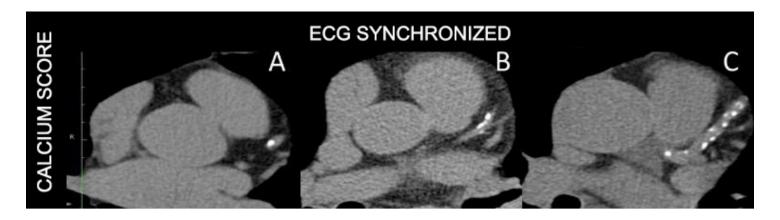


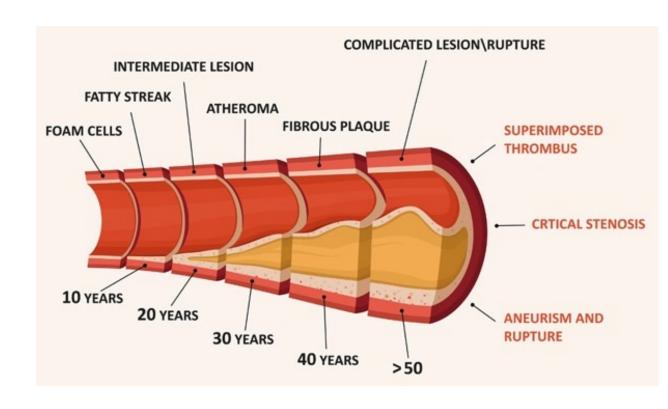
### Calcification Detection



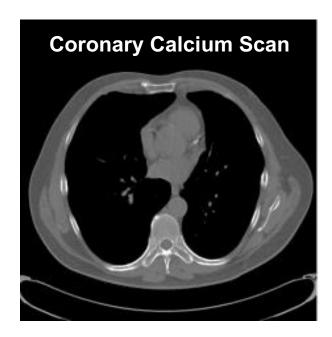
### Atherosclerosis

Plaque build up in arteries

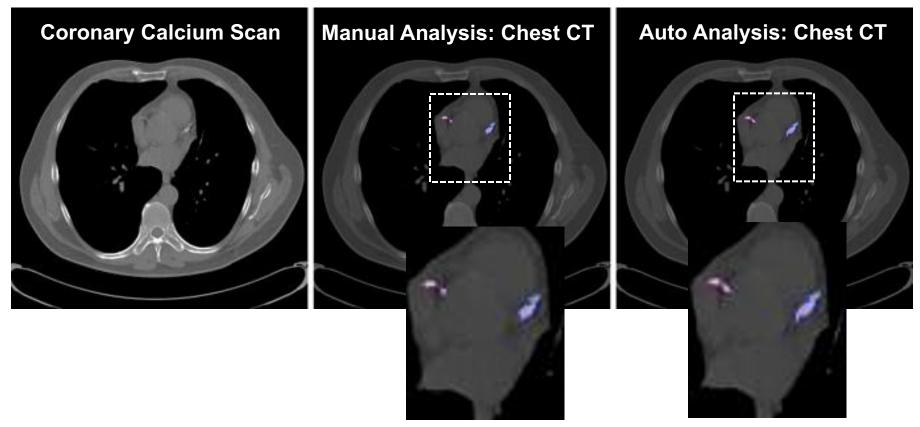
 Associated with myriad harmful events



### Calcification Detection



### Calcification Detection



Eng et al. Automated coronary calcium scoring using deep learning with multicenter external validation. npj Digital Medicine 2021.

#### Outcome Measures

- Agatston score = (Calcium Size)\*(Calcium intensity)
- Clinical scores in buckets:
  - Score = 0
  - 1 < Score < 100
  - 100 < Score < 400
  - Score > 400

#### Clinical Action

• High coronary calcium → initiation of statins

 Patients with no prior CVD risk and CAC sent notifications along with PCP



• In a matched study with 173 patients, **51%** of notified patients **initiated statins** vs only 7% in control arm!

- Predicting Agatston score from ungated chest CT
- ML Task = ??
- Evaluation Metric = ??

- Visualizing calcium deposits to have confidence
- ML Task = ??
- Evaluation Metric = ??

- Clinical decision making on statin prescription
- ML Task = ??
- Evaluation Metric = ??

- How to find the best patients who would benefit?
  - Patients on statins already?
  - Patients who cannot tolerate statins?
  - Patients with other co-morbidities?

Who to quantify benefits on?

# Implementation

- What is the infrastructure to run inference with algorithms?
- Where to provide the information?
- Who pays for algorithms?

# Assessing Downstream Impact

- How do patients benefit? What metrics to track?
  - Visits to clinician?
  - Statin usage?
  - Cardiovascular events reduced?
- How about other costs to the healthcare system?

### General Guidelines

- Why does your innovation matter?
- Who benefits from your benefit? Can you quantify it?
- How does your innovation get implemented?
- How does your innovation get used in a care pathway?
- Can you show a benefit from using your innovation?
- Do all patients equally benefit from your innovation?

