

**Category**

Best Digital Health Solution

**General Information****Company Name \***

All4Cure, Inc.

**Number of employees \***

11-50

**Turnover and/or Funding**

All4Cure's success is grounded not only on innovation but also on disciplined, sustainable execution. Since our founding in 2017, we have built a mission-driven, high-performance organization that prioritizes impact over scale and quality over quantity. Our lean operating model reflects a deliberate choice: to maintain financial flexibility while investing deeply in the expertise, infrastructure, and systems that drive value for patients, clinicians, and researchers.

We are proud to report a remarkably low staff turnover rate of just 8%, which is well below the industry average, and an average employee tenure of 3.78 years, reflecting a deep institutional knowledge and long-term commitment. Our team is intentionally compact, composed of professionals with specialized expertise in multiple myeloma, oncology research, artificial intelligence, and health IT. This strategic focus allows us to operate with agility while maintaining excellence across both clinical and technical domains.

From the beginning, All4Cure has used lean startup principles to maximize capital efficiency. We have resisted premature scaling, focusing instead on strategic growth based on market validation, operational readiness, and sustainability. Our current expansion aligns with significant advances in automation and strategic partnerships, enabling us to grow our user base and research output while maintaining low patient acquisition costs and fixed expenditures.

All4Cure's financial foundation is robust. Over 90% of our funding to date has been generated from revenue-generating activities, including the execution of clinical trials and the provision of trial-matching services. Besides a modest outside investment of approximately \$1 million, our founder has personally invested \$2.5 million of personal capital, underscoring a deep, long-term commitment to the company's mission. These funds have supported the development of a powerful, secure platform supporting structured data curation, de-identified patient engagement, and precise trial matching. Our projected revenue for 2025 is \$2 million, with an annual research budget of \$2 million and a planned growth rate of 50% year-over-year. We anticipate this trajectory will continue to accelerate as automation increases throughput and trial recruitment expands across multiple indications. Our financial strategy prioritizes profitability before capital raise - a rarity in digital health - positioning us as a uniquely self-sustaining engine of impact.

Finally, All4Cure has a proven track record managing multi-site, grant-funded, data-driven research. Our leadership brings decades of combined experience in oncology, informatics, and clinical operations. With strong financial controls, real-time analytics, and rigorous compliance systems in place, we are exceptionally well-prepared to steward this opportunity, delivering measurable outcomes on time and within budget.

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**Product/Solution Name \***

All4Cure Platform

**Corporate Name \***

All4Cure, Inc.

**Date of Approval \***

2024-12-31

**Indications \***

All4Cure has built a unique "Collaborative Ecosystem for Oncology" that brings patients, clinicians and researchers together in a common online platform and enables the very latest advances in science and technology to be brought to bear in the everyday treatment of patients with cancer. With more than 200 different types of cancer - each supported by a large and ever expanding knowledge base - how can a general oncologist deliver expert level care for patients across all of cancer types? This is the problem that All4Cure solves, providing a force multiplier that empowers general oncologists to deliver expert level care.

The company's initial focus is multiple myeloma, a blood cancer affecting over 170,000 people in the U.S.. Despite advances in treatment, myeloma is incurable, and the inexpert application of existing treatments is widespread and routinely results in shortened patient lifespans. All4Cure enables patients to contribute complete, longitudinal records, consent to ethical data sharing, and empowers their oncologists to deliver expert level care. It has supported >1000 myeloma patients across various institutions and care settings, surfacing countless opportunities to improve care, providing access to clinical trials, and fostering a living knowledge base from real-world experience.

Building on this foundation, All4Cure is expanding into additional indications with similar clinical and research challenges, including other hematological malignancies such as chronic lymphocytic leukemia and follicular lymphoma, myeloproliferative diseases as chronic myeloid leukemia, polycythemia, myelofibrosis, and essential thrombocythemia, other hematological malignancies such as diffuse large B cell lymphoma, myelodysplastic syndromes. All4Cure will eventually support more common malignancies including metastatic breast cancer (including hosting a trial for patients with metastatic triple negative breast cancer), lung cancer and colorectal cancer, prostate cancer and other cancers.

As genomic testing and targeted therapies expand across all cancers, All4Cure's collaborative, long-term, data-rich model is especially effective at optimizing care and advancing ongoing research.

