
AGE-nt
Longevity intervention intelligence

# AG-ing Interventions

**Hype**

- Unreliable Headlines
- Social Media
- Biased Opinions

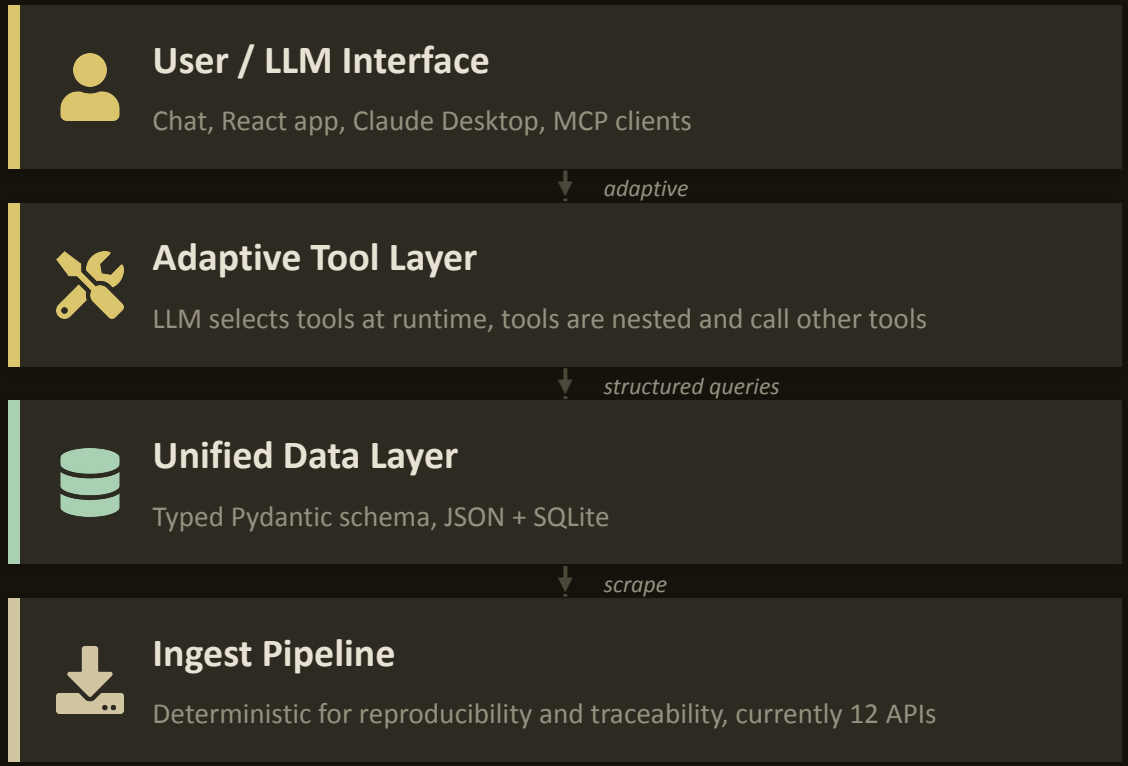
**Evidence**

- Information overload
- Hard for non-experts
- Conflicting studies

**How do we make informed decisions?**

Too much hype, not enough proof

# AGE-nt Architecture



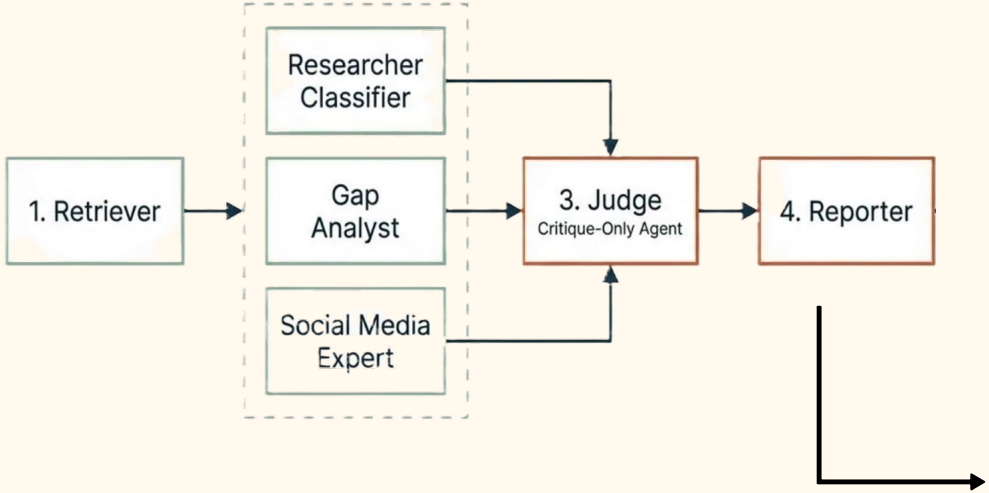

**3** interfaces

**12** tools

**55** interventions

**15K+** documents

# Structured Report




## Evidence Report: rapamycin

### Executive Summary

* **Moderate Confidence Score:** Rapamycin currently holds a confidence score of 59.08/100. While the evidence base includes human RCTs and direct endpoints, the score reflects a moderate certainty level due to inconsistencies between clinical data availability and actual healthspan outcomes in humans.
* **Satisfied High-Level Gaps:** The evidence map identifies 31 human-related documents and 13 RCTs. Primary gaps—including human evidence (G1), randomized evidence (G2), and human endpoints (G3)—are categorized as "Satisfied," indicating a substantial existing volume of research.
* **Disproportionate Social Interest:** Rapamycin maintains high public visibility with a "Hype Score" of 87.7. Interest is driven by active longevity communities on Reddit and a rising trend in search volume, often outpacing the definitive clinical evidence for off-label use.
* **Evidence Composition:** The current research landscape is a hybrid of robust laboratory animal data (notably in mice) and clinical data derived from organ transplant recipients, which provides a strong safety profile but limited direct proof for anti-aging in healthy populations.

