

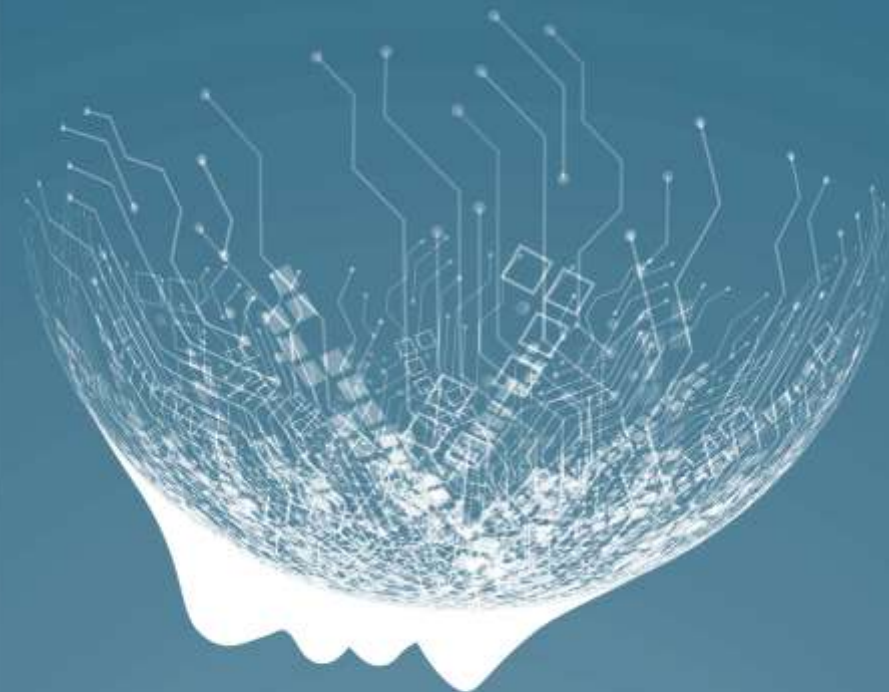


**HEAL Italia e il contributo
dell'Intelligenza Artificiale
alla Diagnostica 4.0**

Prof. Andrea Isidori

Sapienza Università di Roma

Spoke 4



SPOKE 4

Precision Diagnostics

PRESENTAZIONE DELLO SPOKE

54 ricercatori (64)

13 enti affiliati



In collaborazione con **Spoke 2, Spoke 6 e Spoke 8**



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AI in Medicine



Artificial Intelligence (AI) has tremendous potential to advance clinical practice and the delivery of patient care. A new Review article series, "AI in Medicine," explores the role of AI technology in clinical medicine and digital health, and examines the promise and pitfalls of its application across the health care continuum.

REVIEW

Precision Medicine, AI, and the Future of Personalized Health Care

Kevin B. Johnson^{1,2*}, Wei-Qi Wei¹, Dilhan Weeraratne³, Mark E. Frisse¹, Karl Misulis^{1,4}, Kyu Rhee³, Juan Zhao¹ and Jane L. Snowdon³

The convergence of artificial intelligence (AI) and precision medicine promises to revolutionize health care. Precision medicine methods identify phenotypes of patients with less-common responses to treatment or unique healthcare needs. AI leverages sophisticated computation and inference to generate insights, enables the system to reason and learn, and empowers clinician decision making through augmented intelligence. Recent literature suggests that translational research exploring this convergence will help solve the most difficult challenges facing precision medicine, especially those in which nongenomic and genomic determinants, combined with information from patient symptoms, clinical history, and lifestyles, will facilitate personalized diagnosis and prognostication.



L'IA è in continua evoluzione,
trovando ogni giorno nuove
applicazioni



Editorial

THE LANCET

AI in medicine: creating a safe and equitable future





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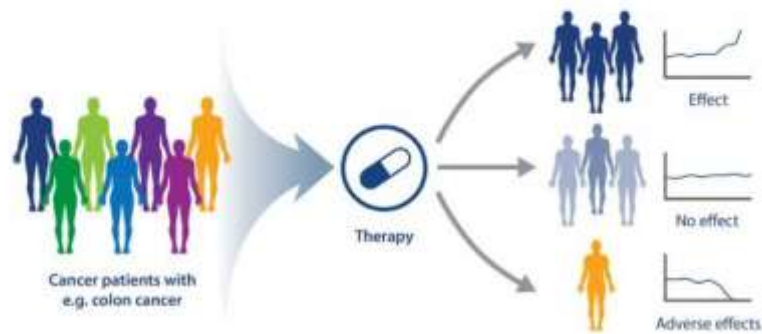


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Traditional Medicine
One Treatment Fits All



Precision Medicine
More Personalized Diagnostics



Forbes

FORBES 3 INNOVATION 3 HEALTHCARE

Precision Diagnostics Can Save Money In Healthcare: What's Holding Them Back?



THE LANCET

Editorial

Precision medicine: improving accuracy, reducing error



La **medicina di precisione** costituisce ad oggi l'evoluzione naturale dell'evidence based medicine



The evolving of medicine concept.

Precision Diagnostics Market to Reach USD 143.96 billion by 2028 Thanks to Growing Emphasis on Early Cancer Diagnostics and Increased Penetration of Advanced Diagnostics Technology

Global precision diagnostics market was valued at \$51.09 billion in 2021, and it is expected to reach a value of USD 143.96 billion by 2027, at a CAGR of 13.03% over the forecast period (2022–2028).

Sustainability

Therapeutic Failures (> 40%)



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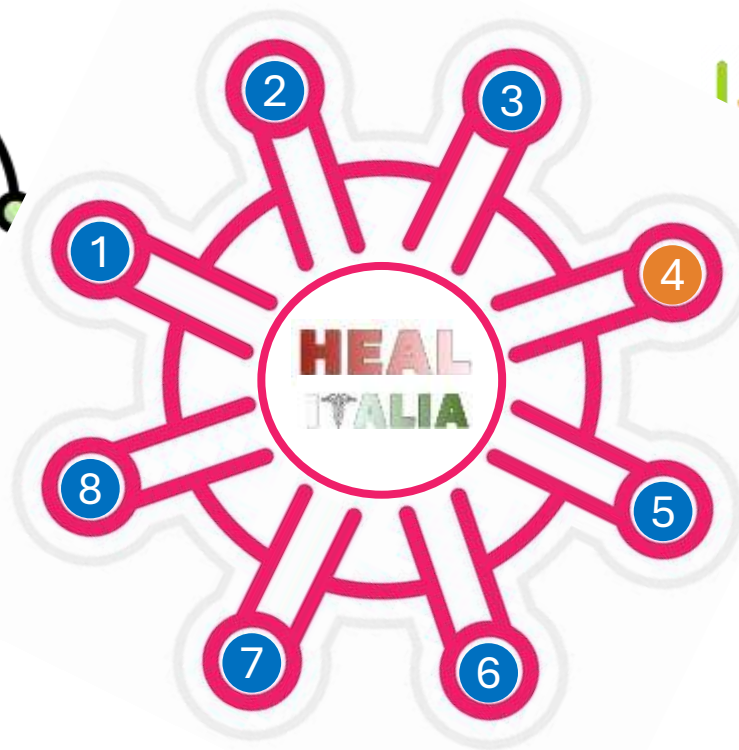
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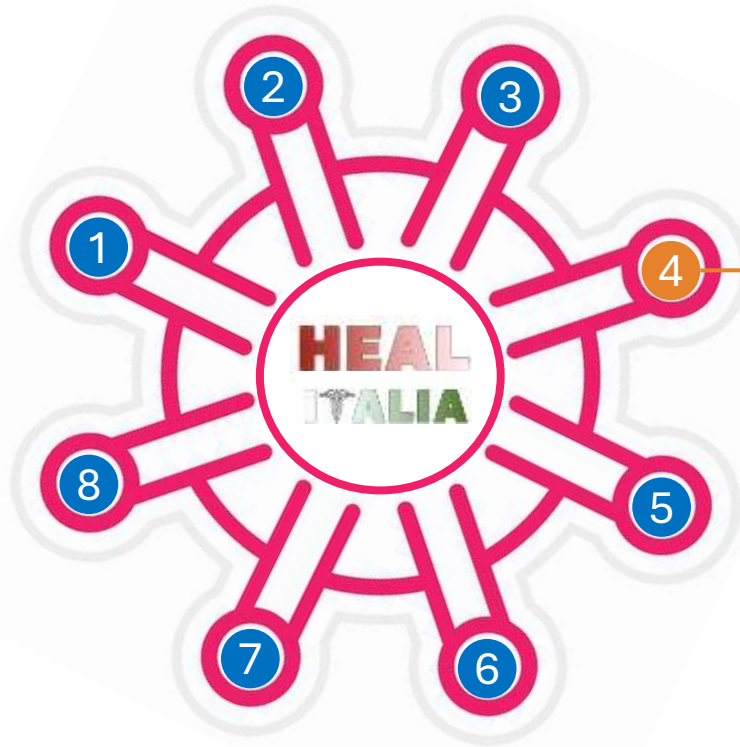
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Intelligenza



Medicina di Precisione



SPOKE 4

Obiettivo dello Spoke: Creare nuove pathway diagnostiche al fine di ottenere una diagnosi:



Rapida



Accessibile



Precoce



Costo-efficace



Precisa

In quali patologie?



