From queries to answers: how AI is changing evidence retrieval

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ATTRACT

ATTRACT clinical Q&A service

Based in Gwent, South-East Wales.

Doctors wanted answers

Not search or appraisal skills.

A manual clinical Q&A system

Questions researched and answered by hand.

3–6 hours each

The time each answer would take to produce.

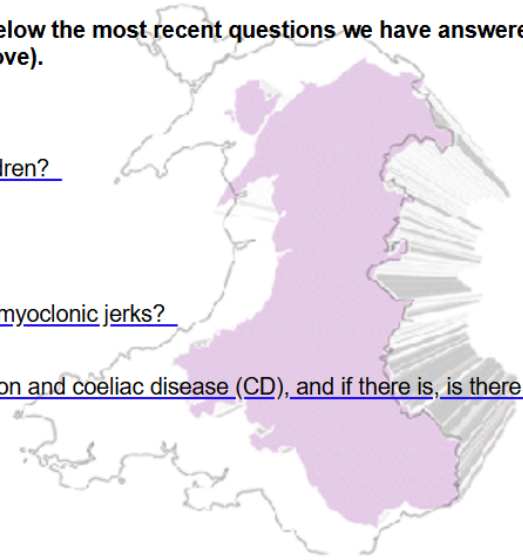
ATTRACT

- About Attract
- Register - online form
- Ask us a question - online form
- Challenge Attract

Site Search GO

Welcome to the ATTRACT website and find below the most recent questions we have answered. Before using the site it is important to familiarise yourself with the ATTRACT process (follow the 'About ATTRACT' link above).

- Cancer
- Cardiovascular
- Child Health
- Complementary Medicine
- Dermatology
- Ears, Nose and Throat
- Endocrinology
- Gastrointestinal
- General Practice
- Genitourinary
- Gerontology
- Haematology
- Infectious Diseases
- Mental Health
- Musculoskeletal
- Neurology
- Non-clinical
- Nutrition and Metabolism
- Ophthalmology
- Other Clinical
- Poor Research
- Pregnancy and Childbirth
- Respiratory Care
- Women's Health



Question Page:- 1 of 155

	Date Added
Is there evidence of recurrent chickenpox in children?	21/Jan/2005
How safe is rosuvastatin (crestor)?	20/Jan/2005
Is there an association between phenergan and myoclonic jerks?	19/Jan/2005
Is there any evidence of a link between depression and coeliac disease (CD), and if there is, is there any evidence that modification of diet may affect clinical outcome in terms of mood?	19/Jan/2005
Are magnetic bracelets effective in arthritis?	19/Jan/2005
Why is GTN contraindicated in aortic stenosis?	17/Jan/2005
What is the current evidence/guidelines for the use of antibiotics in suspected/proven urinary tract infections (UTIs) in adults?	17/Jan/2005
Do NSAID drugs affect the efficacy of the IUCD or the Mirena Coil?	13/Jan/2005
I have been informed that combining steroids and acyclovir is now the preferred treatment for Bell's palsy. Is there any evidence?	13/Jan/2005
Is there any evidence for the use of botulinum toxin (botox) in migraine?	10/Jan/2005

Next 10 >

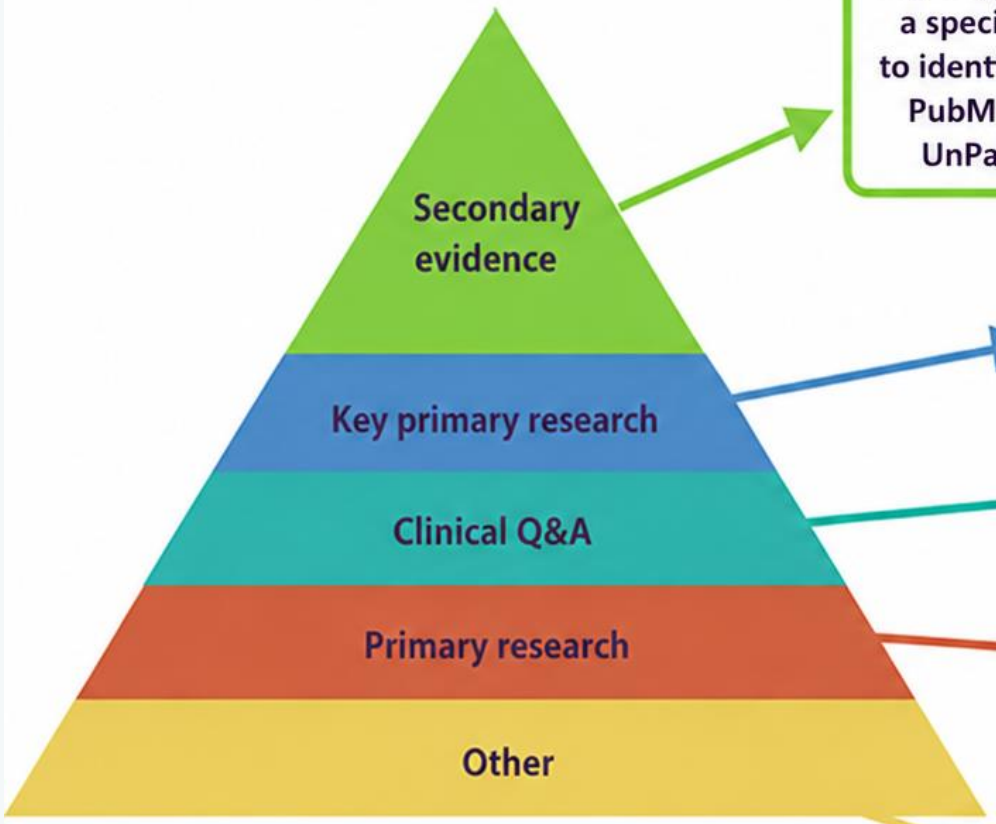
Trip Database

Started in 1997
Created to support ATTRACT — nearly three decades of clinical evidence search.

