

US00D891451S

(12) **United States Design Patent** (10) **Patent No.:** **US D891,451 S**
Pontious (45) **Date of Patent:** **** *Jul. 28, 2020**

(54) **DISPLAY SCREEN OR PORTION THEREOF WITH GRAPHICAL USER INTERFACE**

8,041,714 B2 * 10/2011 Aymeloglu G06F 16/248
707/726
8,057,291 B2 * 11/2011 Ng A63F 13/12
463/9

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D675,639 S 2/2013 Anzures et al.
D676,864 S 2/2013 Velasco et al.
D687,047 S 7/2013 Hales, IV et al.

(72) Inventor: **Corey L. Pontious**, Warwick, RI (US)

D694,259 S * 11/2013 Klein D14/486
D696,681 S * 12/2013 Kim D14/486
8,605,094 B1 * 12/2013 Alfaro G06T 11/60
345/440

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9,128,995 B1 * 9/2015 Fletcher G06F 16/248
D757,032 S * 5/2016 Sabia D14/485
D757,764 S * 5/2016 Han D14/486

(*) Notice: This patent is subject to a terminal disclaimer.

(Continued)

(**) Term: **15 Years**

OTHER PUBLICATIONS

(21) Appl. No.: **29/649,130**

Naithani, Sushma, "OMICs Data Analysis Tool" Oct. 2016, ResearchGate, site visited Mar. 4, 2020: https://www.researchgate.net/figure/Plant-Reactome-pathway-analysis-tools-interface-OMICs-data-analysis-A-The-analysis_fig4_309571296 (Year: 2016).*

(22) Filed: **May 25, 2018**

(51) **LOC (12) Cl.** **14-04**

(52) **U.S. Cl.**

USPC **D14/486**

(58) **Field of Classification Search**

USPC D14/485-495

CPC G06F 3/048; G06F 3/0481; G06F 3/04817;

G06F 3/0482; G06F 3/0483; G06F

3/04842; G06F 3/0485; G06F 3/04855;

G06F 3/0486; G06F 3/0488; G06F

3/04886; G06F 9/4443; G06F 17/211;

G06F 17/212

See application file for complete search history.

(Continued)

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(57)

CLAIM

The ornamental design for a display screen or portion thereof with graphical user interface, as shown and described.

DESCRIPTION

(56) **References Cited**

U.S. PATENT DOCUMENTS

D507,798 S *	7/2005	Jewitt	.....	D14/486
D509,830 S *	9/2005	Liu	.....	D14/486
D553,630 S *	10/2007	Blencowe	.....	D14/486
D569,869 S *	5/2008	Chotai	.....	D14/485
D599,372 S	9/2009	Pelczarski et al.		
D599,377 S *	9/2009	Jewitt	.....	D14/489
D601,169 S *	9/2009	LaManna	.....	D14/492

FIG. 1 is a front view of a display screen or portion thereof with graphical user interface showing the new design; and, FIG. 2 is a front view of a second embodiment thereof.

The broken lines showing the display screen and various features of the graphical user interface are included for the purpose of illustrating environment of the claimed design. The broken lines form no part of the claimed design.

