



AI-Based Segmentation to Enhance Aortic Planning for Endovascular Repair and Surveillance

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- Professor, Vascular and Endovascular Surgery
- Complex Aortic Program Co-Director



**UNIVERSITY OF
CALGARY**

What is AI?

We Need MORE DATA!

Natural Progression



It's Just "Simple" Math... Learned on Data

Logistic
Regression

$$J(\theta) = -\frac{1}{m} \left[\sum_{i=1}^m y^{(i)} \log h_{\theta}(x^{(i)}) + (1 - y^{(i)}) \log(1 - h_{\theta}(x^{(i)})) \right] + \frac{\lambda}{2m} \sum_{j=1}^n \theta_j^2$$

θ_0

$\rightarrow h_{\Theta}(x) \in \mathbb{R}^K \quad (h_{\Theta}(x))_i = i^{\text{th}} \text{ output}$

Neural
Regression

$$J(\Theta) = -\frac{1}{m} \left[\sum_{i=1}^m \sum_{k=1}^K y_k^{(i)} \log(h_{\Theta}(x^{(i)}))_k + (1 - y_k^{(i)}) \log(1 - (h_{\Theta}(x^{(i)}))_k) \right]$$

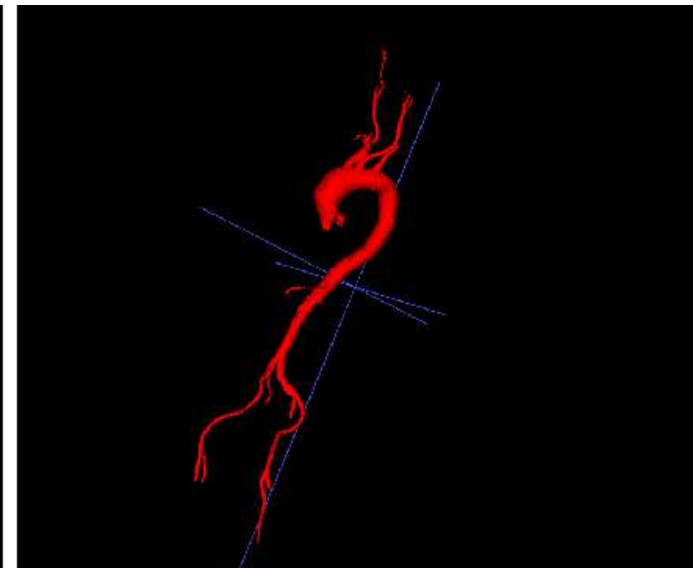
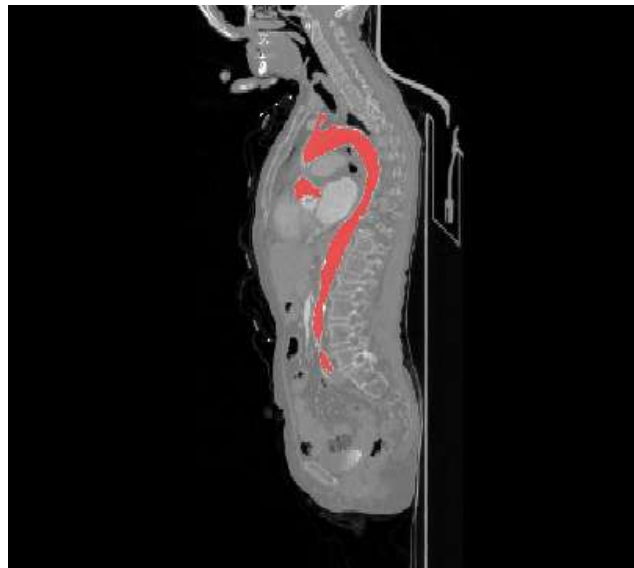
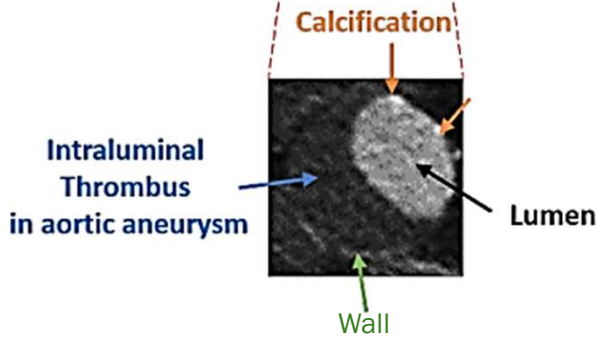
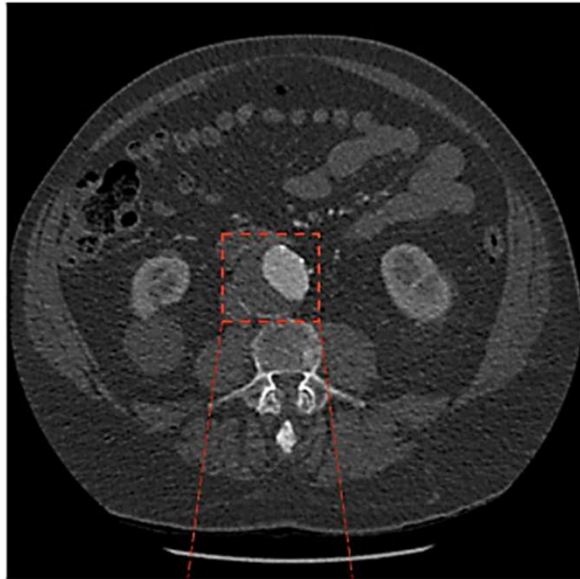
$$+ \frac{\lambda}{2m} \sum_{l=1}^{L-1} \sum_{i=1}^{s_l} \sum_{j=1}^{s_{l+1}} (\Theta_{ji}^{(l)})^2$$

$\left[\begin{matrix} \textcircled{1} \\ \textcircled{1} \end{matrix} \right]_{i_0}^{(2)} x_0 + \left[\textcircled{1} \right]_{i_1}^{(2)} x_1 + \dots$

Foundations of Classic Machine Learning (AI)