Across all indications, All4Cure addresses a growing global demand: the need for real-world evidence (RWE) to support regulatory, clinical, and research decisions. The platform's structured, de-identified, and consented datasets align with the expectations of international agencies, such as the FDA, EMA, and PMDA, enabling their use in label expansions, post-marketing studies, and as external control arms for rare or understudied populations.

All4Cure is not limited by disease. Its platform is disease-agnostic, globally scalable, and compliant with international standards. Its infrastructure supports cross-border collaboration, ethical data sharing, and modular integration, laying the groundwork for a patient-powered, globally connected learning health system.

The indications All4Cure serves today reflect its origins. The ones it will serve tomorrow reflect its vision: a world in which every patient, no matter how rare their disease or how complex their case, benefits from the best insights that medicine and the global oncology community can offer.

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## Therapeutic Areas \*

All4Cure was created to tackle one of the most pressing challenges in oncology: providing a unique tool that empowers general oncologists to deliver expert level care across all cancer types without needing to be experts themselves. Toward this goal the Company brings together fragmented data to enable real-world insights that are often hard to access. Its mission is both ambitious and urgent: to turn every patient journey into a source of clinical wisdom, accelerating better outcomes for everyone. The platform's origin and early success center on multiple myeloma, a rare and incurable blood cancer that affects more than 170,000 people in the United States. Despite an increasing number of therapies, nearly all patients relapse, facing a challenging landscape of treatment options, resistance mechanisms, and limited access to trials. All4Cure was built to manage this complexity. It allows patients to share their complete medical history, including genomics, imaging, and labs, and connects them to a global network of experts for real-time input, commentary, and care optimization. Since its launch, All4Cure has directly supported hundreds of myeloma patients, surfacing hundreds of opportunities to improve care, connecting with clinical trials, and taking an active role to help oncologists inform treatment decisions.

All4Cure's success in myeloma confirms its broader potential. The platform is designed to be disease-agnostic, featuring structured longitudinal case records, collaborative discussion layers, and a real-world data structure that adapt seamlessly across different cancers.

Beyond myeloma, All4Cure's roadmap includes:

- Other hematologic malignancies include follicular lymphoma, diffuse large B-cell lymphoma (DLBCL), chronic lymphocytic leukemia (CLL), and mantle cell lymphoma.
- Metastatic solid tumors, including non-small cell lung, breast, colorectal cancer and prostate cancers, where genomic complexity and evolving standards of care create a critical demand for expert-informed, real-world decision support. Triple-negative breast cancer patients are currently enrolling in All4Cure.
- Rare and ultra-rare cancers, where data scarcity makes expert collaboration not just beneficial, but vital.

All4Cure's platform enables:

- Real-time, expert-led decision-making with open, asynchronous comments across institutions.
- Searchable, annotated, longitudinal case files prepared for AI and real-world evidence production.
- Accelerated trial matching based on deep, structured eligibility data.

This infrastructure makes All4Cure uniquely positioned to meet the most critical needs in oncology. Unlike static EMRs, one-time tumor boards, or isolated registries, All4Cure is a dynamic, collaborative research and care platform. Each new disease area added enhances the platform's collective intelligence and delivers life-changing insights to the patients who need them most.

The future of cancer care is not about managing one disease at a time; it's about creating a dynamic ecosystem where learning never stops. With strategic expansion underway, All4Cure is poised to bring this vision to patients across therapeutic areas, transforming how we understand and treat cancer.

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\*Kindly clearly label your files with company name and asset name.

## Background information and need for drug / device

(please be as specific as possible in your description; limit 500 words)

All4Cure is a revolutionary digital health platform built to solve one of the biggest and costliest problems in precision oncology: the disconnect between patients, clinicians, and researchers. Created by Dr. C. Anthony Blau, a professor, hematologist and researcher, All4Cure began as a bold vision to unite stakeholders and democratize access to clinical expertise and real-world data. Since its launch in

2017, it has grown into an award-winning, patient-centered solution utilized by thousands throughout the U.S.

Key milestones include:

- 1,000+ patient cases reviewed
- 2,000+ clinician contributions logged
- Partnerships with Exigent Research, ONCare Alliance Group, Johnson & Johnson, BMS
- 90%+ of patients report feeling more confident in treatment discussions

Today, All4Cure stands as a beacon for patients with multiple myeloma, a rare and incurable blood cancer affecting roughly 170,000 Americans. Despite advances in therapy, nearly every patient relapses, making therapeutic decisions increasingly urgent and complex. Countless patients spend weeks or months searching for expert second opinions and clinical trials. Too often, the inexperienced application of existing treatments costs lives.

