



Fungal and Bacterial Infections Discrimination in ICU patients based on Serum Molecular Fingerprint

4th CHRC Annual Summit

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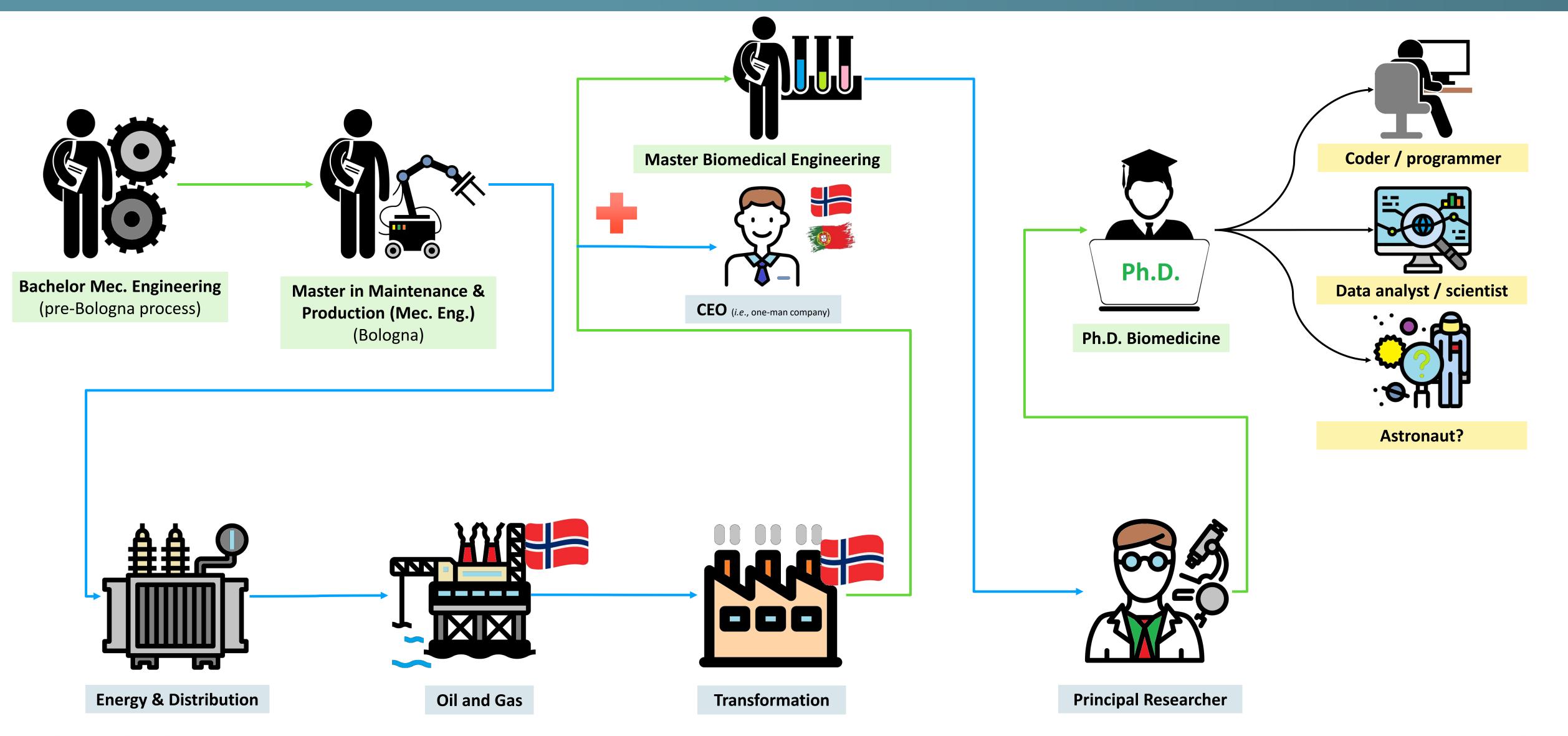






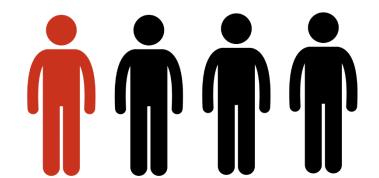


The Path to Researcher – a non-linear model





Infections – the (not so hidden) cost

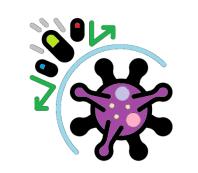


1 in 4 hospital-treated sepsis cases and half of all cases of sepsis with organ dysfunction treated in adult ICUs are health care associated [1] – WHO.