- Analyzing Large Amounts of (quality) Data
- Recognizing Patterns
- Predicting Outcomes



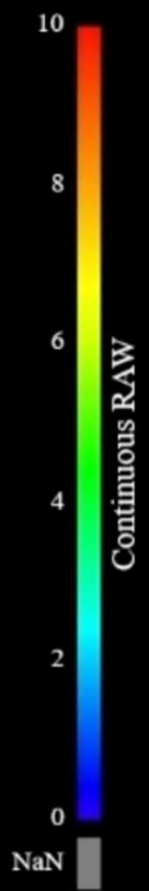
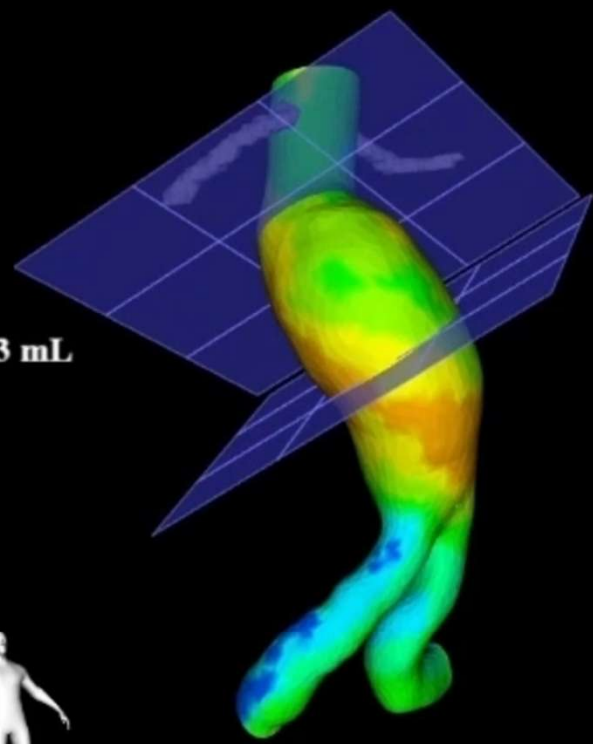
Fully automatic segmentation method to characterize abdominal aortic aneurysm tissues using Computed Tomography imaging

Atefeh **Abdolmanafi**^{a,*}, Arianna **Forneris**^{a,b}, Randy **Moore**^{a,b}, Elena **Di Martino**^{a,b}

Active Mode: Volume measurement

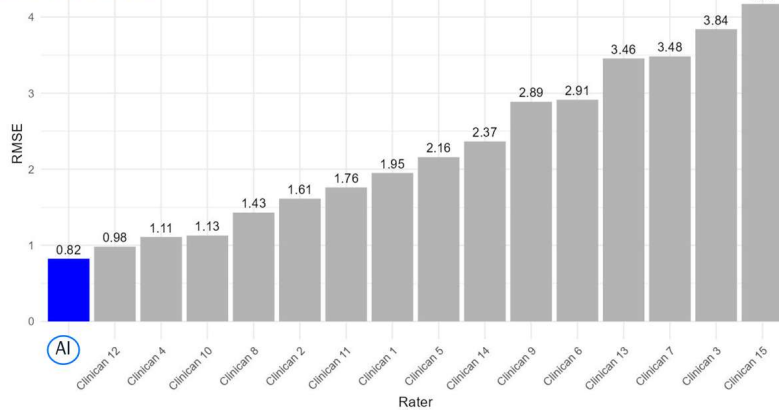
Continuous ... ▾

: 63.3 mL



AI-based Aortic Segmentation is (more) accurate

Lowest Root Mean Square Error for Diameters



Aorta and Major Branches Eur J Vasc Endovasc Surg (2021) 62, 869–877 **EJVES Open Access**

Pre-surgical and Post-surgical Aortic Aneurysm Maximum Diameter Measurement: Full Automation by Artificial Intelligence

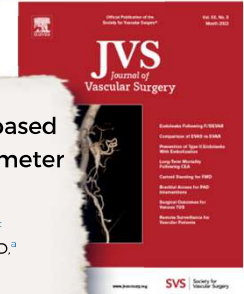
Chloé Adam ^a, Dominique Fabre ^b, Justine Mouglin ^b, Marc Zins ^c, Arshid Azarine ^c, Roberto Ardon ^a, Gaspard d'Assignies ^b, Stephan Haulon ^{b,c}

^a Incepto Medical, Paris, France
^b Aortic Centre, Hôpital Marie Lannelongue, Groupe Hospitalier Paris Saint Joseph, Université Paris Saclay, Paris, France
^c Radiology Department, Groupe Hospitalier Paris Saint Joseph, Paris, France



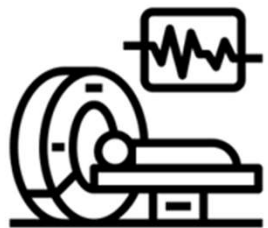
Multicentric clinical evaluation of a computed tomography-based fully automated deep neural network for aortic maximum diameter and volumetric measurements

Thomas J. Postiglione, MD, ^a Enora Guillo, MD, ^b Alexandre Heraud, MD, ^b Alexandre Rossillon, MD, ^c Michel Bartoli, MD, ^c Guillaume Herpe, MD, PhD, ^{d,e} Chloé Adam, PhD, ^a Dominique Fabre, MD, PhD, ^a Roberto Ardon, PhD, ^a Arshid Azarine, MD, MSc, ^b and Stéphan Haulon, MD, PhD, ^a Paris, Marseille, and Poitiers, France

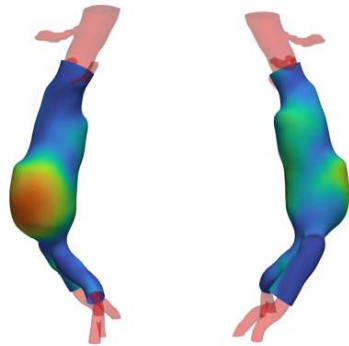


Adam C et al, Eur J Vasc Endovasc Surg 2021 and Postiglione TJ et al, J Vasc Surg 2024

Aortic Wall Analysis:



