

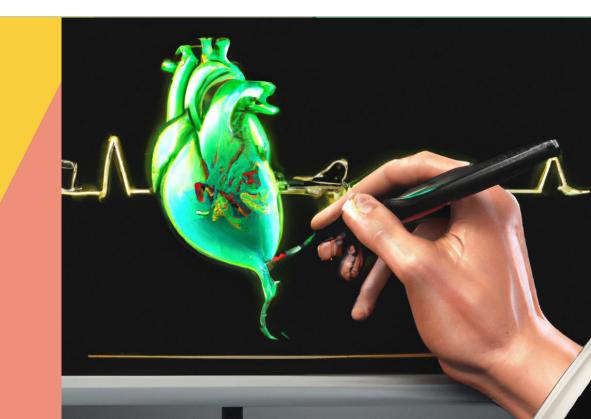
#### 9. November 2023 - Update Kardiologie Hirslanden Klinik Linde

#### Möglichkeiten und Grenzen der Künstlichen Intelligenz in der Medizin. Braucht es uns Mediziner in Zukunft noch?

Prof. Dr. med. Christoph Gräni

Leiter Kardiale Bildgebung Universitätsklinik für Kardiologie Inselspital Bern

Twitter: @chrisgraeni



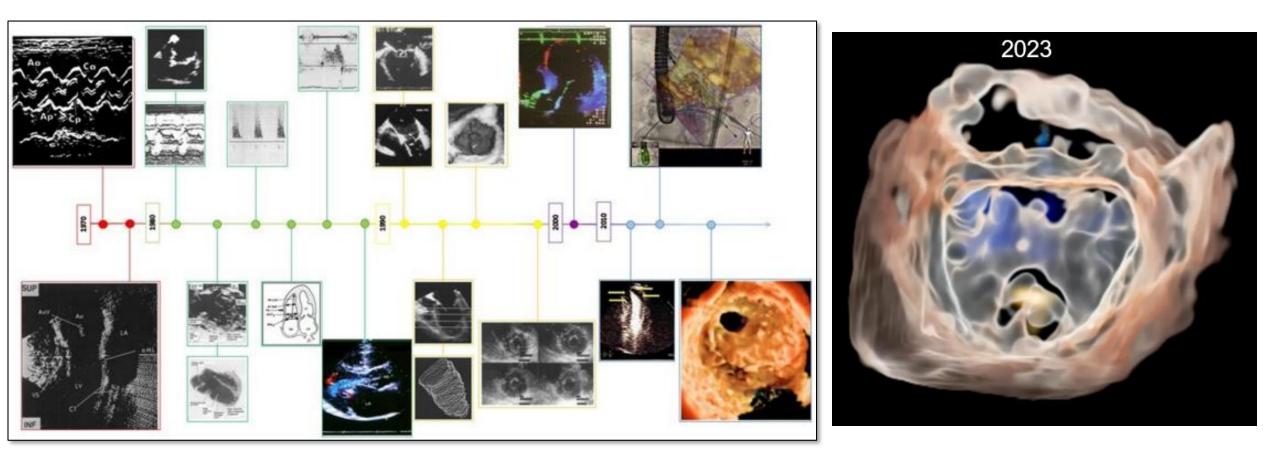




- Multimodality imaging
- How can AI be applied in cardiac imaging
- Practical AI cases
- Outlook, unmet needs, ChatGPT



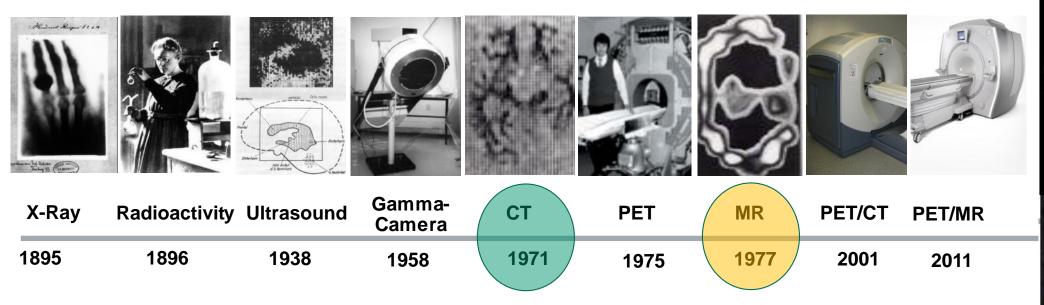
#### **Evolution of Echocardiography**

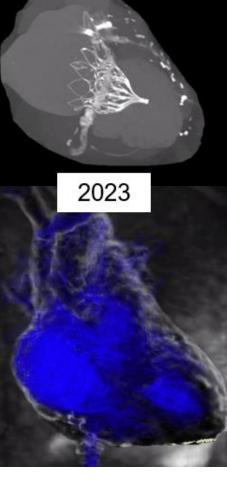


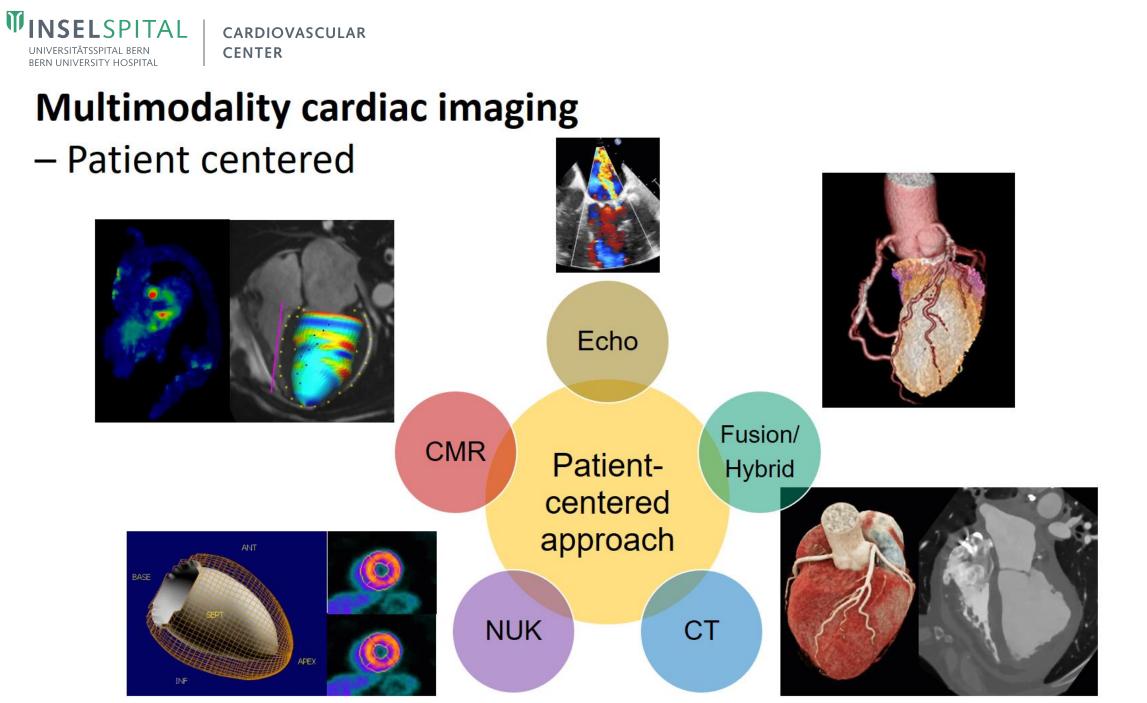
Reid A., Dweck MR. Heart . 2022 May;108(10):780-786.



