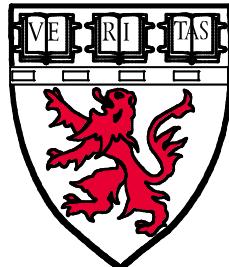




February 21, 2025

Imaging Data & the Fontan Circulation:



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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



Why cardiac MRI (CMR) for Fontan patients?

Many papers showing utility of CMR in Fontan Pts

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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~~

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

 Check for updates

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Sop
Tjan
Ajit P. Y

Mark
J. Wil

Benja
Stefan
Elizabeth

Friso M.
Jos J.M.

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

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_i

< 156 mL/BSA^{1.3}
9% (35/373) Death/Tx

≥ 156 mL/BSA^{1.3}
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

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

EDV, < 156mL/BSA^{1.3}
9% (35/373) Death/Transplant

NYHA Class

< Class II
4% (12/296) Death/Tx

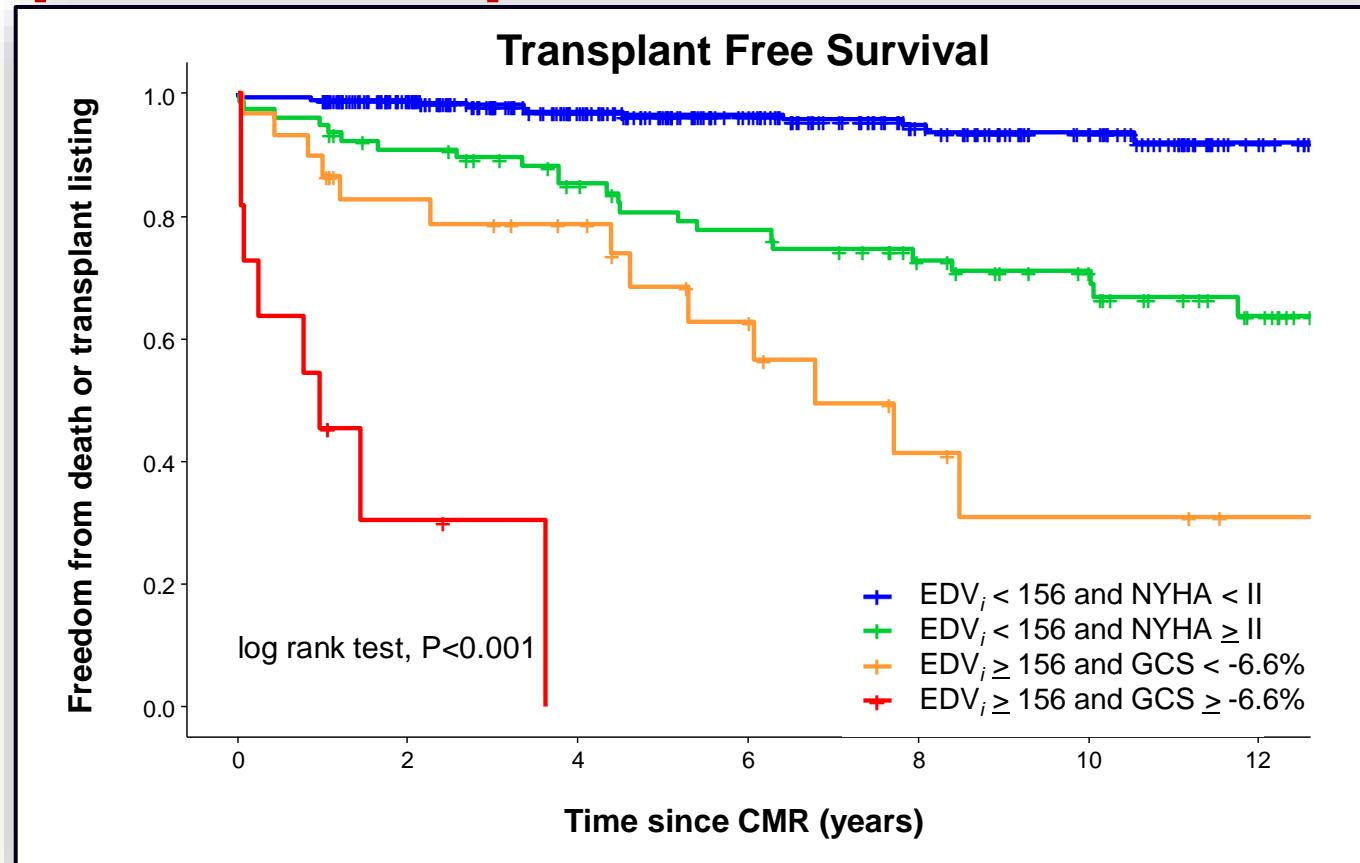
≥ Class II
30% (23/77) Death/Tx

SVGI

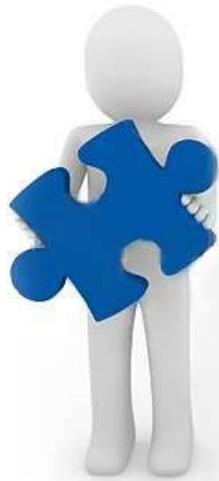
≥ 30%
3% (8/278) Death/Tx

< 30%
22% (4/18) Death/Tx

CMR parameters predict death and transplant



Single Center



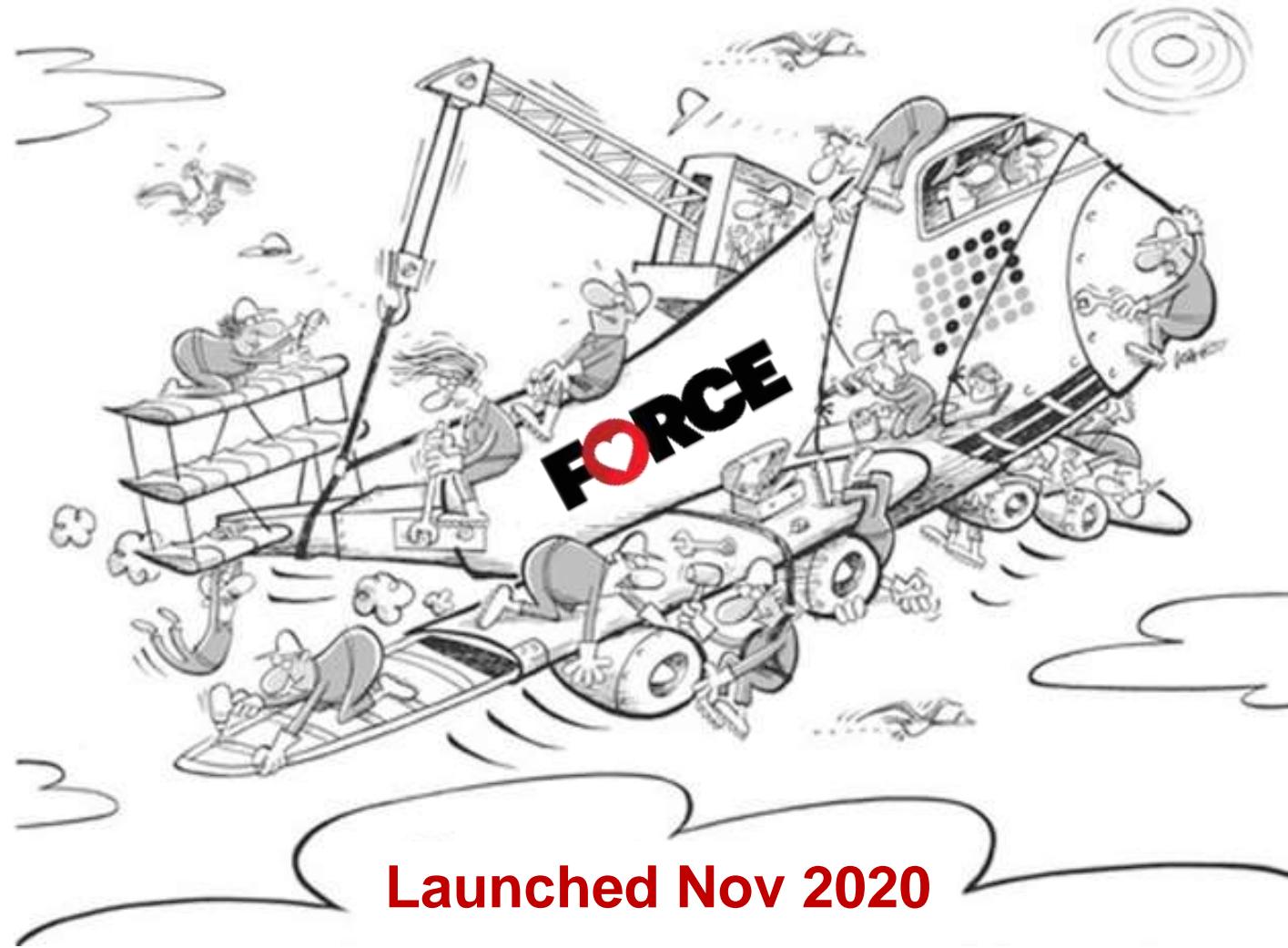
Multicenter





Fontan Outcome Registry using CMR Examinations





Launched Nov 2020

Fontan Outcome Registry using CMR Examinations





Fontan Outcome Registry using CMR Examinations

