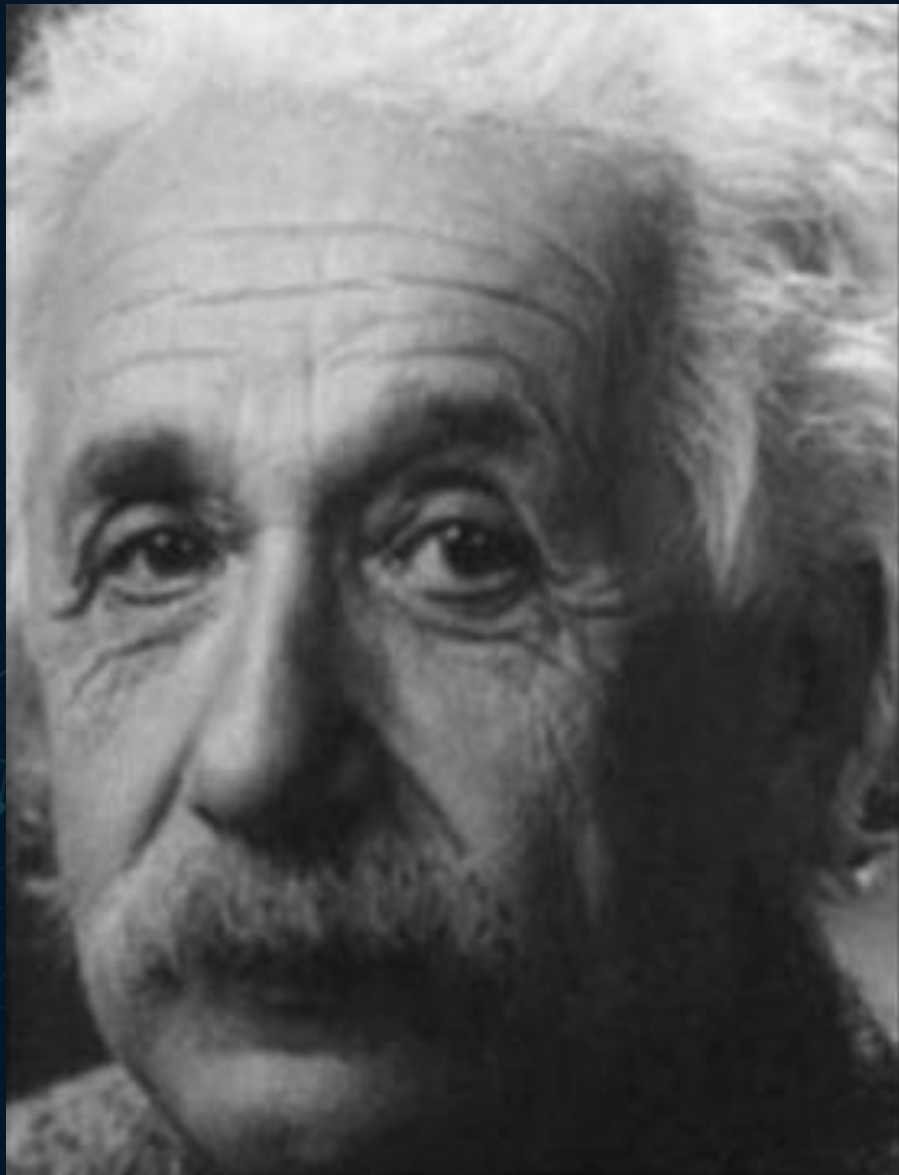


An Expert AI System for Professional Neurological Patients Care

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Computers are incredibly fast,
accurate, and stupid: humans are
incredibly slow, inaccurate and
brilliant; together they are powerful
beyond imagination.