## **Evolution of CT/CMR/Nuclear**

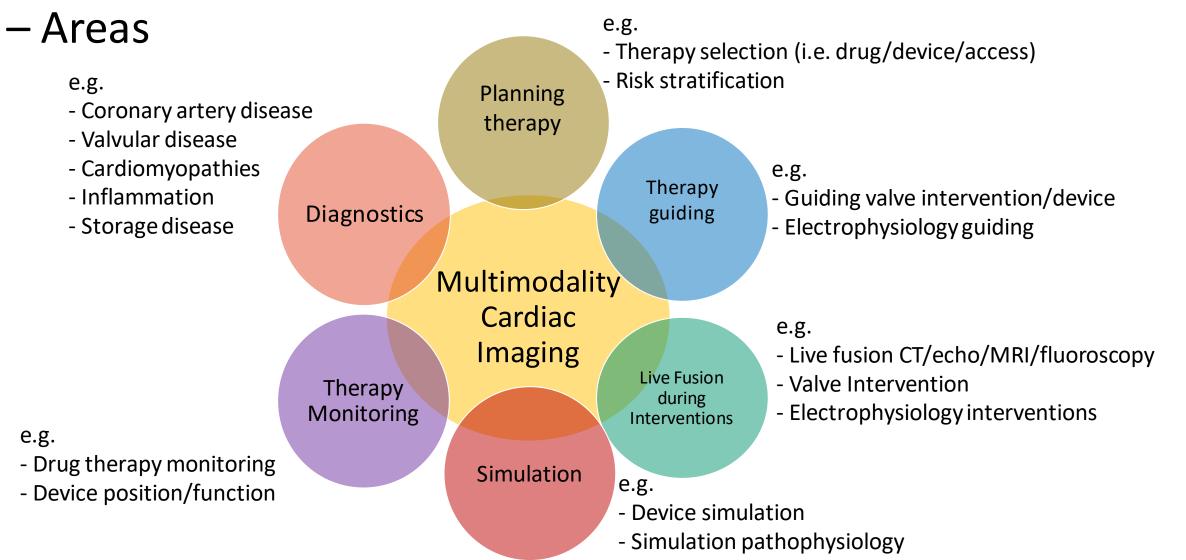


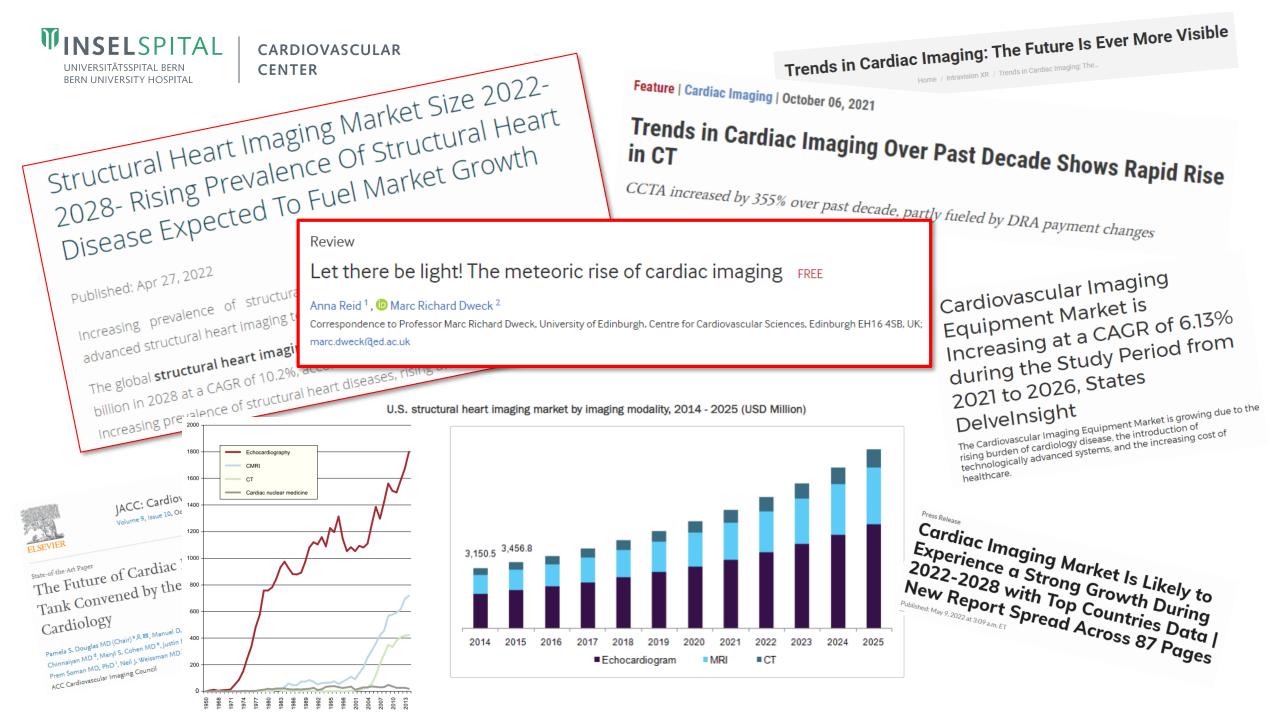






## Multimodality cardiac imaging





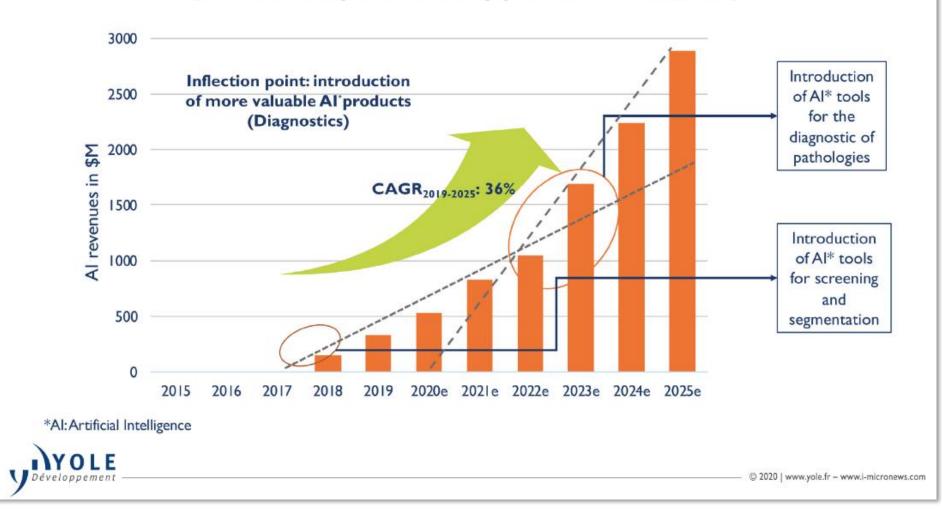
NSFI SPITAL

/FRSITÄTSSPITAL BERN

BERN UNIVERSITY HOSPITAL

#### Artificial Intelligence revenues for medical imaging: 2015-2025 market forecasts

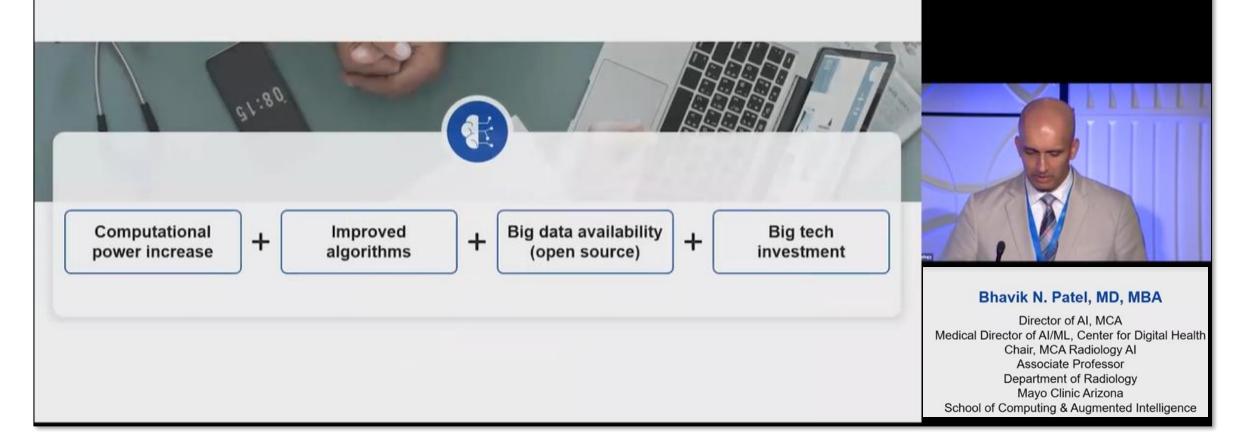
(Source: Artificial Intelligence for Medical Imaging 2020 report, Yole Développement)





### Why «now» AI in cardiac imaging?

#### 12 Behind Today's Computer Vision Emergence





Here is the breakdown for the number of FDA-cleared algorithms across specialties as of the FDA's last update in January 2023.

- Radiology 396
- Cardiology 58
- Hematology 14
- Neurology 10
- Clinical chemistry 7
- Ophthalmic 7
- Gastroenterology and urology 5
- General and plastic surgery 5
- Pathology 4
- Microbiology 4
- Anesthesiology 4
- General Hospital 3
- Orthopedic 1
- Dental 1



## How can AI be applied in cardiac imaging?

Interpretation



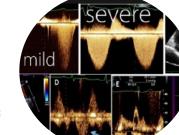


Optimization Select machine Adapt protocol Improve utilization Resource allocation

#### Segmentation

Segmentation

Disease detection



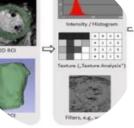
Fast reporting (real time) Decrease interand intra-rater variability

## Classification



New classification opposed to traditional classification

# Radiomics



Feature extraction (intensity histogram)