1 Claim, 2 Drawing Sheets

REGIMEN NAME	OMICS GUIDANCE	OMICS JUSTIFICATION	LEVEL OF EVIDENCE	UNSELECTED OUTCOME	ESTIMATED COST
<input type="checkbox"/> Fluorouracil, Leucovorin, and Irinotecan (FOLFIRI)	A2	Overexpression of TP53 has been associated with improved response to Irinotecan.	A2	Median OS: 21.7 months	\$5,000.00
<input type="checkbox"/> Fluorouracil, Leucovorin, and Irinotecan (FOLFIRI) and Bevacizumab	A2	Overexpression of TP53 has been associated with improved response to Irinotecan.	A2	Median OS: 20.8 months	\$6,000.00
<input type="checkbox"/> Capecitabine	B2	N/A	A4	Median OS: 3.2 months	\$5,000.00
<input type="checkbox"/> Capecitabine and Placebo	B2	N/A	A1	Median OS: 5.5 months	\$4,000.00
<input type="checkbox"/> Capecitabine and Gemigliptin	A2	Overexpression of the ERCC1 gene causes resistance to platinum-based therapies.	A5	Median OS: 7.2 months	\$5,000.00
<input type="checkbox"/> Capecitabine, Gemigliptin, and Bevacizumab	A2	Overexpression of the ERCC1 gene causes resistance to platinum-based therapies.	A5	Median OS: 21.5 months	\$6,000.00
<input type="checkbox"/> Fluorouracil, Leucovorin, and Irinotecan (FOLFIRI)	A2	Overexpression of the ERCC1 gene causes resistance to platinum-based therapies.	A4	Median OS: 14.5 months	\$5,000.00
<input type="checkbox"/> Fluorouracil, Leucovorin, Gemigliptin (FOLGEM) and Bevacizumab	A2	Overexpression of the ERCC1 gene causes resistance to platinum-based therapies.	A4	Median OS: 21.3 months	\$6,000.00

(56)

References Cited

U.S. PATENT DOCUMENTS

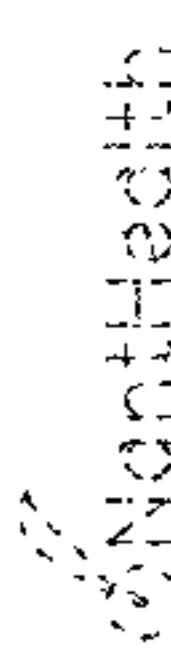
D760,782 S * 7/2016 Kendler D14/492
 D767,615 S * 9/2016 Evin D14/486
 D772,915 S * 11/2016 Evin D14/486
 D773,506 S * 12/2016 Leabman D14/486
 D781,889 S * 3/2017 Wills D14/486
 D788,126 S * 5/2017 Evin D14/485
 D789,947 S * 6/2017 Sun D14/485
 D792,420 S * 7/2017 van den Berg D14/485
 D792,428 S * 7/2017 McGovern D14/485
 D795,891 S * 8/2017 Kohan D14/485
 D810,772 S * 2/2018 Wang D14/486
 D820,292 S * 6/2018 Mander D14/486
 D829,229 S * 9/2018 Durkan D14/486
 D838,287 S * 1/2019 Low D14/486
 D839,289 S * 1/2019 Tuthill D14/486
 D839,902 S * 2/2019 Low D14/486
 D847,170 S * 4/2019 Lirov D14/486
 D854,565 S * 7/2019 McLaughlin D14/486

2006/0085759 A1* 4/2006 Knapheide G06F 3/0482
 715/777
 2011/0072387 A1* 3/2011 Fisher G06F 16/24575
 715/777
 2011/0083074 A1* 4/2011 Jellison, Jr. G06F 3/0481
 715/716
 2013/0212507 A1* 8/2013 Fedoseyeva G06Q 10/00
 715/765
 2015/0143248 A1* 5/2015 Beechuk H04L 67/10
 715/739
 2017/0063912 A1* 3/2017 Muddu G06F 3/0484
 2017/0116560 A1* 4/2017 Wickstrom G06Q 10/063114

OTHER PUBLICATIONS


Nant Health, LLC Registration Statement, May 6, 2016, Securities and Exchange Commission, site visited Mar. 4, 2020: <https://www.sec.gov/Archives/edgar/data/1566469/000119312516581979/d46244ds1.htm> (Year: 2016).*

* cited by examiner



NonHealth

ORDER ▾



Dr. John Doe | Support

Dashboard / Jane Doe's GPS Profile

Treatment Options

Sample Hospital

Order ID: XXXXX

[EDIT](#)

Cancer Type: Colon

Performance Status: 0-Normal Activity (asymptomatic)

Pathology: Adenocarcinoma

Stage: Recurrent

Adult/Pediatric: Adult

Line of Treatment: First Line

MSI Level: Low

Coat of Treatment: Non-curative

K-ras Gene: Mutant

N-ras Gene: Wildtype

Evidence-Based Regimens - 8

Select a treatment, and then select Save to link this treatment to the patient. Modify your search using the fields above.

