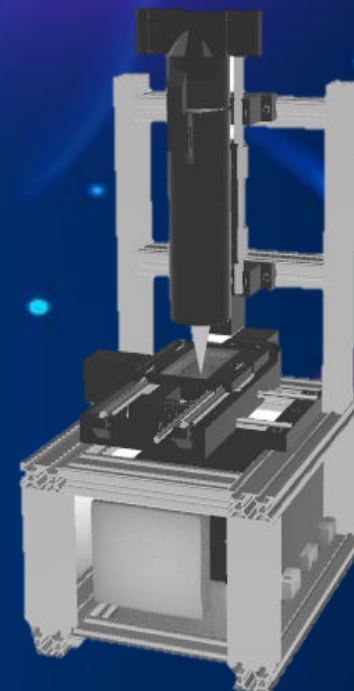


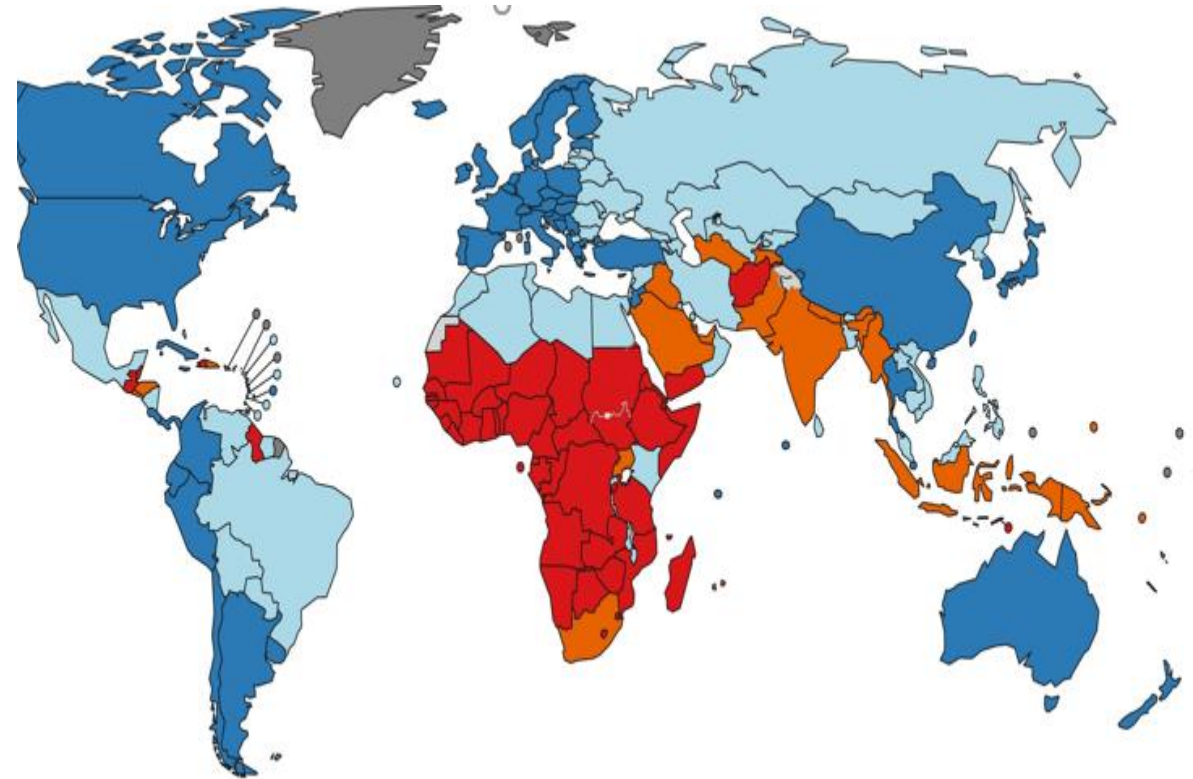
An AI-powered Integrated Oncology Digital platform (ONCIMS)

