



# Delivering meaningful AI

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## The focus of today



# It is hard for MDs to cope with today's health management complexity...

*There are limitations in a human MD....*



Extensive knowledge to retain



Multiple and diverse type of data to consider



Expensive operations



Tiredness and fatigue



Time-consuming procedures

# ...but AI can come to the rescue

Based on global knowledge and updates



Able to integrate and consider multiple and diverse types of data



Cheaper and cost-effective



Tireless and restless



Faster and efficient



*...AI can solve most of the human limitations...*

# Is AI really the solution? What challenges does it pose?



## Key AI considerations



Trust in a black box



Access data in compliance with GDPR



Does data always hold the answer?

# Is AI really the solution? What challenges does it pose?



## Key AI considerations



Trust in a black box

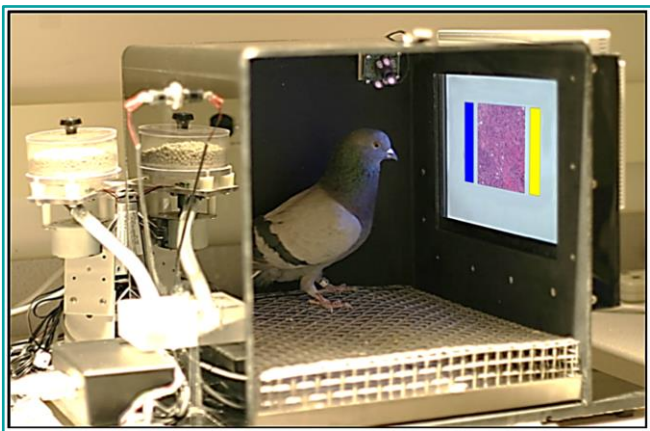


Access data in compliance with GDPR



Does data always hold the answer?

# What is going on in a pigeon brain?



Studies have shown that **pigeons** can serve as promising **surrogate observers of medical images** to distinguish benign from malignant human breast histopathology and to be capable of **detecting cancer-relevant microcalcifications** on mammogram images<sup>1</sup>.

## Deep learning

Extremely effective *but...*

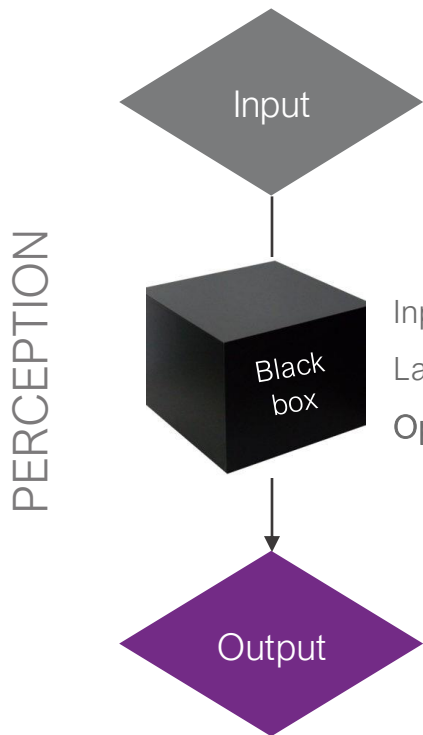
- It requires a lot of information
- works as a **black box**:
  1. no real-world interpretation
  2. only good for the purpose it was developed for

Would you trust the Buddy to diagnose your cancer?

<sup>1</sup> Levenson RM, Krupinski EA, Navarro VM, Wasserman EA (2015) Pigeons (Columba livia) as Trainable Observers of Pathology and Radiology Breast Cancer Images. PLoS ONE 10(11): e0141357. <https://doi.org/10.1371/journal.pone.0141357>



# Question: does it need to be a **black box**?



Inputs and operations **not visible** to the user.  
Largely **self-directed** process.  
**Opaque** implementation.

