

A future where every patient survives cancer



C the Signs™ is a validated Al platform that safely helps to identify patients at risk of cancer earlier and faster

The C the Signs Platform

GP Assessment C the Signs

Used by healthcare professionals in primary care

Identifies patients at risk of cancer & refers them to the best care pathway.

Automated safety-netting and tracking of patients on cancer pathways.

Patient Assessment C my Signs

Used by patients to assess cancer risk and screening eligibility

The platform automatically refers eligible patients into secondary care.

Patients are automatically tracked onto secondary care dashboards.

Population Screening Cancer Case-Finding

Automated scanning of the medical record to find patients at risk

Identifies high-risk patients and sends them a digital screening questionnaire or invitation.

Overcoming delayed cancer detection in primary care

95% of patients are diagnosed with cancer following a symptomatic presentation.

Many patients require up to 5 GP visits before being **5**x recognised as at risk of cancer, with 20% of patients diagnosed in A&E - two-thirds of whom had seen their GP in the preceding 12 months with escalating symptoms.

Late-stage detection leads to poorer outcomes, with less than 30% of patients surviving up to 5 years, and imposes a greater cost on the health system, as late-stage cancer treatment is 500% more expensive.

GPs, as generalists, only diagnose up to 8 new cases of cancer per year and patients can present with virtually every conceivable symptom or clinical sign. This makes it incredibly difficult for GPs to differentiate benign disease from malignant cancer.

Yet, if patients are detected at the early stages, more than 80% survive 10 years or more.



Al technology

Evidence-based & clinically validated

Computational model based on research & guidelines.

Analyses diverse data: symptoms, signs, demographics, genetics, medical history, tests, & clinical markers.

Al accurately matches patients to the appropriate referral or diagnostic pathway, considering cancer risk and local availability.

Fully integrated with EMIS, SystmOne, & Vision. All information coded into patient's medical record.





C the Signs Implementation

Real-time decision Support

AI-led triage of all patients in primary care

to identify patients at risk of cancer (and remove those that aren't from pathway), which cancer type they're at risk of, and recommend the most appropriate next step (e.g. referral, diagnostic, advice & guidance)

Information is **100% compliant** with national guidelines and local referral criteria.

Real-time patient information is sent via SMS, email, or print, across multiple languages.

Cancer referrals and diagnostics

Improved pathway performance and efficiency.

Cancer referral forms have inbuilt triage and AI technology ensuring **all referrals are 100% clinically appropriate.**

Customisable fields ensure all essential information for triage is included, streamlining pathways and time to diagnosis.

Cloud-based technology enables **centralised version control** with pathway changes updated in real time.

Data Analytics

Automated safety-netting and tracking of all patients on a suspected cancer pathway, from risk assessment through to diagnosis and survivorship.

Realtime dashboard for GPs and PCNs to **support with QOF, DES and IIF.**

Real-time analytics dashboard

for ICB or Cancer Alliance to view cancer utilisation and performance data.

C the Signs is used by 11,000 healthcare professionals across the following NHS organisations

- Suffolk & North East Essex Integrated Care System
- Norfolk and Waveney Integrated Care System
- Bradford & Craven Health & Care Partnership
- South Yorkshire & Bassetlaw Cancer Alliance
- North West London Integrated Care System
- Liverpool South PCNs

- Somerset Integrated Care System
- Dorset Integrated
 Care System
- Hull University Teaching Hospital
- Somerset Foundation Trust
- Bury PCNs
- Staffordshire PCN
- South West London PCNs
- North East London PCNs



Real-world Impact

Delivering impact across the NHS at scale

15%

Of primary care commissions C the Signs 300,000

Cancer risk assessments conducted by C the Signs 25,000

Patients have been diagnosed with cancer

50+

Different types of cancers have been detected

P<0.05

Statistically significant impact on cancer detection









Landmark Study in the NHS

122,193 patients risk assessed by C the Signs in a real-world setting, resulting in 7,622 cancer diagnoses

99%

Sensitivity for cancer, finding all patients with cancer (GPs have a 53% sensitivity for cancer)

99%

Negative predictive value, safely excluding patients from cancer risk

94%

Accuracy in predicting tumor origin, getting it right first time, preventing duplicate referrals

EQUITY

The impact and accuracy of the system performed equally across all demographic groups (65+, under 65, male, female and across ethnic minority groups the system performed better then existing standards of care).