#### **Risk stratification**



Improve risk

stratification by

implementing

non-traditional

parameters

#### Democratize



Democratize Open access Education Allow low-income countries access to high tech expertise



## Improving workflow in cardiac MRI

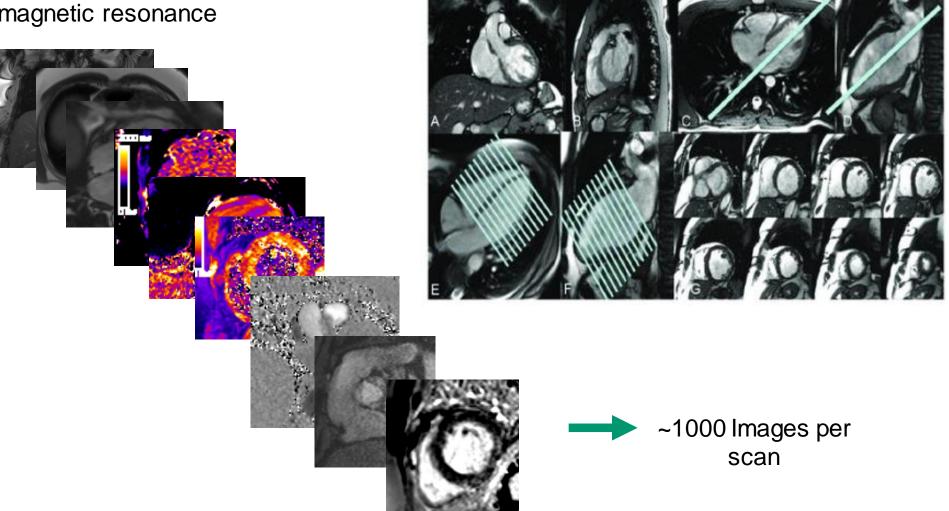
~ 60min entire cardiac magnetic resonance

CARDIOVASCULAR

CENTER

#### Protocol

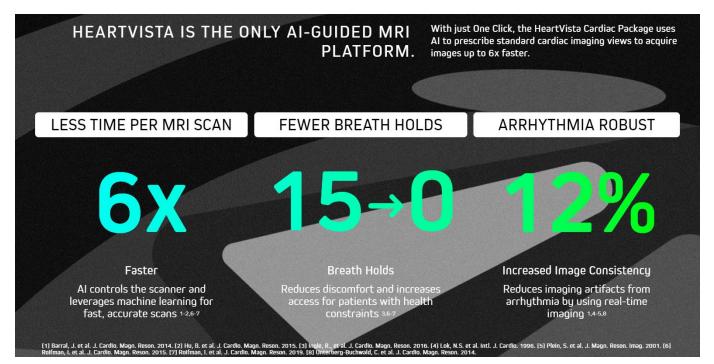
trufi\_loc\_multi\_iPAT trufi loc multi iPAT trufi sindleshot tra iPAT trufi\_singleshot\_cor\_iPAT trufi sindleshot parasag Aorta loc\_pseudo\_2ch loc\_pseudo\_4ch loc\_pseudo\_SA \* cine\_tf 2d16\_retro\_iPAT\_SA\_VF cine\_tf 2d13\_retro\_iPAT\_4ch tse 11 db t1 iPAT SA basal midvent apikal\* tse\_11\_db\_t1\_iPAT\_4CH \* tirm\_20\_db\_t2\_SA\_ basal\_midvent\_apikal\* tirm 20 db t2 4CH T2Map\_TrueFISP\_SA\_midvent T2Map\_TrueFISP\_4CH T1Map LongT1 SA midvent T1Map LongT1 4CH T2StarMap\_8echo\_heart\_SA\_midvent \* Test Perfusion ohne KM (3x SA + 1x 4ch) Rapiscan/Adenosin Stressperfusion Aminophy llin cine\_tf 2d13\_retro\_iPAT\_RVOT flow\_150\_tp\_Aorta flow\_150\_tp\_PA cine\_tf2d13\_retro\_iPAT\_3ch cine tf 2d13 retro iPAT 2ch cine\_tf 2d13\_retro\_iPAT\_AK TI-Scout SA midvent (8min nach 2. Hälfte der KM-Dosis) DE\_overview\_tfi\_psir\_SA DE overview tfi psir 4CH PSIR\_1\_slice\_MOCO\_4ch PSIR 1 slice MOCO 3ch PSIR\_1\_slice\_MOCO\_2ch PSIR MOCO SA Stack (TI+10ms) T1Map\_ShortT1\_SA\_midvent