— *Albert Einstein* —

AZ QUOTES

7 Future Technologies that are Trending in 2018

AR



IoT



Artificial Intelligence



Gamification



VR



Big data



BlockChain



RED APPLE

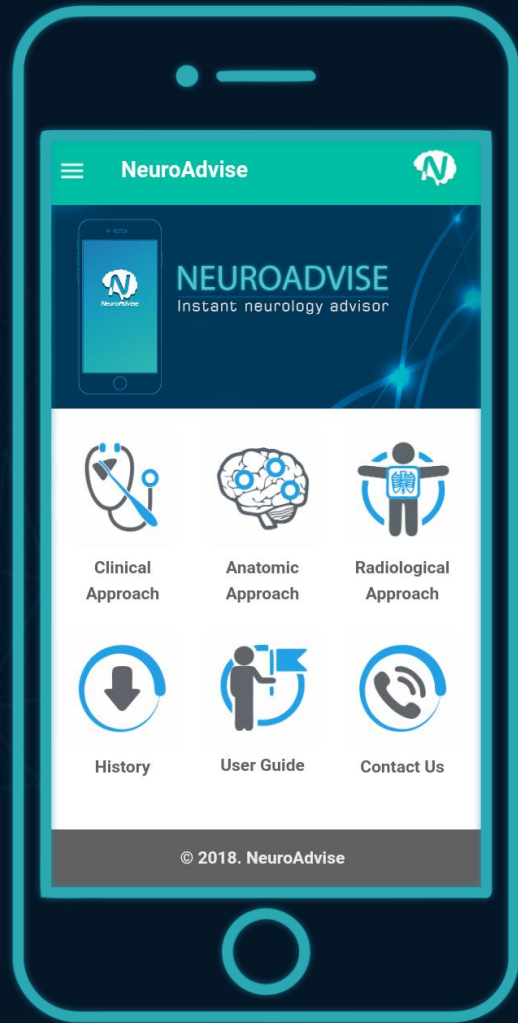
www.redappletech.com

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Ph: +91 (11) 40704088

Sub-fields of AI

- **Neural Networks** e.g. brain modelling, time series prediction, classification
- **Evolutionary Computation** e.g. genetic algorithms, genetic programming
- **Vision** e.g. object recognition, image understanding
- **Robotics** e.g. intelligent control, autonomous exploration
- **Expert Systems** e.g. **decision support systems**, teaching systems
- **Speech Processing** e.g. speech recognition and production
- **Natural Language Processing** e.g. machine translation
- **Planning** e.g. scheduling, game playing
- **Machine Learning** e.g. decision tree learning, version space learning



NeuroAdvise

An expert system as a clinical decision support tool, for professional neurological practice

Problems

- Doctors high work load, low time to study, and unwillingness to consult
- False or delayed **diagnosis**
- Misuse of diagnostic tests
- Wrong or delayed treatment
- Absence of widely-accessible clinical databases
- Poor medical documentation
- **Patient morbidity and mortality**
- High healthcare costs

Continuing
Education



Early Diagnosis



Accurate
Management



Precise
Documentation



Widespread
Availability



NeuroAdvise

NeuroAdvise, A Single Solution
for Multiple Health Problems



Available on the
App Store

Available on
Google Play

NeuroAdvise

Improve Your
Neurological Diagnostic Skills



Overview

- I began to work on NeuroAdvise idea since 2011 with data collection from hundreds of resources (first with the aim of publishing a book)
- I began to cooperate with a team of IT experts since 2016
- They helped me convert my idea to several expert system algorithms and organize the database
- They helped me to organize this pathway:
Symptom → **Lesion** → **Approach** → **Disorders** → **Investigations**
- I began to cooperate with a team of medical students Since 2018
- They helped me extract data from databases and enter them into excel tables

Overview

- We have published **android version** of NeuroAdvise at September **2018** on Google Play
- **iOS version** has been published at May **2019** on App Store
- Both versions are Published from Hungary and are available for free
- System debugging and improvement is currently under progress



Overview

- Users are medical doctors involved in neurology patient's care; including neurologists, neurosurgeons, psychiatrists, pediatric neurologists and all other medical doctors or medical students
- Radiologists and neuroradiologists are potential users
- Current edition is not suitable for patient's

Overview



Clinical Approach

Enter your patient's clinical syndrome to obtain diagnostic approach



Anatomic Approach

Enter your patient's anatomical diagnosis to obtain diagnostic approach



Radiological Approach

Enter your patient's test result(s) and check for possible causes



History

Review previous case histories

Clinical Approach

- This feature helps you perform a goal-directed neurological examination.
- Based on your entered data, the system will provide anatomical localization, a list of differential diagnosis (in order of probability) and a list of diagnostic investigations (in order of priority).
- If your patient has many problems, you can enter all of them and search for a common explanation.

