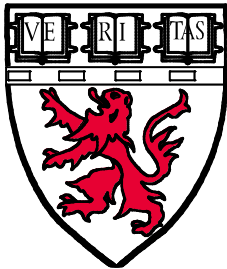


CARDIOLOGY  
2025



February 21, 2025

# Imaging Data & the Fontan Circulation:



**Rahul Rathod, MD, MBA**

Associate Chair of Cardiology  
**Boston Children's Hospital**  
Associate Professor  
**Harvard Medical School**



# Disclosures

- Rahul Rathod has research grant support from Mezzion Pharmaceuticals as the Global PI for the FUEL-2 randomized controlled trial in Fontan patients



- FORCE is funded through grants from


**ADDITIONAL**  
VENTURES



# Why cardiac MRI (CMR) for Fontan patients?

# Many papers showing utility of CMR in Fontan Pts

A preoperative estimate of central venous pressure is


 Check for updates

## Cardiac Magnetic Resonance–Derived

 Check for updates

Serial cardiovascular magnetic resonance feature tracking indicates early

## Cross-Sectional Magnetic Resonance and

 Check for updates

## Myocardial fibrosis, diastolic dysfunction and elevated liver stiffness in the Fontan circulation

Mark  
J. Wil

Tarek Alsaied <sup>1</sup>, Ryan A Moore,<sup>1</sup> Sean M Lang,<sup>1</sup> Vien Truong,<sup>2</sup>  
Adam M Lubert <sup>1</sup>, Gruschen R Veldtman <sup>1</sup>, Konstantin Averin,<sup>3</sup>  
Jonathan R Dillman,<sup>4</sup> Andrew T Trout,<sup>4</sup> Wojciech Mazur,<sup>2</sup> Michael D Taylor,<sup>1</sup>  
Quan He,<sup>1</sup> David LS Morales,<sup>1</sup> Andrew N Redington,<sup>1</sup> Bryan H Goldstein <sup>1,5</sup>

Friso M.  
Jos J.M.

