

# User Manual of the Transl'AI'te Web Application (Doctor)

## Case 1. View Patients' Consultation Records

### 1. Login to your Doctor Account.



### Login

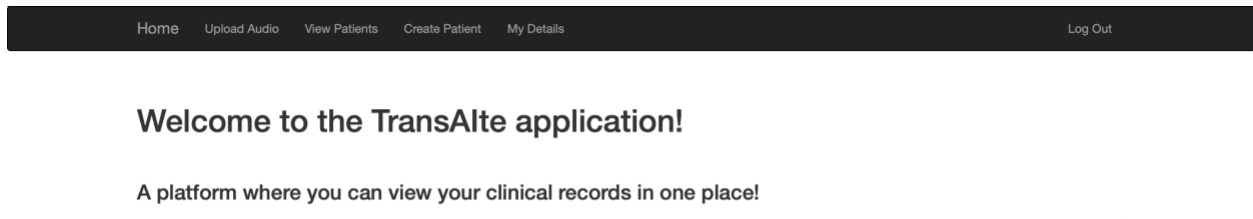
Email  
davidcox@example.com

Password  
\*\*\*\*

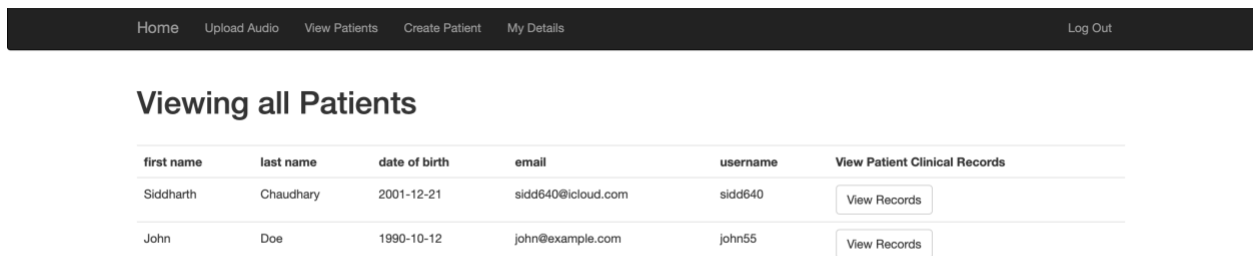
Keep me logged in

Log In

2. Click **View Patients** on the top bar.



3. You can **View all Patients' Records** now!



## 4. Click the View Records button to **View specific Patients' Record!**

### Viewing Siddharth Chaudhary's Past Clinical Documents

name	appointment date	clinical speciality	download transcribed audio	download summarised report
example.txt	2022-03-01	Neurology	<input type="button" value="Download"/>	<input type="button" value="Download"/>

### Consultation Report

First Name: Siddharth

Last Name: Chaudhary

Date Of Birth: 2001-12-21

Email: sidd640@icloud.com

#### Transcribed Consultation:

Therapeutic inhibition of tumour angiogenesis and multiple signalling pathways associated with tumour development (e.g., pathways controlled by vascular endothelial growth factor receptors (VEGFRs) and platelet-derived growth factor receptors (PDGFRs)) results in clinically meaningful antitumor activity, as demonstrated across multiple tumour types, including colon cancer, pancreatic carcinoma, renal cell carcinoma (RCC), breast cancer (BC) and non-small-cell lung cancer (NSCLC) (HurwitzNone, 2005;SandlerNone, 2006;MillerNone, 2007;BurseinNone, 2008;ManegoldNone, 2008;EscudierNone, 2009). When combined with chemotherapy, antiangiogenic therapies may provide effective treatment of historically treatment-resistant solid tumours (HurwitzNone, 2005;SandlerNone, 2006;MillerNone, 2007;ManegoldNone, 2008). Thus, treatment that specifically interrupts tumour vasculature through inhibition of various important receptor tyrosine kinase (RTK) signalling pathways, combined with a chemotherapy, may be of interest. Sunitinib malate, an oral multitargeted inhibitor of VEGFRs, PDGFRs, stem cell factor receptor (KIT), and other RTKs (AbramsNone, 2003;MendelNone, 2003;O'FarrellNone, 2003a,2003b;FaivreNone, 2006), is approved for treatment of advanced RCC, imatinib-resistant gastrointestinal stromal tumour, and progressive, well-differentiated pancreatic neuroendocrine tumours (DemetriNone, 2006;MotzerNone, 2006;MotzerNone, 2007;KulkeNone, 2008;RaymondNone, 2011;SUTENT (sunitinib malate) prescribing information (2012)). In phase I and II trials, sunitinib has also shown antitumor activity in patients with other advanced solid tumours, including BC, NSCLC, neuroendocrine tumour, sarcoma, thyroid cancer and melanoma (RosenNone, 2003;FaivreNone, 2006;BurseinNone, 2008;SocinskiNone, 2008). Gemcitabine is a nucleoside analogue that primarily targets cells undergoing DNA synthesis (S-phase) and also blocks progression of cells through the G1/S-phase boundary. Gemcitabine is used (alone or in combination with other chemotherapies, such as cisplatin or carboplatin) across a broad spectrum of solid tumours, including locally advanced or metastatic adenocarcinoma of the pancreas, metastatic BC, advanced NSCLC, ovarian cancer, bladder cancer, and others (Gemzar (gemcitabine HCl) prescribing information (2010);Gemzar (gemcitabine HCl) product monograph (2006)). A multitargeted approach for treatment-

