

# Artificial intelligence for ECG classification and prediction of the risk of death

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# Presentation outline

1. The Telehealth Network of Minas Gerais and the CODE group;

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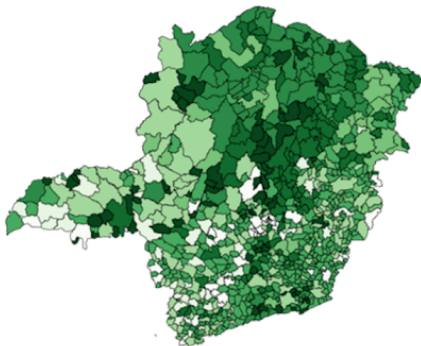
A. H. Ribeiro, M. H. Ribeiro, G. M. M. Paixão, *et al.*,  
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4. Mortality risk from the AI predicted ECG-age.  
 E. M. Lima, A. H. Ribeiro, G. M. Paixão, *et al.*, “Deep  
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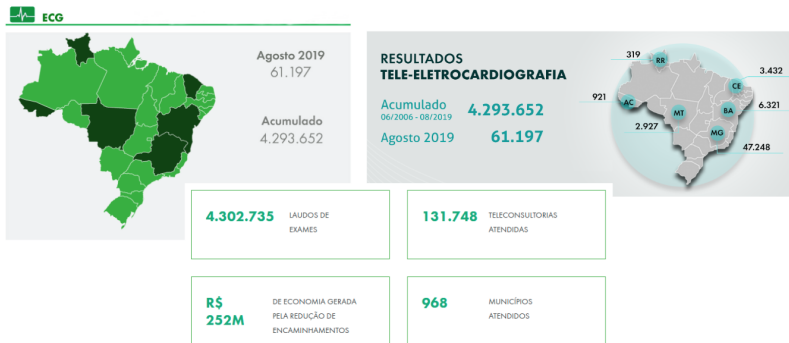
# Telehealth Network of Minas Gerais

Year	# Municipalities
2006	82
2007	102
2008	97
2009	328
2011	54
2013	106
2015	42
<b>Total</b>	<b>811</b>



 M. B. Alkmim, R. M. Figueira, M. S. Marcolino, *et al.*,  
“Improving patient access to specialized health care: The  
Telehealth Network of Minas Gerais, Brazil,” *Bulletin of the World  
Health Organization*, vol. 90, no. 5, pp. 373–378, May 2012, ISSN:  
1564-0604. DOI: 10/f3x7px.

# The CODE group



**Figure:** The CODE (*Clinical outcomes in eletrocardiography*) group was created to conduct clinical studies using storical data from the telehealth network.

# My first experience with ECG processing

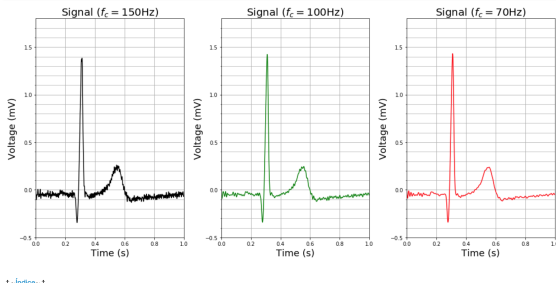


Figure: Filtered ECGs



<https://github.com/antonior92/ECG-jupyter-notebook>



# Removing powerline interference

## scipy.signal.iirnotch

`scipy.signal.iirnotch(w0, Q, fs=2.0)`

[\[source\]](#)

Design second-order IIR notch digital filter.

A notch filter is a band-stop filter with a narrow bandwidth (high quality factor). It rejects a narrow frequency band and leaves the rest of the spectrum little changed.

Parameters: `w0` : float

Frequency to remove from a signal. If `fs` is specified, this is in the same units as `fs`. By default, it is a normalized scalar that must satisfy  $0 < w0 < 1$ , with  $w0 = 1$  corresponding to half of the sampling frequency.

`Q` : float

Quality factor, Dimensionless parameter that characterizes notch filter -3 dB bandwidth `bw` relative to its center frequency,  $Q = w0/bw$ .

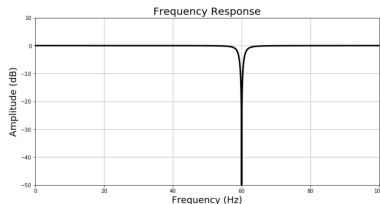
`fs` : float, optional

The sampling frequency of the digital system.  
New in version 1.2.0.

Returns:

`b, a` : ndarray, ndarray

Numerator (b) and denominator (a) polynomials of the IIR filter.