Dr. Wasswa William
williamwasswa036@gmail.com
+256775046515

AI



- Cancer is one of the leading causes of morbidity and mortality worldwide,
- 70% of the cancer deaths occur in Africa
- With Uganda
 - Top 7 in Africa
 - Cervical cancer leading cause of deaths



World Health Organisation Report 2020

Misdiagnosis

Late Diagnosis

lack of patient follow-up

lack of access to information



Increased Cancer Deaths

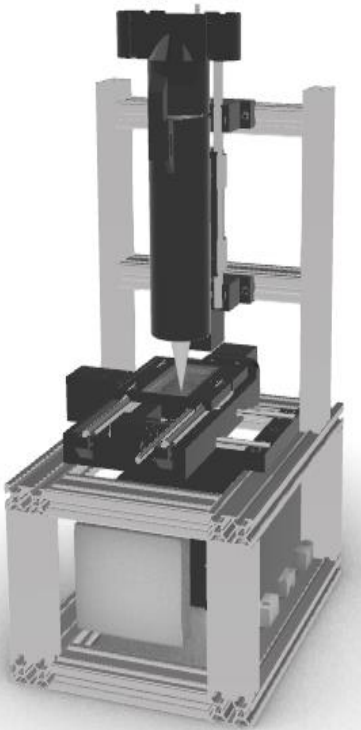
Clinical

- Manual Analysis of Pap-smears
- Time consuming, error-prone
- No real-time collaboration
- Un structured records

Patients

- Limited Access to information
- Cancer treatment funds
- Social support


[Patients](#)
[Protocols](#)
[Meetings](#)
[Staff](#)
[Inventory](#)
[Imaging](#)
[Tele-medicine](#)

[Add Patients](#)
[View Patients](#)
[Admissions](#)
[Follow-Ups](#)
[View Lab Results](#)
[Referrals](#)
[Transfers](#)


Date of Birth:	None	Village:	BIHARWE T. C
Email:	sekitene2002@yahoo.com	Parish:	NYABUHAMA
Father's Name:	None None None	Sub-County:	RUBAYA
Department:	None	County:	MBARARA
Ward:	None	District:	MBARARA
Consaltant:	Dr Jackson Orem	Region:	ANKOLE
Registrar:	Dr. Semei Sekitene	Referring Officer	None
Houseman:	Dr. Semei Sekitene	Nearest Dispensary:	None
Occupation:	PEASANT	Note:	None
Employer:	None		
Employer Address:	None		

Actions for this patient


[Diagnose Patient](#)
[Admit Patient](#)
[Prescription](#)
[Discharge Patient](#)
[Refer Patient](#)
[Transfer Patient](#)
[Schedule a Follow-up](#)
[Tuma Board Meeting](#)
[Add Lab Result](#)
[Diagnosis](#)
[Admissions](#)
[Prescriptions](#)
[Discharge](#)
[Followups](#)
[Referrals](#)
[Transfers](#)
[Lab](#)
[Images](#)
[Bills](#)
[Tumor Board Meetings](#)
[Clinical Support Dicision](#)
[Next of kin](#)
[Clerks](#)
[Vital Signs](#)



🏠 [Patients](#) [📊 Protocols](#) [📅 Meetings](#) [👤 Staff](#) [📈 Vaccination](#) [📞 Tele-medicine](#) [🏠 Pharmacy](#)

🔪 Add Patients 👁 View Patients 📄 Admissions 📅 Follow-Ups 📄 View Lab Results ← Referrals → Transfers

Patient Initials: NJ



UCI/MBR/2021/3788

Under Medication

50 years old

Anglican

Banyankole

256752251765

None

Date of Birth: June 6, 1967

Email:

Father's Name: None None None

Department:

Ward:

Consaltant:

Registrar:

Houseman:

Occupation: PEASANT

Employer: None

Employer Address: None

Village: AKASHENGYE

Parish: KASHARI

Sub-County: KAKIIKA

County: MBARARA

District: MBARARA

Region: ANKOLE

Referring Officer: None

Nearest Dispensary: None

Note: None

Diagnosis Admissions Prescriptions Discharge Followups Referrals➔ Transfers Lab

Images Bills Tumor Board Meetings Clinical Support Dicision Next of kin Clerks Visits

Export Basic ▾

📄 🔄 📄 🗃 📄

Cancer	T	N	M	Stage	Date	
Gastrointestinal Stromal Tumor	None	None	None	None	Oct. 26, 2021	More Edit

Showing 1 to 1 of 1 rows

Actions for this patient

Diagnose Patient

Clinical Visit

Admit Patient

Prescription

Discharge Patient

Refer Patient

Transfer Patient

Schedule a Follow-up

Tuma Board Meeting

Add Lab Result

Upload Image

Add Payment Bill

Clinical Dicision Support

Next of kin

Patient Clerk

Slide Scanner

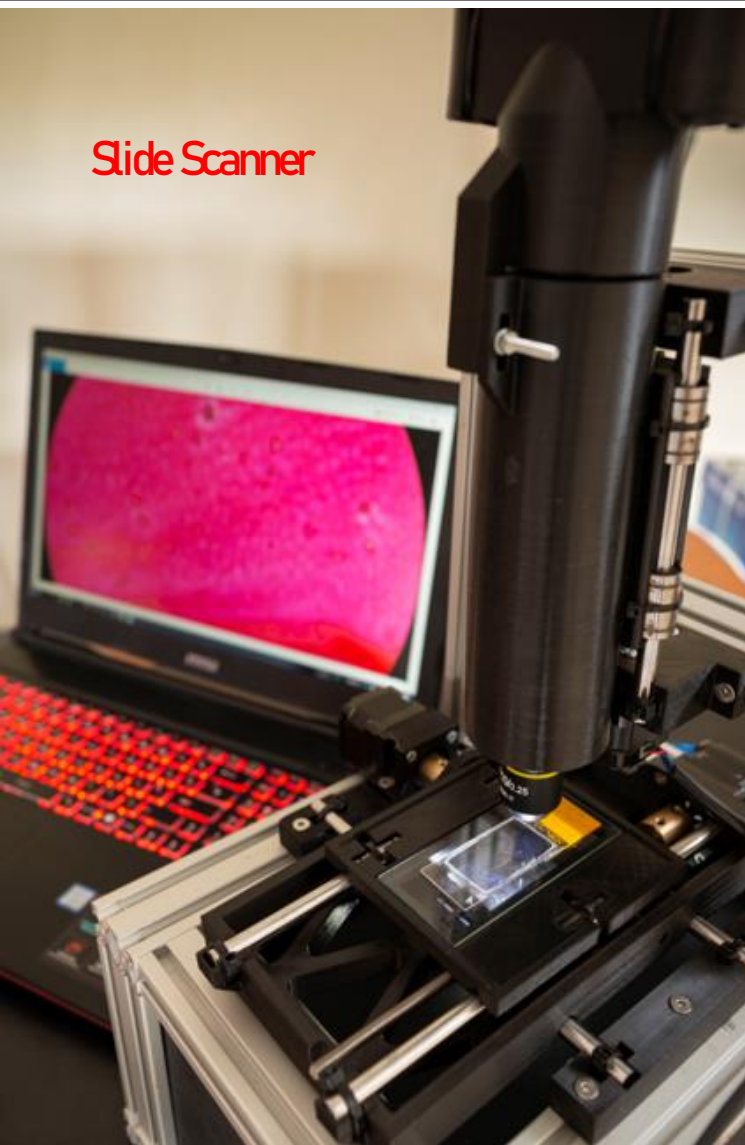
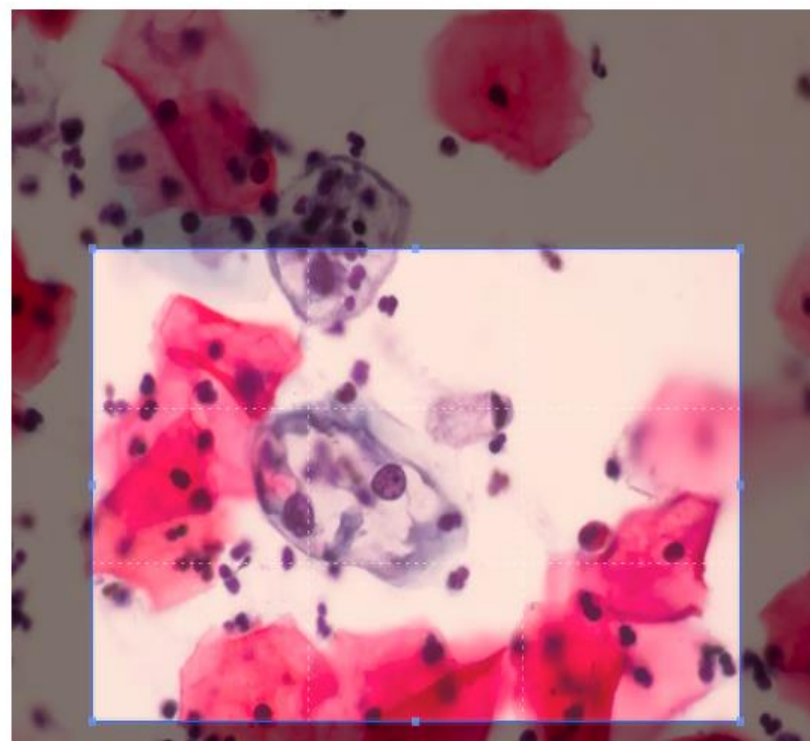
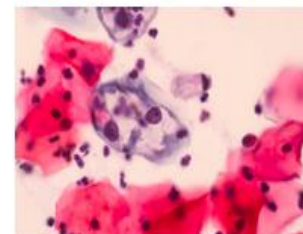


