

Artificial Intelligence for Remote Patient Monitoring: Advancements, Applications, and Challenges

Authors:

Mehrdad Farrokhi

ERIS Research Institute

Fatemeh Taheri

Islamic Azad University Pharmaceutical Sciences Branch

Amir Moeini

ERIS Research Institute

Masoud Farrokhi

ERIS Research Institute

Sayed Alireza Mousavi Zadeh

TOR VERGATA University of Rome

Maryam Farahmandsadr

University of Florida Health

Ehsan Bahrami Hezaveh

Shahid Beheshti University of Medical Sciences

Ali Davoodi

Fasa University of Medical Sciences

Sepideh Niknejad

Fasa University of Medical Sciences

Mahmonir Bayanati

West Tehran Branch, Islamic Azad University

Barzan Soleimani

DR. MEHRDAD FARROKHI

Razi University Kermanshah

Saeedeh Shirdel

Tehran University of Medical Sciences

Mohammad Hamidi Madani

Shahid Beheshti University Of Medical Sciences

Fatemeh Pourali

Khayyam University of Mashhad

Yasser Asghari Vostacolae

Babol University of Medical Sciences

Seyedmohammadmahan Mir Nasiri

Islamic Azad University, Medical Sciences Branch, Tehran

Farzaneh Alvandi

Zanjan University of Medical Sciences

Pegah Moharrami Yeganeh

Zanjan University of Medical Sciences

Fateme Nozari

Tehran University of Medical Sciences

Fatemeh Malek

Shahid Beheshti University of Medical Sciences

Saman Rabiei

Fasa University of Medical Sciences

Seyed Pooriya Moshashaei

Kerman University of Medical Sciences

Seyed Hasan Khatami shal

Guilan University of Medical Sciences

Ashkan Azizi

Tehran University of Medical Sciences

Mohammad Mehdi Shadravan

ARTIFICIAL INTELLIGENCE FOR REMOTE PATIENT MONI...

Shahid Beheshti University of Medical Sciences

Mahyar Noorbakhsh

Kashan University of Medical Sciences

Habib Azimi

Tabriz University of Medical Sciences

Ehsan Fayyazishishavan

The University of Texas Health Science Center at Houston
(UTHealth)

Maryam Amini Rankouhi

Islamic Azad University, Central Tehran Branch

Ghazal Daftari

Tehran University of Medical Sciences

Elahe Abdi Bastami

Isfahan University of Medical Sciences

Zohreh Ranjbar

Islamic Azad University Qazvin Branch

Ziba Abbasian

Texas A&M University Corpus Christi

Abdolreza Rouientan

Shahid Beheshti University of Medical Sciences

Mohadese Ahmadzade

Pardis Noor Medical Imaging Center

Halimberdy Gharajeh

Islamic Azad University (Aliabad Katool branch)

Rahil GhorbaniNia

Bam University of Medical Sciences

Reza Fathazam

Shiraz University of Medical Sciences

DR. MEHRDAD FARROKHI

Marjan Dehdilani

Tabriz University of Medical Sciences

Mehrdad Mohammadian

Iran University of Science and Technology

Fataneh Bakhshi

Guilan University of Medical Sciences

Atieh Sadeghniaat-Haghighi

Tehran University of Medical Sciences

Nasim Nouri

Shahid Beheshti University of Medical Sciences

Parya Safarkhanlou

Islamic Azad University of Tabriz

Kourosh Shahraki

Zahedan University of Medical Sciences

Mohammad Khosousi Sani

Shahid Beheshti University of Medical Sciences

Roya Khorram

Shiraz University of Medical Sciences

Somayeh Doosti

University of Zanjan

Fatemeh Rostamian Motlagh

Islamic Azad University of Sari

Roozbeh Roohinezhad

Iran University of Medical Sciences

Setareh Hedayati Emami

Iran University of Medical Sciences

Fatemeh Kazemi

Alborz University of Medical Sciences

ARTIFICIAL INTELLIGENCE FOR REMOTE PATIENT MONI...