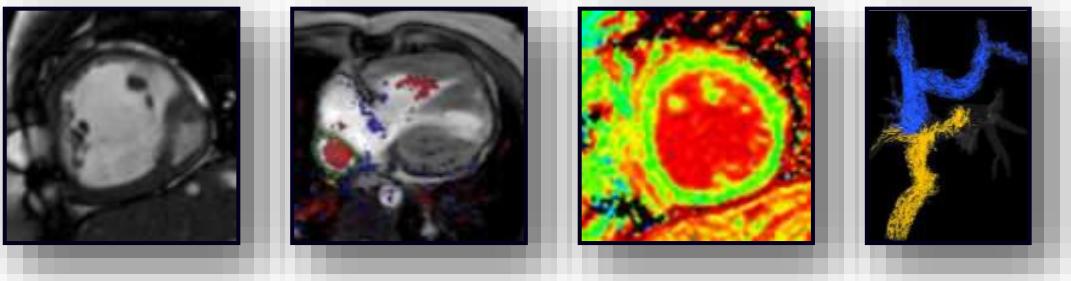




Fontan Outcome Registry using CMR Examinations

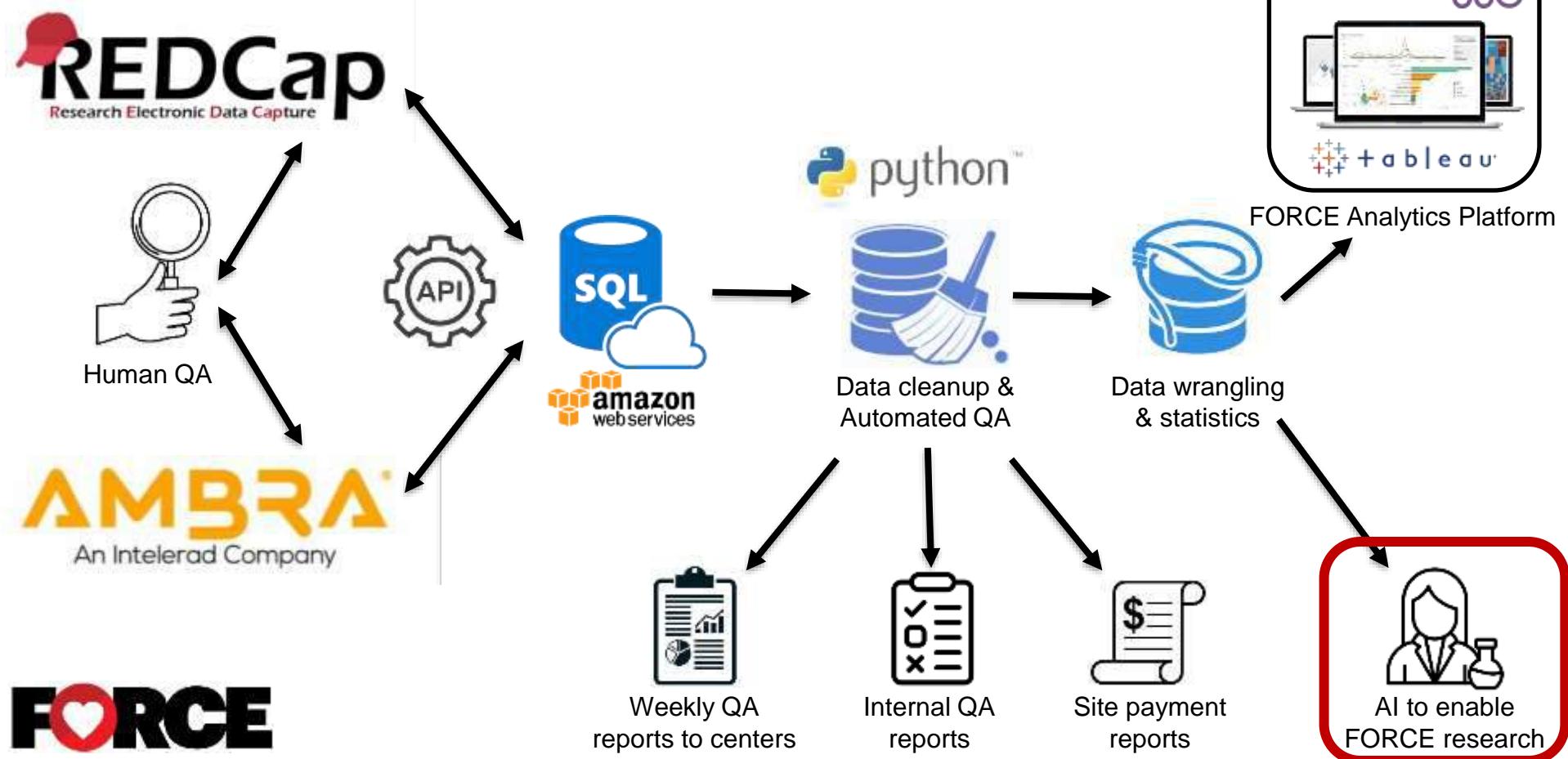


FORCE data sources

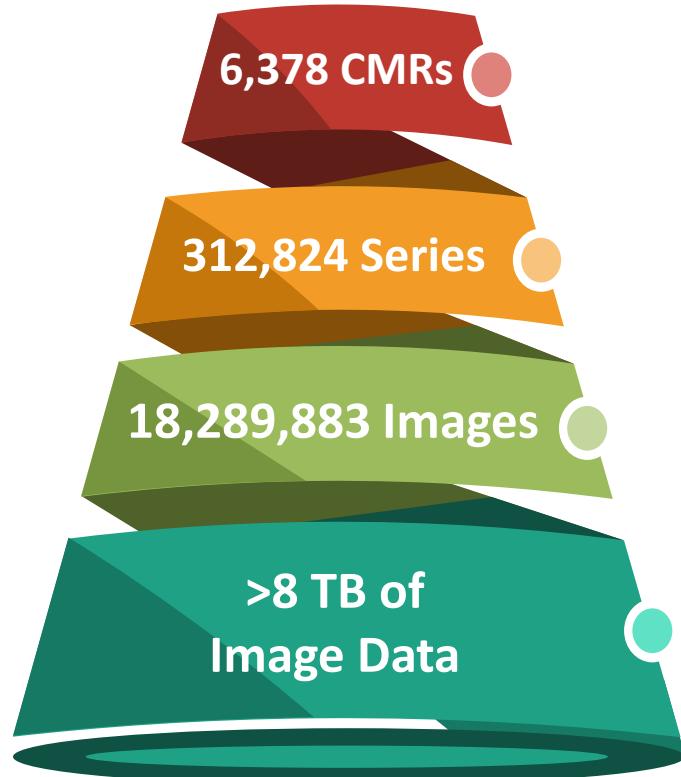


Raw CMR Images

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

6,378 CMRs

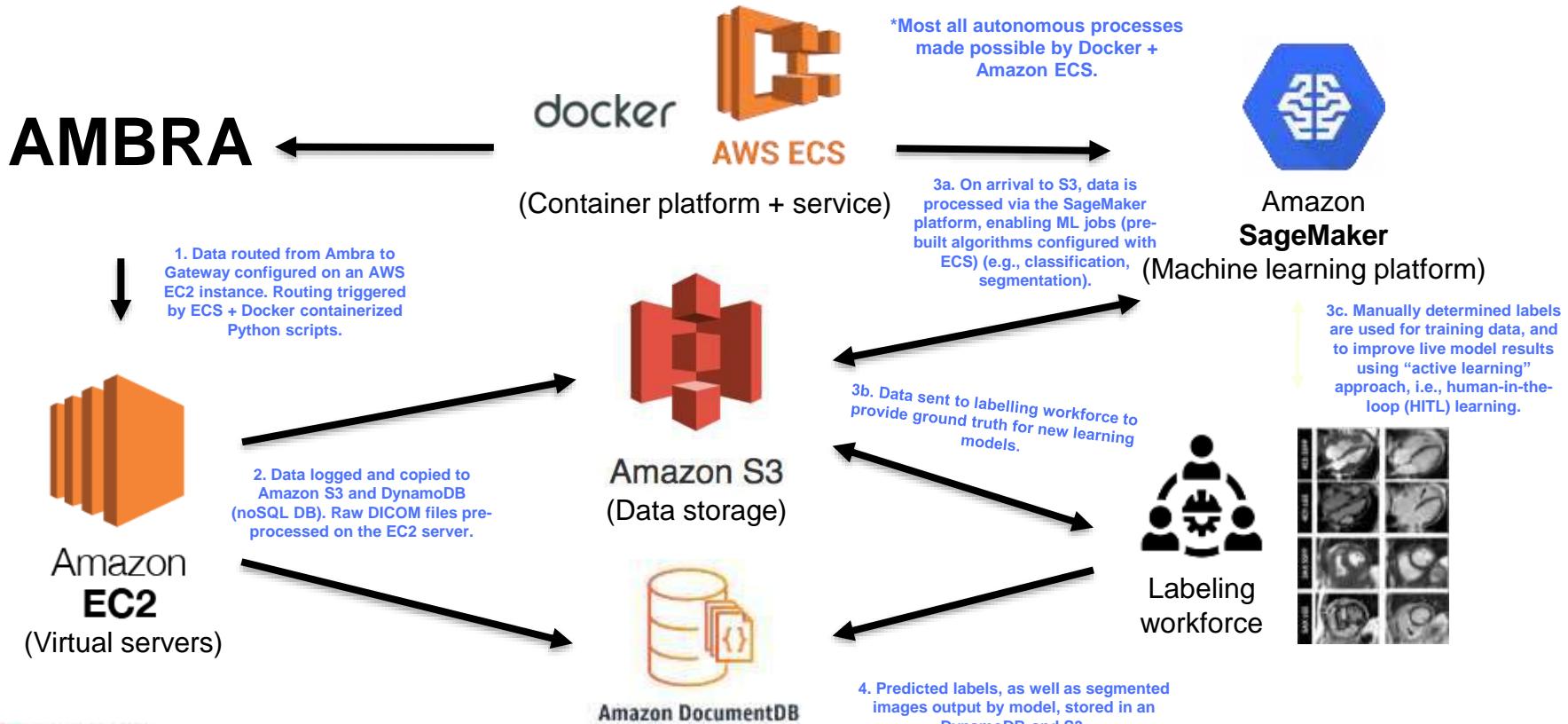
312,824 Series

18,289,883 Images

>8 TB of
Image Data



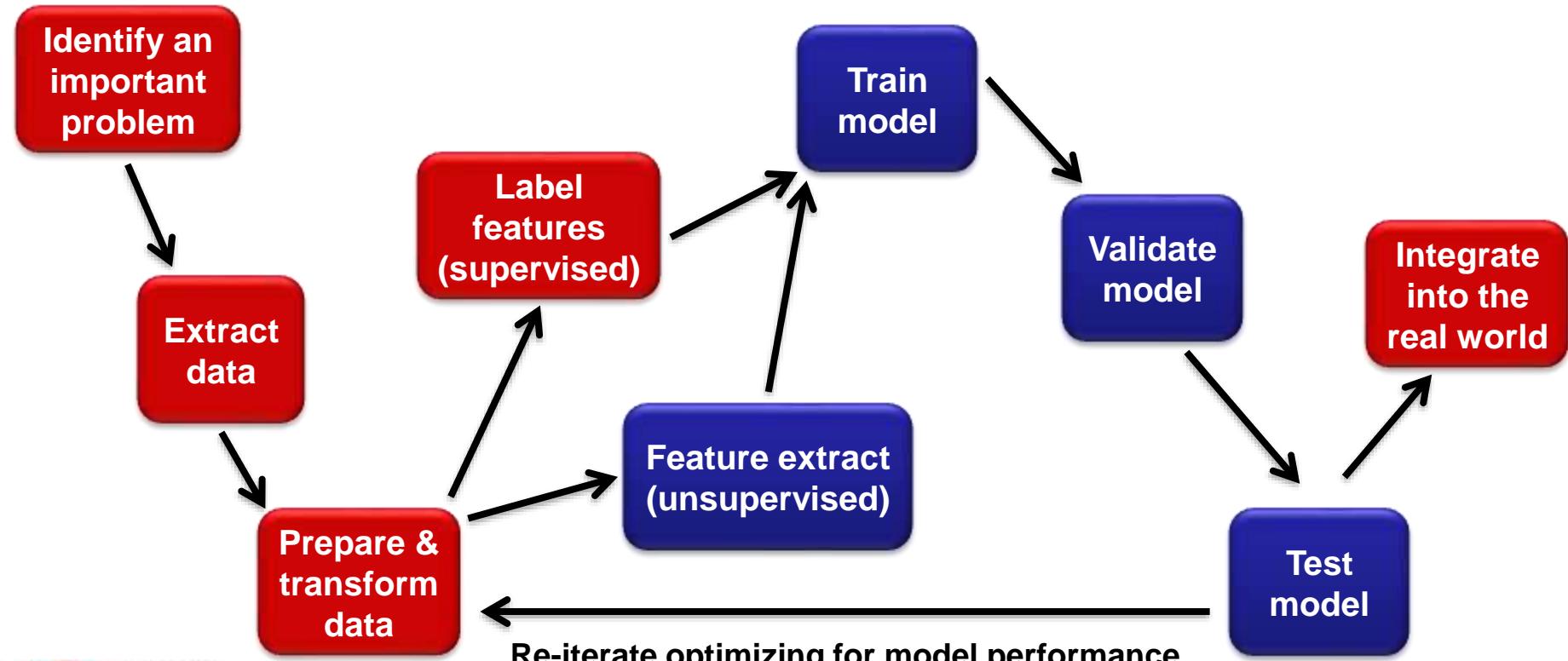
Created new infrastructure to support AI/DL