High-quality content, always
A consistent focus on guidelines, systematic reviews and HTAs.

Used across the globe
Searched hundreds of millions of times worldwide.

Independent, freemium model
Core search is free; Pro adds more — free trials are available.



Systematic reviews

including Cochrane, NICE, AHRQ, IQWIG, Canada's Drug Agency, HTAs & a special filter to identify SRs in PubMed and UnPayWall

Evidence-based synopses

including EBM, EBN, Bandolier, the NNT Clinical Correlations, CATs and Journal Clubs

Clinical guidelines

the internet's largest dedicated collection of guidelines, categorised by geography eg UK, USA, Europe

Regulatory guidance

including FDA, NICE, Euro Med Agency, Scot Med Consortium, AWMSG and MHRA

Big 5 internal medicine journals: NEJM, Lancet, JAMA, BMJ, Annals of Int. Med. and EvidenceAlerts

AskTrip, Specialist Pharmacy Services

All the RCTs from PubMed (over 800,000) plus all the content from a core set of ~800 journals

Ongoing systematic reviews (from PROSPERO) and ongoing clinical trials (from clinicaltrials.gov) as well as blogs (such as Mental Elf) and a number of eTextbooks

Search finds *documents*,
not
***answers*.**

November 2022: AI became accessible

ChatGPT released

A single launch that changed how the public met AI.

Powerful AI left the lab

State-of-the-art models became available to everyone, overnight.

Natural language as the interface

Asking a question became a new way to find answers.

User expectations changed — permanently

People now expect answers, not just lists of links.

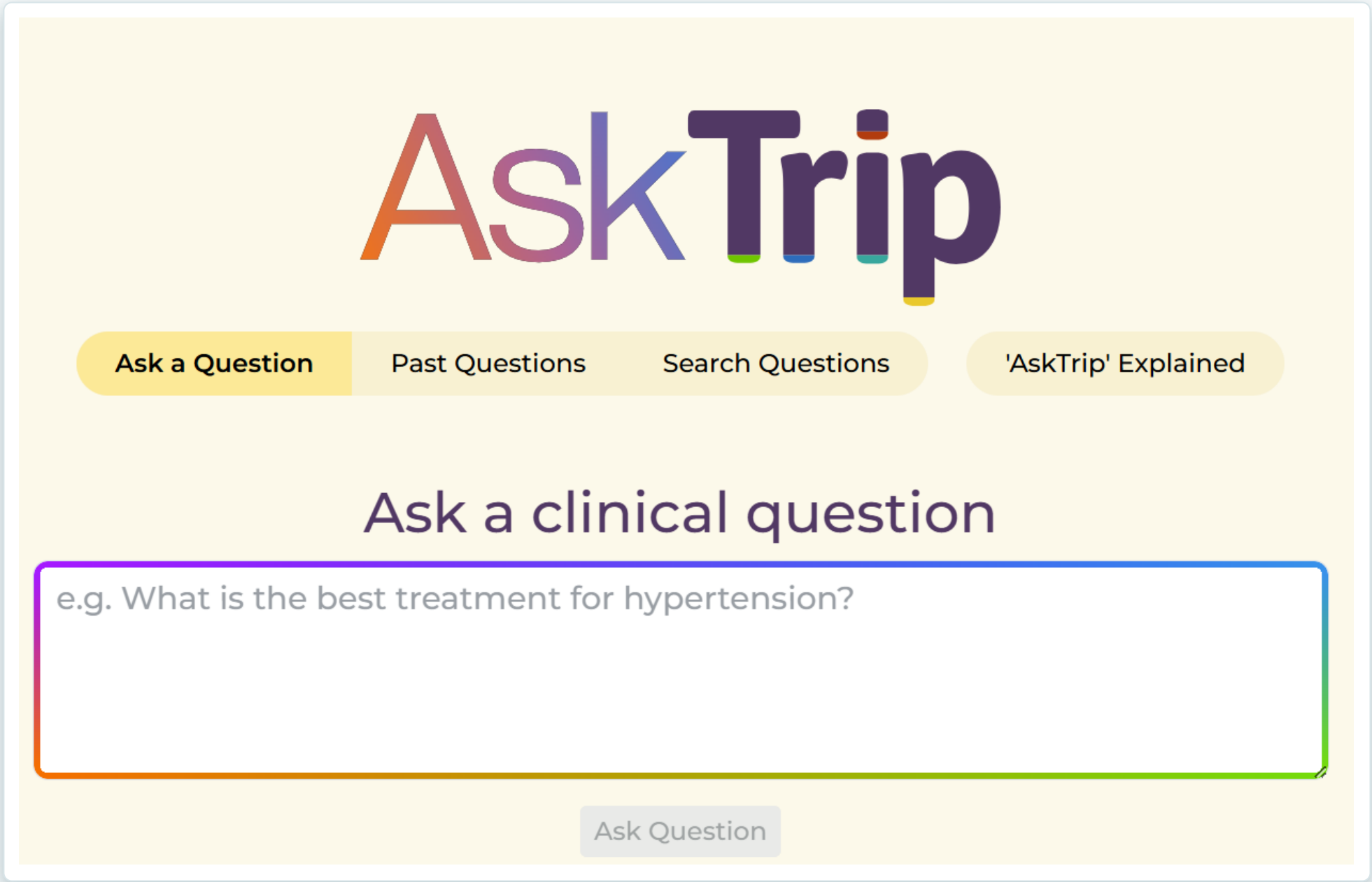
AI meets Trip = AskTrip

Retrieval Augmented Generation (RAG)

