AI & Data spotlight: diagnostics transformed

Dr Jaymin Patel

Radiologist Co-founder & COO Hexarad

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Head of Commercial & Product Strategy
Mendelian

Dr Tim Jobson

Medical Director Predictive Health Intelligence

Dr Lucrezia Cester

Co-Founder and CEO LightHearted AI

Chair: Karla Richards

Senior Innovation Project Manager, Health Innovation Network and NHS Navigator DigitalHealth.London

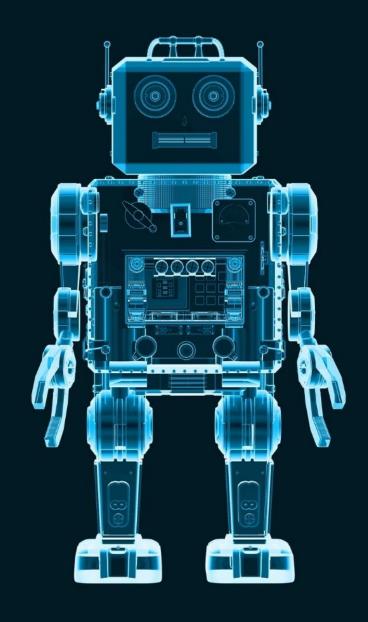
Headline sponsor



#AIDATA23

Harnessing data

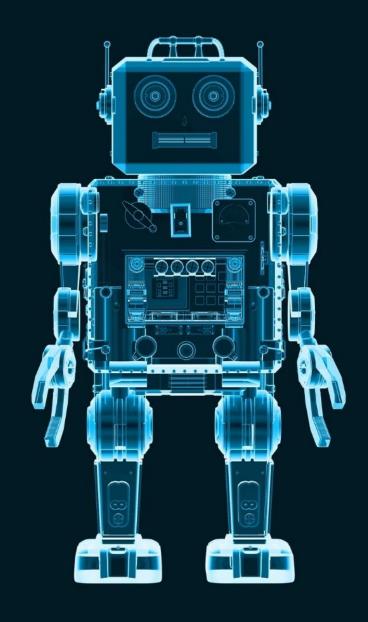
with the Hexarad Platform





Harnessing data

with the Hexarad Platform





The Crisis In Radiology

Without a diagnosis there is no treatment

The Observer

Patients forced to wait months for vital NHS diagnostic tests

Doctors warn that some services are 'close to failure' as tens of thousands endure delays beyond 13 weeks



Worst-ever NHS waiting times are costing lives, say doctors' leaders

Backlog grows to record 7.1m people



Home About us Cancer news The rise of the "long-waiter" - why cancer waiting times are showing the pressure more than ever before

The rise of the 'long-waiter' - why cancer waiting times are showing the pressure more than ever before



NHS "under pressure from all sides" as waiting list reaches seven million

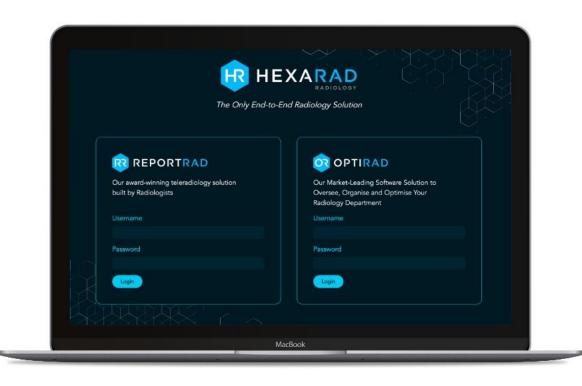
BMF 2022 : 379 doi: https://doi.org/10.1136/bmi.o2471 (Published 14 October 2022) Cite this as: BMJ 2022;379:o2471