(a)

(b)

Figure: The Notch filter: my first contribution to SciPy

# My trajectory in SciPy

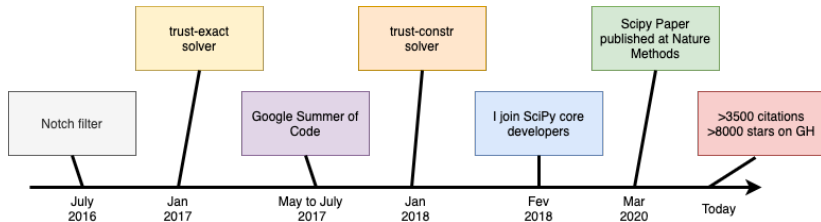
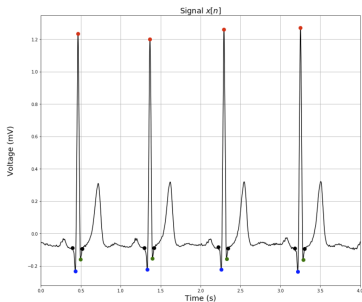


Figure: timeline

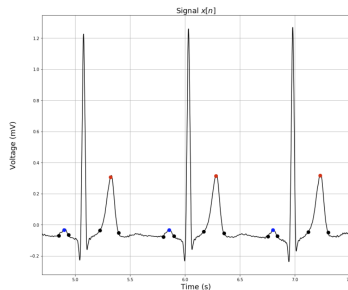
# SciPy organization and governance

- ▶ Hosted on github;
- ▶ Contributors >> Core Developers >> Steering Council >> Benevolent Dictator for Life;

# ECG segmentation



(a) QRS complex



(b) T and P waves

Figure: ECG segmented using signal processing

# Classical ECG automated analysis

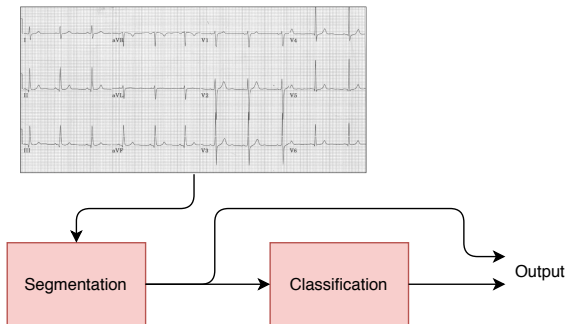

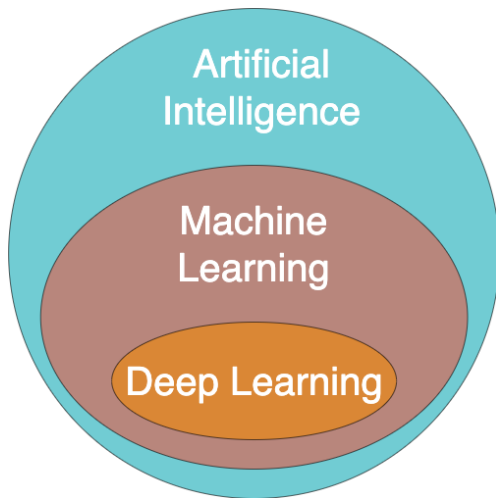


Figure: Two step procedure

 P. W. Macfarlane, B. Devine, and E. Clark, “The university of glasgow (Uni-G) ECG analysis program,” in *Computers in Cardiology*, 2005, pp. 451–454, ISBN: 0276-6574. DOI: [10.1109/CIC.2005.1588134](https://doi.org/10.1109/CIC.2005.1588134).

# Machine learning and artificial intelligence



# Deep neural networks

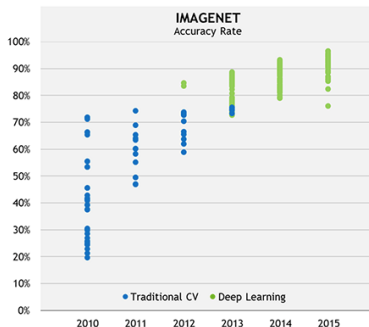
Yoshua Bengio, Geoffrey Hinton and Yann LeCun *"for conceptual and engineering breakthroughs that have made deep neural networks a critical component of computing."*

– Turing award (2018)

# Image classification with deep neural networks



(a) Samples

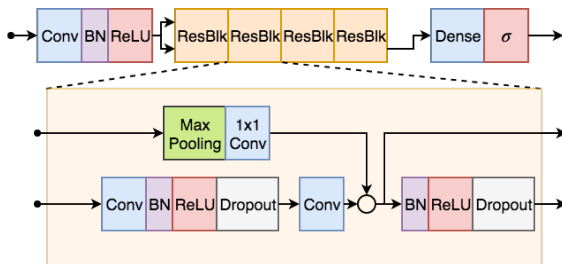


(b) Accuracy


Figure: The imagenet classification benchmark.