Benja  
Stefa  
Elizab

# CMR parameters predict death and transplant

**416 Patients**  
Age = 16 yrs  
Follow-up = 5.4 yrs

**Total Fontan Cohort**  
14% (57/416) Death/Transplant

**EDV<sub>i</sub>**

**< 156 mL/BSA<sup>1.3</sup>**  
9% (35/373) Death/Tx

**≥ 156 mL/BSA<sup>1.3</sup>**  
51% (22/43) Death/Tx

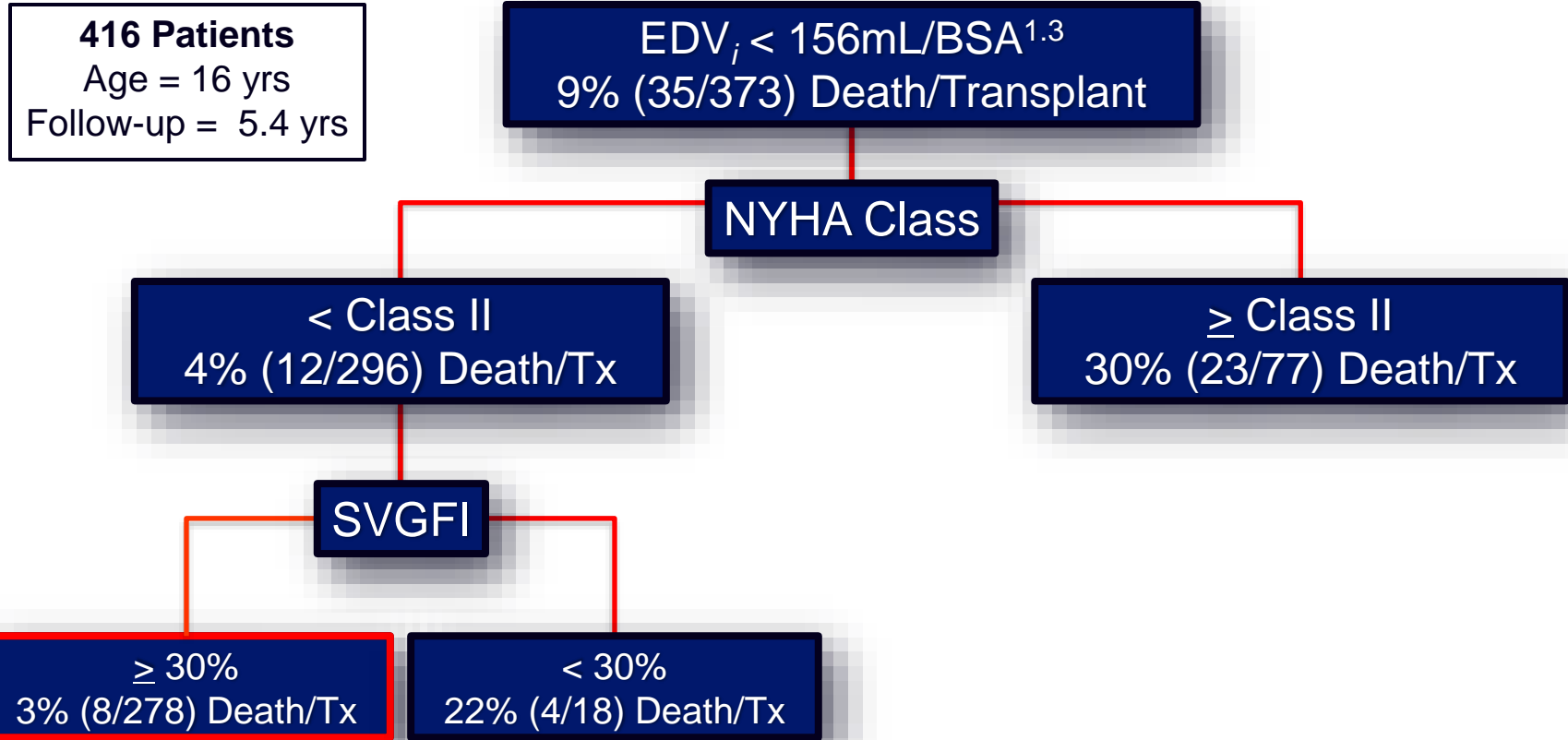
**GCS**

**< -7% (Better GCS)**  
44% (14/32) Death/Tx

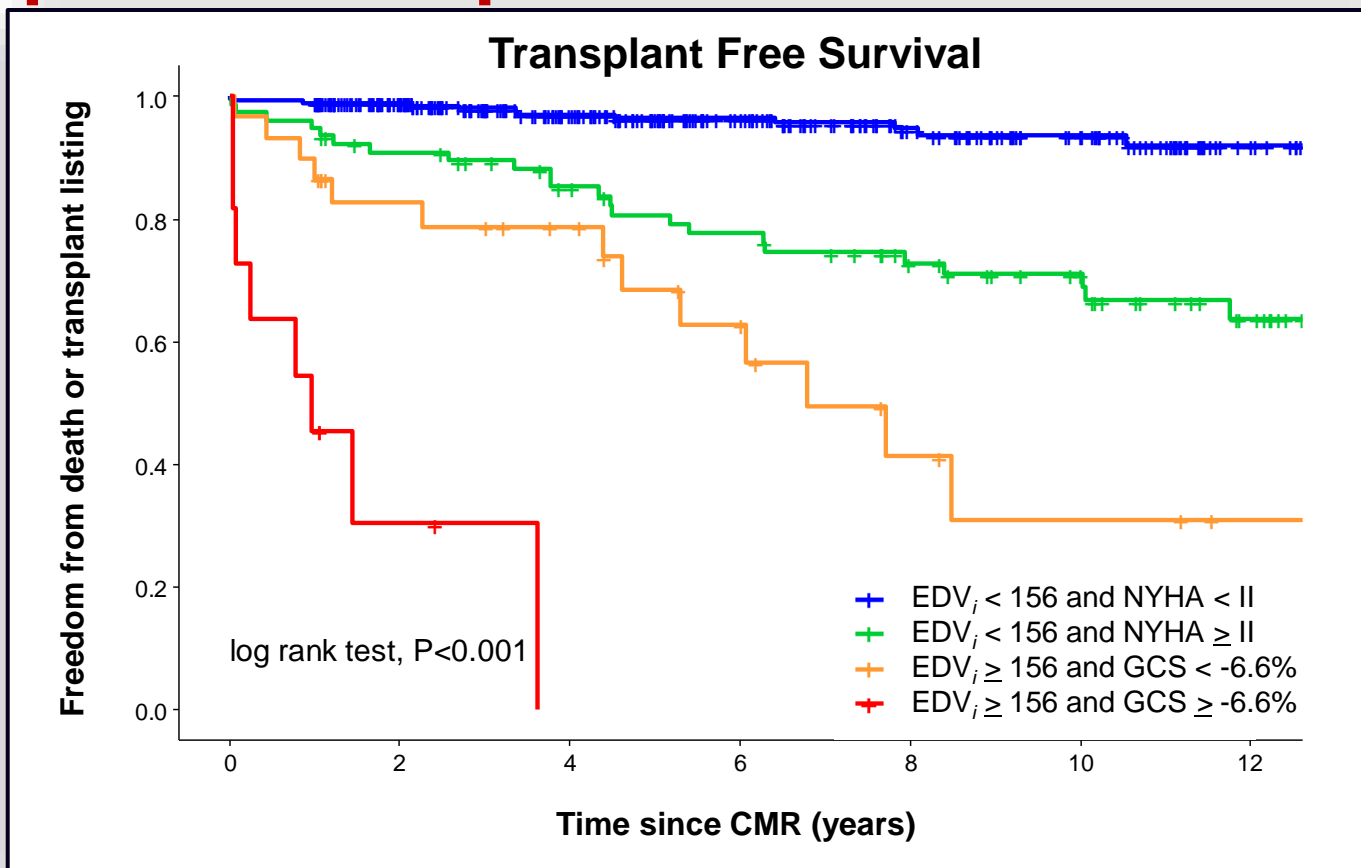
**≥ -7% (Worse GCS)**  
73% (8/11) Death/Tx