Hospital acquired infections (HAI) represent 4%, and 11% of these turn deadly. This translates into more than 70,000 deaths a year. [2] – CDC.





Most common HAI is central line-associated bloodstream infection (CLABSI), with the most common organisms being members of the Enterobacteriaceae family (*e.g.*, Escherichia Coli and Klebsiella species). 45% of bacterial isolates are multidrug resistant. [2,3]





> 110,000 deaths, 16 million extra days of hospital stay and 7 billion € per year. [4]



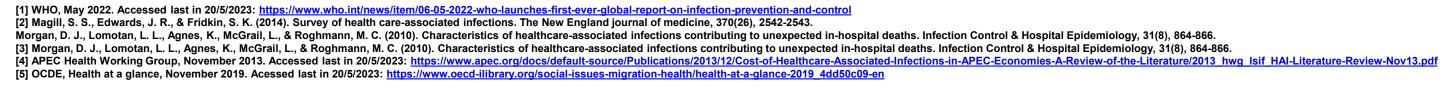
12 people die in average (2013), 4606 per year. Antibiotic resistance species is also on the rise, *e.g.*, Klebsiella pneumoniae rose from 16.5% in 2007 to 40.9% in 2014. [5]



The following exploratory study aims to provide a basis for a **robust predictive model** to quickly **discriminate and predict infection agent** (*e.g.*, fungal, bacterial, type of strain, gram) in ICU patients, based on a serum analysis, enabling:

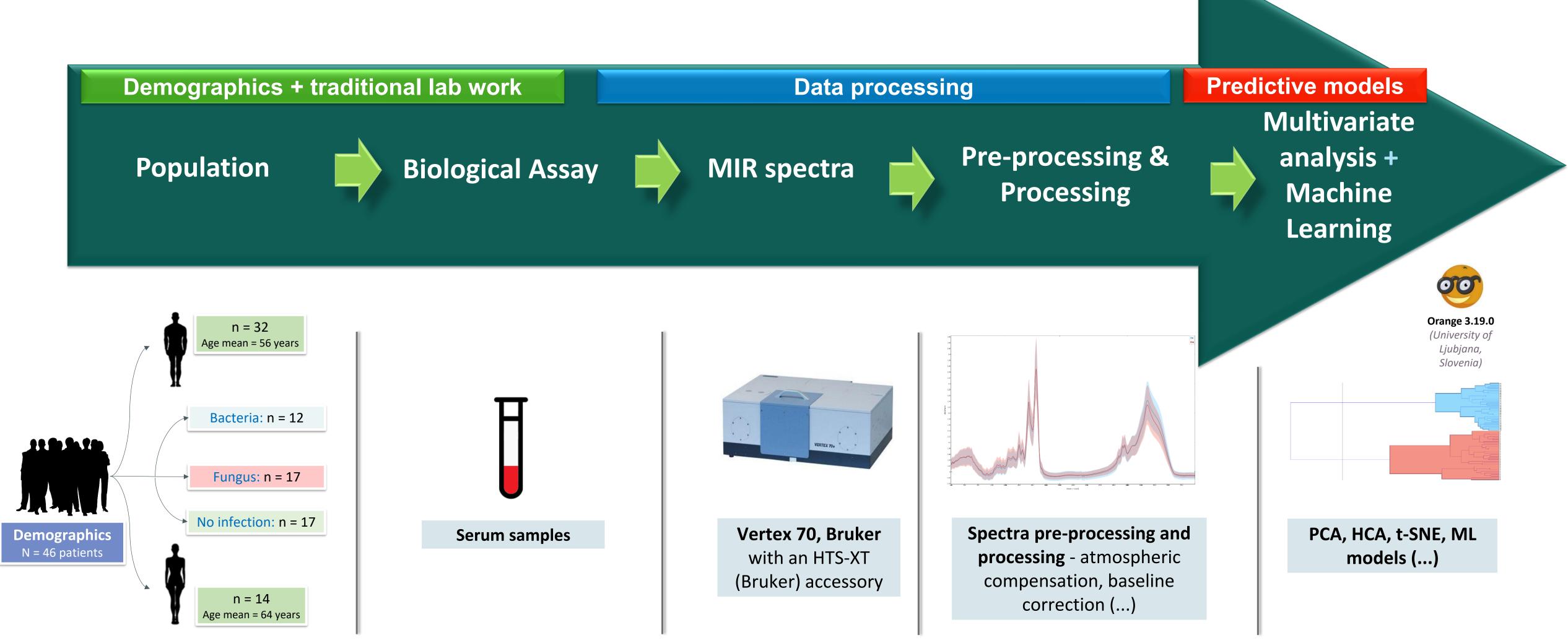
- ✓ customized treatment for each patient;
- √ faster recovery times and discharge from ICU;
- ✓ freeing up of beds in national health service;
- ✓ lower costs for all parts involved;
- ✓ provide physicians with the right tools to save lives.







