# Real Time monitoring of patients and Al



Balu Krishna S

## About me

In oncology since 2004

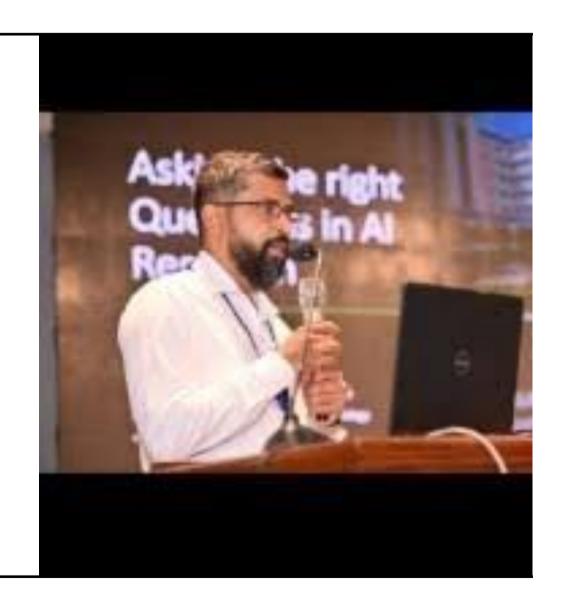
Professor of Radiation Oncology CMC Vellore

Started the QIRAIL – Quantitative Imaging Research and Artificial Lab

Since 2020

Focused on AI In radiation Oncology . NLP, ePROMS, Prehabilitation

Improving Quality of Survival



# In the next 20 minutes

Real time Monitoring of patients

Why

How

**Future** 

# Real-Time monitoring

**NOT TRACKING** 

**NOT SGRT** 

In Radiotherapy

Knowing how your patient is doing in between consultations.

IPSS score...

# Let me tell you 3 stories...

Data points for Al research

The gratitude paradox

Patient Name:			ute of birth	Date completed				
In the post	Not all All	Loss then 2 is 1 These	Line Stee Shalf do Time	Aller Co.	Marr Stee Staff Stee Time	Almed Almen	Your	
t. Immergiates Emptyting Now piles have price land the emption of not emptyting your friedlight?	.0.	10	. 2	3	4	*		
i. Prography Nove-office favor-pole find the primate find finds and/or feet become	· ac	Ņ.		1		5		

# THE IPSS SCORE

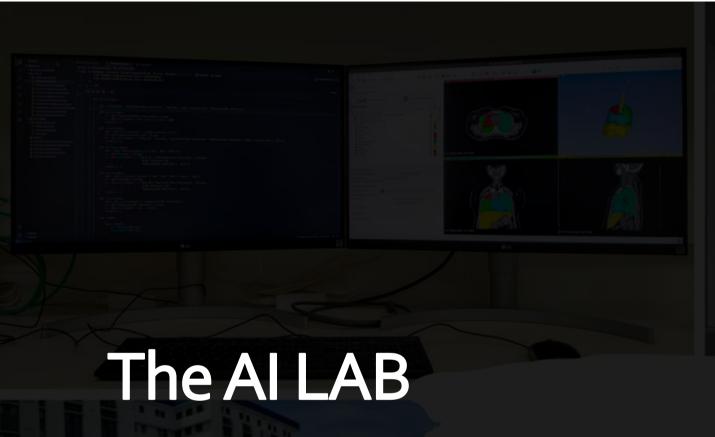
### International Prostate Symptom Score (I-PSS)

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date completed \_\_\_\_\_

In the past month:	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always	Your score
1. Incomplete Emptying How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	

2 Personan

time many risks did you substally got up as tight to product	-0.	1.9	17	3	 3	
Total 1-PSS . Score						





QIRAIL

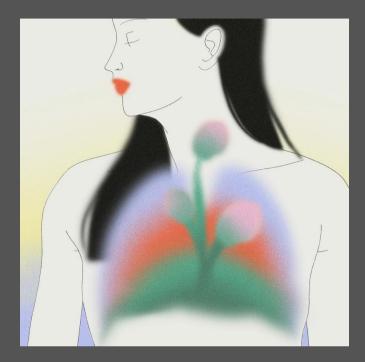
Radiation Oncology, CMC Vellore

Since 2020 ...

