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2025 Dan Fulgham Memorial Prostate Cancer Symposium

September 27, 2025

Texas Health Presbyterian Dallas

Time	Activity
(9:00 AM 12:00 PM)	Free prostate cancer screening in Haggard Hall, Ground Floor (G)
8:30 AM – 9:00 AM	Exhibitors arrive and set-up
9:00 AM – 9:30 AM	Reception, exhibits
9:30 AM – 9:40 AM	Welcome, Todd Whitthorne
9:40 AM – 10:05 AM	Pat Fulgham, MD, “The Use of AI in Cancer Management: A Surgeon’s Perspective”
10:05 AM – 10:25 AM	Jivesh Sharma, MD, “AI at the Frontline: Transforming Prostate Cancer Diagnosis and Care”
10:25 AM – 10:55 AM	Break; exhibits
10:55 AM – 11:15 AM	Bo Holland, “Benefits of a Health Data Bank for Navigating Healthcare”
11:15 AM – 11:45 PM	Harvey Castro, MD, “AI and Healthcare: The Good, the Bad and the Unknown”
11:45 AM – 12:00 PM	Pat Fulgham, MD, Closing



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Myriad genetics

M·C·M
MOWERY CAPITAL MANAGEMENT



ARTERA

Precision oncology, powered by AI

"T"EMPUS



Dan Delton Fulgham, Col. Ret, USAF (1927-2015)



Dan Delton Fulgham, father of Dr. Pat Fulgham, died May 12, 2015. He was born to Frank and Marsena Fulgham in Grapeland, Tx on Oct. 3, 1927. He attended high school in Pasadena, Tx. He enrolled in the pre-med program at the University of Houston. He received medical training while in the U.S. Army where he served from 1945-1946 and was in the Air National Guard from 1947-1950. On the morning of April 16, 1947 he heard of the massive explosion at Texas City and immediately made his way there as an early responder recovering the dead and wounded and from there headed to Galveston where he helped tend to the large number of casualties.



Always fascinated with flying and with the military he entered pilot training at Texas A&M in 1946. The end of World War II diverted him into the then fledgling U.S. Air Force where he subsequently flew 100 combat missions in Korea piloting the F-84. After the Korean war the U.S. Air Force was aggressively experimenting with high-altitude aircraft and the response of the human body to the near-space environment. Fulgham became the bioastronautics project officer for the X-15, X-20, and XB-70 programs and the sole test parachutist on the X-20 escape system and pressure suit.

As part of that work, the then Capt. Fulgham became one of only three USAF master balloonists testing rudimentary space suits of the time by taking balloons to the upper limits of the atmosphere. During one of those exercises conducted near Roswell, NM in May 1959 there was an accident in which his helmet was crushed and he sustained a head injury during landing. The resultant head swelling produced a rather startling physical appearance which was observed by the hospital personnel at Walker Air Force Base where he was taken emergently. In the official Air Force report, *Roswell Report – Case Closed*, it was concluded that the injured pilot Dan Fulgham was mistaken for “an alien” giving rise to the still vital controversy of the “Roswell Alien”.



During the Vietnam war he flew 133 combined missions over north Vietnam, Cambodia and Laos piloting the F-4 Phantom. He participated in the famous mission “Operation Bolo” in which 7 MIG Russian fighter jets were downed in a single day over North Vietnam. He was shot down over the North China sea and subsequently received the Distinguished Flying Cross and Purple Heart. Later he served as the Air Force liaison investigating the USS Pueblo incident in January 1968. After the war he returned to obtain a Ph.D. in experimental psychology from Purdue University. This ultimately led to important work developing flight simulators while at Williams AFB in Arizona. Upon retirement from the USAF as a Colonel in 1978, he became General Manager of Technology, Inc. a small firm supporting the US Air Force in Human Factor Studies, including High G effects on pilots. He began a third career at Southwest Research Institute in San Antonio where he served as Director of BioSciences and BioEngineering for 10 years.

He retired from the Institute in 1998 to form his own company, remaining active as a consultant and advisor for a number of concerns. Dan Fulgham was diagnosed with prostate cancer and underwent radical prostatectomy and remained cancer-free. Up to the time of his death, he continued to actively lecture about the things in which he was personally involved – including many of the most interesting and momentous events of the second half of the 20th century. Videos of his lectures are available at patfulghammd.com.

SPEAKERS

Todd Whitthorne

Todd's gift of communication delivers an empowering combination of education and motivation which leads to powerful transformation. Leveraging an educational background in kinesiology and exercise physiology, fourteen years as a senior executive at the world-renowned Cooper Aerobics Center, and an Emmy-award winning broadcasting career, Todd helps organizations increase productivity and reduce absenteeism by empowering individuals to embrace healthy behaviors both personally and professionally. Todd currently is invested in companies focused on improving metabolic health, virtual checkups, and early cancer detection. <https://www.toddwhitthorne.com>

Pat Fulgham, MD

Dr. Pat Fulgham is a distinguished board-certified urologist in Dallas, Texas, with over four decades of expertise in urologic care. Dr. Fulgham practiced for 35 years with Urology Clinics of North Texas, treating thousands of prostate cancer patients and ultimately becoming a prostate cancer survivor himself. He served as Surgical Director of Oncology at Texas Health Presbyterian Dallas from 1997 to 2024. He is the Director of Clinical Trials at Urology Clinics of North Texas, where he leads innovative research. As President of the Urology Research & Education Foundation, a 501c(3) non-profit, he is actively involved in educating the community about prostate cancer. <https://www.patfulghammd.com>

Jivesh Sharma, MD

Dr. Jivesh Sharma is a highly accomplished medical oncologist with a career spanning over three decades. His core training was in translational research to accelerate the delivery of new treatments from the bench to the bedside. Dr. Sharma has made significant contributions to improving cancer care through direct patient care, teaching, research, and helping develop new healthcare technology solutions. He has held various leadership positions and has been recognized for his clinical excellence by being voted best doctors in Dallas by his physician peers multiple times. Dr. Sharma has authored numerous research articles, reports, and books focusing on oncology, healthcare technology, and patient care. He has been the recipient of multiple awards and honors throughout his career. <https://thecentertx.com/physician/jivesh-sharma/>

Bo Holland

Bo Holland is founder and CEO of Health Data Bank. Bo's vision was to create a platform where patients could securely access and store their entire medical history in one place. More importantly, it would offer personalized health guidance, tailored to each individual's unique medical profile.

<https://www.healthbankone.com/founders-story>

Harvey Castro, MD, MBA

Dr. Castro is an accomplished ER physician, AI futurist, and healthcare consultant with over 20 years of experience. He has authored several influential books on AI and healthcare, such as 'The Unofficial Guide to AI Mastery' and 'ChatGPT and Healthcare,' published in 2022. Harvey serves as an advisor to organizations like the Texas Medical Association and the Singapore Ministry of Health, contributing to the ethical integration of AI in healthcare. As a keynote speaker, Harvey has delivered presentations at global conferences, including HIMSS and TexMed24, focusing on the future of medicine and leadership in the AI era. <https://www.harveycastromd.com/>

The Use of Artificial Intelligence in the Diagnosis and Management of Prostate Cancer: A Surgeon's Perspective

Pat Fulgham, MD

Advancing cancer care through innovative AI technologies



1

Prostate Cancer 2025 in the US

- 330,000 men will be diagnosed
- 34,000 will die of it
- Early diagnosis is key
- Treatments have consequences
- Disparity in outcomes



2

Prevalence of and Risk Factors for Prostate Cancer

Common Cancer in Men

Among the most frequently diagnosed cancers affecting men globally.

Key Risk Factors

Age, family history, ethnicity, and lifestyle are significant risk factors increasing prostate cancer likelihood.

Importance of Early Detection

Early diagnosis greatly improves treatment success and overall prognosis for prostate cancer patients.