Scanning in the UK

- √ 75 scans performed every minute in the UK
- √ 42m radiology exams performed each year
- √ 10x increase in imaging waiting lists
- √ 10% CAGR in total no of scans
- 3,300 unfulfilled radiologist jobs by 2024 the worst shortfall in NHS history
- Only 1% of hospitals can get their scans reported with the radiologists they currently have

The Hexarad Platform





End-to-End Platform

A suite of solutions to revolutionize radiology



OptiRad

Bespoke radiology workflow software to oversee, organize and optimize radiology departments. Proven to increase productivity by nearly 20%



ReportRad

Industry leading tech-enabled teleradiology supporting patients 24/7 with a global network of radiologists

OptiRad

Reporter Profiling

Provides transparency across the department

Capacity and Demand Forecasting

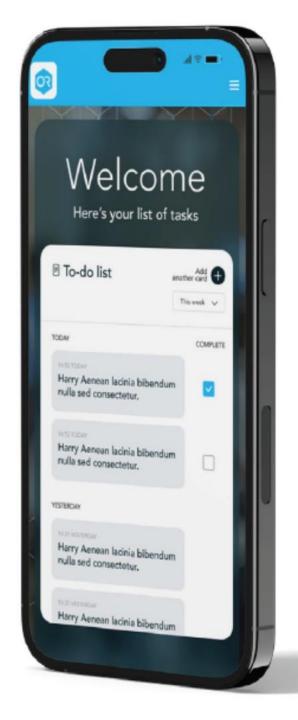
Helps you stay proactive

Performance Analytics

Provides practical insights

Auto-Allocation

Accurate and fast scan allocation



Optirad is going to be a **gamechanger** for us. It **solves a lot of the issues** we were having within the dept, and allows us to work out our reporting capacity in real-time.

Overall, I can see that Optirad is not only going to make our **department more productive**, but it's also going to **reduce our reliance and spend** on insourcing and outsourcing.

Dr Sandeep Upile, Consultant Chest Radiologist, Clinical Director for Body Radiology, Northern Care Alliance NHS Foundation Trust

ReportRad - On-call

Long delays on the phone banished with online referrals

Unacceptable level of reporting discrepancy improved through better reporting hygiene

Discrepant written account of events avoided through online referrals an instant chat

Limited clinical engagement improved through secure and instant communication channels

