



Demonstrates positive impact on case preparation in first large-scale prospective study¹

A multi-year study in collaboration with Ellis Fischel Cancer Centre at Missouri Healthcare is the first large prospective study designed to understand the benefits of a digital solution to tumor board workflow and staff time efficiencies.

Method: Case preparation time prospectively collected before NAVIFY Tumor Board (Phase 1) and after stable integration (Phase 4). **User groups:** Nurse Navigator, Pathology Resident, Radiologist and Others (Geneticists)

Tumor boards evaluated: Breast, GI, ENT, Hematopathology, 1866 total individual patient cases recorded.

Study results: continuous and sustained improvements over time



30% TIME SAVINGS
Average reduction in overall preparation time across Breast, Gastrointestinal, and Ear, Nose and Throat tumor boards¹

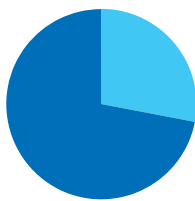
STANDARDIZING CARE COORDINATION
Significant variance reduction across all users

76% BREAST **74%** ENT **48%** GI

Breast tumor board results

Significant reduction in preparation time across all users and an increase in case throughput per meeting.

59 Breast tumor boards (n = 413 patient cases)



28% PREP TIME REDUCTION
18.3 minutes each case

Phase 1: 6 CASES PER WEEK

Phase 4: 10.9

Cases discussed each week

Potential benefits per year*

~20 WORKING DAYS SAVED
Resource time savings @10 cases per week

~254 MORE CASES DISCUSSED
Increase of 4.9 cases per week

What could this mean for your institution?



Frees up precious time for healthcare providers to focus on patient care instead of administrative tasks



Reduced variance and increased process standardization ensure uniformity of practice and consistency in the quality of patient case discussions

¹ Hammer R. D., et al. (2020) 'Digital Tumor Board Solutions Have Significant Impact on Case Preparation', JCO Clinical Cancer Informatics, 4(4), p757-768.

² Hammer, R.D., et al. 'A digital tumor board solution impacts case discussion time and postponement



NAVIFY® Tumor Board

Study proves positive impact on case discussion time and reduction in postponement of cases²

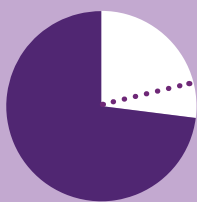
The first large prospective cohort observational study to demonstrate a significant benefit of a digital solution for tumor board meeting conduction.

Method: Discussion time was recorded at each tumor board. Case postponements were recorded as comments.

User groups: Nurse Navigator, Pathology Resident, Radiologist and Others (Geneticists)

Tumor boards evaluated: Breast, GI, ENT, Hematopathology, 2312 total individual patient cases recorded.

Study results: continuous and sustained improvements over time



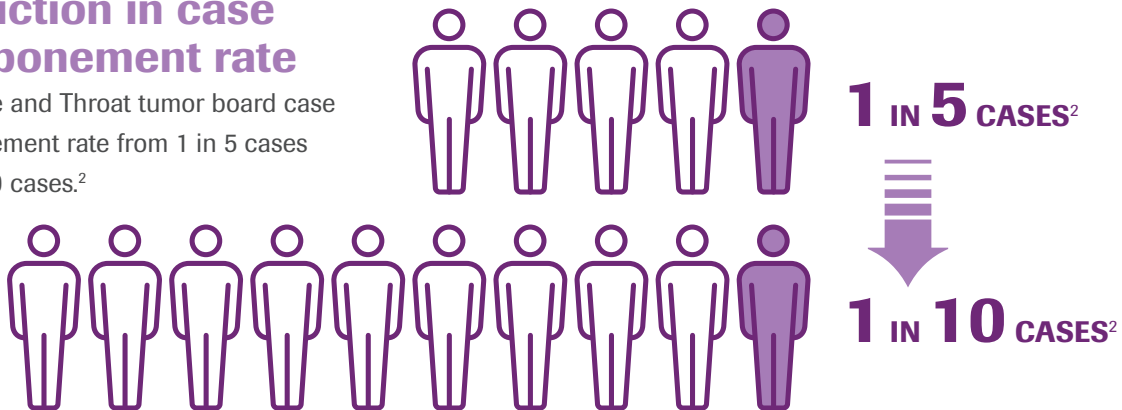
TIME SAVINGS
22-27%
In case discussion time for Breast and Gastrointestinal tumor boards^{3*}



STANDARDIZING CARE COORDINATION
39%
Case Discussion Time
Reduction in variance^{2*} across all three tumor boards (Breast, GI, and ENT)

Reduction in case postponement rate

Ear, Nose and Throat tumor board case postponement rate from 1 in 5 cases to 1 in 10 cases.²



What could this mean for your institution?



Reductions in case discussion time could mean more patient cases discussed in each meeting or free up more time for complex patient case discussions



Reduced variance and increased process standardization ensures uniformity of practice and consistency in the quality of patient case discussions



Postponement of discussion could result in an unnecessary delay, which can be distressing for patients and may affect start to treatment. Reduction in postponement rate could mean better patient experience

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