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Prostate Cancer Screening, 2025 in the US

Prostate specific antigen (PSA)

Only 34% of eligible men have been screened



The Problem



4

Prostate Cancer-The Bottom Line



If diagnosed early:

- Not everyone needs treatment
- Most will live out their normal lifespan

If diagnosed late:

- Average life-expectancy is 5-6 years

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Importance of Early and Accurate Detection



- Guides Effective Treatment
- Reduces Overtreatment
- Improves Survival Rates

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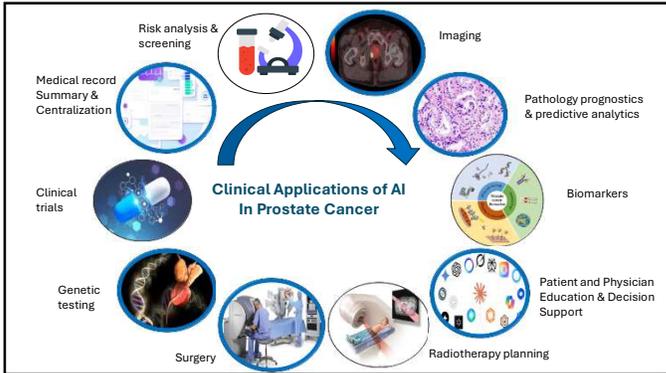
Prostate Cancer-The Goal

- Only diagnose men who are likely to need treatment
- Pick the most effective treatment with the fewest side-effects

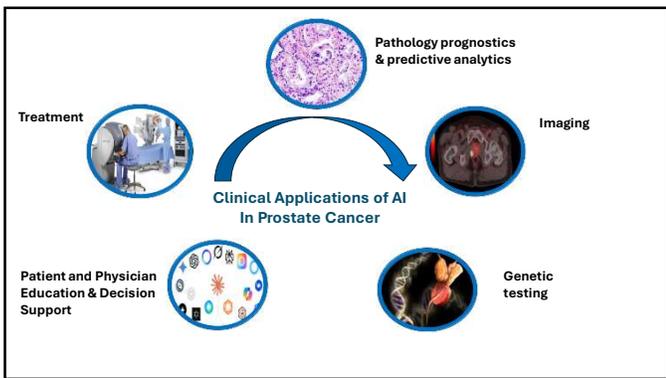


Did Dez catch the ball?

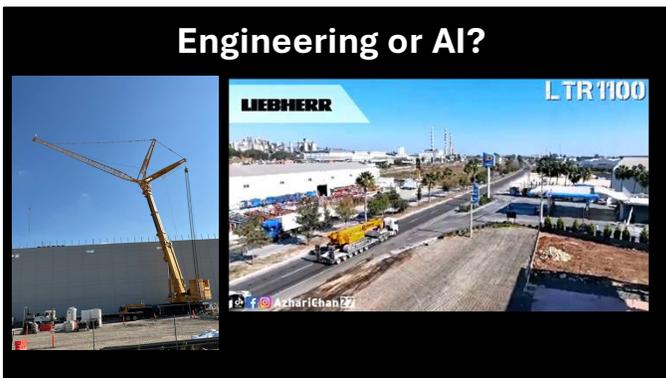
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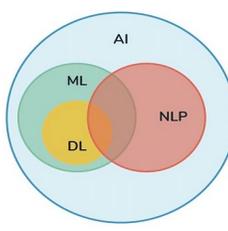
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Key AI Technologies and Concepts

Machine Learning (ML)
Machine learning enables computers to learn from data and make predictions without explicit programming.

Deep Learning (DL)
Deep learning uses layered neural networks to analyze complex patterns in large datasets effectively.

Natural Language Processing (NLP)
NLP allows machines to understand and interpret human language for effective communication and analysis.



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The Spectrum of Artificial Intelligence (AI)



- Facilitated Human Intelligence
- Augmented Human Intelligence
- Enhanced Human Intelligence
- Artificial General Intelligence

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Risk Stratification

This Prostate Cancer Risk Assessment is designed for men who have seen a physician regarding their prostate health. It is based on the likelihood of diagnosing prostate cancer in approximately 2,000 men who have undergone prostate biopsy at Cleveland Clinic.

You will need to know a few common test results, like your PSA level, in order to complete this risk assessment. If you need clarification on the question being asked, click the icon to the right of each question for a detailed description.

Take Our Free Prostate Cancer Risk Assessment

Have you ever had a biopsy of your prostate? ?

* How old are you (in years)? ?

What is your ethnicity? ?

Family History of Prostate Cancer? ?

Abnormal DRE Results ?

* What is your PSA level (ng/ml)? ?

What is your free PSA? (%)? ?

* required fields

Probability of having any prostate cancer: **41%**
 Probability of having high grade prostate cancer (Gleason Score sum >=7): **17.1%**

www.clevelandclinic.org/lp/prostate-cancer-risk-assessment/index.html

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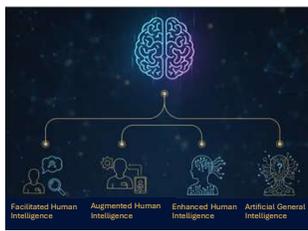
Human Cognitive Ability: Miller's Law



- 7 +/- 2 complex factors in short-term memory
- Fewer for complex or unfamiliar data or in stressful situations
- "Chunking" to facilitate decision making

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The Spectrum of Artificial Intelligence (AI)



- Facilitated Human Intelligence
- Augmented Human Intelligence
- Enhanced Human Intelligence
- Artificial General Intelligence

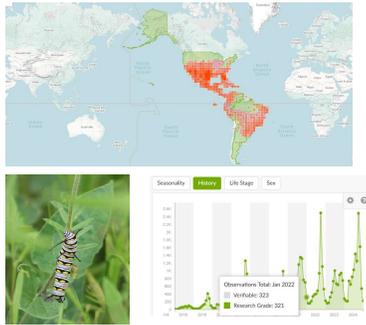
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Monarch



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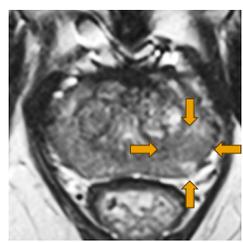
INaturalist (app)



- 270 million images
- 500,000 species
- 10 million observers
- Image recognition
- Species recognition based on library and meta-data (MM AI)
- Curated by experts

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MRI

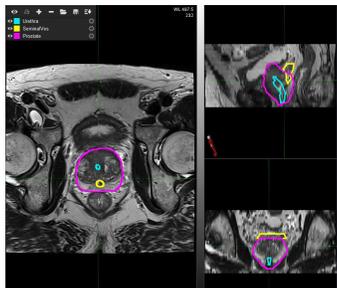


Micro-ultrasound



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AI in Diagnosing Prostate Cancer: Imaging



Post processing MIM software for marking prostates for biopsy uses AI to automatically contour the prostate capsule, urethra, and seminal vesicles.

Future goals: **radiomics** analysis of the entire prostate MR data set that will highlight nodules with high likelihood of harboring significant tumor.



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How AI Improves MRI Detection of Prostate Cancer

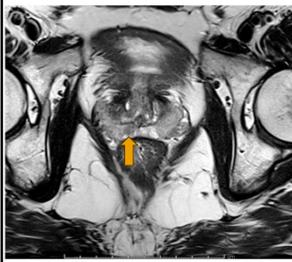


Image Analysis- Radiomics (quantitative)

- Helps standardize lesion characterization
- Accounts for image quality

Image/Pattern Recognition- AI (qualitative)

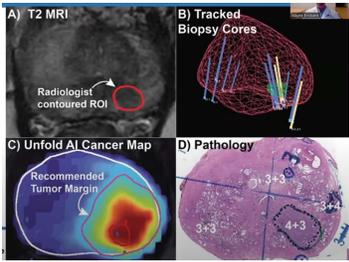
- Multi-modal vision-language mode

Both can be trained with histopathology as "ground truth"

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Unfold AI

- Quantitative Analysis (Radiomics)
- Uses multi-modal data to predict margins
- Useful for focal therapy

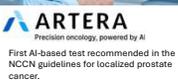


Unfold AI is the first and only FDA cleared prostate cancer analysis and visualization platform that combines patient specific data and deep learning algorithms to create a unique, tailored cancer estimation map that visualizes the extent of cancer in 3D.

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AI in Analyzing Pathology Slides

- **Inputs:**
 - Analysis of digital images of prostate biopsy slides
 - Clinical information (PSA, Gleason score)
- **Outputs:**
 - Risk stratification (low, intermediate, high)-IAS
 - Risk of metastases
 - Response to short-term ADT
- **AI specifics:** Uses deep learning to detect subtle patterns in biopsy images that humans might miss, validated on Phase 3 trials.

