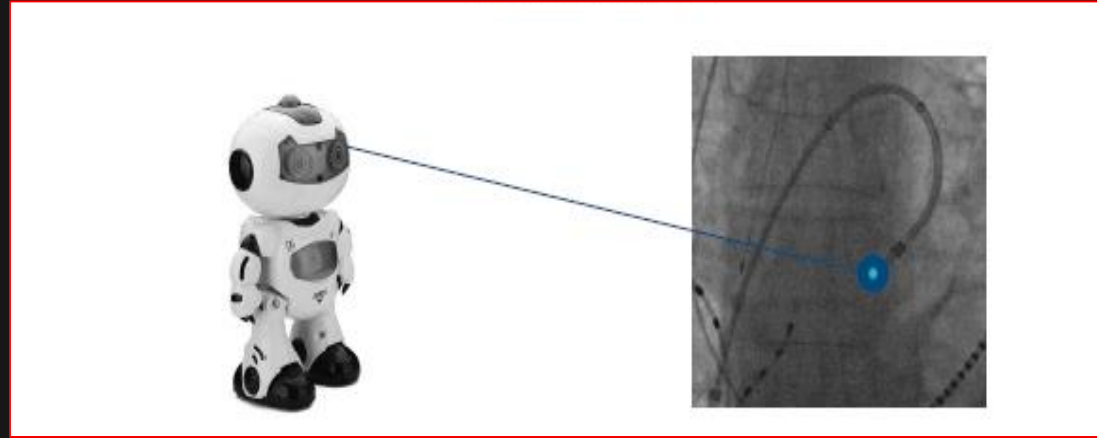


# Jasbir S Sra, MD

COI: Many features invented and being used in Navik 3D Product

# AI IN ELECTROPHYSIOLOGY

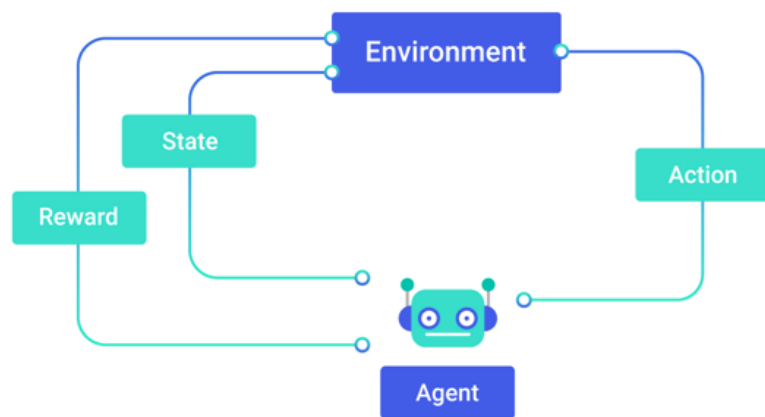
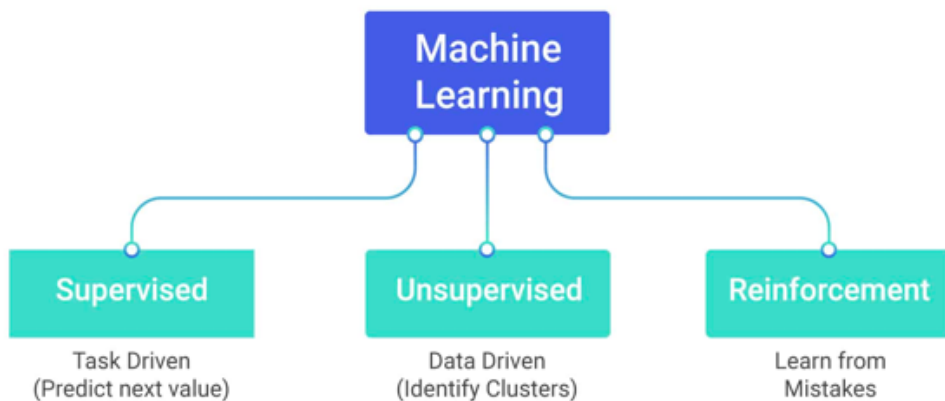
- Background
- Data Analysis/Training
- Diagnosis/Treatment
- Prediction



- ✓ Image Recognition- Catheters, cryoballoon, left atrial appendage devices, valves, leads for heart failure
- ✓ Signal Processing
- ✓ Inference
- ✓ Prediction

Next Generation EP Solutions

# MACHINE LEARNING TECHNIQUES OVERVIEW



## Supervised learning

- labeled data (Frames from Fluoro) is used to train
- Knowing the results for every input, we let the algorithm determine a function that maps it to an output
- We keep correcting the model every time it makes a prediction/classification mistake

## Conventional unsupervised

- Data is without labels and we introduce the dataset to our algorithm hoping that it'll unveil some hidden structure within it.

## Reinforcement learning

- Solves a different kind of problem
- In RL, there's an agent that interacts with a certain environment, thus changing its state, and receives rewards (or penalties) for its input

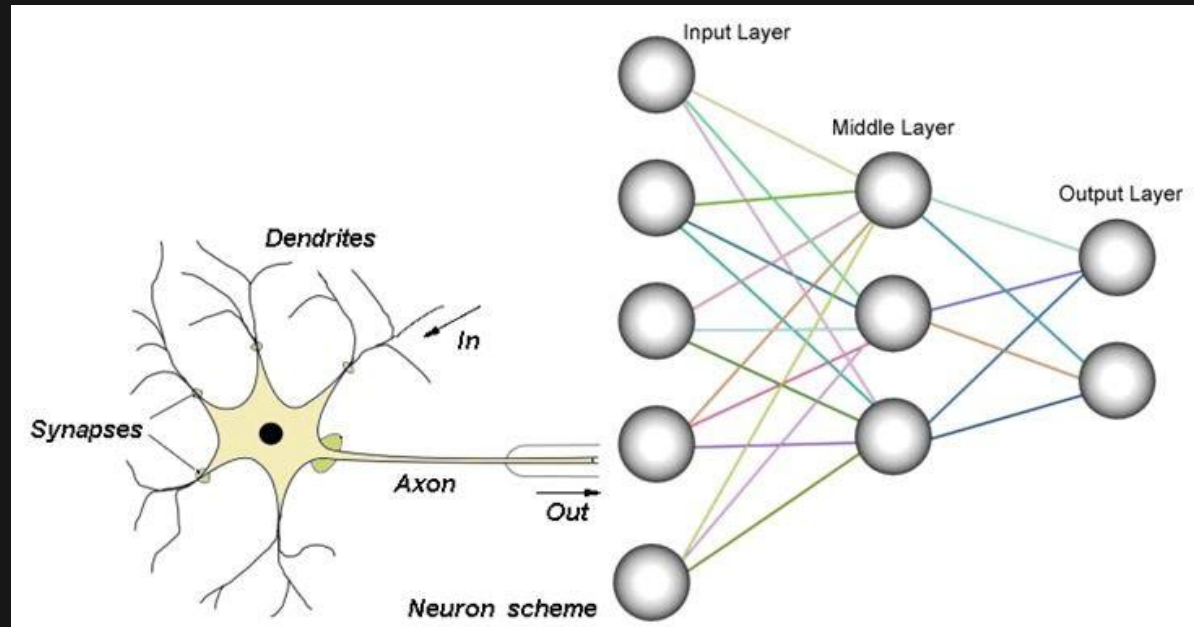
Supervised and Unsupervised Machine Learning

# Background

- Artificial neural networks are computing systems that are inspired by, but not identical to, biological neural networks
- In a fully connected AI neural network each neuron has a **mathematical model** that defines if it is activated or not based on the activation in the connections with neurons in the previous layer and a weights assigned to each connection.
- The mathematical model of the neuron usually is a non linear function, that has a **threshold (which can be adjusted)** that defines if there is an activation based on the activations in the previous layer or not.

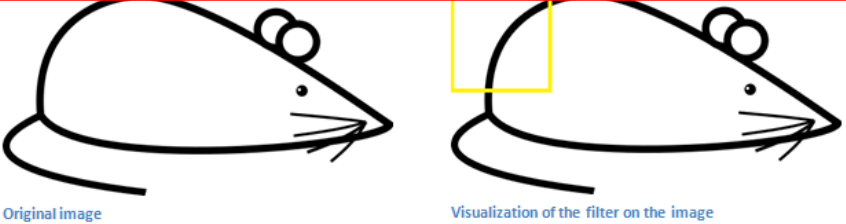
## Artificial neural network

A computer representation of knowledge that attempts to mimic the neural networks of the human brain.




# CONVOLUTIONAL NEURAL NETWORKS (CNN)

*Simple but best for Image processing*



Original image      Visualization of the filter on the image



Visualization of the receptive field

0	0	0	0	0	0	30
0	0	0	0	50	50	50
0	0	0	20	50	0	0
0	0	0	50	50	0	0
0	0	0	50	50	0	0
0	0	0	50	50	0	0
0	0	0	50	50	0	0

Pixel representation of the receptive field

0	0	0	0	0	30	0
0	0	0	0	30	0	0
0	0	0	30	0	0	0
0	0	0	30	0	0	0
0	0	0	30	0	0	0
0	0	0	30	0	0	0
0	0	0	0	0	0	0

Pixel representation of filter

$*$

Multiplication and Summation =  $(50*30)+(50*30)+(50*30)+(20*30)+(50*30) = 6600$  (A large number!)

## Example 1 ( Learning features)

ResNets are currently by far state of the art Convolutional Neural Network models and are the default choice for using convolutional neural network in practice

