

Real, surreal, and virtual



Jan Marek

Great Ormond Street Hospital
Professor of Cardiology
Institute of Cardiovascular Sciences,
University College London

“It is the supreme art of the teacher to awaken joy in creative expression and knowledge”



„Nejvýznamnějším uměním učitele je probouzet v žácích radost, tvořit a poznávat.“

A.Einstein

A hand in a white sleeve holds a glowing, translucent blue brain. The brain is composed of intricate circuitry and data lines, with a bright light emanating from its base. The background is dark with faint digital patterns and lines.

Transitioning from Analogue to Digital Life

radically rethinking of the human-computer interactive experience

4th Industrial Revolution & Digital Medicine

Digital medicine is amongst the fastest developing disciplines recently further accelerated by:

- **Covid pandemics**
- **Climate change**
- **Energy crisis**



Enormous changes occur during geopolitical instability

Digital Medicine

- **Digitalisation of health care systems** (*electronic patients registry – EPR, massive data storage and data transfer pathway for digital communication*)
- **3D/4D modelling** (anatomical, functional)
- **Virtual reality** (VR/AVR), virtual simulation
- **Artificial Intelligence** (AI) for automated decision making



**Transparent, patient specific
(personalised) medicine**

Digitalisation of National Health Service (NHS)

- In 2015, government decided to make all NHS hospitals and outpatient services fully digital
- Estimated costs up to £13bn
- GOSH fully digital from 2018 (completely paperless)



Digitalisation of National Health Service (NHS)

- In 2015, government decided to make all NHS hospitals and outpatient services fully digital
- Estimated costs up to £13bn
- **GOSH fully digital from 2018 (completely paperless)**





Covid lockdown

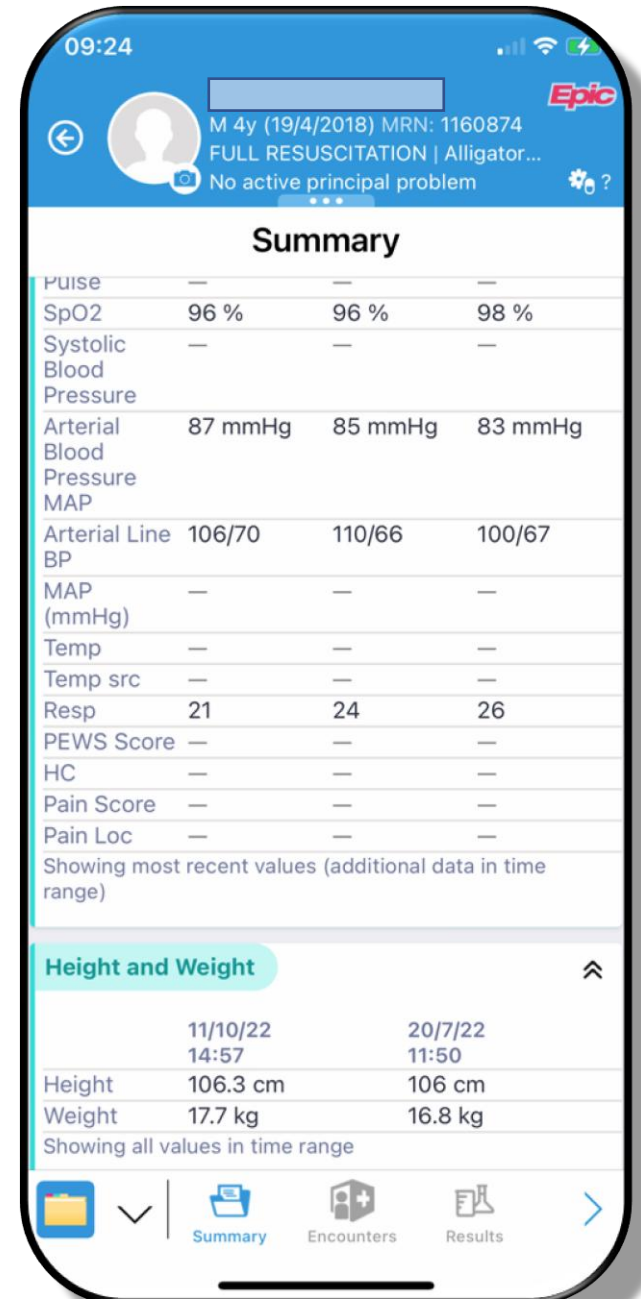
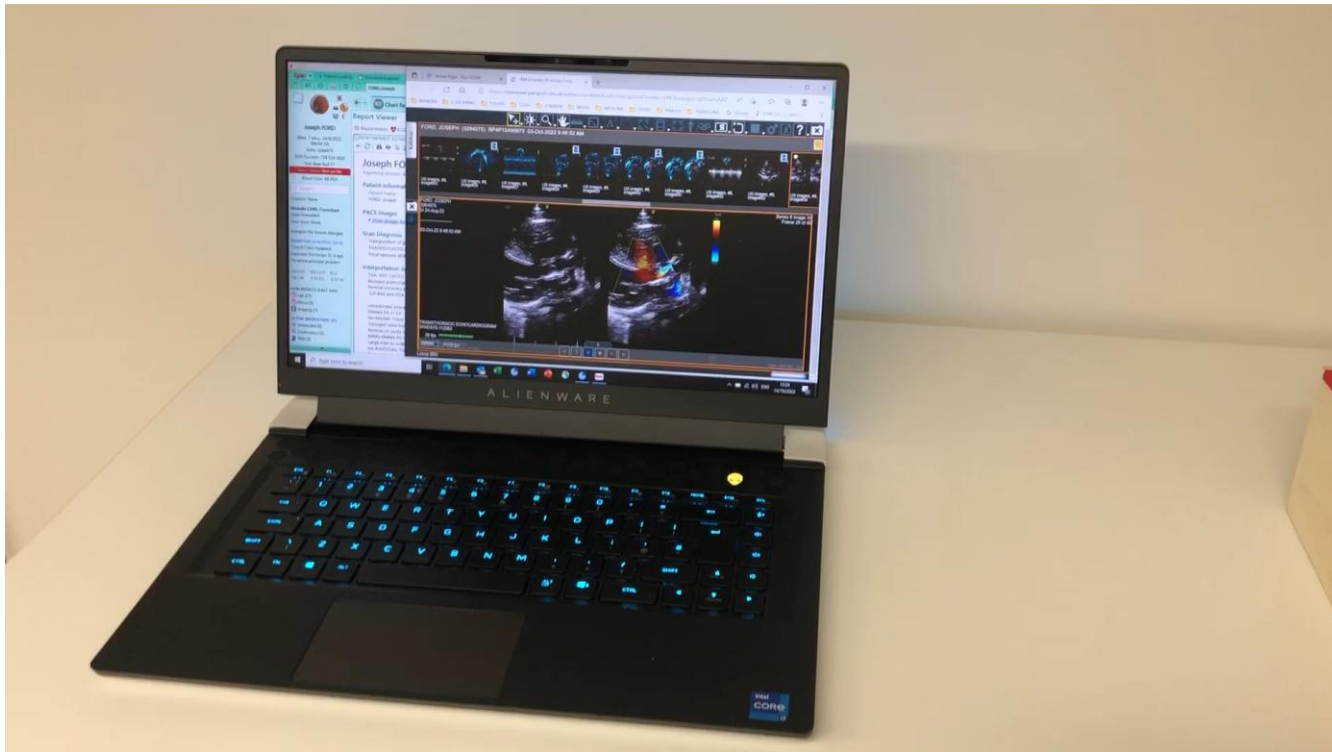
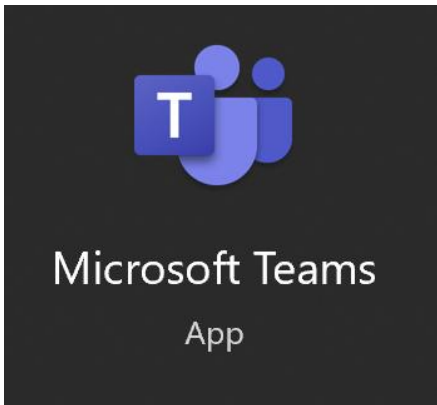
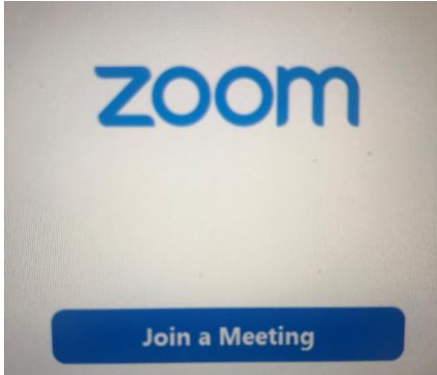
(2020, Western Bohemia)



User name: Marekj

Password:

✔ MFA Required for logon.