# CMR parameters predict death and transplant



# CMR parameters predict death and transplant



# Single Center



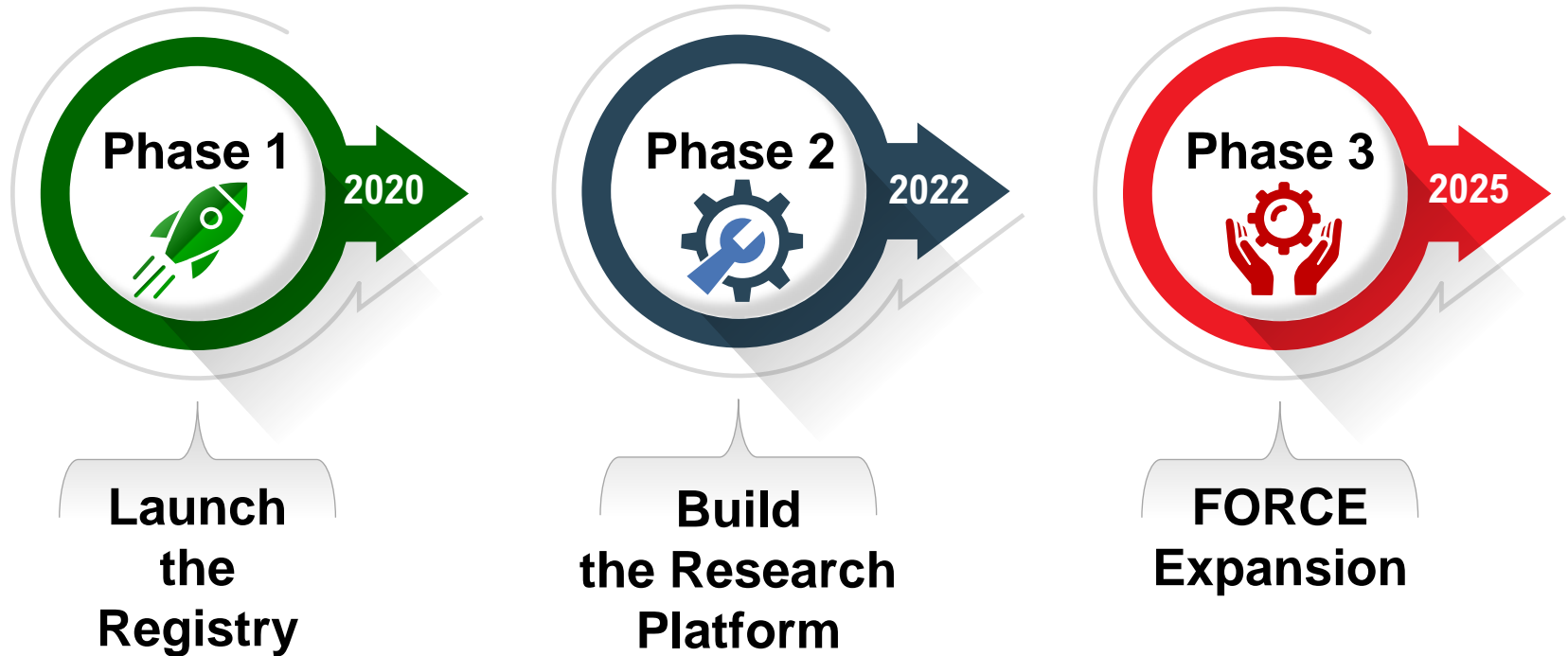
# Multicenter







Fontan Outcome Registry using CMR Examinations





**Launched Nov 2020**

Fontan Outcome Registry using CMR Examinations



Boston Children's Hospital



Children's Healthcare of Atlanta



The Children's Hospital of Philadelphia



NHS Great Ormond Street Hospital for Children NHS Foundation Trust



SickKids



Texas Children's Hospital



University of Michigan C.S. Mott Children's Hospital



Phoenix Children's



UCSF Department of Pediatrics



Children's National



NATIONWIDE CHILDREN'S Hospital



Erasmus MC University Medical Center Rotterdam



laCardio



Ann & Robert H. Lurie Children's Hospital of Chicago



Children's Wisconsin



Children's Hospital of Pittsburgh



Oklahoma Children's Hospital



Children's Hospital of St. Louis



CEDARS-SINAI HEART INSTITUTE



UK SH UNIVERSITÄTSKLINIKUM Schleswig-Holstein



Seattle Children's Hospital



Banner Health



UCLA Children's Hospital



Spectrum Health Helen DeVos Children's Hospital



JOHNS HOPKINS CHILDREN'S CENTER



NEMOURS CHILDREN'S HEALTH



Rady Children's Hospital



University of Iowa Stead Family Children's Hospital



UCSF Benioff Children's Hospitals



Azienda Ospedaliera Papa Giovanni XXIII Bergamo



ST JOSEPH'S HEALTH CARE LONDON



Yale New Haven Health



Arkansas Children's Hospital



COLUMBIA COLUMBIA UNIVERSITY IRVING MEDICAL CENTER



Mount Sinai



STOLLERY CHILDREN'S HOSPITAL



HealthCare KENTUCKY CHILDREN'S HOSPITAL



Children's MINNESOTA



Riley Children's Health Indiana University Health



CHOC Children's Children's Hospital of Orange County



Monroe Carell Jr. Children's Hospital at Vanderbilt



Fontan **O**utcome **R**egistry using **C**MR **E**xaminations





Fontan Outcome Registry using CMR Examinations



**Launch  
the  
Registry**



**Build  
the Research  
Platform**



**FORCE  
Expansion**

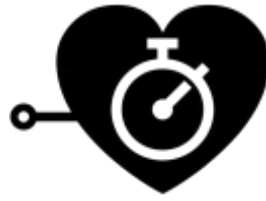
# FORCE data sources



Clinical  
History



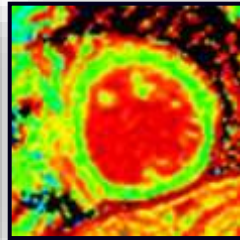
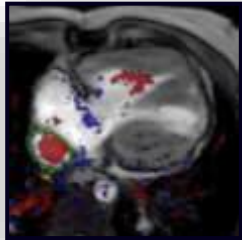
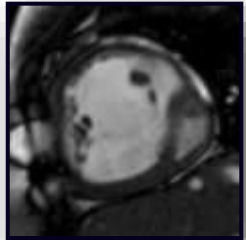
Surgical  
History



