

Dear Oncologists / Tumor boards,

DrAssist provides, a better way to design personalized cancer treatment plans.

This is a treatment report for a Breast cancer patient.

DrAssist team

www.cancermoonshot.in



DISCLAIMER

Remember below points before using DrAssist cancer treatment report

- The report purpose is to help oncologists in making decisions only
- Oncologist must even apply his judgement too, and not to rely on this solely.
- Purview of the solution may lie with the conditions and DrAssist's knowledge gained during it's training
- Oncologist decisions are final
- Solutions may exists beyond DrAssist solutions
- DrAssist is used to amplify Oncologists only
- The report is not a standby for Independent medical research and judgment

Reasons you can rely on DrAssist cancer treatment report

- **Evidences, Guidelines**
- **Artificial Intelligence technology blending with Medical Intelligence**
- **Rare cases**
- **Second opinion**



Advantages for

- **Oncologists/Tumor board**
- **Tele oncology**
- **Productivity with creativity**
- **Efficacy**

Input, Breast Cancer Patient diagnosis report parameter/conditions

Basic:

Age: 65 Stage: IIIA Gender: Female

Menopausal: Post

Tumour:

T value: T2 - Tumor greater than 2 cm, but less than or equal to 5 cm in greatest dimension

Tumour Size: 4cm

Lymph Nodes:

N value: N2 - Metastases in ipsilateral level I, II axillary lymph nodes that are clinically fixed or matted

No of Axillary nodes: 6

Metastases:

M value: M0 - No distant spread is found on x-rays (or other imaging tests) or by physical exam

Receptors:

Estrogen receptors (ER): Positive

Progesterone receptor (PR): Positive


Human epidermal growth factor receptor 2(HER2): Negative

Histology: Ductal

Previous Treatments: None

DrAssist GUI selection with selected patient parameters/conditions for breast cancer

Breast Cancer Input Values

Age *  Gender * Country

Clinical staging *

Prior therapies

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Surgery	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Radiotherapy	<input type="checkbox"/> Endocrinotherapy
	Surgery type undergone <input type="text" value="Optional"/>	Preoperative systemic therapy response <input type="text" value="None"/>		
	Surgical Margins <input type="text" value="Optional"/>			
	Surgical Margin <input type="text" value="0"/> mm			



DrAssist GUI selection with selected patient conditions for breast cancer (Continued...)

TNM staging

 Tumor size

 Lymph Nodes

 Metastases

cT Value T2 - Tumor ζ ! pT Value Optional ! Tumor size 4 cm <small>Min : 2, Max : 5</small>	cN Value N2 - Metasta ! pN Value Optional ! Surgical Axillary Staging Optional ! Axillary Nodes Positive ! No of Axillary Nodes 6 No. of Ipsilateral Axillary Lymph Nodes 0 No of Axillary node metastasis 0 Axillary node metastasis size 0 mm Sentinel lymph node biopsy(SLNB) Optional ! SLNB Findings Optional !	M value M0 - No dist. ! Metastases type None !
---	---	---

Clinical staging

Histology and Menopausal

ER Positive !	PR Positive !	HER2 Negative !	Histology Ductal !	Menopausal Post !
---	---	---	--	---

BRCA

Other parameters

BRCA 1 Optional !	BRCA 2 Optional !	Reconstruction Optional !	Axillary lymph node staging Optional !
---	---	---	--

Special Conditions



Phyllodes Tumor



Phyllodes Tumor Recurrence



Paget's Disease



Pregnant patient with breast cancer



Inflammatory Breast Cancer

[Click here to enter patient history](#)

[Get Treatment Plan](#)

Output, DrAssist Treatment plan as a solution

Preoperative systemic therapy...	Preoperative systemic therapy-Endocrine therapy						
surgery	surgery						
Radiation therapy	Radiation therapy						
Chemotherapy	Chemotherapy						
Endocrine Therapy	Endocrine Therapy						

Endocrine therapy:

Postmenopausal at diagnosis

Treatment Regimens:

- Aromatase inhibitor for 5 y or
- Tamoxifen for 2–3 y ,
 - a. Aromatase inhibitor to complete 5 y of endocrine therapy
 - b. or Up to 5 y of an aromatase inhibitor4 .
- or Aromatase inhibitor4 for 2–3 y
 - a. Tamoxifen2 to complete 5 y of endocrine therapy
- Tamoxifen2 for 4.5–6 y
 - a. Aromatase inhibitor for 5 y
 - b. Or Consider tamoxifen for an additional 5 y to complete 10 y
- Women with a contraindication to aromatase inhibitors, who decline aromatase inhibitors, or who are intolerant of the aromatase inhibitors
 - a. Tamoxifen2 for 5 y or Consider tamoxifen for up to 10 y

Treatment duration: 10 yrs

(Continued...)