Rare



Oncologiche



Cardiovascolari



Metaboliche



WP 1

Ricerca di nuovi markers mini-invasivi e avanzati di diagnosi precoce



WP 2

Nuovi strumenti di diagnosi biologica avanzata nell'inquadramento di patologie complesse e oncologiche



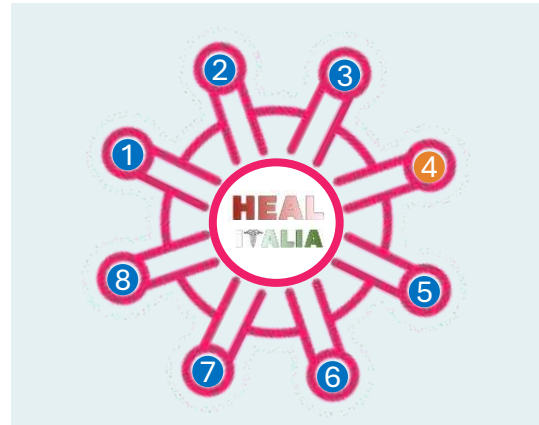
WP 4

Verso una nuova frontiera network-based nel management delle patologie poligeniche e tumorali



WP 3

Ricerca di nuove soluzioni basate sull'AI per l'analisi e acquisizione di immagini digitali



What we are doing...

WP1

Ricerca di nuovi markers
mini-invasivi e avanzati di
diagnosi precoce



Intelligenza
artificiale



Medicina di
Precisione



- Nuovi algoritmi MRI basati su IA per guidare la **biopsia prostatica** per una rilevazione più efficace del tumore

- IA applicata alla TC per rilevare **metastasi polmonari** e differenziare i sottotipi istologici



- Modelli di AI → predire il **rischio di morte cardiaca improvvisa** nello scompenso cardiaco → Uso più efficiente dei defibrillatori cardiaci impiantabili

300 pazienti

What we are doing...

WP2

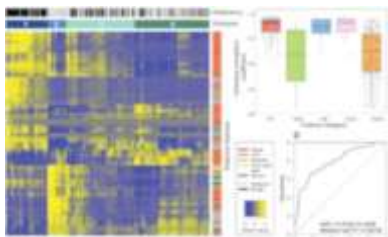
Nuovi strumenti di diagnosi
biologica avanzata
nell'inquadramento di patologie
complesse/oncologiche



Intelligenza
artificiale



Medicina di
Precisione



- **Radiomica** per una diagnosi di precisione nel **carcinoma mammario e pancreatico**

- **Software** per analisi automatizzata delle cellule tumorali circolanti nel **carcinoma mammario e polmonare**

250 pazienti



- Approccio multi-omico + AI (istopatologia, radiologia, genomica) nei **tumori ematologici** → stratificazione e prognosi

Review > [Cancers \(Basel\)](#), 2023 Apr 26;15(9):2491. doi: 10.3390/cancers15092491.

Value of Artificial Intelligence in Evaluating Lymph Node Metastases

Nicolò Caldonazzi¹, Paola Chiara Rizzo¹, Albino Eccher², Ilaria Girolami³,
Giuseppe Nicolò Fanelli⁴, Antonio Giuseppe Naccarato⁴, Giuseppina Bonizzi⁵, Nicola Fusco^{5,6},
Giulia d'Amati⁷, Aldo Scarpa¹, Liron Pantanowitz⁸, Stefano Marletta^{1,9}

What we are doing...

WP3

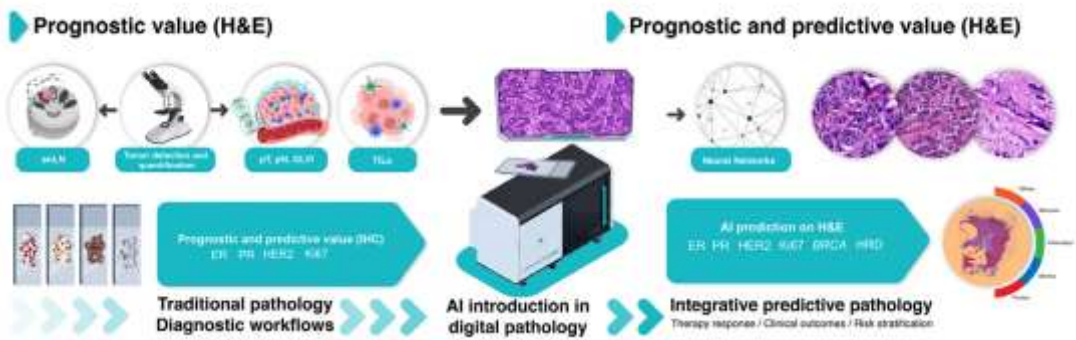
Ricerca di nuove soluzioni basate sull'AI per l'analisi e acquisizione di immagini digitali



Intelligenza artificiale



Medicina di Precisione



Creazione di un'infrastruttura di ultima generazione per la raccolta e l'analisi di immagini digitali, attraverso:



Nuovo **scanner** di ultima generazione



Sistema di standardizzazione *AI-assisted*



Nuova WorkStation



Sistema di archiviazione automatizzato



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> Virchows Arch. 2024 Sep;485(3):453-460. doi: 10.1007/s00428-024-03823-7. Epub 2024 May 14.

Digital pathology structure and deployment in Veneto: a proof-of-concept study

Albino Eccher¹, Stefano Marletta^{2,3}, Marta Sbaraglia⁴, Angela Guerriero⁴, Mattia Rossi⁵, Giovanni Gambaro⁵, Aldo Scarpa⁶, Angelo Paolo Dei Tos⁴



Nuovo **scanner** di ultima generazione



Nuova WorkStation



Sistema di archiviazione automatizzato



AEQUIP

Sistema di standardizzazione
AI-assisted

Tutto integrato in un sistema informatico di laboratorio (LIS)



What we are doing...

WP4

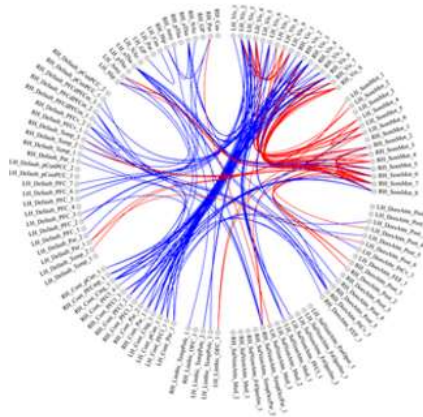
Verso una nuova frontiera
network-based nel management
delle patologie poligeniche e
tumorali



Intelligenza
artificiale

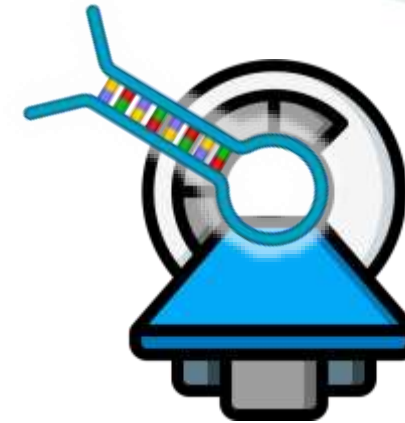


Medicina di
Precisione



Analisi computazionale *network-based*
dei dati clinici → diagnosi precoce e
previsione dell'aggravamento

70 pazienti



Network e *decision-curve* analysis per identificare
biomarcatori RMN e miRNA nei pazienti con
sospetto **carcinoma prostatico** → diagnosi
precoce e individualizzata