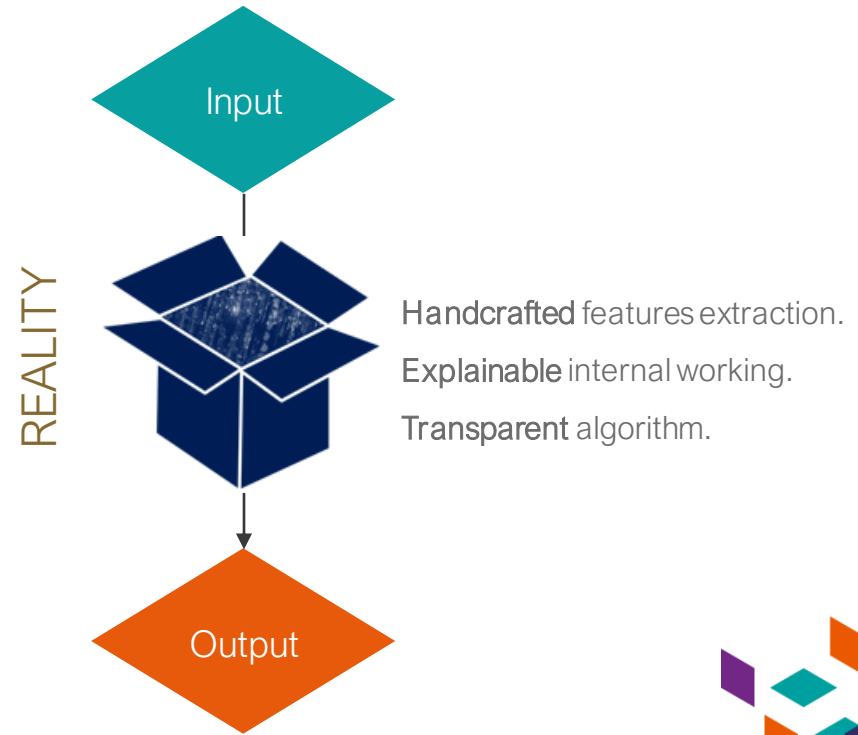
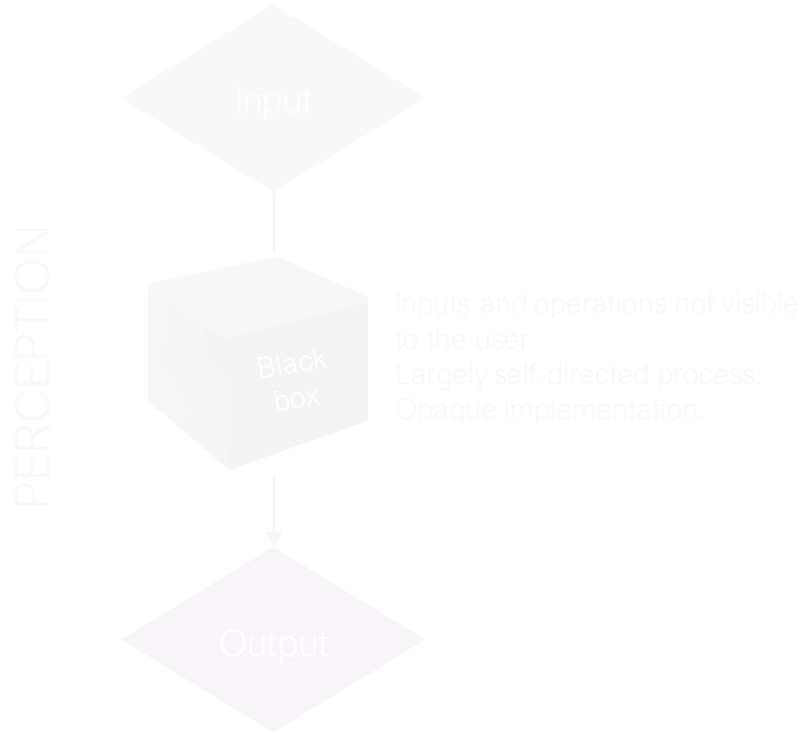


Handcrafted features extraction.  
Explainable internal working.  
Transparent algorithm.





# Answer: *not necessarily*



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# What about data access and ensuring privacy



American and Chinese companies have established their frontline positions in AI technology. But what is the impact on **data protection**? And what is the **EU's** stance on **individual rights** and civil liberties?

## GDPR

The General Data Protection Regulation (EU) 2016/679 (**GDPR**) is a regulation in EU law on data protection and privacy.

The aim is to give individuals control over their **personal data**.

The patient has right to be informed, to access his data, to restrict and object to processing, but also to **rectification and erasure**.