Impact of C the Signs on the Faster Diagnosis Standard for Colorectal Cancer in Somerset Foundation Trust

RESULTS OF STUDY

46.4%

6-months <u>prior</u> to C the Signs, 46.4% of patients achieved the FDS.

69.5%

6-month <u>post</u> C the Signs implementation, this increased significantly, to <u>69.5%</u> of patients achieving the FDS (P<0.001).

"If we compared the information from both groups, the C the Signs group were moving through the pathway much quicker, much more accurately, whereas the other group were not."

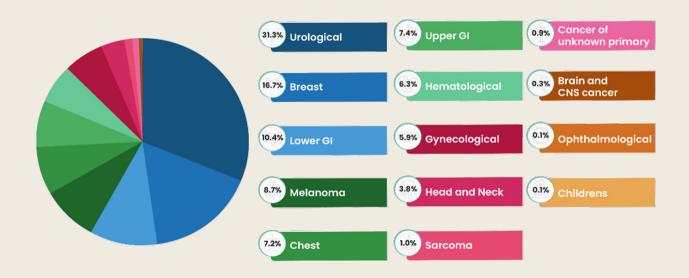
Mr Richard Bamford, Consultant Colorectal Surgeon

"Prior to C the signs, our turnaround time for referrals to be triaged was over 6 days, sometimes 18, 20 days, waiting for information from GPs. We're now triaging within 24 hours."

Rosie Edgeley, Cancer Program Manager

25,000 Cancers Detected to Date

C the Signs is a pan-cancer platform. The AI technology helps to improve identification of cancers that are rare and harder to detect, improving detection and survival across common and uncommon cancers.



TESTIMONIALS

"Excellent tool for helping to identify correct referral pathways and the dashboard is excellent for safety netting referrals."

> Dr Sabah Ahmad GP, Brunel Medical Centre, North West

"Don't know how I worked without it. When the 'gut feeling' hits and I know something is wrong, this app often helps guide to the most appropriate investigations or referrals. Its has been essential in preventing over investigating and ensuring appropriate management of patients."

Advanced Nurse Practitioner, Doncaster

"Superb resource, all in one place, clear and helpful. Practice dashboard and safety netting are excellent features."

Dr Daniel Dietch, GP, Lonsdale Medical Centre, North West London, Brent

"Very positive experience.

Helpful to both clinicians and patients. For example, the advice on differential diagnosis is very good. The patient finds the information useful."

Dr Cyril Evbuomwan, GP, Church End Medical Centre, Brent "A very young patient with tenesmus who we may not have referred had a rectal carcinoma"