400 pazienti

SPOKE 4

Precision Diagnostics

La biologia molecolare come strumento di medicina personalizzata

Il micro-RNA 494 ha dimostrato un ruolo cruciale nella **riprogrammazione metabolica** in cellule di carcinoma epatocellulare



Ruoli potenziali:

- Biomarcatore di **risposta alla terapia con sorafenib**
- **Bersaglio terapeutico** per strategie combinate con sorafenib o altri farmaci oncologici

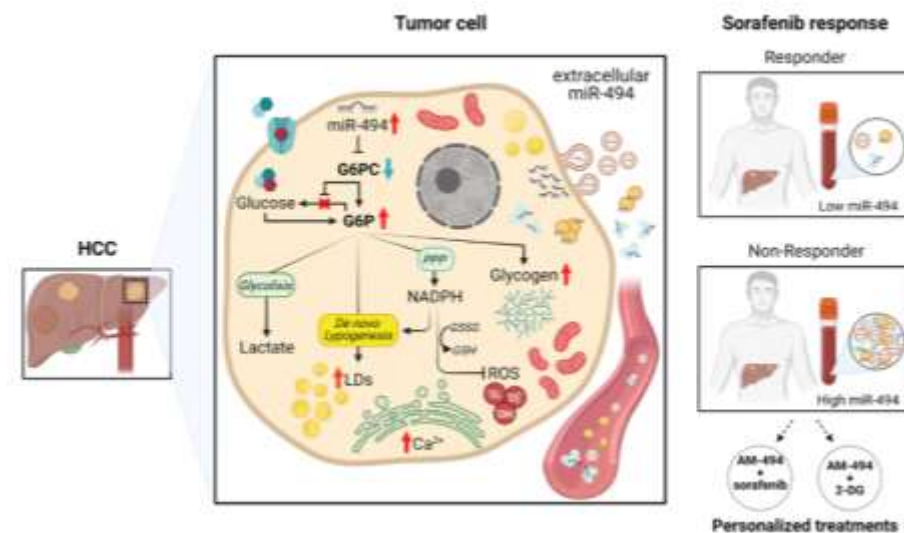
Alcuni esempi di applicazione pratica della diagnostica di precisione

RESEARCH

Open Access

MiR-494 induces metabolic changes through G6pc targeting and modulates sorafenib response in hepatocellular carcinoma

Journal of Experimental & Clinical Cancer Research



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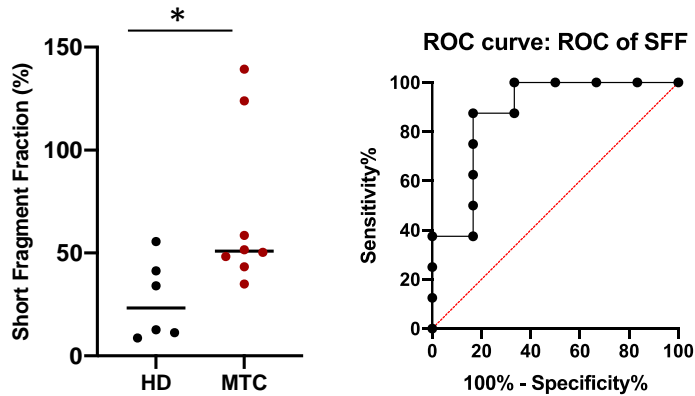
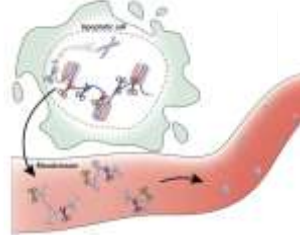
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Analysis of cfDNA **Fragmentation** from MTC samples *versus* healthy allowed to identified 2 microRNA High in MTC patients

(Kavish et al. 2021)



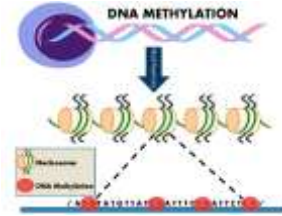
Fragmentation

measurement can distinguish MTC patients from healthy controls

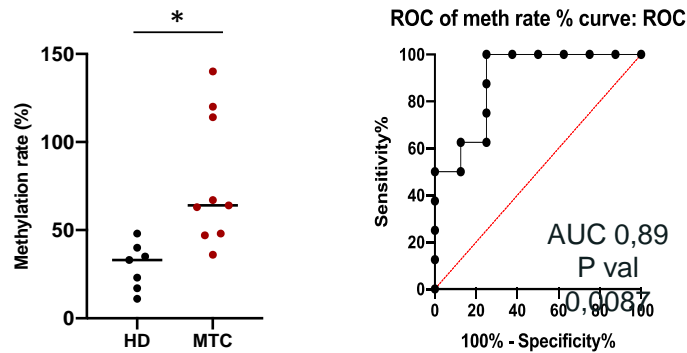
NOVEL DIAGNOSTIC BIOMARKERS

(can be added to the current use circulating biomarkers calcitonin and CEA to increase diagnostic sensitivity in a patient with thyroid nodule)

Analysis of cfDNA **methylation** of specific genome region from MTC plasma samples



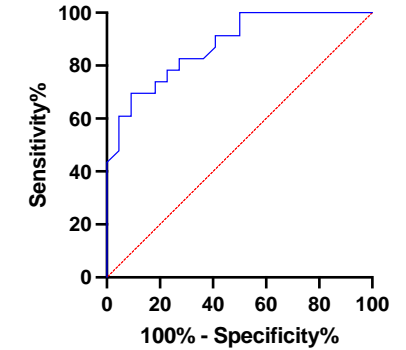
(Wise et al. 2016)



detection of CG dinucleotic methylation levels in the **MGMT gene** identifies MTC patients at diagnosis and is significantly higher in patients with more aggressive tumors
NOVEL DIAGNOSTIC and PROGNOSTIC BIOMARKERS

Citarella A et al .Biomark Res. 2023 doi: 10.1186/s40364-023-00522-4.

Analysis of RNA from MTC samples *versus* healthy allowed to identified 2 microRNA High in MTC patients vs Healthy



Area under the ROC curve	
Area	0.8775
Std. Error	0.04915
95% confidence interval	0.7811 to 0.9738
P value	<0.0001

microRNA-26b-5p and microRNA-451a novel diagnostic markers

(can be added to the current use circulating biomarkers calcitonin and CEA to increase diagnostic sensitivity in a patient with thyroid nodule)

Besharat ZM et al 2023 doi: 10.1007/s40618-023-02115-2.



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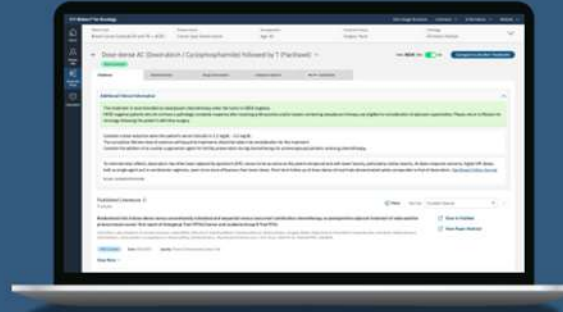
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IBM Watson for Oncology

Watson for Oncology helps physicians quickly identify key information in a patient's medical record, surface relevant evidence and explore treatment options.

