



“Beat breast cancer by generating personalized AI treatment decisions plans with evidence.”

www.gopink.in

Reasoning Engine + RAG + Rerank+ Trulens

**"Just gave up a chocolate and
made my mother a super-mother."
using "Go Pink - AI Can Think"**



\$1 can beat breast cancer and can save one life
"Generate personalized treatment decisions plans with evidence."

One of your family women could miss her smile & snap



About 1 in 8 women will get breast cancer during her life.

Problem and need for Cancer centers, Tumor Boards. Design tailored treatments



LACK OF EVIDENCE

Sadly, 30% of treatment plans lack evidence causing delays and deaths in care.



COSTLY

Sorrowfully, ~30% care cost may increase leading to a deep financial crisis.







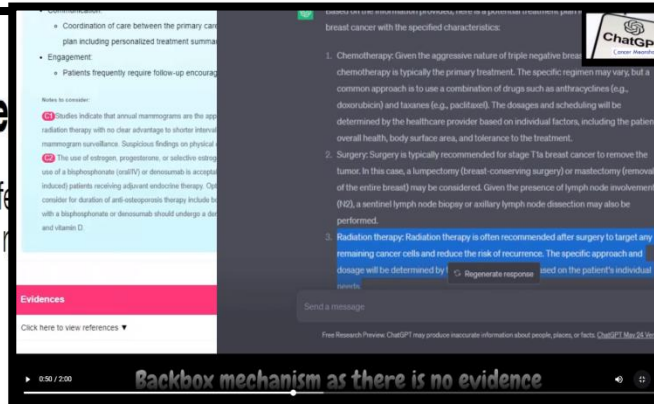
EVER CHANGING

Suffering, since treatment plans keep changing as cancer is a complex disease.

Existing solutions and limitations in Cancer care

****Based on our observations only**

				
Advantages	NLP Domain Data R&D	LLM Models Good fit for COT models	LLM models Good fit for RAG Models. Rerank Models.	Domain. Data & RnD. Reasoning system. Fine-tuned .
Short comes	Couldn't Meet Expectations	Very High-level. Black Box .	COT results were not encouraging . Hallucnations.	Working with 3 cancer centers. Need to scale it up.



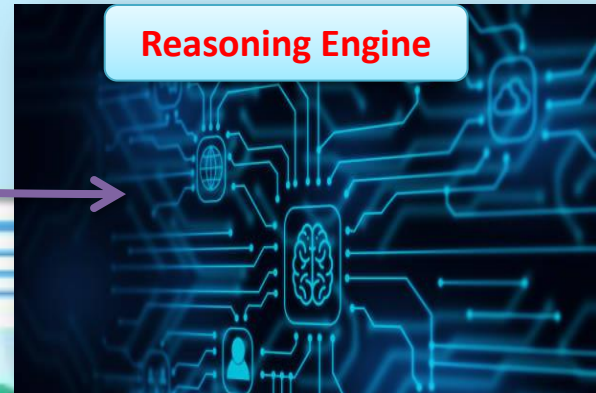
LLM performance against GoPink.xlsx (12 KB)

	A	B	C	D
Prompt		Expected	Result	Accuracy level Yes/No and %
Why is it important to assign a clinical stage of disease for breast cancer patients?		Assigning a clinical stage of disease is important because it helps identify local and systemic treatment options, enables outcome comparisons across institutions, and provides baseline prognostic information.	Assigning a clinical stage of disease is important for breast cancer patients so that they can receive appropriate treatment.	No

Our Solution – AI + IE + LLM + Domain

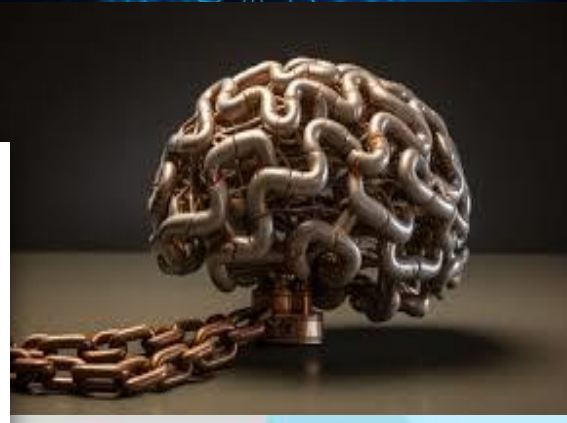
Ask for AI generated Breast cancer Treatment plans ...

1



2


Ask for Breast cancer Treatment plans ...