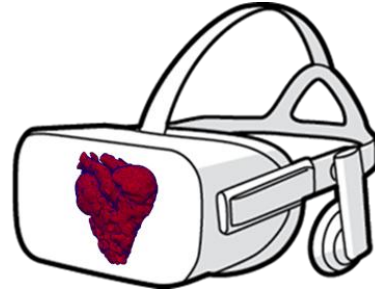
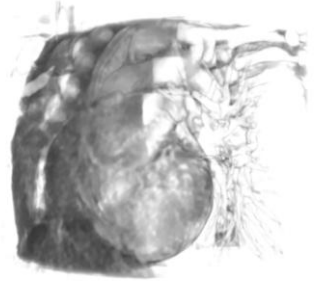
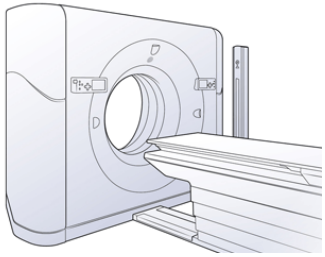




3D Modelling & Virtual Reality

Patient-specific heart models

From medical images to 3D Models



**Medical
Scan**

**Medical
Images**

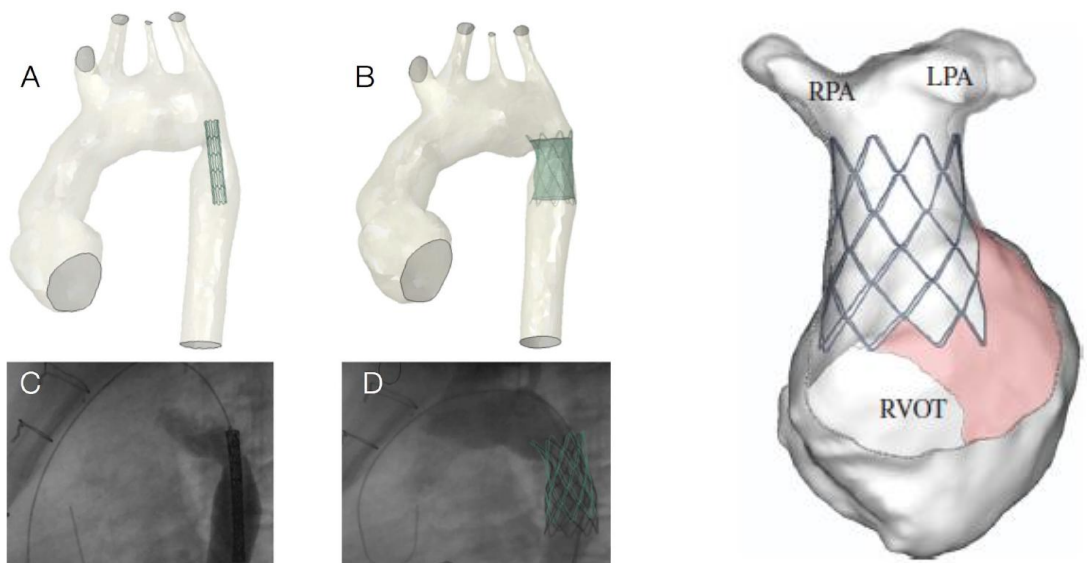
3D Model

**Virtual
Reality**

Virtual and Augmented Reality

Biomechanical modelling for **research**
& **clinical application**

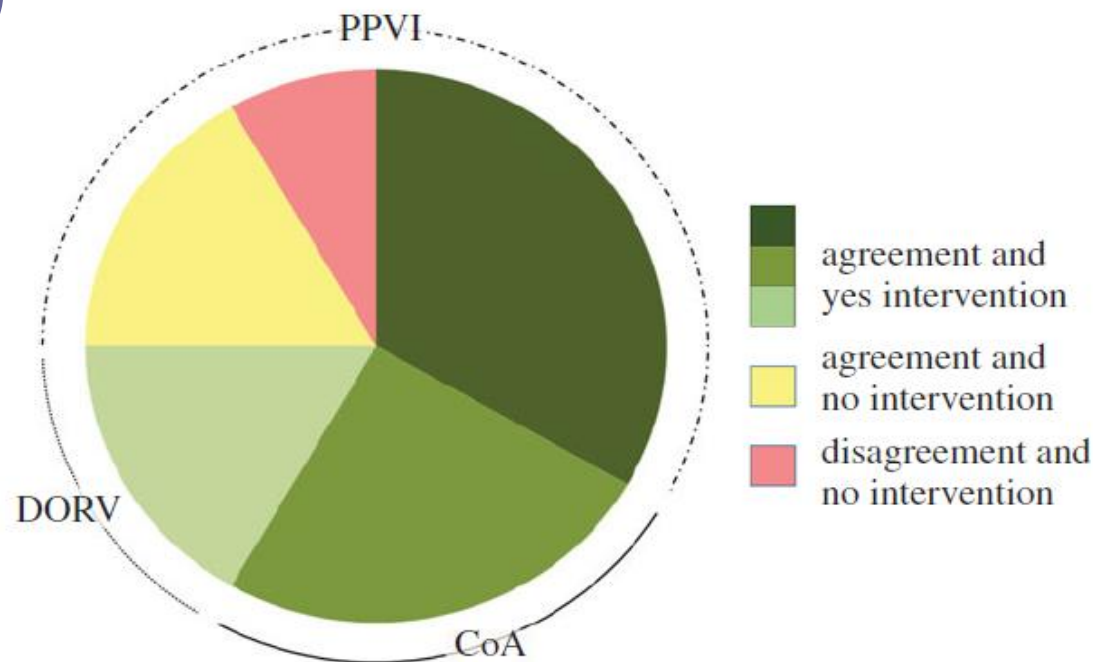
- **Complex DORV / TOF / TGA**
- **Coronary a. (AAOCA)**
- **Complex aortic arch (stent, patch)**
- **Post repair RVOT (PPVI)**



Patient-specific simulations for planning
treatment in congenital heart disease

Claudio Capelli^{1,2}, Emilie Sauvage^{1,2}, Giuliano Giusti^{2,3}, Giorgia M. Bosi^{2,4},
Hopewell Ntsinjana⁵, Mario Carminati³, Graham Derrick², Jan Marek^{1,2},
Sachin Khambadkone², Andrew M. Taylor^{1,2} and Silvia Schievano^{1,2}