[Watch the video \(05:07\)](#)
[Contact Us](#)


The Changing Landscape of Oncology → [Watch on-demand webinar](#)

IBM Watson Health



Oncology and Genomics

Confident decision-making for personalized cancer care

Bring evidence-backed cancer decisions to your patients, by understanding millions of data points

- Promised transformative cancer care
- Failed due to poor alignment with clinical workflows
- Highlight The need for clinician-AI collaboration



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A Human-Centered Evaluation of a Deep Learning System Deployed in Clinics for the Detection of Diabetic Retinopathy

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Elizabeth Baylor
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Fred Hersch
 Google Health
 Singapore
 fredhersch@google.com

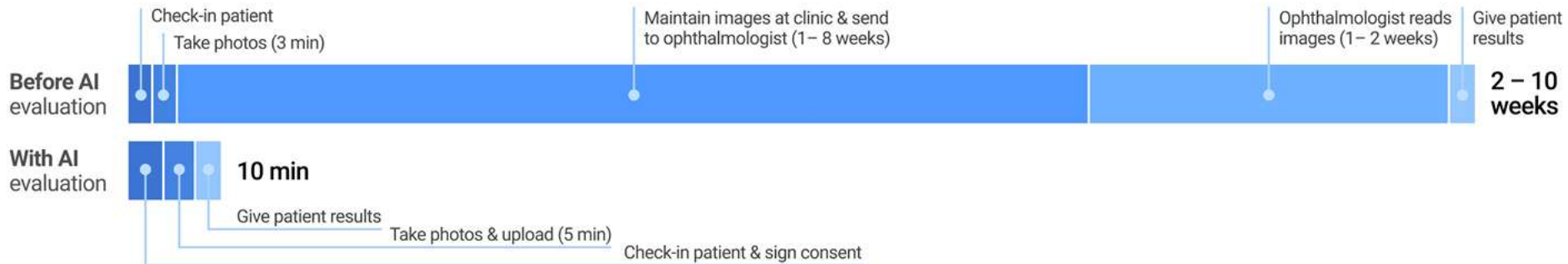
Anna Iurchenko
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Lauren Wilcox
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Paisan Ruamviboonsuk
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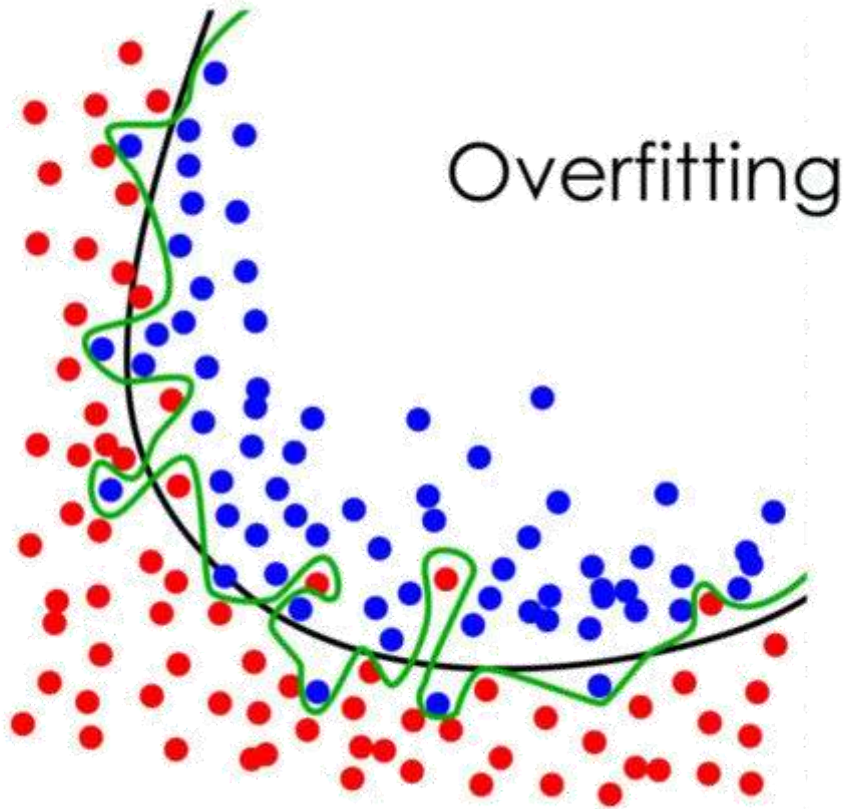
Laura M. Vardoulakis
 Google Health
 Palo Alto, CA
 lauravar@google.com

- Strong performance in trials, struggled in real-world clinics.
- Challenge: Variability in imaging conditions.
- Lesson: The importance of rigorous real-world validation.



AI is currently very good at finding patterns and relationships within big datasets

Which of those are actually meaningful?



"the production of an analysis that corresponds too closely or exactly to a particular set of data, and may therefore fail to fit additional data or predict future observations reliably"

David J. Leinweber
The Journal of Investing Spring 2007



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HEAL ITALIA

PRECISION VS. PERSONALIZED MEDICINE

- Precision Medicine is a step towards Personalized medicine, in that it uses **more variables to stratify patients**, but is **not completely individualized**
- “Personalized” medicine would individualize treatment for each patient, changing not only types of agents but doses and regimens based on purely **individual characteristics**



Thanks to Manuela Petti



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Network Medicine

Hub: proteins with a relevant biological role

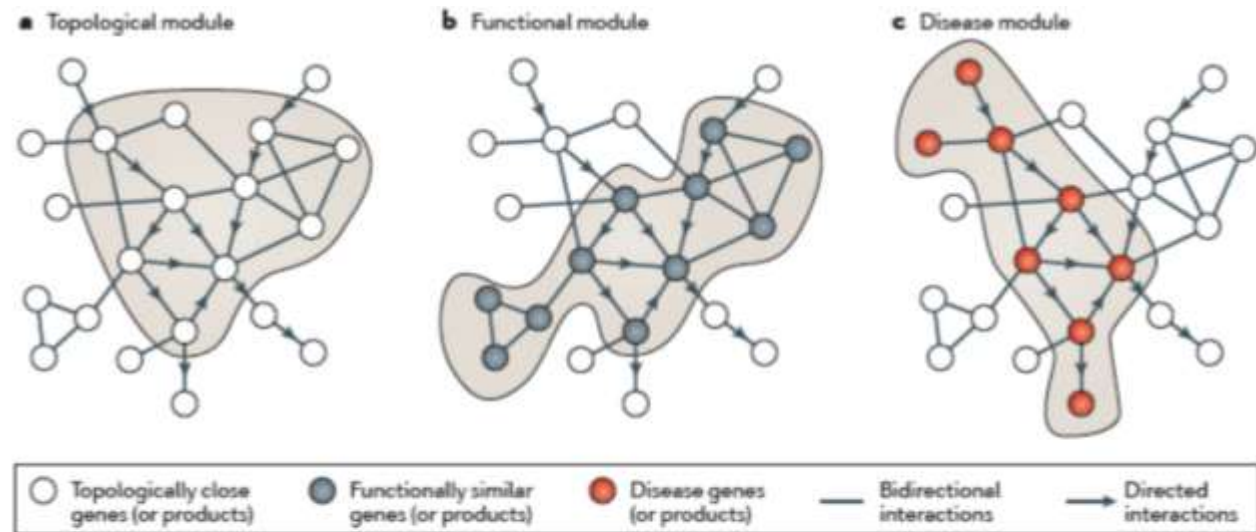
→ Centrality measures in a network

Local hypothesis: the proteins involved in the same disease tend to interact with each other forming a disease module