Image Analysis **Automated and Manual Image Analysis**

Case Discussion Tool



Manual image Preview



Manual method

You can upload new image to Analyse.

Upload new image

Zoom In Zoom Out Rotate Left Rotate Right New crop

New Diagnosis for Patient Number UCI/MBR/2021/3788

Provisional or FINAL: Provisional | Histology Number: HIST12

Cancer: Breast

Topograph: C50.9, Breast, NOS

WHO Classification of Tumor: 8530, Inflammatory carcinoma

Primary Tumor (T): T4d, Inflammatory carcinoma (see "Rules for classification")

Regional Lymph Node (N): pN0(mol+), Postive molecular findings by reverse transcriptase polymer

Distant Metastasis (M): cM0(i+), No clinical or radiographic evidence of distant metastases in th

Histologic Grade: G3, High combined histologic grade (unfavorable); SBR score of 8-9 po

The cancer stage is: **STAGE IV**

Tumor Marker: | IHC: |

Doctor*: Dr. Semei Sekitene

Diagnose Date*: Pick the diagnosis date

If no classification or its not cancer; specify

Actions for this patient

- Diagnose Patient
- Clinical Visit
- Admit Patient
- Prescription
- Discharge Patient
- Refer Patient
- Transfer Patient
- Schedule a Follow-up
- Tuma Board Meeting
- Add Lab Result
- Upload Image
- Add Payment Bill
- Clinical Decision Support
- Next of kin
- Patient Clerk