AI = artificial intelligence; DL = deep learning

A framework for AI to have meaning

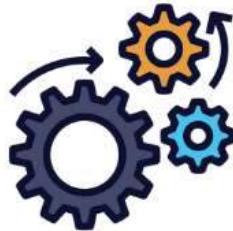
Red squares represent the hard work



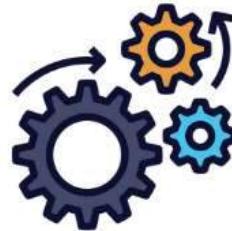
Using AI/deep learning in layers



AI to identify sequences



AI to identify the heart



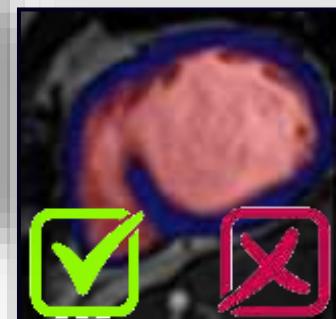
AI to segment the ventricles

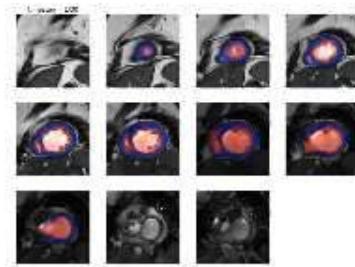
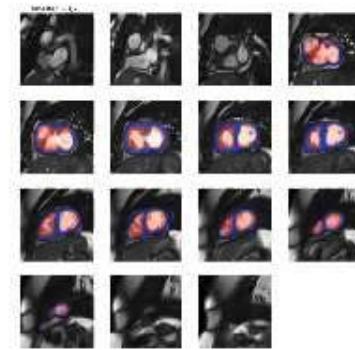
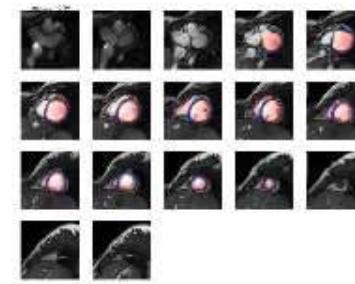
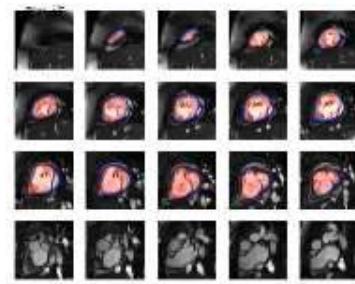
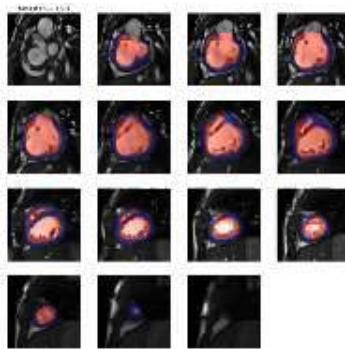


AI to QA the segmentation



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





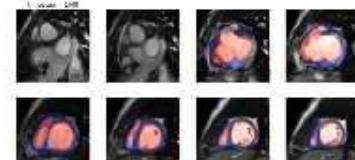
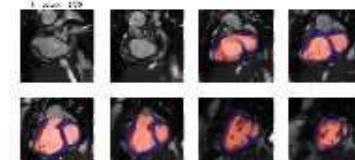
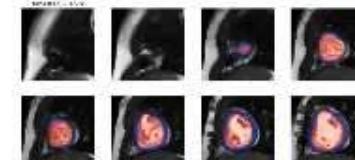
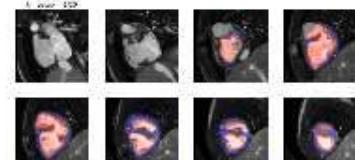
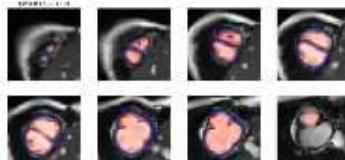
CHP

LCH

NCH

TCH

MTS



YAL

TSK

PIT

BCH

GOS



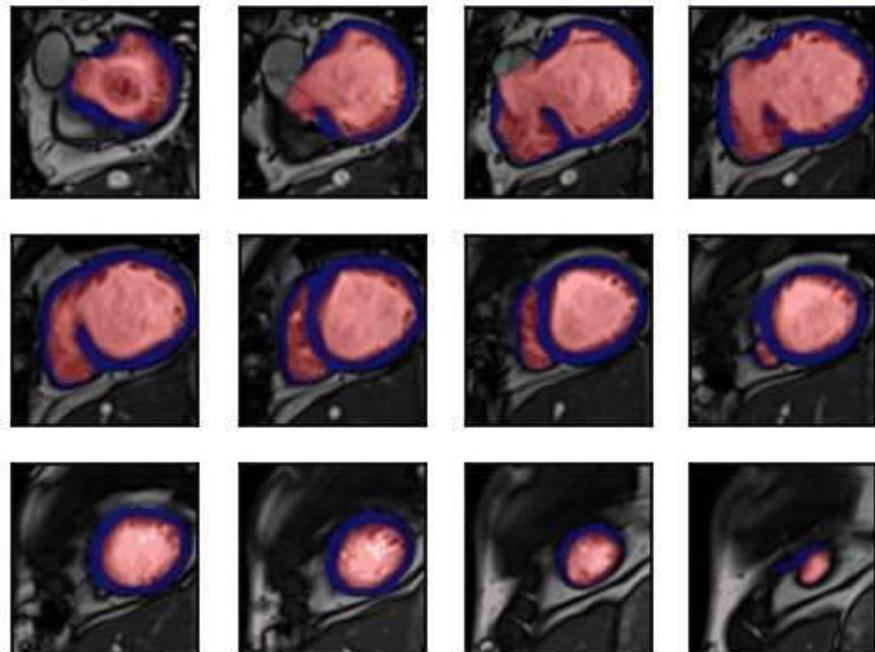
A Deep Learning Pipeline for Assessing Ventricular Volumes from a Cardiac Magnetic Resonance Image Registry of Single Ventricle Patients