Testing  
Data



Outcome  
Events

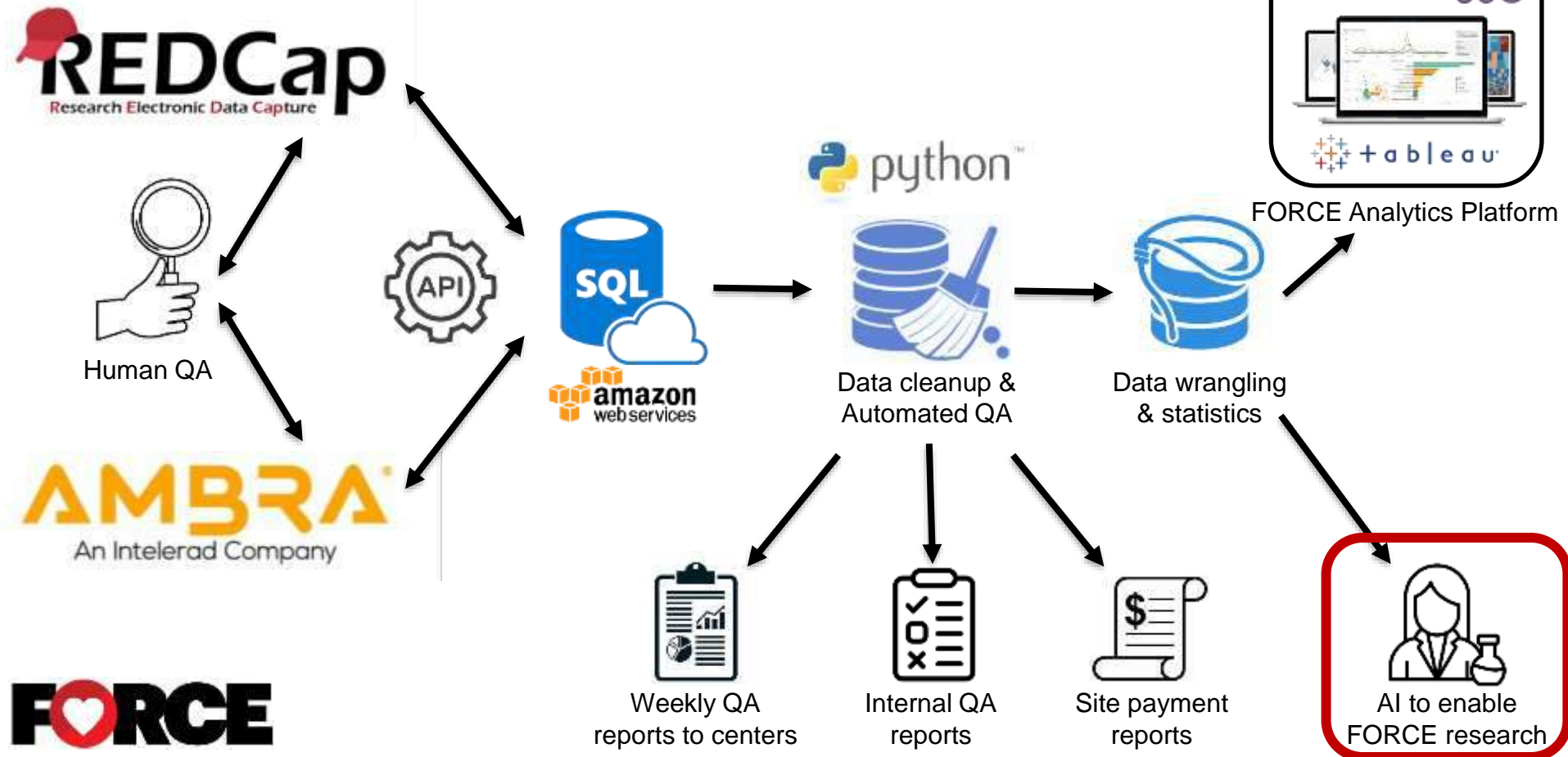


Raw CMR Images

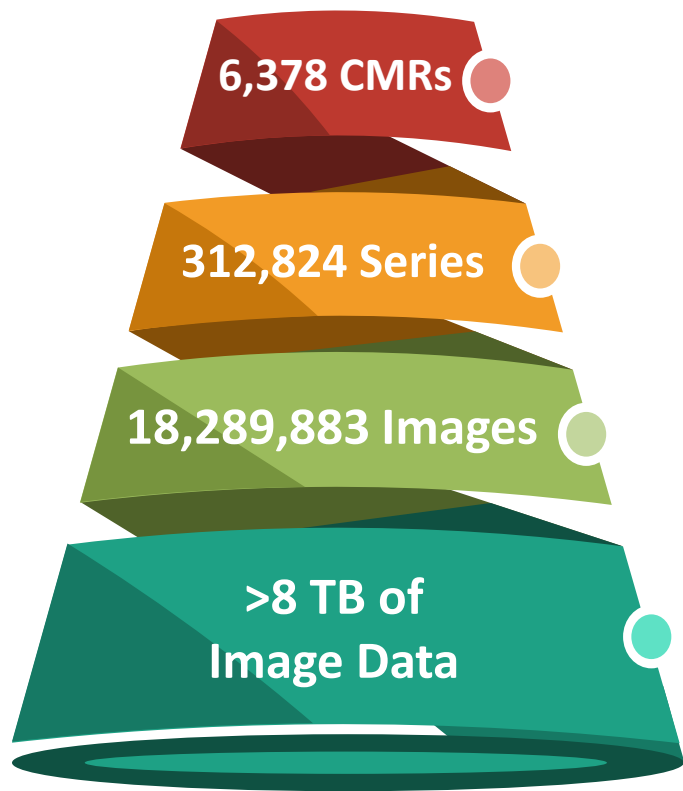




# FORCE data workflows



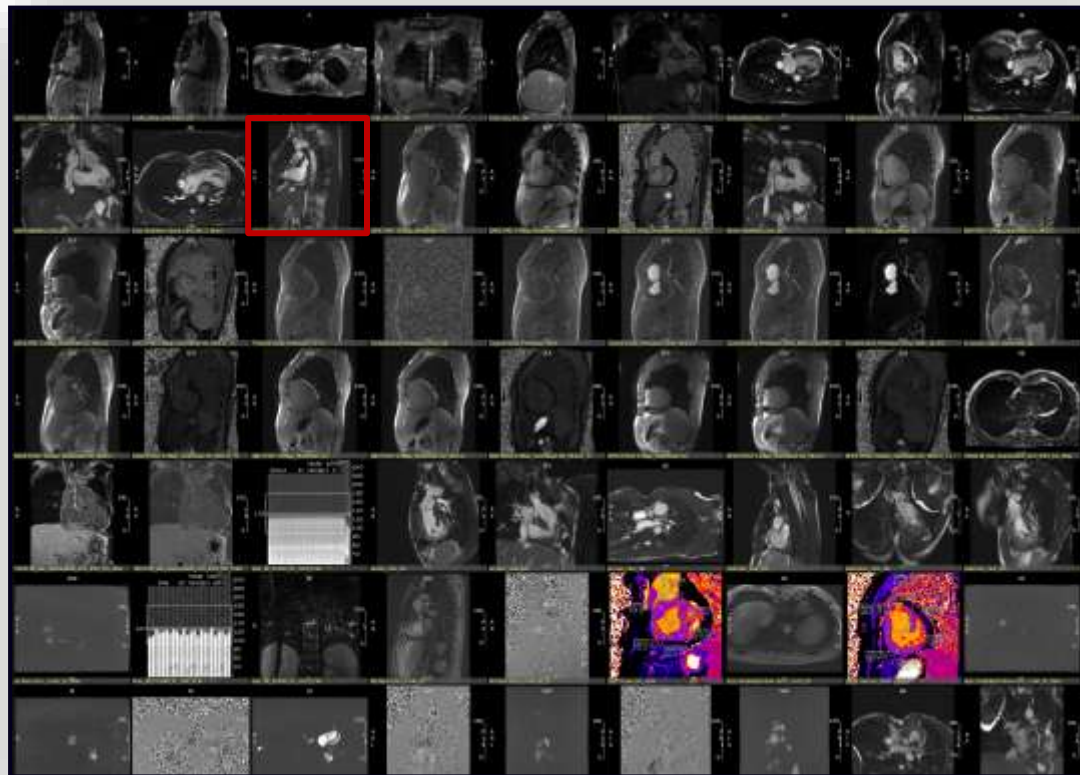
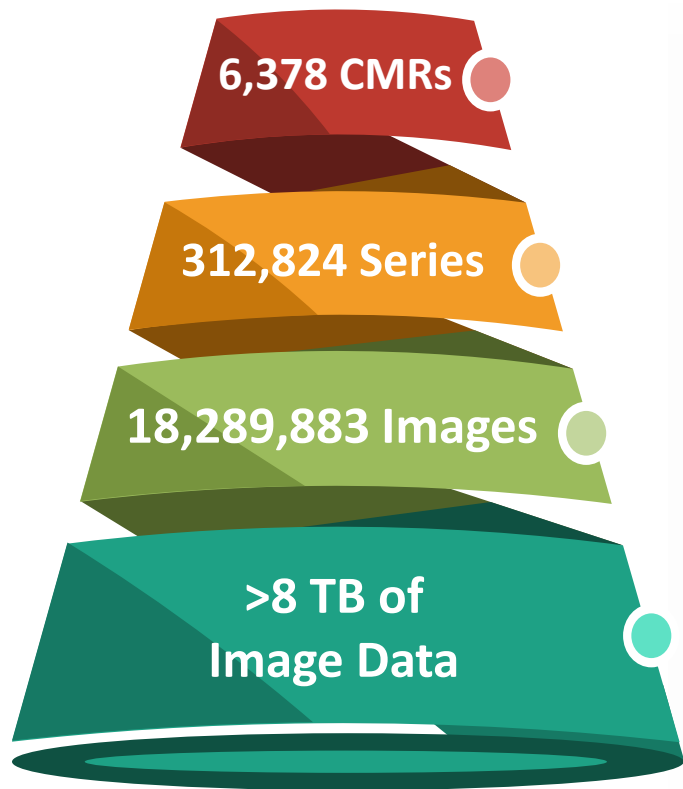
# FORCE has a big data problem



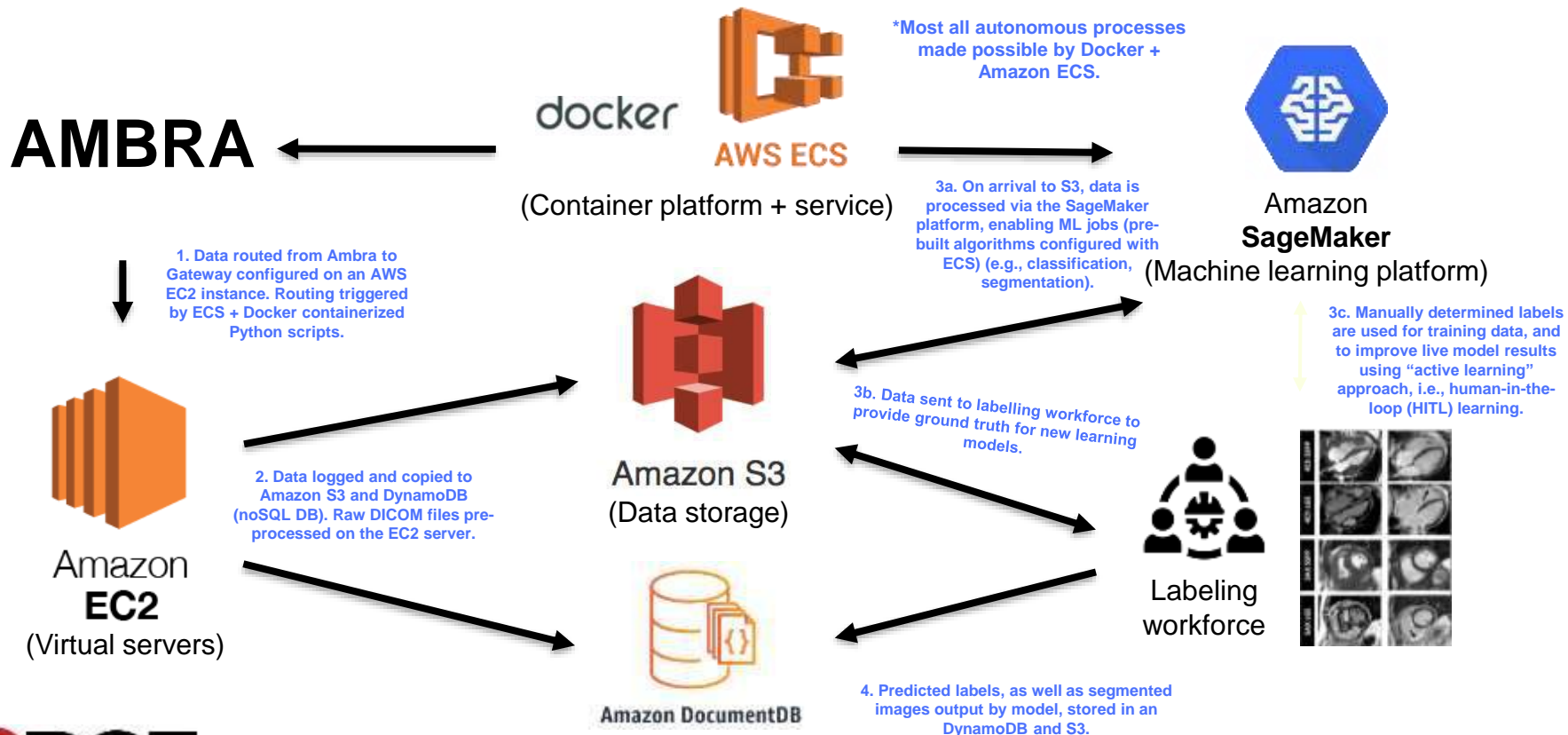
- Poor reproducibility of CMR-derived measures across centers
- Not enough time or resources to manually core lab metrics
- Researchers need a common set of CMR-derived metrics