### Prognostic Al Models in health care

- Outcome modeling requires robust outcome data
- When we started follow up was abysmally poor- less than 60%
- Needed a mechanism to improve compliance
- Improve access to care
- Improve continuum of care





## The Gratitude Paradox

### Cancer and its repercussions

 Cancer care - Tedious multidisciplinary long-drawn-out effort

Fatigue is real!

Patient Fatigue Physician Fatigue Caregiver Fatigue



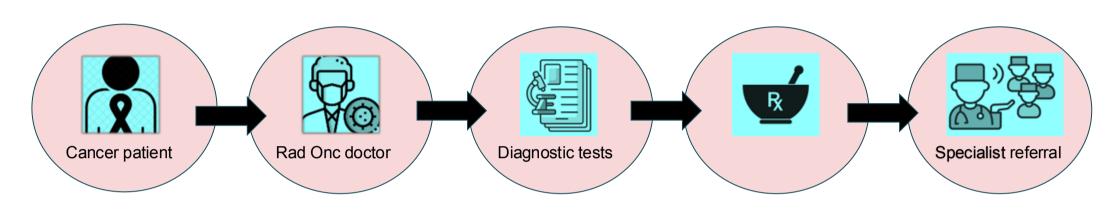
### We save lives

Simultaneously create a set of discontented survivors!

The more we succeed ... more this problem increases!

THE PROBLEM
WITH
RADIATION
ONCOLOGY

### Problems with conventional oncology monitoring



### Lack of adherence to care





**HIGH COST** 



LONG WAITING TIMES

Balu Krishna S



TRAVEL AND LOGISTICS ISSUE

ICRO 2024

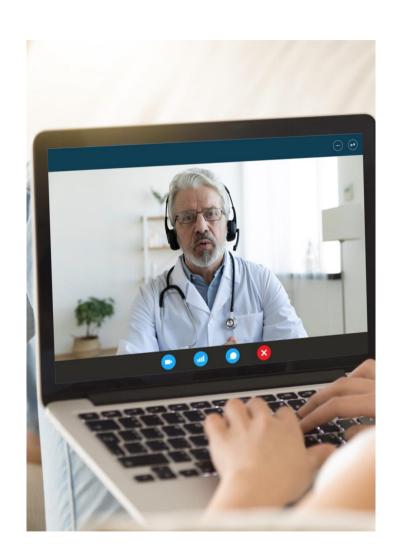


DELAY IN APPOINTMENTS WITH SPECIALISTS



NAVIGATION THROUGH THE SYSTEM CHALLENGING

Courtesy: Sharon Gikku



### **Solution: Telemedicine**

For me: Able to monitor the survival and hope patient is

recovering/coping

For Patient: Relief and reassurance that doctor cares

#### **Pros:**

Financial burden lessened (travel, itinerary, saved work-days of caregiver etc.)

### Cons:

Appointment every 3-6 months

Longer duration wears down the participants.

Scope not clearly defined

Need for **adjunct monitoring** still persists

REMOTE MONITORING OF PATIENTS-WHAT IS IT? Continuous tracking of patient health data and symptoms outside of clinical settings, using digital tools and technologies.

Real-time tracking of patient symptoms and side effects.

Early intervention and timely treatment adjustments.

Improves patient outcomes and reduces hospital visits

Balu Krishna S

ICRO 2024

## Why should we remotely monitor patients in cancer?



Screening

Monitoring

**Nutrition** 

Mental health

Pain

Side effects of CA and Rx

Improving communication at the individual level

Aid in decision-making

Assess aggregate quality over time

Empowers patient to be active participant in managing their health.

### How do we address this?



Making patients partner in data collection



### **Empowering them**



Changing conventional norms of "Patient reported outcome measures" (PROM) to Realtime reported PROMs