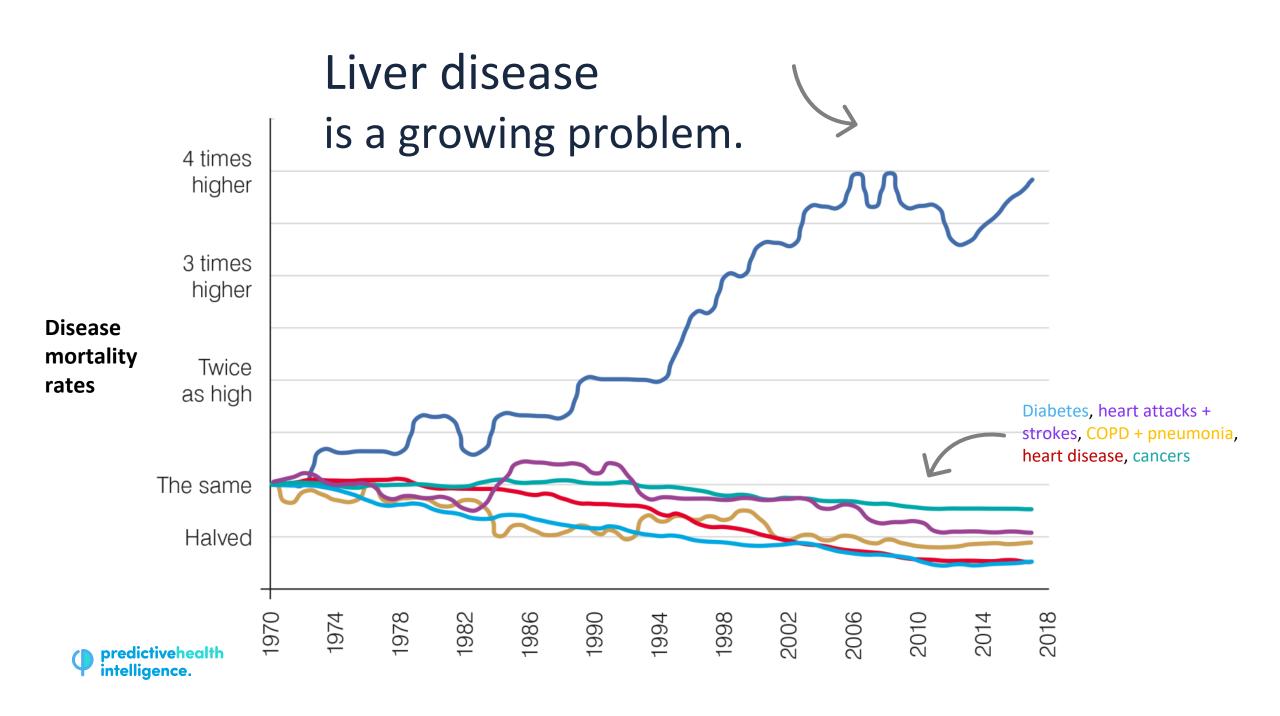




Making data matter.

Deploying a case-finding approach to identify individuals at risk of liver and metabolic disease.

Dr Tim Jobson – Medical Director



Characteristics of liver disease.

Liver disease is **progressive**, **silent**, **treatable**.

Difficult to diagnose in our current clinical settings.

Not all liver disease is alcohol-related.

1 in 9 of adult population has undiagnosed, treatable liver disease.

83%

The percentage of people with advanced liver disease that were diagnosed late.



The data exists.

The past 20 years has seen huge progress towards the digitization of health records. With the goal of saving money, increasing efficiency and improving patient outcomes. We now have a wealth of data.

Is this the end of the journey?





Making data matter.

For data to matter we need to **extract clinical meaning** to improve everyone's health.

Clinicians need to be able to find patterns and identify groups of people that need them most urgently.

Data driven prevention, risk-stratification and recalls should be as easily as viewing an X-rays or blood results.





What did we do?

Created an easy-to-use interface







Selected + cleaned + curated large datasets

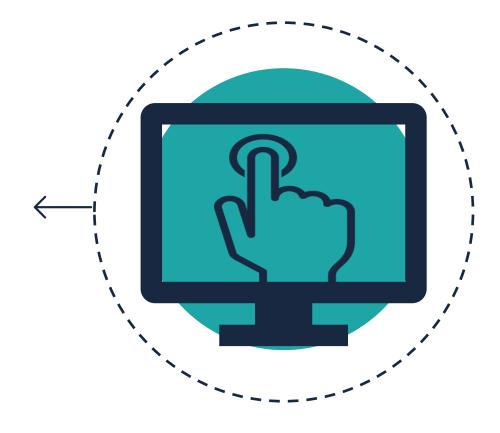
Which now provides clinical value



Introducing hepatoSIGHTTM.

A case finding search engine that enables quick identification of those at risk of liver disease using existing blood test results.

Enables clinicians to search for patients who match a specific criteria.



→ Intuitive

 \longrightarrow Fast

--> Customisable

Thanks to funding from:





The impact so far...

Our customer Somerset NHS Foundation Trust has already felt the benefit of hepatoSIGHTTM.

>100
patients with rare and viral liver diseases

500+

patients with progressive liver disease

9000

previously not adequately assessed (out of 500,000)



"This is a very exciting opportunity to change the way that healthcare is delivered. By finding people earlier in their disease pathway we are making a huge difference to their lives and the NHS. At a time of intense pressure such as this, using technology that empowers clinicians to get ahead is critical."