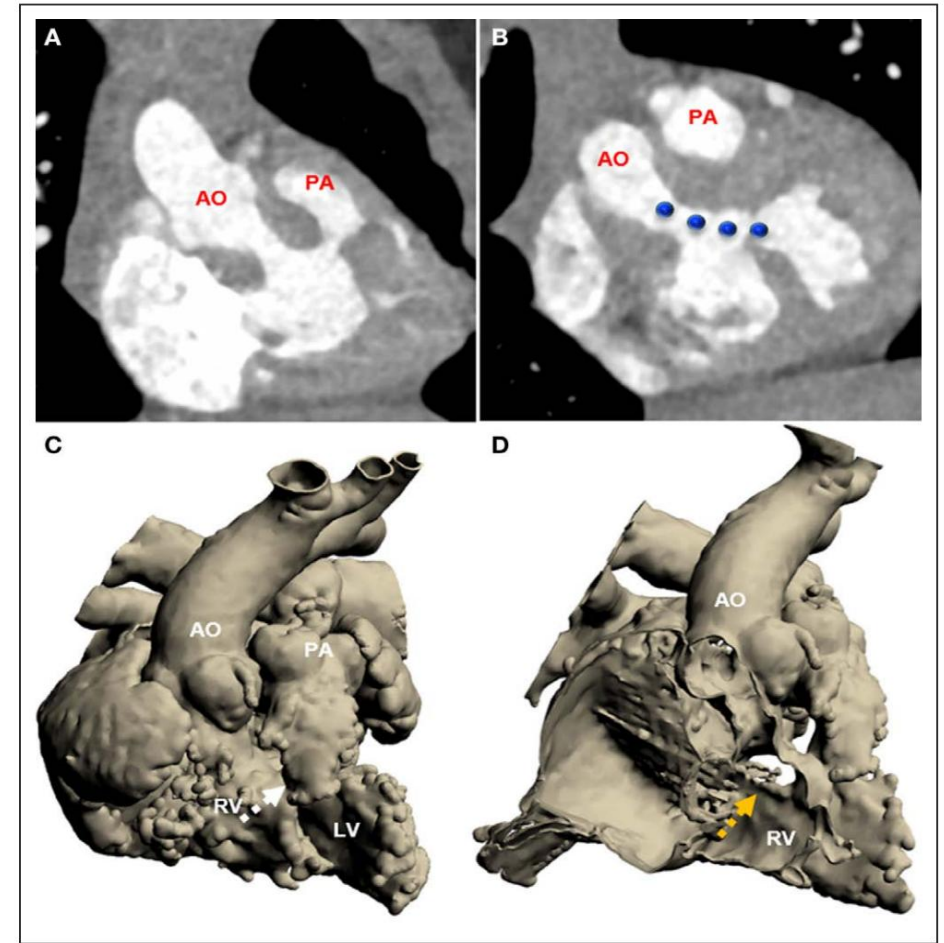
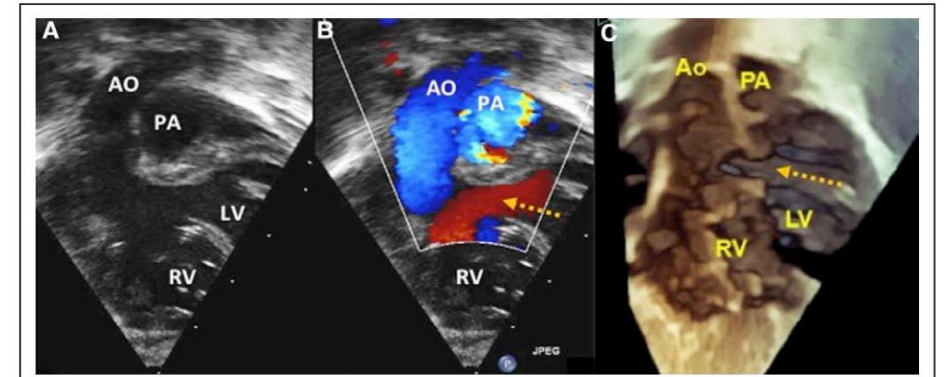
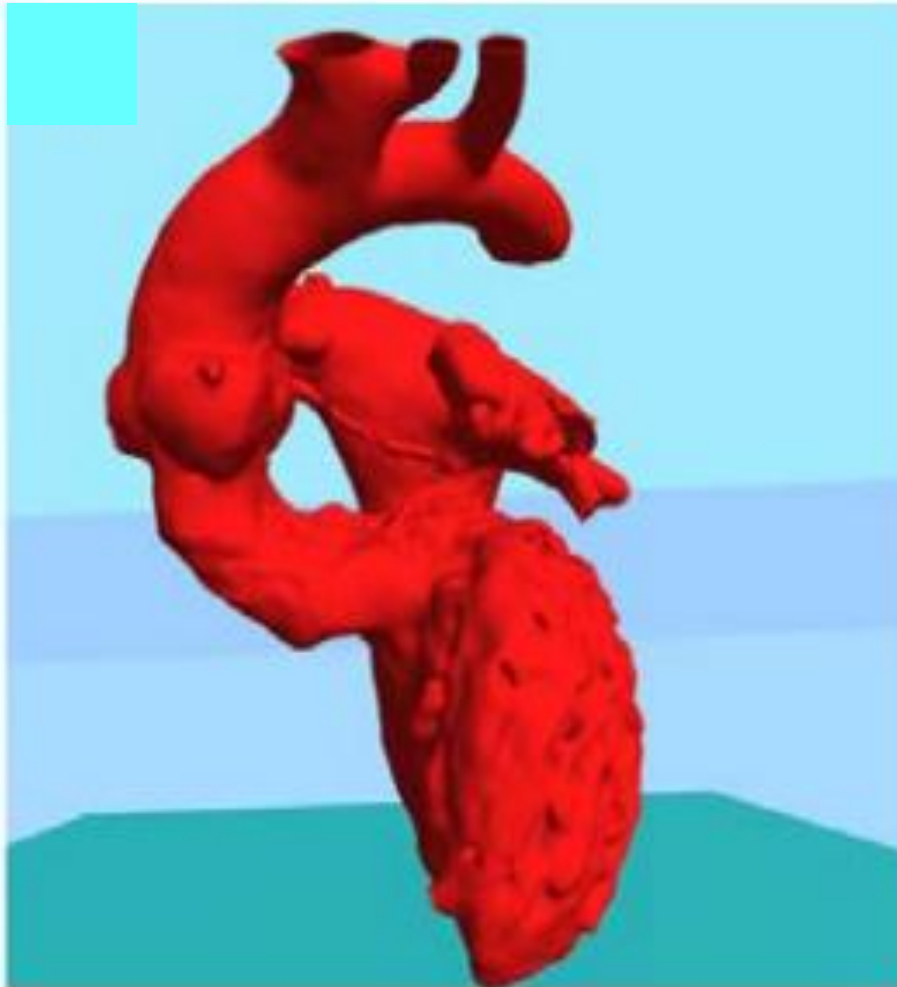
Interface focus 2018
Heart 2017
Circ CVI 2020