Surgery:

Total mastectomy + level I/II axillary dissection

or

Consider lumpectomy + level I/II axillary dissection

Radiation Therapy:

Type of Radiation: Chest Wall Radiation (including breast reconstruction) Or Regional Nodal Radiation:

Chest Wall Radiation

- Dose -- -- 60 Gy (range 30-66 Gy)
- Dose schedule: 5 days per week. • Duration: : 4-6 weeks

Regional Nodal Radiation

- Dose 50-50.4Gy given as 1.8-2.0 Gy fraction size.
- Dose schedule: 5 days per week.
- Duration: : 4-6 weeks

Chemotherapy:

Regimens for HER2-negative disease

Total Regimens:

Preferred regimens:

- Dose-dense AC (doxorubicin/cyclophosphamide) followed by paclitaxel every 2 weeks

Dose-dense AC followed by paclitaxel chemotherapy

Doxorubicin 60 mg/m² IV day 1

Cyclophosphamide 600 mg/m² IV day 1

Cycled every 14 days for 4 cycles.

(All cycles are with myeloid growth factor support)

Followed by:

Paclitaxel 175 mg/m² by 3 h IV infusion day 1

Cycled every 14 days for 4 cycles.

Treatment schedule: 1.8 months

(Continued...)

- Dose-dense AC (doxorubicin/cyclophosphamide) followed by weekly paclitaxel

Dose-dense AC followed by weekly paclitaxel chemotherapy
Doxorubicin 60 mg/m² IV day 1
Cyclophosphamide 600 mg/m² IV day 1
Cycled every 14 days for 4 cycles.
(All cycles are with myeloid growth factor support)
Followed by:
Paclitaxel 80 mg/m² by 1 h IV infusion weekly for 12 wks.
Treatment schedule: 1.8 months

- TC (docetaxel and cyclophosphamide)

Dose--TC chemotherapy
Docetaxel 75 mg/m² IV day 1
Cyclophosphamide 600 mg/m² IV day 1
Cycled every 21 days for 4 cycles.
(All cycles are with myeloid growth factor support)
Treatment schedule: 2.8 months

Other regimens:

- Dose-dense AC (doxorubicin/cyclophosphamide)
- AC (doxorubicin/cyclophosphamide) every 3 weeks
- FAC/CAF (fluorouracil/doxorubicin/cyclophosphamide)
- FEC/CEF (cyclophosphamide/epirubicin/fluorouracil)
- CMF (cyclophosphamide/methotrexate/fluorouracil)
- AC followed by docetaxel every 3 weeks
- AC followed by weekly paclitaxel
- EC (epirubicin/cyclophosphamide)
- FEC/CEF followed by T (fluorouracil/epirubicin/cyclophosphamide followed by docetaxel) or (fluorouracil/epirubicin/cyclophosphamide followed by weekly paclitaxel)
- FAC followed by T (fluorouracil/doxorubicin/cyclophosphamide followed by weekly paclitaxel)

Surveillance followUp

History and physical exam 1–4 times per year as clinically appropriate for 5 y, then annually.

- Educate, monitor, and refer for lymphedema management
 - Mammography every 12 months
 - In the absence of clinical signs and symptoms suggestive of recurrent disease, there is no indication for laboratory or imaging studies for metastases screening
- Women on tamoxifen: annual gynaecologic assessment every 12 months if uterus present.
- Women on an aromatase inhibitor or who experience ovarian failure secondary to treatment should have monitoring of bone health with a bone mineral density determination at baseline and periodically thereafter
 - Assess and encourage adherence to adjuvant endocrine therapy
 - Evidence suggests that active lifestyle and achieving and maintaining an ideal body weight (20–25 BMI) may lead to optimal breast cancer outcomes

(Excitement Continued...)



Are you curious to see the full detailed report?

Are you interested in knowing more details?

Are you excited to be part of this war against cancer?

Visit www.cancermoonshot.in