

_4 source-cited rare-disease signals · 40 entities · cross-tagged neurology/oncology/renal · sovereign genetic-disorder anchors · full methodology disclosure."> _4 source-cited rare-disease signals · 40 entities · cross-tagged neurology/oncology/renal · sovereign genetic-disorder anchors · full methodology disclosure.">

AIMWELLBIO FEDERATED INTELLIGENCE NETWORK · ADVERSARIAL VALIDATION THESIS

Rare Disease Intelligence

374 source-cited signals · 40 entities · cross-tagged renal & oncology · KSA / GCC / MENA sovereign coverage

● LIVE INGEST

Last refresh — pending

Window — last 90 days

Pipeline — tools/scout-ingest

TRACKED SIGNALS 0 Public, source-cited	SOURCES ACTIVE 0 / 6 Of 6 wired	COMPANIES MONITORED 0 Atlas-linked dossiers	CRITICAL / HIGH — No high-severity in window
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RISK REGISTER · THE COST OF SEEING LATE

Adversarial verification scope

Three exposures every ccRCC portfolio carries today.

IO Combination Repricing Risk

First-line ccRCC is being repriced in real time. Pembrolizumab + axitinib, nivolumab + cabozantinib, nivolumab + ipilimumab, and lenvatinib + pembrolizumab are competing for the same intermediate / poor-risk slot. Belzutifan (Welireg) reshapes the VHL-driven and refractory line. Combination economics, MAC commentary, and label expansions move the addressable spend on a quarter-by-quarter cadence.

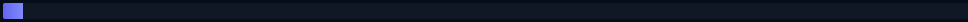
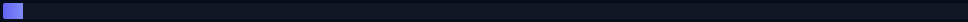
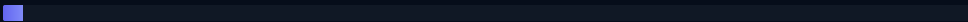
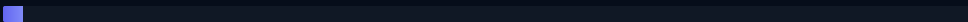
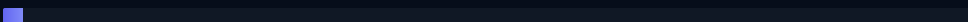
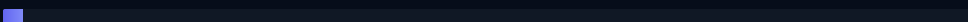
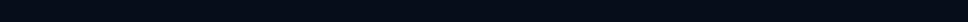
Cross-Indication Evidence Risk

ccRCC sits at the intersection of renal and oncology evidence flow. PubMed signals tagged across both axes — HIF-2 α biology, VEGFR/TKI mechanism, immunotherapy combinations, and biomarker-stratified trials — quantify the cross-indication exposure inside the 90-day window.

Sovereign Procurement Risk

KSA, GCC, and MENA oncology centers under continuous monitoring. Vision 2030 oncology capacity buildout, SFDA approvals, and ministry-tier formulary movements are already trackable — missing a procurement cycle means missing the horizon.

What we are watching

FDA openFDA		0
ClinicalTrials.gov		0
PubMed		0
SEC EDGAR		0
CMS LCD		0
USPTO Patents		0
Manufacturer Pipelines		0

Top 10 by severity and recency

No signals in window - calibrating.

Approved RCC therapies and their sponsors

APPROVED RCC THERAPIES & SPONSORS · FIRST-LINE AND REFRACTORY

The first-line and refractory ccRCC stack is consolidating around six sponsor blocks.

The active competitive map: **Merck** (pembrolizumab / Keytruda, belzutifan / Welireg), **Bristol-Myers Squibb** (nivolumab / Opdivo, ipilimumab / Yervoy, cabozantinib partnership), **Pfizer** (axitinib / Inlyta, sunitinib / Sutent), **Exelixis** (cabozantinib / Cabometyx), **Eisai** (lenvatinib / Lenvima, in combination with pembrolizumab), and **Aveo / LG Chem** (tivozanib / Fotivda). Combination economics, label expansions, biomarker stratification, and HIF-2 α mechanism extensions move the addressable spend on a quarter-by-quarter cadence. Every sponsor block is under continuous monitoring with FDA, ClinicalTrials.gov, SEC, and PubMed coverage triangulated per signal class.