#### Improving workflow in cardiac MRI

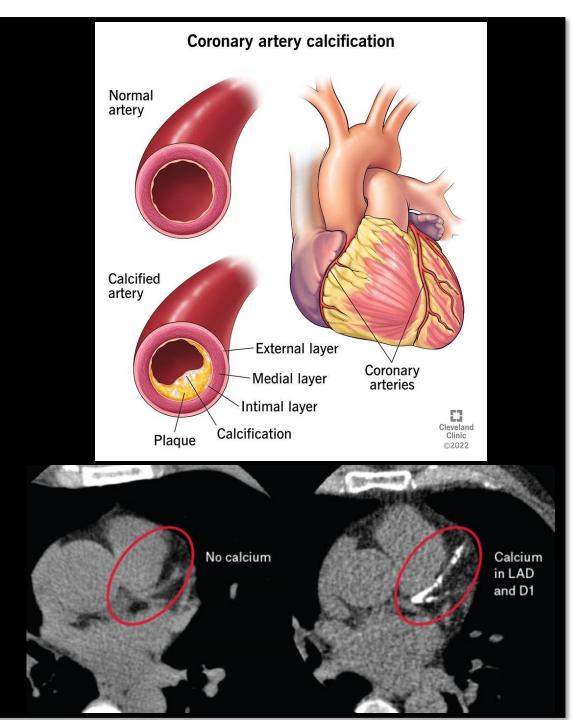






### **Calcium score:**

- Robust marker for presence of coronary calcifications
- Association with cardiovascular outcomes
- Decision-making tool for statin therapy
- Possibility to quantify from native CT scan
- Compare against reference (accord.age/gender)
- Vast imaging information





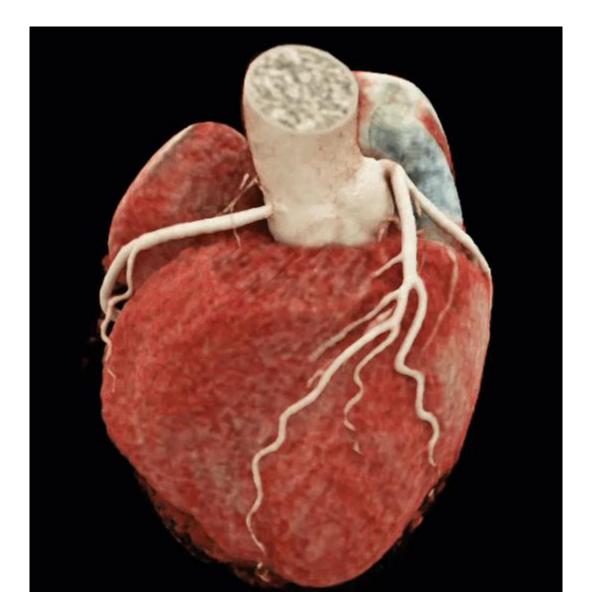
#### **Calciumscore: using AI**



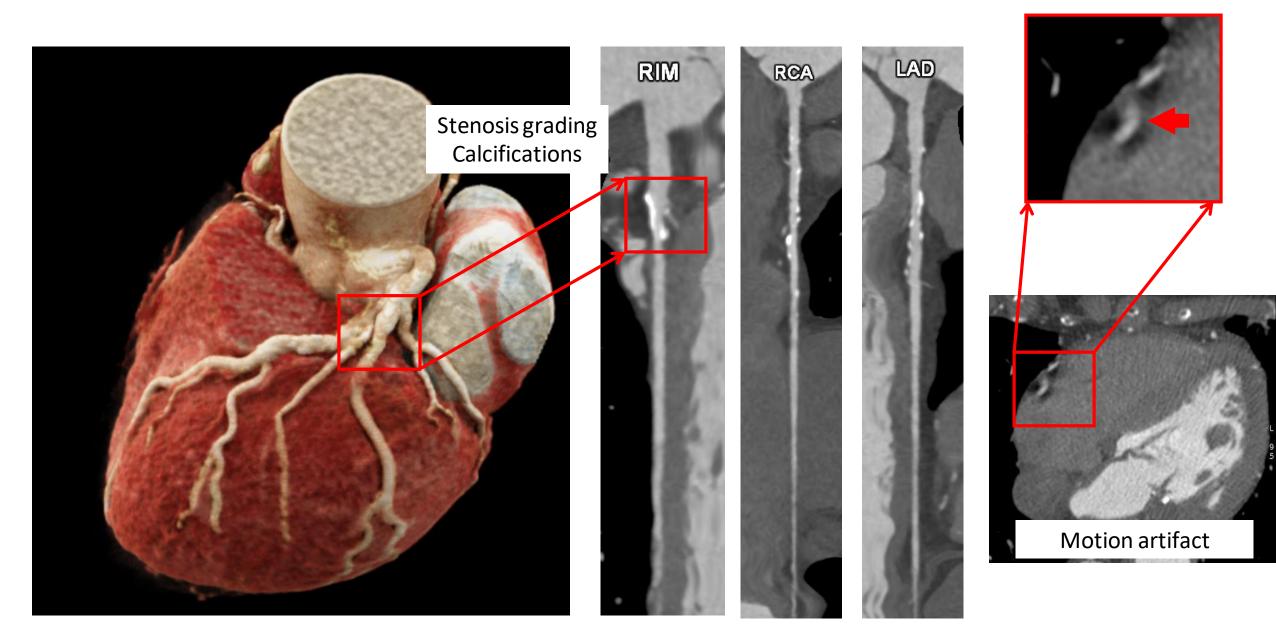


## **Cardiac CT**

- First-line imaging modality in symptomatic patients for coronary artery disease assessment
- Assessment takes 15-20minutes
- Motion artifact, poor opacification, beam hardening, calcification