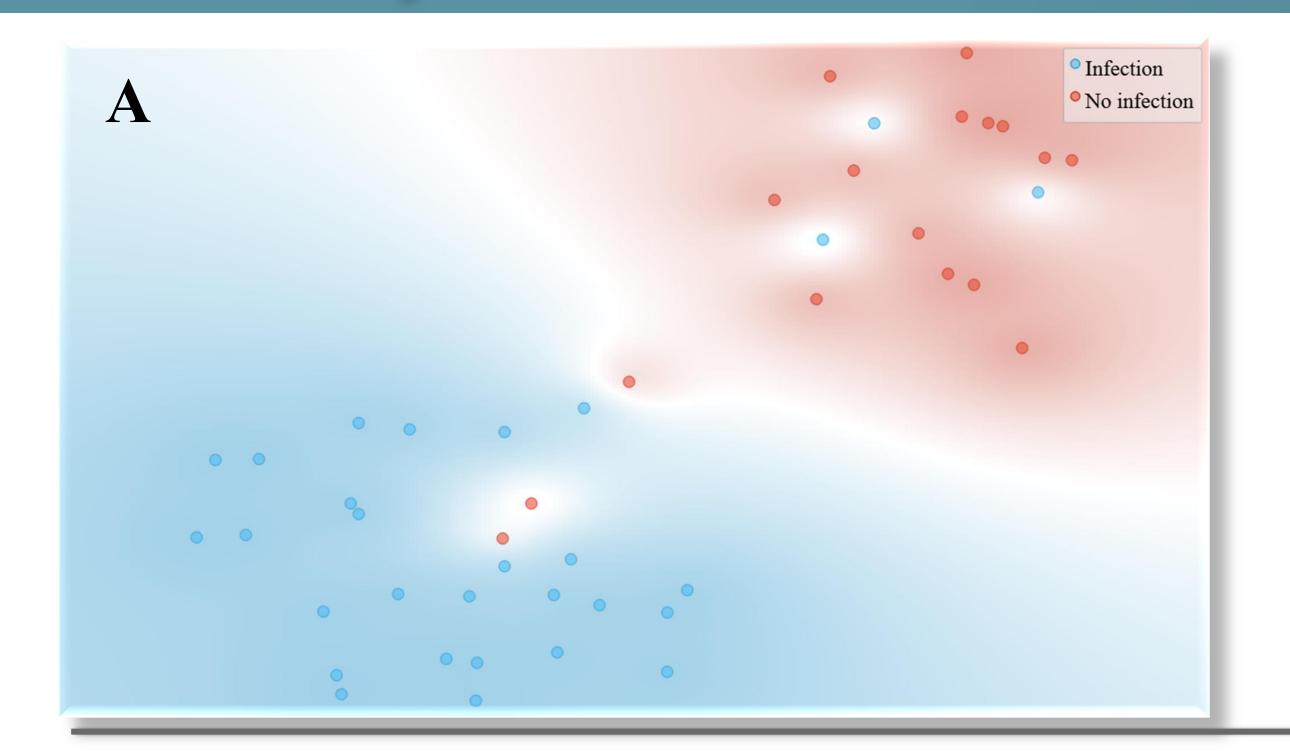
The Study







Preliminary Results



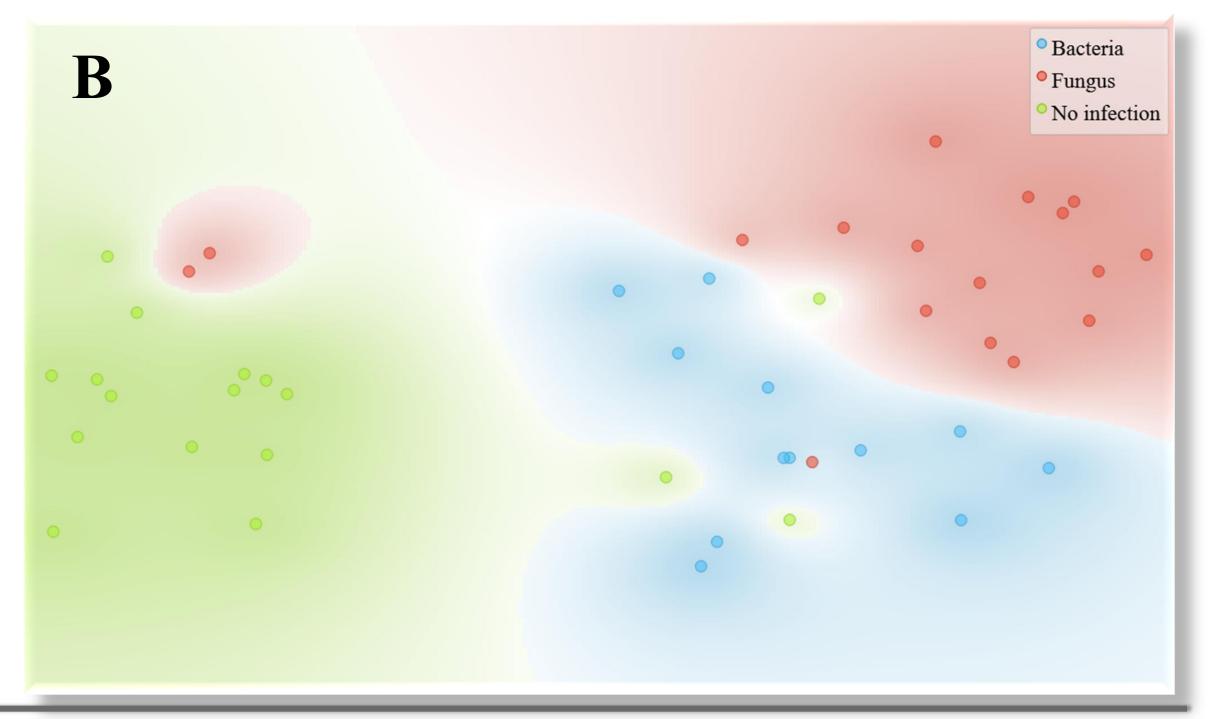


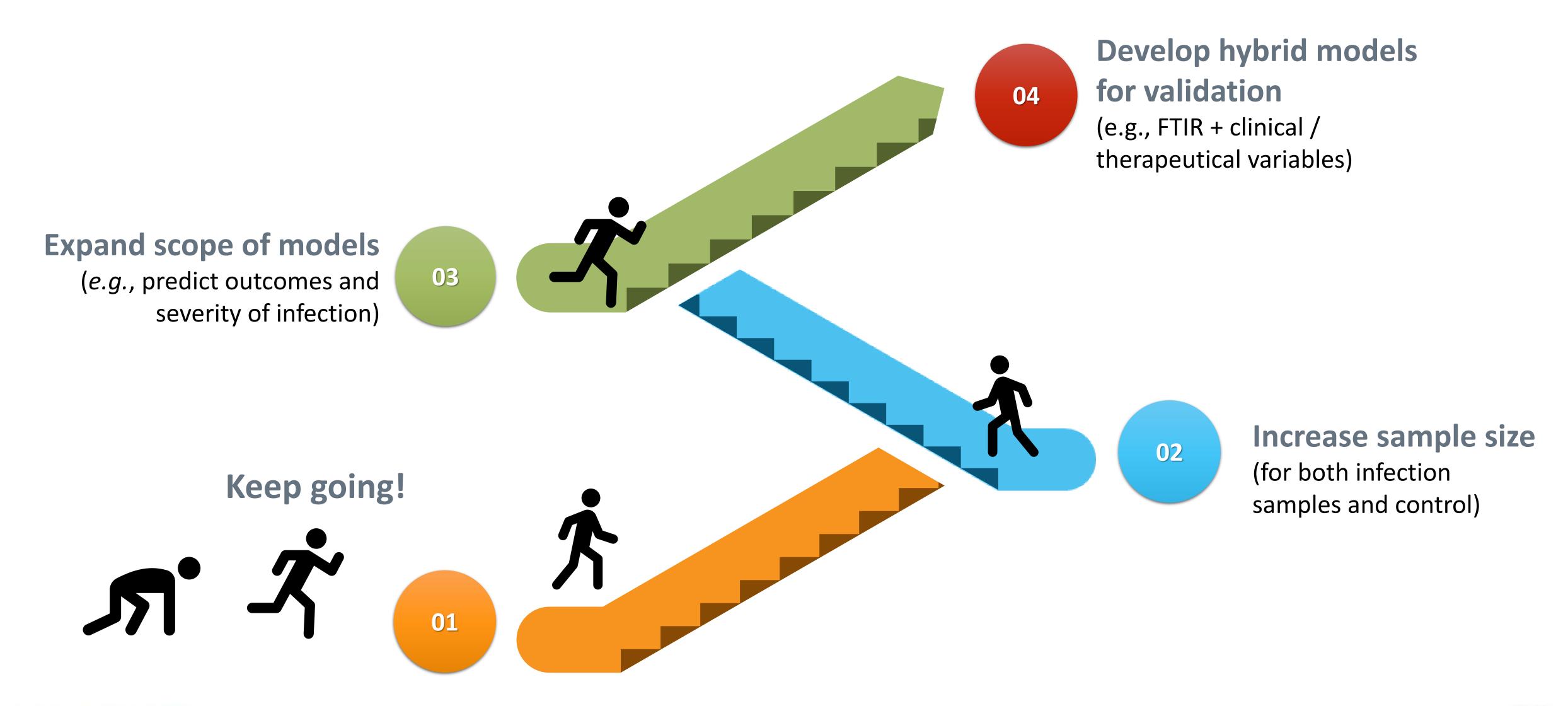
Figure 1. t-SNE of infected (blue) and non-infected (red) patients, based on serum normalized second derivative spectra (between 406-1800 and 2800-3992 cm⁻¹) (**A**), and between patients with bacterial (blue), fungal infection (red) or no infection (green) (**B**). The impact of a Fast Correlation Based Filter (FCBF) of normalized second derivative spectra (between 406-1800 and 2800-3992 cm⁻¹), was evaluated on a t-distributed Stochastic Neighbour Embedding (t-SNE), and a Naïve-Bayes model.

	AUC	Accuracy	Precision	Sensitivity	Specificity
Α	0.933	0.812	0.814	0.812	0.906
В	0.988	0.800	0.905	0.800	0.956





Next Steps





L3S members (some of them...)





Luis Bento (supervisor), PhD ICU and Neurotrauma Director in CHULC M.D., Professor at NMS and CHRC member

Cecília Calado (co-supervisor), PhD
Responsible for Lab. Of Health & Engineering (ISEL)
Coordinator of BSc and MSc in Biomedical Eng.

Luis Ramalhete, Biomedicine PhD candidate Scientific Director of CSTL-T HLA Laboratory, IPST

Viviana Caldeira, Biomedicine PhD candidate
Osteopath & Knee Specialist
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