- You control the information the AI can draw from.
- Relevant content is retrieved first, then given to the AI to answer the question.
- This grounds answers in trusted evidence rather than relying on the model's memory.
- Reduces hallucinations and makes answers more transparent and traceable.

Not just another chatbot

It is not simply ChatGPT, Claude or Copilot — it's a natural language question-answering system built on Trip's curated evidence base.


AskTrip
Ask a Question
Past Questions
Search Questions
'AskTrip' Explained
Ask a clinical question
e.g. What is the best treatment for hypertension?
Ask Question

What is the correlation between salivary MMP8 levels and the clinical outcomes of supportive periodontal therapy (SPT)?

Include in newsletter

Edit Question | Show searches

Clinical area	**Dentistry**
Question type	**Outlook & Future Care**
Quality of evidence ?	**Good**
Question asked	**4 May 2026**

Bookmark this page

Share this page

Ask a New Question

Show original question

How to cite this answer

Clinical Bottom Line

Salivary MMP-8 levels decrease following supportive periodontal therapy, potentially indicating improved clinical outcomes, though there is significant variability across studies. Standardized approaches are needed to better validate MMP-8 as a reliable biomarker.

Answer

Background

Periodontal disease is characterized by the breakdown of the supporting structures of teeth, primarily due to inflammation caused by pathogens. Supportive periodontal therapy (SPT) aims to preserve periodontal health post-initial treatment, often employing non-surgical measures like scaling and root planing (SRP). Matrix metalloproteinase-8 (MMP-8) is a collagenase involved in the degradation of extracellular matrix during inflammatory processes, making it a biomarker of interest in periodontal disease progression and therapy assessment.

Evidence

- Multiple studies have reported that salivary MMP-8 levels are elevated in individuals with periodontal disease compared to healthy controls [1].

- Non-surgical periodontal therapy, such as scaling and root planing, leads to a decrease in salivary MMP-8 levels, suggesting improved clinical outcomes and indicating a reduction in periodontal inflammation [2].

- After therapy, a systematic review and meta-analysis reported that although salivary MMP-8 levels decreased, the changes were not statistically significant in one pooled analysis [3].

- Other studies report significant reductions in MMP-8 levels post-therapy, associating these decreases with better clinical outcomes such as reduced periodontal pocket depth and gingival bleeding [4].

- Supplementary use of probiotics, such as L. reuteri, alongside non-surgical periodontal therapy, showed a more substantial decrease in MMP-8 levels, hinting at improved therapeutic outcomes, although intergroup significance was variable [5].

AskTrip (4 May 2026) What is the correlation between salivary MMP8 levels and the clinical outcomes of supportive periodontal therapy (SPT)? DOI: 10.5281/zenodo.20024759

Related Questions

How does the frequency of periodontal maintenance visits influence the long-term outcomes in patients with periodontitis?

In adult patients with symptomatic irreversible pulpitis in permanent molars, does vital pulp therapy with biomaterials like MTA have similar or superior clinical success and pain reduction compared to conventional root canal treatment?

In adults with gingivitis, does probiotic supplementation, compared to standard oral hygiene practice, improve periodontal health by reducing gingival inflammation?

What is the effectiveness of various toothpastes in reducing the Modified Gingival Index (MGI) in patients with gum inflammation?

Limitations / Gaps

- The studies report substantial heterogeneity in MMP-8 level findings, possibly due to differences in saliva collection techniques, patient demographics, and disease severity [1].

- There is also significant variability in the study designs and therapeutic interventions used, which affects the generalizability of the results.

- Some analyses did not find statistically significant results for changes in MMP-8 levels after therapy, pointing to the need for larger, more standardized studies [3].

Conclusion

Overall, the evidence suggests a correlation between reduced salivary MMP-8 levels and improved clinical outcomes in SPT. Specific therapies, including adjunctive probiotics, might enhance these effects, though variations in study methodologies necessitate cautious interpretation of these results.

References

1. Assessment of salivary matrix metalloproteinase (MMP8) and activated salivary matrix metalloproteinase (aMMP8) in periodontitis patients: a systematic review and meta-analysis
   Systematic Reviews 2025 Frontiers in oral health
2. Changes in salivary matrix metalloproteinase-3, -8, and -9 concentrations after 6 weeks of non-surgical periodontal therapy.
   Primary research 2022 BMC Oral Health
3. Changes in Inflammatory Cytokines in Saliva after Non-Surgical Periodontal Therapy: A Systematic Review and Meta-Analysis.
   Systematic Reviews 2021 International journal of environmental research and public health
4. Salivary and serum inflammatory biomarkers during periodontitis progression and after treatment.
   Primary research 2024 Journal of Clinical Periodontology
5. Clinical, microbiological and immunological short, medium and long-term effects of different strains of probiotics as an adjunct to non-surgical periodontal therapy in patients with periodontitis. Systematic review with meta-analysis – Results
   Systematic Reviews 2022 Authorea, Inc.

