Reference:

* <https://www.youtube.com/watch?v=fzvpsGWc4TE>
* <https://drive.google.com/drive/folders/16VDekgr2zPIdd7ORmu3nv68AsceQ9E5>B

Requirements:

* <https://docs.google.com/document/d/11JC3p1HpCjMeIZ_sxtyfUu2_D822H_tJtXkTj57NaNs/edit?tab=t.0>

**Slide 1: Cover Page (32 seconds)**

Title: Breast Cancer Diagnosis at AI Era

Subtitle: On-demand access to radiological specialists empowered by AI for underserved clinics.

Footnote:

Maine Summer Accelerator

Portland, July 2025

**One-sentence pitch**:

(countless women died in breast cancer, which can be preventable.)

Hi everyone,

Image today you feel lumps in your breast.

In Boston or most big cities, you can get a mammogram within 48 hours and results the next day.

In 70% of the world, you need to wait 4 weeks for a radiologist to review your scanning, and this delay will increase 8% of potential death rate.

We’are [Ril], and we're gonna fix this with an instant accurate AI assistant.

**Slide 2: Problem(60 seconds)**

**Title**: "The Hidden Crisis in Women's Healthcare"

**Subtitle**: It's Not Equipment, It's Expertise

**Visual**: TODO

**Script**:

Way before the Covid, the US government was promoting multiple programs to lower breast cancer death rate with more breast screening.

Did it work?

Not that much. After patients get screened, the doctor's work just began.

In fact, numerous backlogs were created that persist into 2026. People wait weeks for their medical reports, hands sweating, while doctors are burning out.

What's the reason for this?

It's because they have not addressed the fundamental unit of cost during this process, which is the doctor's time.

They still require a radiologist to review every scan, while only 10% radiologists serving for 19% of Americans living in rural areas. It’s almost like having one professor for the entire campus.

(Though we aware of medical staff shortage, it just costs too much and takes too long to grow a radiologist.)

**Slide 3: Solution (60 seconds)**

**Title**: **AI to Empower Non-Specialists**

**Subtitle**: Efficiency; Accuracy; Simplicity

**Visual**: multiple bullet-point icons

**Script**:

So how do you address that, with minimum funding / fastest time / best outcome? We got you [Ril]. Here's how it works:

After a rural doctor performs a mammogram / ultrasound / or other techniques, the scanning was uploaded into Ril. Through a conversation, either text or voice, Ril can provide clear guidance as well as detailed reports.

With Ril, **we don't replace radiologists—we multiply them.**

Now, doctors in rural Arkansas will have the same diagnostic capability as a radiologist in Boston.

**Slide 4: Demo (60 seconds)**

**Title**: Demo

**Visual**: A video which will be provided.

**Script**:

Let’s jump into a quick demo.

**Patient Information**

Patient Name: Stephanie  
Age: 52 years old  
Sex: Female  
Clinical History: No previous breast cancer, no family history of breast cancer  
Clinical Finding: Suspicious density noted in left breast, upper outer quadrant

**First Prompt:**

Help me Ril! I noticed an irregular density on this mammogram. Can you tell me if this concerning with your conclusion?

**Second Prompt:**

Based on your analysis, what should be my next steps for this patient? Please provide specific recommendations for managing this case in a rural setting.

**Slide 5: Teams 30 sec - 1 min**

**Title**: "Why We're the Team to Solve This"

**Visual**: Team photos with credentials

**Script**:

Alright, so here is the genius behind the scene.

My co-founder [Hanks], with over 15 years of experience in oncology, led AI research on breast cancer detection at NEU.

Peizhi, the machine learning expert, helped fine-tuned the model.

And I am the tech lead with complex background in software development and pharmacy.

**Slide 6: MSA Program’s Key Learnings (30 - 60 seconds)**

**Title**: Resonating this rich month

**Script**:

During this month, I really learned a lot! All the champion and marketing theories are absolutely invaluable to startup beginners.

I especially like the idea of observing clients closely and collaborating with them during the development phase (Owen), because sometimes customers themselves cannot notice pain points unless you observing from a stand-alone perspective.

Special thanks to our gorgeous mentor, Whitney: she was super supportive during the entire process.

She always keeps a sharp instinct to guide us with broader eyesight and clear target clients.

**End: (15 sec)**

Overall, not weeks, not days, but minutes!

(By seizing the era of AI, we can minimize waiting time to diagnose breast cancer and save the day.)

With our target market in rural doctors,

Our vision is that within 5 years, any healthcare worker, anywhere, can detect breast cancer as fast and accurate as the world's best radiologist.

In the end, no woman should die because she was born in the wrong zip code.

Thank you for your attention.