Ali Karami-Nejad

Amirkabir University of Technology

Ramila Abedi Azar

Iran University of Science and Technology

Zahrasadat Rezaei

Tehran University of Medical Sciences

Babak Goodarzy

Iran University of Medical Sciences

Paniz Sabeghi

Shiraz University of Medical Sciences

Behzad Garousi

Tehran University of Medical Sciences

Mostafa Yahyazadeh Andevari

Tehran University of Medical Sciences

Book Details:

Publisher: Kindle

Publication Date: February 2024

Language: English

Dimensions: 5 x 0.39 x 8 inches

© Kindle and PreferPub 2024

ISBN-13: 979-8879515923

This peer-reviewed book is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specially the rights of translation, reprinting, result of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

Contents

Chapters

- 1- Artificial Intelligence for Remote Monitoring of Patients with Renal Diseases
- 2- Artificial Intelligence for Remote Monitoring of Patients with Neurological Diseases
- 3- Artificial Intelligence for Remote Monitoring of Patients with Gastrointestinal Diseases
- 4- Artificial Intelligence for Remote Monitoring of Patients with Cardiovascular Diseases
- 5- Artificial Intelligence for Remote Monitoring of Patients with Dermatological Diseases
- 6- Artificial Intelligence for Remote Monitoring of Patients with Ophthalmological Diseases
- 7- Artificial Intelligence for Remote Monitoring of Patients with Infectious Diseases
- 8- Artificial Intelligence for Remote Monitoring of Patients with Oral Diseases
- 9- Artificial Intelligence for Remote Monitoring of Patients with ENT Diseases
- 10- Artificial Intelligence for Remote Monitoring of Patients with Musculoskeletal Diseases
- 11- Artificial Intelligence for Remote Monitoring of Patients with Psychiatric Diseases
- 12- Artificial Intelligence for Remote Monitoring of Patients with Gynecological Diseases

DR. MEHRDAD FARROKHI

13- Artificial Intelligence for Remote Monitoring of Patients with Cancers

14- Artificial Intelligence for Remote Monitoring of Patients with Other Diseases

ARTIFICIAL INTELLIGENCE FOR REMOTE PATIENT MONI...

1- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH RENAL DISEASES

Introduction

Chronic kidney disease (CKD) and other renal diseases represent a significant global health burden, affecting millions of individuals worldwide. Managing these conditions requires continuous monitoring of various parameters such as renal function, fluid status, electrolyte balance, and medication adherence. Traditional methods of monitoring often involve regular clinic visits, which can be burdensome for patients and healthcare systems alike, particularly in remote or underserved areas. However, recent advancements in artificial intelligence (AI) and remote monitoring technologies offer promising solutions to improve the management of renal diseases. This article explores the applications of AI in remote monitoring of patients with renal diseases, including the benefits, challenges, and future prospects.

Artificial intelligence (AI), originating in computer science, aims to emulate human-like cognitive functions such as visual perception

and decision-making. AI is rapidly transforming various aspects of our lives, including healthcare, and its relevance has surged in diverse sectors like medicine. The history of AI can be traced back to the 1950s when John McCarthy coined the term “AI” in 1956 at Dartmouth College. Early AI research was rule-based, exemplified by the Logic Theorist developed by Newell and Simon in 1955. The focus shifted to machine learning in the 1970s, introducing algorithms like neural networks. The 1990s marked advancements in natural language processing, facilitated by the burgeoning World Wide Web.

The emergence of big data has enabled AI algorithms to access and learn from a vast volume of data, resulting in enhancements in numerous tasks. Currently, AI is utilized across a broad spectrum of sectors, and its possible future uses are confined only by the bounds of our creativity. Additional investigative efforts in AI are expected to promote even more notable progressions in the field. Observing the unfolding future of this swiftly evolving domain is undoubtedly exciting. AI has the potential to revolutionize healthcare by enabling preventive and precision medicine at a lower cost. One promising application of AI in healthcare is remote patient monitoring, which involves using digital technologies to monitor patients' vital signs and symptoms outside of conventional clinical settings.