R-CH VbP - PROTOCOL

PRECHEMOTHERAPY ORDERS

Inj Ondansetron 8 mg Intravenous Push half hour to chemotherapy

Inj Dexamethasone 8 mg Intravenous Push half hour to chemotherapy

Drug Name	Dose/BSA (mg/m2)	Route	Diluent/Volume/duration/Frequency
Cyclophosphamide	750	I.V	NS/500ml/20 mins/DAY 1
Adriamycin	50	I.V	NS/250ml/20 mins/DAY 1
Vinblastine 10mg	6	I.V	NS/250ml/20 mins/DAY 1
Vinblastine 10mg	6	I.V	NS/250ml/20 mins/DAY 8
Tab PREDNISOLONE	100	PO ABIFast	NS/250ml/20 mins/DAY 1

Other Protocols

- Protocol Name
- CAF
- CAPOX
- mPF
- CAF2
- ABVD
- AEVD
- B + R

Create a new case

Case Topic*

Case description

Upload case image

Browse... No file selected.

Submit

Recent cases

- admin on Oct. 22, 2021, 1:32 p.m. | 1 comments | 7 views
Pap smear:- let us share ideas
- admin on April 27, 2021, 6:15 p.m. | 5 comments | 37 views
Cervical Cancer:- What do you think about this Case

Patients All Records

274

Total Admissions 2 ⚡

Follow-ups All Records

2

Follow-ups Today 0 ⬆

Tumor Meeting: All Records

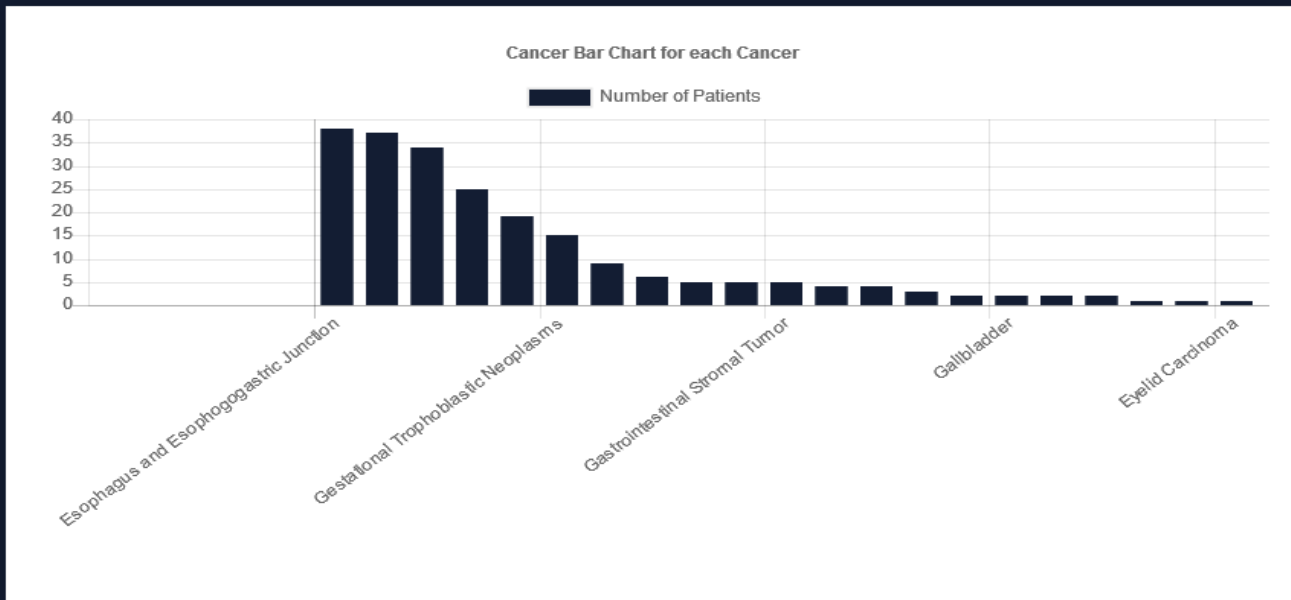
2

Tumor Board Meetings Today 0 ⬆

Diagnosis Admissions

220

Final Diagnosis 0 ⬇



1 Images

0 Referrals

1 Transfers

2 Prescriptions

24 Protocols

2 Staff

- ❑ **Dashboard**
 - ❑ **Graphical**
- ❑ Patients summary
- ❑ Follow-ups/ day/week
- ❑ Tumor boards
- ❑ Active Diagnosis
- ❑ Diagnosis Reports
- ❑ Patients Stats
- ❑ Powered by our Data driven Insights Algorithm
- ❑ Actionable Extractor