# FORCE has a big data problem

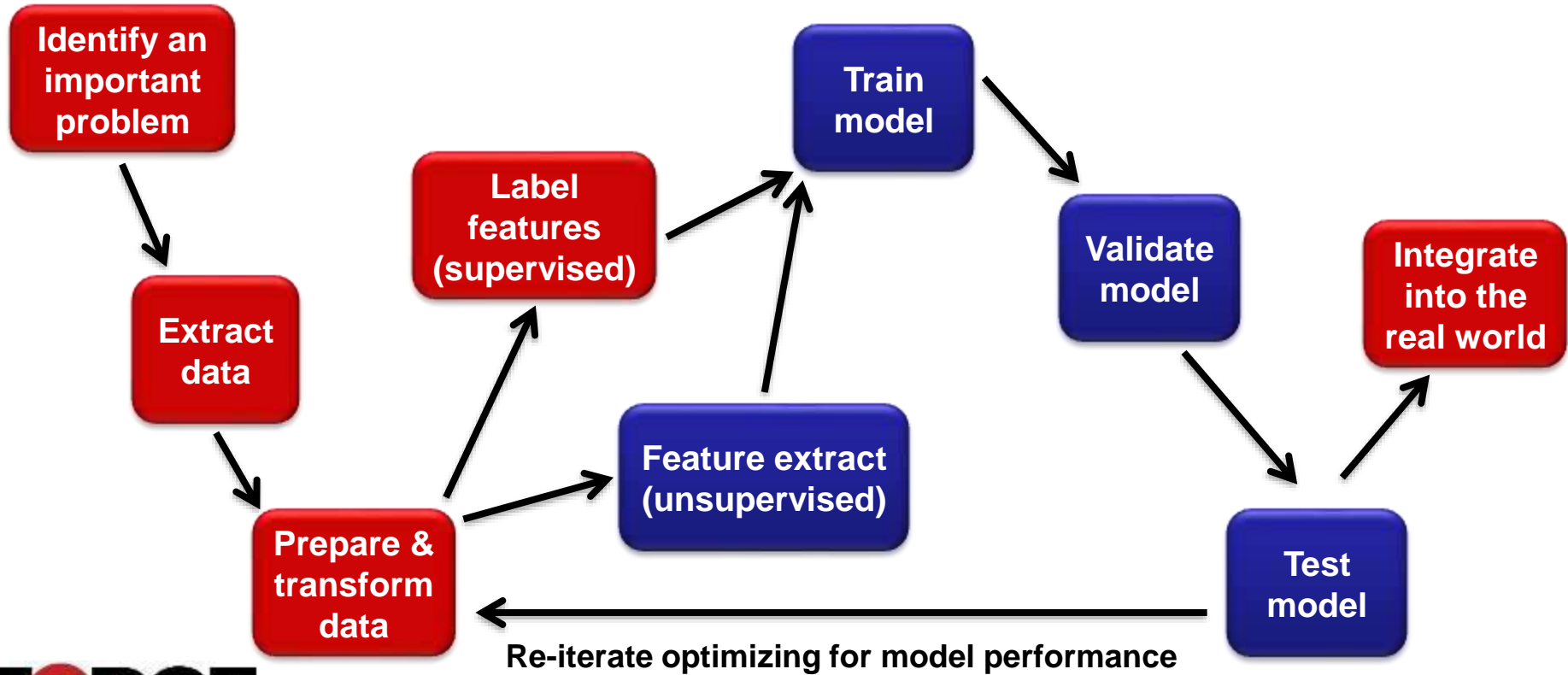


# Created new infrastructure to support AI/DL



# A framework for AI to have meaning

Red squares represent the hard work



# Using AI/deep learning in layers



AI to  
identify  
sequences



AI to  
identify  
the heart



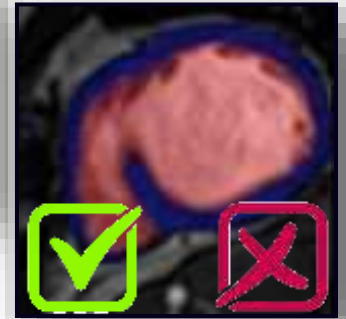
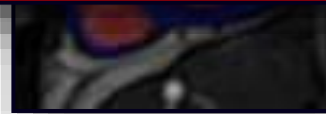
AI to  
segment the  
ventricles

