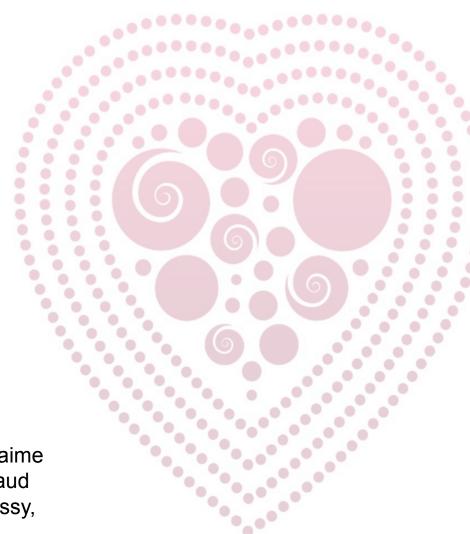
Multilingual Patient Healthy Coach for Cardio-oncology Patients: Leveraging Artificial Intelligence for Cancer Equity in Australia - A Pilot Study

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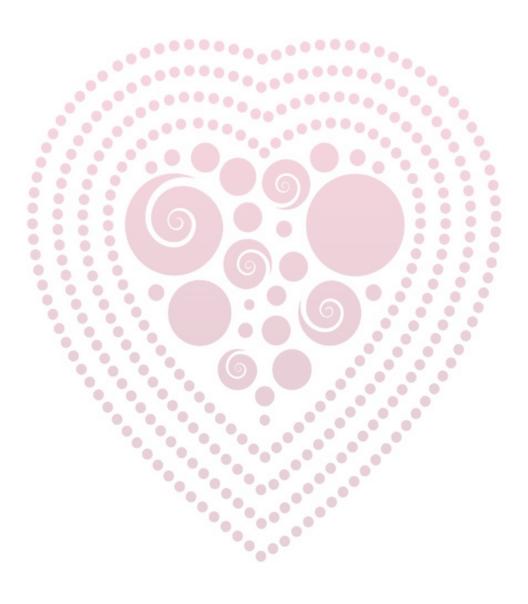
Co-authors: Kazuaki Negishi, Wei Chua, Bernadette Brady, Viren Joseph, Jaime Baquaran, Upul Premawardhana, Nagendraprasad Sungala, Sidney Lo, Arnaud Mazier, Avanti Shrikumar, Tuan Nguyen, Zaidon Al-Falahi, Annemarie Hennessy, Gemma Figtree, **Stuart M Grieve**



Faculty disclosure

No relevant disclosures.

The presenter has advised that the following presentation will NOT include discussion on any commercial products or service and that there are NO financial interests or relationships with any of the Commercial Supporters of this years ASM.



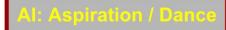
Background

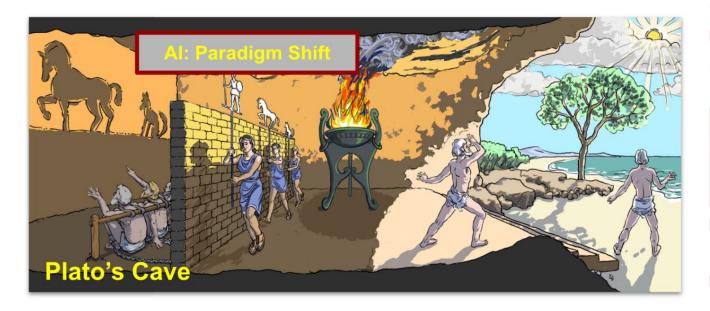
- Cardio-oncology (CO) patients benefit from multidisciplinary care.
- Linguistic barriers affect health access equity.
- Artificial intelligence (AI), specifically Large Language Models (LLM), may assist patients with translation and education.
- The veracity of LLMs for medical translation needs careful human/physician adjudication.



Go backwards to go forwards...