                                           <img alt="ORCID icon" data-bbox="10

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

AI accuracy per slice

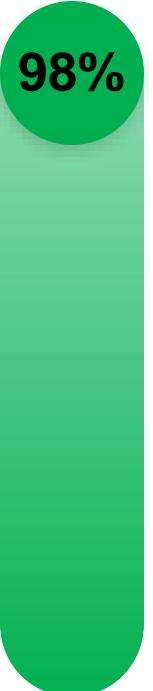


98%

Estimated hours saved = 16,341



2%



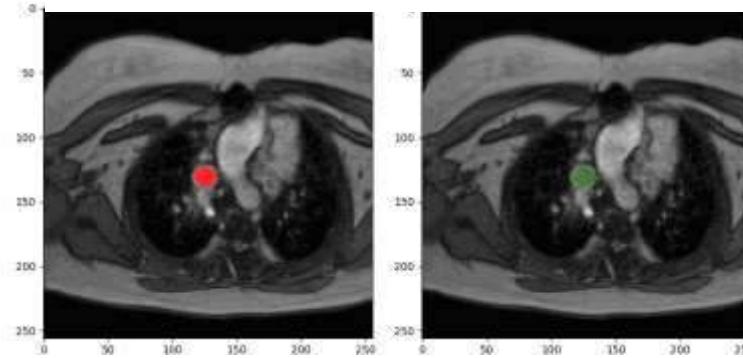
Excellent



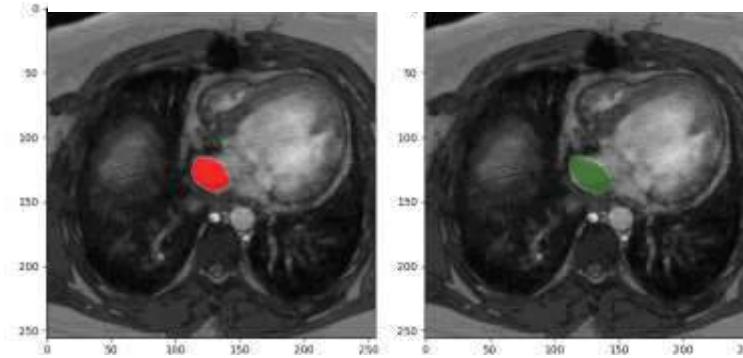
Edits needed

Autonomous AI/DL pipeline for 2D flow

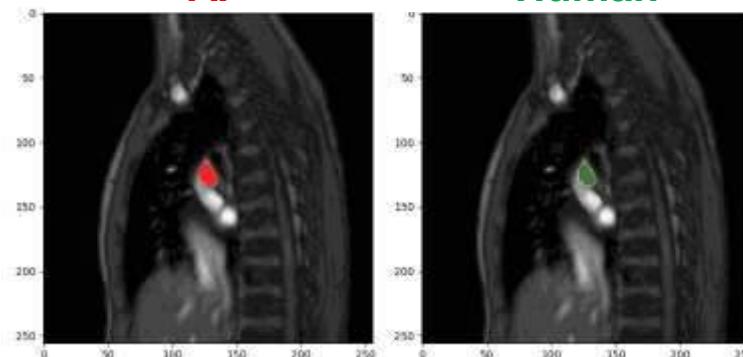
AI SVC Human



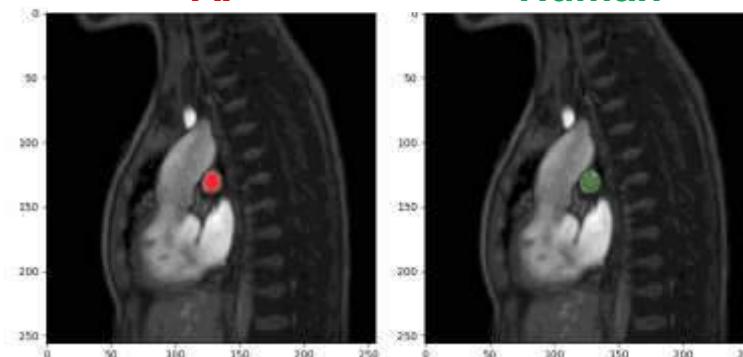
AI Fontan Human



AI RPA Human



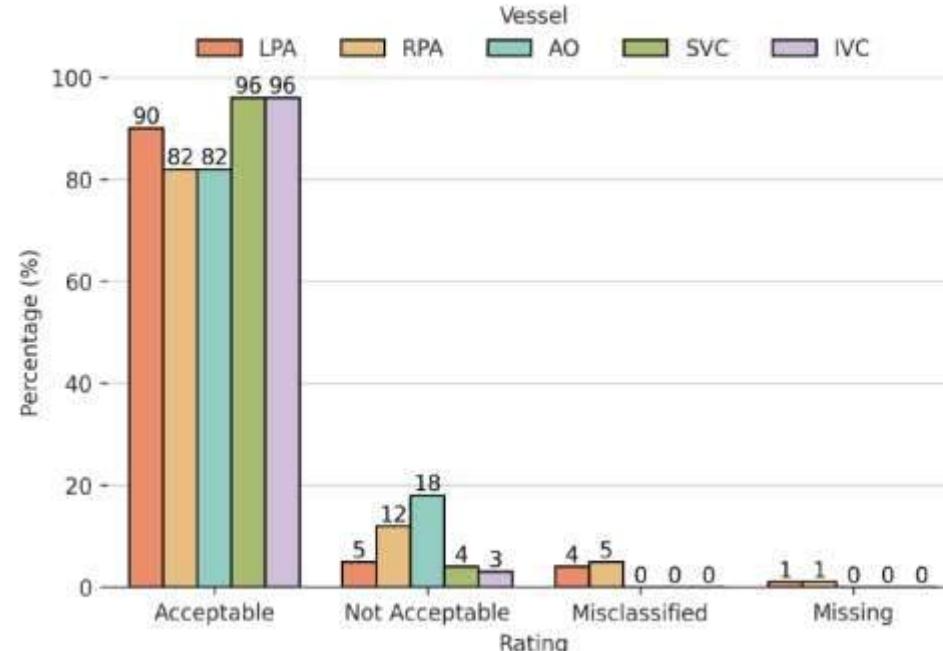
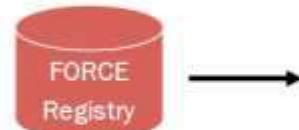
AI LPA Human