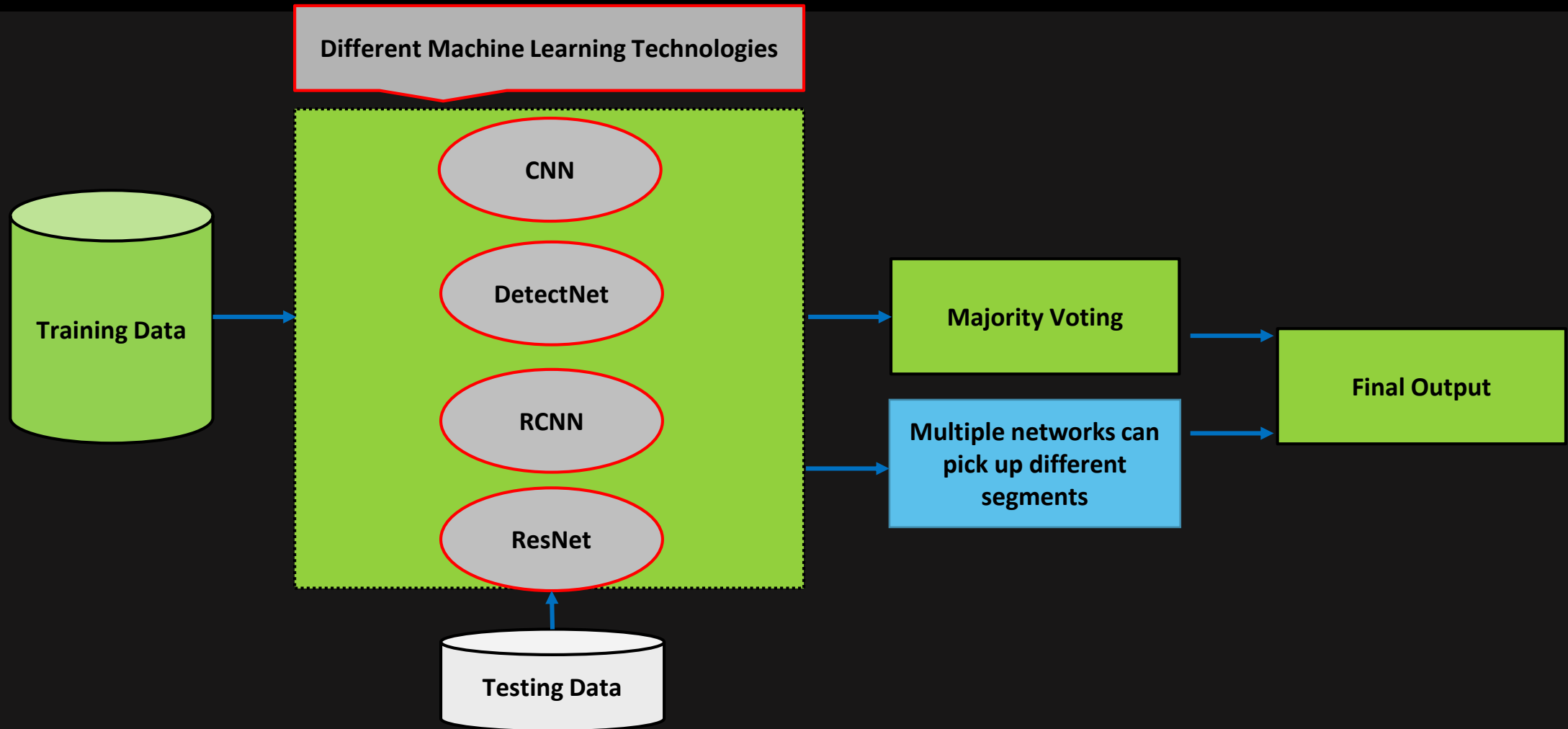


## Example 2 ( Strides)

Stride is how much a filter is shifted on an image with each step. It is the size of the small rectangle that is moved over the image to get the feature map

CNN are the neural network most commonly applied to analyzing visual imagery

# Ensemble Learning



Using Multiple Neural Network Models Simultaneously

# AI: Progress and Roadmap



- ✓ Live Tracking using CNN and blob detection
- ✓ Auto Correct using ResNet 20

- ✓ Using DGX for Training multiple models
- ✓ Replace CNTK with TensorFlow
- ✓ Faster RCNN for object detection and classification



2017-2018

April 2018

June 2018

October 2018

- ✓ Generic Model for Multiple Catheter
- ✓ System Retraining architecture & Dashboards

- ✓ Ensemble Model for Live tracking with RCNN and ResNet
- ✓ Mask RCNN for pixel wise segmentation
- ✓ Initiation of other work

CNN



ResNET



Faster RCNN



Mask RCNN

Artificial Intelligence Progress

# Ultra Rapid Data Analysis and Optimization

- ✓ Image Recognition- Catheters, cryoballoon, left atrial appendage devices, valves, leads for heart failure
- ✓ Signal Processing
- ✓ Inference
- ✓ Prediction
- ✓ Voice
- ✓ Product Hardware (GPU)

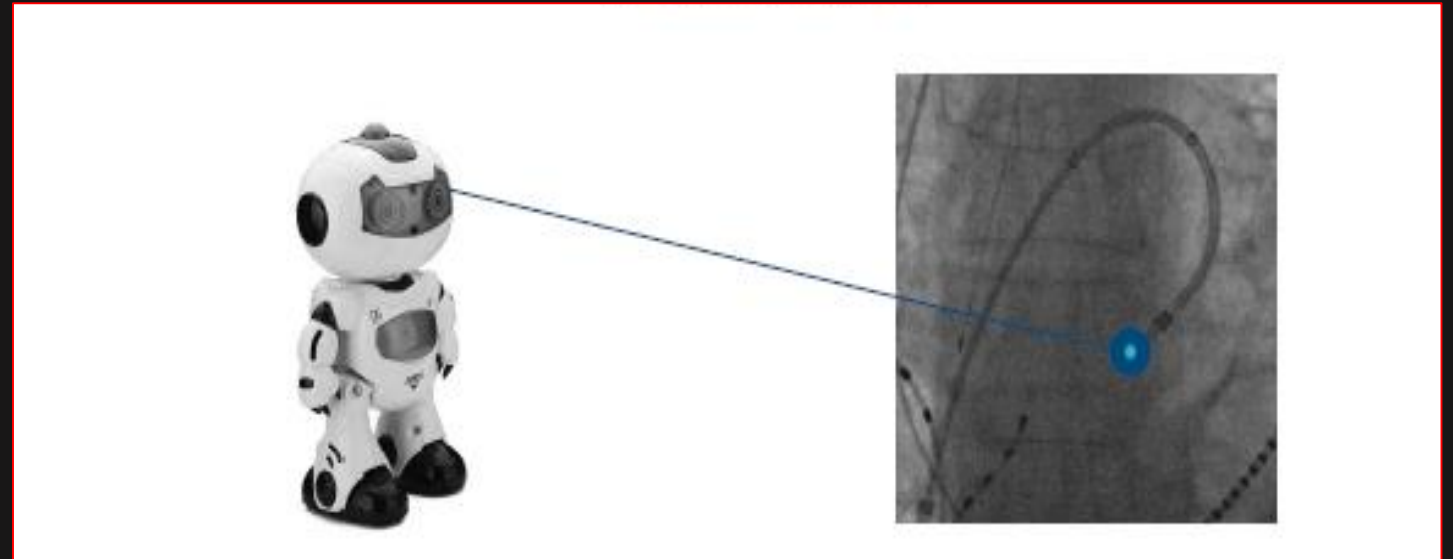
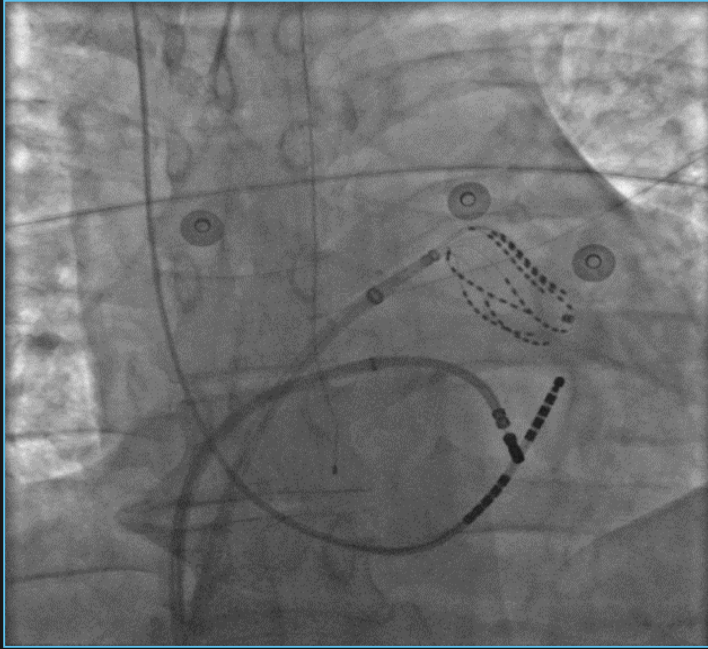


- AI Server
  - 15 hours for epoch (1 iteration of data)
  - 20 epochs (14 days)
- Nvidia-DGX Server
  - 8 mins-epoch using 7 GPUS
  - 100 epochs - 18 hrs., 200 epochs – 1day-15hrs

Training Time Using DGX



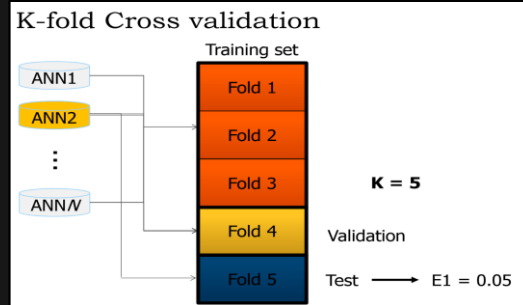
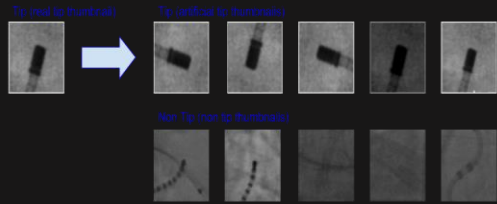
# AI IN EP-Training and Analysis



Catheter Detection

# AI Architecture for Training

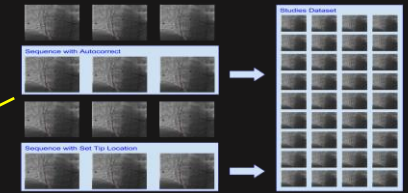
## TRAINING THE AI MODEL



CNN Model  
3 layers for live tracking

Out put of training (older model)

## LIVE TRAINING



ResNet 20-Layers  
Model-Autocorrect

Improvement of CNN-- Transfer Learning Plus Dynamic Training

Tip X,Y

## REAL TIME INFERENCE

Sometimes over learns-K fold validation is performed  
Shuffle the 10 images-randomization is called K fold validation

Input frame

Scaling  
 $\frac{1}{4}$  factor

Histogram  
equalization

Blob  
detection

AI tip classification

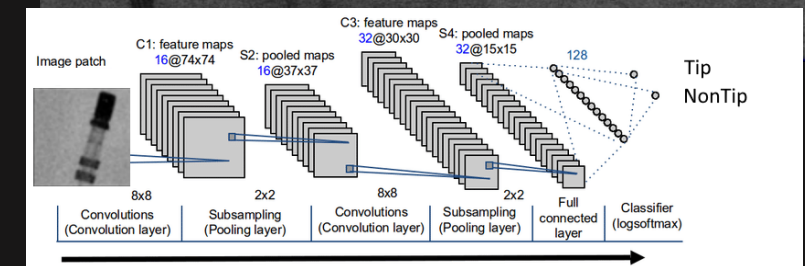
Resnet due to 20 layers provides better classification between catheter vs non catheter objects

# AI IN ELECTROPHYSIOLOGY- Training

On each layer we have a set of filters, the weights of these filters are adjusted during training

Each filter generates a feature map -the rectangles that we can see on the convolutional neural network diagram

On each layer we are detecting more features and the relation with other features detected in the neural network, e.g. catheter and number on rings.



