



PATIENT PLAYBOOK

How to Search for a Clinical Trial

Using ClinicalTrials.gov without giving up on page one

Almost everyone who tries ClinicalTrials.gov gives up. That is not a failure of effort. The site was built for researchers and regulators, not for patients, and nobody tells you that before you start.

This guide will not tell you which trial is right for you. Only your doctor can help with that. What it will do is get you from a blank search box to a short list of real possibilities you can bring to your next appointment.

Before you start, three things that will save you an hour

You do not need to find a perfect match. You need to find a few plausible ones. Your care team narrows from there.

Most listings will not apply to you. That is normal. Trials are narrow by design.

You will not enroll yourself. Enrollment goes through your doctor and the trial site. Your job here is to find candidates worth asking about.

Step by step

1

Write down four things before you search

Searching without these means starting over repeatedly. From your pathology report or your care team, get:

Your exact diagnosis, in the words your report uses. Not "lung cancer" but "non-small cell lung adenocarcinoma." The wording matters.

Any biomarkers or mutations. EGFR, ALK, KRAS, HER2, MSI-high, BRCA, PD-L1. If you have had genomic testing, these are on the report. If you have not had it, that is worth asking about, because many trials require it.

What you have already had. Trials often specify "previously treated with" or "no more than two prior lines of therapy."

How far you can travel. Be honest. A trial six hours away that requires weekly visits is not realistic for most people.

2

Search the condition only. Nothing else.

Go to **clinicaltrials.gov**. In the condition field, type your diagnosis. Leave every other field blank. You will get hundreds of results. That is intentional. Adding filters too early hides trials you would have wanted, and you cannot tell what you have hidden.

3

Apply exactly three filters, in this order

Recruitment status: Recruiting. This alone removes most of the list. Completed and not-yet-recruiting trials cannot help you today.

Location. Start with your state. Widen only if the list is too short.

Study type: Interventional. Observational studies collect information but do not provide treatment. Both are valuable; only one is what you are looking for right now. Stop there. Resist adding more.

4

Read each listing in the same four places

A trial listing is long and most of it is not written for you. Read these four sections and skip the rest:

Brief Summary — a paragraph in near-plain language explaining what is being tested.

Eligibility Criteria — inclusion and exclusion. Read exclusion first. It is faster to rule a trial out than to rule it in.

Locations and Contacts — where it runs, and a phone number or email. Check whether a nearby site is actually recruiting; some listed sites are not.

Study Design and Phase — Phase 1 is primarily about safety and dose. Phase 2 asks whether it works. Phase 3 compares it to standard treatment. None of these is better than the others; they answer different questions.

5

Keep a list of five to ten, not one

Some will turn out to be full. Some will have closed their nearby site. Some you will not qualify for once your team looks closely. A short list of one becomes a short list of none very quickly.

For each, note the **NCT number** — the identifier starting with NCT. That is how your doctor will look it up in seconds instead of searching for it.

6

Bring the list to your care team

This is the step that matters, and it is the one that gets skipped.

Bring the NCT numbers. Ask directly: *"Are any of these worth pursuing for me? If not, is there something you would look at instead?"*

Even if every trial on your list is wrong, the conversation changes. You have shown your team you are willing to consider trials, and that is not always assumed.

When the search comes back empty

This happens, especially with rare cancers and with common cancers that have been heavily treated already. Some things to try before concluding there is nothing:

- **Search the biomarker, not the cancer.** A trial for KRAS G12C-mutated solid tumors may accept several cancer types. Searching by mutation finds trials that searching by diagnosis will miss.
- **Search "advanced solid tumors".** Many early-phase trials enroll by biology rather than by organ.
- **Remove the location filter entirely.** See what exists anywhere before deciding what is reachable. Some trials help with travel costs.
- **Try a different name for the same disease.** Search both the common name and the technical one. Listings are inconsistent.
- **Ask about expanded access.** When no trial fits, there is a separate pathway for getting an investigational drug outside a trial. It is not the same thing and it has its own rules.

A note on trial-matching services

Several free services will match you against open trials using your records. They can be genuinely useful and they are faster than searching alone.

They are also incomplete. No service covers everything, and matching algorithms miss trials a careful human search finds. Use one as a supplement, not a replacement.

Be cautious with any service that charges a fee to find you a trial, or that promises access to treatment. Searching is free.

Words you will run into

Inclusion criteria	Who the trial is looking for.
Exclusion criteria	Who cannot join, usually for safety.
Line of therapy	One course of treatment. "Second line" means the treatment after the first stopped working.
Arm	One group within a trial. Different arms may get different treatments.
Randomized	You are assigned to an arm by chance, not by choice.
Open-label	Everyone knows which treatment you are receiving.
Placebo-controlled	One arm receives an inactive substance. In cancer trials this is usually added to standard treatment rather than replacing it, but ask.
Investigator	The doctor running the trial at that site.
Sponsor	The company or institution funding it.

NCT number The unique ID for a trial. The fastest way to look one up.

Your search notes

Fill this in as you go. Bring it to your appointment.

My exact diagnosis, as written on my pathology report

Biomarkers or mutations, if tested

Treatments I have already had

NCT numbers worth asking about

Questions for my care team

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