

NASEM SCESCDCR Webinar: 7/10/2025

Introduction to Types of Evidence

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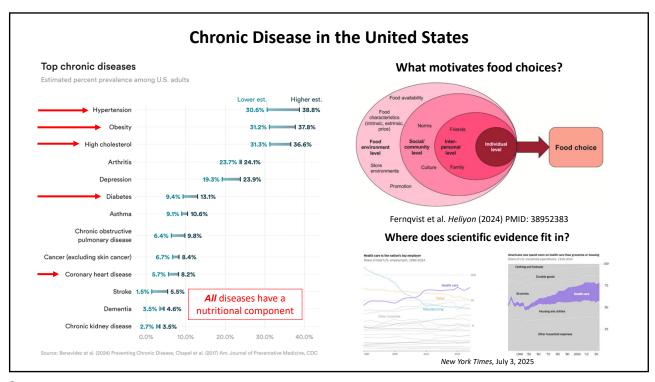
TGen, a part of The City of Hope National Medical Center; UCSD; Scripps Research; SJHC

- 1. Why is Evidence Needed?
- 2. How is Evidence Generated?
- 3. What's Next for Evidence Generation?

10 minutes

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Disclosures and Primary Funding Consultant on the design of the trial(s) Seraphina Therapeutics Consultant on the design of the trial(s) Consultant on t

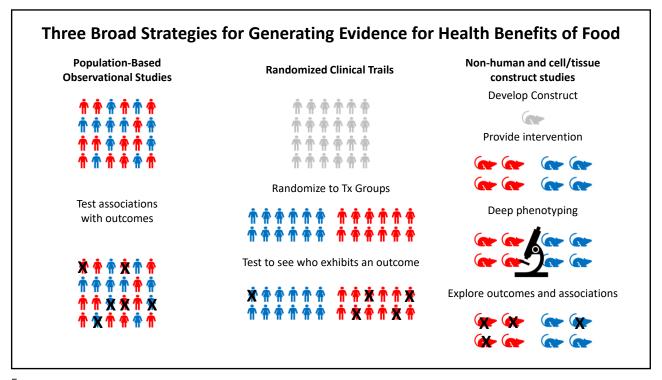


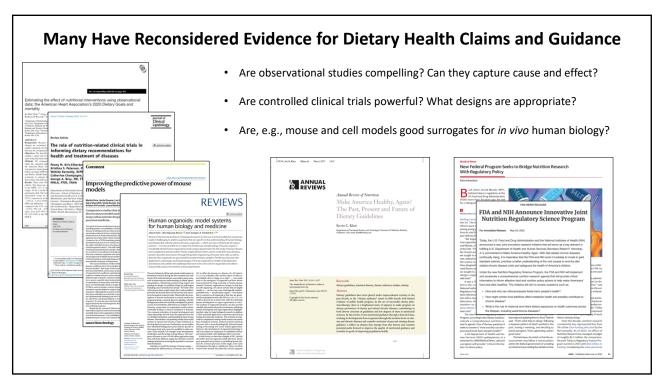
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Scientific Evidence and Motivation for Adopting Dietary Practices

Three Important Questions:

- 1. What evidence would compel the *average person* to make changes to their diet so that they could remain or become healthy?
 - Personal experience? A friend? A podcaster? A government official? The scientific literature? What do these sources base *their* claims on?
- 2. What evidence would compel *a scientist or physician* to promote a specific diet or nutrient as having health benefits?
 - A large epidemiological association study? A clinical trial exploiting, e.g., randomization? A highly contrived study involving model organisms or cellular constructs?
- 3. What evidence would compel *a regulatory agency or advisory group* to advocate for the health benefits of a specific diet or nutrient?
 - A review of the literature? Expert opinion? The conduct of studies organized by them for the express purpose of determining health benefits?





Answers to complex questions cannot be derived from "simple" trials | Consider from from from the fro

Mega and Mini Trials Have Complementary Motivations

Mega vs. Mini Trials

Mega-trials "can provide definitive evidence about the mortality (or morbidity) reduction afforded by a class of [intervention] so that broad changes in [health practices] can be justified."

Mini-trials "can explain why [an intervention] is effective to allow development of more effective approaches attacking the identified mechanisms."

Further complementarity: the mechanistic and comprehensive "rationale for mega-trials and the 'fine-tuning' of minor adjustments in [intervention] will be the task of the mini-trials."

Design and motivation for mini-trials are crucial!

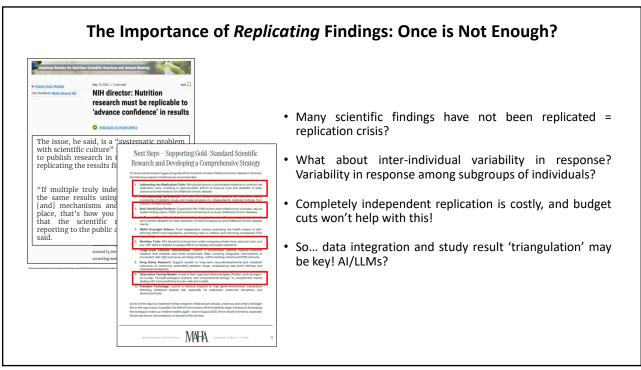
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How Many Studies Are Necessary?

The Chemical Complexity of Food

- >139,000 molecules in food, known as "nutrition dark matter (NDM)," hold therapeutic potential
- These food molecules affect ~half the human proteome and can modulate biologic processes
- ~2000 food molecules are used as drugs, highlighting their pharmaceutical relevance
- What would the financial and logistical burden be for conducting appropriate studies?





Integrating Different Approaches Via a Learning System Epidemiology **Model Organisms** Clinical (EHR) Data **Cellular Constructs** 1 Nutrient/Food Clinical Physiological Model **Specific Studies** Studies Studies Development \$ Large Language **Emulated Dietary** Population-Based Mouse Diet **Nutrient Perturbation** Model (LLM)? Trials Trials Trials **Studies Response Prediction Models** Single Case Experimental **Designs (SCEDS)** Intervention matching Aggregated Better monitoring devices **SCED Results** Patient engagement strategies Biomarkers/Surrogate endpoints Causal relationships **Broad Population-Level Comparative Trials** Adapted from Schork and Goetz, Nature Communications (PMID: 40447582)

Some Key Questions or Things to Keep in Mind

- What are the principles behind ways of generating evidence?
- What are good examples of different ways of generating evidence?
- How practical are different ways of generating evidence?
- What can be done to ensure appropriate evidence is being generated?
- Can different methods for generating evidence be combined?
- How easily understood are the different ways of generating evidence?
- How can/should evidence in favor of a diet/nutrient be communicated to the public?
- How can we train next generation researchers to reveal appropriate evidence?
- The devil is in the details... so pay attention and keep an open mind