All4Cure was created to solve this crisis. Its collaborative digital ecosystem empowers patients, supports clinicians, and accelerates research, making precision medicine a reality for every patient, regardless of geography or disease rarity. All4Cure adds value across the care and research continuum by:

- Providing a clinical pathway that empowers general oncologists to deliver expert level care for patients with myeloma.
- A transparent, collaborative space where patients, clinicians, and researchers can review, annotate, and learn from individual patient journeys.
- A research engine that aggregates real-world evidence at scale, highlighting treatment patterns, identifying new therapeutic hypotheses, and supporting precision clinical trial design and patient recruitment.
- A way to precisely identify patients eligible for specific clinical trials.

Since its founding, All4Cure has:

- Empowering patients to actively participate in their care decisions, providing them access to expert-level guidance regardless of geography.
- United clinicians across borders facilitate collaborative reviews and comments that surface the best treatments and insights for challenging cases.
- Shortened the path to clinical trials, precisely identifying and connecting eligible patients and their oncologists with trials that can save lives, drastically reducing the time required for enrollment.
- Revealed new therapeutic possibilities, allowing researchers and life sciences partners to discover and validate novel uses for treatments based on rich, de-identified patient data.
- Improved clinical care, equipping providers and health systems with actionable, patient-level insights such as All4Cure's Value-Based Clinical Pathway and MyelomaMap™ reports, enabling expert-level care regardless of location.

All4Cure doesn't just save time, it saves lives. In an era where precision medicine has outpaced traditional clinical trials and patient care, All4Cure is illuminating the path for a distributed learning health system. All4Cure will extend its reach, enhance its analytics, and expand its impact across malignancies, making the vision of a distributed learning health system a reality. All4Cure will transform fragmented data into a living, shared knowledge base, ensuring every patient, regardless of disease rarity or complexity, has the best chance for a longer, healthier, and brighter future.

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**History of the development of the solution/product \***

**(please be as specific as possible in your description; 500 words)**

All4Cure emerged from the experiences of its founder - Dr. Tony Blau, a professor of medicine/hematology and physician scientist at the University of Washington for more than 25 years when diagnosed with myeloma in 2015. Had Blau's diagnosis occurred 20 years earlier it's unlikely he would be alive today. By 2015 many new and effective treatments had been developed; however a dilemma inherent to the plethora of treatment options was knowing which treatment Blau should choose at a given point in his illness. What he most wanted to know were the treatment choices and outcomes of all other myeloma patients, and because this information wasn't available he started All4Cure, an online platform for patients, clinicians and researchers that is initially focused on myeloma but which will eventually extend to all cancers.

All4Cure's development began with release of its MVP in 2017. Patients register and electronically sign HIPAA release forms to provide access to all medical records from all institutions from which they have received care, from diagnosis to present. A team of myeloma-dedicated medical data specialists then extracts a structured dataset for display on each patient's deidentified dashboard, showing all treatments and responses, from diagnosis to present that is available for review by >2600 participating patients, clinicians and researchers. This consent-driven model ensures ethical data use and empowers patients as active contributors to the advancement of science. Each new patient dashboard is reviewed by All4Cure in "virtual rounds," analogous to hospital rounds in which a patient's case is presented for discussion by the entire All4Cure team, including participation by 4 senior oncologists. During rounds there is an effort to identify and resolve any errors or omissions, and to provide suggestions aimed at improving care for consideration by the patient and their oncologist. While patient feedback has been overwhelmingly positive, All4Cure's most important customer is the oncologist. That's because although we can track a patient's clinical course with exquisite precision, it is only by engaging the oncologist that we can improve care. After enrolling the first few patients it became immediately apparent that the treatment of myeloma varies widely, and that suboptimal treatment was widespread. While All4Cure began to help patients out of the gate, the central challenge was to develop a business model that would fuel All4Cure's ambition to become an essential tool for the treatment of patients with myeloma and eventually all other cancers. Toward that end All4Cure has developed a number of business lines, the most immediately compelling being clinical trial matching.

Since 2017 more than 1000 myeloma patients have enrolled in All4Cure, and we have delayed enrolling much larger numbers of patients pending a reduction in patient acquisition cost by developing scalable methods for converting diverse medical records into standardized, extremely high quality patient dashboards. Based on the success of our AI team that goal has now been accomplished and we are now ready to scale to tens of thousands of patients.