## EU's AI Law

The European Commission wants the EU to become a safe space for AI innovation.

Only high-risk AI systems (among them, AI-powered **healthcare**) that have gone through **quality management and conformity assessment procedures** will be allowed in the EU.

Some requirements the draft lays out include the need for **data sets to be high quality, have human oversight and transparency, as well as be "robust"**.

# Is AI really the solution? What challenges does it pose?



## Key AI considerations



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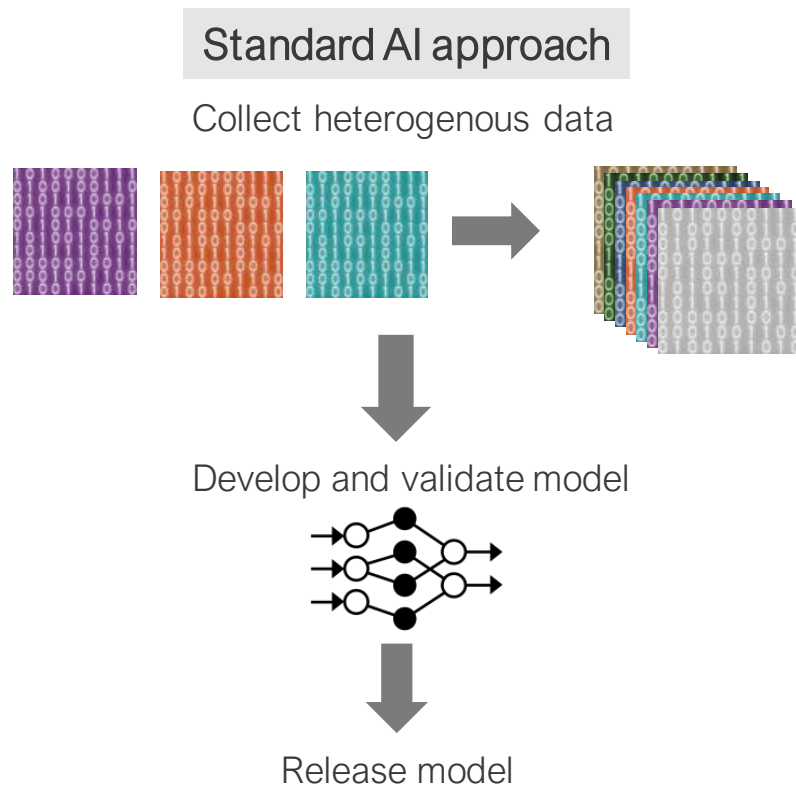


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Does data always hold the answer?

# The standard AI approach working with large dataset



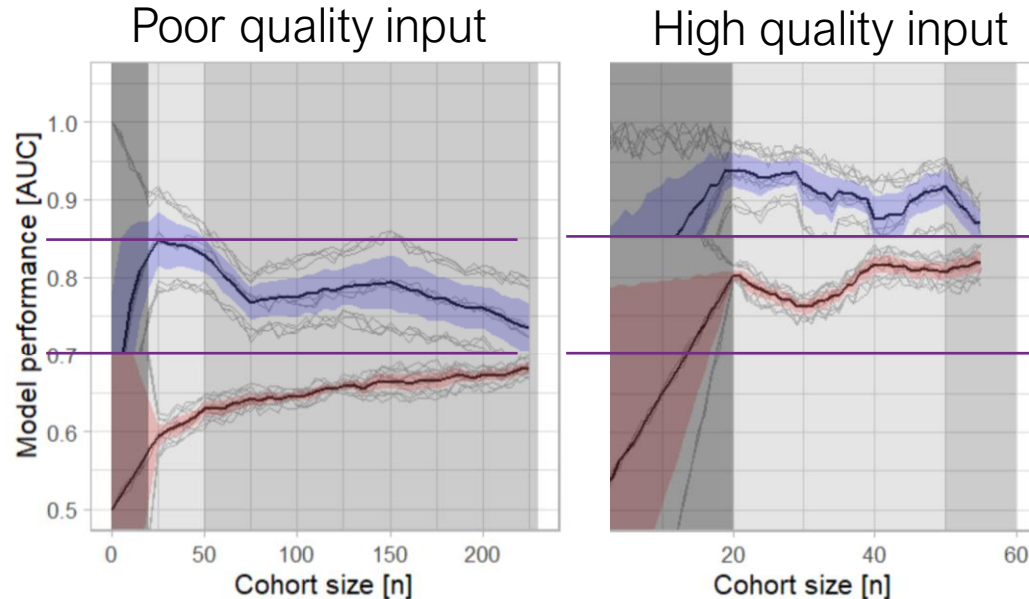
## Drawbacks

- More difficult to capture signal
- Not clear what are the working conditions for the final model
- Requires large data sets

