

Cachexia, Artificial Intelligence and Smartphones

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Cancer Cachexia

- Potential of AI in improving cachexia assessments
- Current examples of AI and cachexia domains
nutrition, imaging, genetics
- Limitations and opportunities



AI

- Machines imitate human thought processes
- Ability to learn using digital binary logic of computers and then simulate the capacity for abstract, creative, deductive thought
- Rather than being taught everything step by step, machines can be programmed to think like humans, by observing, classifying and learning from mistakes



AI and Artificial Neural networks

- ANN “a computing system made up of a number of simple, highly interconnected processing elements, which process information by their dynamic state response to external inputs” *Robert Hecht-Nielsen*
- Use Reinforced learning and deep neural networks
- ANN enables discovery of more complex relationships in data than traditional statistical modes
- ANN are adaptive and can learn from data -this ability does not depend upon the prior knowledge of rules and only broadly resembles the original training data



Definition of Cancer Cachexia

- Multi-factorial syndrome
 - Characterized by ongoing loss of skeletal muscle \pm loss of fat mass
 - Cannot be reversed fully by conventional nutritional support
 - Leads to progressive functional impairment
 - *Complex, imprecise*

Weight loss >5% over 6 mo that cannot be
attributed
to simple starvation

or

BMI <20 + weight loss >2%

or

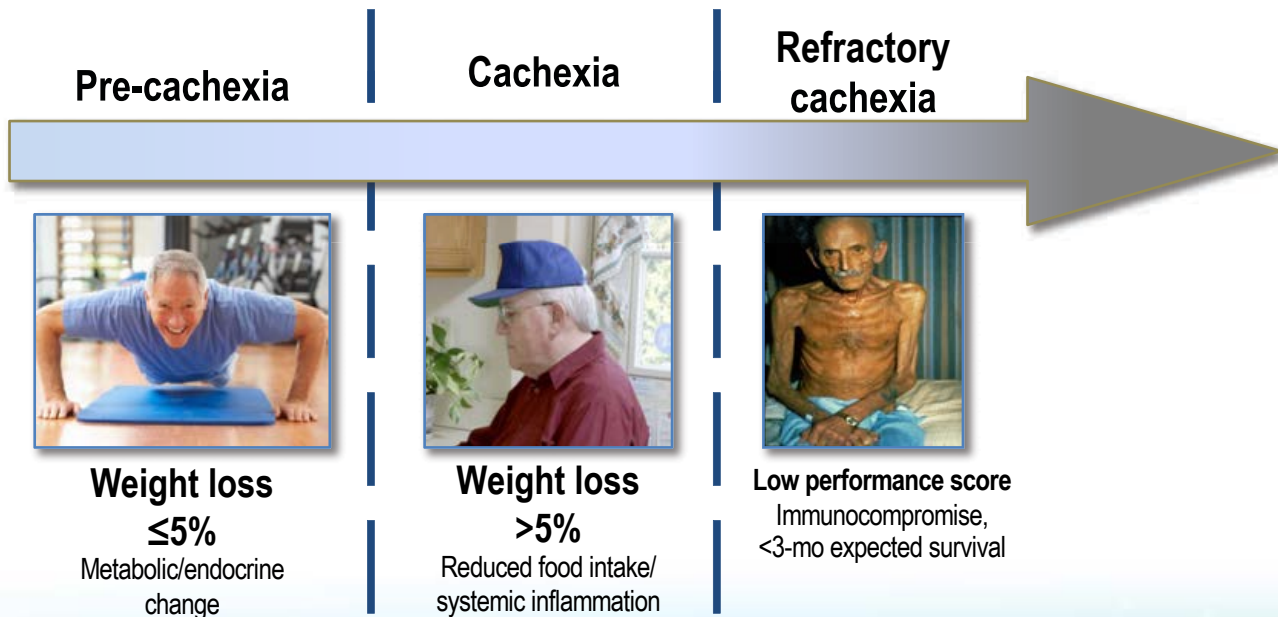
Appendicular skeletal muscle mass index consistent
with **sarcopenia + weight loss >2%**

• BMI, body mass index.