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**Why this drug or device is innovative, the broad implications for future research, and/or how it will improve the human condition \***

Dramatic advances in oncology collide against antiquated methods for translating those advances into routine clinical practice. All4Cure represents a new paradigm in precision oncology, a collaborative, patient-empowered, learning-driven approach that transforms the use of data, decision-making, and knowledge sharing across traditionally isolated domains. It is more than a tool: it is an interactive oncology ecosystem.

From its inception, All4Cure has utilized a secure, HIPAA-compliant, cloud-based architecture to integrate, structure, and visualize complex patient data across the care continuum. Patients sign medical record release forms and opt to share their de-identified data, making All4Cure an ethical, patient-driven engine for both clinical care and research. Its architecture captures patient data as a longitudinal, fully annotated record, transforming every patient journey into a source of actionable knowledge.

All4Cure's design is equally novel. It harmonizes structured and unstructured data, provides tailored dashboards for stakeholders, and enables asynchronous communication that allows for expert commentary from around the world. By capturing clinical decisions and their evolving rationale, All4Cure preserves information that is often lost in traditional medical records. Patients reported greater understanding of their disease and felt more empowered to make treatment decisions. Meanwhile, physicians benefited from access to All4Cure's Myeloma Clinical Pathway and access to expert input and All4Cure's MyelomaMap reports when shaping clinical strategies. Today, All4Cure encompasses >1000 patient cases, making it one of the largest interactive precision oncology registries.

Through collaborations with leading community oncology centers, All4Cure has facilitated both prospective and retrospective studies featured in abstracts and presentations at ASH and ASCO. Early analyses have demonstrated its ability to uncover critical insights into the variation in care of patients with myeloma in real world settings, the conduct decentralized clinical trials, and patterns of care associated with improved patient outcomes.

At its core, All4Cure is defined by radical inclusivity. Unlike traditional registries or EMRs, it operates as an open, bidirectional ecosystem. Patients are collaborators-not merely data points-and actively review and discuss their own cases. Its asynchronous case discussion interface allows clinicians and researchers to review complex patient scenarios, share commentary, and attach expert insights. These exchanges evolve into a growing, living knowledge base that becomes richer and more precise with every patient.

All4Cure goes beyond traditional EMRs and tumor boards, offering:

- Open-loop, bidirectional engagement across patients, clinicians, and researchers
- AI-ready, structured patient files for precision analytics and discovery
- An ethical, opt-in data donation model delivering real-time, de-identified data for research
- A modular design allowing seamless, cross-platform integration

Initially focused on multiple myeloma, All4Cure is disease-agnostic and extensible to other complex cancers and chronic illnesses. Its architecture allows rapid integration with EHRs, laboratory systems, and research databases, making it highly adaptable across disease areas.

With AI integration on the horizon, All4Cure will soon identify knowledge gaps, recommend expert connections, and flag emerging novel therapeutic options from the literature, shortening the time from discovery to delivery. In an era where personalized medicine is a buzzword, All4Cure makes it a lived reality, redefining how we collaborate, learn, and care.

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\*Kindly clearly label your files with company name and asset name.

#### **Please provide appropriate references (PubMed, Abstract, Website) \***

1. <https://seer.cancer.gov/statfacts/html/mulmy.html>. Accessed April 23, 2025.

2. Go RS, Bartley AC, Crowson CS, Shah ND, Habermann EB, Holton SJ, Holmes DR 3rd. Association Between Treatment Facility Volume and Mortality of Patients With Multiple Myeloma. J Clin Oncol. 2017 Feb 20;35(6):598-604. doi: 10.1200/JCO.2016.68.3805. Epub 2016 Oct 23. PMID: 28199819.