→ Network modularity

A.-L. Barabási et al, Nat. Rev. Genet., 2011

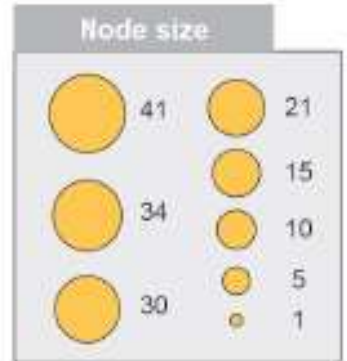
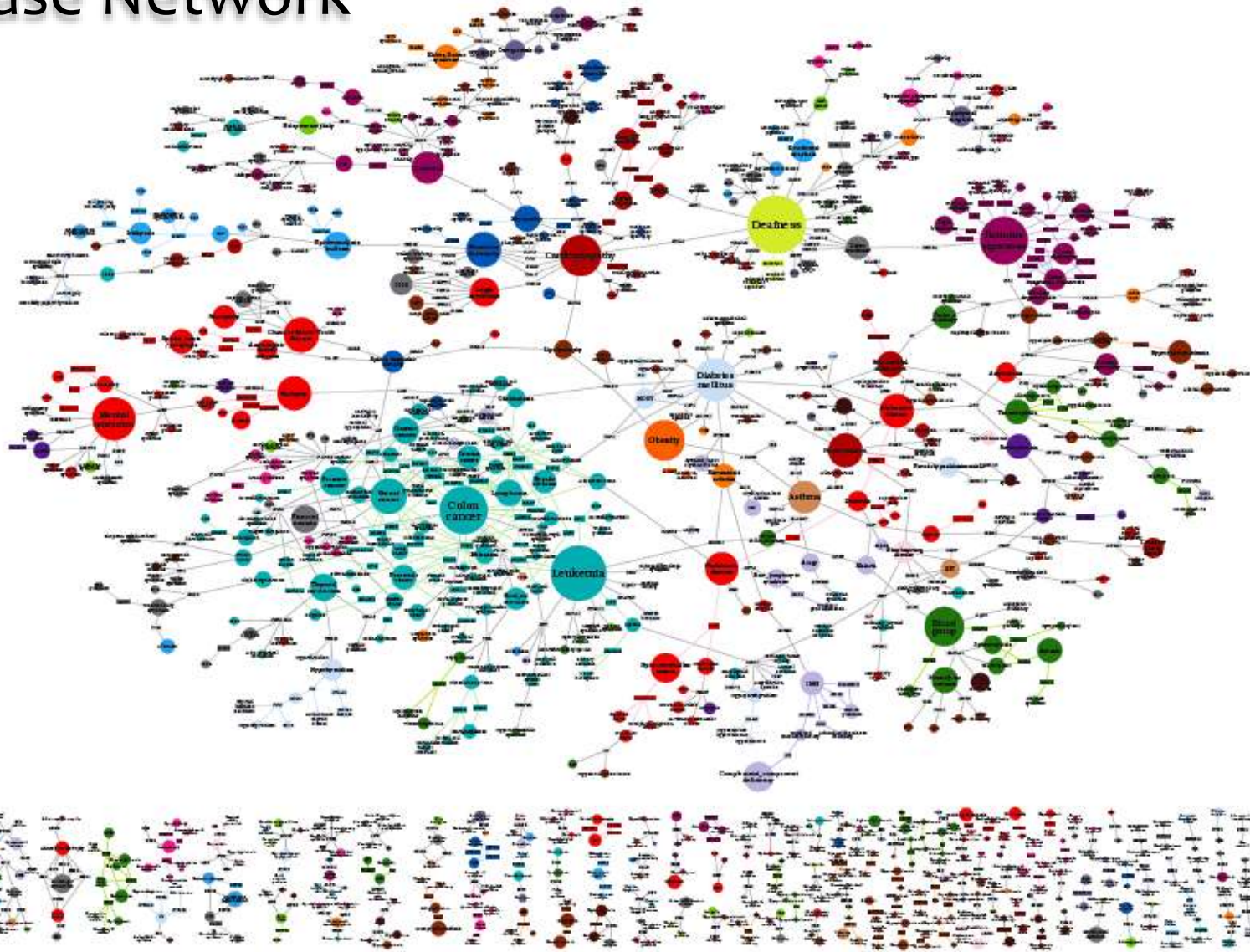
Network medicine: a network-based approach to human disease



Human Disease Network



Joseph Loscalzo, Chairman of the Department of Medicine, Harvard University



Goh et al, PNAS, 2007



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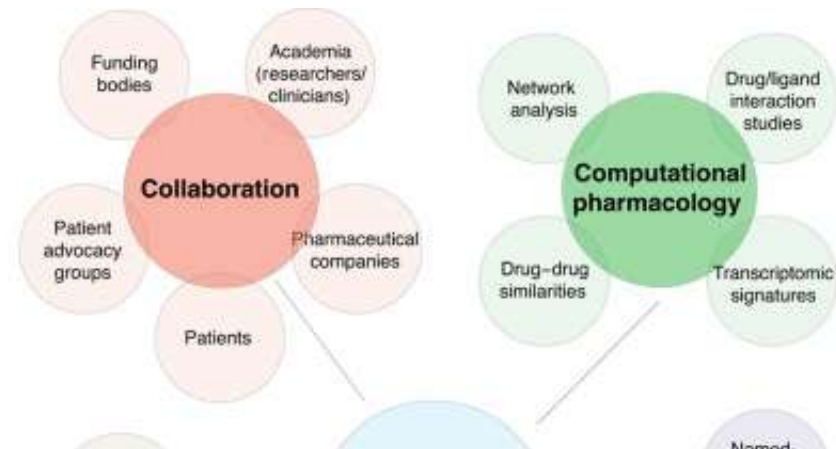
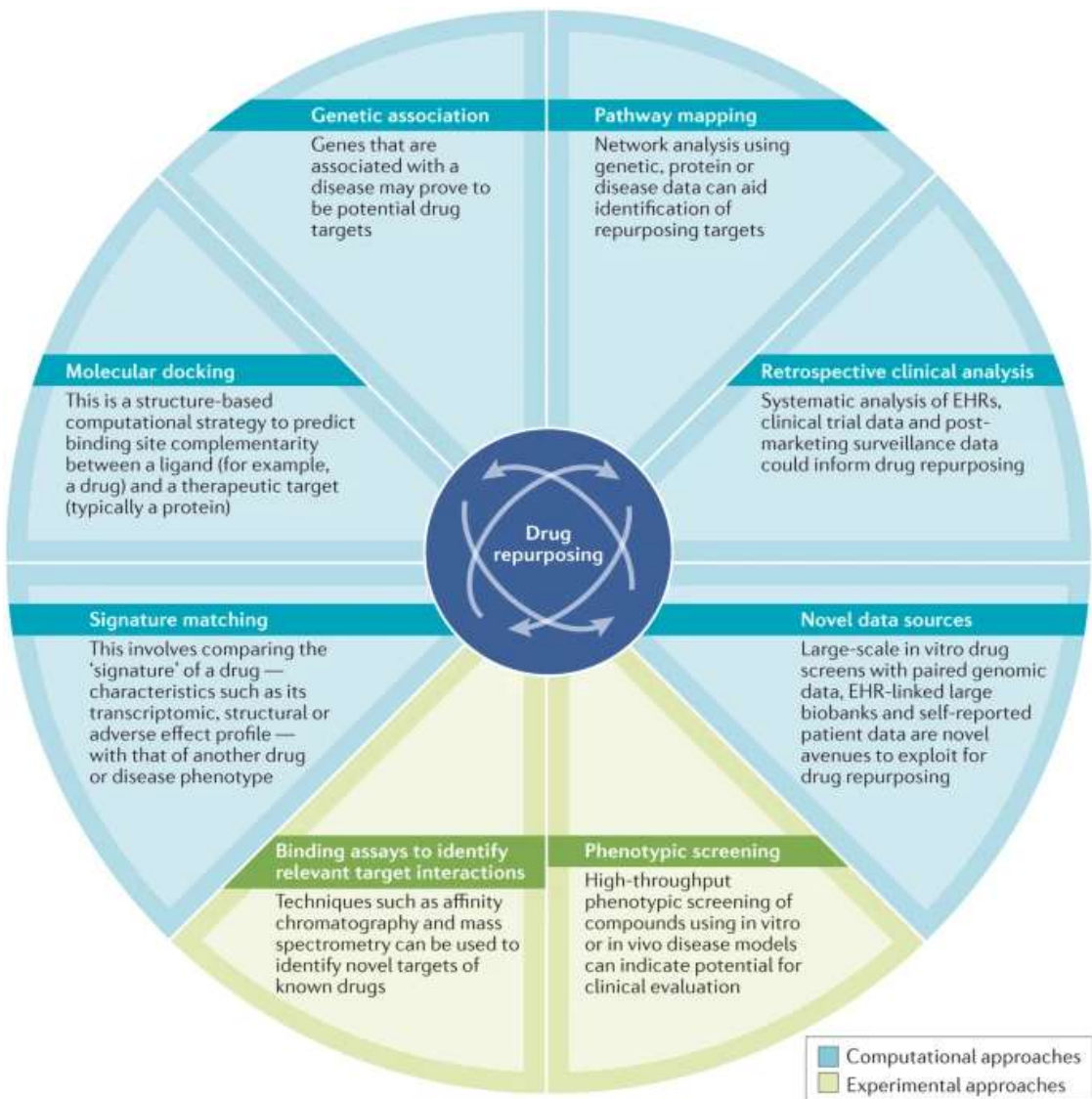
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Can Drug/Biomarker Repurposing Accelerate Precision Oncology?



