

COMPARISONS
THAT WILL
SURPRISE
YOU

15%

Progression Free Survival
at 180 days
(The SHIVA Trial, France)

85%

Progression Free Survival
at 180 days
(The RESILIENT Trial, India)

THE CHOICE IS OBVIOUS

**EVIDENCE - LESS
TREATMENT**

Physician uses ad-hoc choice to choose treatment without assessing tumor evolution, drug resistance or toxicity

**EVIDENCE - BASED
TREATMENT**

Treatments are chosen strictly on the basis of 'Real-Time' analysis of tumor and assessment of possible toxicity

The Resilient Protocol results in direct patient benefit.

There are no 'Trial and Error' treatments. Chances of success are based on 'Real-Time' situation of the tumor biology rather than antiquated data of someone else's tumor.

ORGAN - LOCKED TREATMENT

Treatments are decided rigidly on the basis of the primary organ of the cancer. This deprives the patient of the opportunity to access possibly effective drugs approved for other cancer types (off-label)

ORGAN - INDEPENDENT TREATMENT

Treatments are independent of the primary organ of origin and assess the usefulness of drugs irrespective of the type of cancer.

The Resilient Protocol results in direct patient benefit.

Patient get benefit of possible use of more than 100 anti-cancer drugs as opposed to typically 4 to 5 drugs used in organ-specific cancer treatments.

TUMOR TYPE CLASSIFICATION DEPENDENT

Treatments are based strictly upon classification of the tumor viz. Adenocarcinoma or Squamous Cell Carcinoma of Lung

TUMOR TYPE CLASSIFICATION INDEPENDENT

Treatments are independent of tumor type or sub-type and based purely on hard evidence of efficacy of the drugs for the particular tumor of the particular patient.

The Resilient Protocol results in direct patient benefit.

Tumor classification becomes an unnecessary road block for considering optimum treatments in conventional oncology. In the 'RESILIENT PROTOCOL' classification independent treatments mean wider options with better chances of success.

TREATMENT IS INFLEXIBLE

(If drug works on random 10% to 15% patients)

Doctor is bound by the protocol even if he realises that there is little chance of success for a given patient

TREATMENT IS RESPONSIVE IN REAL - TIME

As the response / resistant to any treatment is monitored in Real-Time, drug combinations can be modified on ongoing basis to track tumor characteristics and avoid useless treatments

The Resilient Protocol results in direct patient benefit.

Due to the evolution of tumor patient's keep receiving of treatment which are successful only in 10% to 15% of the cases. In the 'RESILIENT PROTOCOL' treatments can be modified in sync with the tumor thus eliminating the risk of treatment becoming outdated.

CONVENTIONAL MEDICAL ONCOLOGY PROTOCOL

TREATMENT IS NOT BASED ON LIVE CELL ANALYSIS

Whether the treatment works or not is decided only after drugs are actually given to the patient - thus the patient is used for the experiment at the risk of toxicity and loss of precious time

TREATMENT IS BASED ON LIVE CELL DRUG TESTING

Testing of the live cells from the patient's tumor in the laboratory virtually eliminates any experimentation on the patient's body and saves the patient from unnecessary toxicity and loss of precious time from useless treatment

The Resilient Protocol results in direct patient benefit.

Giving drugs which are unlikely to be of any benefit to the patient is unfortunately the truth in the 2nd / 3rd line treatment as per conventional medical oncology. This causes unnecessary toxicity, costs and more importantly loss of precious time for the patient. Testing the drug in the laboratory as per 'RESILIENT PROTOCOL' minimize the risk of treatment failure.