NorstellaLinQ
Get closer to the patient

See the Full Bladder Cancer Journey. Not Just the Billing Codes.

For bladder cancer, claims data can't tell you a patient's stage, BCG status, or biomarker results. The detail you need lives in the physician's notes.

NorstellaLinQ not only extracts that data, but we go a step further—we tap specialists to confirm it.

1. UNSTRUCTURED PHYSICIAN NOTES

Stage, BCG status, biomarkers and treatment rationale live in free-text notes — not in ICD-10 or billing codes.

2. DATA EXTRACTION

The pipeline structures 8 clinical concepts and 40+ data fields directly from the raw narrative.

3. SPECIALIST VALIDATION

Practicing urologists and medical oncologists review the output live, probe the edge cases, and confirm it reflects real clinical practice.

Here's a look at how board-certified urologists and medical oncologists challenged and validated NorstellaLinQ's bladder cancer data extracted from physician's notes—field by field, line by line.

WHAT THEY REVIEWED, FIELD BY FIELD

8 of 8 Concepts Validated · 40+ Fields Reviewed Line by Line

NLP CONCEPT	DATA FIELDS CAPTURED	SPECIALIST STATUS
Tumor Properties & Staging	TNM · stage · grade · margin · invasion · metastatic status	✓ Confirmed
BCG Status	4-state: naive · responsive · intolerant · refractory	✓ Confirmed
SIS Risk Stratification	Risk score / stratification	✓ Confirmed
Medications	Drug · status · dates · route · dosage · intent · discontinuation · response · AEs	✓ Confirmed
Surgery	Name · status · date · outcome	✓ Confirmed
Radiation	Name · status · dates · intent · response · concurrent chemo	✓ Confirmed
Imaging	Name · value · method · date · lesion location · abnormality sub-fields	✓ Core confirmed
Biomarkers	FGFR · PD-L1 · HER2 (IHC + NGS) · TMB · ctDNA · Urine FISH	✓ Core confirmed

Reviewed live with a board-certified urologist (31 years in urologic oncology) and a medical oncologist (13 years treating bladder cancer) — both in active practice.

THEY TRIED TO BREAK IT

Eight Clinical Edge Cases Probed — All Eight Already Handled

FIELD PROBED	WHAT THE SPECIALIST SAID	HOW NORSTELLA ALREADY HANDLES IT
BCG refractory logic	*"BCG refractory means they failed two full six-week courses"*	Our model requires two documented courses before classing a patient refractory, and flags shortage-era chemo substitutions separately.
Second-look TURBT	*"A second look showing no cancer doesn't mean cancer-free"*	Our model anchors treatment to the original tumor pathology, so a clean second look is never misread as cancer-free.
Radiation intent	*"The end-of-therapy note has everything — dose, fractions, dates, intent"*	We source dose from the end-of-therapy note and read it as a palliative-vs-curative intent signal.
Adverse-event severity	*"I don't generally use CTCAE grading for regular clinical practice"*	We capture severity as the physician documented it in the narrative, and flag formal CTCAE grades as trial-context.
Invasion depth	*"Invasion by itself could mean T1 or T2 — two completely different treatment paths"*	Our model resolves invasion to T1 vs. T2 from the microscopic pathology description.
ctDNA	*"Circulating tumor DNA is being used more and more"*	We already extract ctDNA within the biomarker concept.
HER2 IHC	*"IHC has to be done separately to get approval for T-DXd"*	We already capture HER2 IHC from NGS reporting.
Urine FISH	*"I see cytology, but do you have the urine FISH test there?"*	We already pick this up — our notes-inclusion search covers the most commonly tested bladder biomarkers, several of them FISH-derived.

Their verdict? The framework is logical, clinically grounded, and sufficient to reconstruct the full bladder cancer patient journey.

IN THEIR OWN WORDS

What the Physicians Said About Our Data — Unedited

> "Just yesterday, enfortumab with pembrolizumab was approved even in neoadjuvant and adjuvant setting — so yeah, I think these are the most common ones which we are using."
>
> **Medical Oncologist** · 13 years treating bladder cancer, on our treatment capture

> "When we say BCG refractory, we typically mean they failed two full six-week courses of BCG… it's technically not refractory, it's just that they didn't tolerate it well."
>
> **Board-Certified Urologist** · on the 4-state BCG taxonomy we already capture

> "The more simplicity we have, the easier it is to abstract the data — get rid of non-information that doesn't contribute to what we're trying to get."
>
> **Board-Certified Urologist** · on the field design philosophy

WHAT YOU CAN ANALYZE WITH IT?

Analyses Claims Data Alone Cannot Support

TREATMENT PATTERNS

- BCG naive → refractory progression
- Neoadjuvant vs. adjuvant sequencing
- Reasons for treatment discontinuation
- Latest approvals (enfortumab + pembro)

BIOMARKER UTILIZATION

- FGFR prevalence and erdafitinib uptake
- HER2 IHC testing and T-DXd eligibility
- PD-L1 patterns across lines of therapy
- ctDNA adoption in surveillance (2024–2025)

OUTCOMES & JOURNEY MAPPING

- Stage at diagnosis → treatment initiation
- TURBT → cystectomy surgical pathway
- Radiation intent: palliative vs. curative
- Full journey: diagnosis → progression

Get Closer to the Patient Than Ever Before

NorstellaLinQ links claims, EHR, lab, and electronic prescription data into a single patient view — decision-grade and AI-ready. See what it can do for your team.

Discover NorstellaLinQ