Clinical Approach



Clinical Approach



Q Search

Note: You can search or select an item

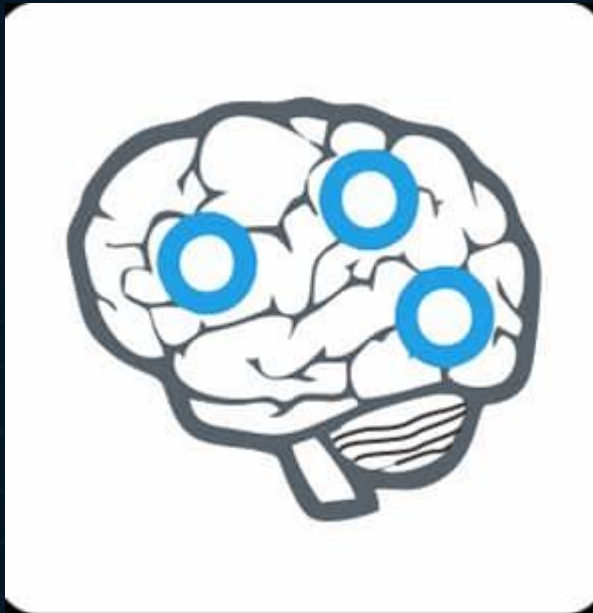
- Impaired consciousness
- Sleep-wake system dysfunction
- Neuropsychic impairment
- Visual system dysfunction
- Auditory system dysfunction
- Vestibular system dysfunction
- Olfactory system dysfunction
- Gustatory system dysfunction
- Somatosensory system dysfunction

Next

Anatomic Approach

- This feature is useful when you know the exact location of lesion within the given patient's neuraxis, either based on clinical or paraclinical ground.
- Based on your entered data, the system provides a list of differential diagnosis (in order of probability) and a list of diagnostic investigations (in order of priority).
- If your patient has multiple lesions, you can enter all of them and search for a common explanation.

Anatomic Approach



Anatomic Approach



Search

Note: You can search or select an item

- Cerebral hemispheres
- Diencephalon
- Brainstem
- Cerebellum
- Cranial nerves and skull base
- Spinal cord
- Spinal nerves, roots and ganglia
- Plexus
- Peripheral nerves

Next

Radiological Approach

- This feature provides a list of differential diagnosis for common neuro-radiologic abnormalities.
- Based on your entered data, the system will provide a list of differential diagnosis (in order of probability) for that test results.
- If your patient has multiple abnormal test results, you can enter all of them and search for a common explanation.

Radiological Approach



Radiological Approach



Note: You can select one or more items

- Contrast-enhanced brain CT
- Contrast-enhanced brain MRI
- Contrast-enhanced spine MRI
- Conventional brain CT scan
- Conventional brain MRI
- Conventional spine MRI
- Diffusion-weighted brain MRI

Next

Overview

- The user must be online during working with the app
- Questions are automatically generated by the system and are asked from the user (passed through multiple filters). Any answer is directed to the server and analyzed. The next step completely depends on the previous step.
- If answers are incomplete, system directly asks some limited possibilities from the user and then proceeds.

Overview

Based on the following items, the system computes an index for each possible underlying disorder:

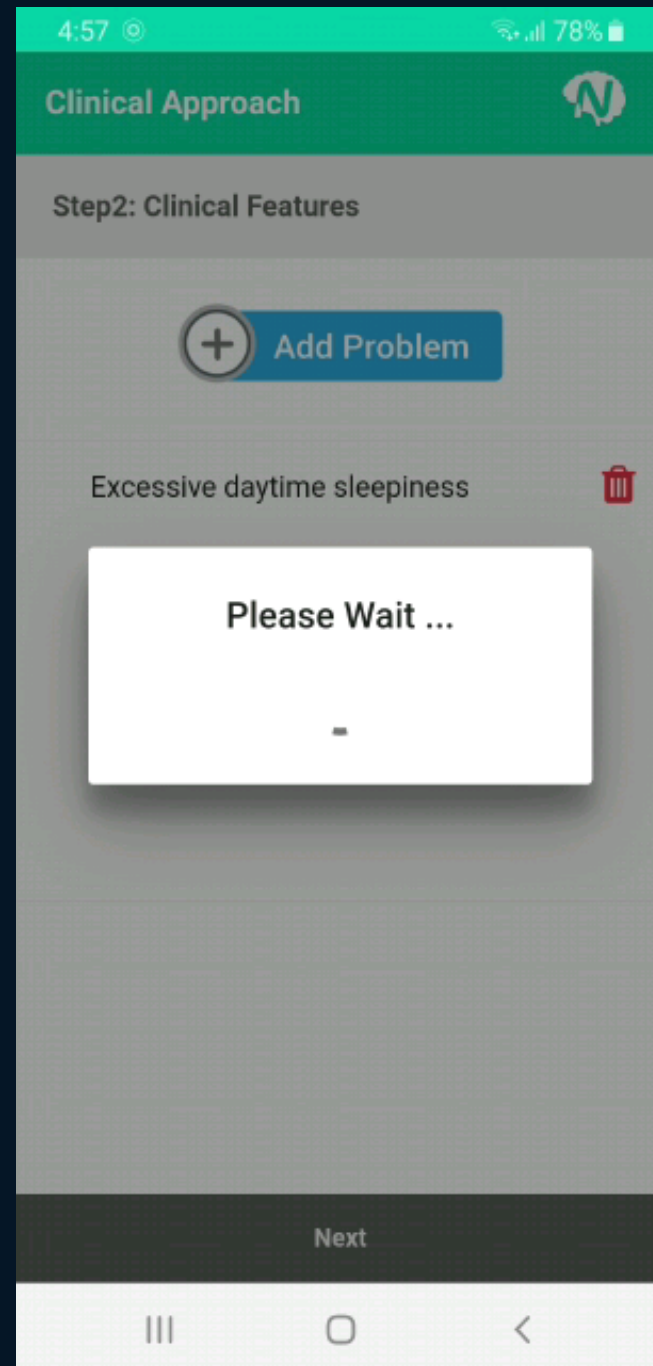
- Patient's **demographics** (age, gender, geographic location)
- Main clinical syndrome
- Prevalence of each clinical syndrome in any suggested disorder
- Anatomical lesion location
- Temporal profile
- Past medical history
- Drug history
- Exposure to toxins or trauma
- Family history

Overview

- Final list of disorders is classified based on pathophysiologic groups and is sorted in order of probability
- Top three causes are separated
- The system also recommends some diagnostic tests in order of priority
- The result can be saved for later review and can be shared in all social media networks

Overview

Sample case: An old-aged man with excessive daytime sleepiness with past history of hypothyroidism