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

Test pipeline on 1987 patient exams

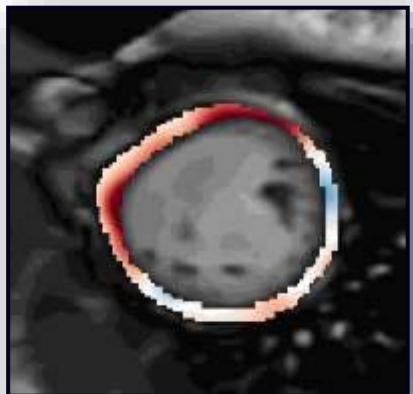
Qualitatively assessed pipeline segmentation



Classification Success = 98%

Segmentation Success = 89%

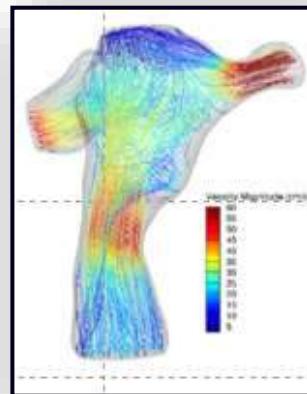
Other AI/DL pipelines in progress



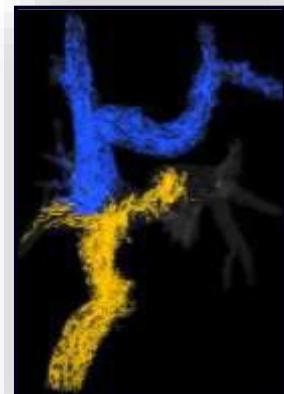
Ventricular
Strain



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 Capacity Limit Cardiac Output?
3. Automated Segmentation of the Fontan Aorta in 4D Flow MRI using Deep Learning
4. Single Ventricle Circulation – The Evidence for a New Concept
5. Validation of a Risk Score to Predict Long-term Mortality in Fontan Patients
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 of the F4 CMR Study
10. Ventricular Function in the Single Ventricle Circulation
11. Ventricular Function in the Single Ventricle Circulation
12. Defining the Optimal Fontan Baffle Shape
13. Predictors of Exercise Capacity in Fontan Patients
14. A machine learning 3D segmentation data pipeline for Fontan baffles and pulmonary arteries
15. Native versus reconstructed aortas in Fontan patients: impact on ventricular function using 4D flow

