CLINICAL TRIAL LISTING CANONIC

Community Learning Study

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0.1. Brief Title

Community Learning Patterns in Governed AI Health Navigation

0.2. Official Title

Community Learning Patterns in Governed AI Health Navigation: A Retrospective Observational Study of Structurally Anonymized Ledger Data from Federated Cancer Navigation Services

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0.3. Brief Summary

This study characterizes the community learning patterns that emerge when patients, caregivers, and clinicians interact with governed AI health navigation services that capture questions on a structurally anonymized, append-only ledger. The study analyzes questions asked across two federated navigation services: CaribChat (Caribbean cancer navigation across eight countries) and MammoChat (US breast health navigation). The governance architecture enforces anonymization at the point of capture; no personally identifiable information is collected at any stage. The study evaluates whether governance-native data architecture provides adequate human subjects protections in jurisdictions with and without research ethics legislation, and characterizes the compounding community intelligence that accumulates when navigation questions are ledgered and governed.

0.4. Detailed Description

0.4.1 Background

AI-driven health navigation services generate conversational data that constitutes a community learning resource when governed properly. The CANONIC governance framework provides structural anonymization (no PII fields in the data schema), append-only immutability (ledger entries cannot be modified or deleted), and cryptographic integrity verification. Each navigation service

inherits identical governance constraints, enabling modular, federated study arms under a single protocol.

0.4.2 Study Population

- **Arm A (CaribChat):** Cancer patients, caregivers, and clinicians in Trinidad and Tobago, Jamaica, Barbados, Bahamas, Guyana, Saint Lucia, Dominica, Antigua and Barbuda, and Suriname who use caribchat.ai for cancer navigation.
- **Arm B (MammoChat):** Breast cancer patients, caregivers, and clinicians in the United States (primarily Florida) who use mammochat.ai for breast health navigation.

0.4.3 Intervention

None. This is an observational study of existing, anonymized ledger data.

0.4.4 Outcomes

Primary: Characterization of community learning patterns (question taxonomy, temporal trends, geographic references) in governed AI health navigation.

Secondary: Cross-arm comparison of learning patterns between Caribbean and US populations; evaluation of governance-native data architecture as human subjects protection in jurisdictions without research ethics legislation; measurement of community intelligence compounding over time.

0.5. Study Design

Field	Value
Study Type	Observational
Observational Model	Other (federated community learning ledger)
Time Perspective	Retrospective
Number of Arms	2 (expandable via amendment)

0.6. Arms and Interventions

Arm	Description	Intervention
CaribChat (Arm A)	Caribbean cancer navigation, 8 countries, 55+ sessions	None (observational)
MammoChat (Arm B)	US breast health navigation, Florida primary, 20+ sessions	None (observational)

0.7. Eligibility

Field	Value
Ages Eligible	All ages
Sexes Eligible	All
Accepts Healthy Volunteers	Yes
Sampling Method	Non-probability (all ledgered sessions included)

Inclusion: Any session ledgered on a governed TALK instance (CaribChat or MammoChat) during the study period.

Exclusion: None. All ledgered sessions are included. The data is structurally anonymized; there is no mechanism to exclude based on individual characteristics.

0.8. Contacts and Locations

Role	Name	Institution
Principal Investigator	Dexter Hadley, MD/PhD	CANONIC Foundation
Co-Investigator	Marisa Nimrod, MD	Trinidad and Tobago

0.8.1 Study Locations

Facility	City	Country
caribchat.ai (virtual)	Port of Spain	Trinidad and Tobago
mammochat.ai (virtual)	Orlando	United States

0.9. Sponsor and Collaborators

Role	Organization
Sponsor	CANONIC Foundation
Collaborator	Caribbean Association of Oncology and Hematology (CAOH)

0.10. Keywords

community learning, governed AI, health navigation, cancer navigation, breast cancer, Caribbean, structural anonymization, append-only ledger, federated learning, CANONIC

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