Remote patient monitoring using AI has gained significant attention in recent years due to various medical, economic, and social factors. With an aging population and growing prevalence of chronic diseases, there is an increasing demand for cost-effective solutions to provide continuous quality care for patients. At the same time, advancements in areas such as wireless sensors, cloud computing, and AI have enabled collecting, transferring, and analyzing patient health data remotely. This has the potential to reduce hospital readmissions and healthcare costs by facilitating early detection of deterioration in health and enabling timely interventions.

AI is now being used for applications such as automated interpretation of sensor data, predictive analytics for risk stratification of patients, and clinical decision support for remote patient monitoring programs. Deep learning algorithms are being used for tasks such as screening electrocardiograms, classifying sounds, and interpreting images from portable monitoring devices. AI and machine learning methods are also being explored for identifying patterns and correlations in large real-world remote patient monitoring datasets that can provide useful insights for early detection of adverse outcomes.

However, there are also several technical, implementation, and regulatory challenges that

need to be addressed for AI to reach its full potential in remote patient monitoring. Ensuring data privacy and security is critical as patient health data is collected outside secure hospital networks and transmitted over the internet. Developing algorithms that can match human-level clinical reasoning and handle biases in real-world datasets continues to be an active area of research. Regulatory policies need to balance innovation with oversight to build public trust in AI for healthcare applications.

This book aims to provide an overview of the advancements, applications, and challenges of using AI technologies for remote patient monitoring. Moreover, this book will delve deeper into specific technical aspects, use cases, implementation considerations, and policy issues. It is hoped that this book will serve to promote a better understanding of how AI can help transform remote patient monitoring for improved patient outcomes and efficiencies in healthcare delivery systems worldwide.

Overview of Renal Diseases

Chronic Kidney Disease (CKD): CKD is characterized by the gradual loss of kidney function over time, leading to a decline in glomerular filtration rate (GFR) and accumulation of waste products in the body. **End-Stage Renal Disease (ESRD):** ESRD occurs when kidney

function declines to the point where renal replacement therapy, such as dialysis or kidney transplantation, is required to sustain life. **Acute Kidney Injury (AKI):** AKI is a sudden and often reversible loss of kidney function, commonly caused by conditions such as dehydration, sepsis, or nephrotoxic medications.

Challenges in Remote Monitoring of Renal Patients

Limited Access to Healthcare: Many patients with renal diseases live in remote or underserved areas with limited access to healthcare facilities, making regular clinic visits difficult. **Burden of Disease Management:** Managing renal diseases often requires frequent monitoring of parameters such as blood pressure, serum creatinine, and urine output, which can be burdensome for patients and caregivers. **Variability in Patient Data:** Renal diseases exhibit considerable variability in disease progression and treatment response among patients, necessitating personalized monitoring strategies.

Applications of Artificial Intelligence in Remote Monitoring

Predictive Analytics: AI algorithms can analyze patient data, including demographic information, laboratory results, and vital signs,

to predict the risk of disease progression or adverse events such as hospitalizations or mortality. Remote Biomarker Monitoring: Wearable devices equipped with sensors can continuously monitor biomarkers such as serum creatinine, electrolytes, and urine protein levels, providing real-time data to clinicians for early intervention. Medication Adherence: AI-powered applications can track medication adherence by monitoring pill bottle usage, prescription refills, or patient-reported data, helping to optimize medication management and prevent complications. Telemedicine Consultations: AI-driven chatbots or virtual assistants can facilitate telemedicine consultations with renal specialists, allowing patients to receive expert advice and guidance remotely without the need for in-person visits. Remote Dialysis Monitoring: AI-enabled devices can monitor dialysis parameters such as blood flow rates, ultrafiltration volumes, and dialysate composition, enabling remote monitoring of dialysis sessions and early detection of complications.