LLM

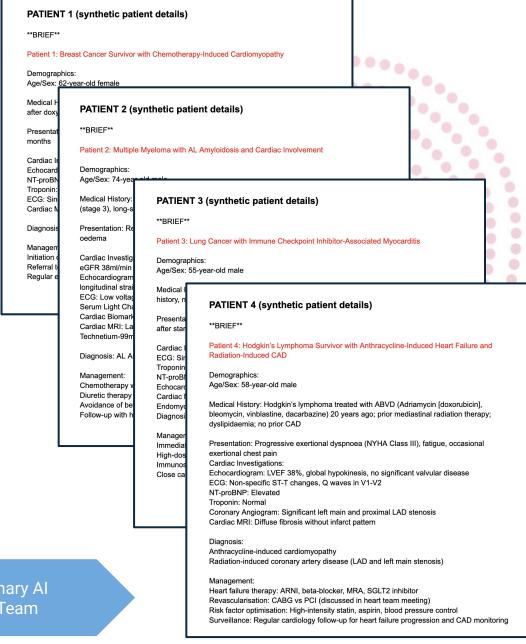
- Probabilistic (probability distribution of tokens): training and token prediction from data
- Stochastic (random sampling of probability distribution): for text generation during execution

Deterministic Tools

- Parroting Models (multi-head self attention, multi-head latent attention) to Reasoning Models (chain of thought, long-range context coherence, multi-agent systems)
- Control of Stochastic Randomness: prompt engineering, temperature, Top-k sampling, Top-p (nucleus) sampling

4 'synthetic' cardio-oncology patient archetypes were generated by human & LLMs:

- 62F with HER-2 positive breast cancer and trastuzumab-induced cardiomyopathy (LVEF 40%, diffuse fibrosis) on GDMT
- 74M with IgG lambda multiple myeloma and AL amyloidosis (lambda, CKD3) with cardiac involvement (LVH, apical sparing, LGE, positive PYP) on daratumumab-based chemotherapy
- 55M with stage 4 non-small cell lung cancer and pembrolizumab-induced myocarditis (†troponin, LVEF 50%, MRI confirmed) treated with steroids and immunosuppression.
- 58M with Hodgkin's lymphoma and anthracycline-induced cardiomyopathy (LVEF 38%, diffuse fibrosis) and radiation-induced CAD (LM/LAD stenosis) managed with GDMT and for revascularization (CABG vs PCI)

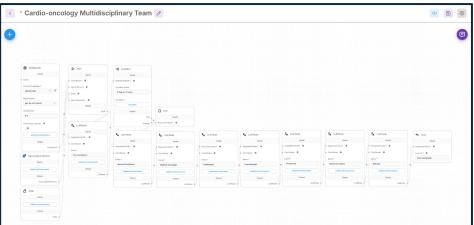


Patient Medical Information

Multi-agent Models generate
Al recommendations

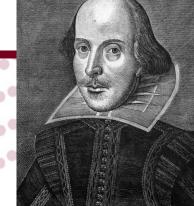
Multi-disciplinary Al Healthcare Team

A multi-agent Al architecture was created to emulate a Cardio-oncology Multidisciplinary Team which generated advice for the patient archetypes.



8 personifications:

- Care Coordinator
- General Practitioner
- Medical Oncologist
- Haematologist
- Cardiologist
- Pharmacist
- Nurse Consultant
- Dietician



Al Patient Health Coach chatbots were created for each archetype with prompt engineering.