RAG Process

** AI-powered steps*

“Rocio Uncovers, We Recover”

Trip LLM Testbed

Question

Atogepant for migraine prevention

Searches: 9

Snippet chars: 250

Articles: 60

+ Guidelines: 15

Select best: 10

Avoid Regulatory: ☐

Submit question...

Question Analysis Searches Articles (75) Scored (75) Essential (11) Desirable (26) Other (8) Best (10) Text (10) Evidence (10) Summary

- Language: en
- Reasonable: Yes
- Problematic: No
- PII: No
- Alternative: Is Atogepant effective for migraine prevention?
- Slug: atogepant-for-migraine-prevention
- Clinical areas: Neurology; Pharmacology / Clinical Pharmacology;
- Type: Outlook & Future Care

Question Analysis Searches Articles (75) Scored (75) Essential (11) Desirable (26) Other (8) Best (10) Text (10) Evidence (10) Summary

- Atogepant AND migraine prevention AND effectiveness
- Atogepant AND migraine prevention
- Atogepant AND migraine AND prevention
- Atogepant AND migraine
- Atogepant AND effectiveness
- Atogepant
- CGRP receptor antagonists AND migraine
- CGRP receptor antagonists
- migraine prevention

Question Analysis Searches Articles (75) Scored (75) Essential (11) Desirable (26) Other (8) Best (10) Text (10) Evidence (10) Summary

1. Early Improvements With Atogepant for the Preventive Treatment of Migraine: Results From 3 Randomize...
   9 13772435 2025 EvidenceUpdates *(PR)*
2. Saudi clinical practice guidelines for the treatment and prevention of migraine headache
   9 13866280 2025 Saudi Clinical Guidelines *(Guideline) (Green)*
3. Prevention of Episodic Migraine Headache Using Pharmacologic Treatments in Outpatient Settings: A Cl...
   7 13816375 2025 American College of Physicians *(Guideline) (Green)*
4. Atogepant for preventing migraine
   9 13509379 2024 National Institute for Health and Care Excellence - Technology Appraisals *(Green)*
5. Efficacy of Atogepant in Chronic Migraine With and Without Acute Medication Overuse in the Randomize...
   9 13517585 2024 EvidenceUpdates *(RCT) (PR)*
6. Safety and efficacy of atogepant for the preventive treatment of episodic migraine in adults for who...
   8 13405412 2024 EvidenceUpdates *(RCT) (PR)*
7. Atogepant for the preventive treatment of chronic migraine (PROGRESS): a randomised, double-blind, p...
   9 13236071 2023 Lancet *(RCT) (PR)*
8. Effect of Atogepant for Preventive Migraine Treatment on Patient-Reported Outcomes in the Randomized...
   8 12882441 2023 EvidenceUpdates *(RCT) (PR)*
9. Rates of Response to Atogepant for Migraine Prophylaxis Among Adults: A Secondary Analysis of a Rand...
   8 11892310 2022 EvidenceUpdates *(RCT) (PR)*
10. Atogepant for the Preventive Treatment of Migraine.
    9 12925195 2021 NEJM *(RCT) (PR)*

Question Analysis Searches Articles (75) Scored (75) Essential (11) Desirable (26) Other (8) Best (10) Text (10) Evidence (10) Summary

1. Early Improvements With Atogepant for the Preventive Treatment of Migraine: Results From 3 Randomize...
   13772435 **Gemini:** Atogepant is effective and safe for episodic and chronic migraine prevention. Three phase 3 trials evaluated atogepant. ADVANCE, ELEVATE, and PROGRES included. ADVANCE and ELEVATE included episodic migraine patients. ELEVATE required previous trea...
2. Saudi clinical practice guidelines for the treatment and prevention of migraine headache
   13866280 **Gemini:** - For the prevention of episodic or chronic migraine, atogepant suggested over no treatment. - Conditional recommendation, low certainty of evidence. - 100% have not benefitted or tolerated appropriate trials of three or more oral migraine pro...
3. Prevention of Episodic Migraine Headache Using Pharmacologic Treatments in Outpatient Settings: A Cl...
   13816375 **Gemini:** Atogepant is a calcitonin gene-related peptide (CGRP) antagonist-gepant. Atogepant is a pharmacologic treatment to prevent migraine. The guideline conditio nonpregnant setting.
4. Atogepant (Qulipta) - Migraine, prevention
   13790762 **Gemini:** N/A
5. Does Atogepant Offer a Safe and Efficacious Option for Episodic Migraine Prophylaxis? A Systematic R...
   13826523 **Gemini:** - Effective for episodic migraine (EM) prevention. - Reduces monthly migraine days. - 10 mg daily: MD –1.16 days - 30 mg daily: MD –1.15 days - 60 mg daily mg twice daily: MD –1.20 days - Significant proportion of patients ac...
6. Comparative Efficacy and Safety of Atogepant as Prophylaxis for Chronic and Episodic Migraine in Adu...
   13876675 **Gemini:** N/A
7. Atogepant and rimegepant for prophylaxis of migraine
   14283423 **Gemini:** - Atogepant is approved for prophylaxis of chronic and episodic migraine in Singapore. - The Ministry of Health's Drug Advisory Committee has not recommen Subsidised Drugs. - Reason: uncertain comparative clinical effectiveness and substantially higher p...
8. Network Meta-Analysis Comparing Efficacy and Safety Outcomes of Atogepant, Rimegepant, and Galcanezu...
   13877224 **Gemini:** N/A

Conclusion

Atogepant is an effective and generally well-tolerated option for the prevention of migraines. Consider its use particularly for patients with episodic or chronic migraines who have failed other prophylactic treatments. Monitor for common adverse effects like constipation and nausea, and carefully evaluate its use against other available therapies in terms of cost and effectiveness.