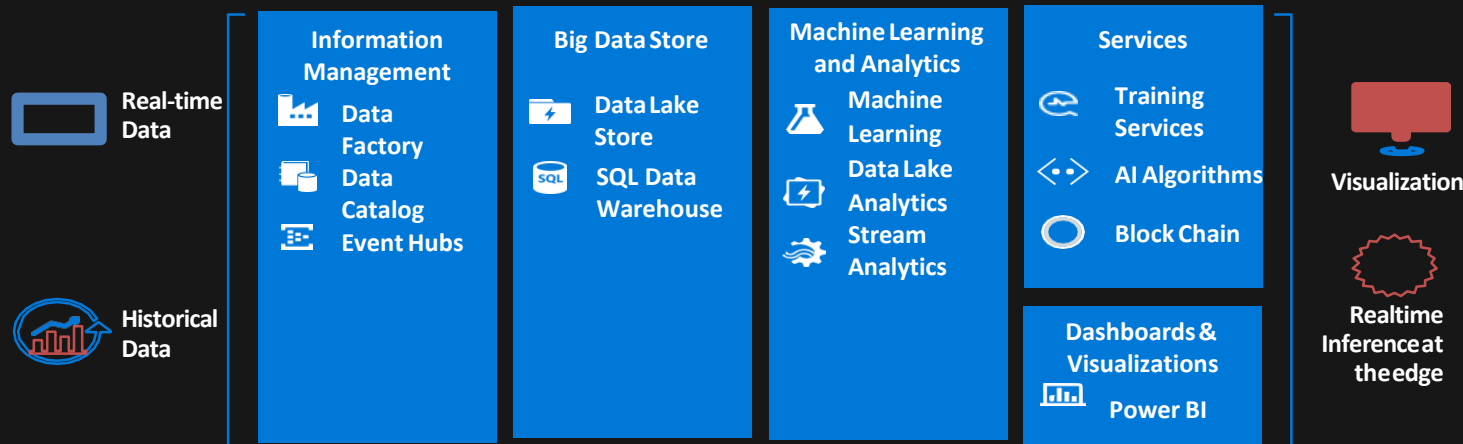
In current mapping technique- Faster RCNN being used using 101 layers which analyzes the whole frame

# Catheter Tip Detection-First Research Using AI

## Catheter Tip Detection-1000 hours of Patient Data

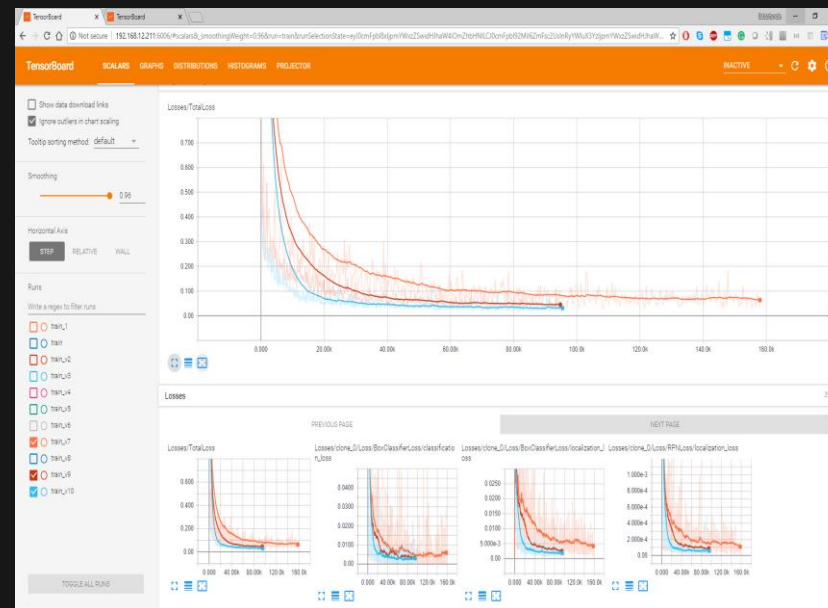
Tensorboard shows training metrics across different models with different training configuration

### Cloud Architecture Roadmap-over 1000 hours of Patient Data



Automatic Detection of Catheters and Other Objects

Rapid Analysis of Data (within minutes)

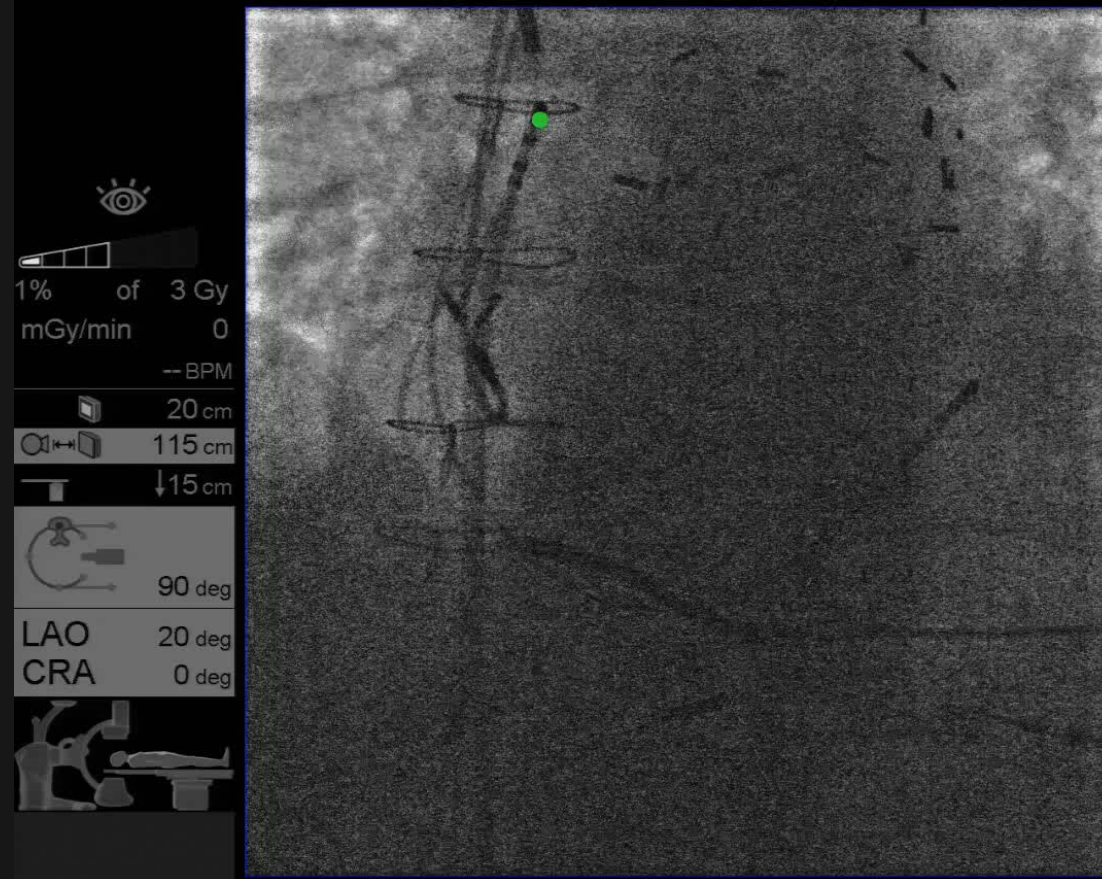


Accuracy: 0.9992  
Misclassification: 0.0008

	Predicted True	Predicted False
Actual True	TP = <b>1701</b>	FN = <b>0</b>
Actual False	FP = <b>3</b>	TN = <b>1867</b>

Input Data-Mathematical Algorithms to Process-Output Data

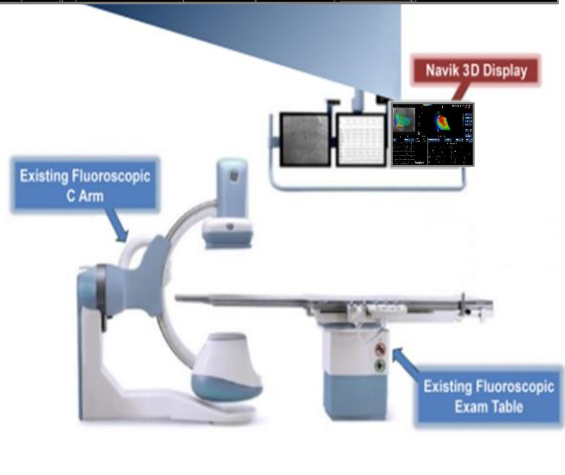
# Real Time Catheter Tip Detection



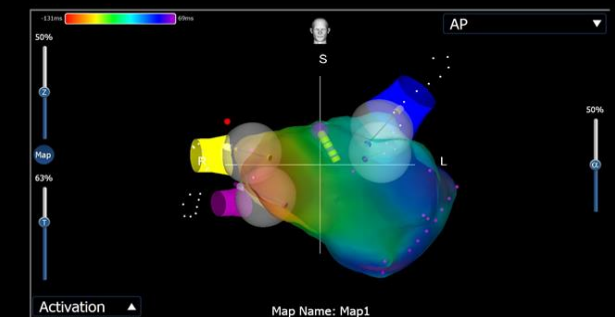
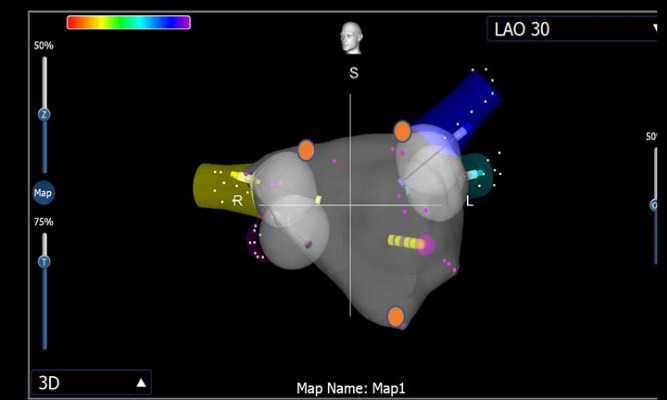
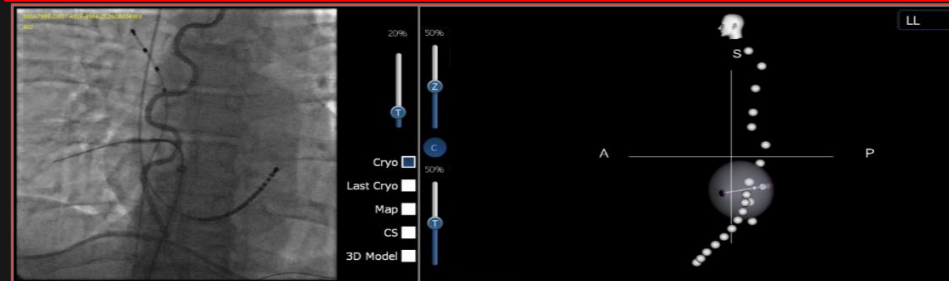
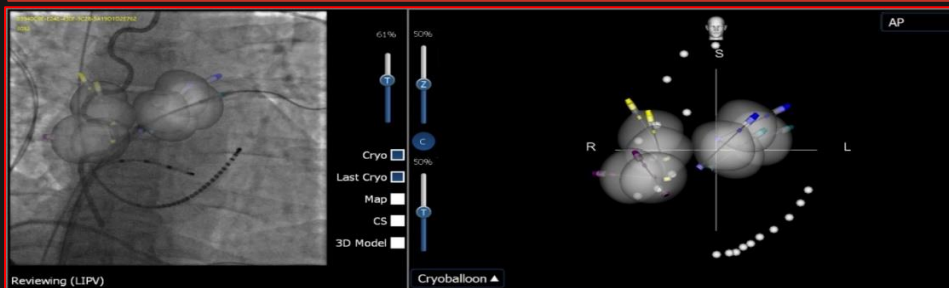
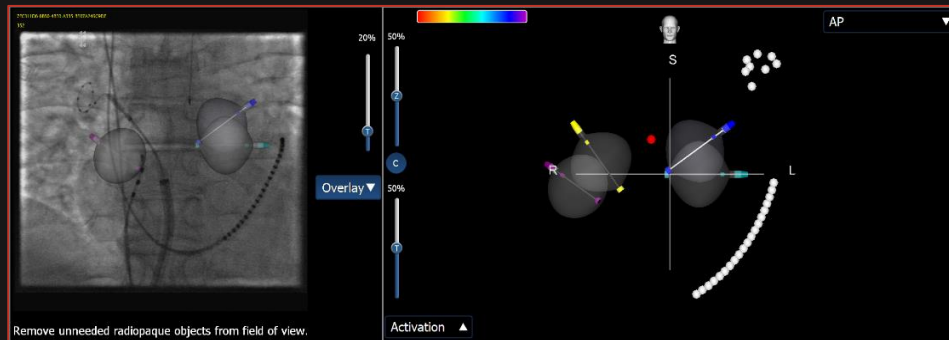
AI Enabled Catheter Tip Detection-Using Faster RCNN with 101 layers