Drug repurposing timeline



Trends in Pharmacological Sciences



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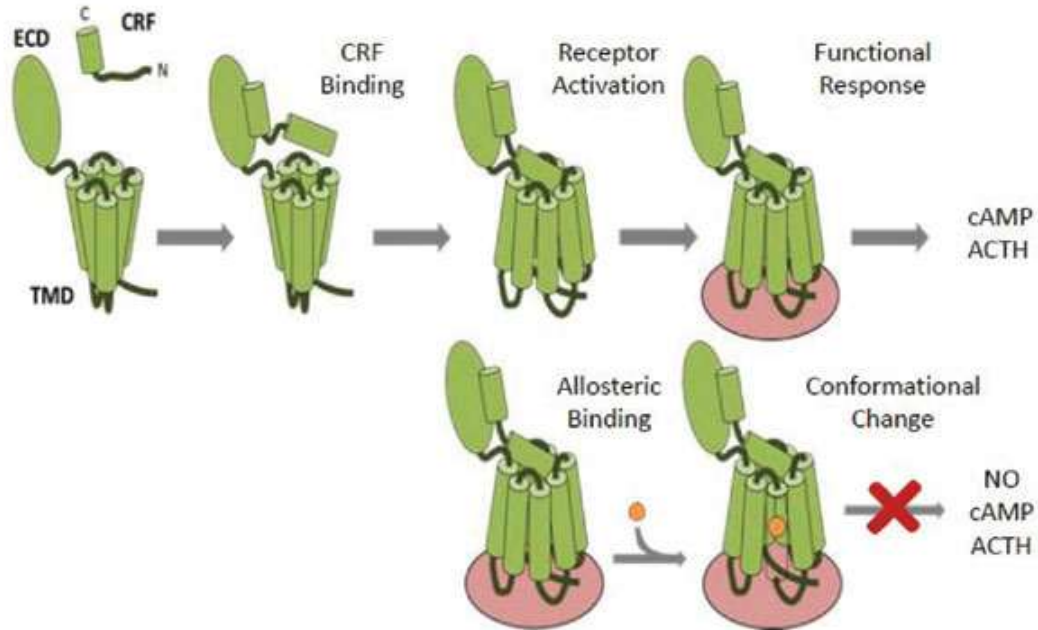
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A breakthrough in CRF1 antagonist pharma history

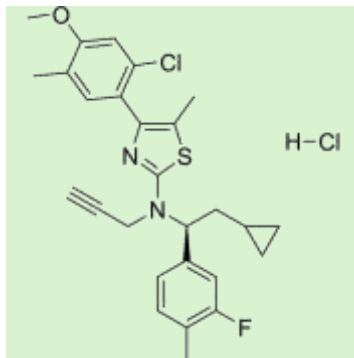


Preclinical Research

Antidepressant-Like Effects of the Corticotropin-Releasing Factor 1 Receptor Antagonist, SSR125543, and the Vasopressin 1b Receptor Antagonist, SSR149415, in a DRL-72s Schedule in the Rat

[Caroline Louis](#), [Caroline Cohen](#), [Ronan Depoortère](#) & [Guy Griebel](#)

[Neuropsychopharmacology](#) 31, 2180–2187 (2006) | [Cite this article](#)



COMPLETED 1

A Trial Evaluating the Efficacy and Tolerability of SSR125543 in Outpatients With Major Depressive Disorder (AGATE)

ClinicalTrials.gov ID 1 NCT01034995

Sponsor 1 Sanofi

Information provided by 1 Sanofi

Last Update Posted 1 2011-04-14

SPOKE 4

Precision Diagnostics

La sfida

Dal laboratorio alla pratica clinica

Nelle malattie Rare



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Una speranza terapeutica per i pazienti affetti da iperplasia surrenalica congenita



The NEW ENGLAND
JOURNAL of MEDICINE

ORIGINAL ARTICLE



Phase 3 Trial of Crinecerfont in Adult Congenital Adrenal Hyperplasia

Authors: Richard J. Auchus, M.D., Ph.D., Oksana Hamidi, D.O., Rosario Pivonello, M.D., Ph.D., Irina Bancos, M.D., Gianni Russo, M.D., Selma F. Witchel, M.D., Andrea M. Isidori, M.D., Ph.D., et al. for the CAHtalyt Adult Trial Investigators[†] [Author Info & Affiliations](#)

Published June 1, 2024 | DOI: 10.1056/NEJMoa2404656



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Circadian clock disruption impairs immune oscillation in chronic endogenous hypercortisolism: a multi-level analysis from a multicentre clinical trial

Valeria Hasenmajer,^a Emilia Sbardella,^a Francesca Sciarra,^a Chiara Simeoli,^b Claudia Pivonello,^c Filippo Ceccato,^{d,e} Riccardo Pofi,^f Marianna Minnetti,^a Flavio Rizzo,^a Davide Ferrari,^a Ilaria Bonaventura,^a Federica Barbagallo,^g Elisa Giannetta,^a Danilo Alunni Fegatelli,^h Simone Conia,ⁱ Roberto Navigli,ⁱ Giorgio Amaldi,^j Carla Scaroni,^{d,e} Rosario Pivonello,^b Daniele Gianfrilli,^{a,l} Mary Anna Venneri,^{a,l} and Andrea M. Isidori^{a,k,l,*}

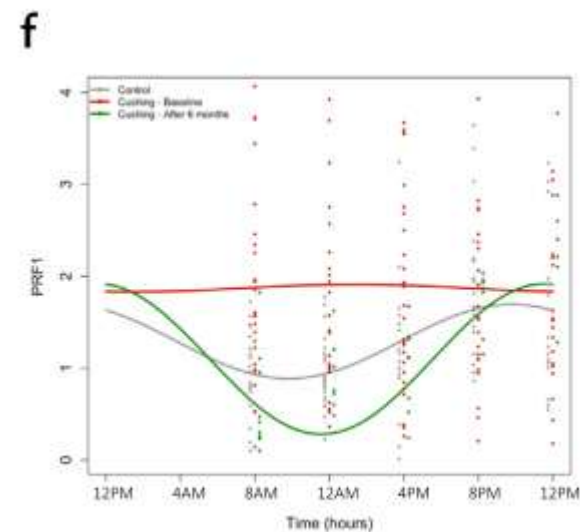
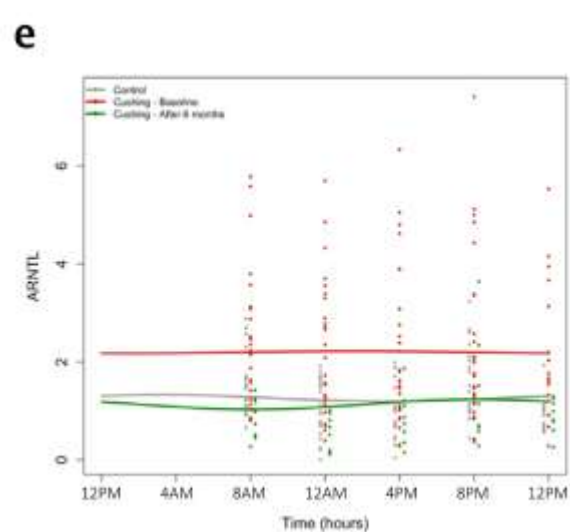
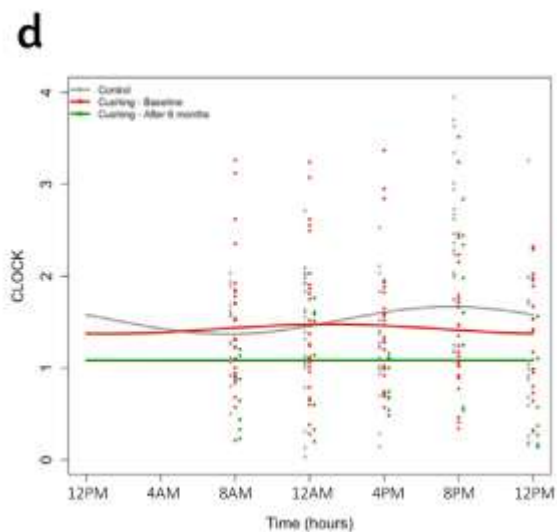
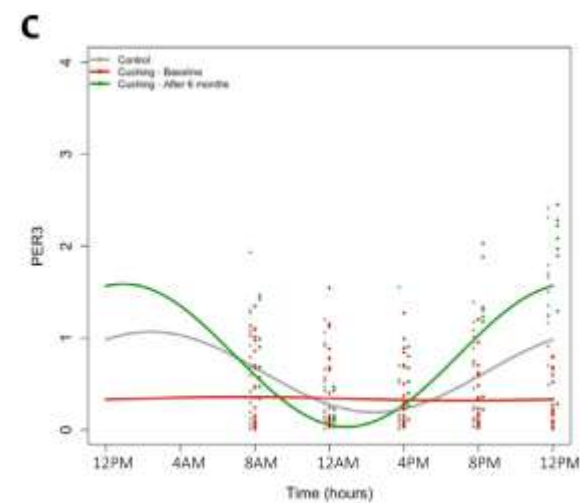
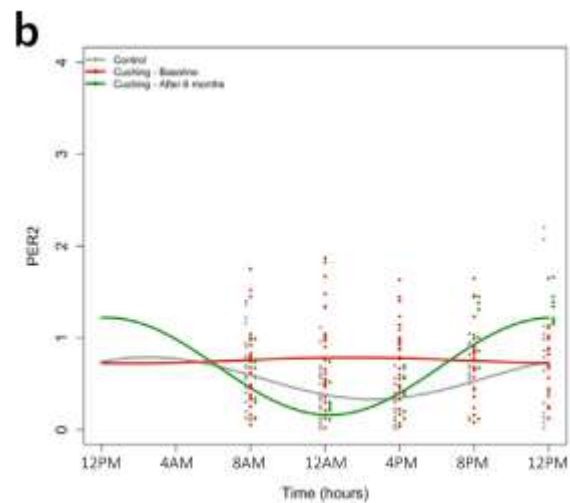
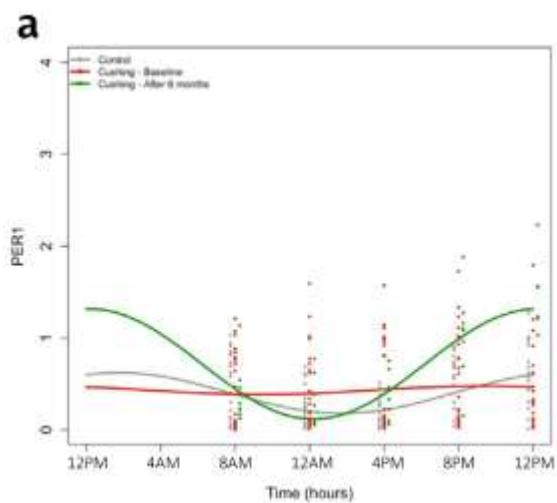
^aDepartment of Experimental Medicine, "Sapienza" University of Rome, Italy