Cardio-oncology Patient Health
Coach 1 (Lien Nguyen)

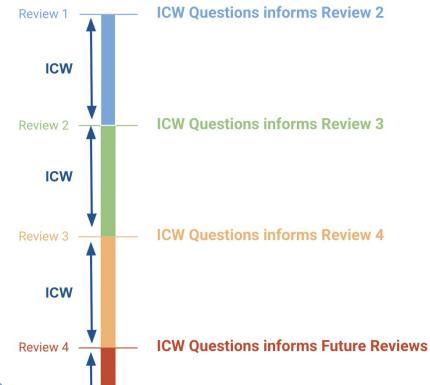
HER-2 positive breast cancer
Trastuzumab-induced cardiomyopathy

Cardio-oncology Patient Health
Coach 3 (John Matthew Anderson)

Stage 4 non-small cell lung cancer
Pembrolizumab-induced myocarditis



Inter-Clinical Window (ICW)



Patient Medical Information

Multi-agent Models generate
Al recommendations

Multi-disciplinary Al Healthcare Team **ICW**

- Al Patient Health Coach chatbots were asked 3 standardised questions:
 - Tell me about my condition
 - Explain my medications to me
 - Is my condition serious, should I be worried?
- Multilingual outputs were assessed by 7 physicians (one for each language, language-congruent)
- Kurskal-Wallis test for significant differences within archetypes, language and score categories (small sample size)

Lien Nguyen - PHC Chatbot OUTPUT in your language

Q1: Tell me about my condition

හලෙෝ ලියන්! ඔබට ඇති තත්වය යනු කාන්තා රෝගීන් සඳහා ප්රතිකාරයක් ලසෙ ලබා දනෙ රසායනික ප්රතිකාරයකින් පසු ඇතිවන හෘද රෝගයක් වන "රසායනික ප්රතිකාරය හේතුවෙන් ඇතිවන හෘද පීඩාව" (chemotherapy-induced cardiomyopathy) වේ. මයෙ විශ**ේෂයෙන් ඇන්තුසයිකලීන්** සහ වරාස්ටුසුමැබ් (trastuzumab) වැනි ප්රතිකාර ලබා දීමනේ පසු සිදුවන හෘද ර**ෝගයක්** වේ.

ඔබගේ හෘදය විශ**ේෂිත** ලස කාර්ය සාධනයට බලපා **ඇති** බව පණවන ලද පරිදි, ඔබගේ වමනික වාත්නු (left ventricular ejection fraction - LVEF) 40% ක් වන අතර, මයෙ සාමාන්ය පරාසයට වඩා අඩු වේ. මයෙ ඔබට කුඩා කාර්ය සාධනයක්දී (dyspnoea on exertion) හ**ෝ** නිදා සිටියදී (orthopnoea) හ**ෝ** අනුරුදන් වූ විට (oedema) වැනි ලක්ෂණ ඇති විය හැක.

ඔබග**ේ** ස**ොඛ**% කණ්ඩායම ඔබග**ේ** තත්වය හිරීක්ෂණය කරමින් සිට් සහ ඔබට හෘද පීඩාව කළමනාකරණය කිරීමට උපකාරී වන කිපයක්ම **ඖෂධ** ලබා දී **ඇත.** මහිදී ARNI (sacubitril/valsartan), beta-blocker, mineralocorticoid receptor antagonist (MRA), සහ SGLT2 inhibitor ඇතුළුව ව**ේ.** ඔවුන් ඔබග**ේ** හෘද කාර්ය සාධනය හිරීක්ෂණය කිරීමට සාමාන්යයනේ එක**ෝකාර්ඩියෝගුෑම්** සහ රුධ්ර පරීක්ෂණ සිදු කරනු **ඇත.**

ඔබග**ේ** ප්රතිකාර සැලැස්ම අනුගමනය කිරීම සහ අඩු ස**ෝඩියම් ආහාරයක්** සහ ඔබග**ේ** හෘදය සඳහා සුදුසු සාමාන්ය කිරියාකාරකම් කර ගැනීම වඩාන් වැදගත් ව**ේ.** ඔබට ඔබ**ේ** තත්වය පිළිබඳ කිසියම් විශ**ේෂිත** ප්රශ්න හ**ෝ** සැකයන් **ඇත්නම්,** කරුණාකර අසන්න!