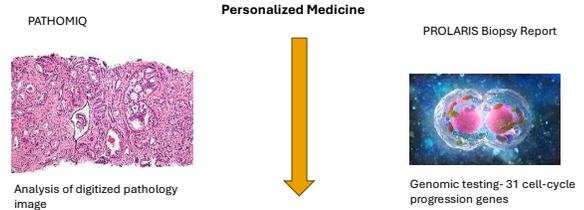
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Combining Pathology and Genetics Myriad genetics

PATHOMIQ

Personalized Medicine

PROLARIS Biopsy Report



Analysis of digitized pathology image

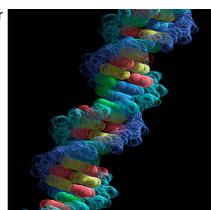
Genomic testing- 31 cell-cycle progression genes

Predicts:
10-year risk of PC specific mortality
10-year risk of biochemical recurrence after prostatectomy

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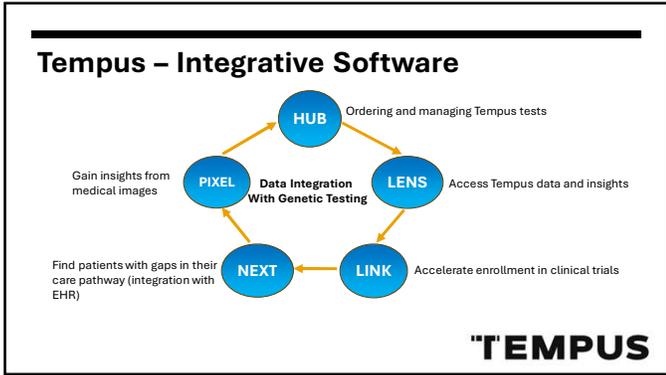
DNA and RNA Assays to Target PC Mutations

- Large assays (DNA and RNA) to predict tumor behavior
- Able to identify both germline and somatic mutations
- Predicts response to specific therapies
- Able to track new mutations over time
- Identifies patients who might benefit from Clinical Trials

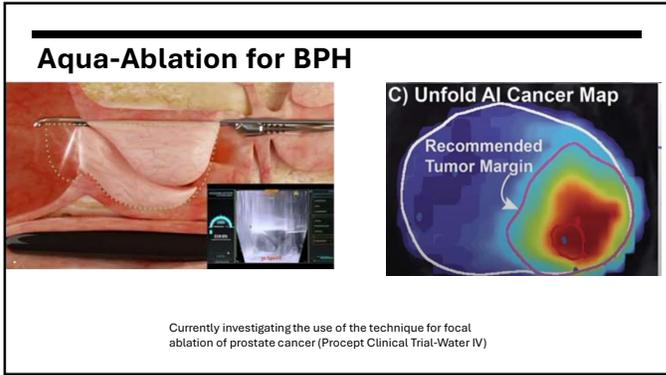


TEMPUS

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Robot-Assisted Surgery: Future Development

Anticipated Engineering and AI Innovations

- Haptic Feedback (introduced 2025)
- Additional intraoperative identification of structures
 - Overlays MRI and PSMA images to facilitate real-time dissection
- Optimization of components of the procedure with robot assistance
- Telepresence and teaching

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Transforming Patient Care with AI

Texas Health launches Epic's *Inpatient Insights Summaries* in CareConnect One, a breakthrough AI feature that condenses patient charts into clear, concise summaries.

In the Emergency Room: AI-powered ambient documentation platform designed specifically for acute care settings. Leverages advanced artificial intelligence to automate clinical note-taking, risk assessment, and billing processes, allowing emergency medicine providers to focus more on patient care during high-pressure shifts.

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AI Ambient Documentation Applications

- Use ambient AI to passively capture clinician-patient conversations via audio recording
- Generates structured notes and integrates with electronic health records (EHRs)
- Benefits:
 - Reduces administrative burden
 - "Encourages" physician behaviors which enhance patient satisfaction
 - Potentially reduces wait times
 - Facilitates identification of patients for clinical trials

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Drug Development and Clinical Trials

Impact of AI on Drug Development

Method	Time (Years)
AI Asst	8
Traditional	16

Nubeqa (daralutamide)
AR blocker

Xofigo-radium 223
Targeted systemic radiotherapy

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Agentic AI

Semi-autonomous Planning and Execution of a Complex Task: Radical Prostatectomy

- Coordinate pre-operative clearance, including visits, labs, and x-rays, and confirm approval
- Arrange transportation, accommodations, and discharge plans for surgery day
- Review and confirm medications at discharge
- Provide clear follow-up instructions and recovery expectations
- Schedule follow-up visits and communicate surgical and pathology results
- Plan for potential adjuvant therapy as needed



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Generative AI (e.g. ChatGPT, Grok, Gemini, Claude...) Generative, Pre-trained, Transformer

- Rapid assimilation
- 70% of users-personal help and advice
- 800 million users, 2.5 billion prompts per day
- Pre-set personalities: cynic (my personal favorite), robot, listener, nerd
- Anthropomorphism, a risk for the susceptible?

"There are three kinds of men: The ones that learn by reading. The few who learn by observation. The rest of them have to pee on the electric fence for themselves."

Will Rogers

Guide to Using Chatbots in your handout

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Conclusion: Thinking About AI

Enhances diagnostic accuracy in conjunction with human curation

Facilitates personalized treatment approaches

Requires healthy skepticism and rigorous confirmational testing

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AI at the Frontline: Transforming Prostate Cancer Diagnosis and Care

Jivesh Sharma, MD
Medical Oncologist

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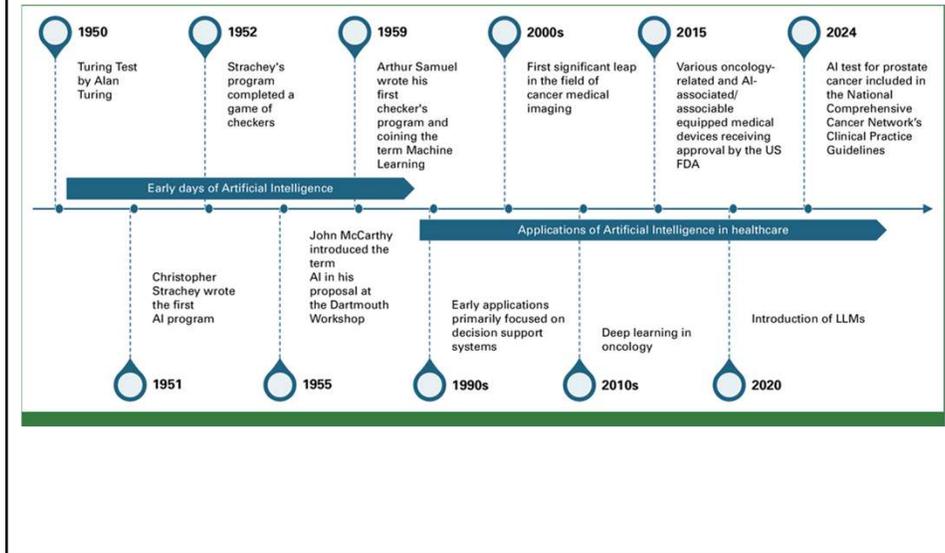
Bridge from the Surgery & Imaging

- You just heard:
 - Anatomy, MRI/PSMA PET, surgical decision points
- Where medical oncology picks up:
 - Systemic risk, recurrence biology, therapy sequencing, and trial access
- The data spine
 - imaging ↔ pathology ↔ genomics ↔ MRD ↔ patient-reported outcomes

AI in Prostate Cancer • Dr. Jivesh Sharma

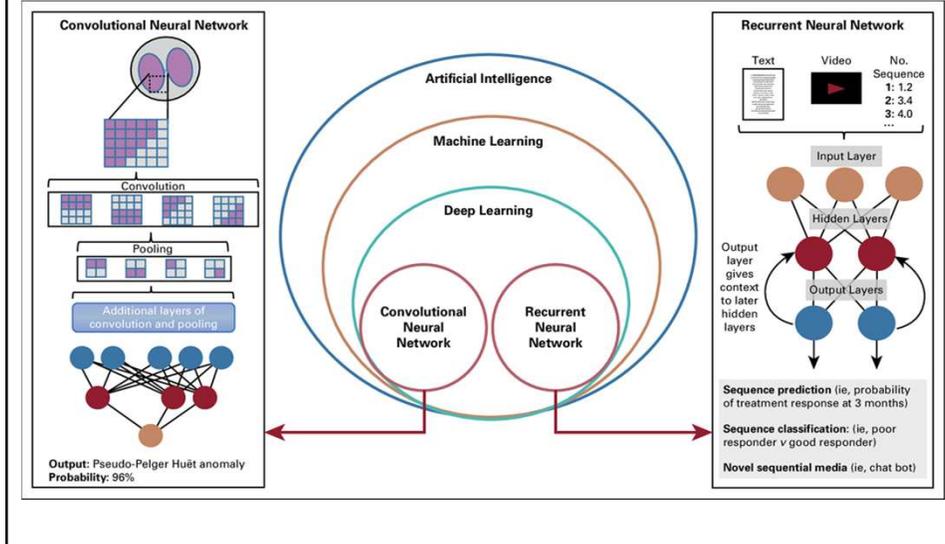
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The History Of Artificial Intelligence And Oncology.



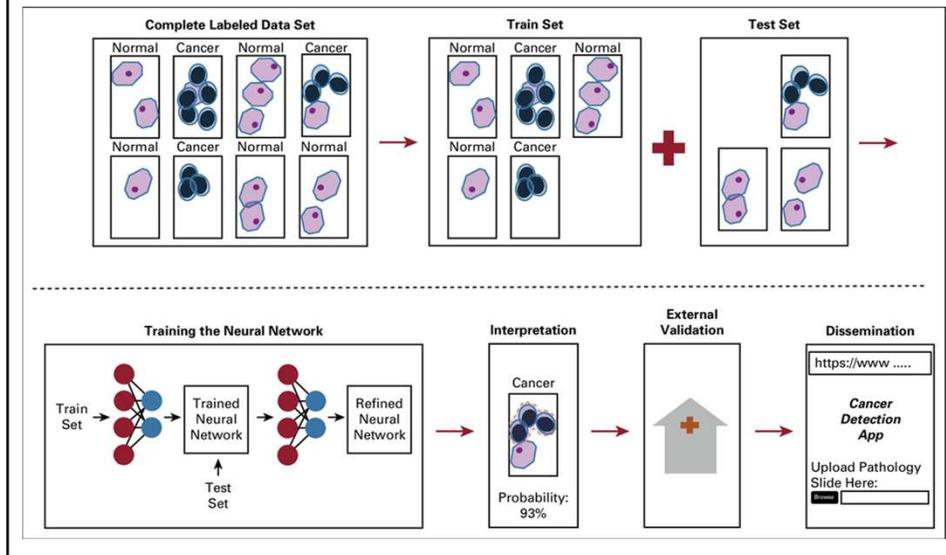
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Artificial Intelligence Hierarchy



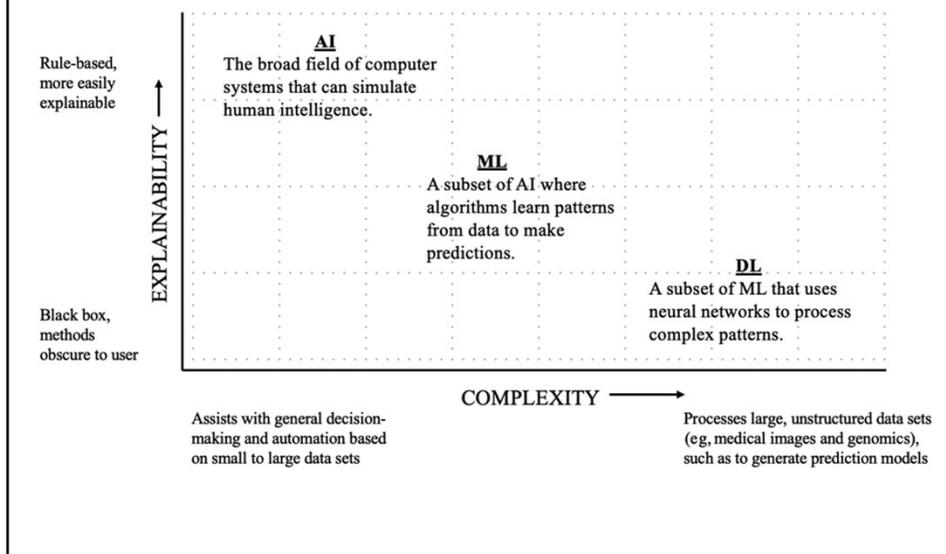
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Life Cycle Of A Clinical Machine Learning Model.



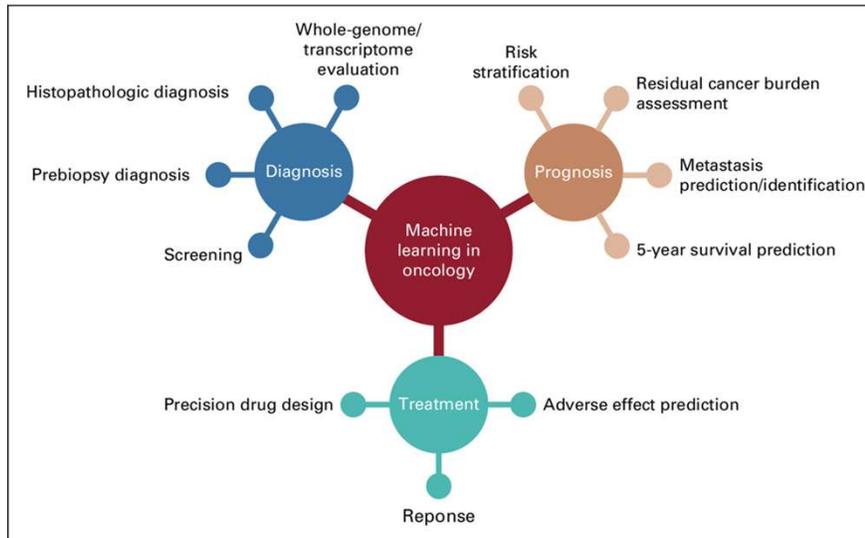
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Explainability and Complexity



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Machine Learning Applications In Oncology



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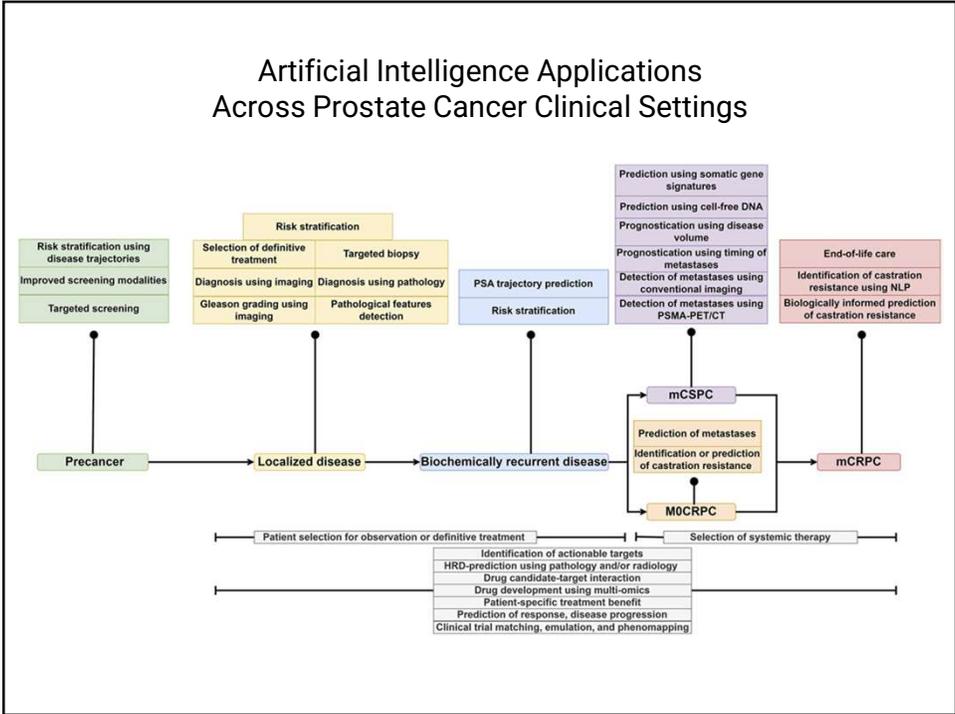
AI at the Frontline: Transforming Prostate Cancer