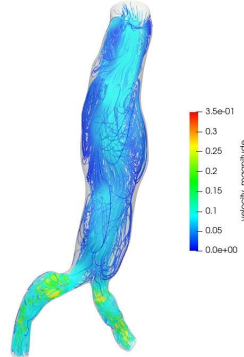
**ECG-Gated
Multiphase
CT-Scan**



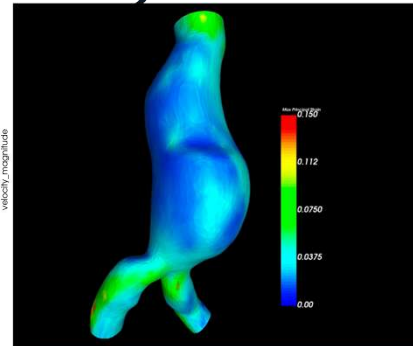
**Thrombus
Analysis**



Cloud



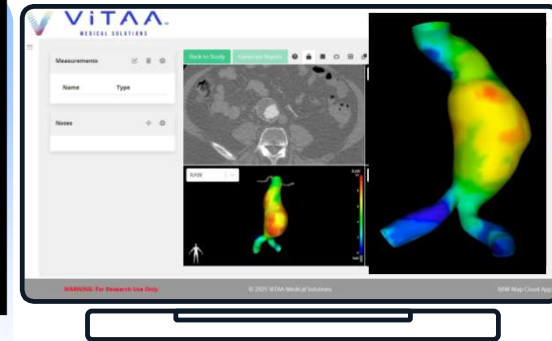
**Fluid
Analysis**



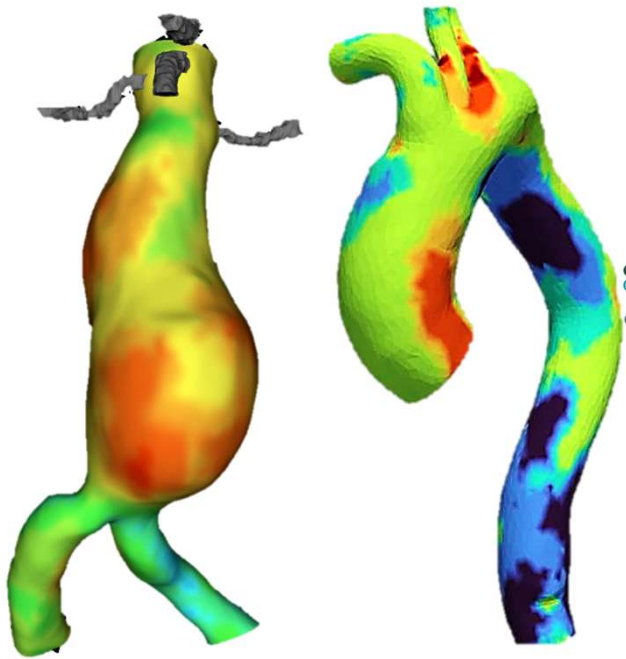
**Peak Tissue
Strain**



**Regional
Aortic
Weakness
MAP**



⚠ Research Use Only



RAW Map

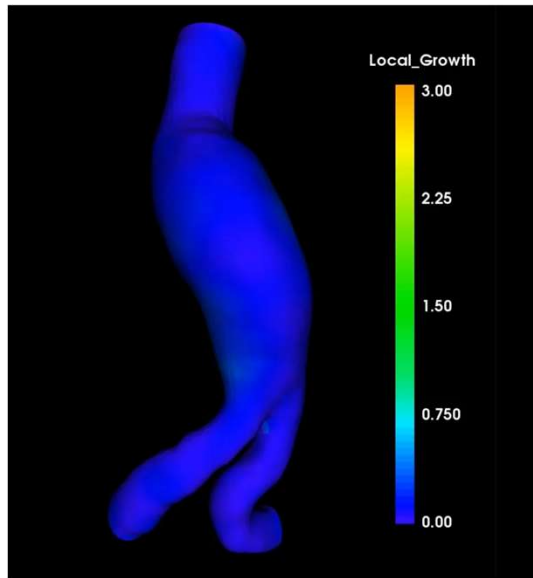
Aortic wall analysis that provides wall tissue strength characteristics for the **individual** patient



IRIS AI

Glassbox
Fully auditable
AI system

Aneurysm behavior probability

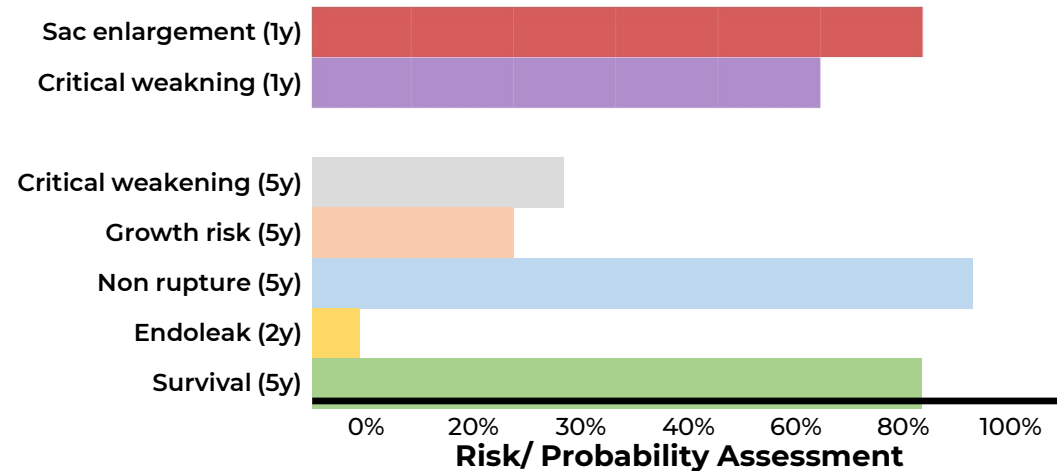
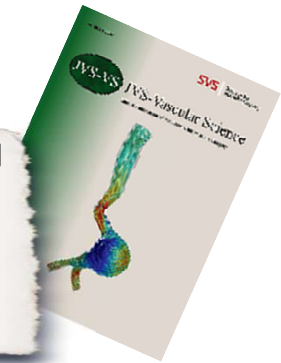