Benefits of AI-Based Remote Monitoring

Improved Access to Care: AI-powered remote monitoring enables patients to receive timely care and support regardless of their geographic location, reducing barriers to access

and improving health outcomes. **Personalized Treatment:** AI algorithms can analyze large datasets to identify patterns and trends in patient data, enabling personalized treatment plans tailored to individual needs and preferences. **Early Detection of Complications:** Remote monitoring allows for continuous surveillance of patient parameters, enabling early detection of complications such as fluid overload, electrolyte imbalances, or medication non-adherence. **Cost Savings:** By reducing the need for frequent clinic visits and hospitalizations, AI-based remote monitoring can lead to cost savings for healthcare systems and payers while improving patient satisfaction and quality of life.

Challenges and Limitations

Data Security and Privacy: Remote monitoring systems must adhere to strict data security and privacy regulations to protect patient confidentiality and prevent unauthorized access or data breaches. **Integration with Existing Healthcare Infrastructure:** AI-based remote monitoring solutions must be seamlessly integrated with existing electronic health record (EHR) systems and healthcare workflows to ensure interoperability and adoption by healthcare providers. **Regulatory Approval:** AI algorithms used in medical devices or software applications must undergo rigorous testing and validation to

obtain regulatory approval from agencies such as the Food and Drug Administration (FDA) or the European Medicines Agency (EMA). Patient Acceptance and Engagement: Patients may have concerns about the use of AI in healthcare and may require education and support to fully engage with remote monitoring technologies.

Future Directions and Research Opportunities

Longitudinal Studies: Long-term studies are needed to evaluate the effectiveness of AI-based remote monitoring in improving clinical outcomes, reducing healthcare costs, and enhancing patient satisfaction and quality of life. **AI-Driven Precision Medicine:** Advances in AI and machine learning techniques hold promise for the development of personalized treatment algorithms that can predict individual patient responses to interventions and optimize therapeutic outcomes. **Collaborative Research Initiatives:** Collaborative efforts between academia, industry, and healthcare providers are essential for advancing the field of AI-based remote monitoring and translating research findings into clinical practice.

Conclusion

Artificial intelligence offers exciting opportunities to revolutionize the remote monitoring of patients

with renal diseases, providing personalized, timely, and cost-effective care to improve health outcomes and quality of life. While challenges and limitations remain, ongoing research and innovation hold promise for addressing these issues and realizing the full potential of AI in renal healthcare. By embracing AI-based remote monitoring technologies, healthcare providers can enhance patient care, reduce healthcare disparities, and ultimately, save lives.

2- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH NEUROLOGICAL DISEASES

Introduction

In the COVID-19 pandemic, hospitals became high-risk environments, and home-based essential care rapidly grew. A new evolving field in healthcare is remote patient monitoring (RPM) and telehealth, designed to help clinicians gain insights into their patients' home care. RPM, with new wearable devices, telehealth applications, and contact-based sensors, has been applied for monitoring chronically ill and elderly patients in remote areas. It is also attractive for monitoring post-surgery patients or unconscious patients in the ICU. RPM commonly measures physiological parameters such as vital signs, heart rate variability (HRV), heart rate (HR), blood oxygen levels, blood pressures (BP), EKG parameters, and motion recognition for better clinical judgment and treatment plans.

In the past decade, with digital data generation by the healthcare industry, Artificial intelligence (AI) has been integrated into RPM systems for better analysis of big data created by patients. Although

we are still in the beginning, many authorities believe that AI and subdivisions such as deep learning (DL) and machine learning (ML) can be effective at improving outcomes due to these benefits:

1. AI enables real-time and continuous patient health monitoring, alerting healthcare providers to early detection of potential problems.
2. Healthcare providers can better manage chronic neurological diseases with AI. They can monitor patients' progress and adjust treatment plans if needed, reducing hospitalization.
3. AI-powered RPM can also allow individuals to take better self-management. They can monitor their health remotely and communicate with healthcare providers more efficiently.

Significant decreases in birth rates and increases in life expectancy have caused most Western countries to encounter aging and chronic conditions such as neurological diseases. Some of these neurological diseases have socioeconomic burdens for healthcare systems, and difficult challenges for medical staff and caregivers have emerged. AI-based monitoring systems can assist in managing neurological diseases remotely.