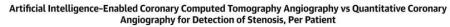




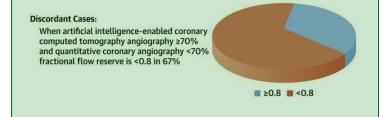
### **Cardiac CT**

 AI approach: series of CNN models for image quality assessment, coronary segmentation and labeling, lumen wall evaluation and vessel contour determination

Artificial Intelligence Enabled Quantitative CT Artificial Intelligence-Enabled Coronary Computed Tomography Angiography Analyses Enables Rapid and Accurate Identification and Exclusion of High-Grade Stenosis With Close Agreement to Blinded, Core-Lab Interpreted Quantitative Coronary Angiography



Artificial Intelligence-Enabled Coronary Computed Tomography Angiography vs Quantitative Coronary Angiography	Sensitivity	Specificity	Positive Predictive Value	Negative Predictive Value	Accuracy	Area Under the Receiver-Operating Characteristic Curve
≥50% Stenosis	94%	68%	81%	90%	84%	0.88
≥70% Stenosis	94%	82%	69%	97%	86%	0.92
				Fractional Flow Re	serve	





**Ground Truth** 

Core-lab QCA

Invasive FFR

Griffin WF et al. JACC Cardiovasc Imaging . 2022 Feb 15;S1936-878X(22)00001-8.

Artificial Intelligence Enable

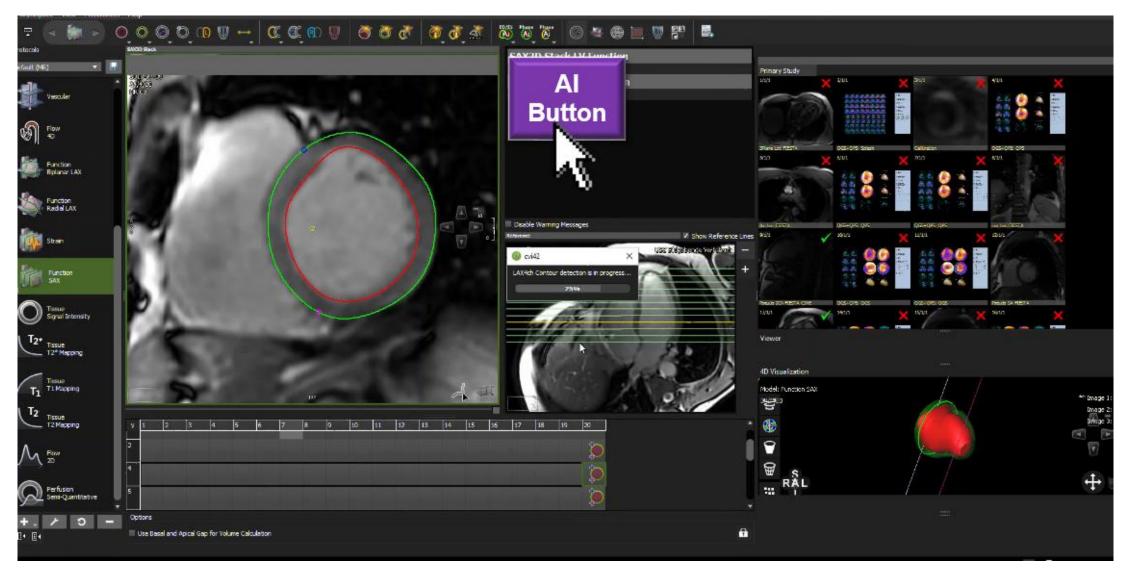
Angiography Analysis

**Quanitative Coronary Tomography** 

VGG-19 Network



### Assessing dimension and function in CMR: AI button



#### Automated Echocardiographic Quantification of Left Ventricular Ejection Fraction Without Volume Measurements Using a Machine Learning Algorithm Mimicking a Human Expert

Federico M. Asch, Nicolas Poilvert, Theodore Abraham, Madeline Jankowski, Jayne Cleve, Michael Adams, Nathanael Romano, Ha Hong, Victor Mor-Avi, Randolph P. Martin and Roberto M. Lang

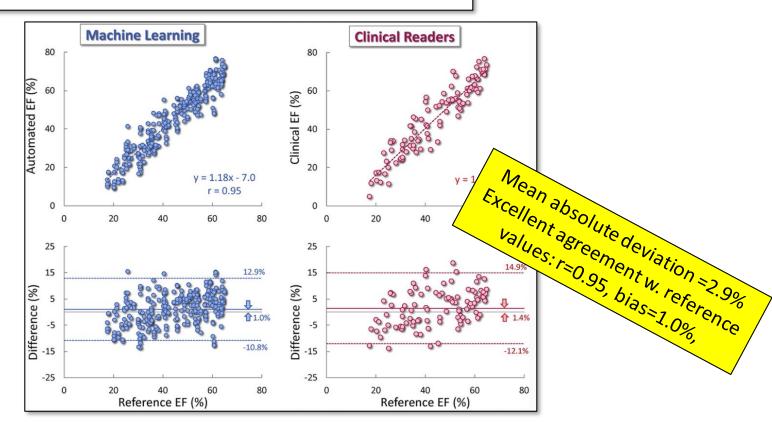
Originally published 16 Sep 2019 https://doi.org/10.1161/CIRCIMAGING.119.009303 Circulation: Cardiovascular Imaging. 2019;12:e009303

#### Training set: >50'000 TTEs

Testing set: 99 Echocardiographies

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**Reference:** 3 experts



Ash FM et al. Circ Cardiovasc Imaging. 2019 Sep;12(9):e009303.



### **Classical TTE workflow**

Image acquisition and measurements



Navigate loops Detect best of all EDV-ESV ... Measures +++ click click click ... Check measurements Normal / Abnormal Aggregate multiples measures Check Guidelines Push it into the report