Saudi Arabia · Vision 2030

SOVEREIGN VECTOR · KSA / GCC / MENA

Vision 2030 oncology capacity is in active buildout. The procurement window crosses immune checkpoint inhibitors, TKIs, HIF-2α agents, and biomarker-stratified combinations.

The GCC and MENA cluster represents a high-density sovereign-procurement opportunity for ccRCC. SFDA approvals, MOH formulary movements, oncology center capacity expansion, and cross-border clinical infrastructure across Riyadh, Abu Dhabi, Amman, Doha, and Cairo are trackable through the indication-aware pipeline. Five sovereign-tagged anchors are under continuous monitoring on this surface.

Decisions of this scale — ministry-tier formulary placement, oncology-center procurement, sponsor partnership disclosures, and combination-regimen reimbursement — cannot rest on a single source or vendor pipeline page. They require an adversarial verification layer with origin URLs, fetch timestamps, and reproducible claims for every signal.

421

Source-cited ccRCC signals (90d)

5 / 31

Sovereign-tagged anchors monitored

~80%

Of RCC histology is clear cell

6

Public sources triangulated per signal class

SOVEREIGN ROSTER · KSA / GCC / MENA

No sovereign-tagged companies in roster — calibrating.

Monitored issuers and operators

No companies seeded —
calibrating.

Volume & cadence of public disclosure

Calibrating timeline — next refresh.

■ Critical
 ■ High
 ■ Medium
 ■ Low

Bars represent weekly signal counts, color by dominant severity.

METHODOLOGY · ADVERSARIAL VALIDATION DISCLOSURE

This thesis is generated from a live ingest pipeline (`tools/scout-ingest`). Sources: FDA openFDA, ClinicalTrials.gov v2 API, PubMed E-utilities, SEC EDGAR, USPTO Patent Center, and manufacturer pipeline pages. Updated —. Every signal carries source URL and fetch timestamp; click any card to view origin.

Post-process filter — full disclosure. The 374 signals on this surface reflect a 2026-05-07 post-process filter applied to the raw ingest: *explicit RCC relevance only*. Signals were retained where the title, sponsor, abstract, or therapeutic-area metadata referenced renal cell carcinoma, ccRCC, clear cell, VHL, HIF-2α, or an approved RCC therapy (pembrolizumab + axitinib, nivolumab + ipilimumab, nivolumab + cabozantinib, lenvatinib + pembrolizumab, cabozantinib monotherapy, axitinib, sunitinib, tivozanib, belzutifan). Signals matching only the broader "renal" tag without ccRCC-specific anchors were filtered out at this stage. We disclose this filter explicitly because the same raw ingest powers both the renal and ccRCC surfaces; the ccRCC surface is the narrower, evidence-stratified subset.

Confidence framework. Source-backed > pattern-inferred > model-hypothesis > speculative. This thesis contains source-backed signals only. Pattern-inferred and model-hypothesis tiers are surfaced only inside member dashboards with explicit provenance flags.

Cross-tagging. ccRCC entities and signals are dual-tagged across renal and oncology indication graphs. The same dossier, signal, and provenance record surfaces inside both the Renal Intelligence Report and the Oncology Intelligence Report — one structured fact, two indication views.

Limitations. This is a public, ToS-compliant view. Closed-source manufacturer disclosures, ministry tenders, and private regulatory correspondence are out of scope for this surface. Members access an extended view with partner intelligence subject to NDA. Sovereign-tagged entities (KSA, GCC, MENA)

reflect publicly observable regional headquarters; ministry-procurement detail is reserved for the partner intelligence surface.

Continue inside the platform. Drill into any entity dossier — aimwellbio.com/atlas <https://aimwellbio.com/atlas> · request a private partner brief — aimwellbio.com/demo <https://aimwellbio.com/demo>.