AI is the comprehensive concept that encompasses the integration of human intelligence into machines, first proposed by John McCarthy in 1956. AI, a broad term, denotes the utilization

of computers to model intelligent behavior with minimal human intervention and is widely acknowledged to have commenced with the invention of robots. Machines acquire problem-solving and decision-making capabilities akin to those of the human brain and have experienced significant growth in the past decade. AI comprises several subfields, including Machine Learning (ML), Deep Learning (DL), Natural Language Processing (NLP), and Computer Vision (CV).

Neurological disorders pertain to diseases affecting the peripheral and central nervous systems, leading to considerable impairment in mobility and daily activities. Common symptoms encompass muscle weakness, paralysis, seizures, pain, poor coordination, and loss of consciousness. Emerging technologies such as rehabilitation robots and brain-computer interfaces exhibit potential for enhancing rehabilitation outcomes. Neurorehabilitation, with a focus on motor, sensory, speech, cognitive, and environmental interactions, aims to address the repercussions of neurological diseases, including neurodegenerative disorders and stroke, which impose a significant burden on the healthcare system.

Survivors of neurological diseases often experience substantial impairment in mobility and daily activities, necessitating extensive

rehabilitative interventions to help them regain lost skills and restore independence. Subtle abnormal motor symptoms serve as indicators of serious neurological diseases. Although neurological deficits demand prompt initiation of treatment within a limited timeframe, detecting and objectively assessing symptoms pose challenges for non-experts. Acute stroke caused by large vessel occlusions (LVOs) requires prompt detection and treatment through endovascular thrombectomy. However, radiologic LVO detection and treatment are prone to variable delays and dependence on human expertise, resulting in increased morbidity.

Imaging software employing AI and machine learning (ML), a subset of AI, holds promise for enhancing the rapid frontline detection of LVO strokes, facilitating expedited treatment. Reliable and explainable Artificial Intelligence is essential for comprehending the complex interactions between MS manifestations and providing reliable predictions regarding disease evolution, representing a promising research avenue.

AI finds numerous applications in acute stroke imaging, including the identification of ischemic and hemorrhage subtypes. It aids in various aspects of stroke treatment, such as infarct or hemorrhage detection, segmentation, classification, large vessel occlusion detection, Alberta Stroke Program Early CT Score grading,

and prognostication. Emerging AI techniques, such as convolutional neural networks, exhibit promise in efficiently and accurately performing these tasks. Recent advancements in AI have enhanced the classification, quantification, and identification of diagnostic patterns in images for a range of diseases, particularly MS. Importantly, data generated using AI techniques can be analyzed automatically, offering a faster and easier alternative to manual methods.

Neurological disorders encompass brain, behavioral, or cognitive disorders affecting both the central and peripheral nervous system, leading to difficulties in speech, learning, walking, and movement, ranging from neurodegenerative to neurodevelopmental and psychiatric. Common neurological disorders include dementia (e.g., Alzheimer's disease), epilepsy, multiple sclerosis, Parkinson's disease, traumatic brain injury, and migraine headache. The impact of these disorders on social health and mortality is severe, potentially resulting in other precarious diseases. According to the World Health Organization (WHO), neurological disorders caused 95 million disability-adjusted life years globally in 2015 and are expected to exceed 103 million in 2030.

Information and communications technologies (ICTs) are gradually being incorporated into healthcare, enabling healthcare professionals to provide remote health services, with Artificial

intelligence (AI) showing promise in facilitating human or virtual interactions. Managing neurological diseases is feasible through advances in AI and machine learning (ML). With the introduction of computed tomography (CT) in the 1970s and magnetic resonance imaging (MRI) in the 1990s, Neurologists have already demonstrated the value of AI in the detection of structural brain lesions.

The utilization of artificial intelligence (AI) in the early detection, prediction, and remote monitoring of neurological disorders is extensive. Various AI subfields, including expert systems (e.g., problem-solving), Natural language processing (e.g., Analyzing and managing large datasets), Automated planning and scheduling activities, Image and signal processing, and smart devices, contribute to this effort. Examples of AI applications in remote monitoring of neurological disorders include monitoring asymptomatic arrhythmias and tremors with Apple Watch, improving medication adherence, seizure type identification with EpiFinder, movement control, and speech recognition.