# Current Technology

## Standard Mapping

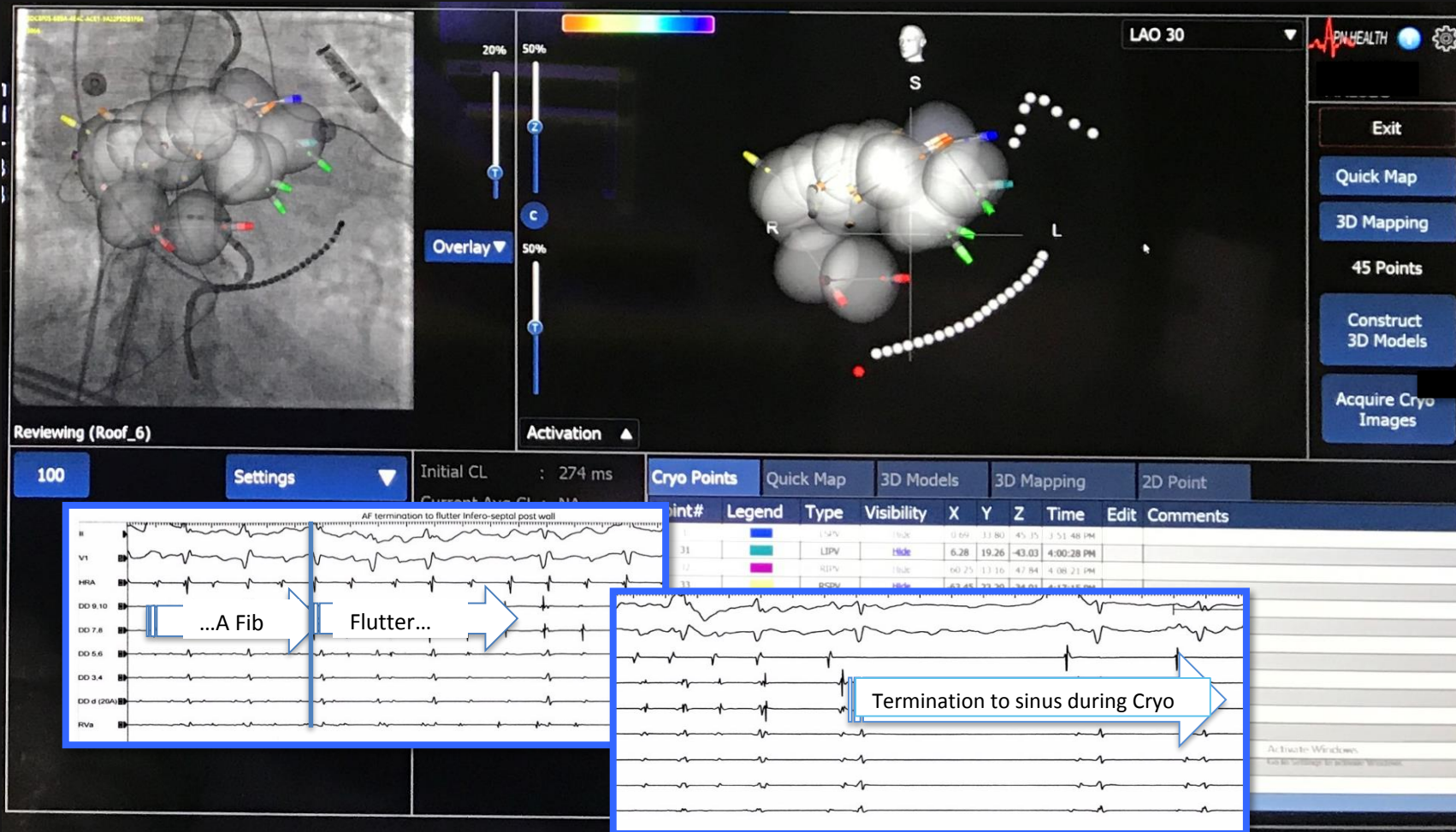


## Integration of Cryoballoon and 3D Maps



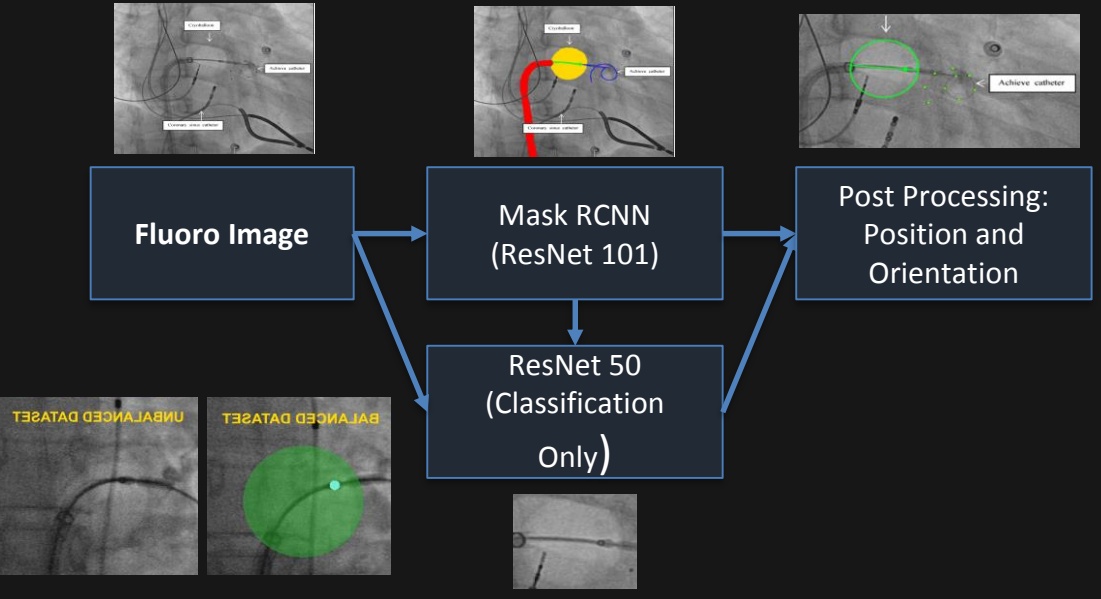
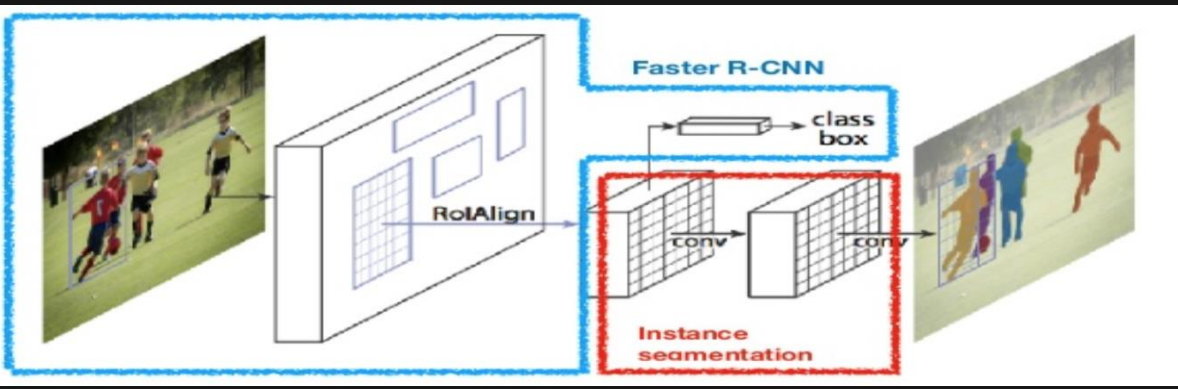
## 3D Mapping from 2D Images and 3D localization of Balloon

# 3D localization of Balloon

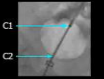


Over 300 Procedures Performed

# Automatic 3D localization of Balloon- *Mask RCNN*



Identify the 'C1' and 'C2' markers on the cryoballoon on each view, as shown in the figure. 'C1' is the distal radiopaque marker of the balloon. 'C2' is the proximal end of the balloon.



LAO



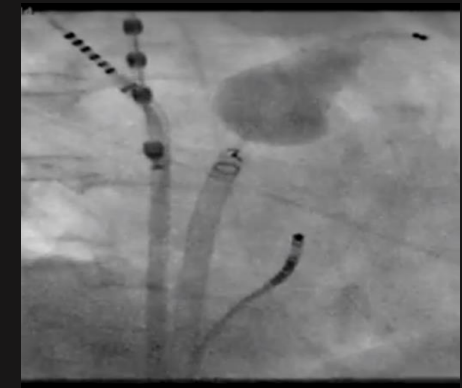
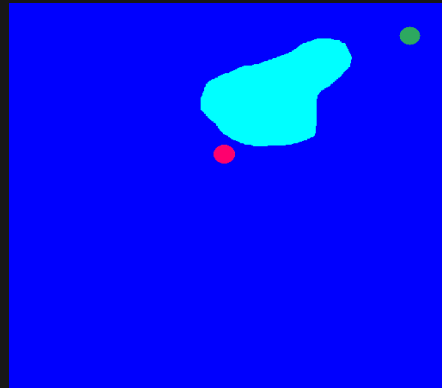
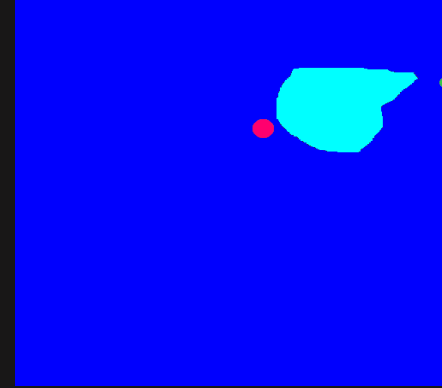
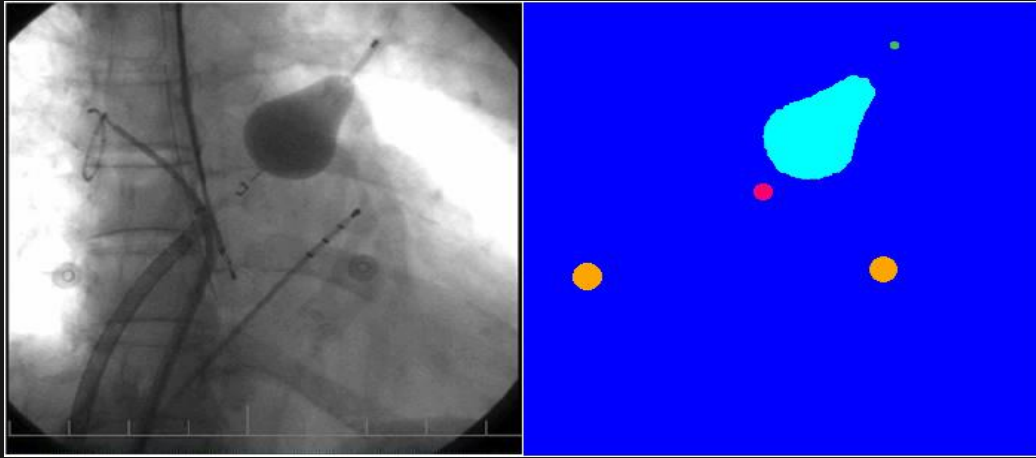
AP