Answer

Background

Atogepant is a calcitonin gene-related peptide (CGRP) receptor antagonist used for the preventive treatment of migraines. It offers a non-invasive oral treatment option for both episodic and chronic migraines, acting by inhibiting the pathway known to be involved in the pathophysiology of migraines [1].

Evidence

Other features

Beyond Trip

Extending answers past Trip's own index when the question needs it.

Spanish language

Ask and answer clinical questions in Spanish.

In one year

20,000+

questions answered

A powerful new version added:

- Longer answers
- Tackling EBM wallpaper and intent drift
- Improved search
- Answer score improvements (including Trip scores)
- Transparency
- Explore further

What is the evidence for retatrutide in supporting weight loss?

Question asked: **14 Jun 2026**

Clinical Bottom Line

Retatrutide shows strong evidence for supporting significant weight loss in obese adults and exhibits a higher efficacy compared to other weight management drugs. Gastrointestinal side effects are common and should be monitored.

Answer

Background

Retatrutide is a novel triple hormone receptor agonist, designed to target glucagon-like peptide-1 (GLP-1), glucose-dependent insulinotropic polypeptide (GIP), and glucagon receptors. This compound is positioned to help in the management of obesity by facilitating weight loss, improving metabolic parameters, and reducing visceral fat [1]. Obesity remains a significant health issue worldwide, increasing the risk of type 2 diabetes, cardiovascular disease, and various other health complications [AI]. Strategies targeting multiple metabolic pathways, like those facilitated by retatrutide, represent a promising avenue for treating weight management challenges in obese individuals.

Evidence

Evidence shows that retatrutide is effective in supporting weight loss across several studies:

- **A Network Meta-Analysis** demonstrated that retatrutide achieved a significant weight reduction compared to placebo, with a mean difference (MD) of -13.44 kg (95% Confidence Interval: [-18.38, -8.51]) [2].

- **Systematic Reviews** consistently report that retatrutide induces superior weight loss outcomes in obese patients. One review highlighted a mean weight reduction of -11.47 kg (95% CI: -14.00 to -8.95) and significant reductions in waist circumference, glycated hemoglobin, and fasting plasma glucose [3].

- **Phase 2 Clinical Trials** indicate substantial weight reductions across various dosages. A trial with 338 adults registered weight losses of up to 24.2% at a 12 mg dose over 48 weeks [4].

- **The TRIUMPH Trials** are extensive Phase 3 registrational trials that are designed to confirm these findings across a larger population [5].

- **Comparative Analysis with Other Treatments** shows retatrutide is more effective at achieving significant weight loss and metabolic improvements compared to existing glucagon-like peptide-1 receptor agonists [6].

Safety and monitoring

The safety profile of retatrutide generally includes gastrointestinal-related adverse effects such as nausea, diarrhea, and abdominal pain [1]. Statistically, retatrutide had the highest risk of adverse

Answer Confidence: High ?

Explore further
Ask follow-up questions, request more detail, or challenge the answer

Clinical areas
- **Endocrinology**
- **Pharmacology**

Question type
- **Outlook & Future Care**

Show original question | How to cite this answer

Bookmark this page
Download this page as a PDF
Share this page
Leave feedback
Ask a New Question

Related questions asked by other users
- What is the evidence for Retatrutide in weight reduction?
- How does the efficacy of retatrutide compare with tirzepatide and semaglutide in promoting weight loss among obese individuals without diabetes?
- What is the evidence for the use of tirzepatide in individuals over 65 years of age?
- What is the evidence for the use of tirzepatide in

are noted to be generally mild to moderate, and partially mitigated by adjusting the initial dose [4].

Implications for practice

Retatrutide's multi-receptor targeting mechanism makes it a potent candidate for managing obesity with an ability to deliver greater weight reductions than current mono- or dual-agonist therapies. Healthcare providers might consider retatrutide for patients needing significant weight loss, although monitoring for gastrointestinal side effects is necessary due to its safety profile [4] [2].

Research gaps

Long-term safety data and head-to-head trials with other weight management medications will be essential to optimally position retatrutide within obesity treatment regimens. The ongoing TRIUMPH trials are expected to shed further light on these areas [5].

