

An Al-enabled invitation tool that focuses attention on women who need breast screening the most

RSVIP™ helps breast screening programmes optimise scheduling for women who missed their mammogram due to Covid or other delays. Our proven Al algorithm reviews prior mammograms, and assesses each case based on the potential risk of breast cancer.

The result: unbiased guidance on which women should be invited first for screening.

How do we best manage the Covid-related scheduling backlog?

A staggering number of women missed their routine screening mammogram because of Covidrelated closures and delays 14%

Un to

of these women may be recalled for further investigation¹

These are the women who should be screened as a matter of priority but how do we identify them?

As breast screening programmes reopen, they face ongoing scheduling challenges







Reduced staff of



Decreased capacity due to increased safety protocols

One way to work through the backlog is to prioritise women with a known elevated cancer risk and then work through the remaining backlog chronologically

'Rauscher, Garth H., et al. "The "Sweet Spot" Revisited: Optimal Recall Rates for Cancer Detection With 2D and 3D Digital Screening Mammography in the Metro Chicago Breast Cancer Registry: "American Journal of Roentgenology 21.6.4 (2021): 894-902 and Palmer, Whitney J. "The Mammography" Sweet Spot "Recall Rate Is Lower Than Suggested." Diagnostic Imaging

The RSViP Solution

- Optimise scheduling for unscreened women
- Address Covid-related scheduling backlog
- Schedule appointments earlier for women who need breast screening the most

Credentials

- From the creators of Mia Kheiron's Al-enabled breast-screening solution developed on 3M+ images
- RSViP's core algorithm comes from Mia and is proven to perform at the level of a radiologist on a representative screening population
 - → Superior on sensitivity, non-inferior on specificity
 - \rightarrow Highly generalisable to a real-world screening population
 - ightarrow Tested on multiple mammography vendor devices and across multiple screening sites
- · Already being deployed at leading hospitals

How do we best manage the Covid-related scheduling backlog?



Risk of the cancer metastasising



Decreased survivorship



Increased

But time is of the essence...



What if the woman at the back of the line is the one who should be scheduled first?



And is the one who has cancer?

What if?

What if we could use AI to analyse prior images of every unscreened woman? What if we could use AI to help identify those women who should be invited first based on an unbiased assessment of the potential to develop breast cancer?



treatment



of survival



Real

Reduced

The performance of your algorithm was scary good on our previously unseen patient data

 Leading national healthcare provide

RSViP seamlessly integrates into your scheduling workflow



Reviews images from each woman's prior screening



Uses machine learning to assess each case based on the potential for breast cancer



Generates actionable scheduling list



Scheduler arranges earlier appointments for women considered most at risk