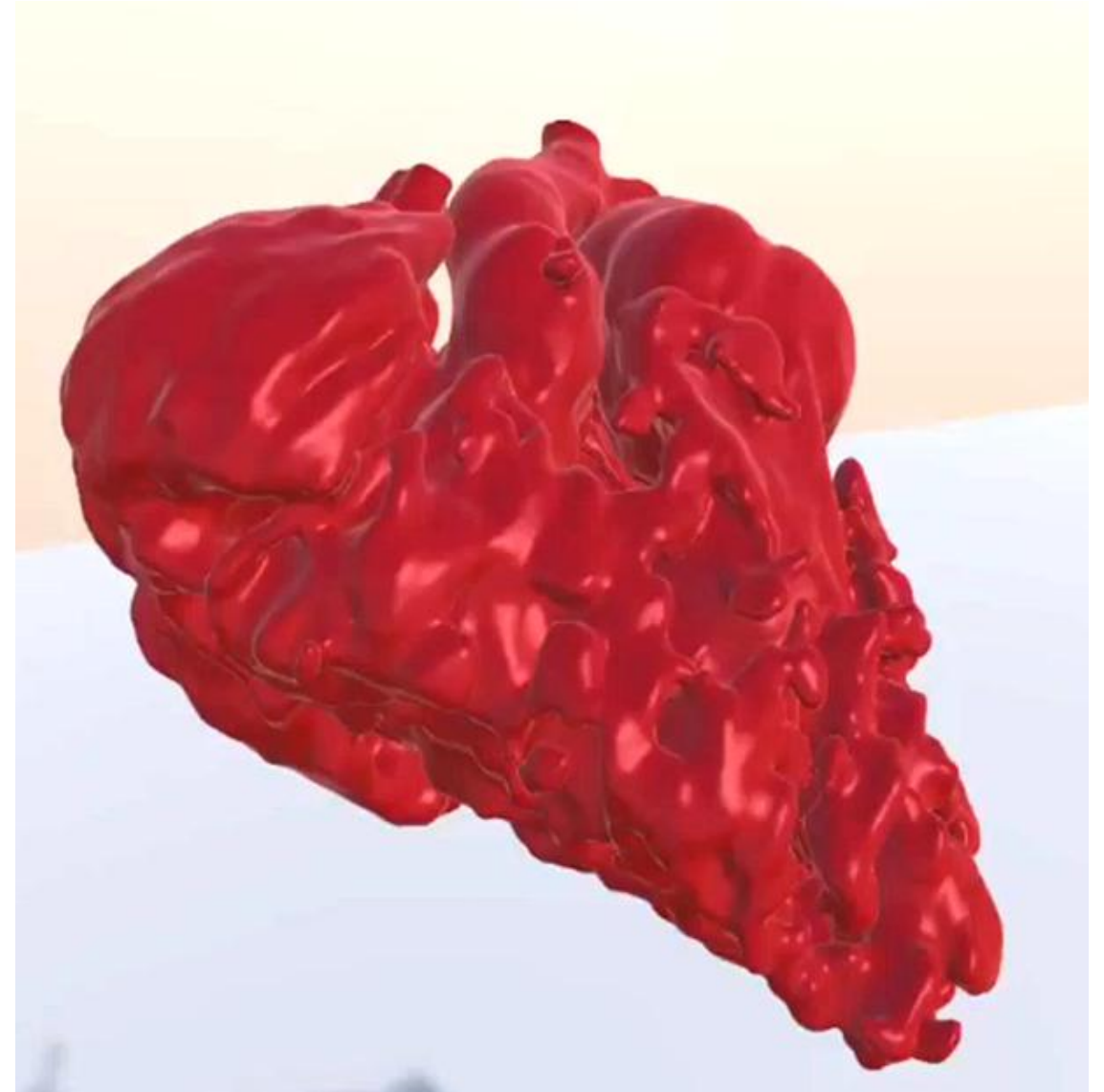
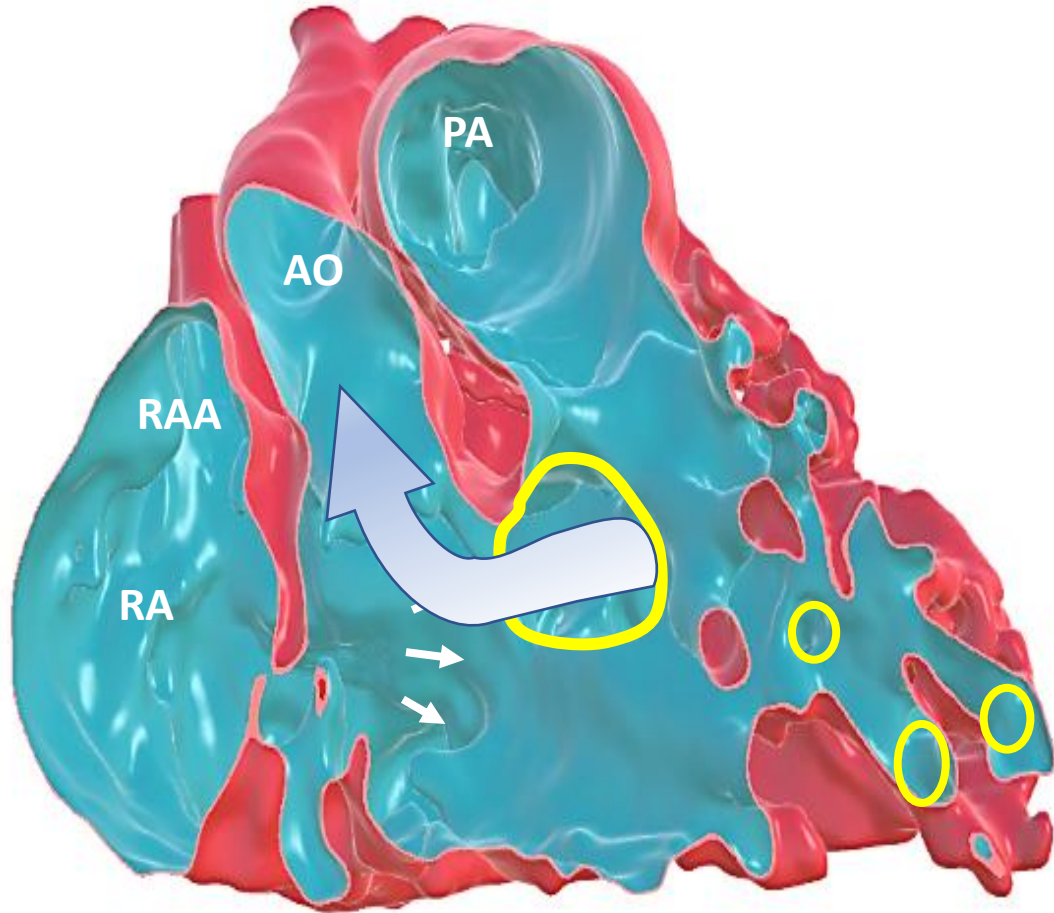
Taking Surgery Out of Reality

A Virtual Journey Into Double Outlet Right Ventricle

Elena Giulia Milano, MD
Endrit Pajaziti, BEng
Emilie Sauvage, PhD
Andrew Cook, PhD
Silvia Schievano, PhD
Kristian H. Mortensen,
MD, PhD
Andrew M Taylor, MD,
PhD
Jan Marek, MD, PhD
Martin Kostolny, MD
Claudio Capelli, PhD

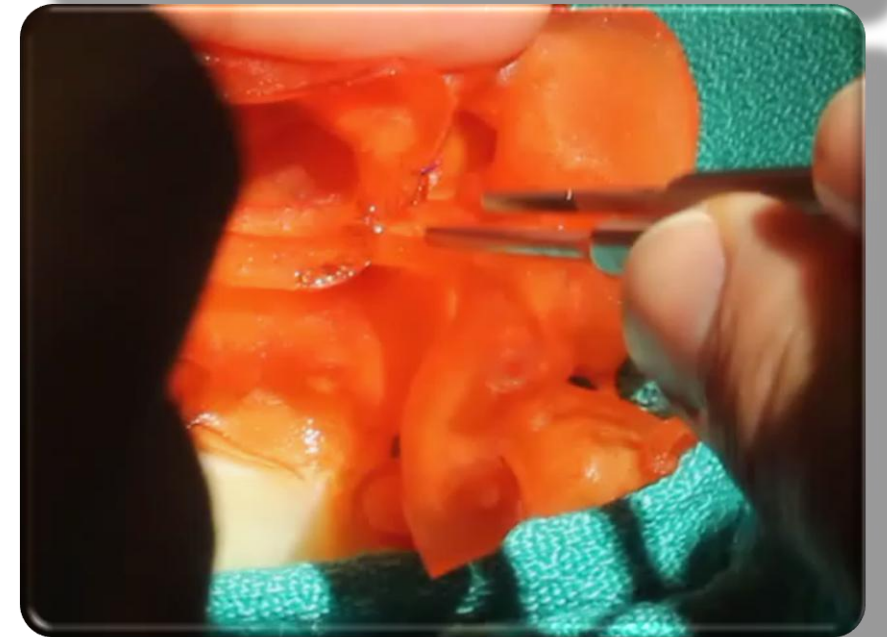
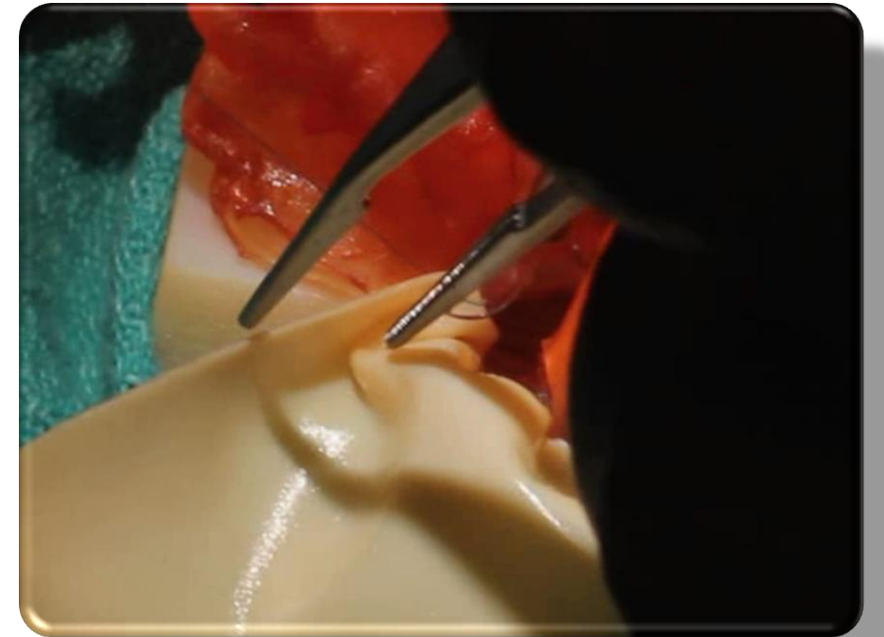