**WE USE DATA DRIVEN DIGITAL TECHNOLOGY AND MEANINGFUL
COLLABORATIONS WITH CANCER CENTERS**

Building the Largest Data Driven Cancer Information Hub for Uganda

CANCER

163+
National,
Regional, Referral
& General
Hospitals

1,000+
Public Hospitals
and Clinics

2,000+
NGOs, CBOs &
Reproductive
Health Service
providers

1,000+
Laboratories

2,000+
Nursing training
institutions
& Pathology
Networks

**Over 7,000 Institutions offering Cancer screening
services in Uganda**

Subscriptions

Life time license

Microscope sales

Microscope Rental
services

Full platform costs 12,000 USD for life time license, 200 USD per month.

(HRM + COMM + Inventory + PAC + HMS Reports + Telemedicine + Finances + MobileApp + Pharmacy + Lab + Image Analysis + AudioVideoCalls + Case Discussion

Each module costs 500 USD for life time license, 30 USD per month

**Telemedicine &
Real time
Diagnosis Results**

**Locally
Designed based
on clinical
workflow**

**Image and Data
Repository for
Disease
prognosis**

**Low cost
digital
platform**

Easy to use

**We are reducing total cost of cancer diagnosis and
management to 1 USD per person**

Investment worth \$250,000 to support Cloud Computing Services (\$50,000), Capacity Building (\$80,000), Marketing (\$30,000) Fabricate more microscopes (&50,000), and open up new office space (\$40,000))

Technical partners (AI, 3D printing and Robotics)
Business coaching and mentorships (Marketing, Innovations commercialization)

Introduction to Clients in other countries in Africa

Vision: To be the leading, and reliable Digital Oncology solutions provider of choice in the African region by 2030.



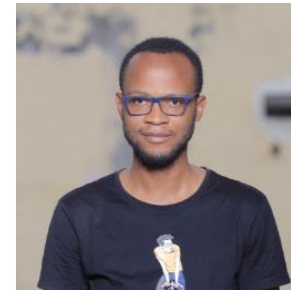
Mr. Joseph Ezati, A software engineer. Leads software development and mobile app development



Dr. William Wasswa, a biomedical engineer with expertise in robotics & AI. Leads AI and image analysis



Ms. Maureen Nlibarema, business analyst, Leads ONCIMS marketing and communications relations.



Mr. Edwin Nahabwe, a mobile app developer and cloud computing specialist



Mr. Kimera Richard, an electronics engineer. Leads microscopy design and 3D printing lab