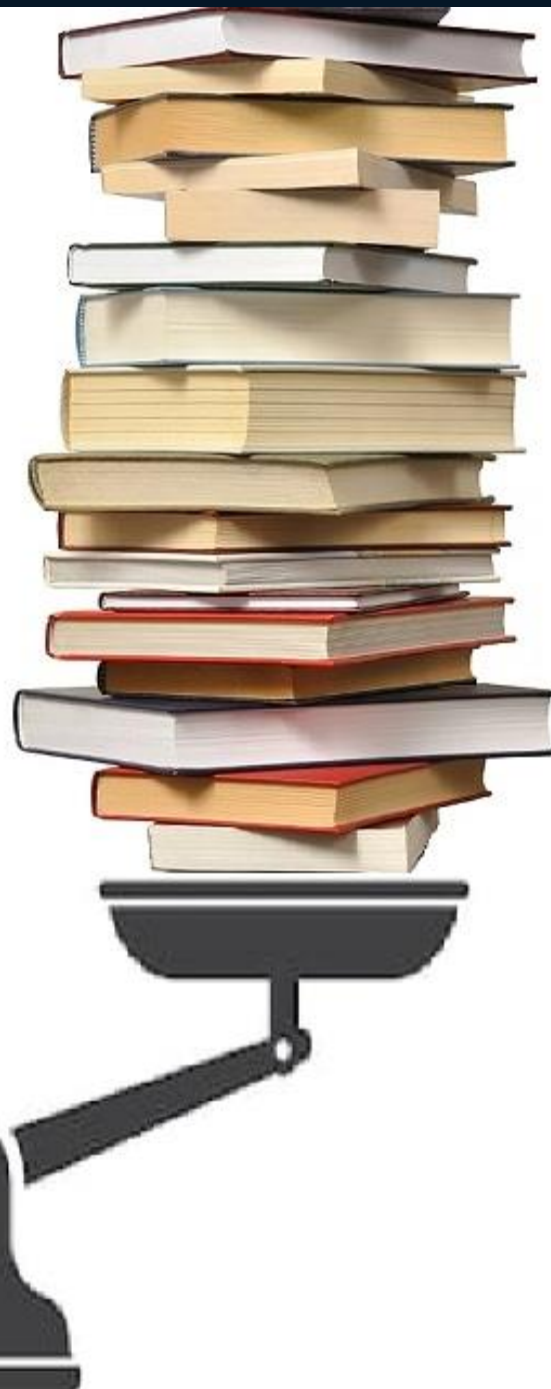


Achievements

- A **comprehensive database**, currently covering more than 3000 disorders, 1400 drugs, 1500 clinical features, 600 anatomic locations and 263 different approaches (numbers are growing)
- Innovative algorithms that are simulations of clinician's mental diagnostic process (NeuroAdvise is **pioneer** from this point of view)
- Helping our users reach from **symptoms to causes** and make better clinical decisions with several user-friendly features
- Helping our users **localize** the lesion within nervous system

Achievements

- **Very fast** data processing (within few seconds)
- Ability to **store** and **share** clinical data with other doctors
- Unlimited capacity for growth with an **easy and fast update** process
- **Improving neurology patients care** through improving doctor's clinical skills



Achievements

- We have **2040** downloads (until 20th August 2019) for android version, with about **50%** active users
- Users are mainly from **India**, Egypt, Iran, United states, Brazil, Pakistan and France.
- User's population are growing gradually and we are trying to accelerate the process.
- Users mainly see us via our website and social media networks

Achievements

- We have been invited and participated in **VivaTech 2019** event in Paris at May 2019, as the only start up from Iran.

124,000 visitors from 125 countries

13,000 startups

3,300 investors

2,500 journalists

450 international speakers, the latest tech innovations

Among 4000 start ups submitted their project to **Sanofi, only 21 teams were selected and participated in Sanofi's Tech4Health Lab**



NeuroAdvise

GROWTH & SCALE

IRAN, ISLAMIC REPUBLIC

NeuroAdvise is a neurological diagnostic tool, available as a mobile application. NeuroAdvise helps in making clinical decisions and archiving patients related data. It is a smart clinical consultant and a potential resource for healthcare big data.

LOOKING FOR



www.neuroadvise.com



aws

MS



Statistics

Downloads
(1160 until 30th April 2019)

System Sensitivity

Copmetitors



SANOFI 

ech4Health

Achievements

- We have conducted a pilot study for system's diagnostic sensitivity with amazing results:
 - **More than 95% sensitivity** for the diagnosis of acute ischemic stroke as the first cause
 - **100% sensitivity** for the diagnosis of acute ischemic stroke within top three cause
 - A larger study is under progress

Challenges

2011

Coma evaluation: LOC, brainstem reflexes, motor responses, breathing pattern

Metabolic

- Electrolyte abnormalities
- Hypocalcemia, hypernatremia, hypocalcemia, hypercalcemia, hypomagnesemia, hypomagnesemia, hypophosphatemia
- Glucose abnormality
- Hypoglycemia, nonketotic hyperosmolar coma, diabetic ketoacidosis
- Hepatic failure
- Uremia
- Thyroid dysfunction
- Myxedema coma, thyrotoxicosis
- Adrenal insufficiency
- Toxic
- Alcohol
- Sedatives
- Narcotics
- Psychotropic drugs
- Other exogenous toxins (carbon monoxide, heavy metals)
- Infectious
- Meningitis (bacterial, viral, fungal)
- Diffuse encephalitis
- Hypoxic-ischemic
- Respiratory failure
- Cardiac arrest
- Other
- Subarachnoid hemorrhage
- Carcinomatous meningitis
- Seizures or postictal state