VR in clinical practise



3D Printing: practising operation

- Preparing for complex operations
- Teaching young surgeons
- but
- Surgeons have no spare time
- Costly



3D printed patient specific model: For patients & Students

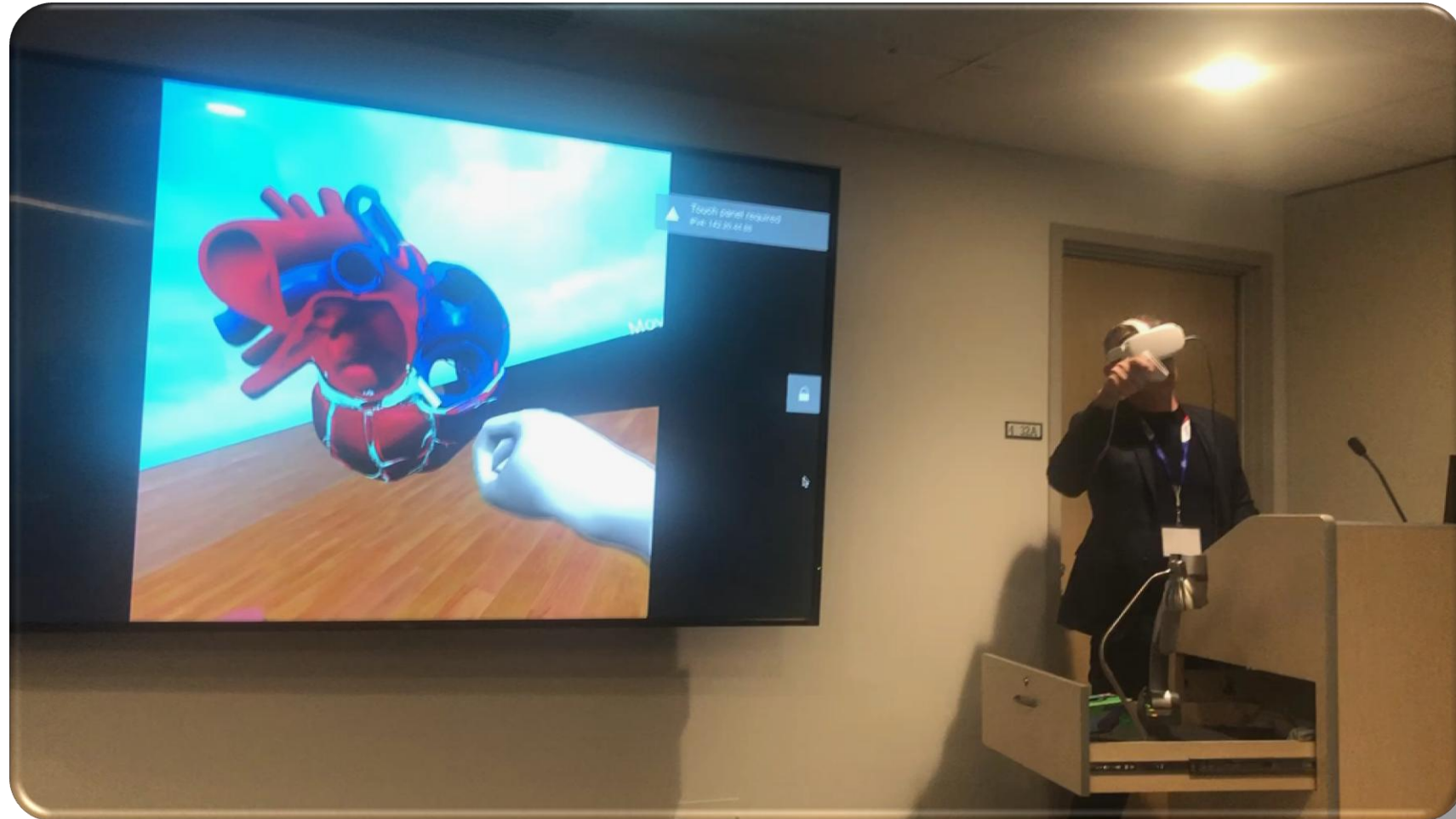
- Anxious patients
(Asymptomatic teenagers)
- Anxious parents



Cas. Tema 2019

Virtual Teaching & Education

Teaching through VR lectures



Virtual teaching & Education

Teaching through practical simulation using VR



6th
EUROPEAN
TRANSOESOPHAGEAL
ECHOCARDIOGRAPHY
COURSE
on congenital
heart disease
LONDON
April 13th-14th, 2023