Fearon K, et al. *Lancet Oncol.* 2011;12:489-495 .



Stages of Cancer Cachexia



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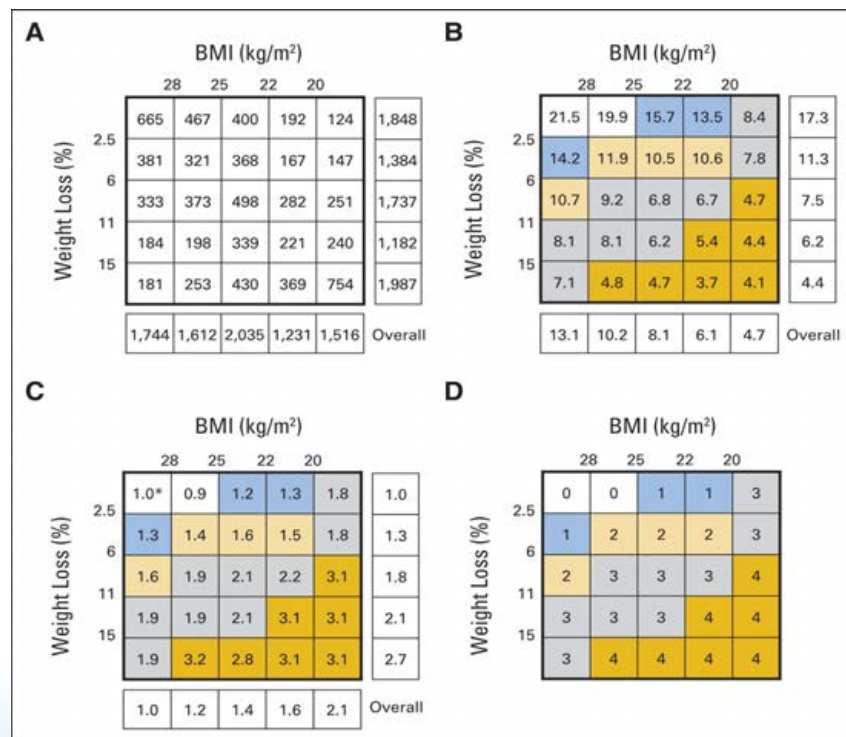
SUPPORTIVE CARE
MAKES EXCELLENT
CANCER CARE POSSIBLE

- *Identify anabolic opportunity; determine clinical trial inclusion*
- *Avoid using medication or additional resources on non-cachexia patients*
- *Need more patient data to distinguish between stages*

The Multinational Association of Supportive Care in Cancer • Annual Meeting 2019 • www.mascc.org/meeting

Fearon K, et al. *Lancet Oncol.* 2011;12:489-495.

Survival = a function of BMI and % weight loss in 8160 patients



Median survival by grade
 0=20.9 months
 1=14.6
 2=10.8
 3=7.6
 4=4.3

Panels A to C represent a 5 × 5 matrix analysis of the five categories of BMI and five categories of %WL for a total of 25 possible combinations. The (A) sample size, (B) median overall survival (months), and (C) unadjusted estimated hazard ratios (HRs; HR, 1.0) are presented for each cell. (*) Reference categories are BMI ≥ 28.0 kg/m² and weight stable ± 2.4%. Different colors represent significant differences (P < .05) in median overall survival and HRs within and between cells of the matrix. Panel D represents the BMI-adjusted WL grading system (grades 0 to 4)