The remote patient monitoring process enables the management and monitoring of all health records of neurological patients, predicting future symptoms. A combination of smartphone applications and wearable devices, including IMU sensor belts and accelerometer bracelets, is used to

assess quality of life, sleep, and motor function.

Both patients and clinicians can benefit from combining AI and Teleneurology, a method for remote neurological disorder monitoring. This approach can reduce delays in care during neurological emergencies, improve physician burnout, and streamline workflow.

Dementia

Dementia is one of the most common neurological and psychiatric problems in the world. Some AI-related PRM schedules include:

COACH "the Cognitive Orthosis for Assisting Activities," an AI-based monitoring system that assists dementia patients with their daily activities. For example, this system monitors the patient's handwashing procedure and decides to deliver visual or verbal prompts to the patient.

Smart homes consist of environmental monitors (for example, bath and cooker monitors), object locators, automated light night systems, and digital verbal and visual message boards for instructions. This technology has a promising effect on patients' independence.

Migraine

Migraine is one of the most common neurological diseases globally, and AI-based predictive mobile applications can alert patients of migraine attacks.

They also help to reduce migraines by monitoring lifestyle factors and everyday triggers. Another example of AI-based PRM is medication adherence monitoring, where AI sends notifications and reminders for better patient drug adherence.

Movement Disorders

Parkinson's disease (PD) is one of the most degenerative diseases with motor impairment and cognitive problems. Remote monitoring of parkinsonian symptoms allows for self-management of symptoms and conditions at home. Digital technologies such as smart devices and sensors allow for continuous monitoring of disease progression and management. These wearable devices and sensors can assess motor problems such as rigidity, bradykinesia, tremor, and freezing, as well as non-motor features such as falling and sleep dysfunctions. Analysis of collected data by AI can monitor patients' situations and disease progression remotely and improve diagnostics and management of the patients.

AI-powered PRM is a growing field in the management of neurological diseases, and this field will be very important in the future with the increasing amounts of data and help to precision medicine. Also, we need to standardize AI algorithms for digital devices such as applications, wearable devices, smartphones, and sensors for

better remote monitoring.

Stroke

A cerebral stroke or brain attack is characterized by a focal neurological deficit lasting over 24 hours or causing death due to cerebral circulation impairment. According to WHO, strokes caused 5.7 million deaths and 16 million new cases in 2005, with estimates increasing to 7.8 million deaths and 23 million new cases by 2030. In the United States, strokes account for nearly \$45 billion in annual expenses for prolonged neurological disabilities in adults. Hence, reducing rising costs requires a streamlined healthcare approach and technological improvements. Given their limited mobility and difficulties in strength, balance, and gait, applying the correct rehabilitation measures at the right time is crucial. There is significant potential to enhance rehabilitation access with mobile technology; for example, Sureshkumar et al. (2015) studied the use of smartphones to provide educational training to people with physical impairments after a stroke. Additionally, accelerometers, IMU-based activity monitors, and pressure sensors are commonly used wearables for detecting gait and mobility. Patients' mobility or physical activity in everyday life can be monitored using wearable motion sensors, such as inertial measurement units (IMUs). In the study by Derungs et al (2020),

a smartphone app was used to monitor the energy expenditure of all extremities during training and daily living.

Strokes can be caused by atrial fibrillation (AF), the most common type of cardiac arrhythmia, which increases with age. Smartwatch and smartphone apps specifically designed for the elderly at risk of AF can facilitate monitoring. A noninvasive optical technique called photoplethysmography (PPG) measures pulse through a light sensor, providing real-time blood pressure and heart rate data, enabling clinicians to monitor stroke patients.

Alzheimer's Disease

Alzheimer's disease (AD) is the most common form of dementia, leading to memory loss, cognitive impairment, and behavioral changes. It ranks as the fifth leading cause of death globally, affecting approximately 45.0 million people. