



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

**[www.gopink.in](http://www.gopink.in)**

**Reasoning Engine + RAG + Rerank**

**Track - RAG Document & Query Mode**

**"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

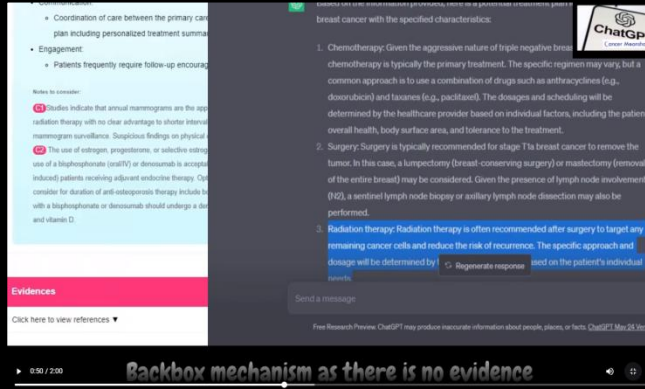
## **\*\*Based on our observations only**

				
<b>Advantages</b>	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 .
<b>Short comes</b>	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.



**IBM's Watson gave unsafe recommendations for treating cancer**

Doctors face scenarios, n



Backbox mechanism as there is no evidence

LLM performance against GoPink.xlsx (12 KB)

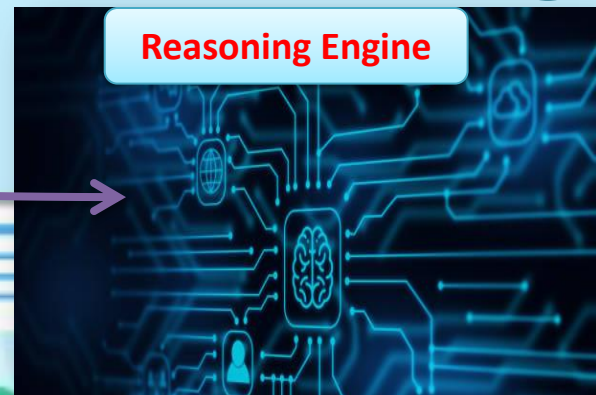
	A	B	C	D
Prompt		Expected	Result	Accuracy level Yes/No and %
Why is it important to assign a clinical stage of disease for breast cancer patients?		Assigning a clinical stage of disease is important because it helps identify local and systemic treatment options, enables outcome comparisons across institutions,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

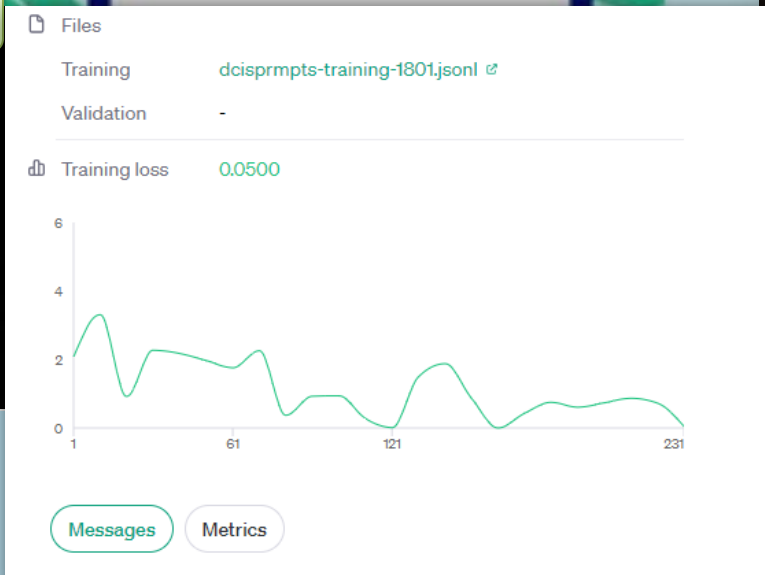
## Ask for AI generated Breast cancer Treatment plans ...

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>



### Histology & Biomarkers

HISTOLOGY				
Ductal	Lobular	Mixed	Metaplastic	Tubular
ER				
Positive	N/A	Negative		
PR				
Positive	N/A	Negative		
HER2				
Positive	N/A	Negative		

### TRIPLE -VE BREAST CANCER

### Timeline

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

2022

era

### Preferred treatment plan

Preoperative systemic t

Notes to consider:

**C1** Studies indicate that annual mammography with no clear advantage over mammogram surveillance. Suspicious findings

**C2** The use of estrogen, progesterone, or use of a bisphosphonate (oral/IV) or denosumab (intravenous) in postmenopausal patients receiving adjuvant endocrine therapy should be considered for duration of anti-osteoporosis treatment with a bisphosphonate or denosumab should be considered with vitamin D.

### Evidences

Click here to view references ▲

### Endocrine Therapy

• Allred DC, Carlson RW, Berry DA, et al. Immunohistochemistry. J Natl Compr Canc

TREATMENT PLAN

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 Trials  
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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