US00D892151S

(12) **United States Design Patent**
Pontious

(10) **Patent No.: US D892,151 S**
(45) **Date of Patent: ** *Aug. 4, 2020**

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

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

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

(21) Appl. No.: **29/649,132**

(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.

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(74) *Attorney, Agent, or Firm* — Stetina Brunda Garred and Brucker

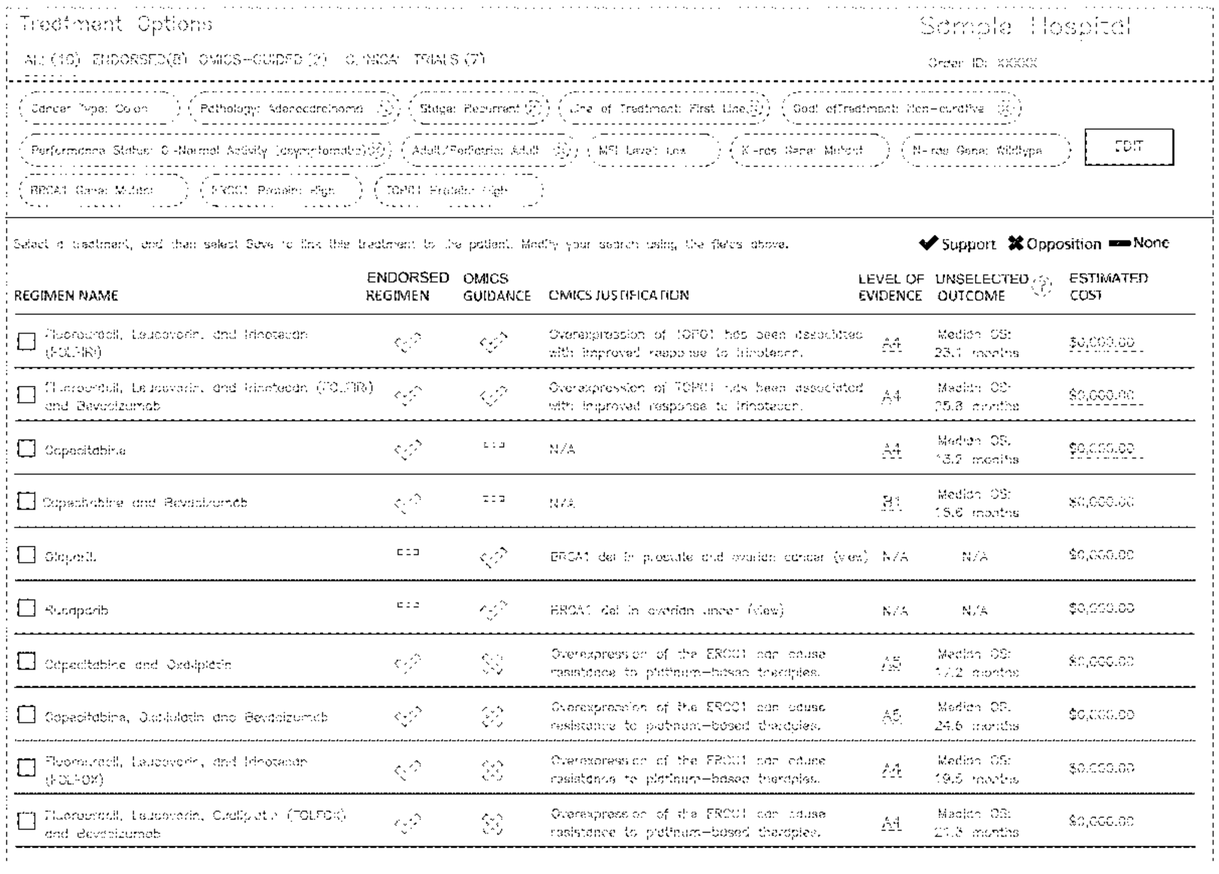
(57) **CLAIM**

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

DESCRIPTION

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



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Treatment Options

Sample Hospital

Order ID: XXXXX

ALL (10) ENDORSED(8) OMICS-GUIDED (2) CLINICAL TRIALS (7)