### Summarized Consultation Report:

Extensive preclinical evidence suggests additive and/or synergistic effects in solid tumour models when a variety of chemotherapies, including gemcitabine, are combined with targeted agents, including sunitinib (YeeNone, 2004;CarterNone, 2007;ChristensenNone, 2008), as demonstrated in a recently reported phase I trial of sunitinib on a continuous daily dosing schedule plus gemcitabine in patients with advanced solid tumours (BrellNone, 2012). The phase I dose-finding study reported here was also conducted to investigate the safety, pharmacokinetics (PK) and antitumor activity of sunitinib (on an intermittent dosing schedule) in combination with gemcitabine in patients with advanced solid tumours for whom curative therapy was not available. Schedule 4/2 was not evaluated past the initial combination dose level (sunitinib 37.5 mg and gemcitabine 750 mg m-2) as it proved to be an awkward scheduling regimen in practice because of missed or delayed doses of gemcitabine (see Determination of MTD). Two of eleven patients (18%) on Schedule 2/1, pre-amendment, had DLTs at the dose level of sunitinib 37.5 mg+gemcitabine 750 mg m-2(appendicitis/abscess and QTc prolongation). Schedule 4/2 was not pursued beyond the initial dose level of sunitinib 37.5 mg plus gemcitabine 750 mg m-2for practical reasons (i.e., because of missed or delayed doses of gemcitabine because of slow recovery from neutropenia). In the earlier phase I trial with gemcitabine, growth factor support was excluded and the recommended phase II dose was gemcitabine 675 mg m-2on days 1 and 8 and sunitinib 25 mg on continuous daily dosing (BrellNone, 2012). Our results also suggest that sunitinib combined with gemcitabine may be a more active regimen than gemcitabine-based chemotherapy, which has also shown limited activity in sarcomatoid RCC (StadlerNone, 2003;NanusNone, 2004).

Are you satisfied with this transcribed audio and summarised report?  Yes  No

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## Case 2. Upload Consultation Audio File

### 1. Login to your Doctor Account.

#### Login

Email

davidcox@example.com

Password

\*\*\*\*

Keep me logged in

[Log In](#)

## 2. Click **Upload Audio** on the top bar.



Welcome to the TransAlte application!

A platform where you can view your clinical records in one place!

## 3. Upload the audio for **One Specific Patient!**



### Uploading Audio

Please select the appointment date from the calendar:

Enter date

Please upload the audio recording of this consultation:

Please select your patient:

Siddharth Chaudhary (email: sidd640@icloud.com)  
 John Doe (email: john@example.com)

Please enter the clinical specialty this consultation is concerned with:

Please wait on the page, while your audio file is being processed after clicking Submit!

4. Check all the details and Click **Submit**. File will be uploaded and records will be generated. You can now view patients' records.

## Case 3. Create a Patient Account

### 1. Login to your Doctor Account.



### Login

Email  
davidcox@example.com

Password  
\*\*\*\*

Keep me logged in

Log In

## 2. Click **Create Patient** on the top bar.



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## 3. Type in Information of the Patient and **Click Register**



### Create Patient

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First Name

Last Name

Date Of Birth

Email

Username

Password

Confirm password

## Case 4. View My Detail

### 1. Login to your Doctor Account.

#### Login

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Email

davidcox@example.com

Password

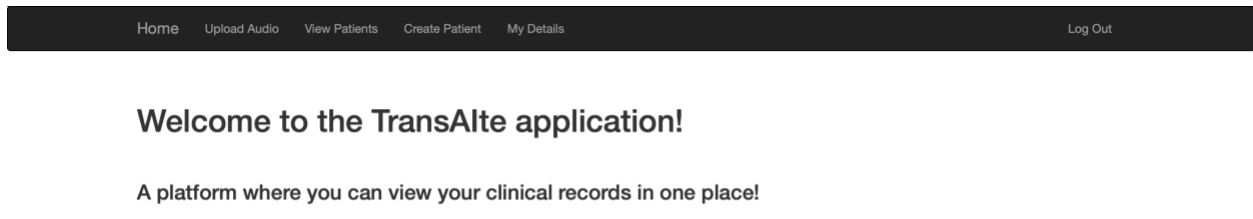
....

Keep me logged in

Log In



2. Click **My Details** on the top bar.



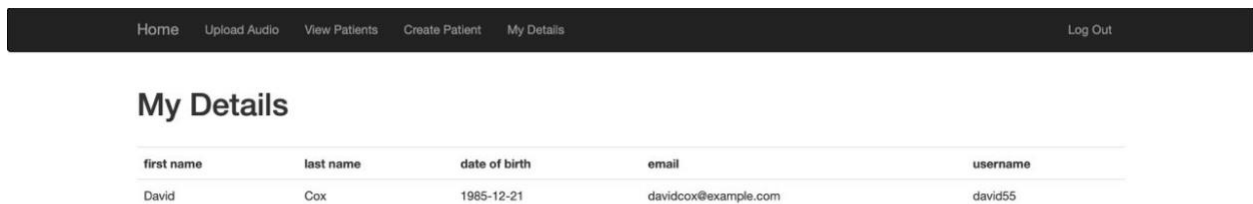
Home Upload Audio View Patients Create Patient My Details Log Out

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A platform where you can view your clinical records in one place!

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3. You can View your Details now!



Home Upload Audio View Patients Create Patient My Details Log Out

## My Details

first name	last name	date of birth	email	username
David	Cox	1985-12-21	davidcox@example.com	david55