**Slide 6: Why We're Different (45 seconds)**

**Title**: "Built for the Bottom of the Pyramid"

**Visual**: Competitor matrix showing Roux's unique position

**Script**:

Unlike Lunit or iCAD who sell $100,000 systems to elite hospitals, we built Roux specifically for the underserved:

- Works offline (60% of rural clinics have intermittent internet)

- Designed for non-specialists (simple UI, clear language)

- Radically affordable (free tier + $99/month pro)

- Trained on diverse populations, not just Western

**Slide 7: Traction & Market (45 seconds)**

Title: "Proven Need, Massive Market"

Visual: Growth chart and market calculation

Script:

The market? 450,000 rural clinics globally spending $6,000/year on referrals and delays. That's a $2.8 billion opportunity. We're starting with 50,000 clinics in the Americas—a $312 million addressable market.

**Slide 8: Business Model (30 seconds) -> discarded**

Title: "SaaS That Scales with Impact"

Visual: Pricing tiers

Script:

Our model is simple:

- Free: 10 scans/month for qualifying rural clinics

- Pro: $99-499/month unlimited

- Enterprise: Custom pricing for health systems

- API: Per-scan pricing for telehealth integration

At just 2,000 clinics, we're profitable. Our CAC is $120, LTV is $4,800. That's the SaaS dream.

Reference Pitch:

(2:19)

Hi everyone Kim Schneider CEO co-founder of Abby.

We'll go quickly here won't we. So, I think everyone is aware that tele medicine usage dramatically increased throughout covid. If we cast our minds back pre-covid, what were the promises that should have been met when this usage increased? We were going to solve health care access and significantly reduce health care costs. Did that happen?

Not so much. In fact, what we're seeing today is that large Healthcare payers are actually restricting access to Tele medicine, just as they were to offline consultations; and people are waiting sometimes days to have a video tele medicine consultation in the same way they've been waiting days to have an in-person visit.

What's the reason for this? It's because traditional tele medicine models have not addressed the fundamental unit of cost of a medical consultation, which is the doctor's time. All they did was to take the traditional Clinic model, where you book an appointment / you tell the doctor your problem / the doctor solves it and then does the notes and they moved it to video, and we were supposed to think that was Innovative. And because Venture capitalists and, excuse me, for those of you who are poured billions of dollars into this un-innovative model, nobody seemed to notice that it wasn't doing much, until suddenly during covid, people used it, and we had a problem.

So how do you address that? You need to pull apart that consultation, do it in a different way and apply AI to every step. We start by first understanding the patient’s needs, using AI to understand that efficiently.

Next, instead of booking appointments and using that traditional inefficient paradigm, you immediately connect people to a healthcare professional.

Then when the healthcare professional arrives to the patient, they can be prepared with content with answers to have a much more efficient consultation and make healthcare professionals more available globally.

The net impact of this approach is that we have about three times higher customer engagement across the 10 million patients that we cover. It takes less than 30 seconds to connect to a doctor across 43 countries 24 hours a day. It takes less than 2 minutes of healthcare professional time per consultation, and we deliver significant return on investment for the insurance companies and other healthcare payers who pay for our services both increasing access and significantly reducing costs.

Q&A:

* We work with about three dozen insurance companies delivering our service in 43 countries around the world, 27 languages, about 10 million patients.
* I'm Swedish and American I have a background in health technology my co-founder is a physician also with about 15 years in health Tech and in particularly in tele medicine um we have a very diverse team depending upon the needs um we have a lot of uh healthcare professionals internally although we use a network of 1,200 doctors around the world to actually deliver the service we have a dedicated AI lab uh led by uh one of the top 200 scientists in the world across all Sciences uh we've had a dedicated AI lab since long before it was cool and in fact that's one of the keys to Our Success is that we structured uh the basic product to accept AI as it arrived rather than trying to adapt the product to new AI that came in.
* What benefits they do see um by using your solution?
* yeah sure that's a really interesting question I mean again I can take a long time but I'll try to answer this shortly uh so the thing that's so appealing about our approach for the individual Healthcare professionals themselves is that we offer the ability to practice what we call Pure medicine so we remove most of the administration so they're dealing just with patience.

(3 min)

Afternoon everyone, having faced sepsis twice I know how hard it is to survive.

Considering the global Health crisis, sepsis claims alive every 2.8 seconds. Sepsis is a life-threatening condition that can result from an infection and is the major cause of 11 million annual deaths globally. Early detection and treatment can be challenging, but it's critical to improve patient outcomes.

And this is where we step in with our solution Viosync, an AI software that detects early signs of sepsis. Viosync utilizes multimodal data including Vital Signs / lab results and clinical notes to synthesize a digital patient twin. This allows us to make accurate personalized predictions and flag high-risk patients. Enabling in this way early Intervention which can improve patient outcomes, lower health care costs, and save lives.