AI Enabled Automatic 3D location of Cryoballoon



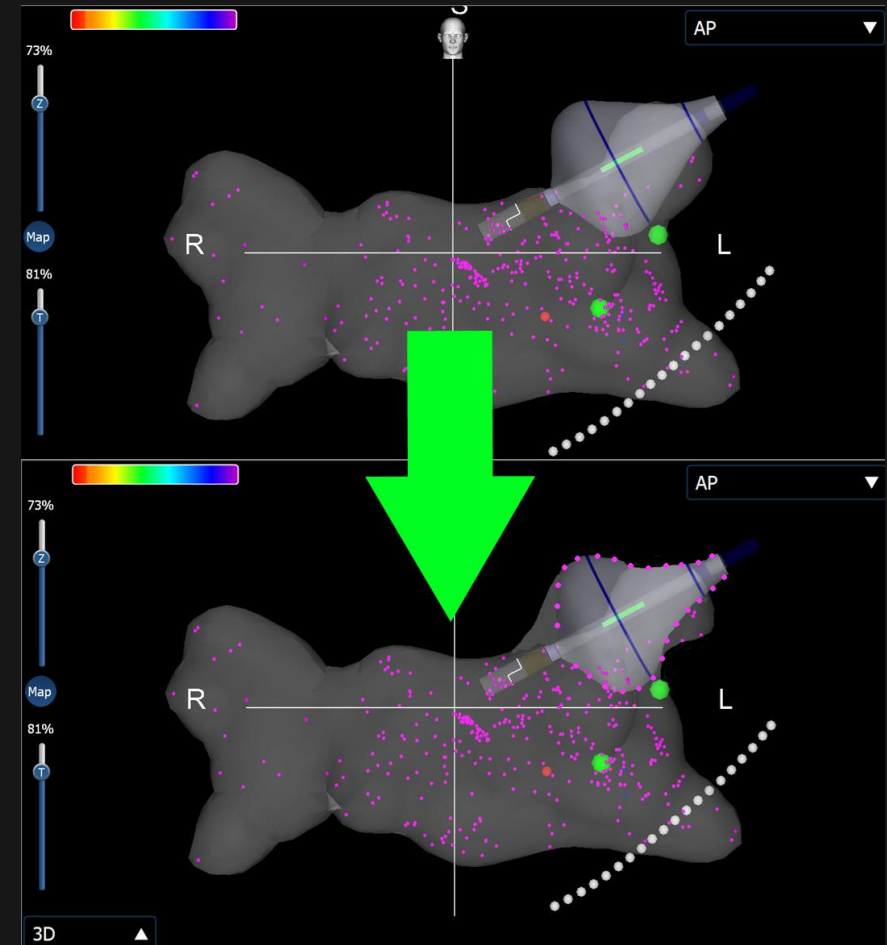
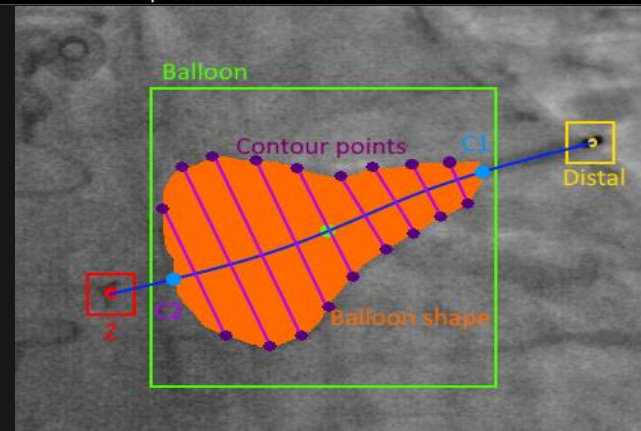
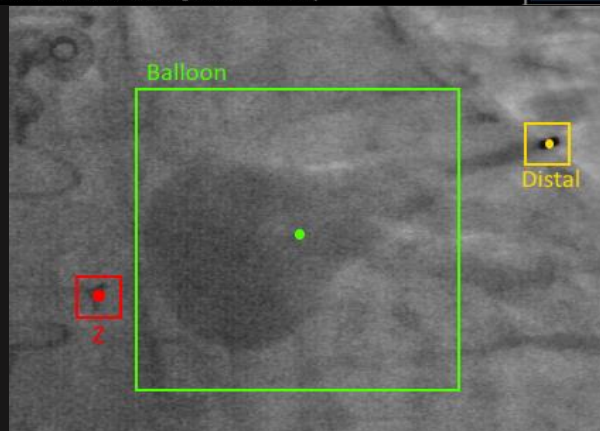
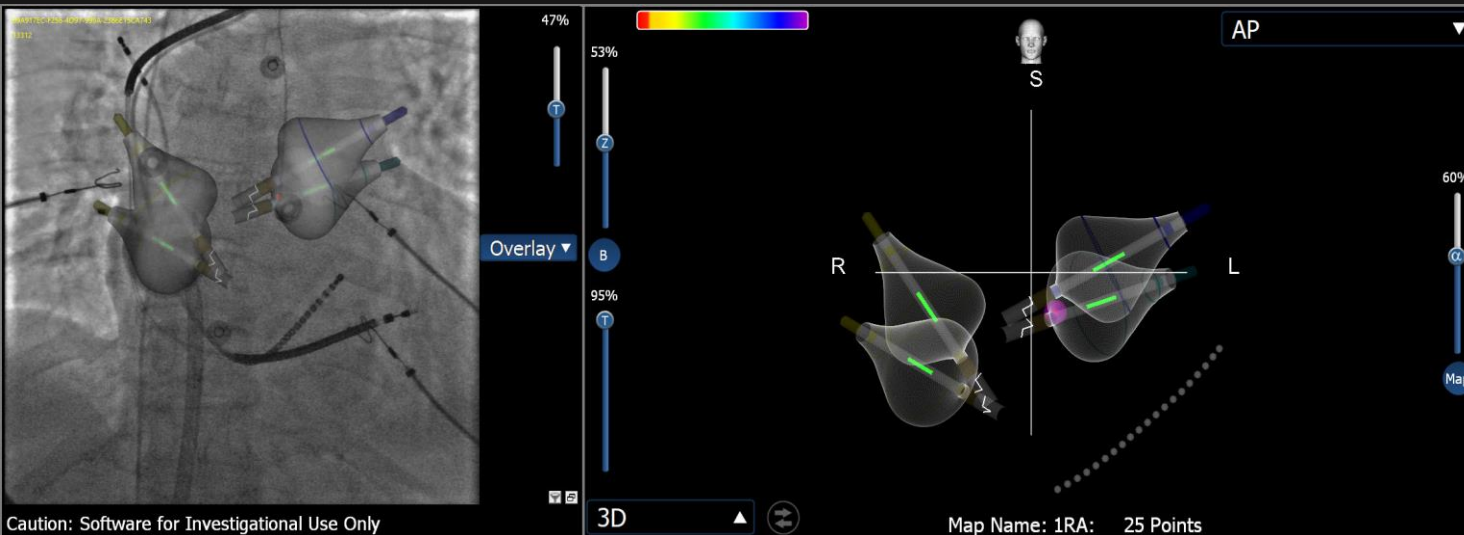
# Laser Balloon-Detection of Variable Shapes



- Includes the balloon shape before, during and after the ablation
- Over 6000 datasets used

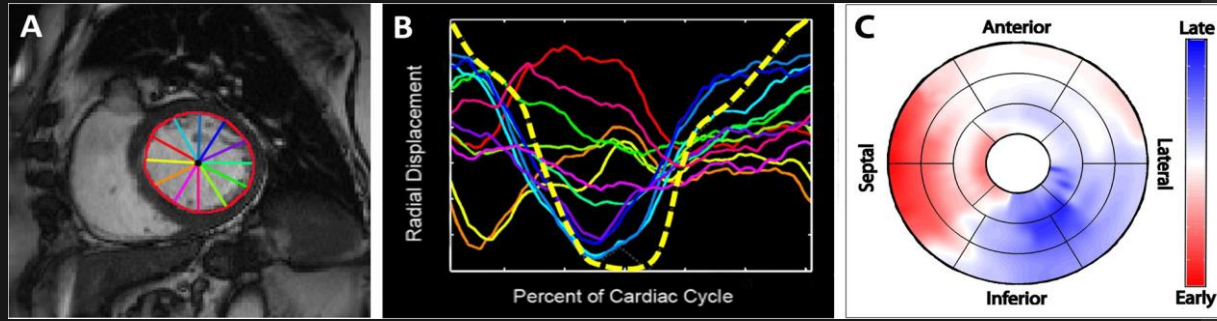
Training and automatic detection for Multiple Shapes

# 3D localization of Balloon With Deformable Shapes



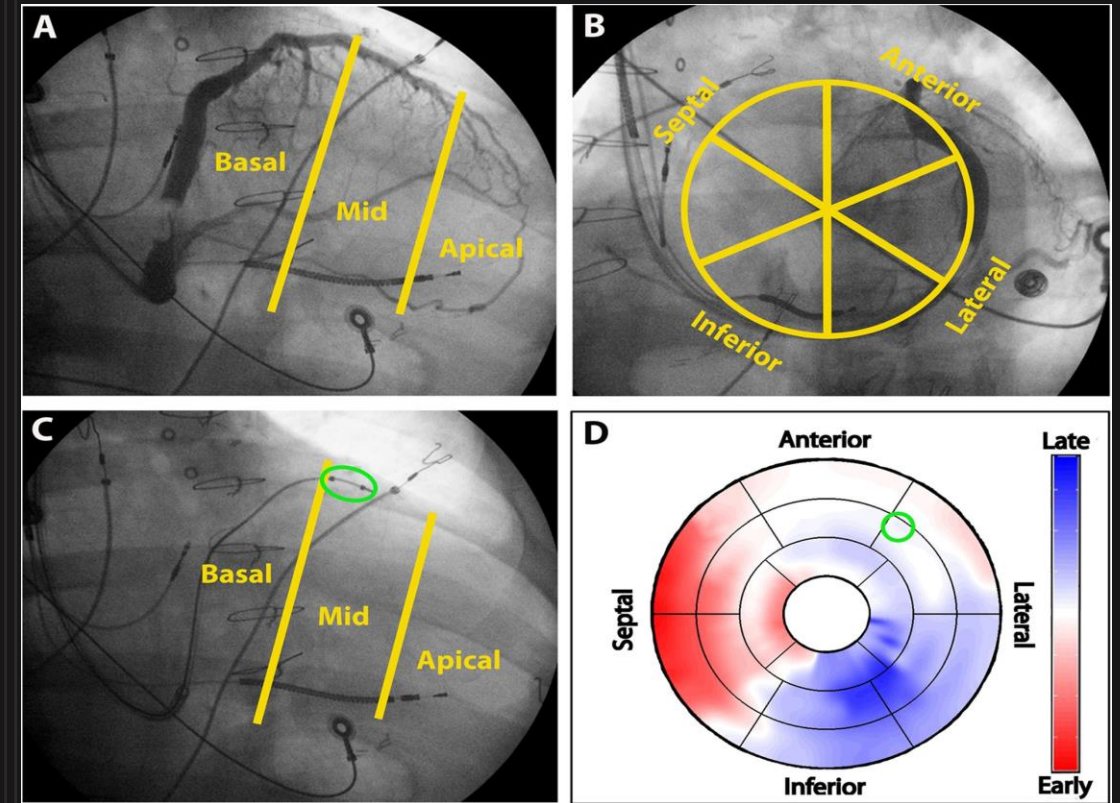
Automatic detection of balloon and different markers

# Prediction of response to cardiac resynchronization therapy using LV pacing lead position



There is evidence that a left ventricular (LV) lead localized to the latest contracting LV site predicts superior response, compared to an LV lead localized remotely from the latest contracting LV site.