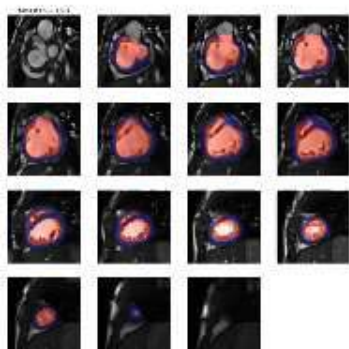


AI to  
QA the  
segmentation

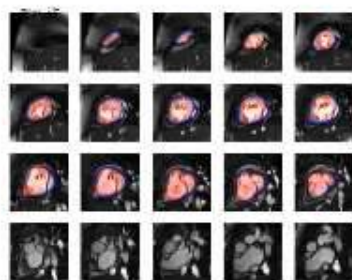


***Human = 30 minutes (EDV/ESV only)***  
***Human = 3 hours (all phases)***  
***AI = 90 seconds (all phases)***

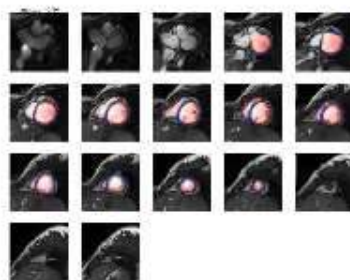




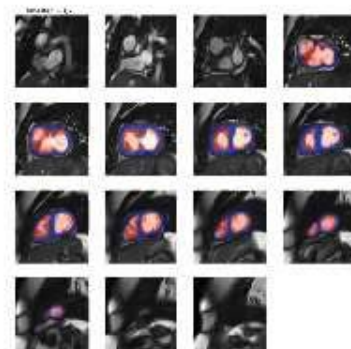
CHP



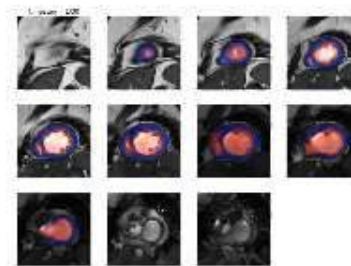
LCH



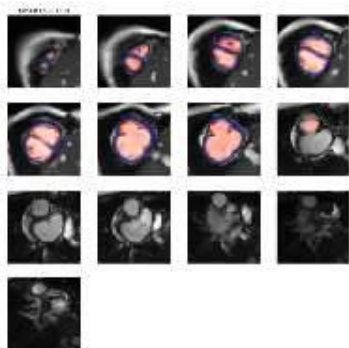
NCH



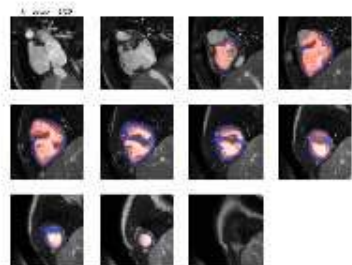
TCH



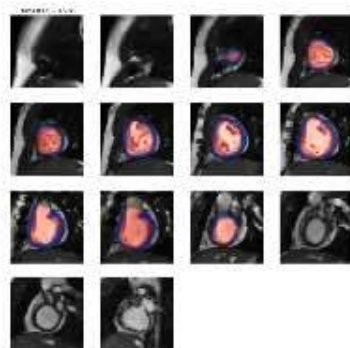
MTS



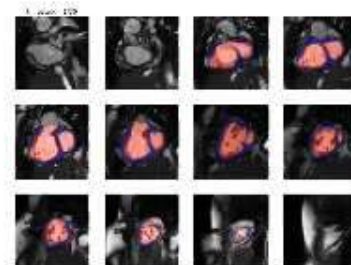
YAL



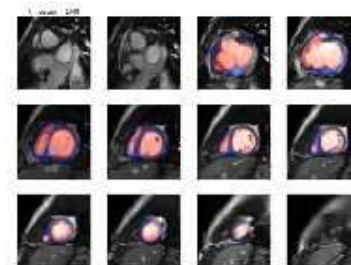
TSK



PIT



BCH



GOS





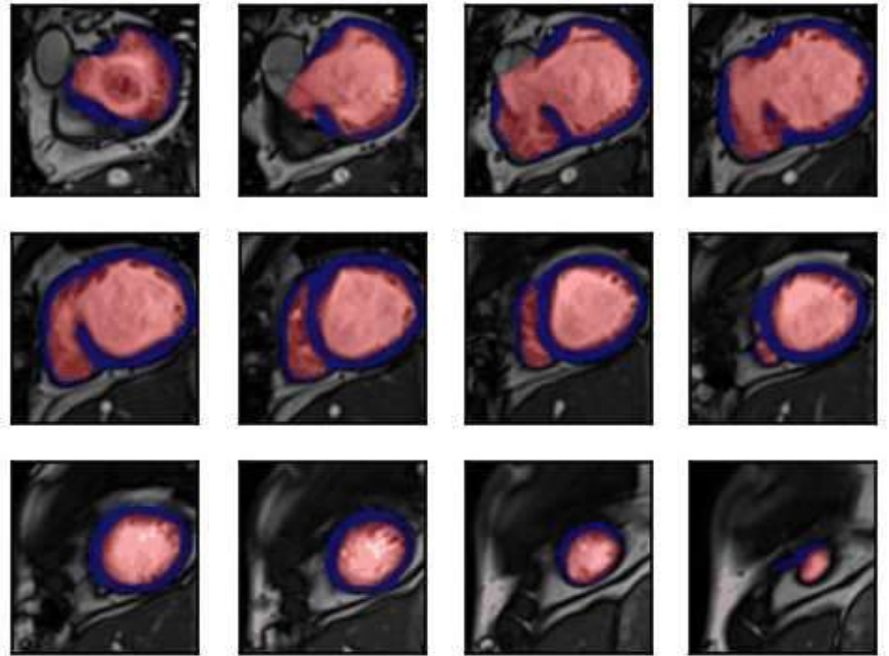
## A Deep Learning Pipeline for Assessing Ventricular Volumes from a Cardiac Magnetic Resonance Image Registry of Single Ventricle Patients

Tina Yao\*, Nicole St. Clair\*, Gabriel F. Miller, Adam L. Dorfman, Mark A. Fogel, Sunil Ghelani, Rajesh Krishnamurthy, Christopher Z. Lam, Michael Quail, Joshua D. Robinson, David Schidlow, Timothy C. Slesnick, Justin Weigand, Jennifer A. Steeden, Rahul H. Rathod, Vivek Muthurangu ✉

# Validation of AI/DL for ventricular size/function

- Scaled algorithms against 5,447 CMR examinations
- Completely autonomous process
- Manual human review of every segmentation

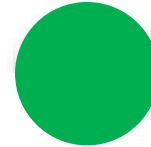
***Estimated hours  
saved = 16,341***



# Validation of AI/DL for ventricular size/function

- Scaled algorithms against 5,447 CMR examinations
- Completely autonomous process
- Manual human review of every segmentation

***Estimated hours  
saved = 16,341***



**Excellent**



**Edits needed**



# Validation of AI/DL for ventricular size/function

- Scaled algorithms against 5,447 CMR examinations
- Completely autonomous process
- Manual human review of every segmentation