Check for updates

AI-powered assessment of biomarkers for growth prediction of abdominal aortic aneurysms

Arianna Forneris, PhD,^{a,b} Richard Beddoes, MSc,^c Mitchel Benovoy, PhD,^{c,d} Peter Faris, PhD,^e Randy D. Moore, MD,^{b,f} and Elena S. Di Martino, PhD,^{a,b} Calgary, AB, and Montreal, QC, Canada

Forneris A et al. JVS Vascular Science 2023



Functional and local characterization of aortic issue (**RAW score**) resulted in superior prediction of growth compared to geometrical assessment

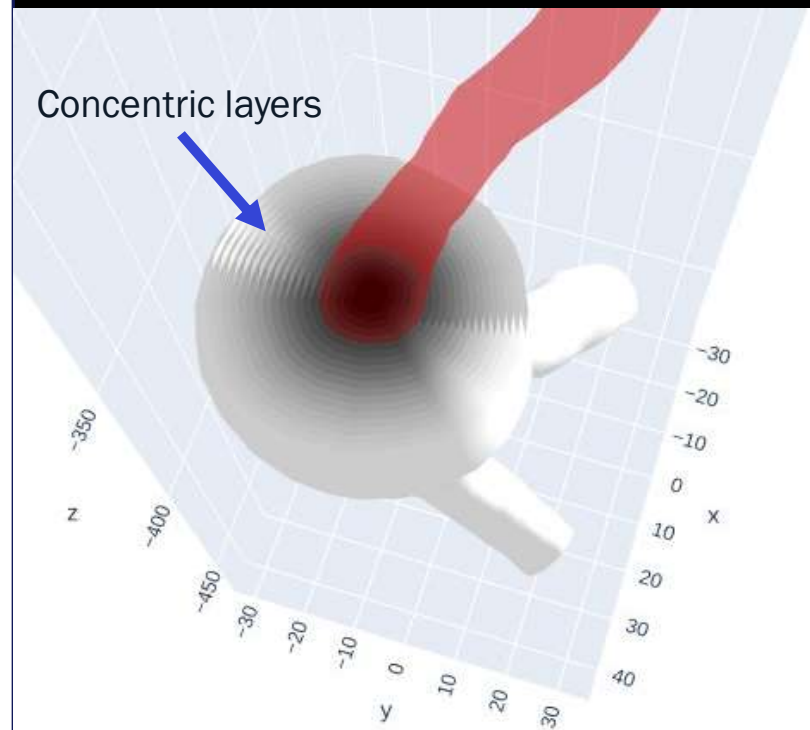
AiORTA Maps

RUPTURE PREDICTION

- Standard static scans
 - Radiomics & CFD
- N = 106
- Unique *matched “twins”* cohort
 - Equal diameter, age, sex
- Time-to-rupture range: 6-364 days

Parametric meshing

“Onion-Ring” Layering



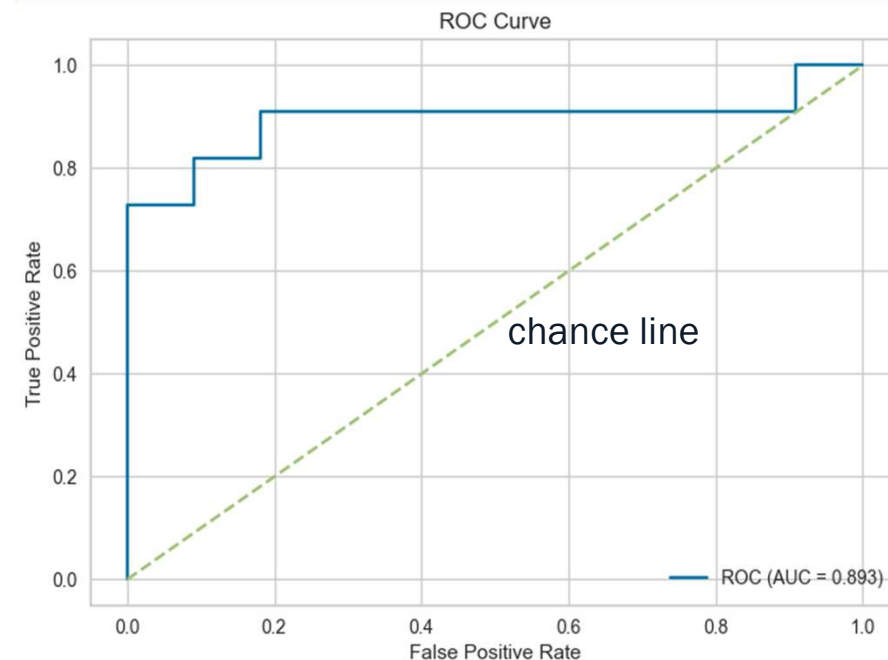
AiORTA Maps

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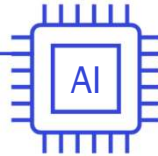


AUC	89.3%
Accuracy	87.0%
Sensitivity	91.0%
Specificity	83.5%



AiORTA Maps

RUPTURE PREDICTION



91% Rupture
Probability at Baseline



Ruptured 20 Days Later



AiORTA Maps

RUPTURE PREDICTION

- Can we predict when they will rupture?
- Time-to-rupture range: 6-364 days
 - Binned in 20 days periods