- Prostate cancer - Ideal AI testbed:
 - rich multimodal data, clear disease states, measurable outcomes
- What AI changes today:
 - earlier detection, smarter sequencing, better quality-of-life—not hype, but workflow

AI in Prostate Cancer • Dr. Jivesh Sharma

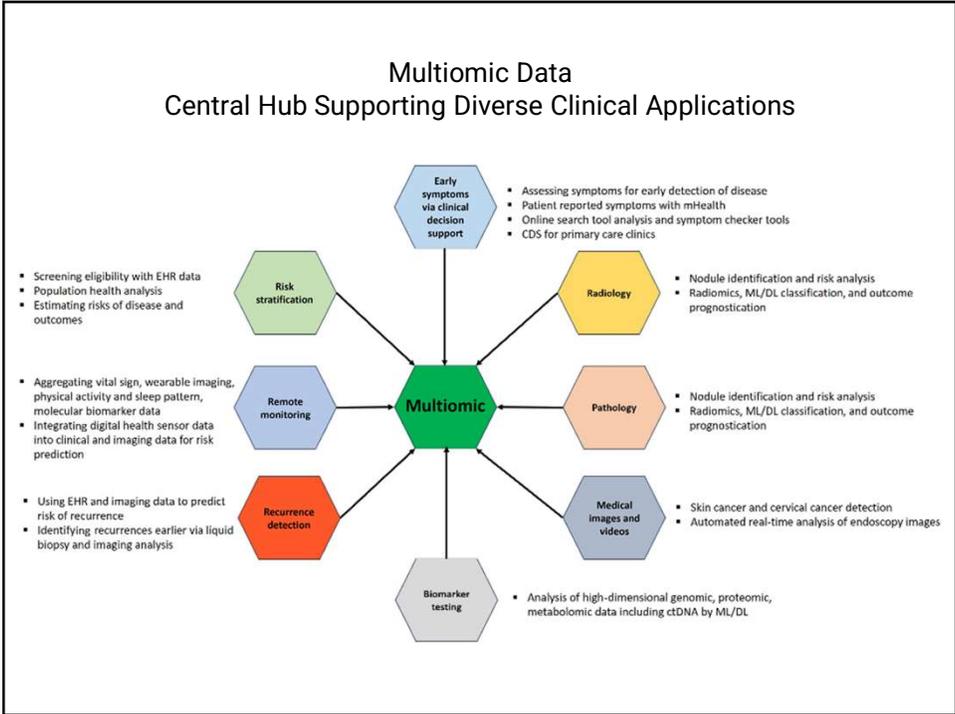
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Artificial Intelligence Applications Across Prostate Cancer Clinical Settings

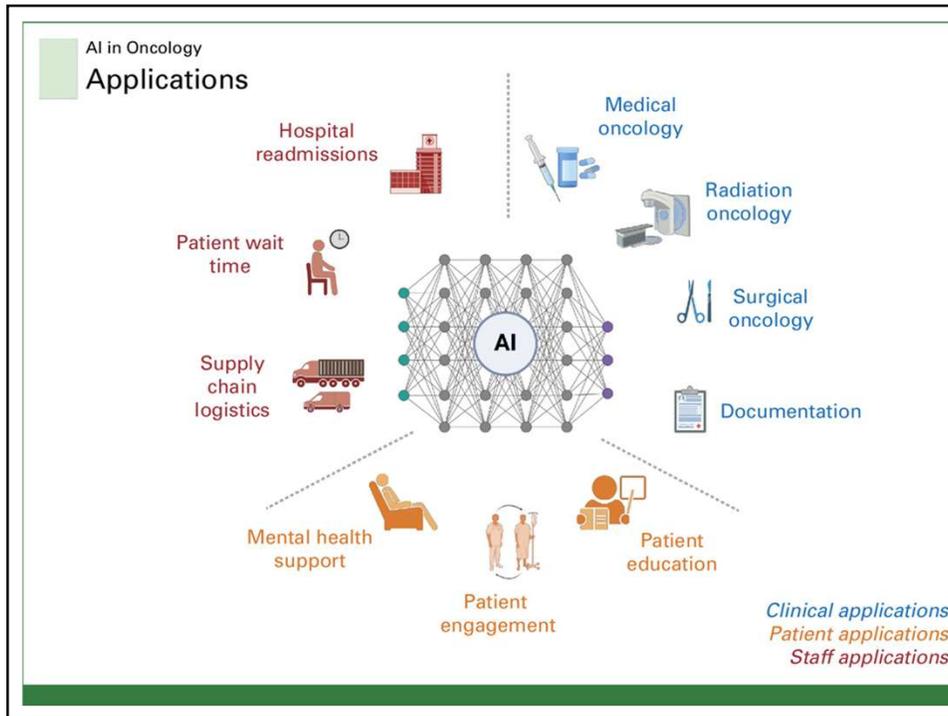


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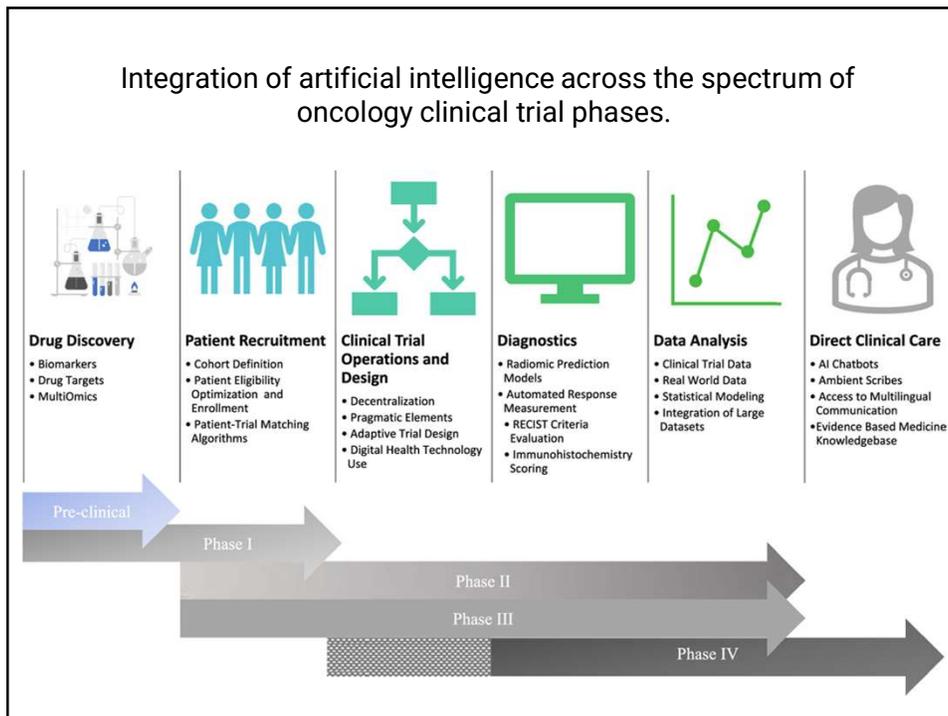
Multiomic Data Central Hub Supporting Diverse Clinical Applications



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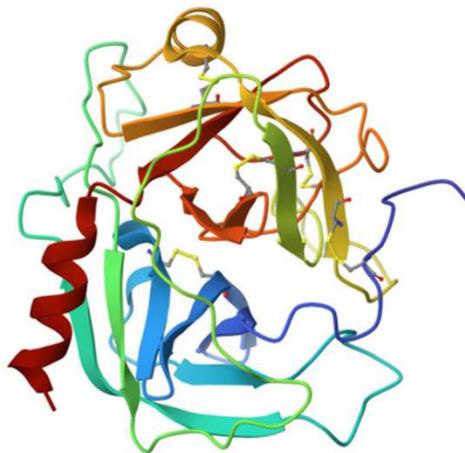
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AlphaFold's Nobel → From Structure to Strategy

- Why the Nobel matters:
 - structure prediction/design is now industrial-grade science
- AlphaFold 3 in plain English:
 - complexes (protein–DNA/RNA/ligands/ions) → faster in-silico target triage