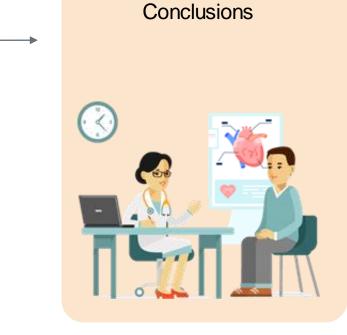
**30-40min** for a

complete reported

echo

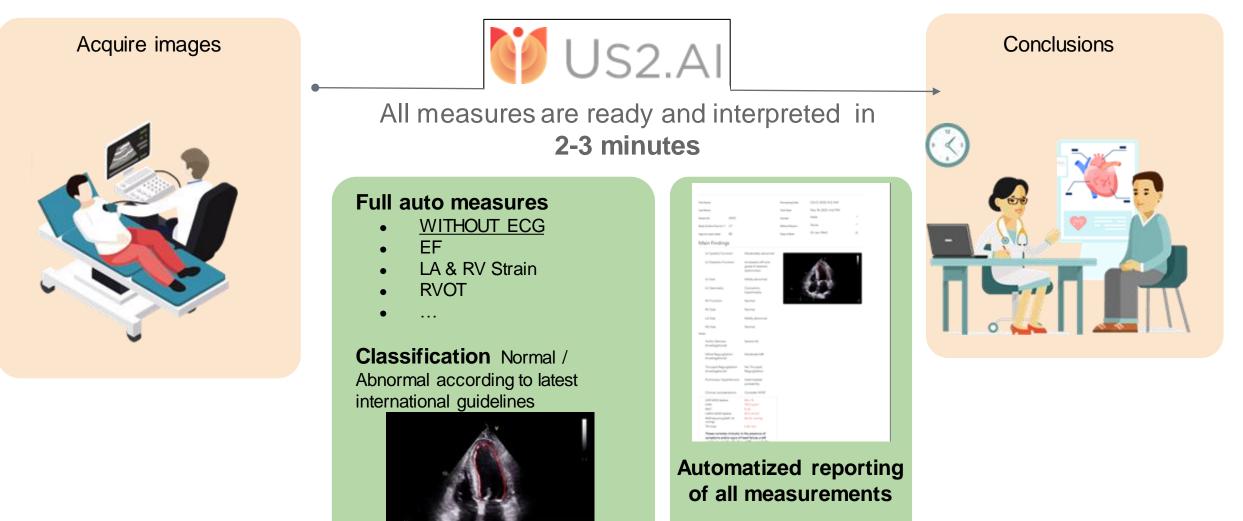
()=

Gather all informations Make sure you don't make any error reporting the values. Write a report



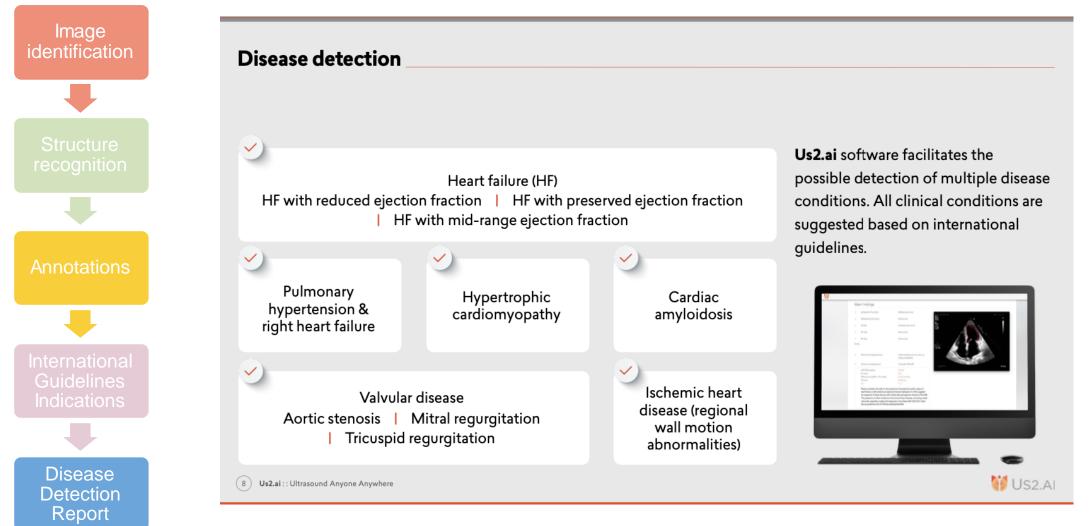


### **Optimized workflow using Us2.ai**





### **Disease detection – Us2.ai powered diagnosis support**





### Echocardiography today $\rightarrow$ tomorrow

Today



Requires years of specialist training to read

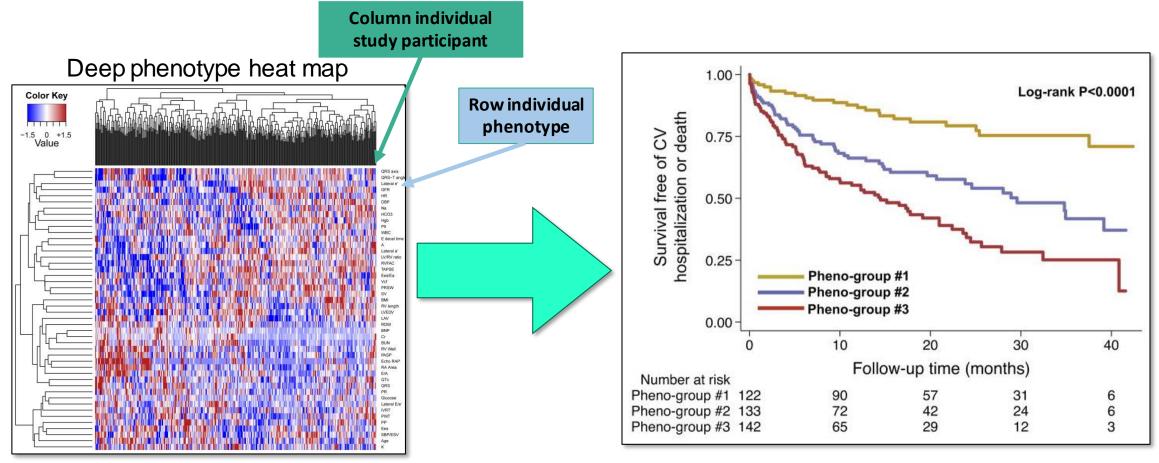


Ultrasound Anyone Anywhere

Automated diagnosis and treatment proposition



# **Classification** - New ways to categorize people/diseases, based on novel not known markers in HFpEF

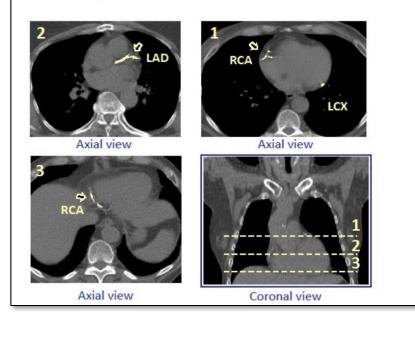


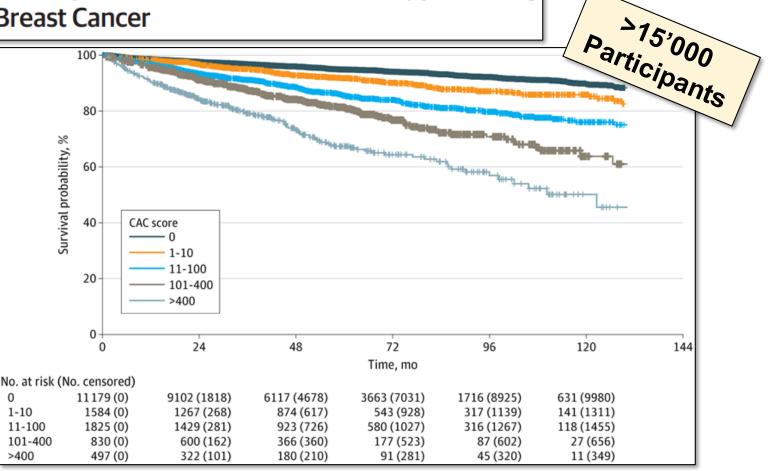
Shah SJ et al. Circulation . 2015 Jan 20;131(3):269-79.