References

1. RETATRUTIDE PEN INJECTION, SOLUTION [GUANGZHOU YIXIN CROSS-BORDER E-COMMERCE CO., LTD.]
Drug Info 2025 DailyMed

2. Comparative Efficacy and Safety of Glucagon Receptor Agonists on Metabolic Outcomes: A Network Meta-Analysis of Randomised Controlled Trials.
Systematic Reviews 2026 Endocrinology, diabetes & metabolism

3. Incretin-Based Dual and Triple Agonists in Overweight or Obese Individuals: A Systematic Review and Meta-Analysis.
Systematic Reviews 2026 Cardiology in review

4. Triple-Hormone-Receptor Agonist Retatrutide for Obesity - A Phase 2 Trial.
Controlled Trials 2023 NEJM

5. Retatrutide for the treatment of obesity, obstructive sleep apnea and knee osteoarthritis: Rationale and design of the TRIUMPH registrational clinical trials.
Controlled Trials 2025 obesity & metabolism

6. Efficacy and Safety of GLP-1 Receptor Agonists, Dual Agonists, and Retatrutide for Weight Loss in Adults With Overweight or Obesity: A Bayesian NMA.
Systematic Reviews 2025 Obesity

AI We use advanced AI to enrich our RAG-based clinical answers with context, nuance, and evidence where gaps exist.

Explore further

Ask your own follow-up question, or choose one of the suggestions below. AskTrip will respond with either a full answer or a quick clarification depending on your question.

Ask your own follow-up question... Send

or try one of these

- What are the common gastrointestinal side effects reported in studies?
- How does retatrutide compare to other weight loss medications long-term?
- What patient population benefits the most from retatrutide therapy?

What is the evidence for using lorcaserin to manage obesity?

Show Admin Features

EBM wallpaper and intent drift

EBM wallpaper

Evidence-based language is easy for AI to produce — even when the answer is not genuinely grounded in the best available evidence.

Intent drift

An AI answer can sound convincing while gradually answering a different question from the one the user actually asked.

Improved search: three searches, up from one

Original lexical search

Precision-led

Closely matches the user's wording and concepts, aiming to retrieve the most directly relevant evidence.

New lexical search

Recall-led

Reformulates or broadens the query to capture evidence that may use different terminology, reducing the risk of missing useful material.

Vector search

Meaning-led

Matches by similarity of meaning rather than words — explained over the next few slides.

Vector search: the problem we all know

- Keyword search matches strings, not meaning.
- Miss a synonym, miss the paper — “heart attack” won't find myocardial infarction.
- Hence the workarounds: 40-line search strings, MeSH mapping, truncation, endless synonym lists.

What if search understood meaning instead?

Vector search: how machines learn meaning

A model learns patterns from billions of sentences

Sheer scale of language exposure, not hand-built rules.

It trains by predicting missing words

e.g. “The patient presented with chest ___.”

Words in similar contexts group together

Cardiac arrest, myocardial infarction and heart attack end up close neighbours.

Vector search: from meaning to numbers

- The model represents meaning along hundreds of dimensions — think of them as axes like “symptoms”, “emotions”, “finance”.
- “Chest pain” scores highly on the symptom axis, barely on the others.
- That list of scores is its vector.
- Together, these axes form a kind of “meaning-space” — and every piece of text becomes a point in it.

“Chest pain”

symptom axis	0.92
emotion axis	0.05
finance axis	0.00

```
vector = [0.92, 0.05, 0.00 …]
```

What is vector search?

1. Every document (or passage within it) is given a vector — its coordinates in meaning-space.
2. Your question or search terms are converted into a vector too.
3. Vector search measures the distance between the query vector and every document vector.
4. The closest matches are returned — ranked by similarity of meaning, not matching of words.

Vector search: why it matters

- “Heart attack” finds MI, myocardial infarction and cardiac arrest — no search string required.
- Spelling variants, phrasing and terminology drift stop being barriers.
- Users can ask natural questions (“does aspirin prevent stroke?”) instead of constructing Boolean logic.

The trade-off: less transparent and reproducible than a search string — which is why the future is likely both: vector search adding to the toolkit, not replacing it.

Open access is powering AskTrip

~70%

of journal articles available as full text

via OpenAlex

OpenAlex finds the open access

An outstanding index for surfacing open-access articles — giving AskTrip full text for roughly 70% of journal papers, not just abstracts.