### Limitations and caveats

#### # 1. Fundamental Scoring Inconsistency and Logic Failures

The assessment exhibits a logical disconnect between the confidence score and the gap analysis. While the Gap Analyst marks nearly every high-severity gap—including Human Evidence (G1), RCTs (G2), and Human Endpoints (G3)—as "Satisfied," the resulting confidence score of 59.08% is unexpectedly low. This suggests either an overestimation of "Satisfied" gaps or an underlying failure in the scoring algorithm's ability to weight clinical evidence properly. Furthermore, the evidence list contains duplicate systematic reviews, leading to an artificial inflation of tier contributions.

#### # 2. Evidence Over-Interpretation and Misclassification

There is a concerning tendency to categorize non-human data as human evidence. For instance, meta-analyses of laboratory mouse experiments have been listed as influential Level 1 documents for human endpoints. Additionally, the analysis relies on clinical data from kidney transplant recipients. Because organ transplant patients on immunosuppressants are not a valid surrogate for the general aging population, using this data to "close" gaps for human healthspan is scientifically questionable.

#### # 3. Gap Analysis: False Sense of Security

The status of "Satisfied" for evidence in older adults (G5) is contradicted by the metadata, where most top-weighted documents are marked "false" for enrolling adults over 65. Similarly, "Adequate duration" (S2) is marked as satisfied despite most studies having "unclear" duration bands. This creates a false sense of security regarding the maturity of the evidence for longevity.

#### # 4. Social Hype vs. Evidence Mismatch

The high social media hype score (87.7) is based on a narrow sample of 50 Reddit posts across only three subreddits. This sample size is statistically insufficient to represent broader public or clinical discourse and may reflect the echo-chamber effect of enthusiast communities rather than a generalized societal or scientific consensus.