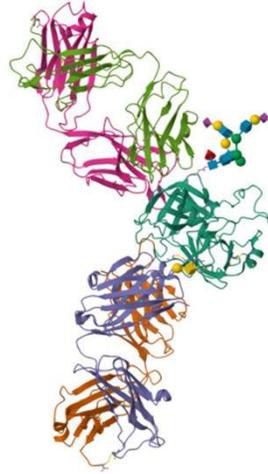
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PSA



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Human Prostate Specific Antigen (PSA)
In Fab Sandwich With A High Affinity And
A PCa Selective Antibody



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**Digital Twins, Adaptive Therapy, &
Patient-Centered Optimization**

- **Patient digital twin:**
 - streams labs, imaging, MRD, PROs to simulate next-best actions
- **Adaptive therapy:**
 - ecology-aware schedules where 'drug holidays' are deliberate control inputs
- **Real-world signals:**
 - wearables and symptom apps to trigger escalate/de-escalate rules

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Faster, Smarter, Fairer Trials

- **Design acceleration:**
 - AI feasibility, automated prescreening, adaptive randomization when appropriate
- **Earlier endpoints:**
 - MRD trends and quantitative PSMA response to shorten time-to-signal
- **Just-in-time networks for rapid accrual;**
 - decentralized visits and ePROs
- **Equity & safety:**
 - calibration, bias audits, data lineage, PHI minimization

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AI In a Multidisciplinary Tumor Board Workflow.



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Prophecy 2030: AI-Transformed Prostate Cancer

- Always-on, explainable multi-agent tumor board for every patient and clinic
- In-silico target triage (AlphaFold-class models) and accelerated preclinical funnels
- Routine MRD-guided care and RL-optimized sequencing; earlier RLT where burden warrants
- Economics: falling AI costs + benchmark gains → access at scale, not just at centers of excellence

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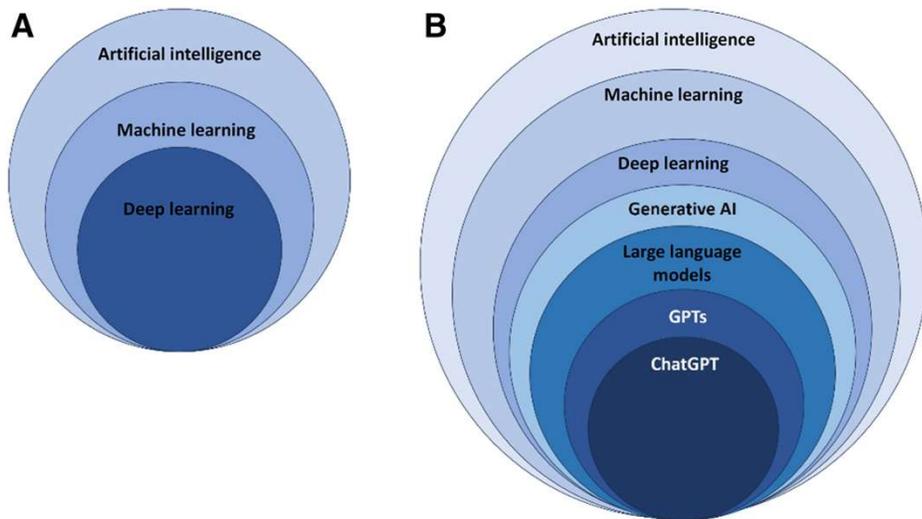
Treatment Planning from a Medical Oncologist's Chair

- Disease states → goals:
 - Localized, biochemical recurrence, mHSPC, mCRPC (cure vs control; TFS/TNT as lived metrics)
- Multi-agent 'AI tumor board':
 - imaging + genomics + comorbids synthesized with explainable recommendations
- Sequencing logic:
 - ADT + ARSi ± docetaxel; PARP where DDR-altered; PSMA RLT integration based on objective burden
- Structure-aware variant triage:
 - adding AlphaFold-informed context for tricky HRR/AR calls

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Evolution and Hierarchy of AI Technologies



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Imaging AI & PSMA Theranostics as the Hinge

- AI for PSMA PET: standardized detection/segmentation, total-lesion PSMA, response tracking
- Radiomics ↔ pathology links: pixel-level patterns that reflect underlying biology and risk
- Radioligand therapy earlier: using quantified burden and response kinetics to guide timing & combinations

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Making
Healthcare
Transparent



1

Why Can't We Get Basic Answers?

About
Costs

About
Coverage

About
Billing

About
Claims



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2

2

Why Does Every Visit Start from Scratch?

Missing
Records



Missing
Images



Missing
Consent



Blocked
by HIPAA



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3

3

Information Barriers Keep Everyone in the Dark

Costs have soared to nearly \$5 trillion a year, while quality of care has plummeted to its lowest level in 25 years.

Source: Gallup, 2024



4

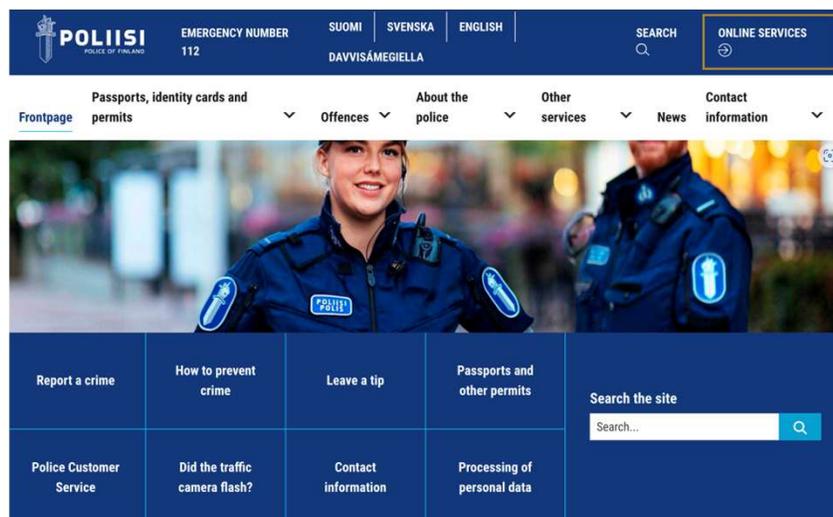
My Journey

 <p>Initial Public Offering (CTXS)</p>	 <p>Initial Public Offering (PVSW)</p>	 <p>Acquired by </p>	 <p>Divisions Acquired by  </p>
		<p>\$125 Billion </p>	

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5

We Perfected Digital IDs for Open Banking

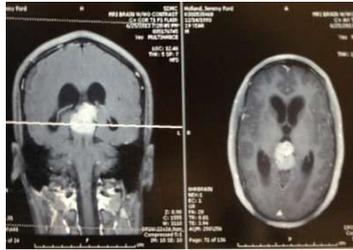


The screenshot shows the Finnish Police website (POLIISI) with a dark blue header. The header includes the logo, emergency number 112, language options (SUOMI, SVENSKA, ENGLISH), a search bar, and an 'ONLINE SERVICES' button. Below the header is a navigation menu with categories like 'Frontpage', 'Passports, identity cards and permits', 'Offences', 'About the police', 'Other services', 'News', and 'Contact information'. The main content area features a large image of two police officers in uniform. Below the image is a grid of service tiles: 'Report a crime', 'How to prevent crime', 'Leave a tip', 'Passports and other permits', 'Police Customer Service', 'Did the traffic camera flash?', 'Contact information', and 'Processing of personal data'. A search bar is also present on the right side of the grid.

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Healthcare Came Calling



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2022 • Legislators Broke the Data Rights Barrier



✓ Patient Ownership

✓ Data Portability (FHIR)

✓ Electronic Access

✓ Regulatory Fines

On October 6th, 2022, the Cures Act gave patients non-negotiable rights to all their medical records in electronic form at no cost in most cases.