Coma Characteristics Excluding Those of Structural Lesions

Signs suggesting structural lesions	Signs of metabolic coma
Asymmetric pupillary dilation	Asymmetric (bilateral) long pupils, slow reaction to light or absent pupillary reflexes
Asymmetric pupillary constriction	Asymmetric (bilateral) small pupils
Asymmetric pupillary dilation and constriction	Asymmetric (bilateral) normal pupils
Asymmetric pupillary dilation and constriction with ipsilateral head turning	Asymmetric (bilateral) normal pupils with head turning
Asymmetric pupillary dilation and constriction with ipsilateral head turning and ipsilateral eye deviation	Asymmetric (bilateral) normal pupils with head turning and eye deviation
Asymmetric pupillary dilation and constriction with ipsilateral head turning and ipsilateral eye deviation and ipsilateral arm extension	Asymmetric (bilateral) normal pupils with head turning, eye deviation, and arm extension
Asymmetric pupillary dilation and constriction with ipsilateral head turning and ipsilateral eye deviation and ipsilateral arm extension and ipsilateral arm abduction	Asymmetric (bilateral) normal pupils with head turning, eye deviation, and arm extension and abduction
Asymmetric pupillary dilation and constriction with ipsilateral head turning and ipsilateral eye deviation and ipsilateral arm extension and ipsilateral arm abduction and ipsilateral arm adduction	Asymmetric (bilateral) normal pupils with head turning, eye deviation, and arm extension, abduction, and adduction
Asymmetric pupillary dilation and constriction with ipsilateral head turning and ipsilateral eye deviation and ipsilateral arm extension and ipsilateral arm abduction and ipsilateral arm adduction and ipsilateral arm flexion	Asymmetric (bilateral) normal pupils with head turning, eye deviation, and arm extension, abduction, adduction, and flexion
Asymmetric pupillary dilation and constriction with ipsilateral head turning and ipsilateral eye deviation and ipsilateral arm extension and ipsilateral arm abduction and ipsilateral arm adduction and ipsilateral arm flexion and ipsilateral arm extension	Asymmetric (bilateral) normal pupils with head turning, eye deviation, and arm extension, abduction, adduction, flexion, and extension

Activity/Response

Score	Response
4	Eyes open or opened, tracking or blinking to command
3	Eyes open but not tracking
2	Eyes closed but open to loud voice
1	Eyes closed but open to pain
0	Eyes remain closed with pain

Motor Response

Score	Response
4	Thunder sign, fist or power grip
3	Locubility to path
2	Flexion response to path
1	Extension response to path
0	No response to pain, or generalized extension

Respiratory pattern

Score	Response
4	Normal
3	One pupil wide and fixed
2	Pupil or corneal reflexes absent
1	Pupil and corneal reflexes absent
0	Absent pupil, corneal, and cough reflexes

Respiration

Score	Response
4	Normal
3	Not intubated, Cheyne-Stokes breathing
2	Not intubated, Cheyne-Stokes breathing
1	Not intubated, Cheyne-Stokes breathing
0	Not intubated, Cheyne-Stokes breathing

2019

Anatomic Approach

Step 4: Suggested Approach

Case summary

Old Aged Male with Coma without focal deficits or meningismus

Anatomic Localization

Diffuse cerebral dysfunction

Differential Diagnosis

Top three causes

- Hypotatemia
- Hypoglycemia
- Viral meningoencephalitis (Echovirus, Coxsackievirus, other enteroviruses, Japanese encephalitis virus, VZV, Dengue virus, Influenza, West Nile virus, Nipah virus, Tick-borne encephalitis, Chandipura virus, Measles, Mumps, HSV1, Adenovirus, Rabies virus, Parainfluenza, poliovirus)

All causes

Acquired metabolic disorders: Hypotatemia, Hypocalcemia, Hypercalcemia, Hypomagnesemia, Hypomagnesemia, Hypophosphatemia, Vitamin B12 deficiency, Hyperglycemia, Nonketotic hypoglycemia, Hypoglycemia, Hypomagnesemia, Hypophosphatemia, Lactic acidosis, Thyroid storm, Myxedema coma

Infectious disorders: Viral meningoencephalitis (Echovirus, Coxsackievirus, other enteroviruses, Japanese encephalitis virus, VZV, Dengue virus, Influenza, West Nile virus, Nipah virus, Tick-borne encephalitis, Chandipura virus, Measles, Mumps, HSV1, Adenovirus, Rabies virus, Parainfluenza, poliovirus)

Challenge 1: Sanctions & Filtering

1. We are not able to have Google or Apple developer account
2. We cannot transfer our money (income or investment)
3. We have not access to some software developing tools
4. We have not access to analytic tools
5. We cannot conduct a complete product test from inside of our country, for example we cannot test in-app purchase capability
6. We cannot receive our users feedback and experience easily
7. Foreign investors and companies don't accept the risk of working with Iranian people. We are isolated from global market making our business strategy quite difficult