www.echocardiography-course.com

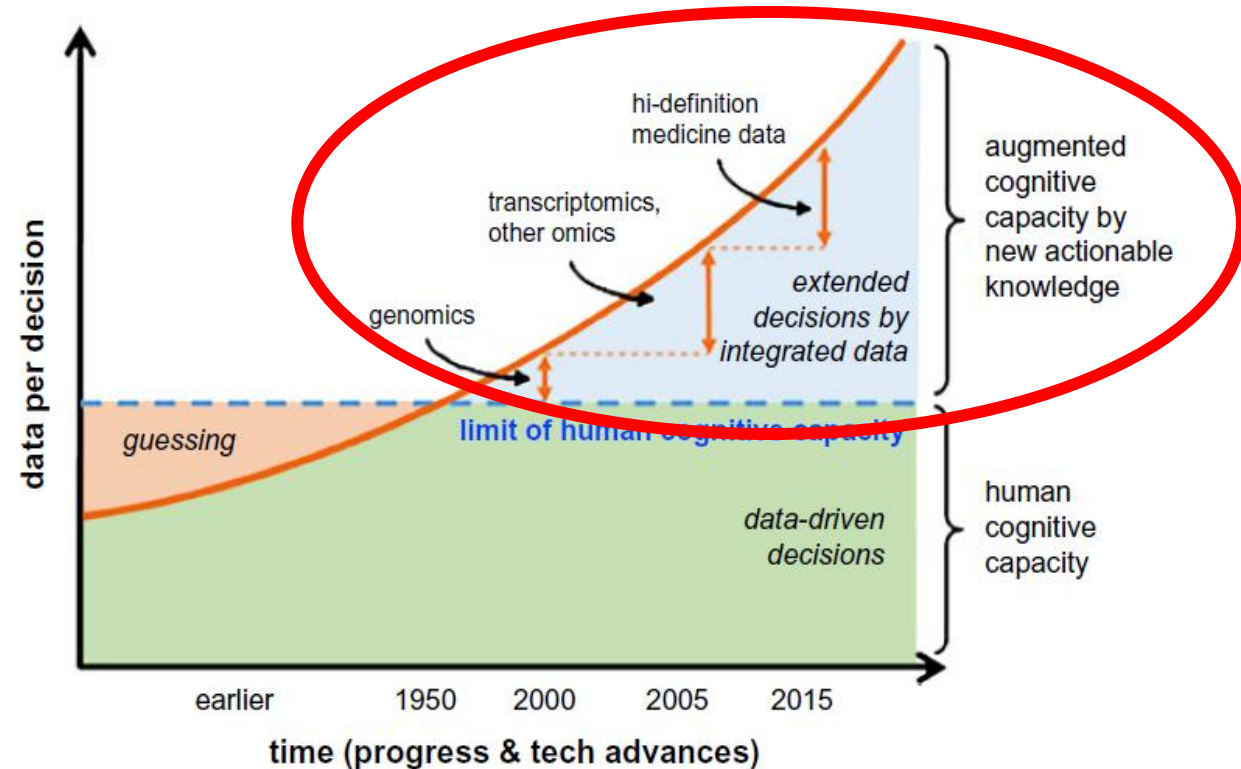


**Deep Machine
Learning
&
Artificial Intelligence**

Artificial Intelligence: Why?

Patients **medical data** production
750 quadrillion bytes of data daily
(30% of the world's data production)

Accelerated rate of data production
**supersedes 200-times limits of
human cognitive capacity**



Escalating volumes of data offer TRUE evidence based medicine
resulting in changing decision-making process

Existing experience in cardiology

- ECG
- Chest X-Ray
- Echocardiography
- Cross-section imaging



Diagnosis
&
Proposed treatment
including surgical technique

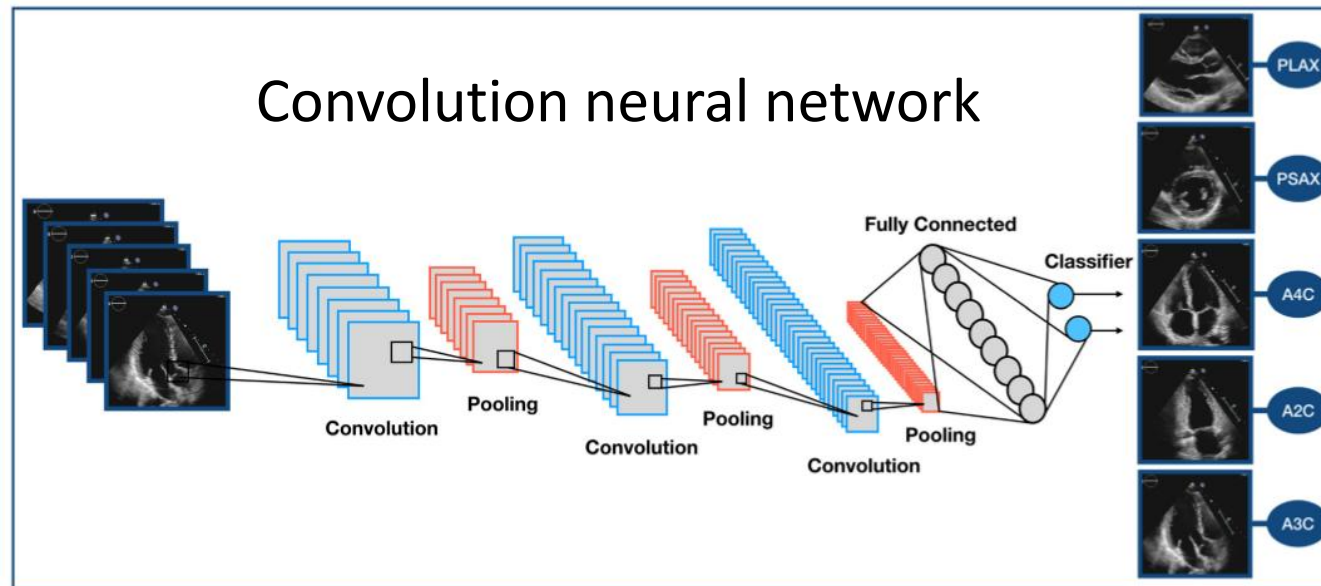


AI algorithms can outperform cardiologists

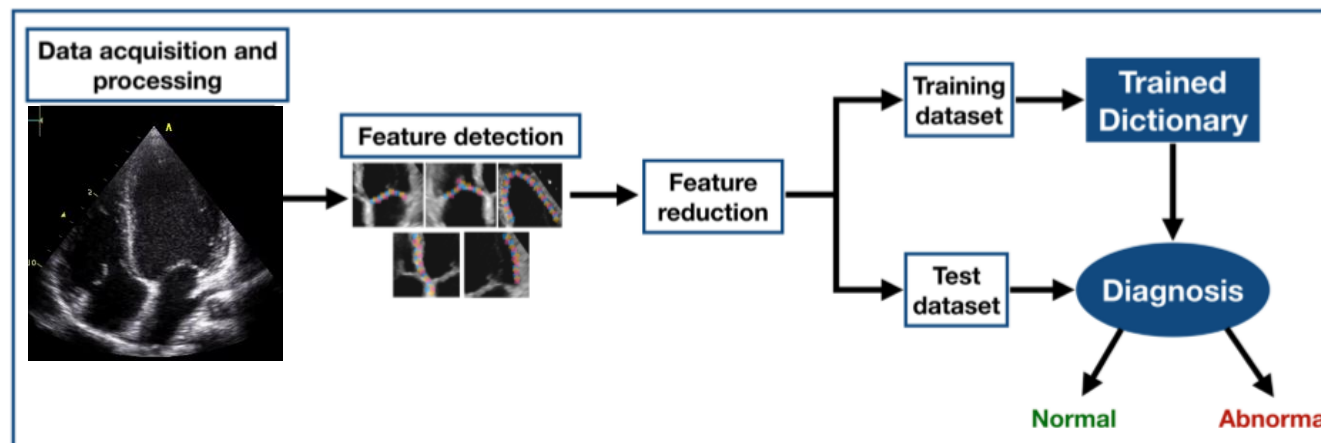
- **Patients with CHD could benefit** from data based medicine evidence
- **Randomised controlled trials difficult to conduct** and often fail to provide definitive solutions because of a *small number of subjects, complexity, and heterogeneity*

Artificial Intelligence: How?