ආරක්ෂිතව සිට්නින! Al Cardiologist

Sinhalese

- Language-congruent Physician adjudication of LLM output:
 - 7 Languages (South-West Sydney):
 English, Sinhalese, Japanese, Chinese,
 Vietnamese, Hindi, Arabic
 - 6 categories: Accuracy, Completeness, Empathy, Cultural Sensitivity, Clarity, Relevance
 - 5 grades:
 - 1 = Poor
 - 2 = Below Acceptable
 - 3 = Acceptance
 - 4 = Acceptable
 - 5 = Excellent

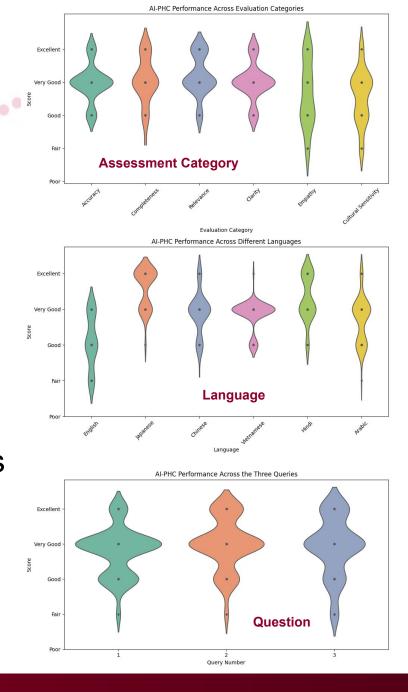
Lien Nguyen Q1 Score Card

Category of Grade	1 Poor	2 Below Acceptable	3 Acceptable	4 Acceptable	5 Excellent	Insert Grade Here
Accuracy	Major inaccuracies	Several errors	Mostly correct	Nearly flawless	Fully accurate	
Completeness	Critical info missing	Many gaps	Mostly complete	Nearly all aspects covered	All necessary details provided	
Empathy	Dismissive or insensitive	Minimally empathetic	Moderately empathetic	Very empathetic	Compassionate and supportive	
Cultural Sensitivity	Offensive or culturally inappropriate	Some cultural missteps	Generally appropriate	Respectful	Fully adapted to audience	
Clarity	Very confusing	Hard to understand	Some structure issues	Well-organized	Logical and easy to read	
Relevance	Off-topic; does not address the inquiry	Largely irrelevant	Partially relevant	Mostly relevant	Fully addresses the inquiry	

Sinhalese

Results

- High variability between Languages and Evaluation Categories and greater consistency in the Queries (Query 3 has highest variance)
- Mean output score was 3.7 +/- 0.8 (out of 5)
- Significant variance was observed in scores across language and output score category (p<0.001 Kruskal-Wallis), whilst the patient query domain was more consistent (p= 0.043 Kruskal-Wallis).
- Sinhalese language was omitted as chatbot output was 'incomprehensible', phonetic translation only.



Conclusion

- Overall performance was satisfactory (3.7 of of 5)
- Significant heterogeneity exists between languages and score categories.
- Differences in language may be confounded by differences in the scorer, need larger number of physician for each language to elucidate.
- There was no bias for English in performance.
- The relative performance consistency with queries was slightly less robust when conveying a more subjective message of disease severity.
- Sinhalese appears to be not represented in the LLM.
- The use of LLMs for patient use requires further evaluation for safety and utility - proof of concept only, need a larger study.

Old is new and new is old...

Primum Non Nocere

Sidre Mens Eadem Mutato

Nullius In Verba







Optimam Editionem
THEODORI JANSSONII ab

Almeloveen, Med. Doct.

Amstelædami impressam, Anno 1685.

In usum JUVENTUTIS studiole.



E D I N B U R G I:
In Ædibus R. FLEMING, Sumptibus JOANNIL
PATON Bibliopolæ in Area Parliamentaria

Thank you.