- 33 patients meeting conventional indications for CRT with a mean New York Heart Association class of  $2.8 \pm 0.4$  and mean LV ejection fraction of  $28 \pm 9\%$ .
- Overall, 55% of patients were echocardiographic responders by ESV criteria. Patients with
- LV lead concordant to the latest contracting site (T2CL) had a response rate of 92%, compared to a response rate of 33% for those without T2CL ( $p = 0.003$ ).



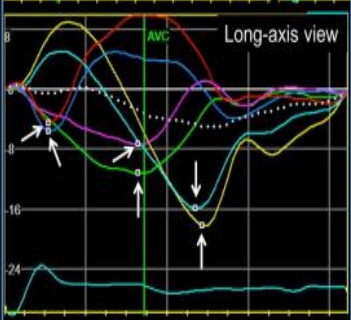
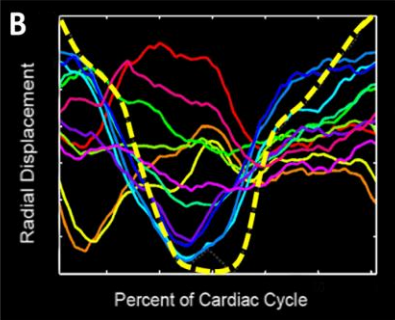
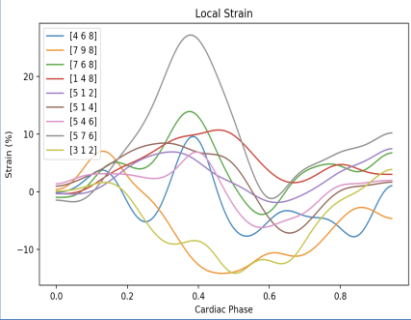
Hartlae et al. *Journal of Cardiovascular Magnetic Resonance* (2015)

17:57  
Fig. 2. Left ventricular lead localization. Biplane venograms (anterior oblique and right anterior oblique) and lead localizing still frame (anterior oblique) are shown. The lead position is marked with a green ellipse (c) onto the modified American Heart Association model (right anterior oblique 30°).

CRT Response Based on Site of Latest Activation

# Identifying Appropriate Pacing Site

## Displacement/Strain Measurement – Comparison



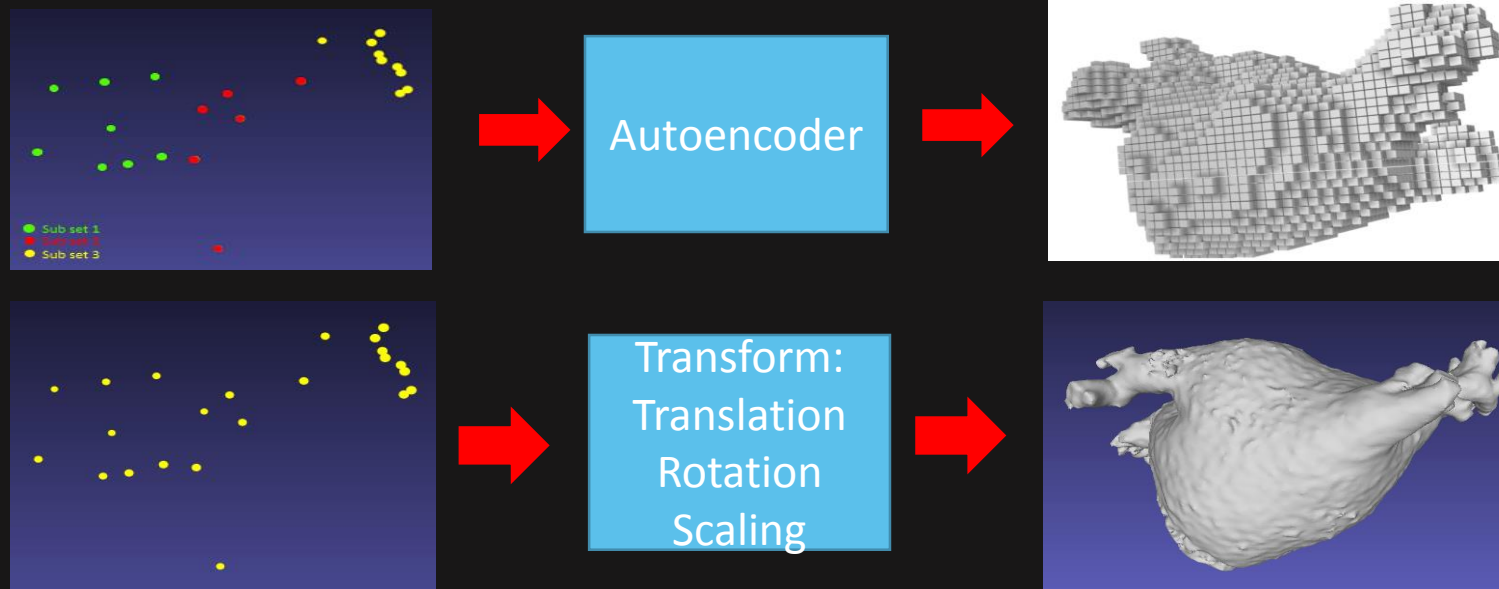
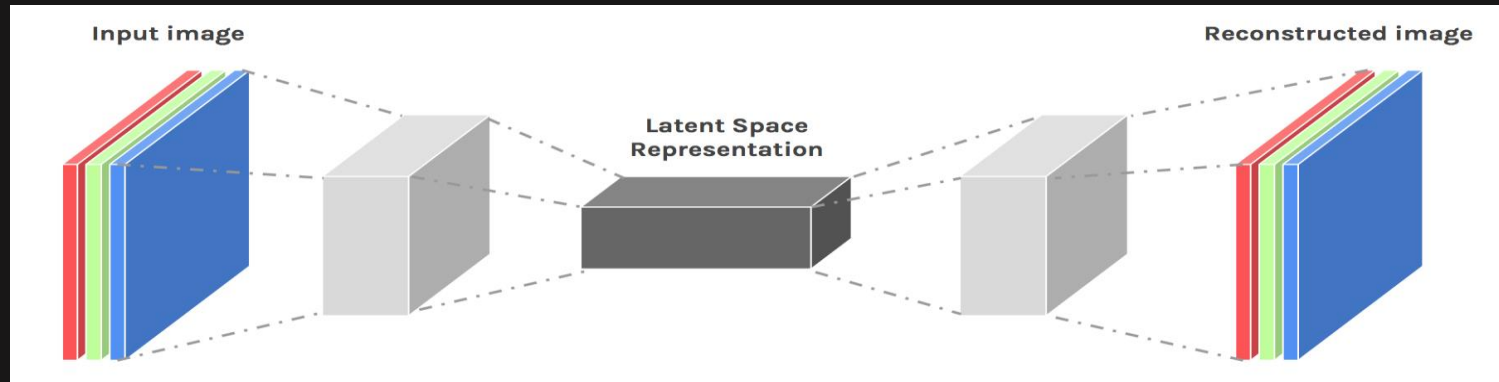
**Fluoro Images**

**MRI**

**ECHO**

**Pacing Site Prediction in CRT**

# 3D Reconstruction Using Minimal Points



Using 3D images and CT models to create 3D reconstruction using AI

# AI IN ELECTROPHYSIOLOGY

- Background
- Data Analysis/Training
- Diagnosis/Treatment
- **Prediction**

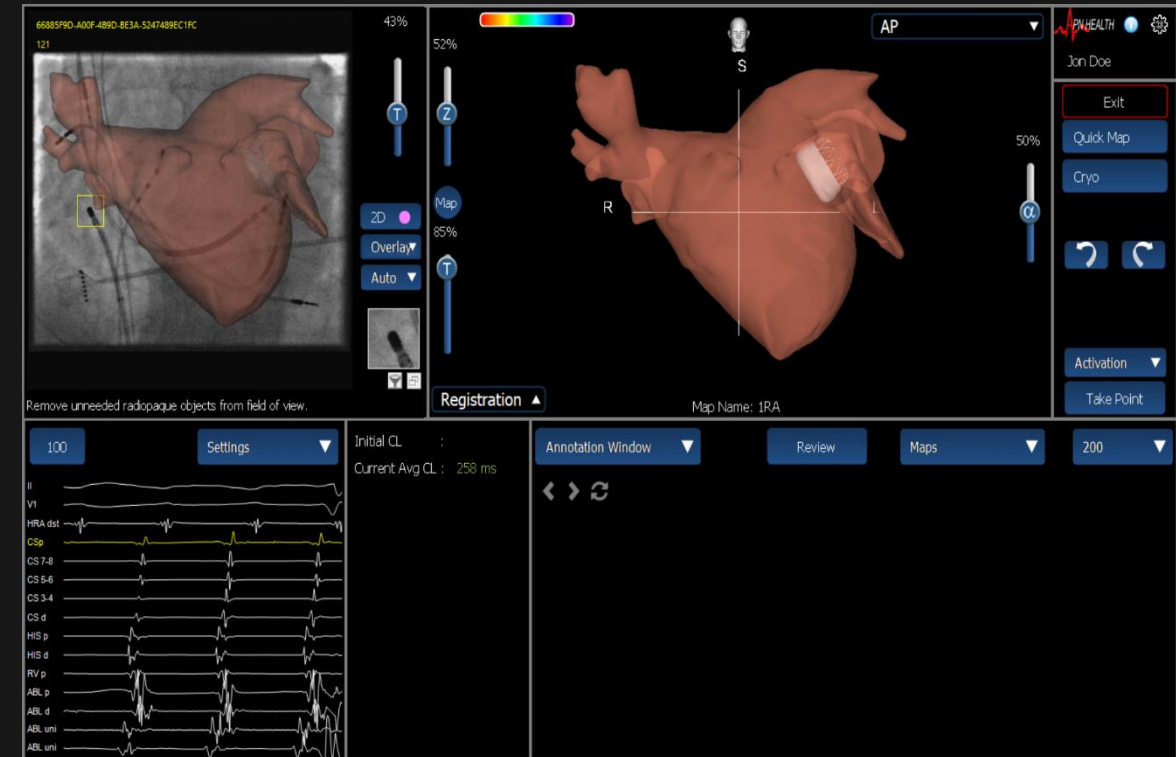
Next Generation EP Solutions

# AI Enabled Platform LAA Occlusion Device

- **Cost**
- **Need for multiple specialties:**
  - EP : Cardiology
  - Anesthesia
  - ECHO
- **Need for General anesthesia-Many cases**