Supervised
&
Unsupervised
Learning

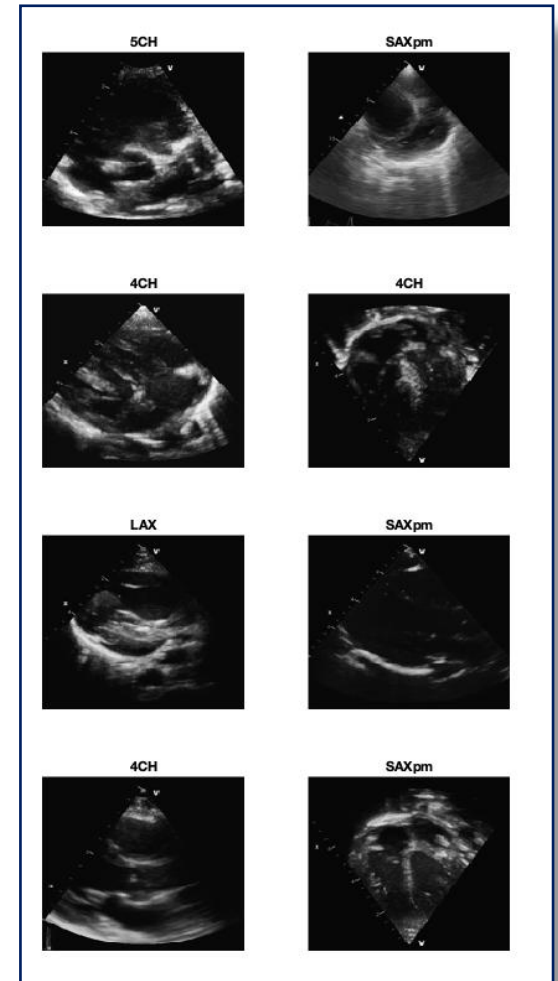
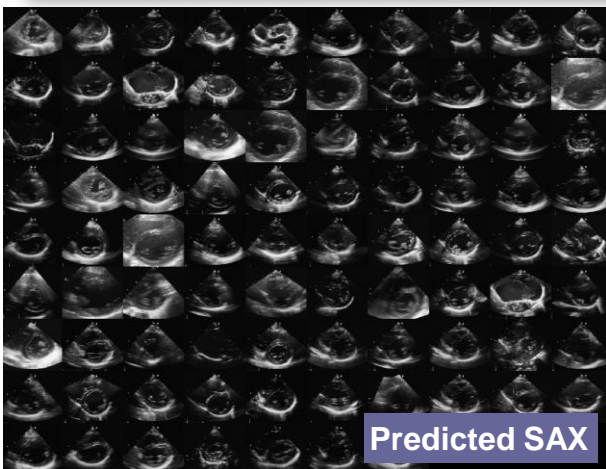
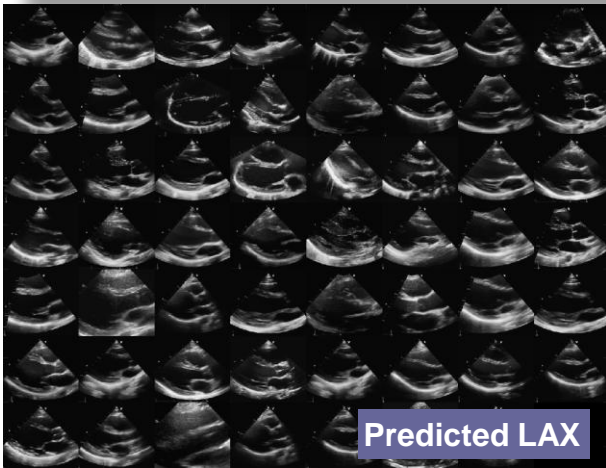
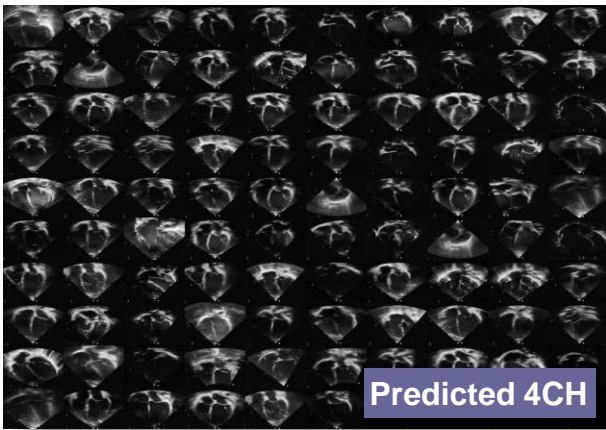


Deep
Machine
Learning



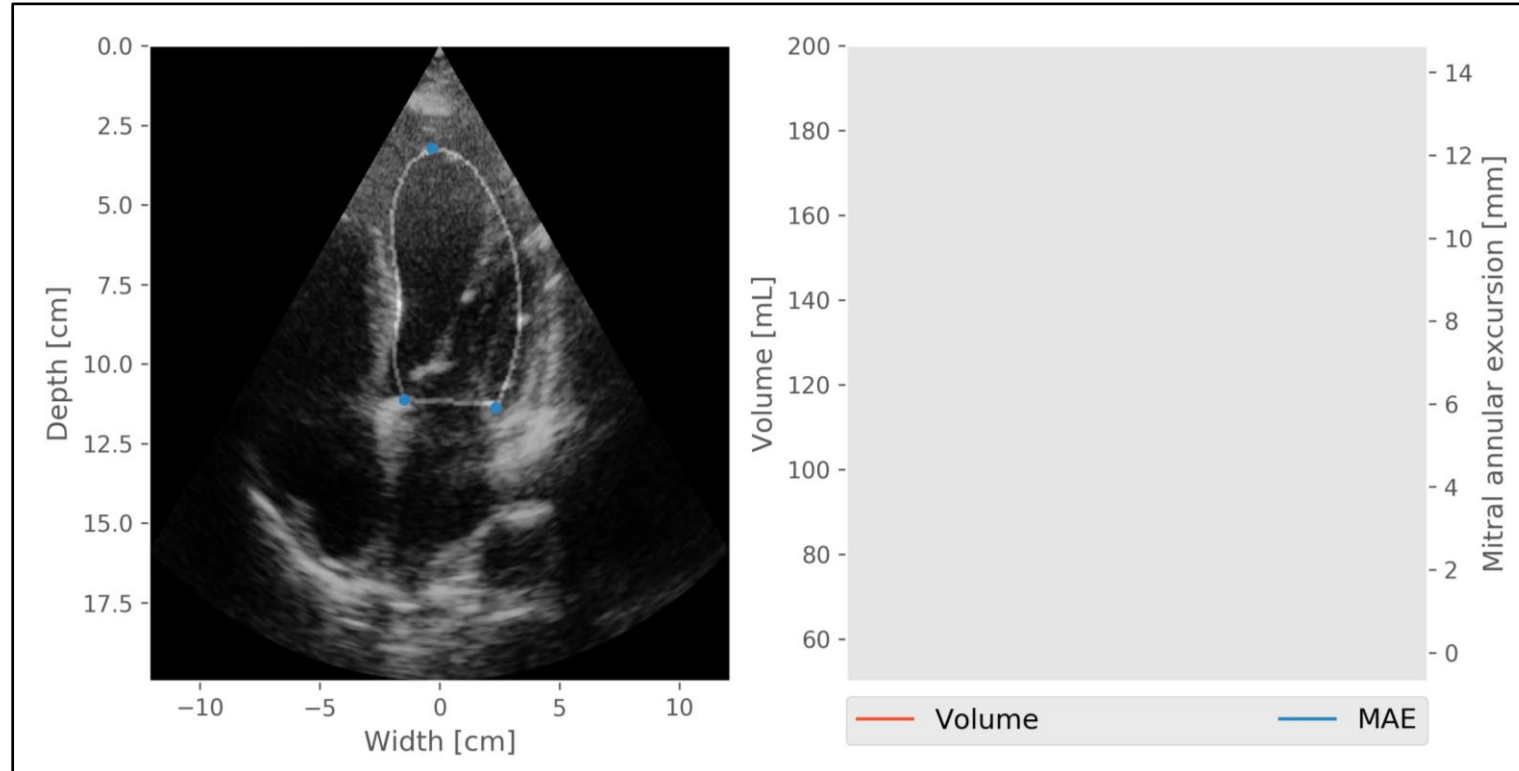
Deep Machine Learning

- Convolution neural network
- Trained on 700 images
- 95% accuracy on validation dataset
- Needs testing on larger datasets



Failure examples

Automated Real-time Measurement



Fully automated assessment of LV volumes and EF is feasible and gives precise results within seconds that are comparable to manual determination