# Adjunct monitoring ... via PROMs-Patient-reported outcome measures

## PROMS MEASURING HEALTH OUTCOMES **Conventional PROMs** ong Questionnaire — leading to fatigue 2. Recall bias 3. Redundancy of information capture **Clinical Implementation barriers** 1. Mainly research mode 2. Cultural variations not addressed Language barriers

https://apersu.ca/what-are-proms/



### Solution: Real-time (electronic) PROMs

### Real Time Data Collection.

- Activity levels
- Sleep
- •Heart rate

**Continuous Monitoring** 

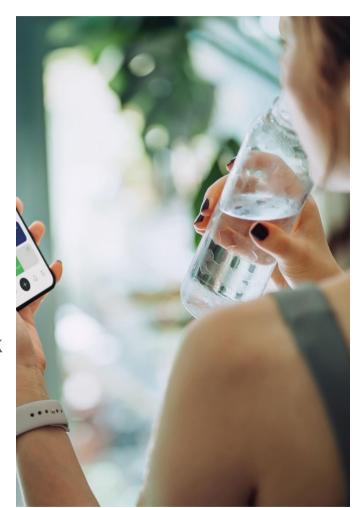
Predict and alert

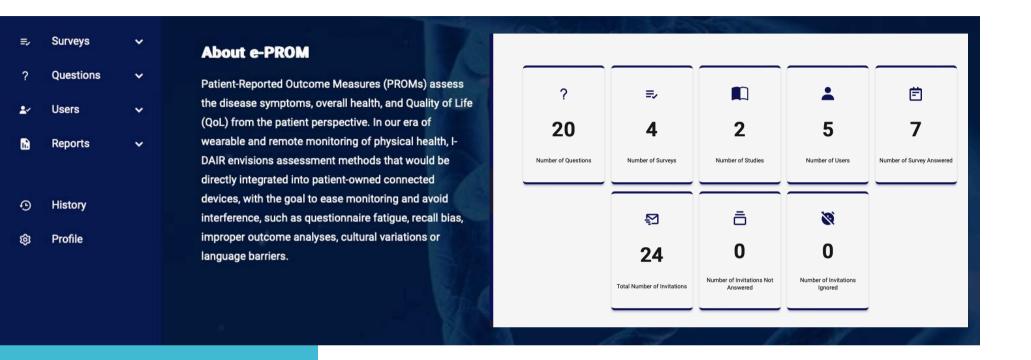
**Empower patients** 

Why not the larger domain of quality of Life?

### Real - time monitoring apps examples

- Nuna, mental health companion
- VARIAN Noona: Oncology centric patient support
- NHS England Digital PROMS
- Ada Al Doctor , personal health companion and telemedicine app
- Sensely, a virtual reality nursing assistant. Checks patient, records vitals, funnels them back to physicians.
- SkinVision, helps in selfexamination of skin condition and informs them when to act.





# Our in-house development – Universal ePROM platform Since 2020

### **Addressing Language Barriers**

- Simplifying medical jargon
- Delivering PROMs in Indian languages
- Informed consent rather than forced assent

### Solution

- Natural language processing Simplify medical text to layman's terms
- Translate to Indian languages (via Bhashini)
- Pilot in consent forms
- Benchmark in one disease site HNC
- Expand

Collaboration: IIIT- Hyderabad



### IIIT-H incubated startup turns boon, translates clinical trial consent forms

BhashaDaan 🚉

triai consent forms

Nirupa Vatyam / TNN / Updated: Jun 6, 2024, 13:32 IST

⇒ SHARE AA FOLLOW US 🔠

#### New For You



'Our war is your war, ou victory will be your victory': Benjamin...



'How far was Oswald...': FBI reveals Trump shooter's shocking Google



Is lifting of a 44-year-ol ban BJP's offer of peace



HYDERABAD: A city-based startup has successfully translated patient consent forms and information sheets from English into Telugu, Bangla, Malayalam, Tamil and Hindi to help clinical trial participants make an informed decision.

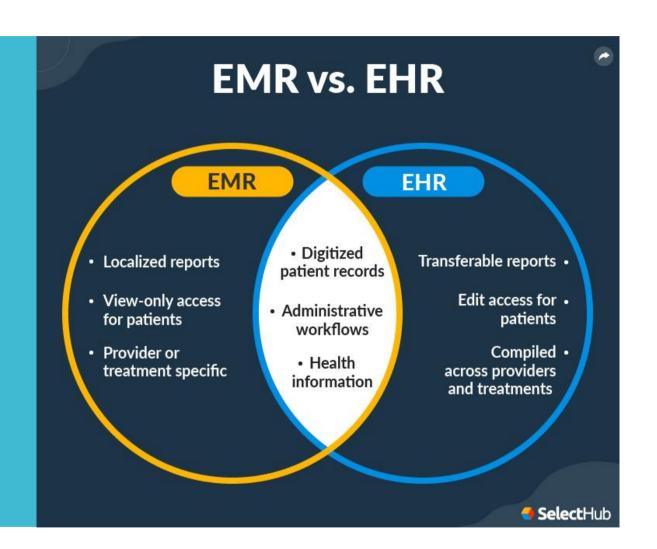
The solution developed by eBasha Setu, which is incubated at the IIIT-H, is being used by one of the city's major corporate hospitals and a private hospital in Vellore.

