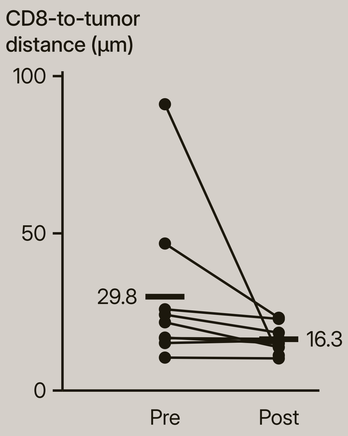
Post-window tissue + blood · surgery or repeat biopsy; timing per agent

Standard therapy starts by protocol cap

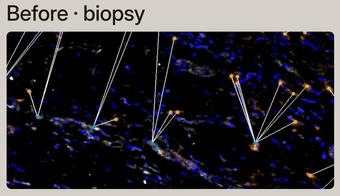
Each patient yields a rapid, patient-specific biomarker delta
A within-patient change, read in weeks, not a one-time biomarker.

The delta guides the patient's next step; the platform learns from every arm
Direct assignment, or weighted randomization.

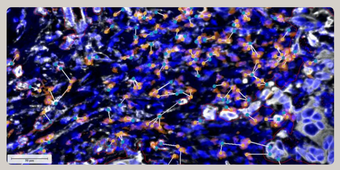
BRE-04: Human proof of concept for immune remodeling.



Before · biopsy



After · resection



Representative multiplex IF images. CD8+ T cells orange; PanCK+ tumor cells white.

8 of 9 analyzed patients showed decreased CD8-to-tumor distance.

29.8 to 16.3 µm
p = 0.0195

Exploratory paired analysis; not evidence of clinical benefit.
Separate single-arm groundwork in 9 patients; hypothesis-generating only.

The biological evidence layer.

Paired tissue and blood samples
Before and after the perturbation

↓

Multimodal biological profiling
Spatial immunophenotyping · Spectral flow · Cytokines · Agent-specific biomarkers

↓

Quantified biological evidence
Target engagement · Immune remodeling · Pharmacodynamic response

↓

Evidence-informed adaptive decisions
Prespecified rules for arm continuation, adaptation or discontinuation. Window endpoints: short-term translational and pharmacodynamic changes. Randomized trial endpoints: PFS, OS or other clinical outcomes.

TA1 simulation · TA2 inference · TA3 operations

How this answers SURPASS.

Innovation
A patient's own response to a brief perturbation, read in weeks, guides assignment and adaptation across a multi-sponsor platform.

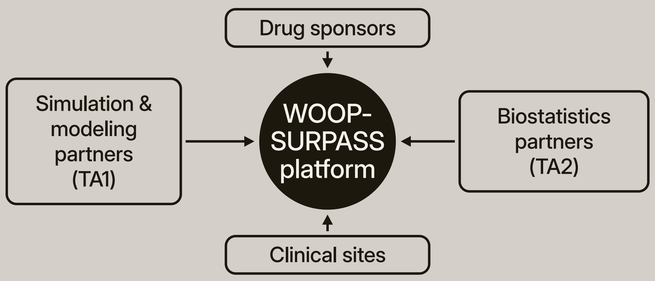
Feasibility
BRE-04 provides human window-of-opportunity experience and established immune-profiling capabilities.

Scalability
Proposed multi-sponsor, multisite infrastructure with simulation, adaptive inference, and coordinated operations.

Stage I · build | Stage II · validate and deploy

month 0 · months 6–12 · first site active · month 24 · stage gate · month 60

Every partner brings one thing; every partner gets evidence back.



1. Drug sponsors
You bring: An investigational oncology agent.
You gain: Early human evidence.

2. Clinical sites
You bring: Clinical expertise and patients.
You gain: A coordinated research network.

3. Simulation & modeling partners (TA1)
You bring: Predictive modeling expertise.
You gain: A role testing new designs.

4. Biostatistics partners (TA2)
You bring: Adaptive-trial expertise.
You gain: A role shaping statistical decisions.

Join WOOP-SURPASS: Help build the next generation of adaptive oncology trials.

Seeking investigational drug sponsors, clinical sites, simulation experts, and adaptive trial statisticians.

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Scan to explore partnership opportunities

elixirtrials.com/surpass

Sources: Sakowitz et al., JAMA Surg 2026 (PMID 42584916); Godoy-Calderón et al., Cancer Res 2026;86(8 Suppl):CT263; ClinicalTrials.gov NCT04891068; ARPA-H-SOL-26-164. Status as of 5 November 2026. Proposal in preparation for ARPA-H SURPASS; not funded, reviewed or endorsed by ARPA-H. Partner roles are in discussion; no commitments implied.