# Data quantity vs quality

Finding the right balanced between **quantity** and **quality** is the key for successful AI

- AI does **not** necessarily require big dataset.
- Simulations show how the analysis of a **smaller cohort can lead to better results**, overcoming the noise threshold, which simulations with bigger cohort could not.
- Quality** over **quantity**.



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# The alternative approach of smaller and higher quality datasets

## Alternative Approach

Select high quality curated data



Develop and validate model



Test model with data variability



## Advantages

- Develop model by understanding underlying reality
- Clearly define conditions for model to work

## Question: *how does AI **help** in clinical decision making?*

- It is not about replacing doctors. It is about **supporting** and **enhancing** their performance.

EFFICIENCY: Speeding up simple but time-consuming operations



 SAFETY: Reducing error probability

EFFICACY: Going beyond what can meet the eye





# Using the human expertise in the most efficient way possible

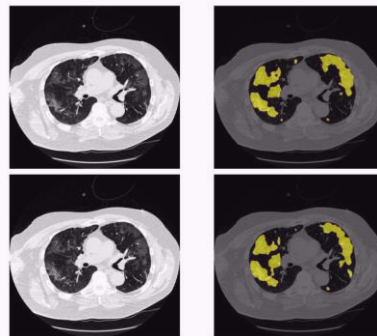
Speeding up simple but time-consuming operations

AI can help radiologists by **rapidly analyze images and data registries**, supporting them in several tasks such as:

- Segmentation of the organs
- Segmentation of the abnormalities
- Differential diagnosis
- Image assessment and volumetric measurements (RECIST evaluation)



*Fast, accurate, efficient*



Automatic segmentation of abnormalities

# Increased patient safety by correct and consistent reading

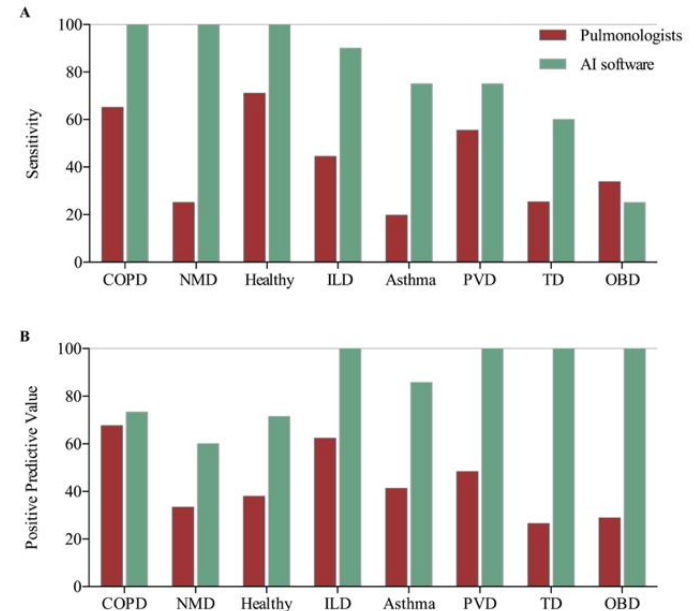
## Reducing error probability

The interpretation of pulmonary function tests (PFTs) to diagnose respiratory diseases is built on expert opinion that relies on the recognition of patterns and the clinical context for detection of specific diseases.



There is **poor accuracy** and **substantial disagreement** between pulmonologists when interpreting complex pulmonary function data.

Automating interpretation with **AI** provides a **powerful decision support tool in clinical practice.**



Topalovic M, Das N, Burgel P-R, et al. Artificial intelligence outperforms pulmonologists in the interpretation of pulmonary function tests. Eur Respir J 2019; 53: 1801660 [https://doi.org/10.1183/13993003.01660-2018].