3



Solution – Demo1

Ask for AI generated Breast cancer Treatment plans ...

What is Postsurgical treatment plan for a DCIS / female breast cancer, **Ipsilateral, with comorbidity thromboembolism**, undergone lumpectomy as primary treatment plan followed by **APBI**(Accelerated partial breast irradiation), with Hormone Receptor Status as **ER-positive, Postmenopausal, age 55?** 

Reasoning Engine

1

- ' Endocrine therapy for 5 years is highly recommended for patients who have received breast-conserving therapy and WBRT radiation therapy, particularly those with ER-positive DCIS with Postmenopausal patients and age is less than 60 can be **prescribed Tamoxifen or an aromatase inhibitor can be considered**. The standard dose of Tamoxifen is 20 mg/day for 5 years. 
- Low-dose Tamoxifen (5 mg/day for 3 years)** is an option if the patient has symptoms on the standard dose or cannot tolerate it.
- There is **some advantage to using aromatase inhibitors**, especially in patients **under 60 years** of age or those with concerns with **comorbidity thromboembolism**.' 

Evidence System + Rerank

2

- Ductal carcinoma in situ of the breast in the UK, Australia, and New Zealand: randomised controlled trial. **Lancet 2003;362:95-9102**
- **Anastrozole versus tamoxifen** in postmenopausal women with ductal carcinoma in situ
- undergoing lumpectomy plus radiotherapy **Margolese RG, Cecchini RS, Julian TB, et al** 

Retrieval System

3

"latest aromatase inhibitors treatments for ductal carcinoma in situ (DCIS)"

A 2002 study known as the IBIS-II DCIS trial analyzed the outcomes of DCIS patients who were administered **anastrozole, a type of aromatase inhibitor**

Solution – Demo2 for Triple –ve Breast cancer

Ask for AI generated Breast cancer Treatment plans

Demo link :

<https://youtu.be/3hDV1PnMudI?t=132>

Go Pink
AI CAN THINK

Histology & Biomarkers

HISTOLOGY

Ductal	Lobular	Mixed	Metaplastic	Tubular
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ER

Positive	N/A	Negative
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PR

Positive	N/A	Negative
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HER2

Positive	N/A	Negative
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TRIPLE -VE BREAST CANCER

Timeline

Preoperative systemic therapy	Preoperative
Surgery	Surgery
Radiation therapy	Radiation
Endocrine Therapy	Endocrine T

2022

era

Preferred treatment plan

Preoperative systemic t

TREATMENT PLAN

Notes to consider:

- C1** Studies indicate that annual mammography with no clear advantage over mammogram surveillance. Suspicious findings should be followed up with additional imaging.
- C2** The use of estrogen, progesterone, or anti-estrogen (tamoxifen or aromatase inhibitors) in patients receiving adjuvant endocrine therapy should be considered for duration of anti-osteoporosis treatment with a bisphosphonate or denosumab should be considered and vitamin D.

Evidences

Click here to view references ▲

Endocrine Therapy

- Allred DC, Carlson RW, Berry DA, et al. Immunohistochemistry. J Natl Compr Canc Netw. 2016;14(12):1511-1521.

EVIDENCE

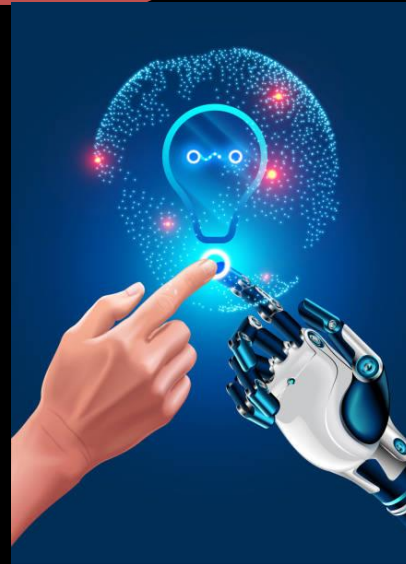
Business Model – \$5-6M in 3-4 years

Radical disruption to traditional business models



**Breast cancer patients:
Care by AI and Oncologists
Personalized Treatment plans**

**Oncologists, Tumorboards,
and Cancer centers can offer
consultations and AI care
by Subscription**



**Pharma and R&D industry:
Services & Clinical Trails
Prognostic, Predictive
Drug response.**

Technology, Oncology team with Patients



Go Pink
AI CAN THINK

<https://youtu.be/veCfVHWFbho>

Go Pink - AI Can Think, breast cancer treatment plans generation AI software.



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