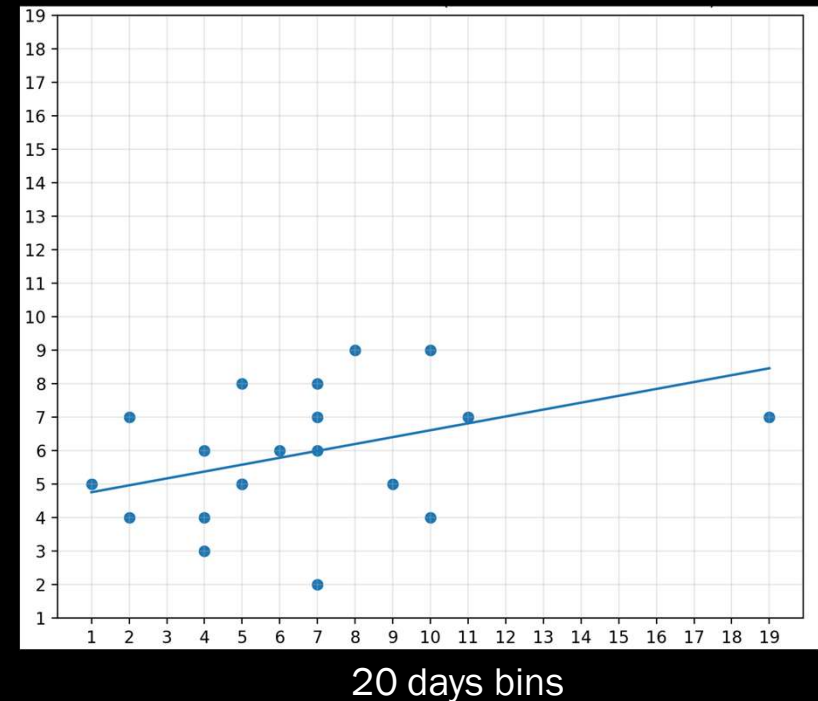


AUC 89.3%

Accuracy 87.0%

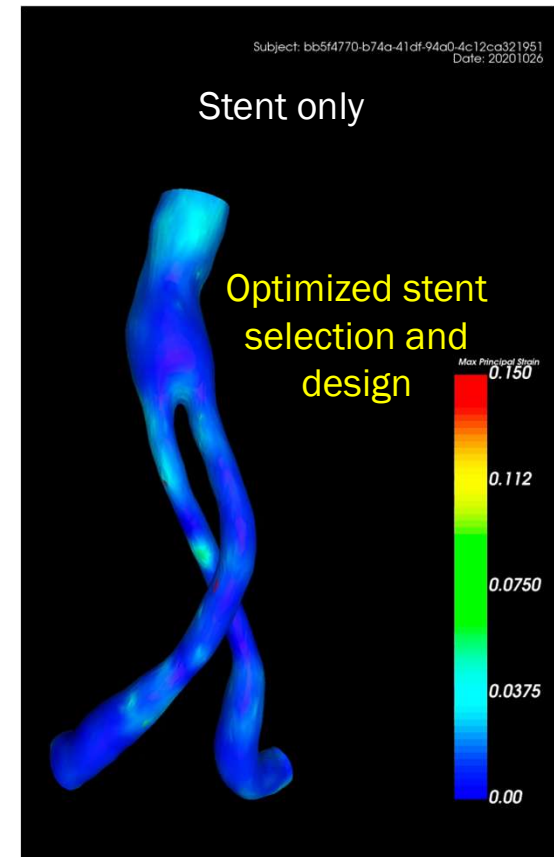
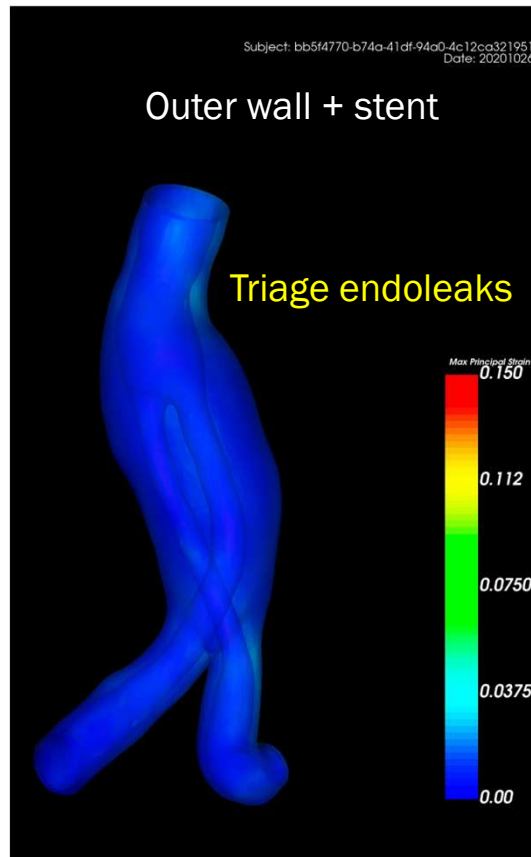
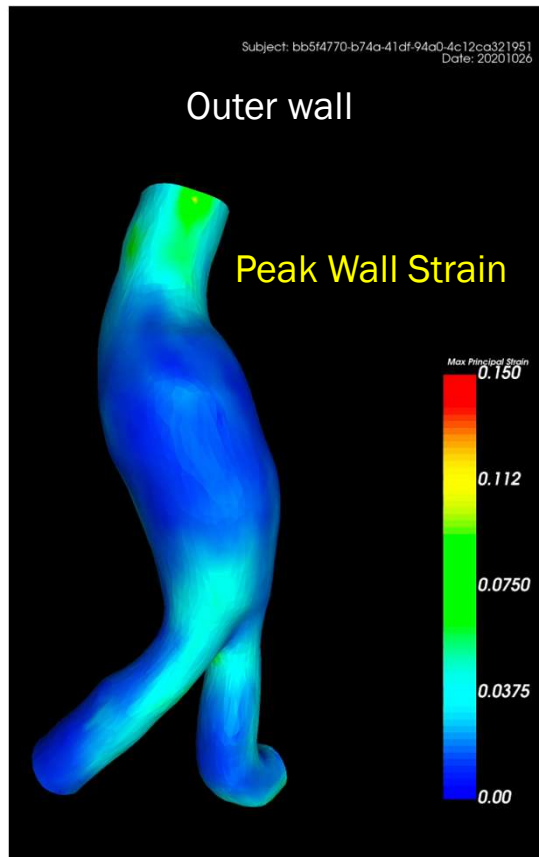
Sensitivity 91.0%

Specificity 83.5%



AiORTAWatch

POST-OP SURVEILLANCE



Allows for complete (AI)ortic analysis:

AORTIC

A

Location	Start Diameter	End Diameter	Tortuosity	Conicity
Bifurc	0.0	0.0	0.2450	0.0000%
BoalLength	0.0	0.0	0.6298	0.0000%
LCAILength	0.0	0.0	1.5279	NaN%
Left	0.0	0.0	0.4190	0.0000%
NeckLength	0.0	0.0	2.0049	0.0000%
RCIAILength	0.0	0.0	1.0848	NaN%
Right	0.0	0.0	0.4651	0.0000%

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AIORTA - Plan - R

The Future of Artificial Intelligence

Number of Search Parameters?