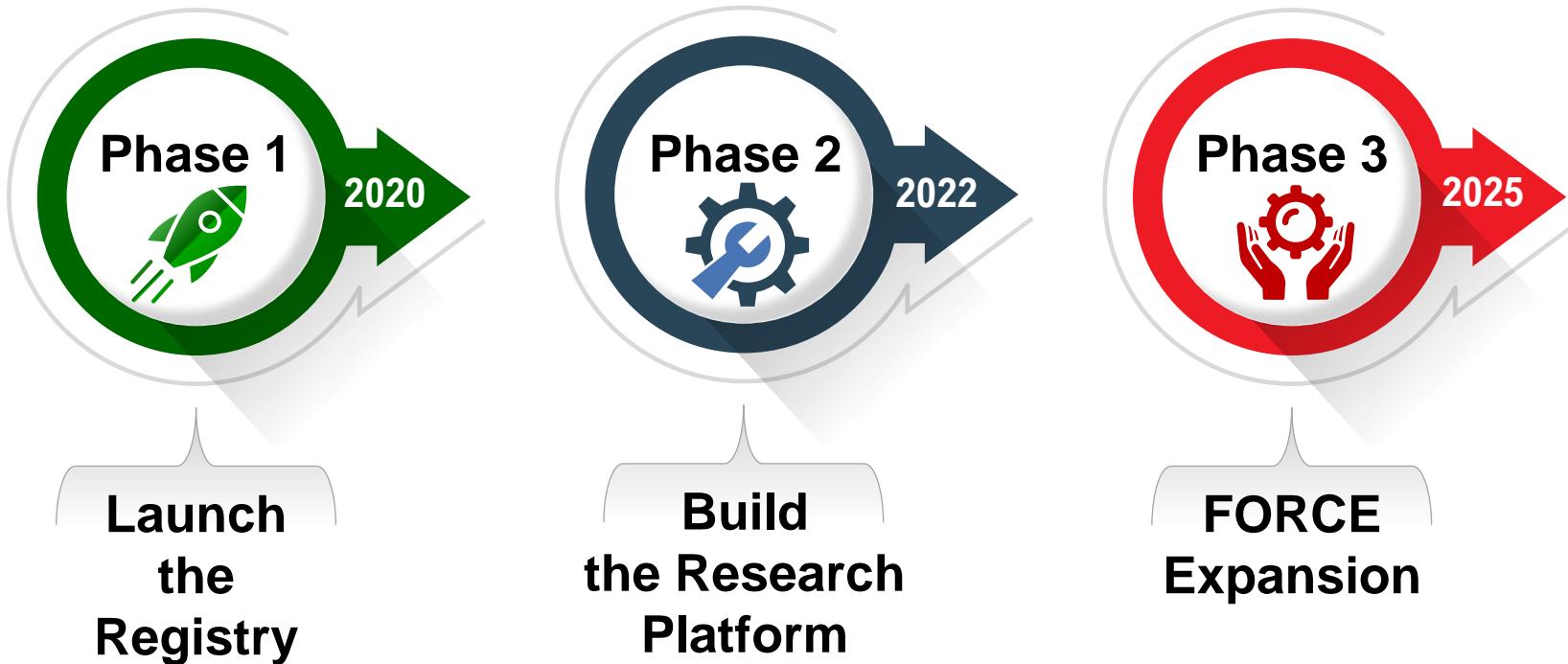


16. Predictors of Diastolic Dysfunction in Fontan Patients
17. Creation of a robust risk prediction score for death/transplant
18. Predictors of Right Ventricular Function in the Single Ventricle Circulation
19. Delirium in the Single Ventricle Circulation
20. Evaluation of the Fontan Connection with Clinical Outcomes
21. A Paradigm Shift in the Single Ventricle Circulation
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 Circulation
25. Multi-Parameter Hemodynamic Monitoring
26. Direct measurement of intracardiac flow
27. ECG in the Single Ventricle Circulation
28. Extracardiac flow and its impact on ventricular function: changes over time and affects clinical outcomes
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



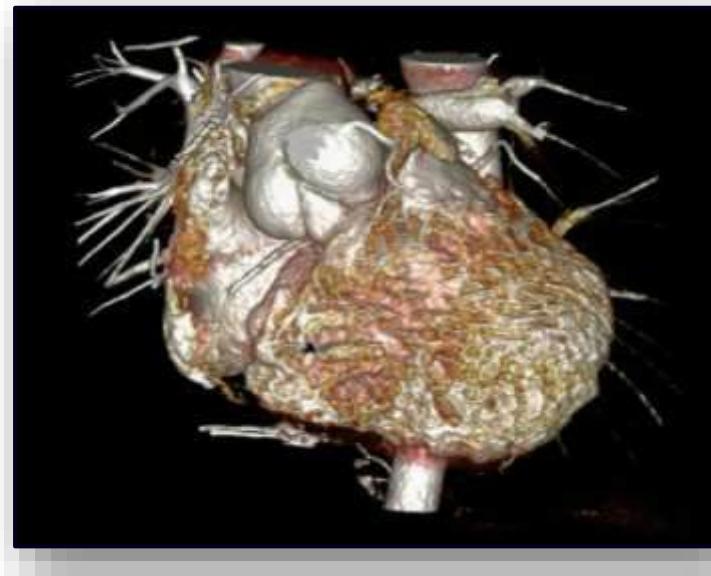
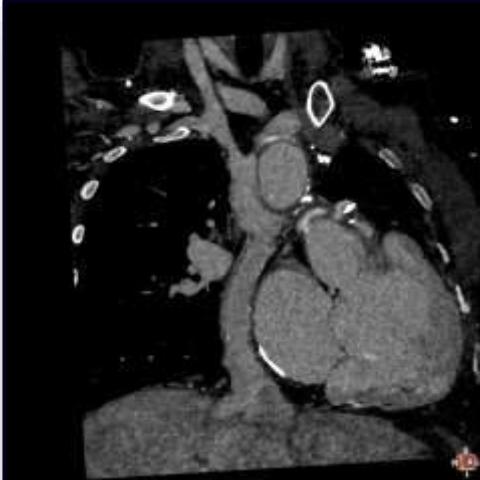


Fontan Outcome Registry using CMR Examinations



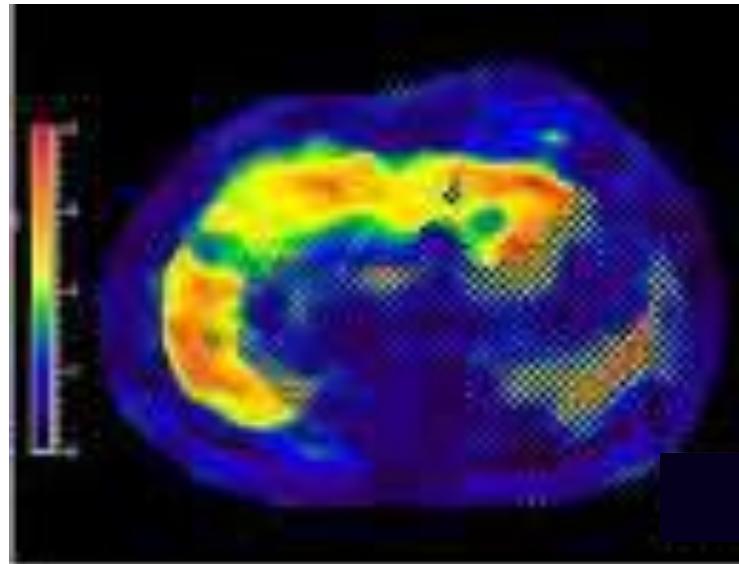
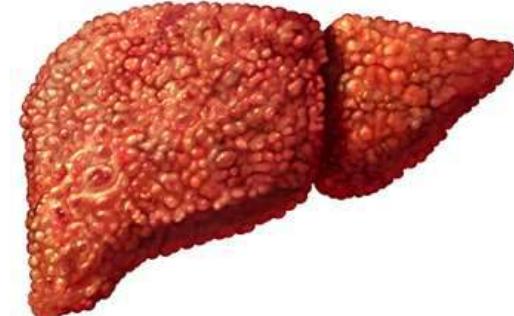
FORCE Expansion: Cardiac CT

- 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

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