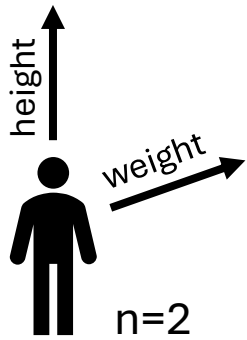


eBioMedicine
2024;110: 105462

Published Online xxx
<https://doi.org/10.1016/j.ebiom.2024.105462>

www.thelancet.com Vol 110 December, 2024

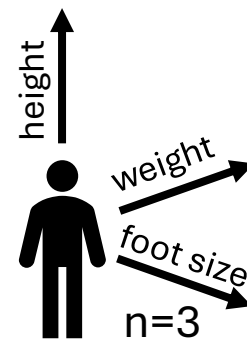
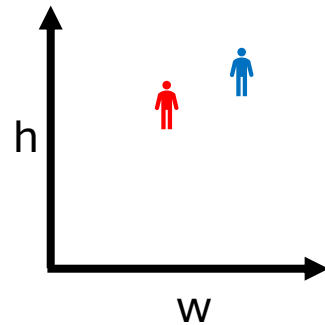




Weight: 50 kg
height: 170 cm



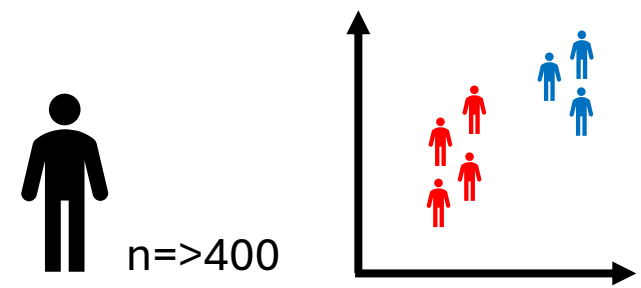
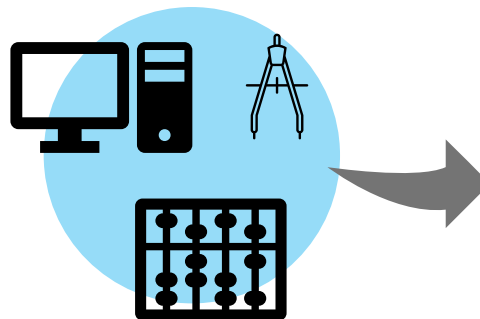
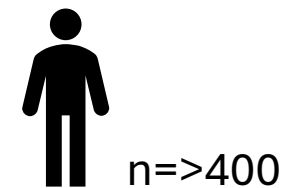
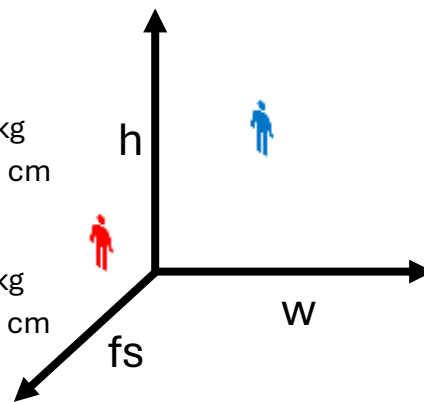
Weight: 80 kg
height: 180 cm



Weight: 50 kg
height: 170 cm
foot s: 39

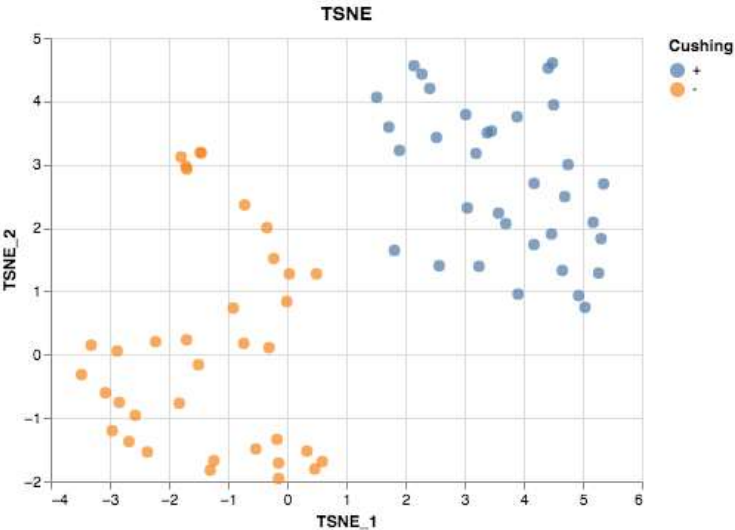


Weight: 80 kg
height: 180 cm
foot s: 42

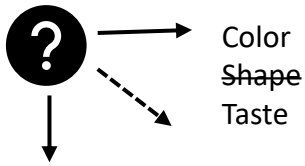
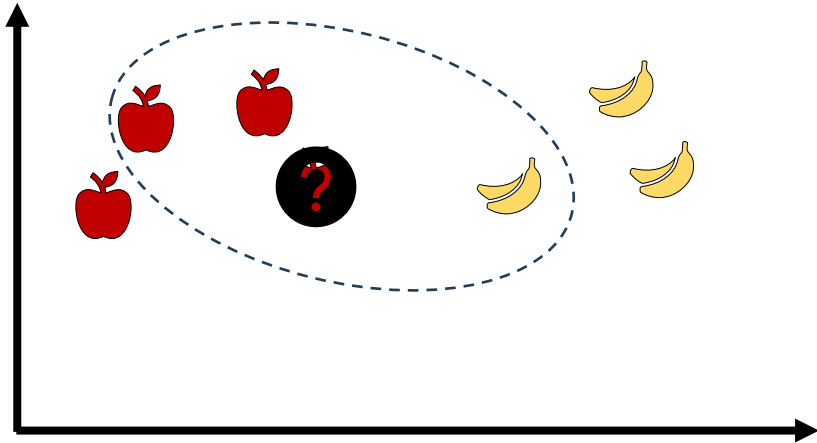
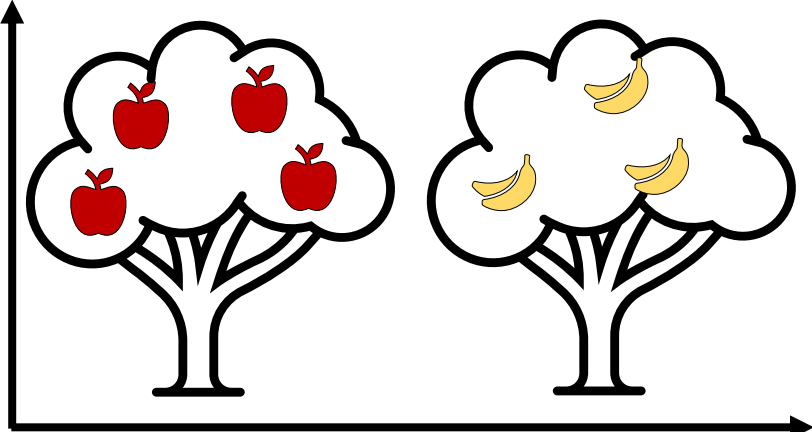


t-Stochastic Neighbour Embedding

Results: machine learning analyses – classification algorithms

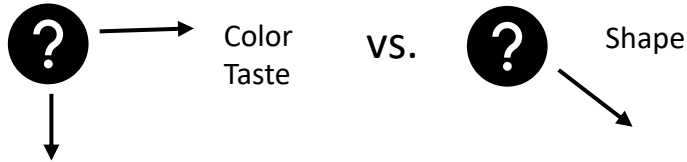


Effective separation between patients and controls. (using the “*se vede*” criterion)