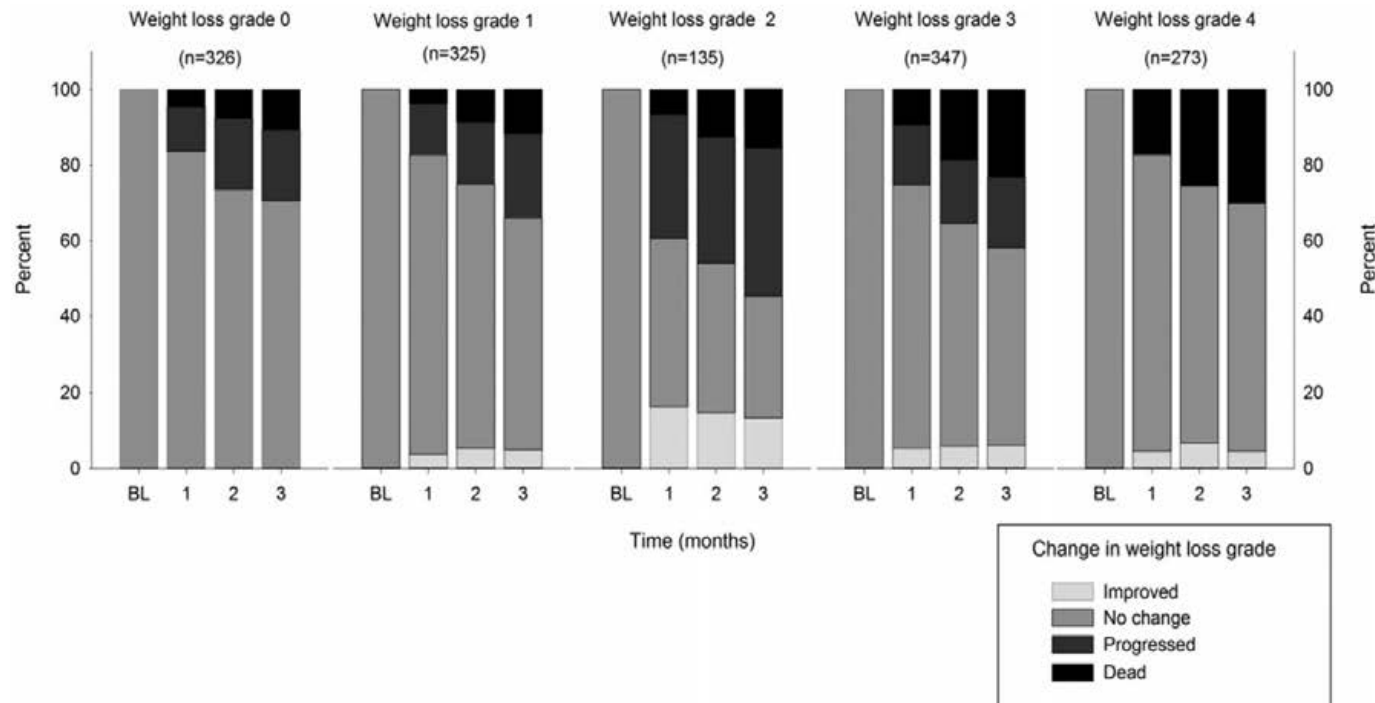
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Figure 4 Bar charts for each baseline weight loss grade (0–4) showing the likelihood of improvement to preceding or progress to subsequent grades or death at 1, 2, and 3 months of follow-up.



Additional cachexia domains

- Body composition¹
- Patient reported outcomes
 - Appetite²
 - Nutrition Impact symptoms^{3,4}
 - Fatigue and function⁵
- Dietary intake⁶
- Physical Function⁷
- Chronic inflammation⁸
- Other- chemo & endocrine dysfunction⁹
- Genomics



Genomics and Cachexia



- Predict risk, prognosis, Rx response for cachexia based on genomic data
- Muscle reserve may be a factor in developing cachexia
- Allele variations are associated with muscle mass & strength
- myostatin (GDF8, K133R), CNTF and receptor, vitamin D receptor (VDR BsmI), androgen receptor gene (CAG repeats), cyclin-dependent kinase inhibitor 1A
- SNPs of ACE and TNF associated with cachexia