Prof. Daniel Meron, Chief Medical Officer, Somerset ICS





LightHearted Al

AI-POWERED PRECISION HEART MONITORING PLATFORM

Lucrezia Cester
Co-founder & CEO

lu@lighthearted.ai

www.lighthearted.ai

1 in 3 people die because of a heart disease

150k UK individuals

diagnosed in critical conditions during a hospital admission or at autopsy

3 M wasted hours per day

by physicians triaging normal patients

200k

wasted heart scans

due to GPs lacking objective metrics to assess patients

Harnessing laser-based Tech and AI to Revolutionise Cardiovascular Diagnosis and Monitoring

Early Diagnosis £1.1B+

using Novel Biomarkers

enabling management with pharmaceutical intervention

savings in NHS alone

from community-level screening and diagnosis, saving £3000 per patient in later hospitalisation cost

Triaging

lowering wait time

Better patient stratification, reducing the need for Echocardiogram & saving

The new patient pathway will involve low cost patient management



Triaging in the community diagnostic centers, digital health villages, GP practices



The patient won't need to see a doctor for an ECG and an heart echo scan

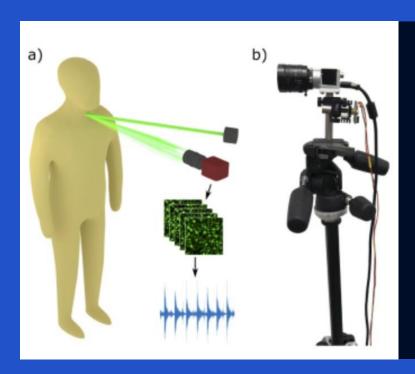




Patients will be managed cheaply, saving time and resources

LightHearted Al

NON-CONTACT LASER-BASED STETHOSCOPE AND AI DRIVEN PLATFORM



LightHearted AI Demo

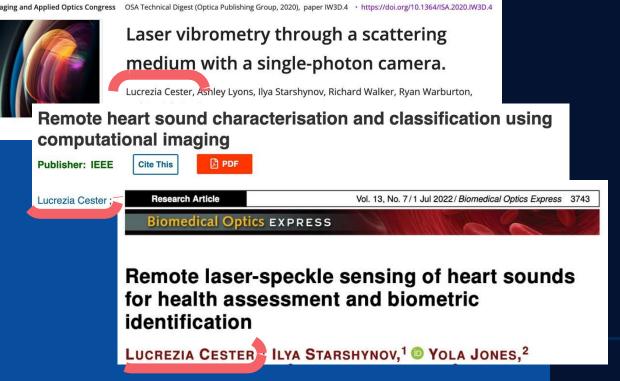
Click here

What is LightHearted AI?

An advanced laser-based digital stethoscope. The device automatically acquires data from the patient from a distance, non-invasively, and without the need for patient or clinician input.

Our Al platform reads the data to produce diagnostic report in 1 minute and send it to the relevant clinicias.

LightHearted Al's **Technology**



How are we better?

Never before catasier Diagnosis

Can acquire data from up to 15 meters distance from the patient, even through clothing without requiring patient or clinician input, marking its easy for non-tech literate staff to operate.

Better sensitivity

that the distinguished Data

stethoscope and Al's nanometer-level precision and non-contact acquire pproach allows to capture reproducible and high SNR data which is cardiovascular optimally suited for AI training with small data amounts. sounds up to 800+ Hz