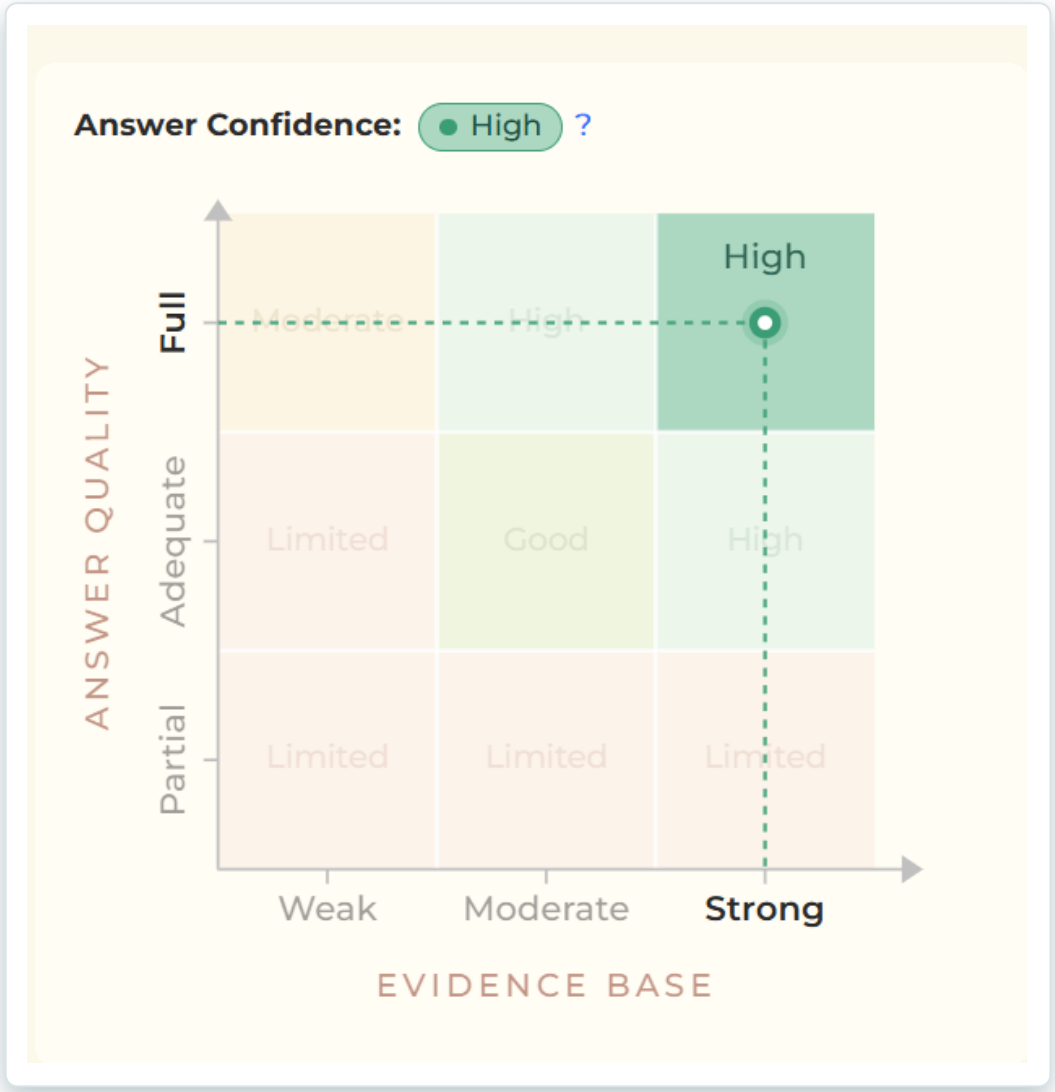
Chunking the full text

Large documents are broken into smaller, focused chunks so the most relevant passages can be retrieved and cited.

Challenges remain

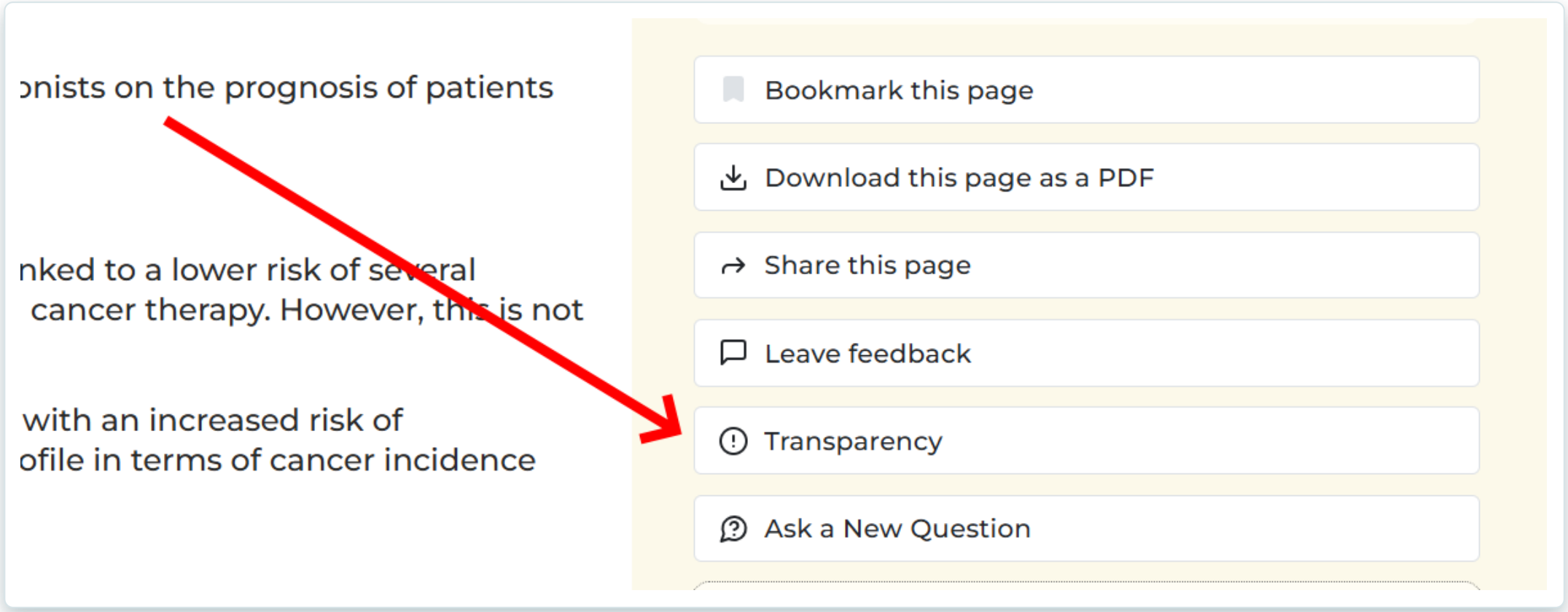
Some publishers block automated access — Cloudflare and similar protections can prevent spidering of otherwise-available content.

