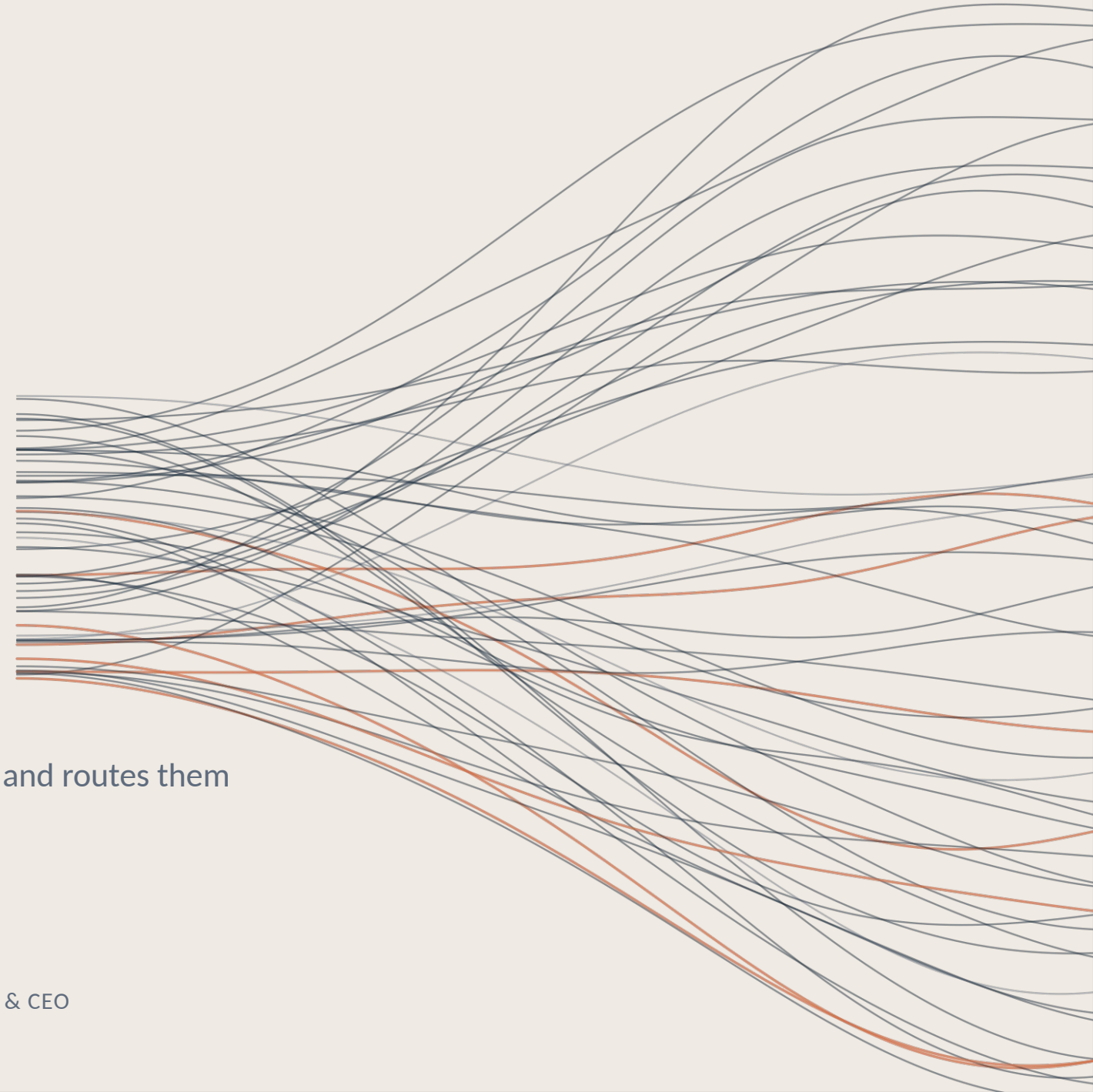
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MEDICAL TECHNOLOGIES

CLINICAL AI FOR SURGICAL ONCOLOGY

Every cancer patient, found and routed to the right care.



AI that finds the cancer patients the system is missing, and routes them to the care that can cure them.

Hayhurst Medical Technologies · Dr. Joseph L. Hayhurst, MD, Founder & CEO
Kansas City, Missouri · hayhursttech.com

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THE PROBLEM

The cure exists. The patient is never found.

A surgery can cure a certain advanced abdominal cancer. The hard part is not the treatment. It is finding who qualifies.

40,000

Americans a year qualify for a potentially curative cancer surgery.

~90%

are never identified, because the evidence sits in radiology reports not read to a specialist's degree.

$200K

of curative care lost per missed patient, and a life that could have been saved.

This is not a treatment gap. It is a detection and referral failure, and it is life or death.

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OUR SOLUTION

Catch, route, learn.

Our AI reads existing radiology reports, finds the patients, routes them to the right surgeon, and a clinician decides every step.

01

Catch

An agent reads unstructured radiology text and surfaces likely candidates, with every finding traced to the exact sentence it came from.

02

Route

It maps the findings to the surgical criteria and routes the patient to the right specialist. The clinician reviews and decides.

03

Learn

Every case feeds a secure, outcome-linked cancer registry, the structured record of what was found and what happened that does not exist today.

The goal: find the patients the system misses, and build the registry no one else holds.

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PRODUCT

Three layers. One patient journey.

Detection, navigation, and an outcome-linked registry. Decision support, not autonomous diagnosis.

- **Detection**

  AI reads the unstructured radiology report and flags concerning findings a specialist would act on.

- **Navigation**

  It maps findings to surgical criteria and routes the patient to the right specialist, with a clinician in the loop.

- **Registry**

  Each case feeds a prospective, outcome-linked cancer registry that makes the system smarter with every patient.

WHY IT HAS TO BE AI

The evidence is buried in millions of free-text reports, each written differently. No rules engine and no human team can read that at scale. Every finding traces back to its source sentence, so there is no black box.

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TEAM · WHY US

Surgeons who live the problem, building the fix.

Dr. Joseph L. Hayhurst, MD

FOUNDER & CEO

Surgery-trained at KU Medical Center, MD University of Oklahoma. Citizen of the Muscogee (Creek) Nation. Lives the missed-patient problem.

Christopher Camarata, MD

FOUNDING CTO

Surgery-trained physician and AI engineer. Owns the data, AI, and platform, built with privacy and clinician oversight at the core.

David Alverson

CHIEF FINANCIAL OFFICER

20+ years as a CFO in the Kansas City region, Wichita Business Journal CFO Award. Owns the model and capital strategy.

ADVISORS

- **Mazin Al-Kasspooles, MD, FACS**
  Senior clinical advisor · 30 yrs CRS/HIPEC, KU professor of surgery
- **Tyler J. Mouw, MD, MSc**
  Senior clinical advisor · Chief of surgical oncology, Texas Tech / UMC
- **Michael Torno**
  Advisor · Co-founded PathologyWatch (exit to Sonic, 2023), ex-Cerner
- **Janet Kwiatkowski**
  Regulatory advisor · Founder/CEO MAE Group; FDA, SaMD, AI/ML

PARTNERS Archia, compliant AI runtime. · Red Rover, EHR integration already deployed at target hospitals.

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MARKET

A large, underserved beachhead that expands.

We start where the miss is worst, peritoneal surface malignancy and HIPEC, then extend the same engine to other curable cancers.

$8B+

in curative care at stake each year in the US beachhead alone (about 40,000 patients at roughly $200K each).

Multi-billion

and growing clinical decision support and oncology-navigation market that we sell into, per hospital.

Expandable

HIPEC is where we start, not what we are. The same detection-and-routing engine extends to other missed-candidate cancers.

We monetize per hospital through SaaS; the $8B figure is the clinical value we help recover, not our revenue.

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COMPETITIVE LANDSCAPE

Everyone stores the data. No one routes the patient.

The alternatives solve a different problem. The gap between stored data and a patient-specific decision is ours.

The status quo

Manual chart review and tumor boards. Humans cannot read every report at scale, so the patients stay missed.

Radiology AI

Flags acute findings on the image. It does not assess surgical candidacy or route the patient to the right surgeon.

Oncology data platforms

Aggregate clinical data for research and pharma. Not built to surface and route individual surgical candidates.

EHR incumbents

Store and manage the data. They are not built to turn it into a patient-specific referral decision.

HMT is the commercialization layer: candidacy, routing, and an outcome-linked registry, with a clinician in the loop.

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BUSINESS MODEL

Software sells it. The data is the business.

Recurring per-hospital software today, a premium imaging module next, and a proprietary registry that compounds.

- **Per-hospital SaaS**

  Recurring subscription to health systems for detection and navigation. The entry product and near-term revenue.

- **Premium CT-imaging module**

  Our highest-value next step, sold as an upgrade once FDA-cleared.

- **The registry**

  An outcome-linked, disease-specific dataset no incumbent holds. The long-term asset and the moat.

THE FLYWHEEL

Every patient we route adds an outcome-linked record. More records make the detection better, which wins more hospitals, which grows the registry.

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GO-TO-MARKET

Land through design partners. Expand hospital by hospital.

Physician-founder credibility opens the door; an EHR integration already deployed lowers the lift.

01

Design partners

Academic and community health systems run HMT on real data, with the founders' and advisors' clinical relationships opening the door.

02

Convert to paid

Design partners convert to paid pilots as candidacy accuracy and routed patients prove out against operative-report ground truth.

03

Scale the motion

EHR integration through our partner is already deployed at target hospitals, so each new site is a repeatable sale, not a rebuild.

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TRACTION

A working system, not a slide.

- Live on real de-identified clinical data today, not a mockup.
- Won a competitive AWS AI pitch: $25K and a dedicated AWS dev team.
- Accepted to Google for Startups (ecosystem tier), on track for the AI tier.
- Selected for an internationally renowned clinical-AI accelerator.
- EHR integration partner already deployed at our target hospitals.
- Patent filed. Digital Sandbox KC grant won. Advisors signed.
- SOC 2 and HIPAA underway; first design partner in progress.

$200K

in curative care recovered for every patient we find.

The software finds the patient. The data is the business.

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FINANCIALS

Raising $1M to turn promise into proof.

This round funds the milestones that de-risk the company to a Series A.

Product & deployment

Stand up the live deployment at the first design partners and run the pipeline on real data.

Clinical validation & registry

Validate candidacy accuracy against operative-report ground truth and build the registry.

Key hires

The technical, clinical, and commercial talent to scale past the founders.

Runway

Reach a signed, paying design partner and raise the Series A from a position of proof.

Revenue becomes realistic in the following year as design partners convert to paid pilots. The gating milestone is the one that makes the round: a signed, paying design partner running on real data.

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WHY THIS, WHY NOW

Every patient we find is a life saved.

The patients are already in the data. The surgery already cures. We find them, route them, and build the record that makes the system better every time.

The platform is live. The data is the business. Built by surgeons who live the problem.

Dr. Joseph L. Hayhurst, MD · joseph@hayhursttech.com · hayhursttech.com