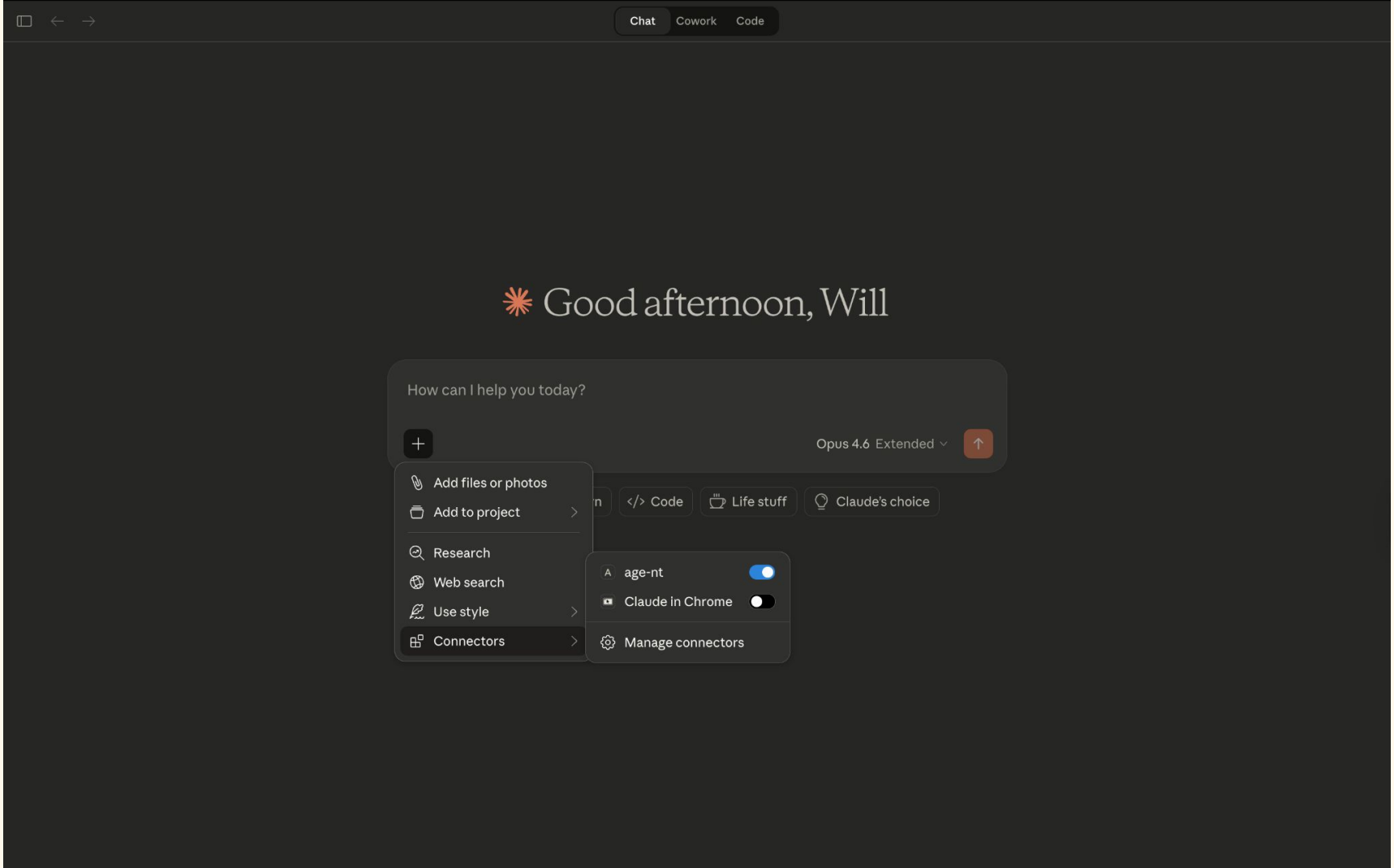
### Future recommendations

* **Target Healthy Aging Populations:** Future RCTs must move beyond transplant patients and recruit healthy adults (aged 65+) to specifically measure the impact of rapamycin on biomarkers of aging and age-related functional decline.
* **Clarify Dosing Protocols:** Research should prioritize determining the safety and efficacy of intermittent (pulsed) dosing versus daily dosing in humans to minimize side effects like dyslipidemia or glucose intolerance while maximizing longevity benefits.
* **Long-Term Longitudinal Studies:** To truly satisfy "duration" gaps, studies exceeding 2–3 years are required to observe changes in hard endpoints like sarcopenia, cognitive health, and immune system rejuvenation (e.g., vaccine response).
* **Refine Evidence Classification:** Future reporting should strictly segregate animal-based meta-analyses from human clinical trials to prevent the "hallucination" of human confidence based on laboratory mouse success.

### Thank you

Thank you for your interest in the evidence report for rapamycin. We hope this analysis provides clarity for your research and decision-making. Have a wonderful day and a very good life!

Thank you for using this report. We wish you a good day and a good life.