***Estimated hours  
saved = 16,341***

## AI accuracy per slice

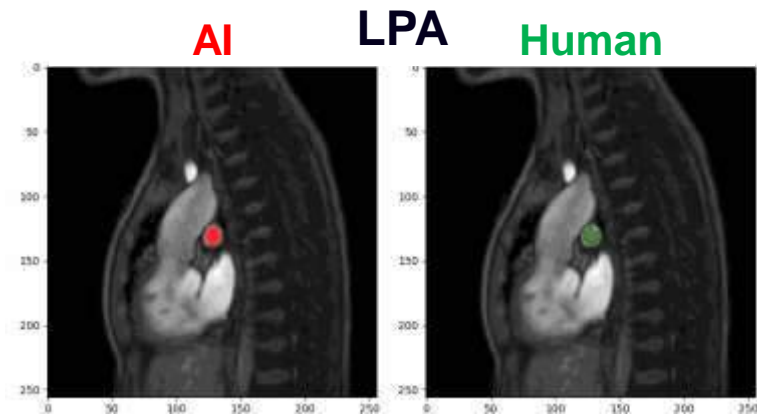
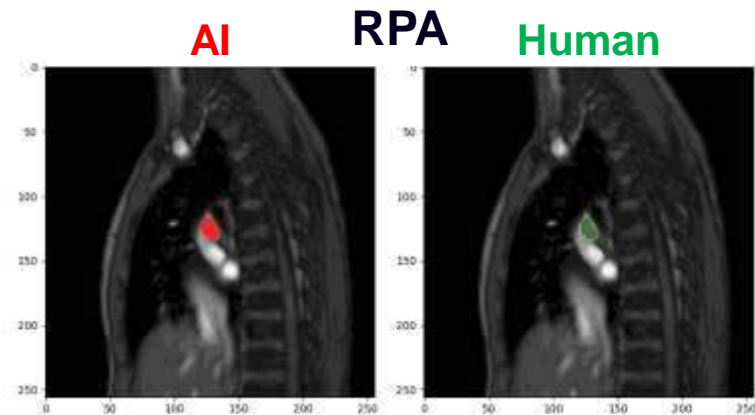
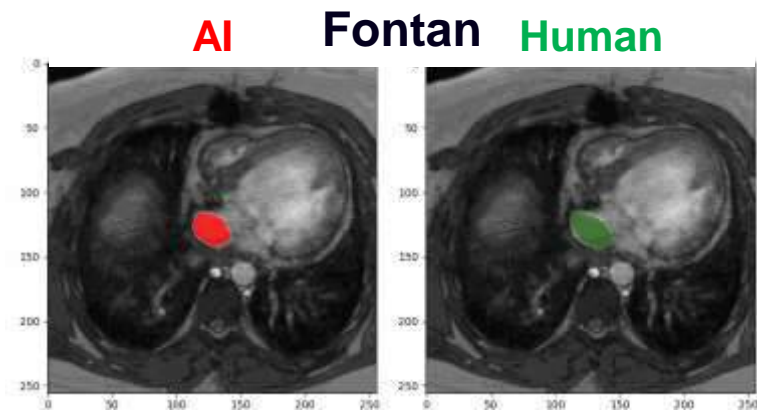
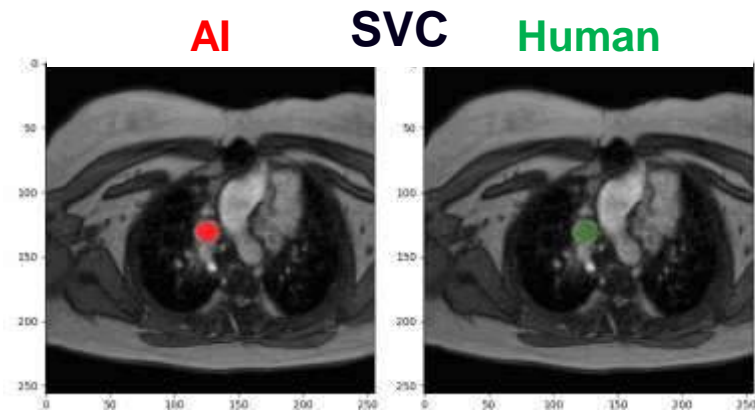
98%

Excellent

2%

Edits needed

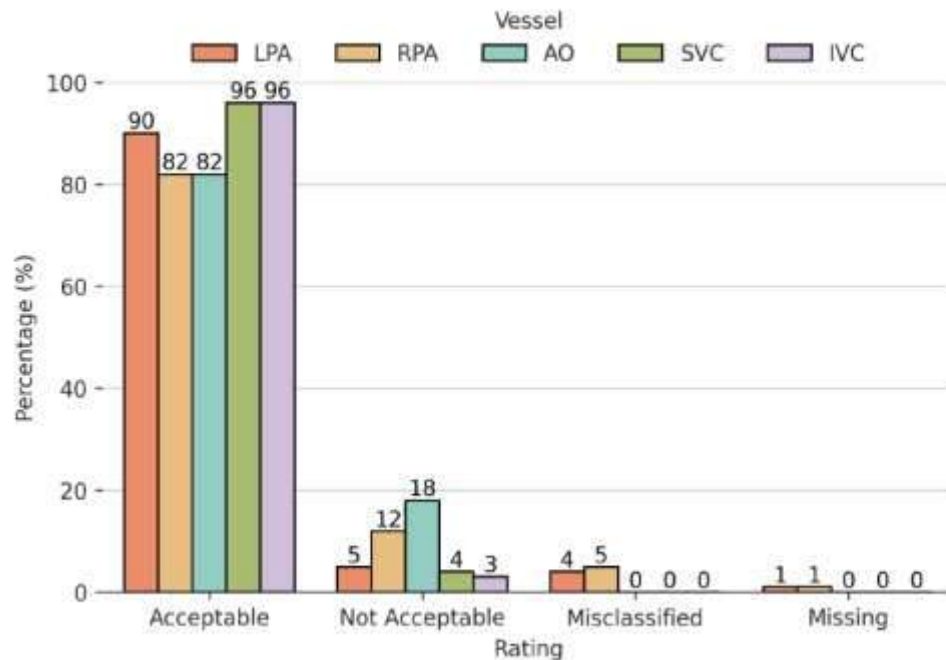
# Autonomous AI/DL pipeline for 2D flow



# Early validation of AI/DL for 2D flow is promising

Test pipeline on 1987 patient exams

Qualitatively assessed pipeline segmentation



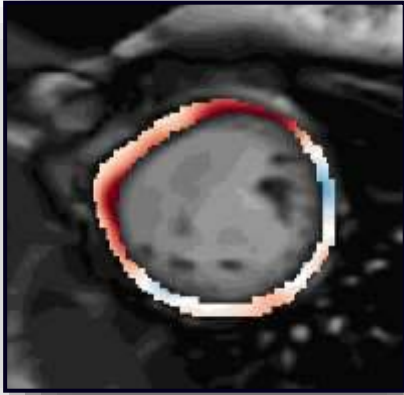
Classification Success = 98%

Segmentation Success = 89%



AI = artificial intelligence; DL = deep learning

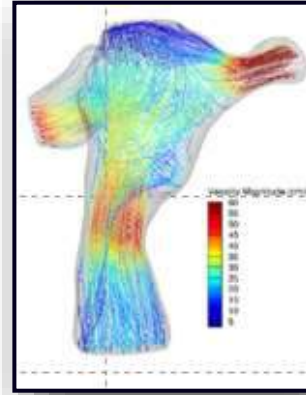
# Other AI/DL pipelines in progress



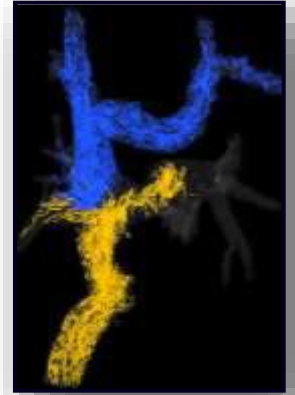
**Ventricular  
Strain**



**3D Fontan +  
PA Segmentation**



**CFD  
Modeling**



**4D Flow**

# Why is this important?

- To be a research platform, efficient centralized infrastructure and processes are essential
  - Our data sources (especially the CMR images) are complex and often too big for researchers to digest
  - There are many common image post-processing needs for research projects
- This infrastructure will facilitate and accelerate the number of centers and researchers who can exploit this very large and rich dataset