Morley JCSM 2017, Johns JCSM2017



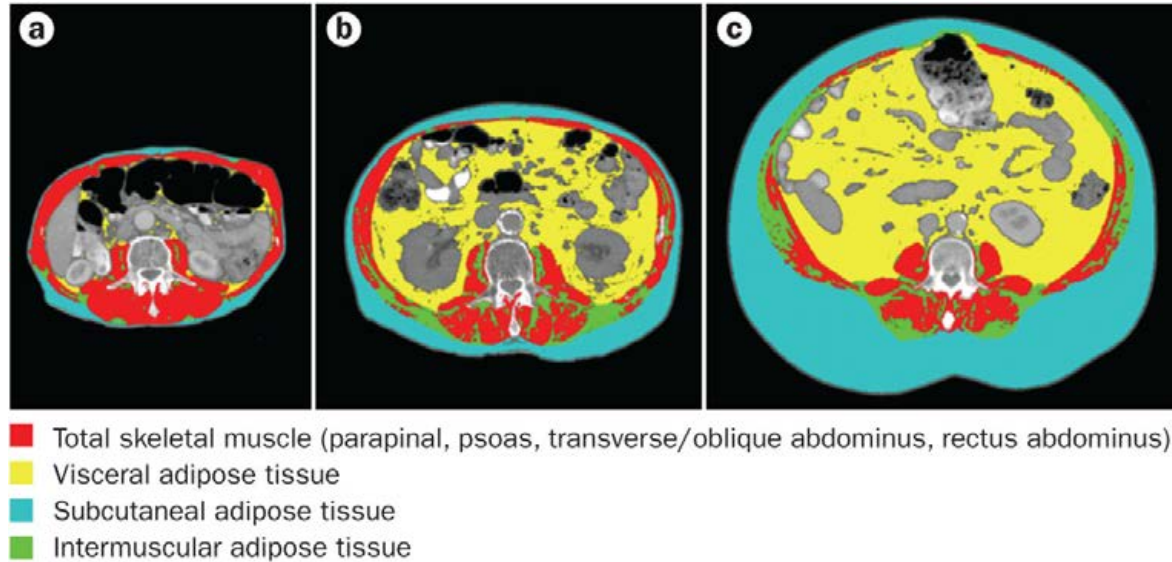
Genomics, AI and Cachexia

- New insight into genetics of lean body mass and sarcopenia
 - Lean body mass is a highly heritable trait
 - A meta-analysis of genome-wide association studies for whole body lean body mass in >38000 individuals
 - five novel genetic loci were significantly associated
 - for whole body lean mass and for appendicular lean mass
-
- Future :Genomics England project=100000 genomes sequenced
 - 1 sequenced genome=200 GB
 - Cost \$1500 will decrease to \$100