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

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

BRCA1 Gene: Mutant | ERCC1 Protein: High | TOP01 Protein: High

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	ENDORSED REGIMEN	OMICS GUIDANCE	OMICS JUSTIFICATION	LEVEL OF EVIDENCE	UNSELECTED OUTCOME (?)	ESTIMATED COST
☐ Fluorouracil, Leucovorin, and Irinotecan (FOLFIRI)	✔	✔	Overexpression of TOP01 has been associated with improved response to Irinotecan.	A4	Median OS: 23.1 months	$0,000.00
☐ Fluorouracil, Leucovorin, and Irinotecan (FOLFIRI) and Bevacizumab	✔	✔	Overexpression of TOP01 has been associated with improved response to Irinotecan.	A4	Median OS: 25.8 months	$0,000.00
☐ Capecitabine	✔	▬	N/A	A4	Median OS: 13.2 months	$0,000.00
☐ Capecitabine and Bevacizumab	✔	▬	N/A	B1	Median OS: 16.6 months	$0,000.00
☐ Olaparib	▬	✔	BRCA1 del in prostate and ovarian cancer (view)	N/A	N/A	$0,000.00
☐ Rucaparib	▬	✔	BRCA1 del in ovarian uncer (View)	N/A	N/A	$0,000.00
☐ Capecitabine and Oxaliplatin	✔	✖	Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A5	Median OS: 17.2 months	$0,000.00
☐ Capecitabine, Oxaliplatin and Bevacizumab	✔	✖	Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A5	Median OS: 24.6 months	$0,000.00
☐ 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
☐ 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

FIG. 1

NantHealth ORDER ▾ Dr. John Doe | Support

Treatment Options

Sample Hospital

ALL (10) ENDORSED (8) OMICS-GUIDED (2) CLINICAL TRIALS (7)

Order ID: XXXXX

Cancer Type: Colon | Pathology: Adenocarcinoma | Stage: Recurrent | Line of Treatment: First Line | Goal ofTreatment: Non-curative | Performance Status: 0-Normal Activity (asymptomatic) | Adult/Pediatric: Adult | MSI Level: Low | K-ras Gene: Mutant | N-ras Gene: Wildtype | BRCA1 Gene: Mutant | ERCC1 Protein: High | TOPO1 Protein: High

EDIT

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	ENDORSED REGIMEN	OMICS GUIDANCE	OMICS JUSTIFICATION	LEVEL OF EVIDENCE	UNSELECTED OUTCOME	ESTIMATED COST
☐ Fluorouracil, Leucovorin, and Irinotecan (FOLFIRI)	✔	✔	Overexpression of TOPO1 has been associated with improved response to Irinotecan.	A4	Median OS: 23.1 months	$0,000.00
☐ Fluorouracil, Leucovorin, and Irinotecan (FOLFIRI) and Bevacizumab	✔	✔	Overexpression of TOPO1 has been associated with improved response to Irinotecan.	A4	Median OS: 25.8 months	$0,000.00
☐ Capecitabine	✔	▬	N/A	A4	Median OS: 13.2 months	$0,000.00
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☐ Olaparib	▬	✔	BRCA1 del in prostate and ovarian cancer (view)	N/A	N/A	$0,000.00
☐ Rucaparib	▬	✔	BRCA1 del in ovarian cancer (view)	N/A	N/A	$0,000.00
☐ Capecitabine and Oxaliplatin	✔	✖	Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A5	Median OS: 17.2 months	$0,000.00
☐ Capecitabine, Oxaliplatin and Bevacizumab	✔	✖	Overexpression of the ERCC1 can cause resistance to platinum-based therapies.	A5	Median OS: 24.6 months	$0,000.00
☐ 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
☐ 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

FIG. 2