

Dear Oncologists / Tumor boards,

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

This is a treatment report for a Non-Small cell lung cancer (NSCLC) patient.

DrAssist team

www.cancermoonshot.in



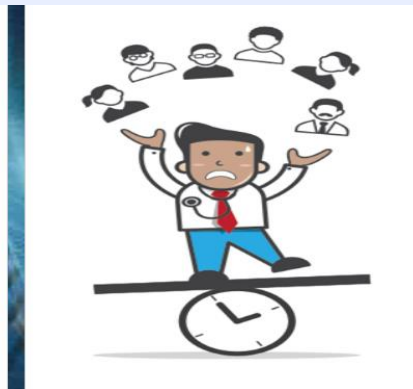
DISCLAIMER

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 its training.
- Oncologist decisions are final.
- Solutions may exist 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

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

Input, Lung Cancer Patient diagnosis report parameter/conditions

Patient diagnosis report parameters

Age: 53

Stage: IIIB

Gender: Male

Tumour:

T value: T3 - The tumor is greater than 7 cm (and/or fulfils other specific criteria)

Tumour Size: 9cm

Lymph Nodes:

N value: N3 - Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)

Lymph nodes: Contralateral mediastinal node

Metastases:

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

Histologic Subtype: Adenocarcinoma

Previous Treatments: None

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

Lung Cancer Input Values

Age * Gender * Country

Select lung cancer type

Small cell lung cancer
 Non-Small cell lung cancer
 Lung Neuroendocrine tumors

Locoregional recurrence
 Distant metastases

Clinical staging *

Habits

Smoking
 Occupational exposure
 Infectious agents
 Radiologic factors
 Comorbidities

Prior therapies

Surgery
 First line therapy
 Subsequent therapy
 Chemotherapy
 Radiotherapy
 Initial treatment

Surgical Margins

Residual tumor

TNM staging

Tumor size
 Lymph nodes
 Metastasis

| | | |
|--|--|--|
| cT Value <input type="text" value="T3 - The tum"/> ⓘ pT Value <input type="text" value="Optional"/> ⓘ Tumor size <input type="text" value="9"/> cm >7 | cN Value <input type="text" value="N3 - Metastas"/> ⓘ pN Value <input type="text" value="Optional"/> ⓘ Lymph nodes <input type="text" value="Contralateral"/> Contralateral mediastinal node <input type="text" value="Positive"/> Ipsilateral mediastinal node <input type="text" value="Optional"/> | M value <input type="text" value="M0 - No dista"/> ⓘ Metastases <input type="text" value="None"/> Type of Metastatic disease <input type="text" value="None"/> |
|--|--|--|

Histology

Mutation

| | |
|--|---|
| Histologic Subtype <input type="text" value="Adenocarcino"/> | ALK mutation <input type="text" value="None"/> EGFR mutation <input type="text" value="None"/> EGFR mutation discovered <input type="text" value="None"/> |
|--|---|

Get Treatment Plan

Output, DrAssist Treatment plan as a solution



Treatment regimens details

- Definitive concurrent chemoradiation

Chemotherapy :

Concurrent Chemotherapy/RT Regimens

- Cisplatin 50 mg/m² on days 1, 8, 29, and 36; etoposide 50 mg/m² days 1–5, 29–33; concurrent thoracic RT
- Cisplatin 100 mg/m² days 1 and 29; vinblastine 5 mg/m²/weekly x 5; concurrent thoracic RT
- Carboplatin AUC 5 on day 1, pemetrexed 500 mg/m² on day 1 every 21 days for 4 cycles; concurrent thoracic RTc(nonsquamous)
- Cisplatin 75 mg/m² on day 1, pemetrexed 500 mg/m² on day 1 every 21 days for 3 cycles; concurrent thoracic RT(nonsquamous)
- Paclitaxel 45–50 mg/m² weekly; carboplatin AUC 2, concurrent thoracic RT

Radiation Therapy :

Treatment Type : Definitive RT with or without chemotherapy.

- Total Dose : 60–70 Gy
- Fraction Size : 2 Gy
- Treatment Duration : 6–7 weeks.

Message

Positive PET/CT scan findings for distant disease need pathologic or other radiologic confirmation. If PET/CT scan positive in the mediastinum, lymph node status needs pathologic confirmation.

If treated with full-dose chemotherapy is not given concurrently with RT as initial treatment, give additional 2 cycles of full-dose chemotherapy

(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?

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