

Artificial Intelligence for the Development of Audio Biomarkers and Remote Medicine

Marcelo Finger - Coordinator, CS-IME-USP

Universities - USP, UTFPR, UNESP

Computer Science, Faculty of Medicine, Linguistics and Letters, Mathematical Sciences and Speech Therapy















SPIRA: System for Early Detection of Respiratory Insufficiency via Audio Analysis

Why detect respiratory insufficiency?

Initial response of the Artificial Intelligence (AI) area to the COVID-19 pandemic

- Silent hypoxia, serious COVID-19 symptom
- But also: Influenza (H1N1), heart disease, lung problems, sleep disorders, anxiety attacks, etc.

Idea

- Ester C. Sabino, FM-USP
- Anna Sara Levin Shaferman, FM-USP
- Marcelo Finger, IME-USP



Project Start

- Approval from Ethics Committee (CEP-HC-FMUSP)
- Financing: Fapesp Project 2020 / 06443-5
- Organization of a multidisciplinary team
- Phase 1: Pandemic 1st wave. June/July 2020
- Phase 2: After vaccination started. July 2022- July 2023

Project Organization: Phase 1

Database construction: speech as a biomarker, "wild" data

Pre-processing of audio samples

Three investigative fronts:

1.Prediction: Big Data Approach (Black Box)

2. Detecting Respiratory insufficiency with Machine Learning

3.Data description: **Small data** approach (White box)

4. Statistical description of respiratory failure in audio samples

5.Software development for data collection/prediction



Initial Dataset Construction

Covid19 Voices

Approx 600 samples HC+HU+BP



Collecting ward backgrund noise



Healthy Voices (Control) Over 6000 voice donations





Data Collection: Phase 1

- Nurses and doctors unavailable (pandemic overload)
- Collection made by medical students or foreign medical visitors, coordinated by Dr Anna Sara Levin

- Cell phone use in COVID wards (no special equipment)
- Program via whatsapp (opus format)
- COVID wings:
 - Public university hospitals: Hospital das Clínicas, University Hospital
 - Private hospital: Beneficência Portuguesa
 - First wave of the pandemic (06-07/2020)

Pre-processing

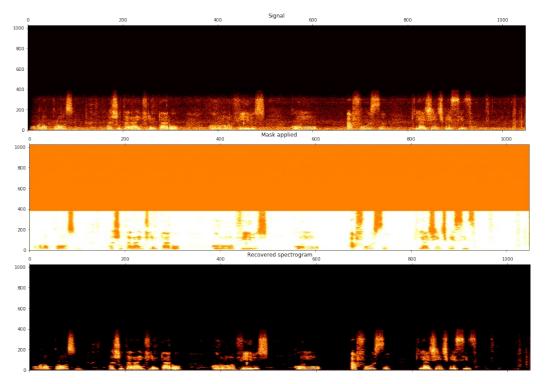
Background bias

- Very noisy COVID wards
- Donations in "different" environments

Would we lose information in sound filtering?

Need to compensate for bias due to background noise

Dilemma: noise reduction *vs* **noise insertion**

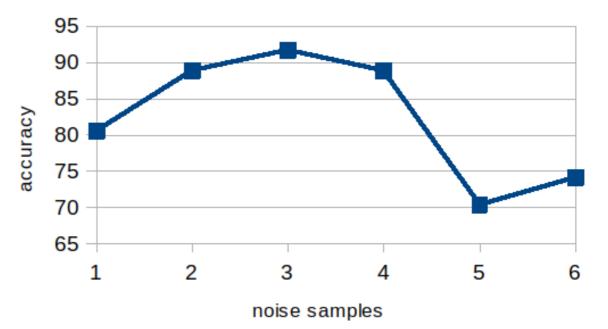


Big Data: Results

Balanced data: patient/control, gender, age

Technique for dealing with audio bias in "real" situations

- Neural networks over MFCC-grams
- Insertion of noise in patient and control data
- CNN Technique: Accuracy 91%



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Respiratory insufficidency can be detected in speech with 96.5% accuracy, using Transformers neural nets

Small Data: Signal Description

Two general hypotheses

- Pauses are longer in patients
- Most frequent vocal deviation in patients

Results: Pause as a Biomarker for COVID-19: First prize at the Brazilian Speech Therapy Symposium

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To do: Identification of differences between patient/control groups:

- temporal measures
- prosodic measures
- spectral measurements

Other Results

- INTERSPEECH Stefan Steidl Computational Paralinguistics Award, COVID-19 Cough Sub-Challenge Prize 2021.
- First Place: Speech Emotion Recognition in Portuguese, SE&R2022

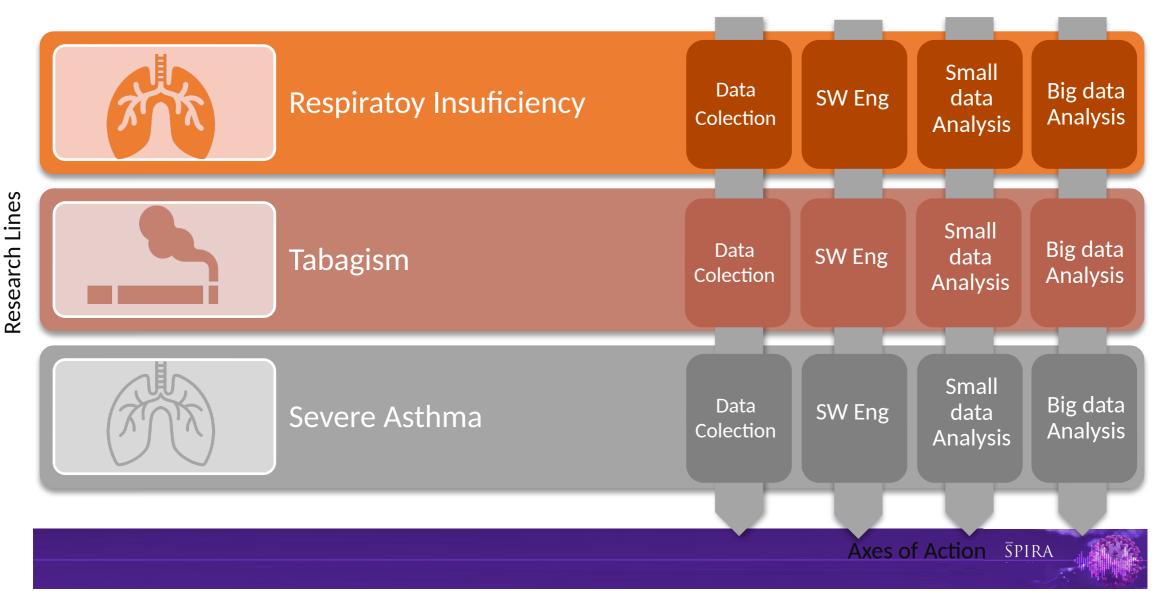
Second Phase

Second phase data collection (BP, UNIMAR, Sta Casa Marília):

- 1. General respiratory insufficiency
- 2. Influenza (H1N1), heart disease, lung problems, severe asthma, sleep disorders, psychiatric disorders, post-covid, etc.
- 3. IR source classification by machine learning
- 4. SpO2 prediction by voiceSegunda fase de coleta de dados (BP, UNIMAR, Sta Casa Marília)



Project Sequel: Respiratory Biomarkers



SPIRA-BM: Respiratory Insufficiency Audio Biomarkers

- Detection of RI from several etiologies (causes):
 - Heart condition, COPD, Influenza, Asthma etc, besides COVID

- Predicting the most probable etiology for RI
- Oxygen Saturation regression (SpO2)
 - Early results show this is harder than RI detection
- Clinical tests for AI tool

SPIRA-BM: Tabagism

- Estimation of COex
 - Can exhaled CO be detected by audio analysis?
 - Gamification of Smoking Cessation
- Estimation of "Tabagistic Load"
 - Can we detect the number of years of smoking activity by audio analysis?
- Respiratory insufficiency due to smoking



SPIRA-BM: Severe Asthma

- Prediction of asthma exacerbation (attack) by audio analysis
 - Improve patient quality of life
 - Decrease costs due to hospitalization
- Can we predict an attack 48h before it occurs
 - Development of new therapies (respiratory physical therapies)
- Respiratory insufficiency due severe asthma





OBRIGADO! Marcelo Finger mfinger@ime.usp.br

















Anunciando: Bolsa de Jornalismo Científico JC-3 da Fapesp

Falar com Marcelo Finger em <u>mfinger@ime.usp.br</u>