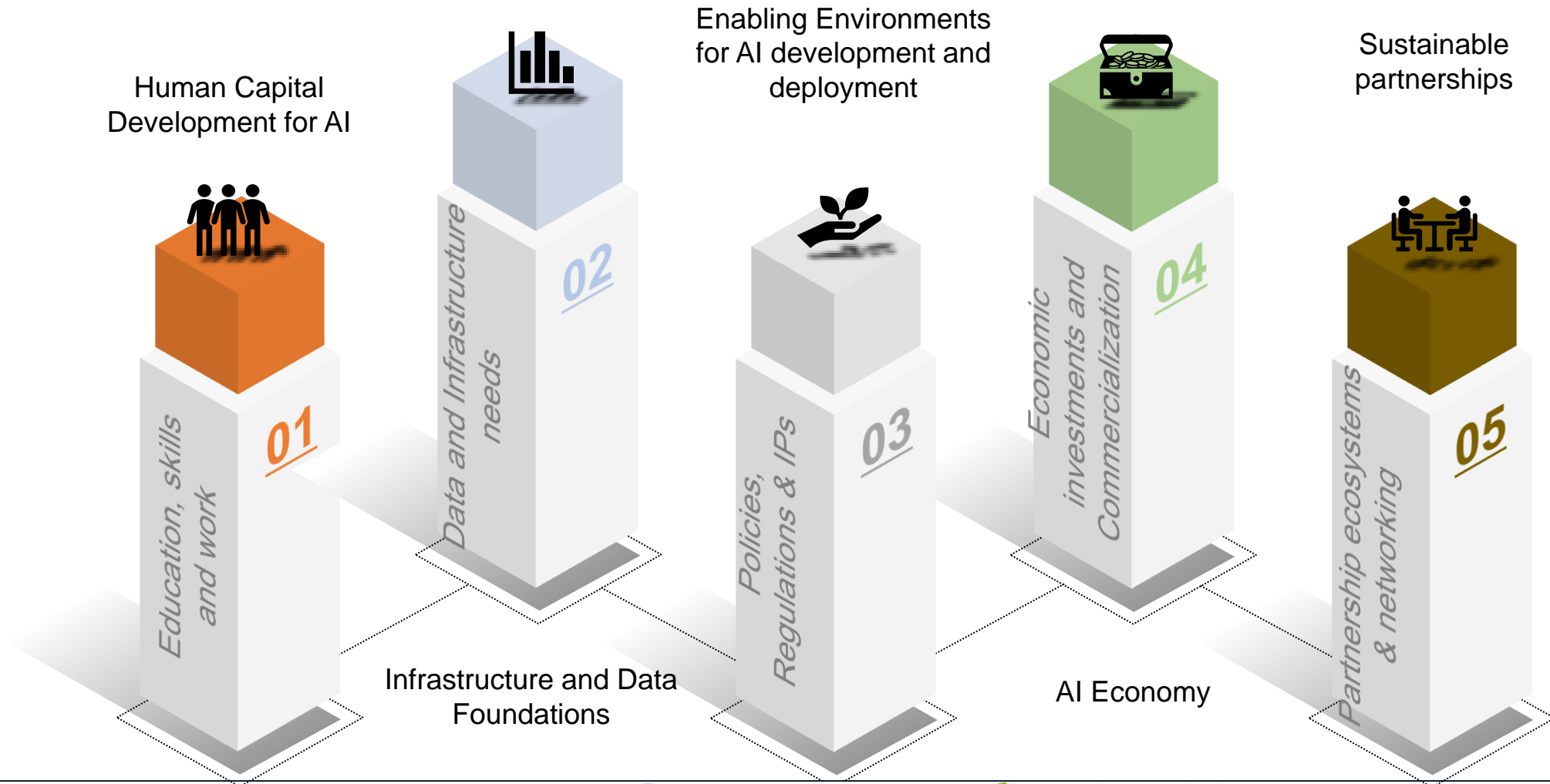


Dr. Semei Sekitene, a medical officer at Uganda Cancer Institute. Is a medical advisor

Scaling AI and Robotics Innovations in Africa

“Why the low adoption, despite its proven potential to help Africa achieve THE AGENDA 2063 VISION OF THE AFRICAN UNION?”

Low level of AI and Robotics Uptake in Africa





**WE ARE DEDICATED TO IMPROVING CANCER
PATIENT OUTCOMES WITH RELIABLE AI-
POWERED DIGITAL SOLUTIONS.**

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FROM THE AMERICAN PEOPLE



ROYAL
ACADEMY OF
ENGINEERING



Uganda Cancer Institute
Research is Our Resource



**World Health
Organization**



The Commonwealth