Challenge 2: Unfamiliarity with data systems

DATABASE 2018August27 - Saved

File Home Insert Draw Formulas Data Review View

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83	SPL0911071	L09	L091	L0911	L091107	L0911071	L0911071	AP55				
84	SPL0911072	L09	L091	L0911	L091107	L0911072	L0911072	AP56				
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88	SPL091203	L09	L091	L0912	L091203		L091203	AP59				
89	SPL091204	L09	L091	L0912	L091204		L091204	AP249				
90	SPL091205	L09	L091	L0912	L091205		L091205	AP60				
91	SPL091206	L09	L091	L0912	L091206		L091206	AP61				
92	SPL091207	L09	L091	L0912	L091207		L091207	AP62				
93	SPL091208	L09	L091	L0912	L091208		L091208	AP63				
94	SPL091209	L09	L091	L0912	L091209		L091209	AP63				
95	SPL091210	L09	L091	L0912	L091210		L091210	AP64				
96	SPL091211	L09	L091	L0912	L091211		L091211	AP65				
97	SPL091212	L09	L091	L0912	L091212		L091212	AP66				
98	SPL091213	L09	L091	L0912	L091213		L091213	AP67				
99	SPL091214	L09	L091	L0912	L091214		L091214	AP67				
100	SPL091215	L09	L091	L0912	L091215		L091215	AP68				
101	SPL091301	L09	L091	L0913	L091301		L091301	AP69				
102	SPL0913021	L09	L091	L0913	L091302	L0913021	L0913021	AP70				
103	SPL0913022	L09	L091	L0913	L091302	L0913022	L0913022	AP71				
104	SPL091303	L09	L091	L0913	L091303		L091303	AP72				

+ Clinical Features Anatomic Locations Specifier Approach Disorders Investig

Challenge 2: Unfamiliarity with data systems

1. Doctors have medical knowledge but not data knowledge
2. IT experts can work with data but are not familiar with medical knowledge
3. Medical data specially medical advices are quite sophisticated and critical. Wrong advices can be life threatening to the patient.
4. Making such an interface between medical knowledge and computer is very difficult
5. Editing the database also needs attention, one wrong code can lead to a completely wrong output

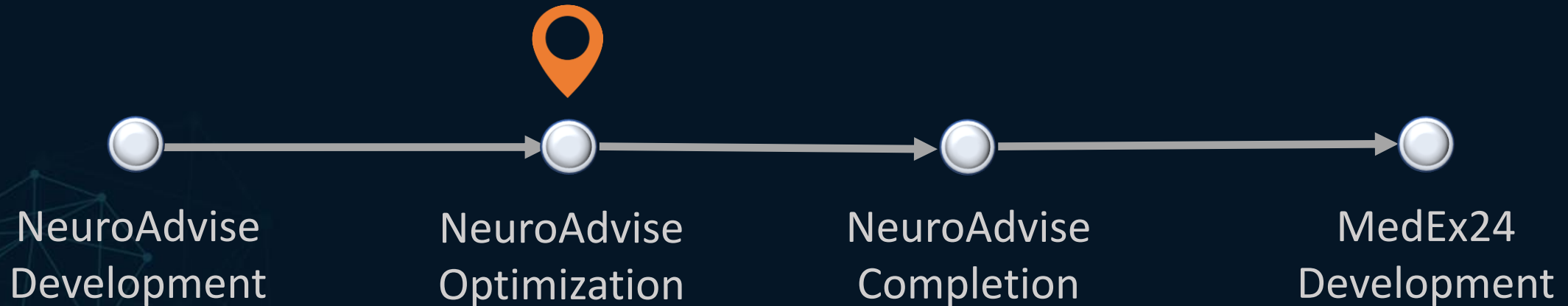
Challenge 3: Limited financial resources

1. Our priorities differ from developed countries. We have focused on treatment and they have focused on future health problems
2. We have limited access and connection with global companies that can fund in such a project
3. We have limited connections with medical publishers and universities