(compared to

digital

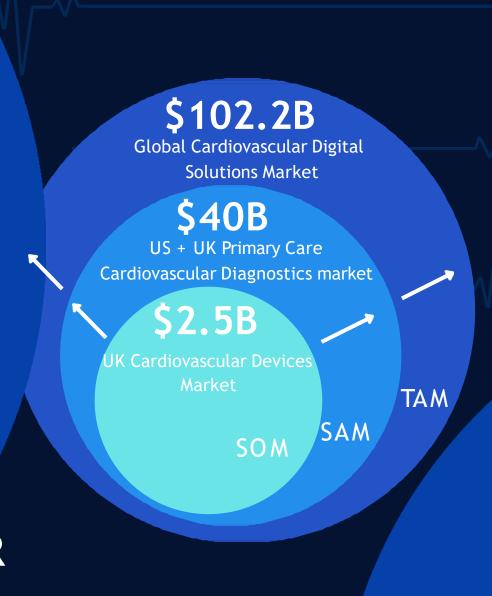
stethoscope max

300 Hz) even from

A \$102.2B opportunity starts with NHS ICB Digital Health Villages

Just capturing 50% of our beachhead client, the NHS Community Diagnostic centres nets us an ARR of £40M

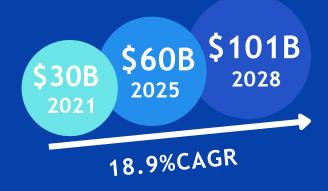
We aim to expand globally, targeting private providers and Pharma/BioTech and netting ARR



> £10B

Further Opportunities for LightHearted Al in Adjacent Markets

REMOTE PATIENT MONITORING MARKET



OTHER MARKETS



\$211B (18.6% CAGR)

Digital health



\$18B (21.9% CAGR)

Software as a medical device



\$42B (29.5% CAGR)

Internet-of-medical-things (IoMT)

BioPhotonics & NHS AI Clinical Scientist meets Precision Medicine & Biomedical Data Engineer



Lucrezia Cester
Co-founder & CEO

- PhD in AI and Biomedical Devices
- AI Clinical Scientist at NHS GSTT
- Topol Digital Fellow at NHS
- NHS Clinical Entrepreneur
- NHS Health Innovator



Dilip Rajeswari
Co-founder & CTO

- 1x Founder & CTO of an Al-driven HealthTech startup, Numinous Al Inc.
- Research consultant at Columbia University on Signal processing
- Led technical R&D team at a MedTech startup, BrainSight AI, Inc., working on advanced imaging & precision medicine
- Over 9+ patent & article publications

















We are supported by industry, clinical, and tech world leading experts

Cardiology Specialist Advisor



Dr Sandosh Padmanabhan
PROFESSOR OF CARDIOVASCULAR
GENOMICS AND THERAPEUTICS

Strategy & Product Advisor



Laurence Bargery
CO-FOUNDER AND CHIEF TECHNICAL
OFFICER OF ACCURX

Technology Advisor



Prof Daniele Faccio
PROFESSOR OF QUANTUM TECHNOLOGIES

Collaborators and partners







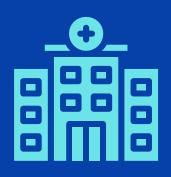




Backed by



LightHearted AI's B2B Precision Cardiology Platform Primary route to market - NHS ICB Digital Health Villages and Community Diagnostic Centres



Starting with the Payper-test model at £10 per patient

(ICB centres - 200k patient inflow per year per centre)



Subscription model for GP practices and pharmacies





US Route
Integrated payerproviders

Kaiser and Walmart Health

Reproducible longitudinal biomarkers for early diagnosis, no expert required, results in Portable Ultrasound

Digital Stethoscope Cardiology Platform < 1 main ating **S** Butterfly CardioSignal **FACTORS** LightHearted Al **Early Diagnosis Multi-modality** longitudinal data Al trainable reproducible biomarkers No input from patient or clinician Less than 1 minute test

Achievements so far

Technology Progress



Technology Validated

pilot studies with 3 published papers and 1 under revision with John Cleland, top 10 most cited cardiologists in the world

Patent Filed

systems and method patent for our novel cardiology device and diagnostic algorithm

Ongoing Clinical Trial

won a £1M grant from the Healthcare 2050 challenge and now running a trial with Digital Health Validation Labs, University of Glasgow

Commercial Progress



NHS ICB Pilot

won competitions with >50 companies to work with NHS ICB Dorset (£4B budget)

Collaboration w/ clincians

pilot studies planned with NHS St George's Hospital, Harley Street Clinic, and Basildon Cardiothoracic Centre

Collaborations with Heart Disease Charities

collaborations with British Heart Foundation and Heart Valve Voices

Partnerships & Regulation



NHS Innovation Service

partnerships with AHSNs, NHS Procurers, MHRA, HRA

Patient Engagement (PPIE)

clinicians and patients focused product validation

Regulatory Roadmap Developed

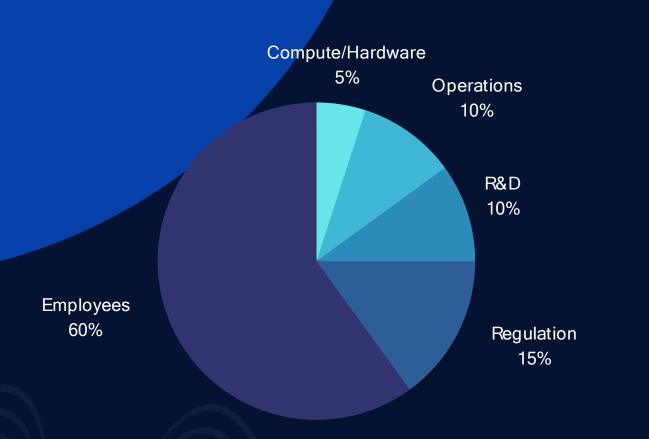
route to CE mark approval extensively mapped out





Raising £1.2M to build and integrate our Cardiology Platform, and obtain CE Marking & FDA

(18 month runway, £500k already raised from EF, SOSV HAX, and angels)



Hires



9 hires

- 3 Hardware & AI/MI 3 Tech scale-up & Trial Management 3 Product, Regulation, & BD
 - Milestones



Cardiology Platform

Hardware and Software Platform and Clinical Integration



Regulatory Compliance

CE Marking and FDA

Get in touch

Lucrezia Cester
Co-founder & CEO

lu@lighthearted.ai

www.lighthearted.ai



Accelerating Rare Disease Diagnosis

A data-driven approach to early disease detection

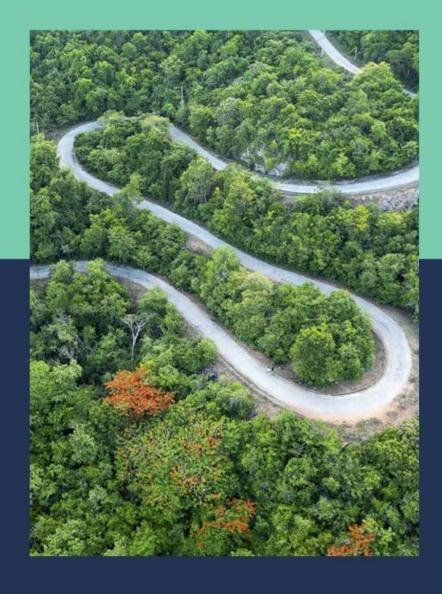
Hundreds of Millions of People Are on a Diagnostic Odyssey

5+ YEARS

7+ SPECIALIST APPOINTMENTS

2x COST OF CARE

A diagnosis is essential for treatment, research, peer support





Accelerating Rare Disease Diagnosis

A data-driven approach to early disease detection

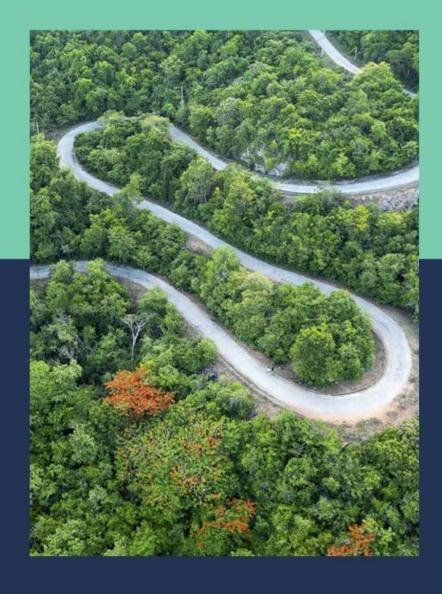
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WINNER NHS
AI in HEALTH
AND CARE
AWARD