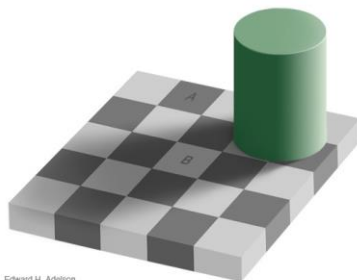
# Improving the efficacy of medical staff

Going beyond what can meet the eye

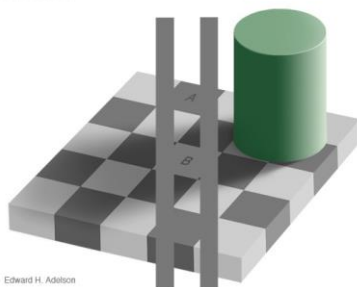
## Human eyes are limited



There is much information beyond what can meet the eyes

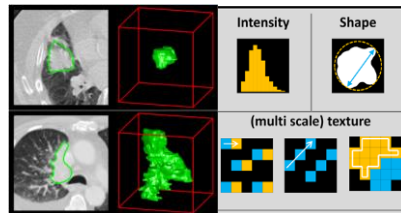


Edward H. Adelson



Edward H. Adelson

## Quantitative Image Analysis



Quantitative biological information embedded in standard medical imaging



# How do we see the future?

## Black box deep learning

Automatic tasks that do not require interpretation  
Can be easily checked by a human or any other method

Combining

## Understandable and smart machine learning

Understanding scientific questions  
Support clinical decision making but not replacing physician

# AI for Decision Support Systems and patient Management in COVID-19

The **DRAGON** project aims to use artificial intelligence (AI) and machine learning to develop a decision support system capable of delivering a more precise **coronavirus diagnosis and more accurate predictions of patient outcomes**. Underpinning all of this will be a federated machine learning system that will allow the use of data from a range of international sources while complying with the EU's General Data Protection Regulation (GDPR).

- Goal: rapid and secure AI imaging-based diagnosis, stratification, follow-up, and preparedness for coronavirus pandemics.
- Lead institution: **Radiomics**, Belgium.
- 18 partners: high-tech SMEs, academic research institutes, biotech and pharma partners, affiliated patient-centred organisations and professional societies from Belgium, Italy, the Netherlands, Switzerland and the UK.
- Funding: **Innovative Medicines Initiative (IMI)**, joint of the DG Research of the European Commission.

## DRAGON

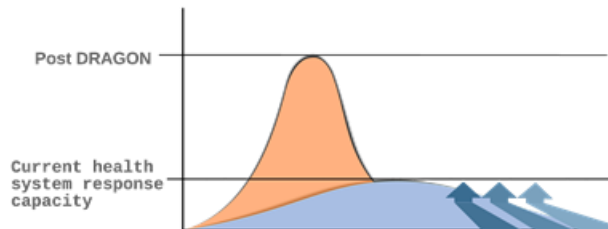
### FACTS & FIGURES

Start Date	01/10/2020
End Date	30/09/2023
Call	IMI2 - Call 21
Grant agreement number	101005122

Type of Action:  
RIA (Research and Innovation Action)

<b>Contributions</b>	<b>€</b>
IMI Funding	11 381 970
EFPIA in kind	160 672
<b>Total Cost</b>	<b>11 542 642</b>