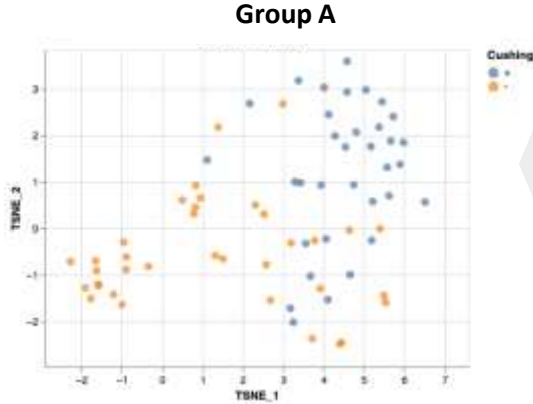
You can “blind” variables

Or compare the effectiveness of different groups of variables



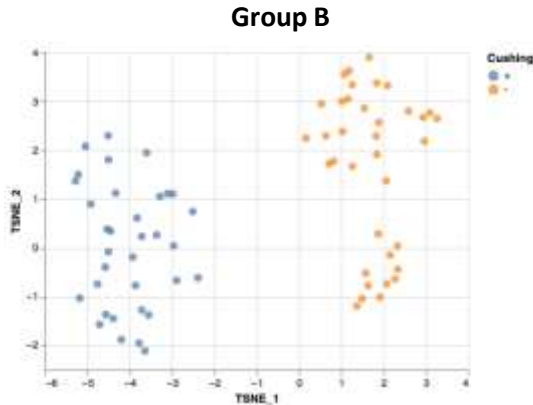
Results: machine learning analyses

1. Comparing immune profiling and circadian genes to other parameters routinely used in CS diagnosis



Group A: variables commonly associated with CS (hormones, concomitant medications, lipid and glucose profile, vital parameters...)
Group B: circadian variables (immune profiling, circadian genes expression)

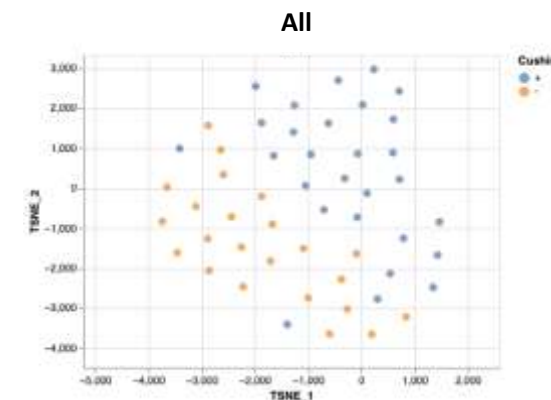
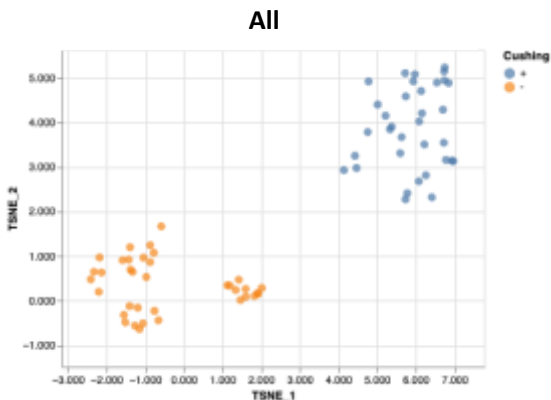
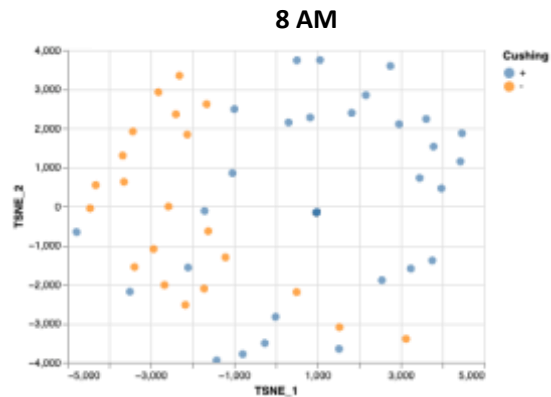
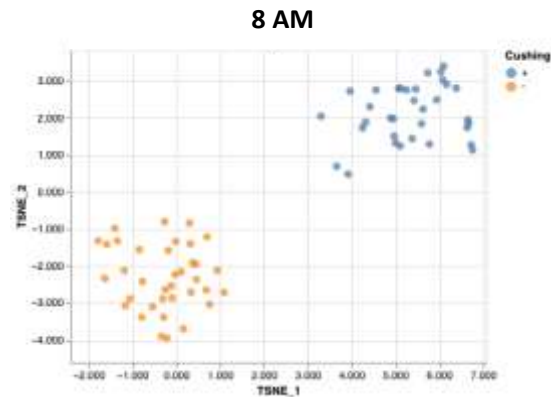
k-NN model: group B achieved a 97% accuracy, +20% compared to group A



ML models (**k-NN** and **SVM**) showed that Immune profiling (left) variables had a high accuracy at any time point (top panels), while circadian genes expression (right) achieved better results in identifying CS if taken all together

Visual representation by t-SNE

2. Comparing immune profiling to circadian genes at different time-points



Immune profiling

Circadian genes



And we don't work
«alone»!

Bandi a cascata



Intelligenza
artificiale



Medicina di
Precisione

Collaborazione con partners **esterni**

Obiettivo principale: aumentare i livelli di maturità tecnologica (TRLs)



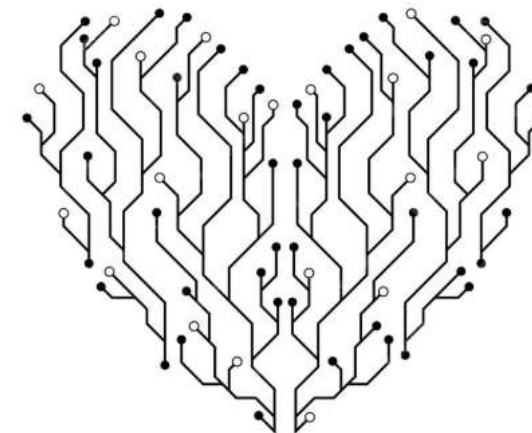
Istituto Nazionale
per le Ricerche
Cardiovascolari

**Assessing causal heterogenous biomarkers
mapping of HFpEF patients for early diagnostic
and risk stratification.**

Uso di una **IA dedicata** per combinare:

- Dati clinici eterogenei
- Immagini diagnostiche
- Biomarkers (anche liquidi)

Per scoprire collegamenti causali tra le informazioni biomediche
e scompenso cardiaco



SPOKE 4 - Challenges of AI in Precision Diagnostics

DATA

- Data Quality: Limited, biased datasets skew AI predictions.
- Privacy and Security: GDPR, HIPAA complicate data sharing.
- Generalizability: Overfitting limits applicability across populations.

BLACK-BOX

- Many AI models lack transparency (black box issue).
- Example: Heart disease predictions without explainability.
- Challenge: Balancing trust with usability.



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SPOKE 4 - Challenges of AI in Precision Diagnostics

ETHICAL

- **Accountability:** Liability for AI-driven errors remains unclear.
- **Bias:** AI can reinforce healthcare inequities.
- **Autonomy:** Ensuring patients understand and consent to AI decisions.

REAL WORLD

- **Workflow Disruption:** Integrating AI into clinical practice.
- **Cost:** Financial burden of AI tools in resource-poor settings.
- **Resistance:** Overcoming skepticism among healthcare professionals.



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