MendelScan

a class 1 medical device

Analysing Primary Care EHR to Detect Undiagnosed Rare Diseases **Data Processing Pipelines**

Algorithm-Builder UI

Deployment UI

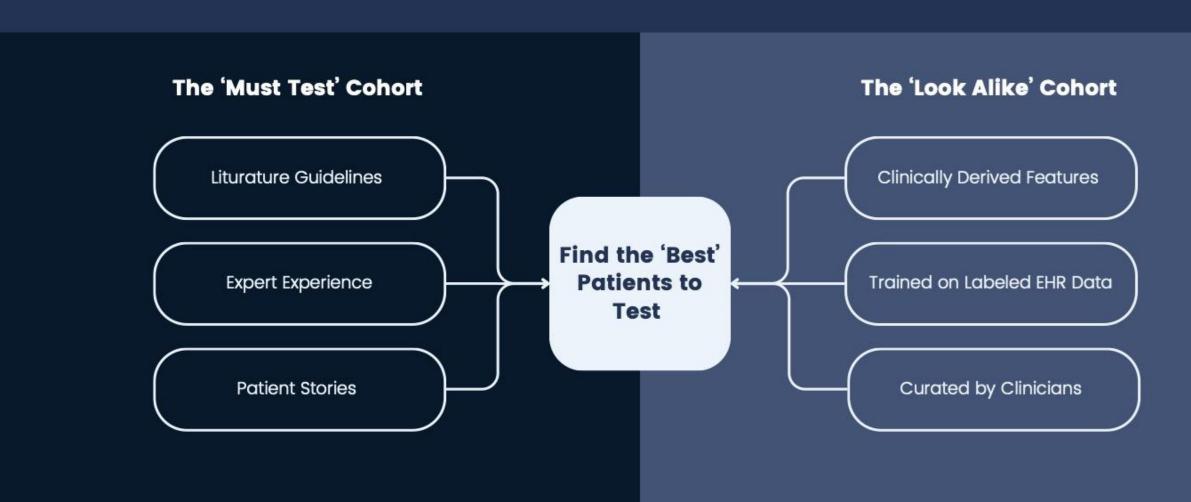
NHS Single Sign On

Self-Scaling Infrastructure

NHS Data Protection Gold Standard

Fully Auditable

Case Finding - How do we approach the algorithm?



Retrospective Validation of DiGeorge Algorithm

Data Set

OPCRD
23M Routinely Collected

Primary Care EHR Records

Cases

1.051

Controls

1,981,079

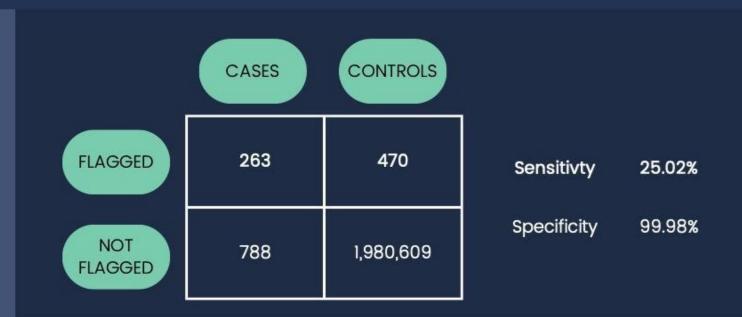
Adjustments

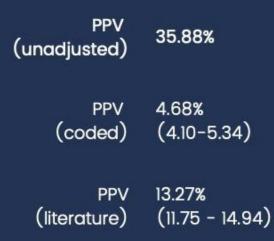
Removed:

- · current age filter
- exclusion for genetic testing

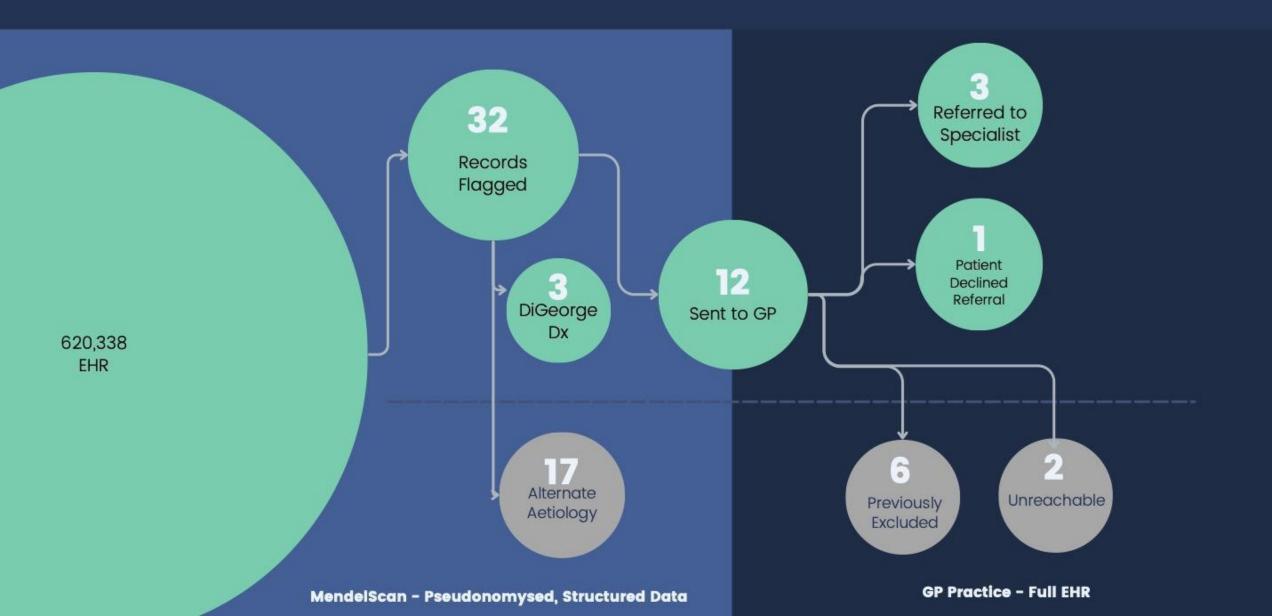


7/10 Expected Diagnosed Cases are 'Missing'





Prospective Deployment of DiGeorge Algorithm



Supervised Learning uses Clinician Validated Features

Prevalence estimated to be 12-13 per 1M

Prevalence in data set 8 per 1M following data cleaning

 Combination of under diagnosis and under recording

Literature suggests that a portion (40%) of diagnoses are made within 1 years of symptom onset, but that roughly a quarter (24%) take more than 5 years.

Build Clinical Features

Literatures and Guidelines

Cytopenias Lethargy/Asthenia/Tiredness Abdominal pain

> Multiple thromboses Abdominal thromboses

Patient Registry

Haematology referrals
Oncology referrals
Hospitalisations
Blood tests
Bone marrow

Discoult transcript of our w

Dx Case Analysis

Urology referrals Urinary tract infections Skin infections

> Index age Event volum

Investigate Feature Importance

Clinical Feature	Cases N = 182	Control N = 339,454	p-value
Thromboses, count (%)	14 (7.69)	6554 (1.93)	< .00001
Anaemia, count (%)	51 (28.02)	8584 (2.53)	< .00001
Pancytopenia, count (%)	33 (18.13)	82 (0.02)	< .00001

Over 40 Models Trained

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