3. Freeman AT, Kuo M, Zhou L, et al. Influence of treating facility, provider volume, and patient-sharing on survival of patients with multiple myeloma. *J Natl Compr Cancer Netw*. 2019;17(9):1100-1108. doi:10.6004/jnccn.2019.7298
4. Vardell VA, Ermann DA, Tantravahi SK, Haaland B, McClune B, Godara A, Mohyuddin GR, Sborov DW. Impact of academic medical center access on outcomes in multiple myeloma. *Am J Hematol*. 2023 Jan;98(1):41-48. doi: 10.1002/ajh.26759. Epub 2022 Nov 7. PMID: 36266759.
5. Bar N, Firestone RS, Usmani SZ. Aiming for the cure in myeloma: Putting our best foot forward. *Blood Rev*. 2023 Jul 14:101116. doi: 10.1016/j.blre.2023.101116. Epub ahead of print. PMID: 37596172.
6. Tini G, Trapani D, Duso BA, Beria P, Curigliano G, Pelicci PG, Mazzarella L. Quantifying geographical accessibility to cancer clinical trials in different income landscapes. *ESMO Open*. 2022 Jun;7(3):100515. doi: 10.1016/j.esmoop.2022.100515. Epub 2022 Jun 21. PMID: 35738201; PMCID: PMC9271515.
7. Duan Z, Andronescu M, Schutz K, McIlwain S, Kim YJ, Lee C, Shendure J, Fields S, Blau CA, Noble WS. A three-dimensional model of the yeast genome. *Nature*. 2010 May 20;465(7296):363-7. doi: 10.1038/nature08973. Epub 2010 May 2. PMID: 20436457; PMCID: PMC2874121.
8. Blau CA, Liakopoulou E. Can we deconstruct cancer, one patient at a time? *Trends Genet*. 2013 Jan;29(1):6-10. doi: 10.1016/j.tig.2012.09.004. Epub 2012 Oct 23. PMID: 23102584; PMCID: PMC4221262.
9. Blau CA. Can intensive longitudinal monitoring of individuals advance cancer research? *Oncologist*. 2012;17(5):587-9. doi: 10.1634/theoncologist.2012-0122. Epub 2012 Apr 20. PMID: 22523197; PMCID: PMC3360897.
10. Blau CA, Ramirez AB, Blau S, Pritchard CC, Dorschner MO, Schmechel SC, Martins TJ, Mahen EM, Burton KA, Komashko VM, Radenbaugh AJ, Dougherty K, Thomas A, Miller CP, Annis J, Fromm JR, Song C, Chang E, Howard K, Austin S, Schmidt RA, Linenberger ML, Becker PS, Senecal FM, Mecham BH, Lee SI, Madan A, Ronen R, Dutkowski J, Heimfeld S, Wood BL, Stilwell JL, Kaldjian EP, Haussler D, Zhu J. A Distributed Network for Intensive Longitudinal Monitoring in Metastatic Triple-Negative Breast Cancer. *J Natl Compr Canc Netw*. 2016 Jan;14(1):8-17. doi: 10.6004/jnccn.2016.0003. PMID: 26733551; PMCID: PMC4970582.
11. Kuderer NM, Burton KA, Blau S, Senecal F, Gadi VK, Parker S, Mahen E, Veenstra D, Carlson JJ, Lyman GH, Blau CA. Participant Attitudes Toward an Intensive Trial of Multiple Biopsies, Multidimensional Molecular Analysis, and Reporting of Results in Metastatic Triple-Negative Breast Cancer. *JCO Precis Oncol*. 2017 Aug 16;1:PO.17.00076. doi: 10.1200/PO.17.00076. PMID: 32913975; PMCID: PMC7446457.
12. Burton KA, Mahen E, Konnick EQ, Blau S, Dorschner MO, Ramirez AB, Schmechel SC, Song C, Parulkar R, Parker S, Senecal FM, Pritchard CC, Mecham BH, Szeto C, Spilman P, Zhu J, Gadi VK, Ronen R, Stilwell J, Kaldjian E, Dutkowski J, Benz SC, Rabizadeh S, Soon-Shiong P, Blau CA. Safety, Feasibility, and Merits of Longitudinal Molecular Testing of Multiple Metastatic Sites to Inform mTNBC Patient Treatment in the Intensive Trial of Omics in Cancer. *JCO Precis Oncol*. 2022 Mar;6:e2100280. doi: 10.1200/PO.21.00280. PMID: 35294224; PMCID: PMC8939922.
13. <https://www.youtube.com/watch?v=tcBbJ2L4wfM>

14. Richter J, Chhun L, Zheng C, Piboonvarangoon J, Mallick E, Wren J, Nam G, Lopez Barquilla R, Dardac A, Blau S, Senecal FM, Namburi S, Cowan AJ, Bensinger WI, Kumar SK, Richardson PG, Anderson KC, Blau CA. Variation in the Treatment of Multiple Myeloma in the Real World. *Blood* (2020) 136 (Supplement 1): 43-44.
15. Rajkumar SV, Richardson PG, San Miguel JF. Guidelines for determination of the number of prior lines of therapy in multiple myeloma. *Blood* 2015; 126: 921-922.
16. <https://www.myeloma.org/resource-library/international-myeloma-working-group-imwg-uniform-response-criteria-multiple>

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