Traditional Search Models

10s

Classic AI Models

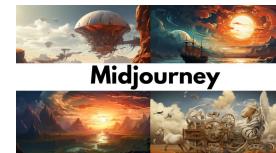
1,000s

Generative AI Models
1,000,000,000s

Generative (pre-trained) Transformers



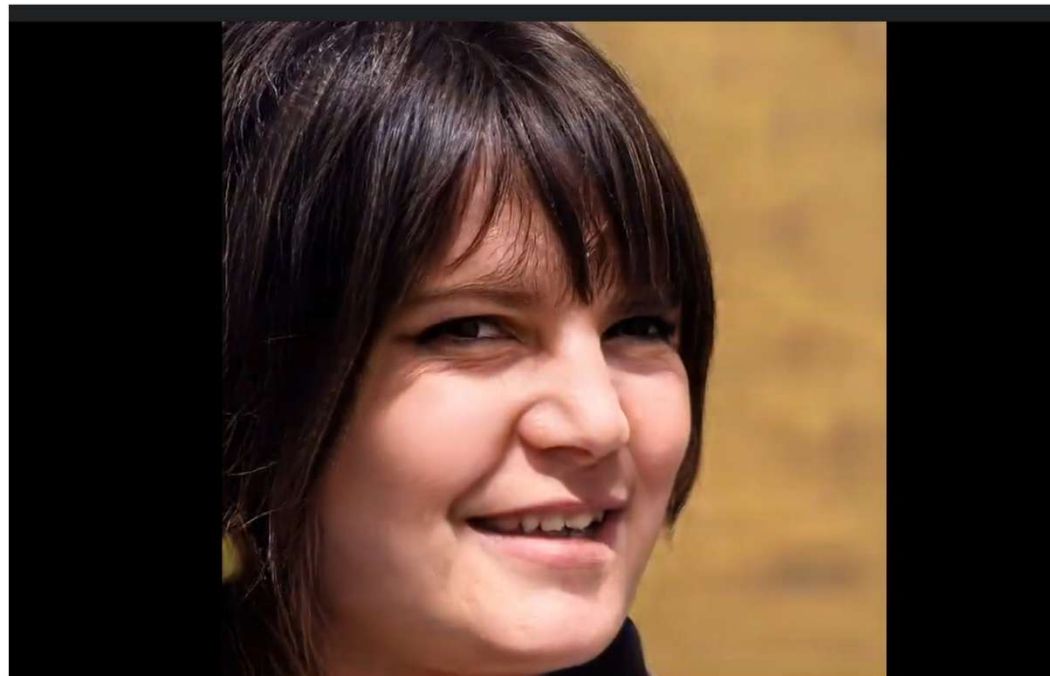
Diffusion models



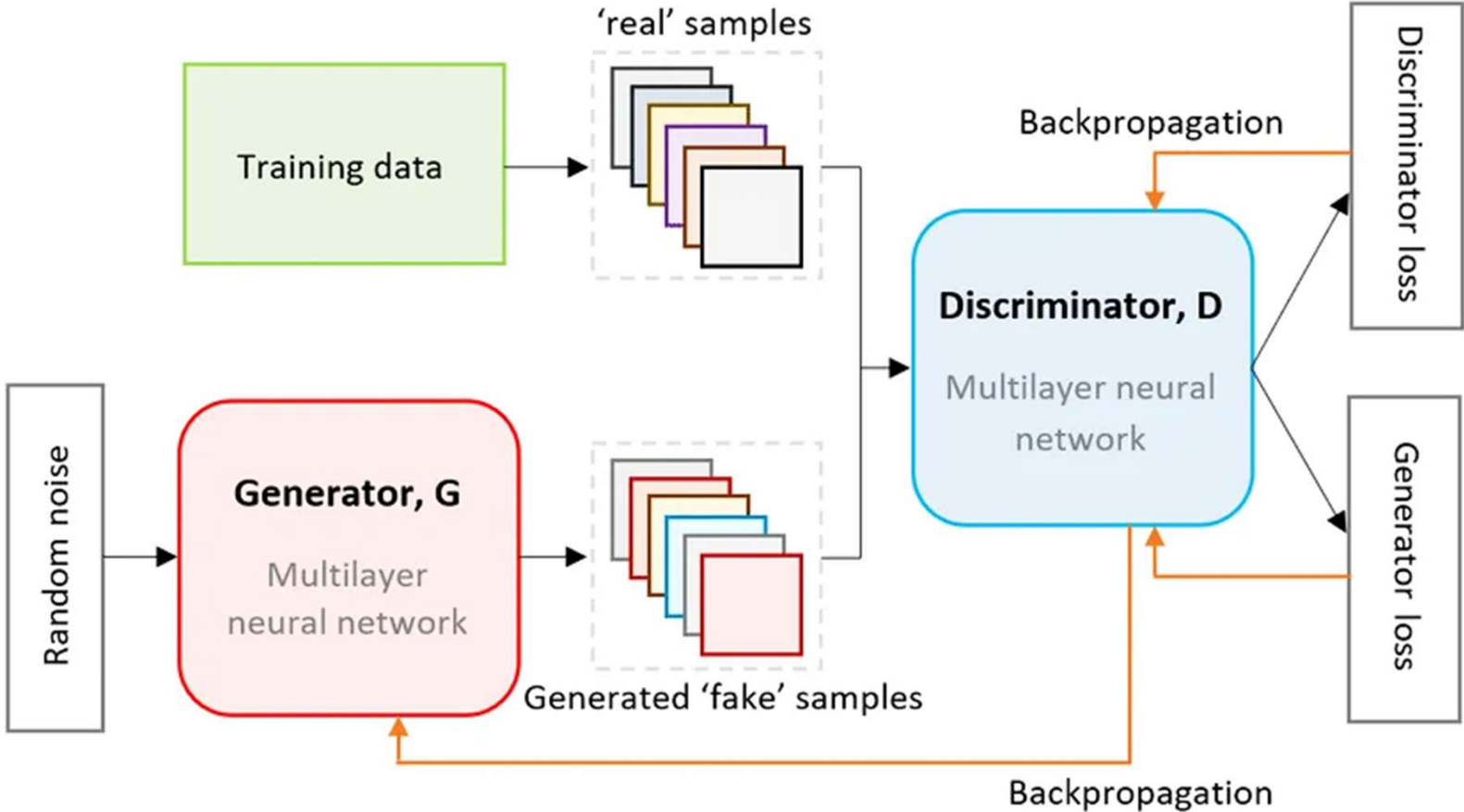
Generative AI TECHNOLOGY

Umbrella term that encompasses any AI system designed to create new content:

e.g. These people do not exist



Generative Adversarial Network (GAN)



The “synthetic” patient (aorta)

Human aortic characteristics without actually including any back traceable real-patient data.





AI TECHNOLOGY

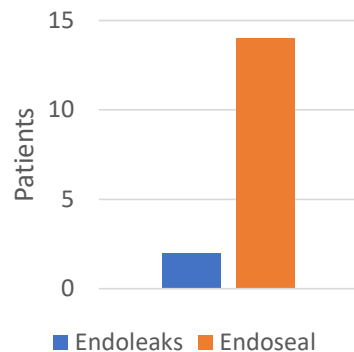
The artificial aorta

Use Case: We need more endoleaks

Original database

16 post-EVAR patients

- 2 Type-I endoleaks
- 14 with Endoseal
- **Mean 2-year follow-up**



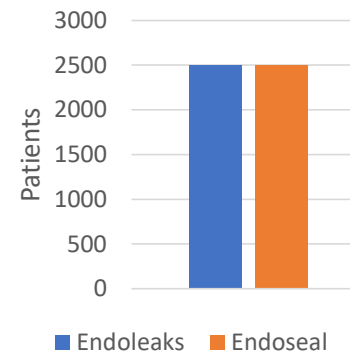
- Hugely imbalanced
- Diminutive target class size

Impossible to train AI

Synthetic database

5000 post-EVAR patients

- 2500 Type-I endoleaks
- 2500 with Endoseal
- **6 mins** to synthesize (laptop)