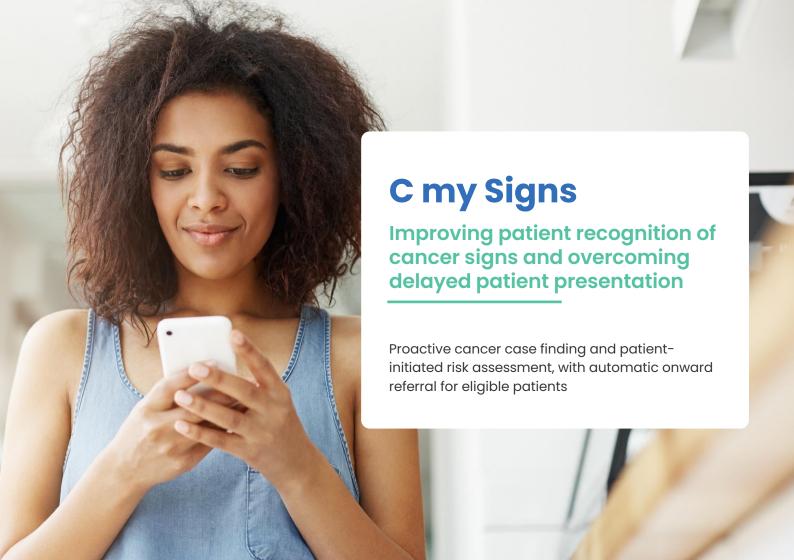
GP, NW London

"On adding to C-the-Signs, the suggestion came up to add a Ca-125 - this was done, raised and the patient was diagnosed with a gynaecological cancer after assessment."

GP. Newham PCN

"Invaluable, diagnosed Ca pancreas in a female 70yr old pt presenting with diarrhoea as C the Signs suggested CT pancreas."

GP, Newham PCN



Overcoming delayed patient presentation

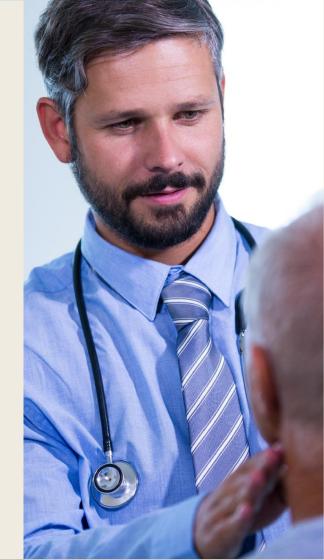
Delays in symptomatic presentation contribute to late-stage diagnoses and poorer survival rates.

The time a patient takes to present to a healthcare professional is influenced by several factors, including:

- The nature of the symptoms
- · Perception of personal cancer risk
- The lack of specificity in some symptoms, such as weight loss and fatique
- Challenges getting a GP appointment
- · Worries of wasting the doctor's time



For many cancers there is a 10% increase in mortality for each month cancer treatment is delayed.



System wide approach across primary and secondary care



Cancer Case Finding

Automated identification of at risk patients



Patient Self-Assessment

Patients triaged based on inclusion/exclusion criteria to the correct pathway



Hospital Dashboard

Eligible patients added to hospital Dashboard for tracking



Cancer Analytics

Real-time access to data on pathway utilisation, conversion rates and outcomes

Powered by advanced technology

Bespoke Configuration & Implementation



Stakeholder led pathway mapping and design

- Streamline pathways and access to diagnostics
- · Inclusion criteria based on local guidelines and capacity
- Easy to use interface design with bespoke elements (e.g. leaflets in different languages)

Implementation plan to suit your needs

- Phased deployment (e.g. by PCN) to monitor capacity or target high risk populations & support with public awareness campaigns
- · Access to pathway through link or QR code



Fast and unlimited updates & changes

• Analytics can guide suggestions for improvement

Examples of pathways we're working on so far:

Post menopausal bleeding

Self assessment for women to assess eligibility for post menopausal bleeding pathway. Eligible patients are referred directly into secondary care and tracked on a dashboard

Bowel symptoms and FIT

Self assessment for patients with lower GI symptoms to assess eligibility for a FIT test, supporting with onward triaging and management of results

Symptomatic patients from bowel screening

Self-assessment to check for the presence of symptoms in patients with a negative bowel screening result (FIT <120) but who would meet the symptomatic threshold (>10)

Lung health checks

Identification of eligible patients and self-assessment to gather smoking history etc. Supporting tracking of patients through the pathway and automating discharge, follow up and surveillance

High genetic risk of breast cancer

Assessment of genetic risk for breast cancer based on NICE CG164 guidelines and local criteria with patients triaged to the correct services depending on risk

Pancreatic case finding

Automated case finding to detect patients with new onset diabetes and weight loss with a self-assessment used to gather further information on symptoms and risk factors





For further information or to arrange a demo, please contact:

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