## AI Based Solution

- **Appendage size prediction for device in advance**
- **Real time integration of CT in 3D and 2D**
- **Real time navigation of device to the LAA**
- **3D localization of Watchman**



Predicting Size and Real Time Navigation

# ECG/EGM/Map Analysis-Reinforcement Learning

## Fast Catheter Mapping: Automatically find out the best points to include in the map

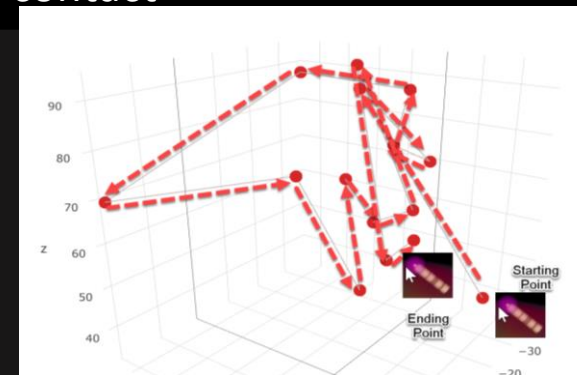
A reward function is created based on the acceptance or rejection of a selected point and a policy gets defined by Q-Learning

## Intelligent Catheter Mapping:

Find out the optimal path to arrive at the region of interest.

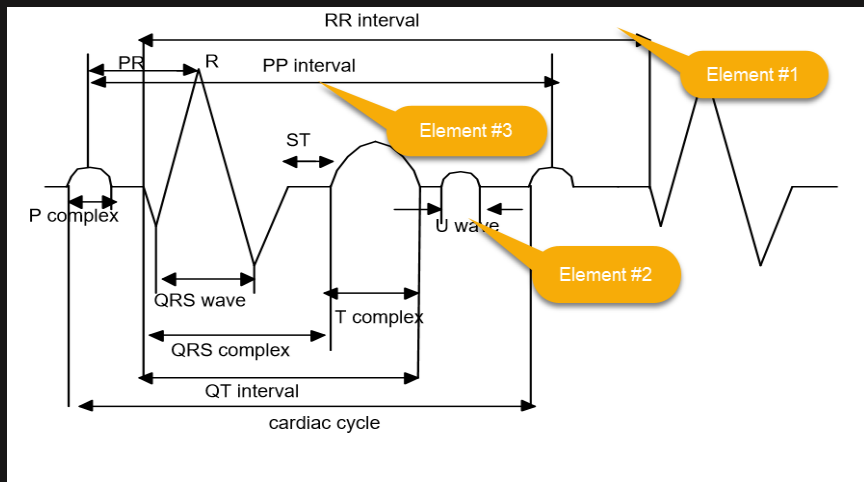
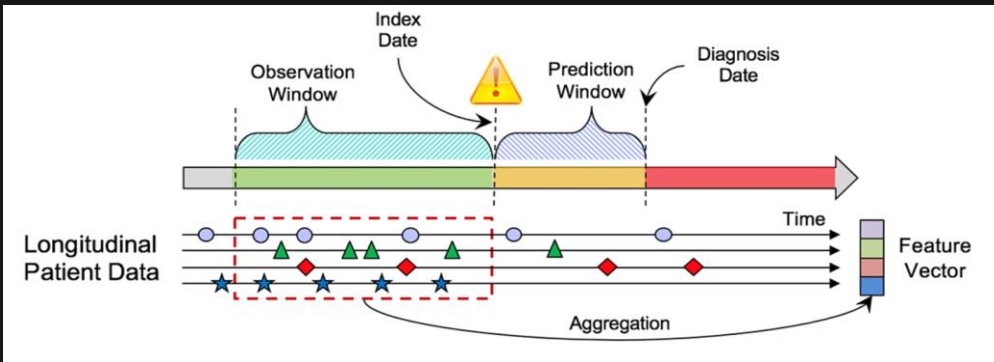
## Catheter Tissue Contact Given the mapping characteristics and outcomes, find out if optimal contact force is currently in use

From the impedance and other data, identify the point characteristics that were used in an accepted map. Dynamically determine the range of values that will result in an optimal contact





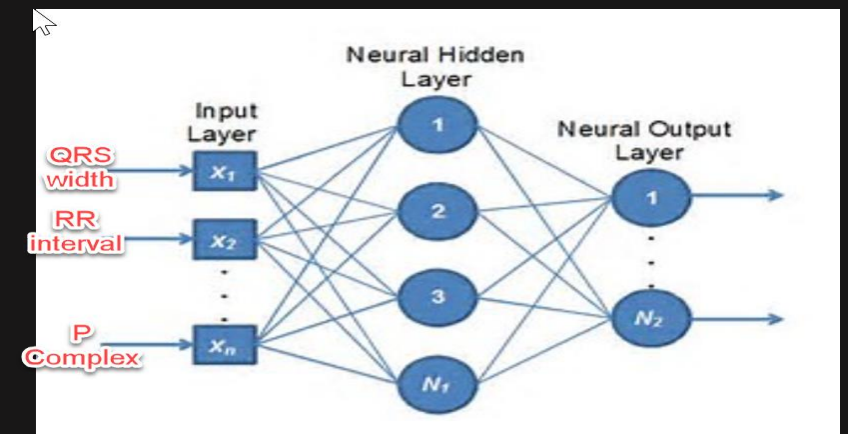
# Arrhythmia Site Prediction



DATA FORMAT FOR THE ECG QRS COMPLEX

- ResNet-like architecture with 1D Convolution layers and Dropouts
- MIT-BIH Arrhythmia Database
  - <https://www.physionet.org/physiobank/database/html/mitdbdir/mitdbdir.htm>

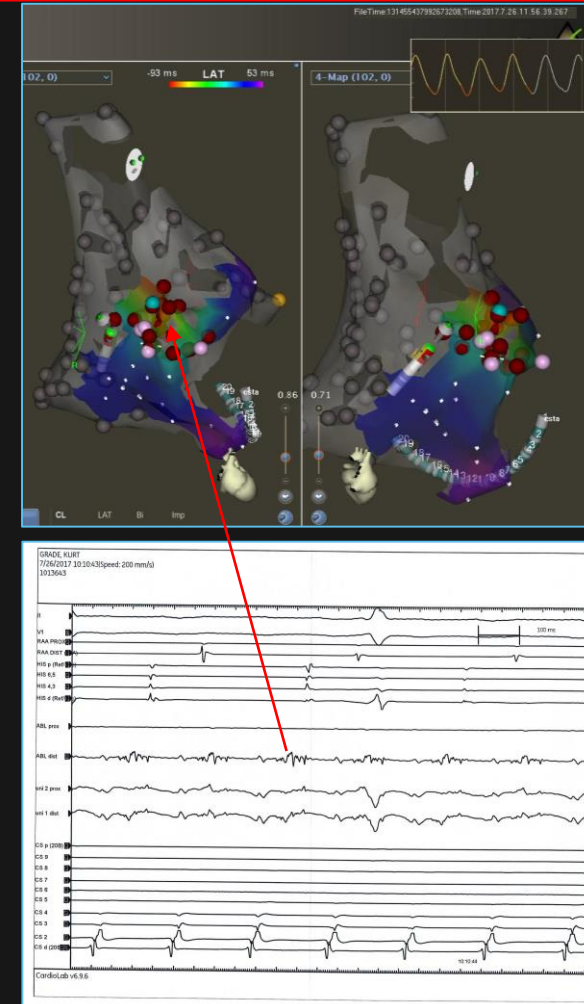
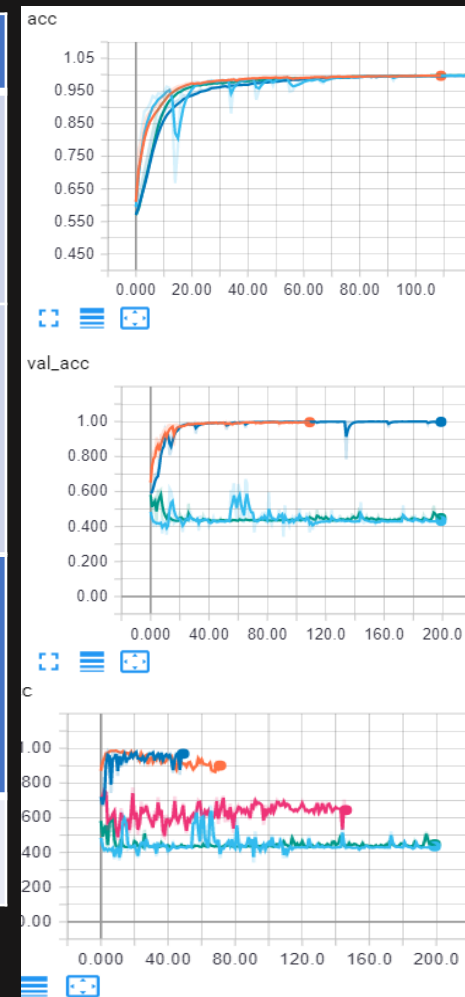
Algorithms tested with



AI Enabled Analysis

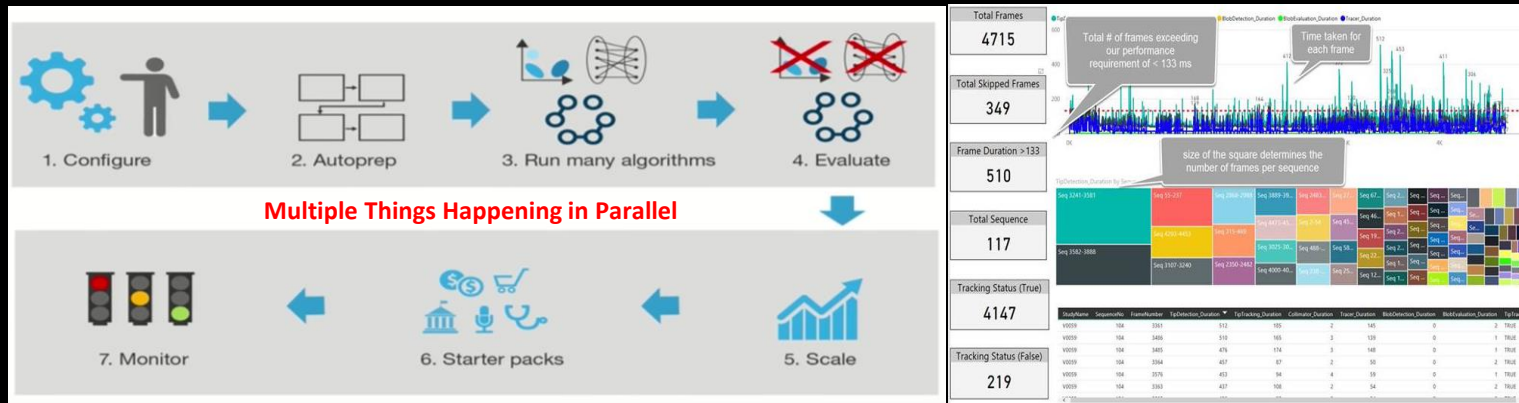
# Trials for Arrhythmia Site Prediction

Trial 1-Model	Comment
Bidirectional LSTM (Long/Short Term Memory)	Correctly predicts ECG signals with ~99% test accuracy
Conv1D-6conv1fc (in-sample dist.)	
Bidirectional LSTM (out-sample dist.)	
Conv1D-6conv1fc (out-sample dist.)	Models didn't generalize well for signals (with significantly different pattern) it has not seen before
<b>Trial 2-ResNet1D with Dropout (out-sample dist.)</b>	<b>~98% accuracy</b> after adding dropouts after each max-pooling layer and to the last fully connected layer for better regularization.
ResNet1D with Dropout (out-sample dist.) – different optimizer configuration	
BiLSTM, Conv1D-6conv1fc (out-sample dist.)	