Challenge 4: Limited human resources

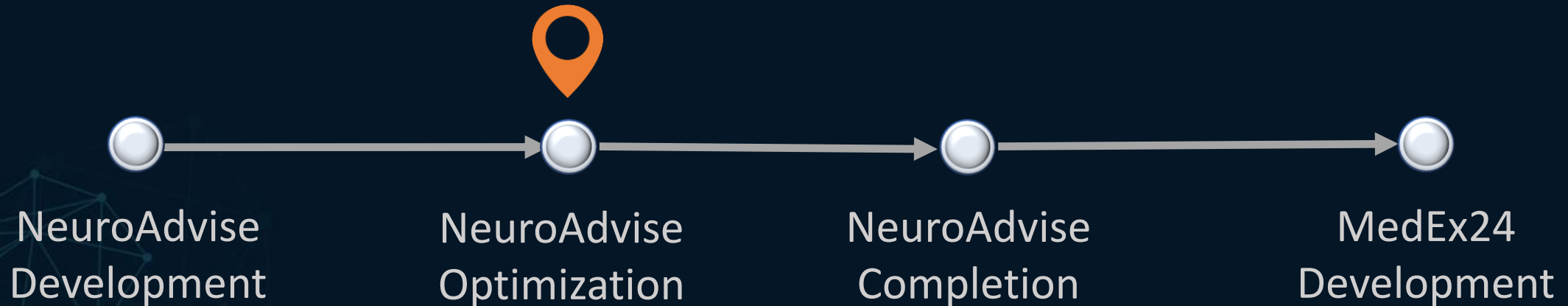
1. AI projects are team work
2. To have an expert team we need money, motivation and time
3. This is more important if we want to develop a comprehensive medical decision support system. We will need more scientific editor's and data collecting and organizing people

Current state & Future perspective



- Several effective features will be added to the current version to meet most of users' needs (Current system consists 30% of the final NeuroAdvise product)
- Textual information and media will be added

Current state & Future perspective



- NeuroAdvise can be expanded to all other medical fields and I have named the final product **MedEx24**, that is a comprehensive clinical database for all healthcare professionals
- We can be a potential competitor for current medical databases such as uptodate, ...
- New technologies such as VR and AR can be included

Business model



Selling
subscriptions,
individual
or institutional



Accepting
advertisement
from drug
companies



Promoting
hospitals
information
systems



Collecting
epidemiological
data for WHO &
healthcare systems

Market

- Total Market size for **NeuroAdvise**:
 - 500.000 medical doctors, mainly neurologists, neurosurgeons, psychiatrists, radiologists, general practitioners as well as medical students
 - 200 drug companies
- Total market size for **MedEx24** (the final comprehensive product):
 - 14.000.000 medical doctors in all degrees and specialties
 - 10.000 university and institution
 - 2.000 drug and instrument companies
 - 20.000 hospitals

Market

- “The easiest way to get one million people paying is to get one billion people using.”

Phil Libin, Evernote

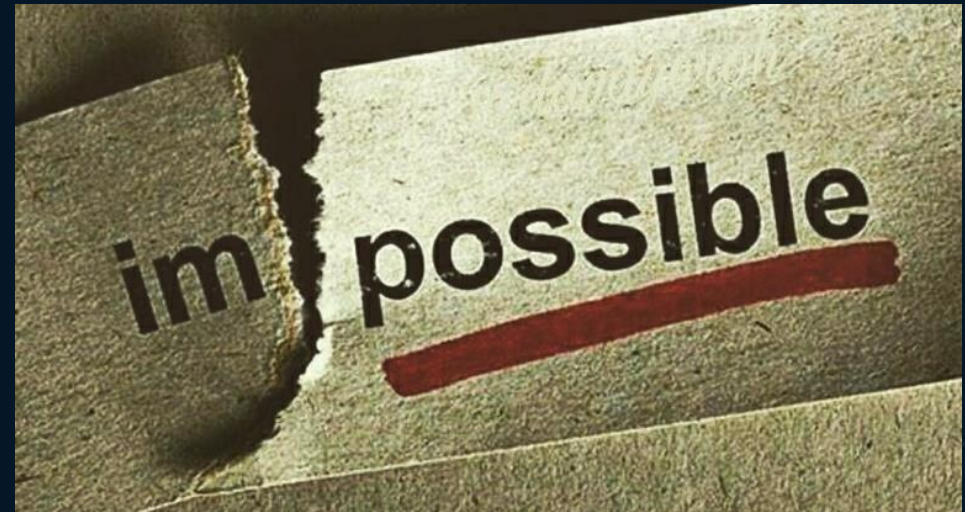


"Your time is limited, so don't waste it living someone else's life. Don't be trapped by dogma - which is living with the results of other people's thinking. Don't let the noise of others' opinions drown out your own inner voice. And most important, have the courage to follow your heart and intuition."

- Steve Jobs



**NeuroAdvise will
proceed stronger**



<https://www.neuroadvise.com>

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