Support Opposition None

REGIMEN NAME	OMICS GUIDANCE	OMICS JUSTIFICATION	LEVEL OF EVIDENCE	UNSELECTED OUTCOME	ESTIMATED COST
<input type="checkbox"/> Fluorouracil, Leucovorin, and Irinotecan (FOLIRI)		Overexpression of TOP2A has been associated with improved response to Irinotecan.	A1	Median OS: 23.1 months	\$0,000.00
<input type="checkbox"/> Fluorouracil, Leucovorin, and Irinotecan (FOLIRI) and Bevacizumab		Overexpression of TOP2A has been associated with improved response to Irinotecan.	A1	Median OS: 25.8 months	\$0,000.00
<input type="checkbox"/> Capecitabine		N/A	A1	Median OS: 13.2 months	\$0,000.00
<input type="checkbox"/> Capecitabine and Bevacizumab		N/A	B1	Median OS: 16.6 months	\$0,000.00
<input type="checkbox"/> Capecitabine and Oxaliplatin		Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A5	Median OS: 17.2 months	\$0,000.00
<input type="checkbox"/> Capecitabine, Oxaliplatin and Bevacizumab		Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A5	Median OS: 24.6 months	\$0,000.00
<input type="checkbox"/> Fluorouracil, Leucovorin, and Irinotecan (FOLFOX)		Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A1	Median OS: 19.5 months	\$0,000.00
<input type="checkbox"/> Fluorouracil, Leucovorin, Oxaliplatin (FOLFOX) and Bevacizumab		Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A1	Median OS: 21.3 months	\$0,000.00

COMPARE REGIMENS

Select up to 5 regimens

SAVE

FIG. 1

Dashboard / Jane Doe's GPS Profile

Treatment Options

Order ID: XXXXX

EDIT

Cancer Type: Colon Pathology: Adenocarcinoma Stage: Recurrent Line of Treatment: First Line Goal of Treatment: Non-curative

Performance Status: 0-Normal Activity (asymptomatic) Adult/Pediatric: Adult MSI Level: Low K-ras Gene: Mutant N-ras Gene: Wildtype

Evidence-Based Regimens - 8

Select a treatment, and then select Save to link this treatment to the patient. Modify your search using the fields above.

Support Opposition None

REGIMEN NAME	OMICS GUIDANCE	OMICS JUSTIFICATION	LEVEL OF EVIDENCE	UNSELECTED OUTCOME	ESTIMATED COST
<input type="checkbox"/> Fluorouracil, Leucovorin, and Irinotecan (FOLIRI)		Overexpression of TOP2A has been associated with improved response to Irinotecan.	A4	Median OS: 23.1 months	\$0,000.00
<input type="checkbox"/> Fluorouracil, Leucovorin, and Irinotecan (FOLIRI) and Bevacizumab		Overexpression of TOP2A has been associated with improved response to Irinotecan.	A4	Median OS: 25.8 months	\$0,000.00
<input type="checkbox"/> Capecitabine		N/A	A4	Median OS: 15.2 months	\$0,000.00
<input type="checkbox"/> Capecitabine and Bevacizumab		N/A	B1	Median OS: 16.6 months	\$0,000.00
<input type="checkbox"/> Capecitabine and Oxaliplatin		Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A5	Median OS: 17.2 months	\$0,000.00
<input type="checkbox"/> Capecitabine, Oxaliplatin and Bevacizumab		Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A5	Median OS: 24.5 months	\$0,000.00
<input type="checkbox"/> Fluorouracil, Leucovorin, and Irinotecan (FOLFOX)		Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A4	Median OS: 19.5 months	\$0,000.00
<input type="checkbox"/> Fluorouracil, Leucovorin, Oxaliplatin (FOLFOX) and Bevacizumab		Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A4	Median OS: 21.3 months	\$0,000.00

COMPARE REGIMENS Select up to 6 regimens

SAVE

FIG. 2