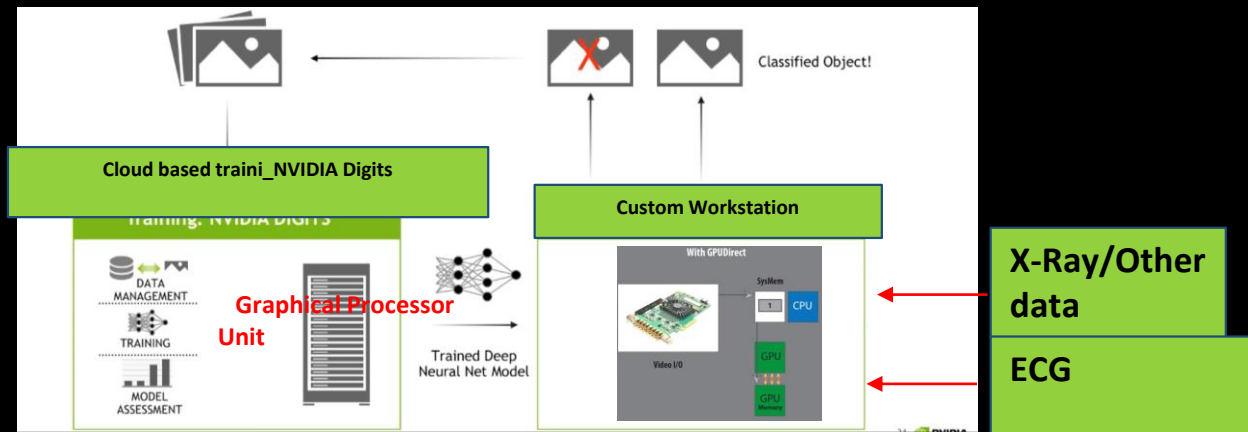


Drop out function forces neural network to learn more robust features to help with random subsets

# Infrastructure (Continuous AI TRAINING)-Hardware (fast computing power)



Prediction  
Real Time Analysis  
Mapping  
Navigation



Deep Learning GPU Training System

AI in EP

# Summary

## ▪ Neural Network Models

- Convolutional - **CNN**
- Residual – **ResNet**

## ▪ Companies enabling AI

- **Nvidia**
- **Microsoft**
- **Google**

## ▪ Infrastructure for AI

- Hardware
  - CPU Class
    - Intel based
  - **GPU Class**
    - **Nvidia based**

## ▪ Training Platform

- Nvidia DIGITS
- Microsoft CNTK
- **Google Tensor Flow**

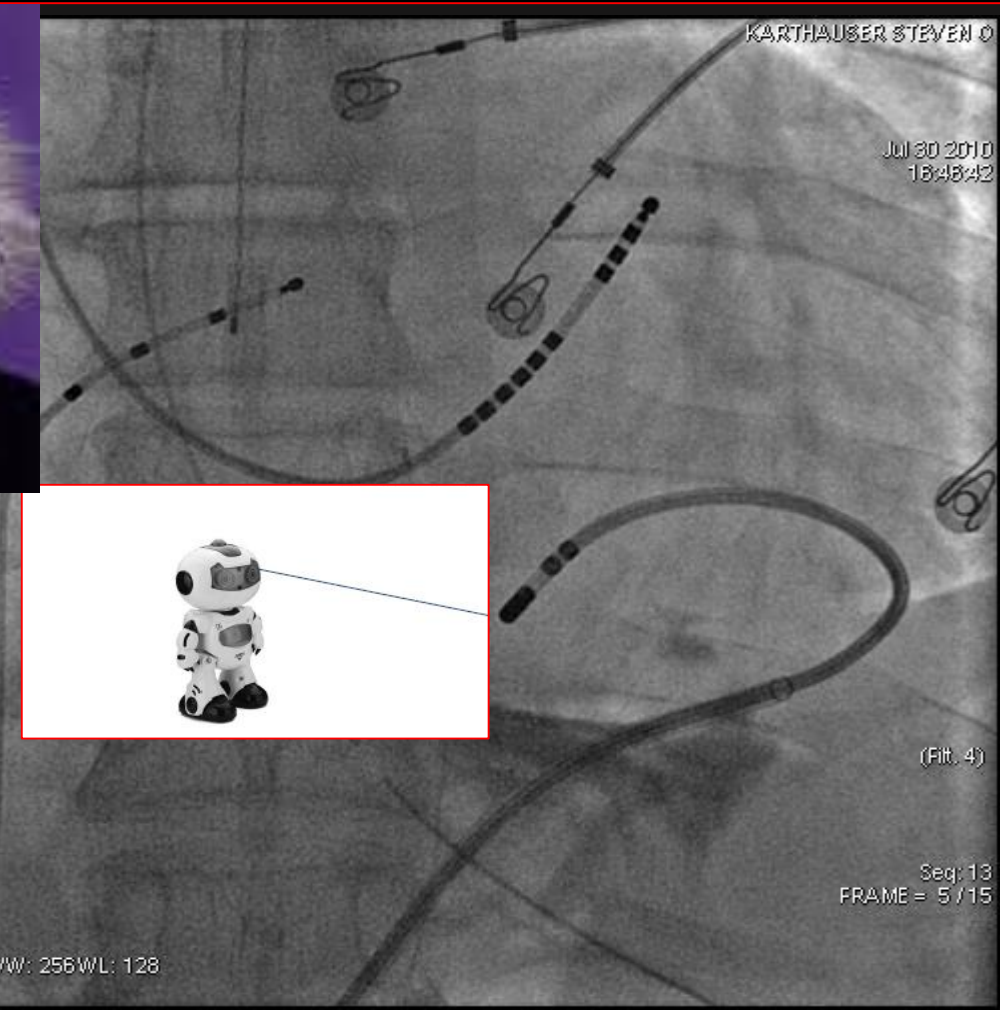
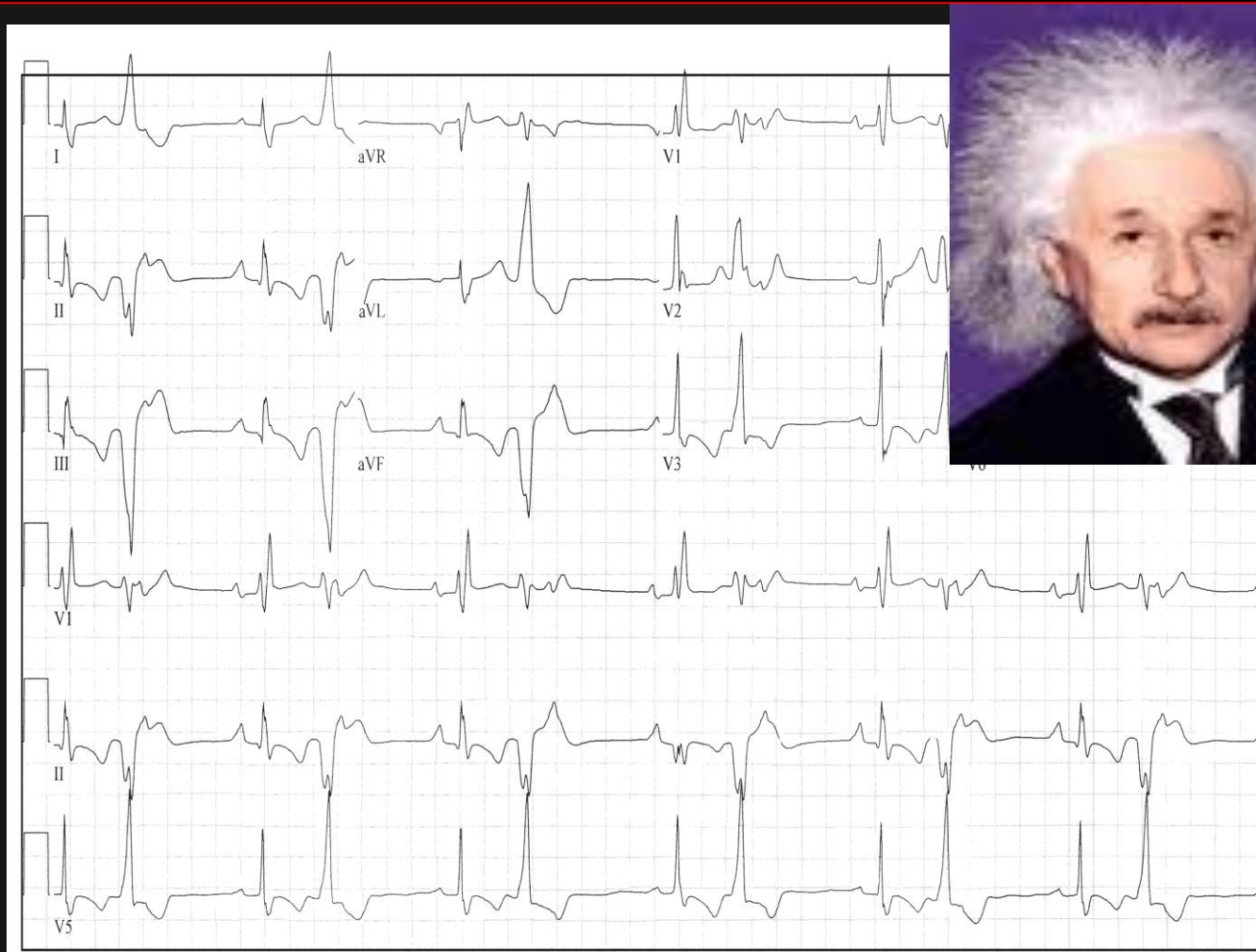
## ▪ Containers

- Container 1..
  - Google – ConvNet
  - **2 Layers**
- Container 2
  - **Microsoft – ResNet**
  - 20 Layers
- Container 3
  - **>100 Layers**

## AI Features

- Data Analysis
- Training
- Image Recognition
- Signal Processing
- Inference
- Prediction

# Prediction



Next Generation EP Solutions

# Thank You

Next Generation EP Solutions