Viosync outperforms existing tools by predicting sepsis with 98% accuracy, up to 48 hours before the first symptoms appear. Our competitive Advantage lies on our proprietary digital patient twin that combines billions of data points. Our explainability module that contrast the blackbox AI tools and our capability to work across the healthcare Continuum from admission to discharge.

With Viosync we are tapping into the fast growing Market of Healthcare Predictive Analytics, and we aim to reach 8,000 bed installations within the next 5 years.

Hospitals are our primary customers and we offer Viosync via an annual per bed subscription fee model. We're also actively discussing with metc giants to license our technology to them.

So far we have achieved remarkable traction - successful developing and validating Viosync over a first inhuman clinical study. Our strong Network includes collaborations with leading clinical and Industrial Partners, demonstrating a global interest into our solution.

Our team Blends in world-class expertise in AI, medical devices, and clinical medicine, with experience at top institutions, uniquely positioning us to bring this cutting technology From the Bench to the bedside.

We are actively conducting a phase two - clinical validation of Viosync across the UK, Spain, and Italy. And at the same time we are working towards cmdr certification and FDA 510k clearance targeting Market loans within 2026.

To achieve these milestones, we are currently seeking an investment of 750,000. If you share our vision, join us in this journey to beat sepsis and shape the future of acute care. Thank you for your attention!

Q&A:

* How do you acquire customers
* So first of all we will start with direct sales uh to to hospitals public hospitals across the UK and uh and EU. And at the same time as I said we're trying to uh reach agreements licensing agreements with big medical device companies uh we're in discussions with masimo and Philips healthare at the moment.

Good afternoon, you have to know that 80% of decisions in healthcare are made based on the story the patient tell The Physician it's what we call the medical history taken or the anamnesis and unfortunately that process sucks it's very time consuming it's frustrating for Physicians and patients and it's administrative heavy at bengle.

Hi everyone, hola, my name is Peter I come from Poland I'm a founder and CEO finally. So I see almost in every World there is someone wearing glasses and I bet some of you are wearing contact lenses too, so I want you to recall the last time time you had your vision checked. Last time I did this it took like half of my day, so I had to book an appointment, leave home, drive to the doctor's office, sit in a waiting room, then I wait inside went to a series of tests, and at the end of the day it felt like I did the diagnosis myself. So not a very convenient experience, but imagine that for many people that's actually a privilege.

Because there is one million one billion people globally which do not have access to proper test and what's more, almost 700 million of them might lose vision due to uncorrected refractive erors. 700 million that's the equivalent of the population of the whole Europe.

But what are refractive errors just so that we are on the same page: so this is normal vision, this is shortsightedness, and this is farsightedness. So in order to fix refractive errors, we have to somehow test our eyes, and at the moment it has to happen offline by visiting a specialist, and there are not enough Specialists. What's more, the methods that are in use right now are subjective and kind of date back to Old School let's say. So what can be done about this? well we have a solution uh we developed a mobile app that basically allows to test your eyes instantly just with a smartphone - all you do is take a picture of each of your eyes, and we do the rest how by analyzing the pictures with our neural networks, then you get the same result as you would get through the auto refractor. You can use the results to hopefully ordering purchase corrective glasses one day.

So the market for finance is pretty vast and we're going to operate in B2 b2c model in developing countries we can save time, we can save money, we can reduce carbon footprint. We're going to partner up with private healthcare providers and eyewear businesses, and kind of cascade the use of our tool to their users or patients.

Q&A:

* have you identified any competitors doing similar Solutions and how do you how does your solution differentiate from them
* There are mobile apps available that uh offer similar Solutions, but all of them are based on subjective test, so basically they mimic what is happening at the doctor's office right now so basically some symbols are displayed on the screen and you still keep on guessing where you see or not see them. What we do is we have the objective test, so we don't require any feedback from you as a patient. We just take pictures of your eyes and we can determine the refractive error using the neural networks we put together.

Today I'm going to talk about Methinks. We want every patient, no matter in which hospital, they get access to the best treatment. And first where we focus is a stroke, because in a stroke, time is rain. Every minute until you get the treatment increases the risk of death or disabilities. And what's the most advanced treatment in stroke? It's endovascular treatment, but only one every 14 eligible patients have access to this treatment, and there are many factors.

But let's look at the workflow to understand some of them: when a patient arrives to a hospital, the first thing that they get is a non-c contrast CTS scan, which is available in any hospital, but then they need contrast Imaging to decide if they treat or transfer the patient. This contrast Imaging is not available in most of the hospitals worldwide and at Methinks we unlock treatment decisions. So we reduce the time to treatment and we increase the opportunities of new treatments.

As I was saying at the beginning we want all the patients and all the hospital us to have access to the best treatment.