- Perfect class balance
- Large cohort size

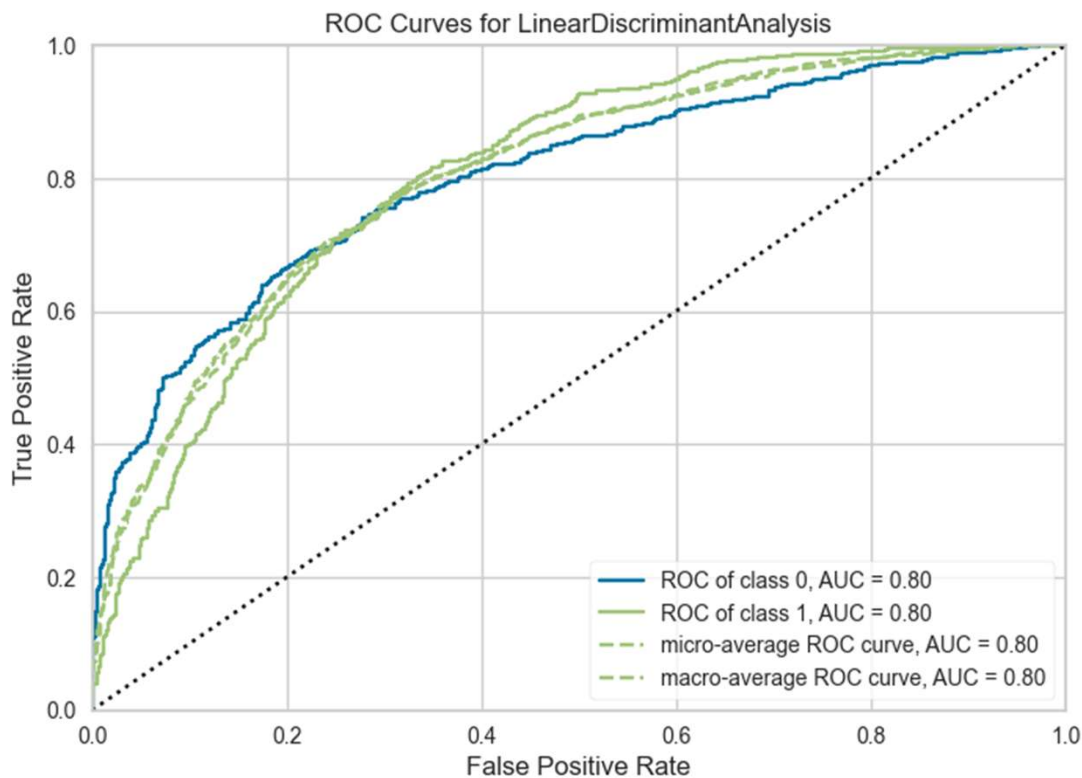
Ideal to train AI



AI TECHNOLOGY

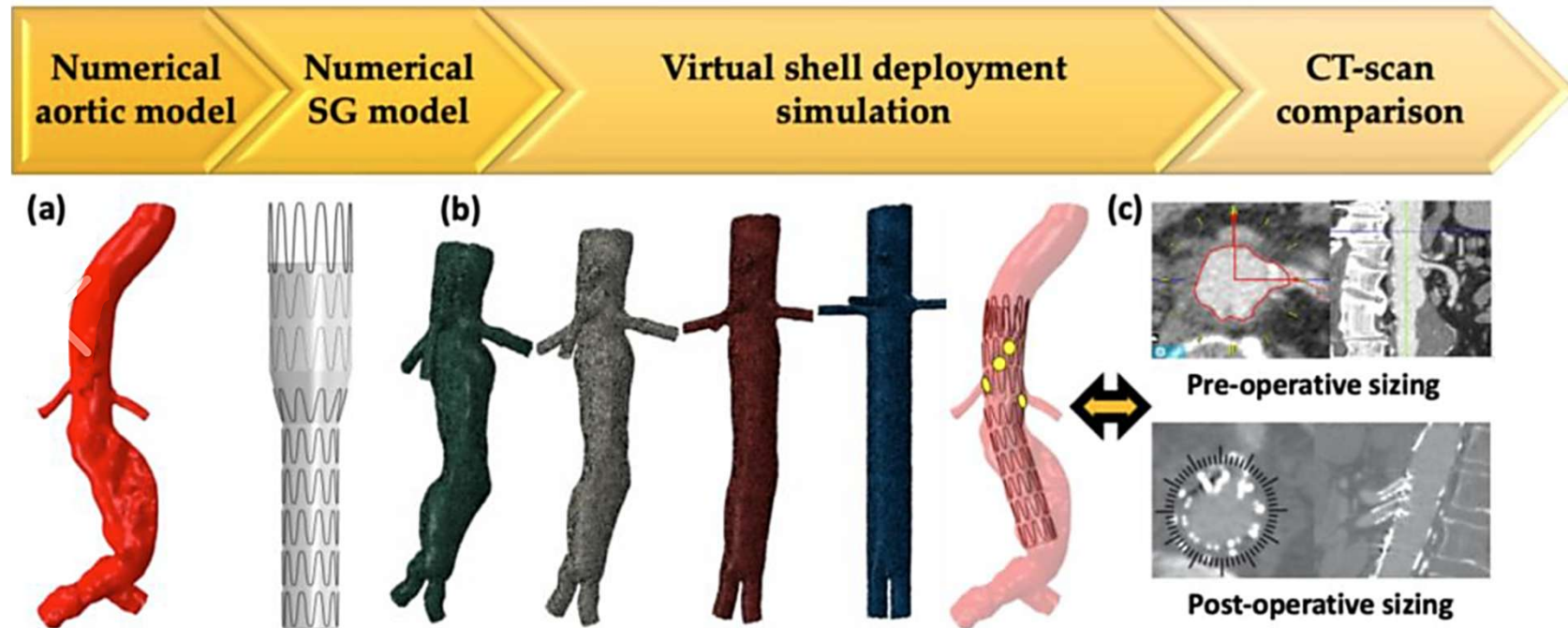
The artificial aorta

Use Case: We need have more endoleaks



Type-I Endoleak Prediction
Mean AUC = 0.80

Digital twin technology: Virtual Repair



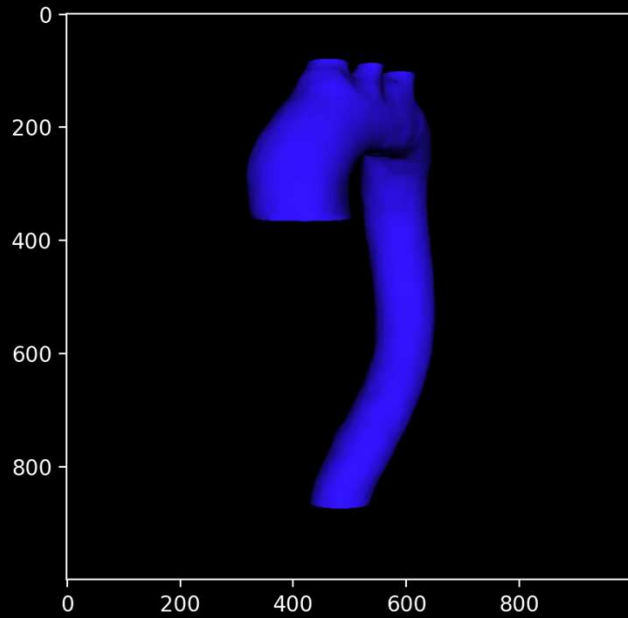
Open Access Review

Patient-Specific Numerical Simulations of Endovascular Procedures in Complex Aortic Pathologies: Review and Clinical Perspectives

by Lucie Derycke^{1,2}, Stephane Avril² and Antoine Millon^{3,*}

J. Clin. Med. 2023, 12(3), 766; <https://doi.org/10.3390/jcm12030766>

