

Conflicts of Interest

Grant funding from NIH
 Consultant for CSL Vifor Pharma

Left Ventricular Ejection Fraction



Abnormalities of Left Ventricle Precedes HF

- CRIC study of 417 participants
 Echocardiograms at Year 1 and at
 dialysis start
- At an average of 2.9 years after dialysis initiation, 4% worsening in LVEF, P<0.001
- Every 1% decline in LVEF was associated with a 3% greater risk of mortality after ESRD

Variable	Change from CKD to ESRD		
	Unadjusted HR (95% CI)	Adjusted ¹ HR (95% CI)	
Ejection fraction, per 1% decline	1.04 (1.01, 1.05)	1.03 (1.00, 1.06)	

pressure, number of anti-hypertensive med classes, diabetes, current smoker, and BMI

Bansai et al. AJKD Sep 2019





















Improved Performance with Transfer Learning							
AUROC: Value (95% CI)							
Training method	LVEF ≤ 40%	LVEF 41- 50%	LVEF > 50%				
HD patients	0.74 (0.67 - 0.8)	0.55 (0.49 - 0.61)	0.71 (0.66 - 0.75)				
ImageNet → Fine-tuned on HD data	0.71 (0.65 - 0.77)	0.55 (0.49 - 0.6)	0.69 (0.62 - 0.77)				
Non-HD patients	0.80 (0.77 - 0.83)	0.51 (0.41 - 0.61)	0.77 (0.73 - 0.80)				
Non-HD → Fine-tuned on HD data	0.86 (0.83 - 0.88)	0.68 (0.63 - 0.73)	0.83 (0.80 - 0.85)				













Methods

- ECG waveform data from Mount Sinai Health Systems hospitals in New York City
 Identified starting and ending times of inpatient HD procedures with flow sheets
- IDH defined as a SBP ≤90 mm Hg
- Only ECGs within 48 hours of an HD procedure were included
- Model structure was a 2-D CNN
 Densenet 201: pretrained on images from ImageNet
 - Letanets Letanets k: Growth Rate

Characteristics	Overall (ECGs=86,362)	IDH (ECGs=12,437)	No IDH (ECGs=73,925)
Age, mean (SD)	62.3 (14.12)	63.24 (13.45)	62.69 (14.09)
Male patients, %	60.9%	60.0%	60.9%
Racial groups: %			
White	19.5%	22.6%	19.0%
Black	11.3%	11.6%	11.6%
Hispanic	5.3%	5.0%	5.3%
Asian	2.9%	2.2%	3.0%
Other/unknown	61.0%	58.6%	61.1%
SBP before starting HD session, mean (SD)	133 (28)	106 (21)	137 (26)









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Study Methods

- · ECG waveform data from Mount Sinai Health Systems hospitals in New York City
- >600,000 patients with an ECG within 24 hours of a serum potassium level
- The model architecture was a ConvNeXt Large, a purely convolutional neural network developed by Meta and pre-trained on ImageNet.
- The cohort was split 80:20 into training and test sets.
 Primary outcome was K>6 mEq/L within 24 hours of an ECG

Performance of Model for Hyperkalemia

- 12087 (2%) of patients had a K>6 mEq/L
- The model achieved an AUROC of 0.88 and an AUPRC of 0.25 on internal testing, and an AUROC of 0.87 and AUPRC of 0.30 on external validation



Summary #2

- Deep learning can predict IDH using ECG in hospitalized patients on HD
- Deep learning can be used to identify hyperkalemia (K>6 mEq/L) using ECG in hospitalized patients on HD