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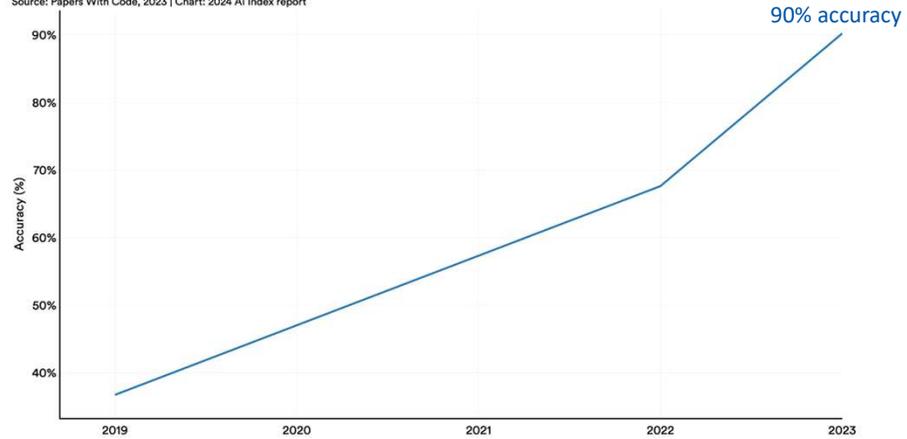
2023

Medical AI Broke the Knowledge Barrier



MedQA: accuracy

Source: Papers With Code, 2023 | Chart: 2024 AI Index report



Source: Stanford University - <https://aiindex.stanford.edu/report/>

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Now

Introducing Health Bank One™



The medical AI platform for companies that need patient data and consent to unblock innovation.

Patent Pending: 18/388,804



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Create Personalized and Private Medical AIs



DESCRIPTION

Patient direct connections with strong identity and secure, two-way communication

Guaranteed access to patient data from any provider and patient-consented sharing

Enable Gen AI apps and agents to create secure, personalized health experiences at scale

Everything you need to engage patients and partners immediately. Co-branding available.

KEY OUTPUTS

- + 60-second onboarding
- + Gov't ID verification
- + Secure communication

- + Demographics
- + Medical records
- + Insurance and Claims

- + Model selection
- + Query routing
- + Workflow

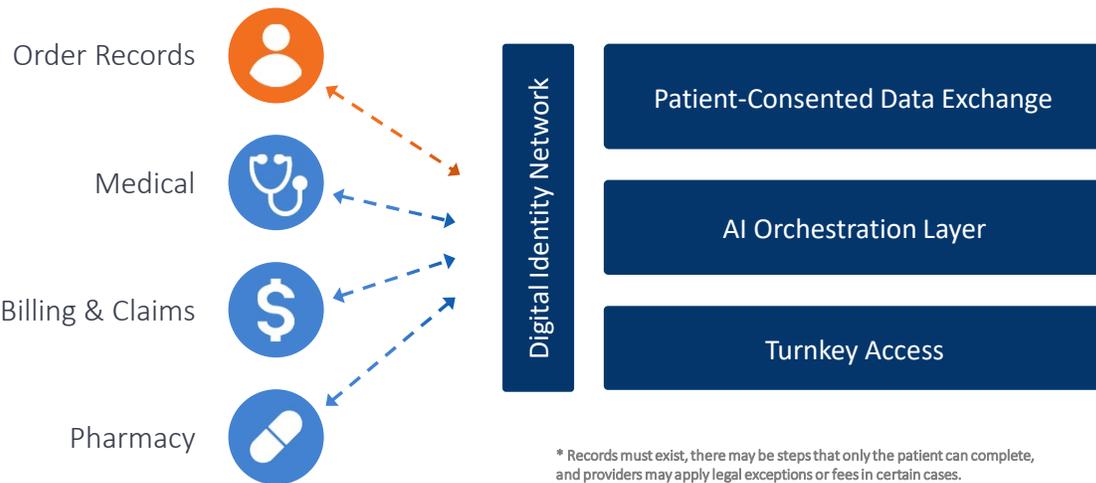
- + Patient mobile app
- + Partner web portals
- + Partner APIs

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Data Access Guaranteed by Law

100% Success Rate Retrieving Records*



* Records must exist, there may be steps that only the patient can complete, and providers may apply legal exceptions or fees in certain cases.

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Life Sciences is Leading the Way

“Health Bank One has the potential to transform the pharmaceutical value chain — from accelerating clinical trial recruitment, to improving patient engagement, and more.” – Justine Donnelly



Justine Donnelly
VP of Future Portfolio,
Novo Nordisk



Andrew Isaacs
Former VP of Mktg Operations,
Novartis



Preston Campbell
Former CEO,
Cystic Fibrosis Foundation



Mary Alice Dwyer
Former VP Medical Excellence,
AstraZeneca



Cathy Collins
Experienced Clinical Trial Executive and
Board Director
Headlands Research



Jackie Kent
Clinical Research & Product Delivery
Executive
Medidata & Eli Lilly



Andrew Bethel
Pharma DTC Sales Pioneer,
Independent Consultant



Beejal Shah
Strategic Finance Executive,
Novartis



Joe Toth
Business Development Executive,
Johnson & Johnson; Insmid

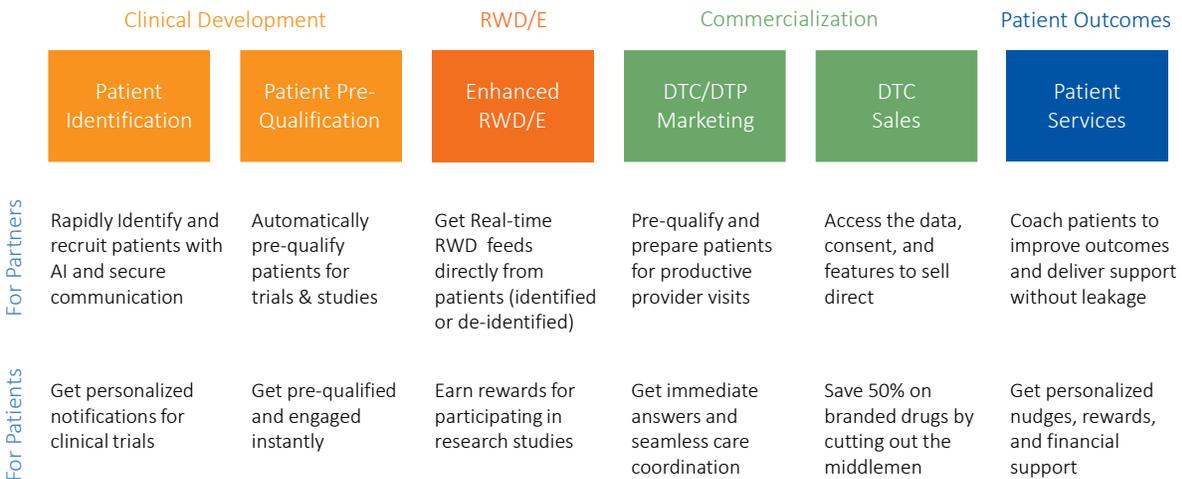
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Unblock Innovation and Improve ROI

← Transform the Entire Drug Lifecycle →



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Agentic AI is Moving from Tool to Co-Worker

8 out of 10 research workflows can benefit



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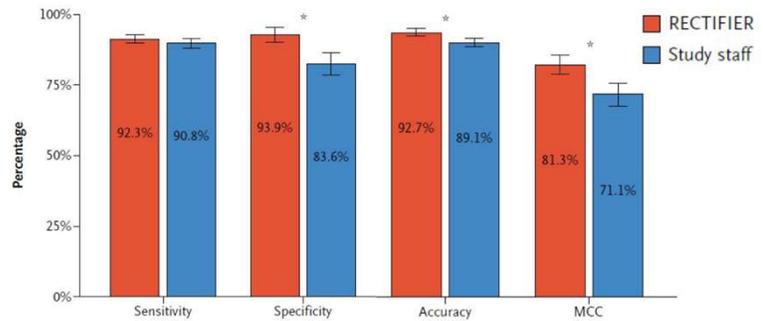
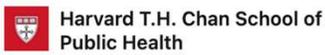
Early Examples of Agentic Applications

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RECTIFIER AI Transforms Patient Qualification



Alexander (AJ) Blood, MD, MSc, FACC



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Delphi 2M: Predicting Your Disease in 20 Years



Dr. Moritz Gerstung



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Bearable AI Transforming Patient Support



Jeff Levin, Austin MedTech



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Questions?

