The overall aim of this study is to; with the help of computer/data scientist and machine learning processes **System Id:** 325727954

The usual approach to calculating the sample size for a risk model is based on the rule of10; that is the investigators require 10 times as many (mortality) events as there are predictors in the model. Our models will have 5 factors so the investigators require 50events **System Id:** 325728390

Randomised trial evidence for selecting patients suitable for accelerated induction regimes is not yet currently available and will require large sample size to elucidate clearly the variables that predict the need for individual dosing strategies. **System Id:** 325728836

Defined as the total number of minutes standing and walking divided by the total number of valid measurement days in the period between inclusion and (intended) discharge. In order to create a **prediction model**; this will be dichotomized into a low and high amount of time spent physically active per day during hospitalization **System Id:** 325728851

Use correlation analysis or **machine learning** methods to explore the formation trajectory ofthe double off-label pattern **System Id:** 325728987

Considering that the enrolledsamples may have 25% unusable cases; the minimum test group sample size was set to 100 cases.Positive group 1; colorectal cancer stage I-IV; no need to allocate groups in eachsub-category. Considering balancing the number of samples between other groups; the samplesize is set to 300 cases.Positive group 2; advanced adenoma; according to the Guidelines for the **diagnosis** andtreatment of colorectal cancer; the advanced adenomas are divided into four categories.There is no need for equal distribution in different categories; with an average of 100 casesper category; for a total of 400 cases.The negative group is divided into three categories. Non-advanced adenomas need to bedifferentiated from positive adenomas in positive group 2; and need a minimum sample size of100 cases. Other categories do not require a specific sample size.  **System Id:** 325728818

Relatively simple clinical **risk score**s based upon easily available clinical information can greatly aid in the triaging of patients to early discharge or more rapid and intensive intervention **System Id:** 325727964

**Prognostication System Id:** 325727974 – is this a word?!?!?!

the investigators guess that the evaluation ofultrasound features based on **artificial intelligence** can make further breakthroughs indifficult airway early warning systems **System Id:** 325728093

PRIMARY OUTCOME:Textbook outcome **System Id:** 325727958

This national Australian study **System Id:** 325728810

physicians urgently need a **risk prediction**model with the combination of H. pylori infection and serum pepsinogen level to identify thehighest-risk patients for endoscopic examination in the context of limited resources **System Id:** 325728811

In a prospective cohort study (n = 1.000) **System Id:** 325728328

Non-Gaussian distributedcontinuous variables will be categorized as dichotomous variables. **System Id:** 325728328

A healthy volunteer arm was added in July 2020 - 40 particpants **System Id:** 325728253

Visualization can provide an overarching demonstration of how a model produces its decisions across a dataset with known clinical and demographic characteristics; which contributes to overall interpretability of the model's logic. Illustration is essential to gain trust and to facilitate validation when clinicians rely on the model to assess a particular instance for various purposes; including training or regulatory approval. While training the AI system in previous work; the investigators excluded 5% of images thatwere rated by the majority of graders as not acceptable quality. For real-world use; it will be important to balance imageability with **diagnostic** performance.  **System Id:** 325728263

Principal Component analysis (PCA) will be performed in order to reducedata dimensions and to evidence major trends. Mann-Whitney will be performed on PCs scores toverify the differences statistically relevant between the analysed groups. Correlation andpartial correlation analysis will be performed using the Spearman's test; assuming as validcorrelation only the coefficients with a p-value lower than 0.05. Subsequently; principalcomponents analysis (PCA) combined with linear discriminant analysis (LDA); PCA combined withsupport vector machine (SVM); partial least squares-discriminant analysis (PLS-DA) and etc **System Id:** 325728373

**prediction model** (LASSOmodel). **System Id:** 325728496

I thought Lasso sucked

No imputation to missing data **System Id:** 325728541

The ultimate objective will be to achieve an AUC of at least 0.90. Such a performance will allow us to build a Decision Support System based on these **predictive model**s that provides information to physicians with regard to the probability of loco-regional failure and overall survival in individual patients **System Id:** 325728616

In 2018; the **artificial intelligence** gastroscopy blind spotmonitoring model developed by the project team significantly reduced the endoscopy blind spotin randomized controlled clinical trials; the findings were published in the journal Gut withan impact factor of 17.94. In 2019; the team's **artificial intelligence** model for evaluatinggut cleanliness; published in the journal gastrogastrotestinal endoscopy with an impactfactor of 7.23; showed better picture accuracy than that of the endoscopist in the humancomputer competition. In the same year; the project developed a model for colonoscopy speedmonitoring based on Hasche perception algorithm and a model for colonoscopy slide mirrormonitoring based on image classification; and conducted randomized controlled clinicaltrials; the model significantly improved The ability of colonoscopists to detect lesions; Thestudy was published in The Lancet Gastroenterology 18 with an impact factor of 12.87. **System Id:** 325729014

A range ofArtificial Intelligence (AI) techniques have been applied to EHR data and have demonstratedbetter **diagnostic** and prediction power over traditional statistical approaches in large scaleEHR data. **System Id:** 325729025

Deep learning technology has been used increasingly in spine surgery as well as in manymedical fields. However; it is noticed that most of the studies about this subject in theliterature have been conducted except of the cervical spine **System Id:** 325729068