# FORCE research studies in progress

1. CMR Phenotyping after TCPC using hierarchical cluster analysis
2. Expected Volume and Functional Data for Fontan Patients by CMR. Does Venous Flow Matter?
3. Automated investigation of Fontan circulation
4. Single Ventricle Fontan Circulation – The Fontan Phenotype
5. Validation of a machine learning model to predict clinical outcomes in Fontan patients



**34  
Studies**

6. Predictors of Supranormal Exercise Capacity in Fontan Patients (high-performing Fontan)
7. Associations between cardiac magnetic resonance-derived myocardial fibrosis and hepatic/splenic fibrosis
8. Function, Flow and Follow up in Fontan (F4 CMR) Study
9. Methodology for the Fontan Research Cohort
10. Ventricular function in Fontan patients: a systematic review
11. Ventricular function in Fontan patients: a systematic review
12. Defining the Fontan Phenotype: A Statistical Approach
13. Predictors of clinical outcomes in Fontan patients
14. A machine learning 3D segmentation data pipeline for Fontan baffles and pulmonary arteries



**18  
Abstracts**

16. Predictors of Diastolic Dysfunction in Fontan
17. Creation of a robust risk prediction score for death/transplant in Fontan patients
18. Predictors of clinical outcomes in Fontan patients: a systematic review
19. Delirium in Fontan patients: a systematic review
20. Evaluation of clinical outcomes in Fontan patients: a systematic review
21. A Paradoxical Connection



**4  
Papers**

22. Fenestration Status in Fontan patients and its association with clinical outcomes
23. Atrioventricular valve regurgitation in Fontan patients and the association with hemodynamics and outcomes
24. Impact of right ventricular-dependent coronary arteries in patients with Fontan
25. Multi-Parametric Analysis of Fontan Patients: Clinical Outcomes
26. Direct flow in Fontan patients: a systematic review
27. ECG in Fontan patients: a systematic review
28. Extracardiac flow in Fontan patients: a systematic review
29. Automated segmentation of the Fontan aorta in 4D Flow MRI using deep learning
30. Intracardiac Flow Analysis of the Single Ventricle in Fontan patients



**5  
Papers  
under review**



Fontan Outcome Registry using CMR Examinations



Launch  
the  
Registry



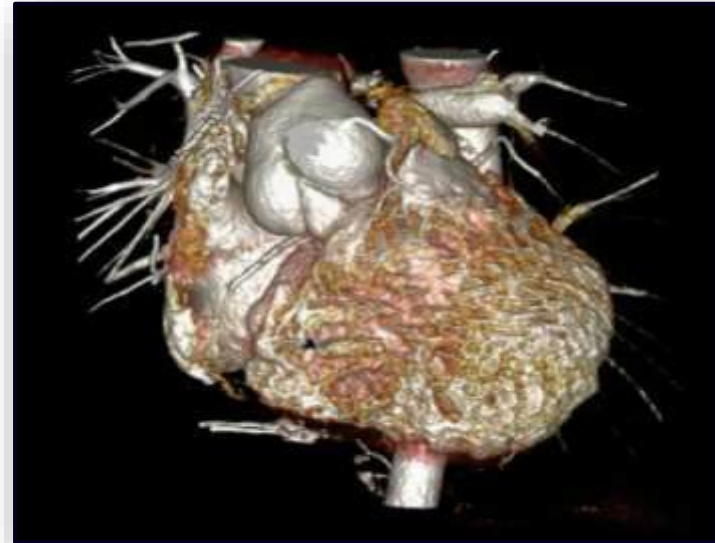
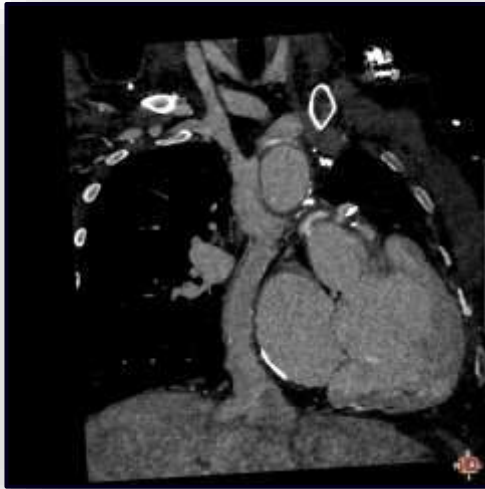
Build  
the Research  
Platform



FORCE  
Expansion

# FORCE Expansion: Cardiac CT

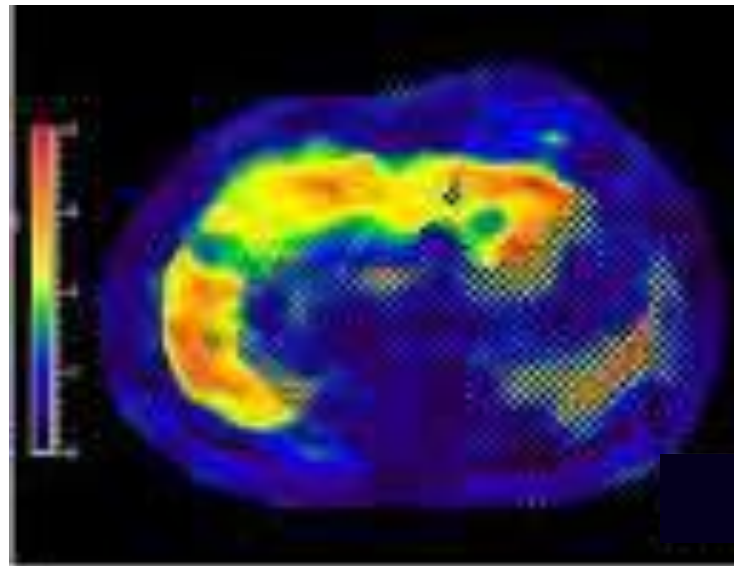
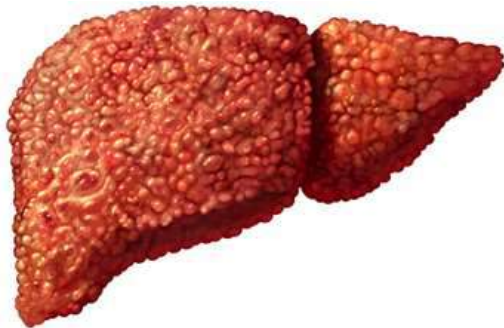
- FORCE registry to include patients with a Cardiac CT (CCT)
- New CCT module with targeted data points + image upload
- Addresses important selection bias
- Introduces new topics for research studies





# FORCE Expansion: FALD

- Tremendous clinical and scientific interest in Fontan-associated liver disease (FALD)
- New FALD module that includes targeted data points + image upload
  - MRI + CT liver
  - MR + Ultrasound elastography



# Conclusions

- FORCE AI tools enable
  - Considerable time savings
  - Reproducible, consistent analyses, and derivative data
- Unparalleled opportunities for research with large, robust datasets
- Demonstrates the power of collaboration
- FORCE is a mission-directed research platform aimed at accelerating scientific discovery to improve the lives of patients with single ventricle heart disease



# Thank You

[rahul.rathod@childrens.harvard.edu](mailto:rahul.rathod@childrens.harvard.edu)