Scan the QR Code to
get Bo Holland's
contact information



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DFW AREA PROSTATE CANCER SUPPORT GROUPS

Dallas

Urology Research & Education Foundation (urologyfoundation.org)

4th Tuesday of every month (except Dec)

5:30 pm

Campsis Egyptian Restaurant, 5610 E. Mockingbird Lane

Facilitator: Angela Clark, RHIA 214-695-1830 aclark@urologyfoundation.org

Medical City Dallas

3rd Thursday of every month (except Dec)

7:00 pm

7777 Forest Lane, Dallas, TX, Building E, Classroom 4

Facilitator: Phillip Foreman, 972-566-3139 (office), 214-232-9530 (cell)

Survivor contact: Bruce Stahl, 972-235-6819

Plano

Texas Health Presbyterian Plano

1st Tuesday of every month

7:00 pm

Presbyterian Hospital of Plano, 6200 W. Parker Rd, Tower A, lower level, conference center, Oak room

Facilitator: Tom Dillon, 972-998-5221, tjdillon@aol.com

Fort Worth

Moncrief Cancer Institute

2nd Monday of every month

5:30 pm

Moncrief Cancer Institute, 400 W. Magnolia Ave.

Facilitator: Robert Hernandez, 817-288-9841, Robert.hernandez@moncrief.com

Using Chatbots to Learn About Your Prostate Cancer: A Patient Handout

This handout is designed to help you use AI chatbots like ChatGPT safely and effectively. Chatbots are computer programs that can answer questions in a conversational way. They can provide general information about prostate cancer, but they are **not a substitute for your doctor**. Always check with your healthcare team before making decisions based on what you learn.

1. Why Use Chatbots for Prostate Cancer Education? Chatbots can help you:

- Understand symptoms, risk factors, diagnosis, and treatment options.
- Prepare questions for your doctor.
- Learn about side effects, like impacts on sexual or bladder function.
- Get summaries of complex topics in simple terms.

For example, studies show chatbots like ChatGPT can provide accurate and understandable answers to common prostate cancer questions, with high scores for quality and safety.

2. Important Safety Notes

- **Not Medical Advice:** Chatbots can make mistakes, omit details, or give outdated info. For instance, one study found ChatGPT responses were mostly accurate but sometimes had errors or were too technical. *Always verify with your doctor or trusted sites like the National Comprehensive Cancer Network (nccn.org), AUA patient website (urologyhealth.org), Prostate Cancer Research Institute (pcri.org)*
- **Privacy: Don't share personal health details. Use general questions.**
- **Limitations:** Responses may be at a high school or college reading level, so ask for simpler explanations if needed. Chatbots like ChatGPT don't always cite sources correctly—ask for references and check them.
- **When to Stop:** If info seems wrong or scary, talk to your healthcare provider right away.

3. Getting Started with Chatbots

- **Popular options** (most are free depending on how much you use it)
 - ChatGPT.com
 - gemini.google.com
 - Grok.com.
 - "Prostate Cancer Info" (via OpenAI's custom GPT) for prostate-specific info from trusted sources like the CDC and American Urological Association.
<https://chatgpt.com/g/g-tQKr0xZc8-prostate-cancer-info>

4. How to Use Prompting: Crafting Good Questions

"Prompting" means writing your question clearly to get better answers. Good prompts are specific, provide context, and ask for simple language.

- **Basic Tips:**
 - Be specific: Instead of "Prostate cancer?", say "What are the main symptoms of early-stage prostate cancer?"
 - Add context: Include your age, stage, or concerns, e.g., "For a 65-year-old man with stage 2 prostate cancer. Explain radiation therapy side effects."
 - Ask for formats: Use "List...", "Summarize...", or "Compare..." to organize info.
 - Simplify: Add "Explain in simple terms like I'm new to this" or "Use easy words, no medical jargon."
 - Role-play: "Act as a doctor explaining to a patient..."

Using Chatbots to Learn About Your Prostate Cancer: A Patient Handout (continued)

- **Advanced Techniques:**

- Ask the chatbot to break it down: "Step-by-step, explain how prostate cancer is diagnosed."
- Follow up: If the answer is unclear, say "Can you explain that simpler?" or "Give examples."
- Request sources: "Provide answers with references from reliable medical sites."
- From guides: Include phrases like "Create a list/table of..." or "Summarize the benefits of proton therapy for prostate cancer."

Studies show good prompting leads to more understandable and actionable responses, scoring high on patient education tools.

What are the pros and cons of treatment options for prostate cancer, like surgery vs. radiation for a 70 year old man?

Treatment	Pros	Cons	Considerations for a 70-Year-Old
Surgery (Radical Prostatectomy) (Removes the prostate gland, often robotically assisted)	<ul style="list-style-type: none">- Potentially curative for localized cancer. mayoclinic.org- Provides tissue for precise staging.- One-time procedure with no ongoing sessions.- Robotic approach reduces short-term complications like bleeding or infection compared to open surgery. mayoclinic.org	<ul style="list-style-type: none">- Invasive, requiring general anesthesia and hospital stay.- Higher risk of urinary incontinence (leaking) and erectile dysfunction (ED). healthy.kaiserpermanente.org +2 more- Risks include bleeding, infection, pain, and blood clots. mayoclinic.org- Recovery can take weeks to months.	<ul style="list-style-type: none">- Higher surgical risks due to age-related factors like slower healing or comorbidities. backtable.com- May not extend life in early-stage cases. medicine.washu.edu- Suitable if very healthy and cancer is aggressive, but often avoided if life expectancy <10 years. mayoclinic.org

5. Examples of Prompts for Prostate Cancer

Here are real-world examples based on common questions. These are from studies testing ChatGPT on patient questions, where responses were mostly accurate and helpful. Copy and paste them into a chatbot!

- Diagnosis: "How is prostate cancer diagnosed? List the steps and tests involved."
- Screening: "At what age should men start getting screened for prostate cancer? Include pros and cons."
- Treatments: "What are the pros and cons of treatment options for prostate cancer, like surgery vs. radiation?"
- Side Effects: "How does prostate cancer treatment affect sexual function? Suggest ways to manage it."
- Survival: "What is the survival rate for stage 3 prostate cancer? Use recent data and explain simply."
- Daily Life: "Help me create a daily routine for managing fatigue during prostate cancer chemotherapy."

6. Tips for Effective and Safe Use

- Start simple: Begin with basic questions to build confidence.
- Check for bias/mistakes: Look for vague answers or contradictions. Ask "What are your sources?"
- Use for empowerment: Generate questions for your doctor, e.g., "What are 10 important questions to ask my oncologist about prostate cancer treatment?"
- Combine with other tools: Use chatbots to summarize articles from sites like Mayo Clinic.
- For older adults: If typing is hard, use voice mode in apps.
- Track what you learn: Save responses and discuss with your doctor.

Chatbots can reduce anxiety by providing quick info, but **always pair with professional care**.

7. Protect your identity: To protect your identity when sharing sensitive health information like PSA (prostate-specific antigen) results, consider these steps:

1. **Avoid Specific Identifiers:** Don't share details like your full name, date of birth, address, or specific medical record numbers.
2. **Use Secure Communication:** If consulting a healthcare provider, use secure patient portals rather than regular email or public social media. Verify the platform complies with HIPAA or similar privacy regulations.
3. **Generalize Your Questions:** Frame questions broadly to avoid linking them to you. For example, instead of "My PSA went from 3.2 to 4.5 in six months, what does this mean?", ask "What does a PSA increase from 3 to 4.5 in six months typically indicate for someone in their 50s?"
4. **Use Private Browsing:** When researching or posting online, use incognito mode or a VPN to mask your IP address and reduce tracking.
5. **Avoid Oversharing Context:** Don't include unnecessary details like your doctor's name, specific clinic, or exact dates of tests, as these can be cross-referenced to identify you.
6. **Check Platform Privacy Policies:** Before posting on X or other platforms, review their data handling practices. If you're on X, use a handle that doesn't link to your real identity and avoid posting specific details in public threads.
7. **Consult Professionals Privately:** For personalized advice, contact a doctor via a secure telehealth service or in-person visit, ensuring your data is protected under medical privacy laws.

8. Additional Resources

- Guides: "Mastering AI: A Cancer Patient's Guide" at [canceracademy.org](https://canceracademy.org/mastering-ai-a-cancer-patients-guide-to-utilizing-ai/) for more prompting tips.

Key Takeaways:

- AI-generated health advice can be dangerous and should never replace guidance from a licensed medical professional.
- AI chatbots may deliver outdated, misleading, or overly generic health information.
- Use AI tools only for general background knowledge and discussing any AI-sourced health advice with a doctor.