Summary:



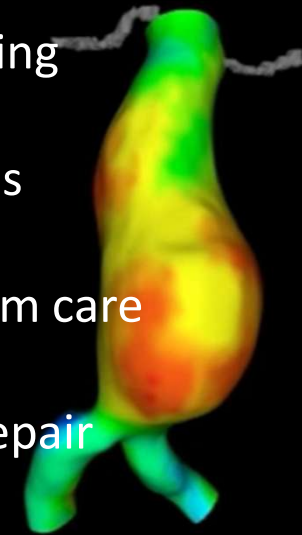
AI-Based Segmentation Critical:

Increased accuracy of planning

Patient-Specific Wall Analysis

Outcome Prediction to inform care

Synthetic datasets/Virtual repair



Thank you

CLINICAL AI APPLICATIONS

How do we craft real-world **clinical** AI?



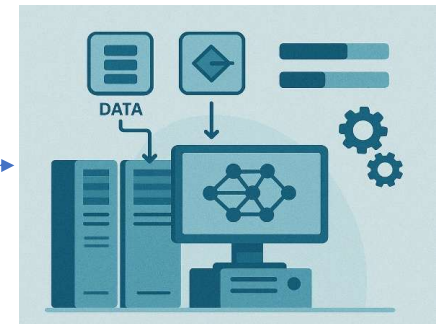
Data standardization



Deep phenotyping



Human understanding
of the pathophysiology



Model design
+ Training
+ Validation

Data sourcing

- Multi-centric, wide spectrum demographics
- Acquired under real-world conditions