Kiel Nat Commun. 2017



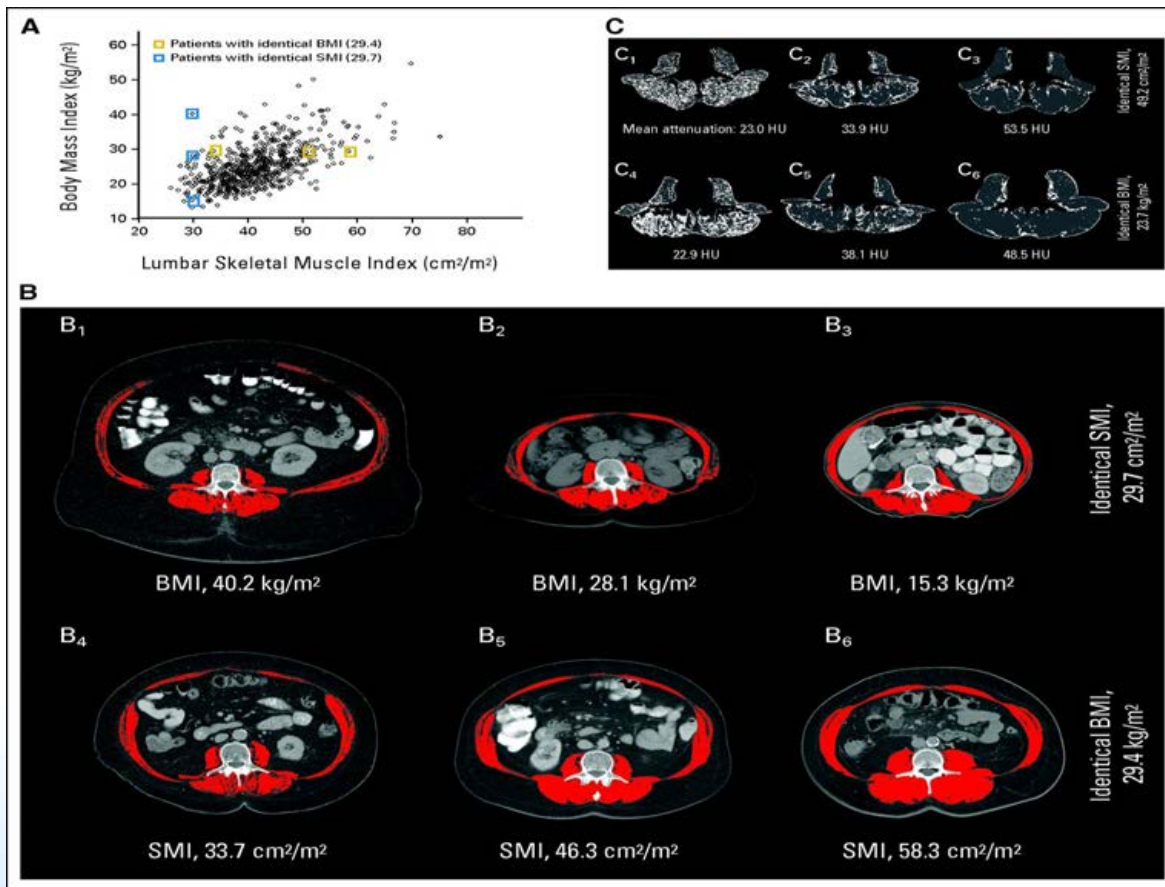
Extensive muscle wasting can be obscured by large fat mass



Fearon, K. *et al.* (2012) Understanding the mechanisms and treatment options in cancer cachexia
Nat. Rev. Clin. Oncol.

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Variation between skeletal muscle index (SMI) and body mass index (BMI) females (n = 645)



Patients with cancer cachexia by the conventional criterion (involuntary weight loss) and by two additional criteria (muscle depletion and low muscle attenuation) share a poor prognosis, regardless of overall body weight

AI identifies aging signals in CT scans



- Application of pattern recognition and machine learning as a tool for analyzing medical images
- CT scans of abdominal L4 sections (Baltimore Long Study Aging) n=1092
- Method: supervised machine learning and generic image descriptors
- Goal: insight into tissue changes (texture and morphology) with aging
- Robust aging signal found
- Males > Females
- Aging signal predominantly In Adipose tissue

Orlov Acad Radiol. 2017



Goals

- Identify those at increased risk
- Identify patients early
- Monitor relevant outcomes
- Incorporate a multidisciplinary approach

Assessment Tool

- Symptom severity assessment including appetite (e.g. ESAS)
- Checklist of nutritional impact factors and weight loss (e.g. abbreviated PG-SGA)
- Physical performance (e.g. SPPB, handgrip) dynamometer

Multidisciplinary* Management

- Physician = Pharmacological symptom management, education
- Dietitian = Nutritional counseling, protein and calorie goal
- Physical Therapist = resistance and aerobic exercise, fall prevention
- Psychologist = reframing eating, conscious control, body image
- Nurse = education, reinforcement of management plan, phone contact