# Automatic ECG classification



**Figure:** The uni-dimensional residual neural network architecture used for ECG classification.

 A. H. Ribeiro, M. H. Ribeiro, G. M. M. Paixão, *et al.*,  
“Automatic diagnosis of the 12-lead ECG using a deep neural  
network,” *Nature Communications*, vol. 11, no. 1, p. 1760, 2020.  
DOI: 10/drkd. arXiv: 1904.01949.

# The training dataset

- ▶ 2.3 million records 1.6 million distinct patients;
- ▶ Annotated by telehealth center cardiologist;
- ▶ Refined by comparing with University of Glasgow software results;
- ▶ 30 000 exams manually reviewed.



Figure: Abnormalities for the classification problem.

# The testing dataset

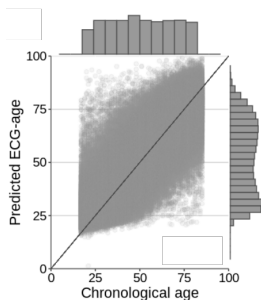
- ▶ 827 tracings from distinct patients;
- ▶ Annotated by 3 different cardiologists.

# Results

	F1 Score			
	DNN	cardio.	emerg.	stud.
1dAVb	<b>0.897</b>	0.776	0.719	0.732
RBBB	<b>0.944</b>	0.917	0.852	0.928
LBBB	<b>1.000</b>	0.947	0.912	0.915
SB	<b>0.882</b>	<b>0.882</b>	0.848	0.750
AF	<b>0.870</b>	0.769	0.696	0.706
ST	<b>0.960</b>	0.882	0.946	0.873


Table: Performance indexes

# Age-prediction model

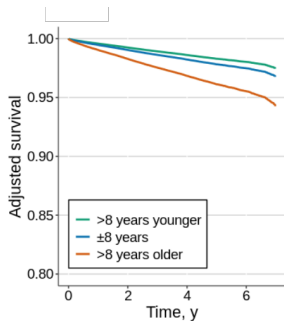


$$\Delta \text{ age} = \text{ECG-age} - \text{age}$$

**Figure:** Predicted vs estimated age in 15% hold-out test set ( $n = 218,169$  patients). Mean absolute error of 8.38 years.

 E. M. Lima, A. H. Ribeiro, G. M. Paixão, *et al.*, “Deep neural network estimated electrocardiographic-age as a mortality predictor,” *medRxiv*, Feb. 2021. DOI: [10.1101/2021.02.19.21251232](https://doi.org/10.1101/2021.02.19.21251232).

# ECG-age as a mortality predictor

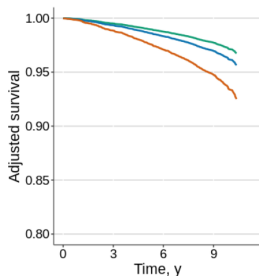


**Figure:** Kaplan-Meier survival curve (CODE-15%)

**Table:** Hazard ratio from Cox model

Adjusted by age and sex	
$\Delta$ age < - 8 y	0.78
$\Delta$ age > 8 y	1.79
Adjusted by age, sex and comorbidities	
$\Delta$ age < - 8 y	0.78
$\Delta$ age > 8 y	1.78

# Validation on ELSA-Brasil (and Sami-Trop)



**Figure:** Kaplan-Meier survival curve (ELSA-Brasil)

**Table:** Hazard ratio from Cox model

Adjusted by age and sex	
$\Delta$ age < - 8 y	0.74
$\Delta$ age > 8 y	1.75
Adjusted by age, sex and comorbidities	
$\Delta$ age < - 8 y	0.82
$\Delta$ age > 8 y	1.57



Aquino, E. M. L., Barreto, S.M., Bensenor I.M., et. al. (2020)  
Brazilian longitudinal study of adult health (ELSA-Brasil):  
Objectives and design  
[American Journal of Epidemiology 175 \(4\), 315-324.](#)

# Analysis on ECGs classified as normal

Table: Hazard ratio from Cox model

	CODE-15%	ELSA-Brasil
Adjusted by age and sex		
$\Delta$ age < - 8 y	0.66	0.91
$\Delta$ age > 8 y	1.53	1.63
Adjusted by age, sex and comorbidities		
$\Delta$ age < - 8 y	0.66	0.91
$\Delta$ age > 8 y	1.52	1.42



# Discussion


- ▶ Improved automatic classification using deep learning
  - ▶ Potential to improve tele-health service in short/medium term;
  - ▶ Screen more important exams;
  - ▶ Avoid medical mistakes and improve accuracy.
- ▶ AI to extend the potential of ECG for prognosis
  - ▶ Capability of identifying patterns that are not obvious for a cardiologist (double-edged aspect of it);
  - ▶ Extend ECG role in risk stratification.

# Thank you!

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