*Narula S, JACC 2016
Knacksted C, JACC 2015*

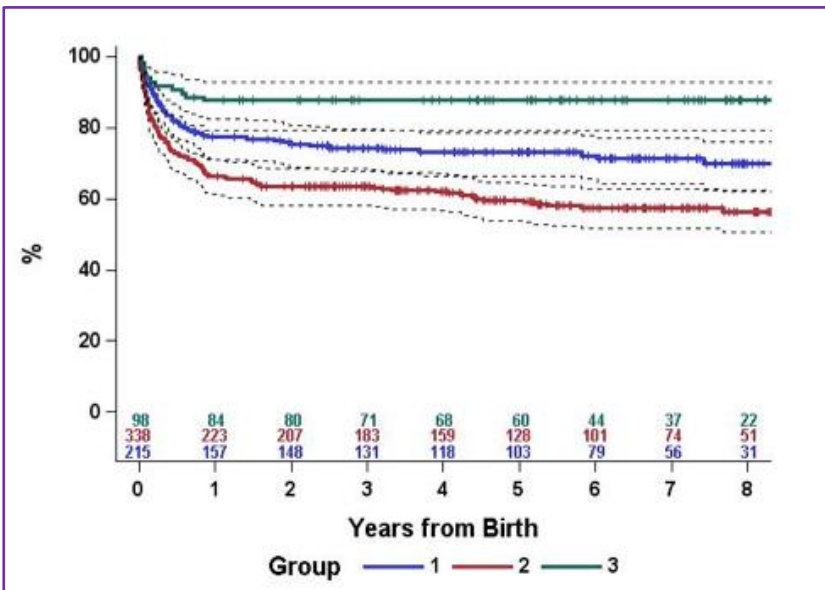
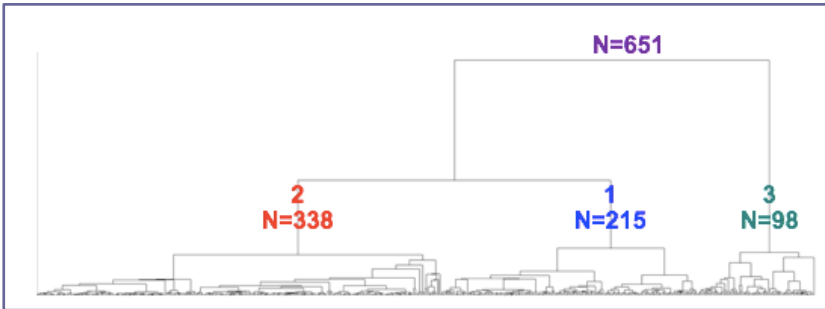


Borderline Small Left Ventricle

(risk stratification Bi- vs Univentricular Circulation)

- **651 neonates** with critical left heart obstruction
Unsupervised **136 echocardiographic parameters**
= 88,536 variables
- **Key measures differentiating groups** identified
- **Cluster analysis** = data-driven approach instead of pre-conceptualization and pre-grouping of data

Data-driven models may improve prognostication



	Group I. (N=215)	Group II. (N=338)	Group III. (N=98)	
LVED area	1.35	0.69	2.47 cm ²	p < 0.0001
Aortic atresia	11%	87%	8%	p < 0.0001
Balloon VP	9%	2%	61%	p < 0.0001
Single ventricle	90%	98%	58%	p < 0.0001
Mortality	27%	41%	12%	p < 0.0001

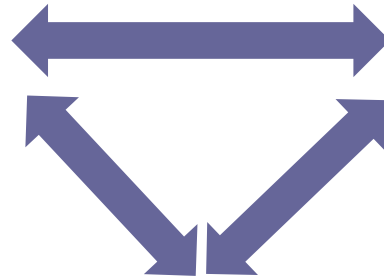
- Allows unbiased approach to large datasets
- Can provide better predictions of outcomes for individual patients
- Will need further prospective validation

Challenges

Data storage



Data protection



Expert



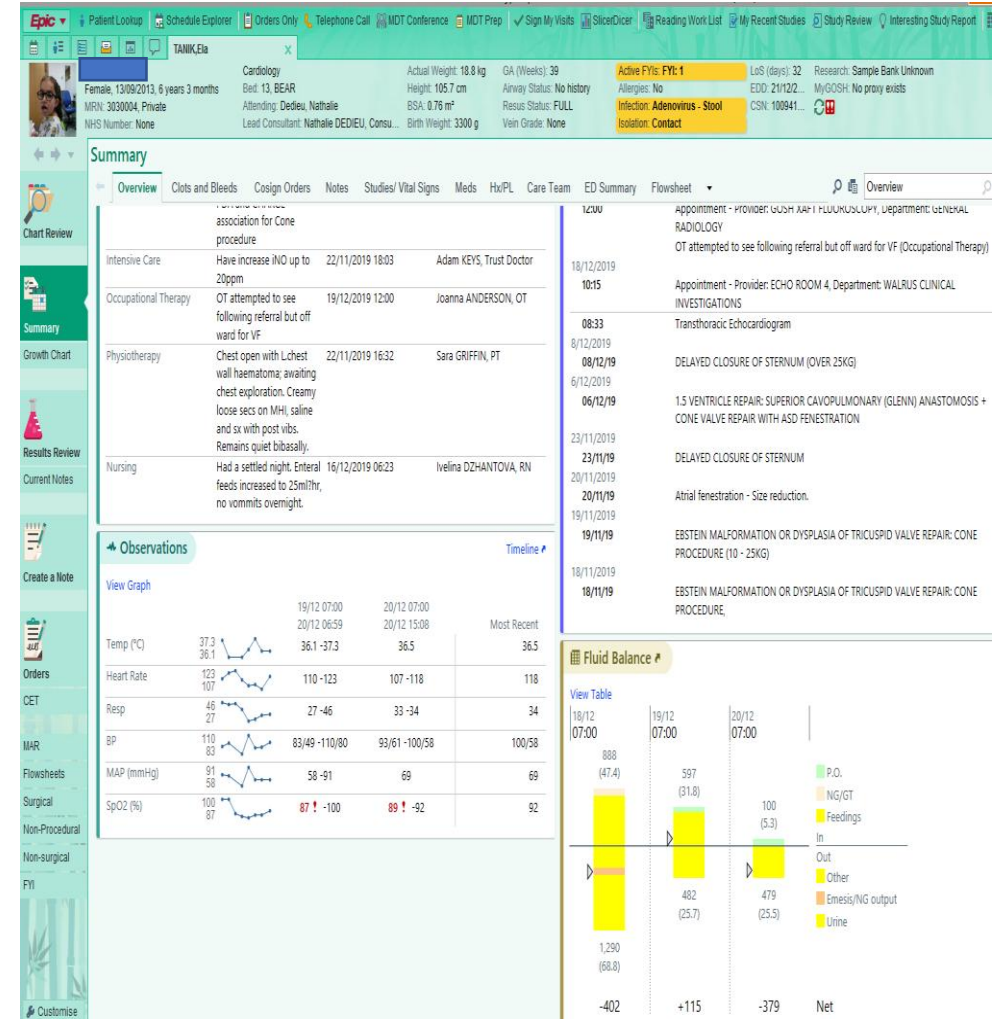
opinion

Energy !?



Digital Meedicine

- **Virtual clinics**
 - Routine for HF/HTx, PAH
 - Virtual nurse visits
- **Distant review & Consultation**
 - Imaging, ECG
- **Virtual clinical meetings**
 - Clinical (JCC, MDT, urgent review)
 - Education (simulation)
 - Patient/family access (limited)



Predictive modelling of EPR data has achieved 70–72% accuracy in predicting individualized treatment response at baseline

Artificial Intelligence: WHY?

- Medical assistance devices
- More accuracy in diagnosis
- Better predictions in treatment plan
- More prevention of disease
- Decrease medical costs



Evidence in health care:

- Chatbots in the field of mental health
- Brain-computer Interfaces (BCI)
- Virtual nursing assistants
- Robot-assisted surgery
- Administrative workflow assistance

- Fraud detection
- Dosage error reduction
- Connected machines
- Clinical trial participant identifier
- Preliminary diagnosis
- Automated image diagnosis