Chat
Cowork
Code
Good afternoon, Will
How can I help you today?
Opus 4.6 Extended
Code
Life stuff
Claude's choice
Add files or photos
Add to project
Research
Web search
Use style
Connectors
age-nt
Claude in Chrome
Manage connectors


Good afternoon, Will
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Opus 4.6 Extended
Write
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Life stuff
Claude's choice

# Future Impact

Lilly TuneLab™

**Open source / federated platform**

Network effect of users publishing tools, and running them on shared data

together.ai

**MCP / API credits**

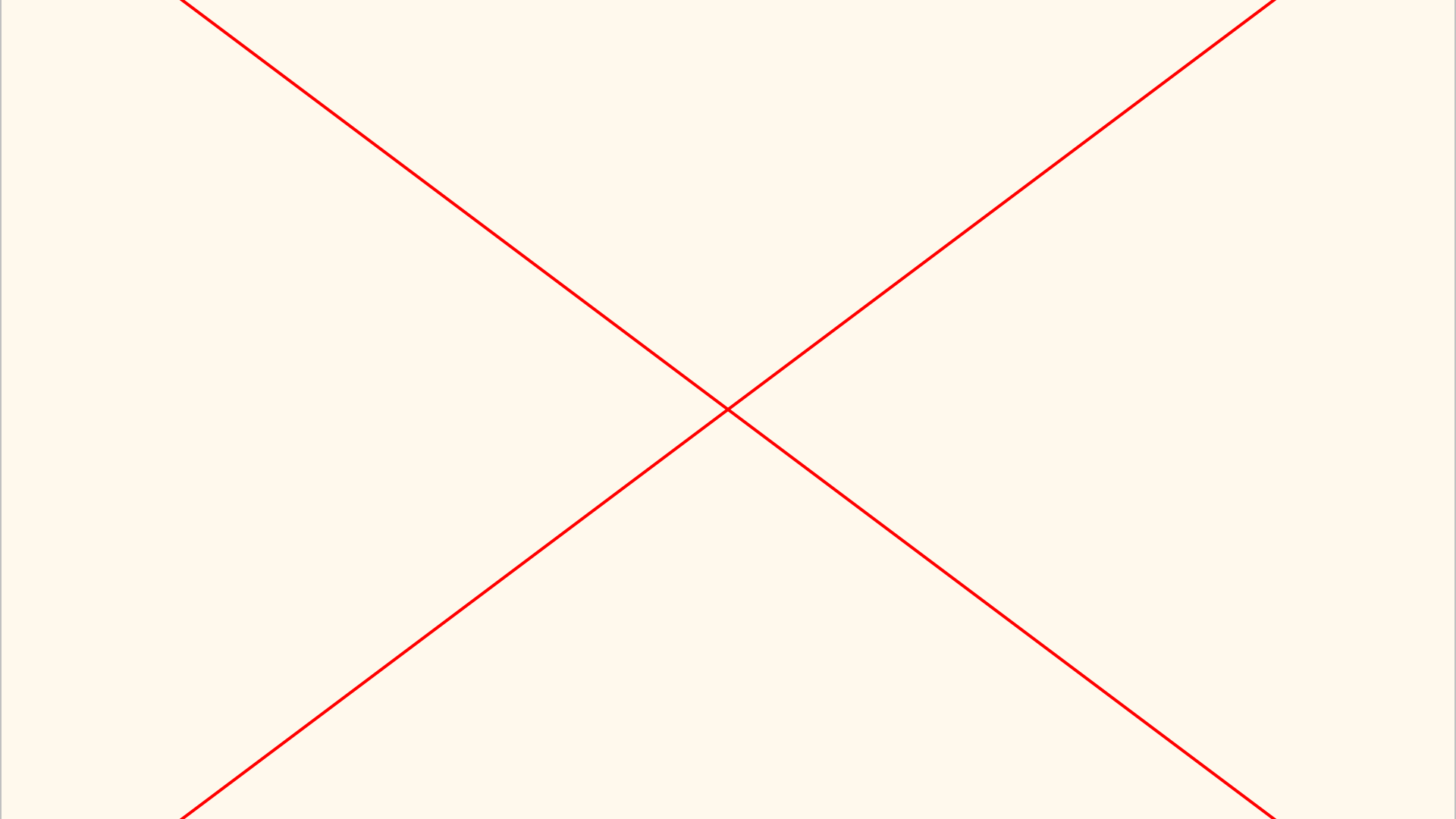
Low friction, any LLM client connects to AGE-nt's tools

AlphaSense

DEALFORMA

**Pharma SaaS business development platform**

Deal opportunity analysis, embed in workflows and become sticky



# Thank You!

**AGE-nt**

Longevity intervention intelligence

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