What do you see as the biggest challenge in ePROM deployment and remote monitoring?



Integration of data ... needs an infrastructural backbone





### **Adoption barriers**

- Not all hospitals have electronic medical records
- Existing EMRs are dataloaded

#### **Solutions**

- Keeping data capture simple
- Easy to integrate into existing workflows
- CDAC

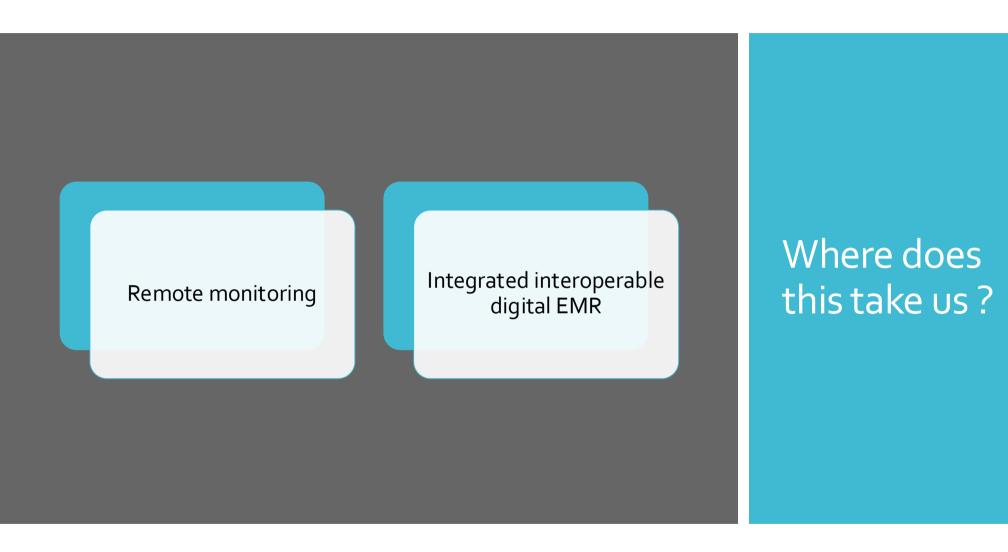
### **Envisioned Future**

Patient generated information get integrated into a common dashboard

- **>**Simple
- **≻**Interoperable
- Private and Secure
- ➤ Connects to HIS

We are not far from it!!





# Empower the patient

# Shared decision making

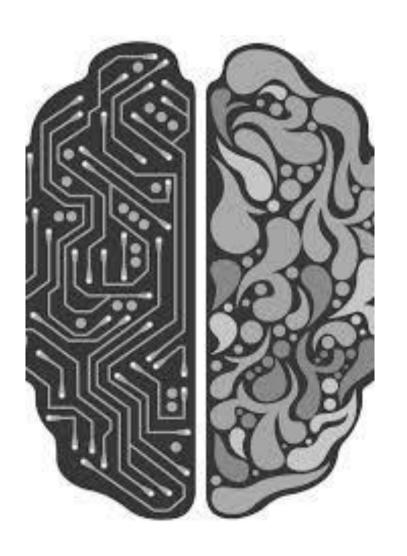
# Traditional uni-directional research-centered view New bi-directional patient-centered view Education Empowerment Partnership Patient-centric endpoints

- Involve patients more actively in their treatment decisions
- Utilize data from remote monitoring and EMRs to inform decisions
- Improve patient satisfaction and treatment adherence

Better continuum of care – via remote monitoring







## Digital biomarkers and EHR

Objective, quantifiable physiological and behavioral data collected through digital devices

Can be used to explain, influence, or predict health-related outcomes.

Can include data from wearables, smartphones, and other digital devices

\* Used to track treatment response, predict outcomes, and detect early signs of complications

\* Enhances personalized treatment planning in radiation oncology 1999 - 2024

Have we made patient accessibility better?