Monitor Key Outcomes

- Weight change, BMI
- Appetite
- Fatigue, Nutritional impact symptoms and overall symptom burden
- Physical performance
- Body composition

Nutrition-Related Mobile Apps

- 58% U.S own smartphones
- Cost of Apps
- Dietician/expert consult available?
- Free trials
- Syncs with other apps and devices
- Reduce recording burden

Okay



Jun 27

Will Buckley

I like the concept of the app, but it just isn't there. It gives good recipes, but in the video, it doesn't say how many servings it was. I like to make just the same way, but I don't know if it is 4 servings or 20 servings. Another thing is that everything is in ounces and not cups. This is just not convenient because I had to buy a thing that had ounces. The recipes are good recipes

Good concept, bad performance

Aug 21



TXRangersGirl

I like the concept of this app, but it has not recognized a single ingredient. Furthermore, when I type in the name of the ingredient, it brings up recipes that do not contain that ingredient.



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Image recognition services estimate nutritional values dietary assessment and management



Google Cloud Vision



AWS Rekognition



Microsoft Computer
Vision

Instagaze

Zeta Metrics
Instagaze



Smartphone Applications for Promoting Healthy Diet and Nutrition: A Literature Review

- 193 articles identified in the searches
- 9 RCT's
- Comparisons to web-based app, tracking with paper, smartphone plus counseling, health education
- Use of smartphone apps associated with better dietary compliance for lower calorie, low fat, and high fiber foods, physical activity levels ($p=0.01-0.02$) more weight loss ($p=0.042-0.0001$)

Coughlin SS Jacobs J Food Nutr. 2015



Popular Nutrition-Related Mobile Apps.



- Objective: analyze main features of the most popular nutrition apps
- Compare strategies and technologies for dietary assessment and user feedback
- 13 apps qualified based on search terms and popularity
- high number of installs indicates interest for diet monitoring and recommendation
- All apps collecting dietary intake used same nutrition assessment method (food diary record) and technologies for data input (text search and barcode scanner)
- Image recognition, natural language processing, artificial intelligence, **not** identified.
- None of the apps had a decision engine capable of providing personalized diet advice

Franco JMIR Mhealth Uhealth. 2016



Mobile Apps and food recognition



A Novel Mobile Phone App (OncoFood) to Record and Optimize the Dietary Behavior of Oncologic Patients *Pilot Study*

- feasibility and applicability of a novel mobile app to assess and evaluate dietary behaviors
- 1400 nutritional records analyzed
- App=simple, set goals, recording the daily intake, a comparison of nutrient targets and current status
- All patients received nutritional analysis and nutritional counseling
- 12 also used the app vs control
- Weight and body composition evaluated after 4 weeks



Oncofood app screenshots



Preferences

username: John Doe
(user ID: 5)

formulate objectives

fiber, grams/day: 80

energy, kcal/day: 2500

proteins, grams/day: 150

carbohydrates, grams/day: 300

weight in kilograms: 70

CANCEL FINISH

Nutritional goals and weight

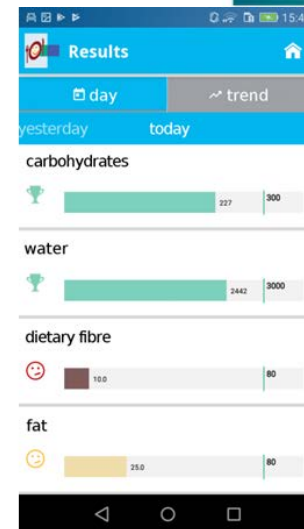
New: today, breakfast

food items	number of servings
orange juice glass of 200.0 grams	1.0
oats portion of 10.0 grams	3.0
fruit yoghurt, 3.5% fat cup of 10.0 grams	1.0