#### JAMA Oncology | Original Investigation Identification of Risk of Cardiovascular Disease by Automatic Quantification of Coronary Artery Calcifications on Radiotherapy Planning CT Scans in Patients With Breast Cancer

Figure 2. Examples of CAC lesions in different coronary arteries identified by the deep learning algorithm. The position of the slices within the heart is indicated in the coronal view.





Gal R. et al. JAMA Oncol . 2021 Jul 1;7(7):1024-1032.



## **Risk prediction**

How is a traditional risk prediction model built?

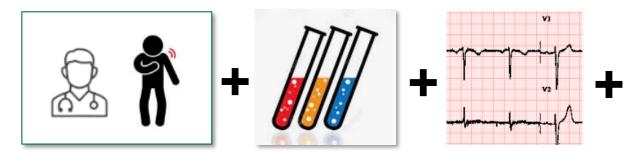


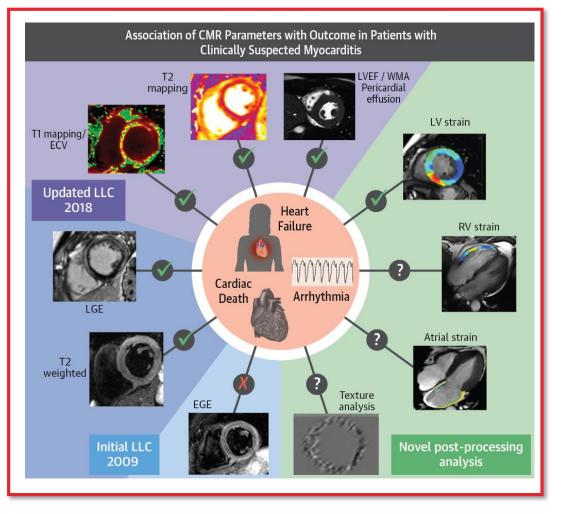
- Sudden cardiac often "first cardiac event" and is not well predictable
- Conversely, >80% of patients with implantable defibrillator per current guideline recommendations → never received shocks



## Improve risk stratification by AI

- Find hidden features / associations
- Combine clinical and imaging data
  - o Better phenotyping
  - $\circ \quad \text{Individualized risk stratification}$

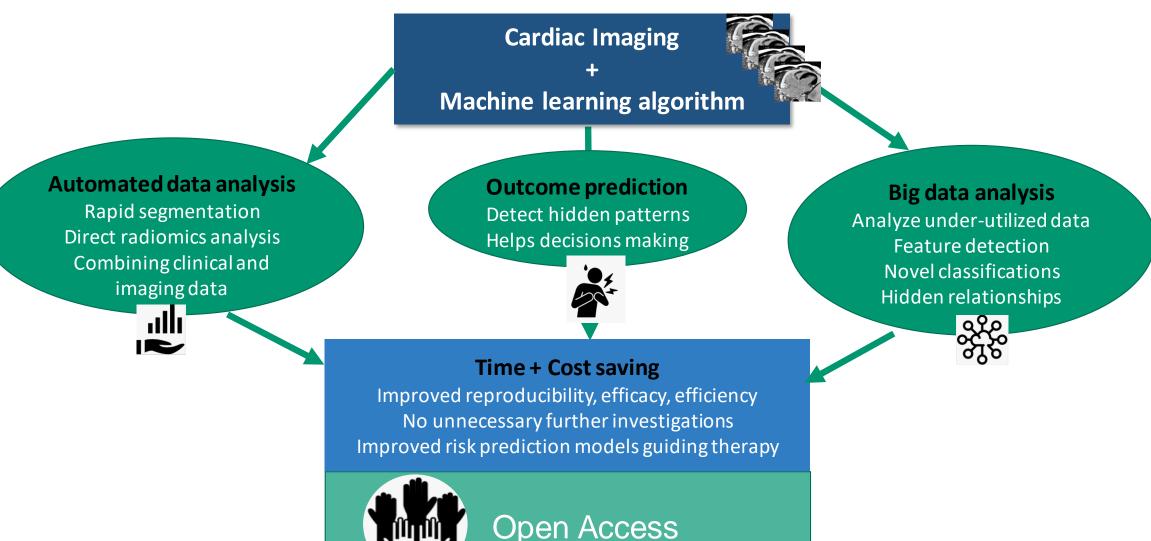




Eichhorn C & Gräni C et al. JACC Cardiovasc Imaging . 2022 Jul; 15(7): 1325-1338.



#### How AI in cardiac imaging can be implemented into routine





## Unmet needs (I)

- What are our references? (gold-standard, outcome)
- Standardization? Reproducibility/validation?
- Access to the Algorithms?
- How do we handle good/bad image quality?

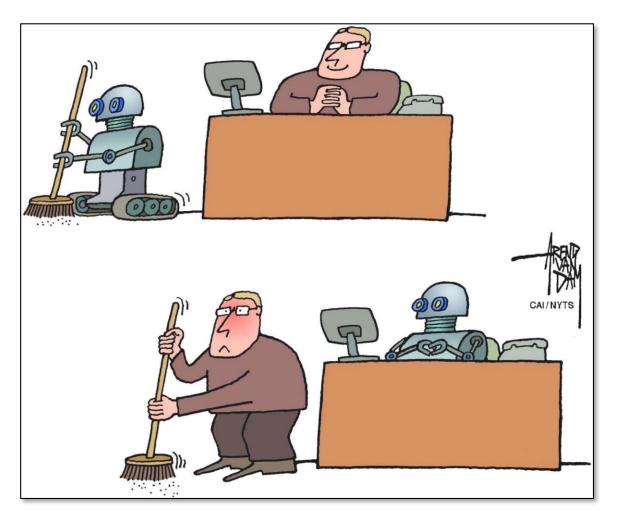


## Unmet needs (II)

- What if AI is wrong, who is responsible?
- What if there is disagreement between AI and experts?
- Re-imbursement for AI? More information available and who is seeing the patient?
- Ethical issues/data protection? Analysis/AI models far away outside of the institution?



### Will AI replace clinicians (I)?





### Will AI replace clinicians (II)?

How Will Artificial Intelligence Create More Jobs by	ill Create 97 Million Jobs, But Workers t Have The Skills Required (Yet)			
new jobs	to upskill workers; a World Economic Forum report states that 97 million will be created by 2025 due to AI. ott – November 19, 2021 in Tech Reading Time: 6 mins read AA Forbes			
<ul> <li>COVID-19 has accelerated the automation of many tasks, leading some to fear artificial intelligence (AI) will take their jobs.</li> <li>But AI will create more jobs than it destroys.</li> <li>To embrace this change, companies and governments must focus on upskilling and reskilling.</li> </ul>	CAREERS AI Creates Job Disruption But Not Job Destruction			



#### You won't lose your job to a computer

You'll lose it to a human who is better at using a computer



### ChatGPT: new kid on the block!

ChatGPT gibt ausführliche Antwort

Tiefere Krankenkassen-Prämien durch Kl «ChatGPT könnte die Facharztprüfung bestehen.»