Answer score



Transparency

Transparency builds trust by showing users not just the answer, but the evidence and process behind it.



← Back to answer

Transparency

1

Question interpreted

```
Does the use of GLP-1 agonists affect the prognosis of patients diagnosed with pancreatic cancer?
```

Outlook & Future Care | population: patients diagnosed with pancreatic cancer (EXPLICIT) | condition: pancreatic cancer (EXPLICIT) | intervention: GLP-1 agonists (EXPLICIT) | phase: prognosis (EXPLICIT) | outcomes: affect the prognosis (EXPLICIT)

2

Searches constructed

LEXICAL — BROAD — Search on Trip →

```
"GLP-1 agonists" AND "pancreatic cancer prognosis"
```

```
"GLP-1 agonists" AND "pancreatic cancer" AND prognosis
```

```
GLP-1 agonists AND "pancreatic neoplasm" AND outcome
```

```
("Liraglutide" OR "Dulaglutide" OR "Semaglutide" OR "Exenatide" OR "Lixisenatide") AND "pancreatic cancer prognosis"
```

```
GLP-1 receptor agonists impact on pancreatic cancer survival
```

```
"Glucagon-like peptide-1 agonists" AND pancreatic cancer
```

```
GLP-1RA drugs AND pancreatic neoplasms
```

```
GLP-1 based therapies AND pancreatic carcinoma prognosis
```

```
Incretin mimetics effect on pancreatic cancer patient outcomes
```

LEXICAL — FOCUSSED — Search on Trip →

```
title:("pancreatic cancer" AND "GLP-1 agonists")
```

```
title:("pancreatic neoplasm" AND "glucagon-like peptide-1 receptor agonists")
```

3

Results retrieved

277 total results

Vector	113
Lexical — broad	89
Lexical — focussed	51
Similar questions	24

PubMed: 137 found, held in reserve (used only if more evidence is needed)

4

Duplicates removed

251 deduped articles

5

Relevance scored

Breakdown — scores 6 to 10

Score 10	0
Score 9	1
Score 8	0
Score 7	1
Score 6	2

5 and below **246** 98% OF TOTAL

6

Documents prioritised

5 documents prioritised

Essential	Guidelines & systematic reviews	0
Desirable	RCTs, cohort studies, high-quality primary research	1
Other	Case reports, opinion, background material	3

WHERE THESE CAME FROM

Vector	4
OpenFDA	1
Lexical — focussed	1

8

Evidence quality scored

Answer confidence: Limited

SOURCE QUALITY

Indirect or limited evidence

Evidence base: 1/3

Answer quality: 1/3

ACTIONABILITY

Overall: Very weak

Directness: Indirect

Consistency: Consistent

Effect signal: Uncertain

Sufficiency: Limited

The evidence does not directly address the effect of GLP-1 agonists on the prognosis of patients with pancreatic cancer, as most studies focus on cancer risk rather than prognosis. The evidence is consistent in showing no increased risk of developing pancreatic cancer with GLP-1 agonist use, but it does not directly assess prognostic outcomes. Mechanistic insights suggest potential benefits, yet these are not supported by direct clinical data. The body of evidence is limited, and the effect of GLP-1 agonists on prognosis remains uncertain, yielding a very weak actionability rating.

9

Answer generated

9 documents cited

2014 Median: 2025 2026

1. Metabolic Modulation in Cancer Care: The Potential Role of Glucagon-Like Peptide-1 Receptor Agonists.

   Primary research 2026 Journal of Clinical Oncology

2. Glucagon-like Peptide-1 receptor agonists are not associated with increased risk of pancreatic cancer: A systematic review and meta-analysis.

   Systematic Reviews 2026

   Pancreatology : official journal of the International Association of Pancreatology (IAP) ... [et al.]

3. Glucagon-Like Peptide-1 Receptor Agonists and Pancreatic Cancer—A Meta-analysis with Trial Sequential Analysis—Study Overview and Objectives

Explore further: following the information need

A clinical question is often just the start

Once users see an answer, they frequently realise what they need to ask next.

Suggested follow-up questions

Explore further helps users continue the journey with relevant next questions based on the answer they've just received.

Supporting an evolving information need

Rather than treating each question as an isolated search, AskTrip supports the evolution of the user's information need.

Explore further: what do users ask next?

Analysis of real follow-up questions shows two dominant patterns:

Knowledge → Action

“What does the evidence tell me?” becomes “What should I actually do?”

General → Specific

A broad question is refined by adding a population, condition, comparator or outcome.

What the questions reveal

Patterns in what users ask point to three kinds of gap:

Evidence gap

A lack of evidence to answer a question suggests a genuine research question — something the literature has yet to address.

Dissemination gap

Plenty of evidence, but the same question asked repeatedly, suggests the research exists but isn't reaching the people who need it.

The last mile

“Directly applicable evidence falls as patient complexity and specificity rise.”

ATTRACT versus AskTrip

ATTRACT

10,000

Q&As over 12+ years

Hundreds of pounds

cost per answer

3–4 hours

to answer each question

AskTrip

10,000

Q&As in just over 6 months — now ~18,000

Pennies

cost per answer

~30 seconds

to answer each question