+ ADD FOOD ITEMS PHOTO

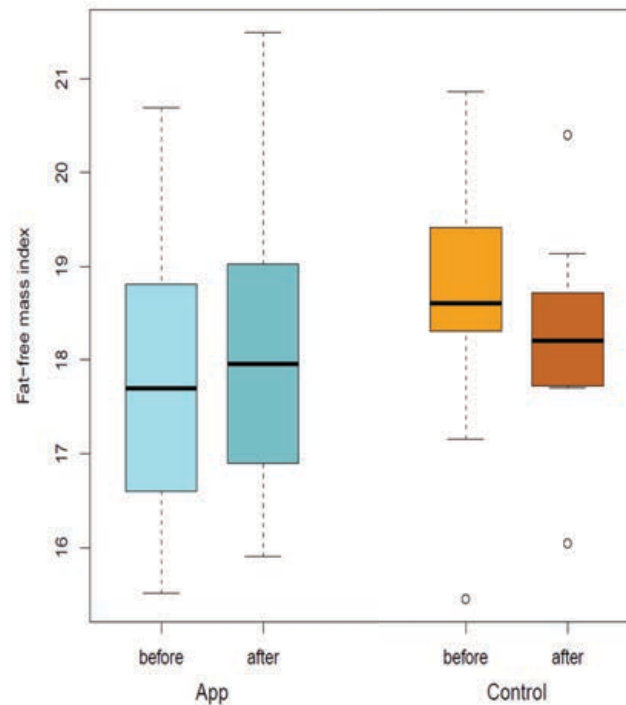
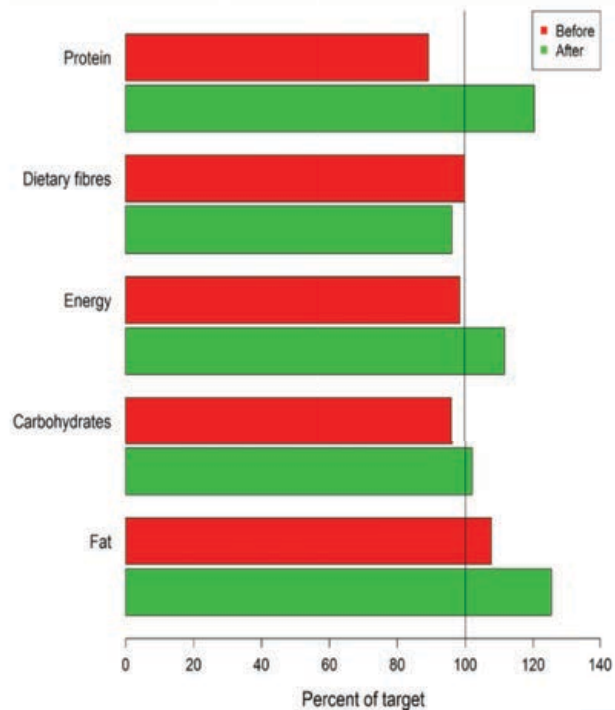
CANCEL FINISH

Daily food record
Keyboard or voice



Nutritional goals met





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Opportunities

- Easy, accurate dietary records with image recognition
- Show patterns of protein and daily calorie consumption, along with energy expenditure
- Motivational Feedback to modify behavior
- Combined with data from shopping, grocery delivery services, app users are guided to order groceries using recipes that better replace macronutrients and taste better



Internet of Medical Things

- Tracking physical activity
- Overcoming inaccuracy
- Interconnected devices
- Medical and non-medical



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SAFETY FRANCISCO

ORTIVE CARE
S EXCELLENT
R CARE POSSIBLE



Summary AI and cachexia



- Enhance assessment of body composition, muscle quality, calorie needs, metabolic rate, physical activity, muscle risk
- Enhance screening and prediction for cachexia and identify clinically relevant pre-cachexia/cachexia conditions
- Enhance assessment + management of dietary patterns and behavior
- Individualize management for a multi-domain, heterogeneous syndrome
- Underserved gain increased access to assessment & Mx
- Identify effective pharm Rx (old, repurposed, new)



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