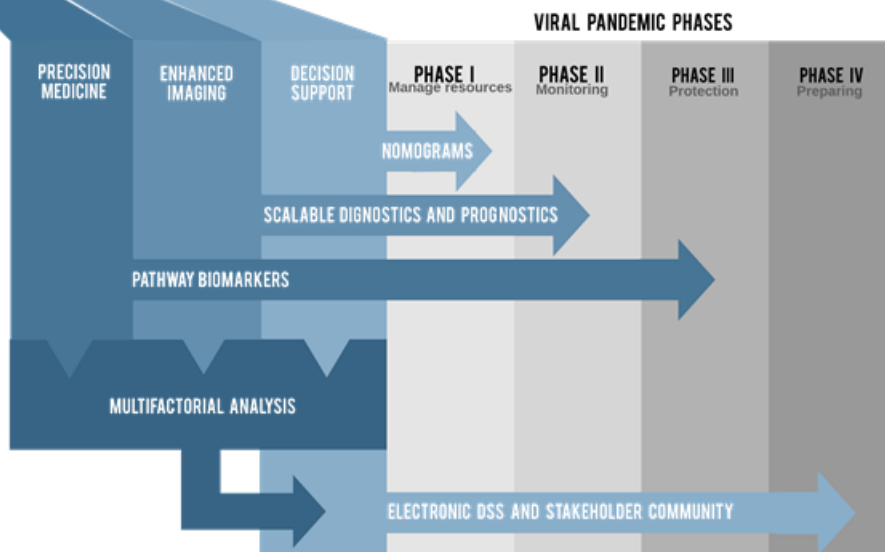
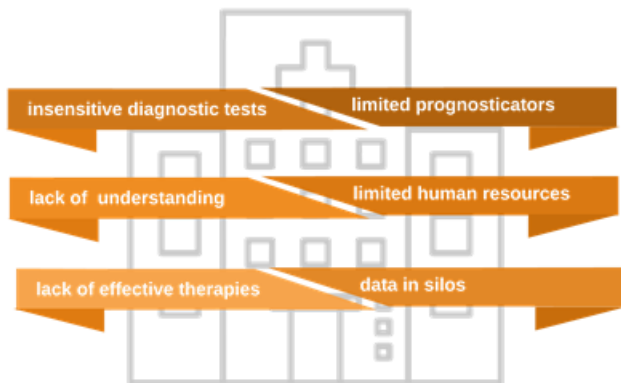


# MOVING BEYOND FLATTENING THE CURVE

AI driven approaches for elevating health system response capacity

The RapiD and SecuRe AI enhanced DiaGnosis, Precision Medicine and Patient Empowerment Centered Decision Support System for Coronavirus PaNdemics (DRAGON)

## FACTORS LIMITING RESPONSE CAPACITY



# CDistriM: towards shared and accessible medical data

- Sharing and accessing medical data is hindered by **legal** and **ethical** consideration

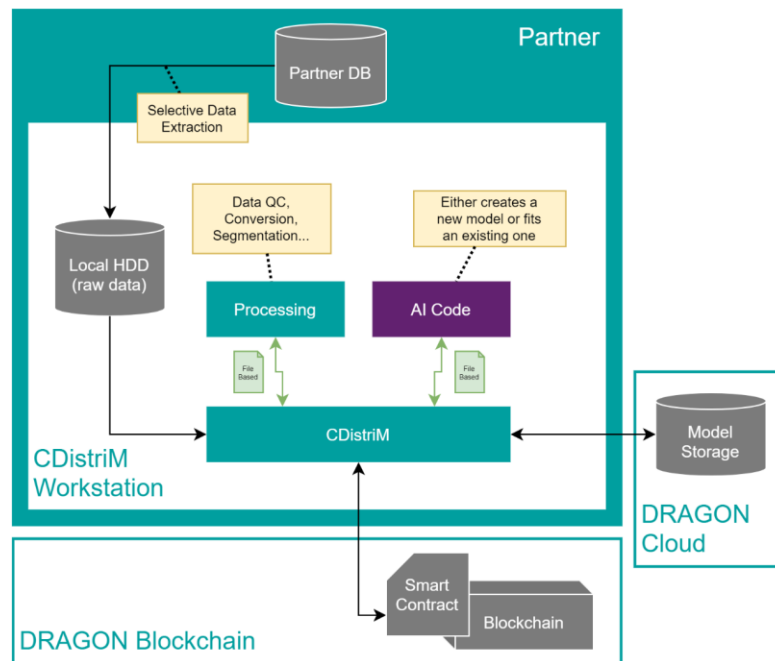
- ◆ A solitary medical center does not have sufficient quality data for the specific task at hand to implement high-performance AI
- ◆ Building accurate and reliable predictive models remains a **challenge**

- ◆ **Distributed learning** aims to share research questions instead of privacy sensitive data

- ◆ Maintain data privacy
- ◆ No individual level data is shared (clinical, genomic, imaging, ...)



It allows AI models to be trained on multiple siloed datasets **without** the need for patient **data to leave the firewalls** of each database





Thank you for your attention