Davey Smith, Universität Kalifornien

FORBES > INNOVATION > ENTERPRISE TECH

**Revolutionizing Healthcare:** The Top 14 Uses Of ChatGPT In Medicine And Wellness

Bernard Marr Contributor ①



WISSENSCHAFT > INTERNATIONAL-SCIENCE > CHAT GPT ALS ARZT: DIE KLBESTEHT EXAMEN – UND GIBT DIAGNOSEN

#### Kann Chat GPT Arzt sein? Wie der Bot das Examen bestand und Krankheiten diagnostizierte

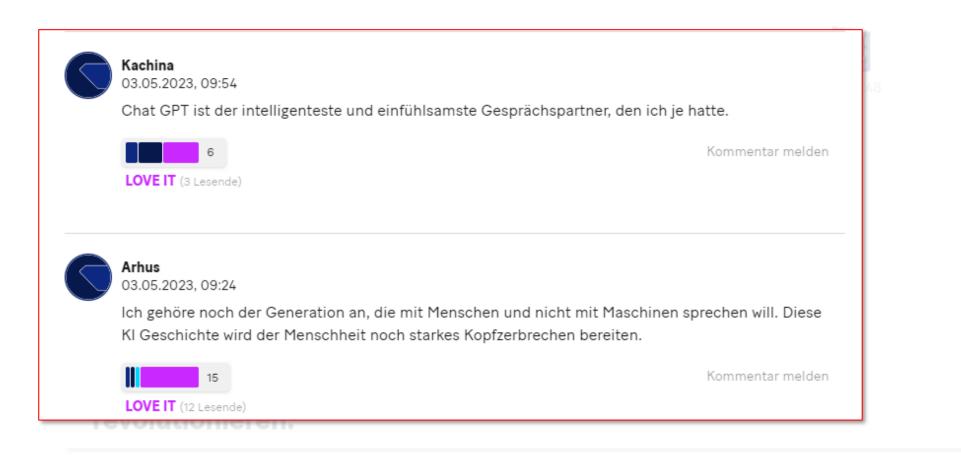
Hilary Brueck (1) 10 Apr 2023



Mar 2, 2023, 02:39am EST



#### **Computer and empathy?**





**Original Investigation** 

ONLINE FIRST FREE

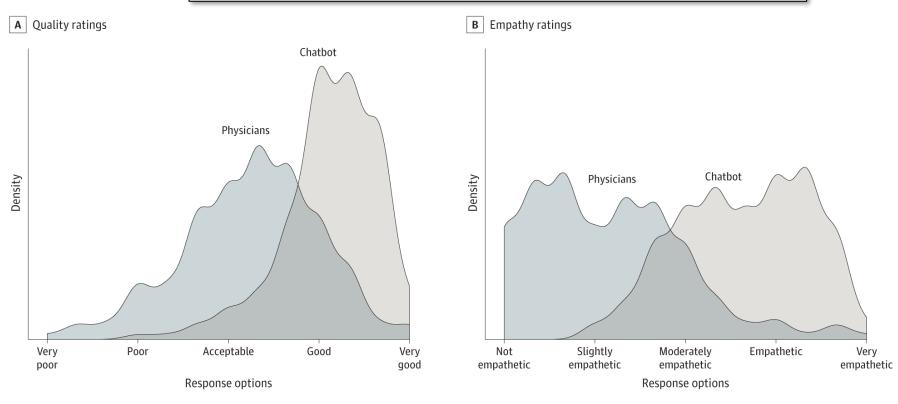
April 28, 2023

#### Comparing Physician and Artificial Intelligence Chatbot Responses to Patient Questions Posted to a Public Social Media Forum

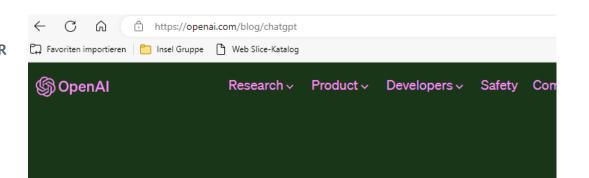
John W. Ayers, PhD, MA<sup>1,2</sup>; Adam Poliak, PhD<sup>3</sup>; Mark Dredze, PhD<sup>4</sup>; Eric C. Leas, PhD, MPH<sup>1,5</sup>; Zechariah Zhu, BS<sup>1</sup>; Jessica B. Kelley, MSN<sup>6</sup>; Dennis J. Faix, MD<sup>7</sup>; Aaron M. Goodman, MD<sup>8,9</sup>; Christopher A. Longhurst, MD, MS<sup>10</sup>; Michael Hogarth, MD<sup>10,11</sup>; Davey M. Smith, MD, MAS<sup>2,11</sup>

 $\gg$  Author Affiliations | Article Information

JAMA Intern Med. Published online April 28, 2023. doi:10.1001/jamainternmed.2023.1838







## Introducing ChatGPT

We've trained a model called ChatGPT which interacts in a conversational way. The dialogue format makes it possible for ChatGPT to answer followup questions, admit its mistakes, challenge incorrect premises, and reject inappropriate requests.

Try ChatGPT 7

Read about ChatGPT Plus



### How will ChatGPT transform Cardiology?

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How will ChatGPT change Cardiology in the future?

\$

As an Al language model, ChatGPT can provide a wealth of information and knowledge in the field of cardiology. Its ability to process and analyze large amounts of data can assist healthcare professionals in making informed decisions regarding patient care, as well as aid in the development of <u>new treatments and</u> therapies.

ChatGPT can also help bridge the gap between patients and healthcare providers by providing accessible and understandable information about heart health and disease prevention. It can help educate patients about risk factors and lifestyle modifications, empowering them to take an active role in their own health and well-being.

Moreover, with advancements in natural language processing and machine learning, it is possible that in the future, ChatGPT may even be able to provide personalized medical advice and treatment recommendations based on individual patient data.

Overall, ChatGPT has the potential to significantly impact the field of cardiology by improving patient care, facilitating research, and promoting patient education and empowerment.



#### Al in cardiac Imaging - Take Home Message

- ✓ AI currently in cardiac imaging:
  - Segmentation (speed), accuracy (reproducibility), risk-stratification
- ✓ AI in cardiac imaging will rise:
  - Increase in computational power, labelled data available, combining clinical data + imaging data, improved algorithms
- Unmet needs:
  - Reference, validation, reproducibility, open access, ethics, reimbursement
- Physicians are still needed:
  - Maybe needed more than ever?!

#### ChatGPT:

• Great potential for assisting physician, patient counselling, personalized risk prediction and novel treatment development

## Thank you for your attention