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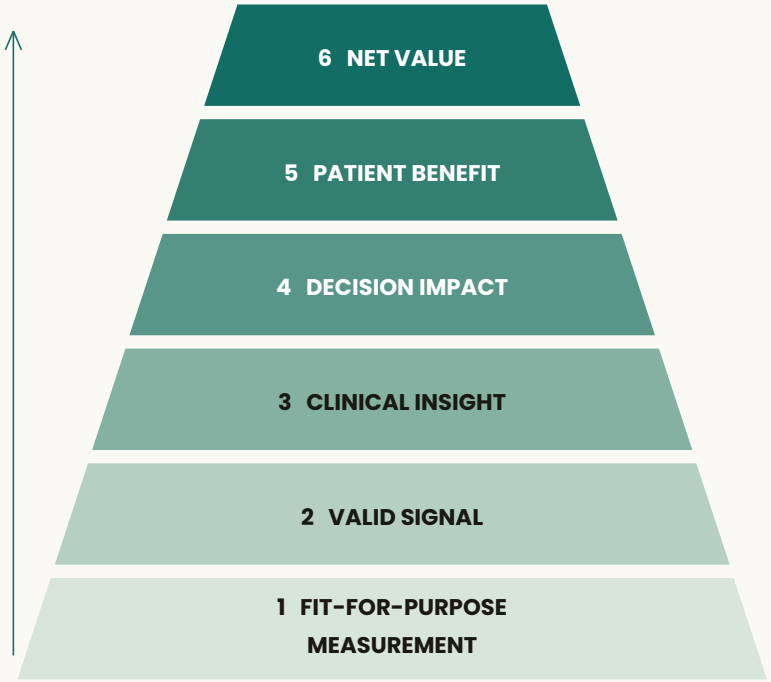
THE LONGEVITY DATA EFFICACY PYRAMID

One measure. One patient. One purpose.

MEASURE → SIGNAL → INSIGHT → DECISION → BENEFIT → VALUE



Is using this measure worth its total burden?

Does the measure-guided care pathway improve what matters to patients?

Does the information change a justified plan?

Does it improve understanding beyond what we already know?

Does it accurately reflect the thing we claim it reflects?

Can we obtain and interpret it consistently in this setting?

Different sources, same questions

PATIENT REPORT

Clear account? Does it clarify assessment, function, or goals?

BLOOD TEST

Appropriate collection and assay? Does it prompt indicated care?

WEARABLE

Reliable output? Does the trend add useful information or only alerts?

IMAGING

Right examination? Does it change care beyond incidental findings?

AI INTERPRETATION

Verifiable inputs? Does it improve interpretation or the decision?

CHOOSE A PLAN

No tier automatically triggers an action. Use clinical judgment.

ACT

Name the clinical step, rationale, and responsible clinician.

WATCH

Set a review date, action threshold, and reason to continue or stop.

SET ASIDE

Explain why it does not change care now and when to revisit it.

Net value includes: patient benefit, false alarms, missed disease, downstream care, cost, inequity, privacy, and attention.

Adapted from Fryback and Thornbury's diagnostic-efficacy hierarchy (1991).

longevitydocs is the research and education network in longevity medicine.

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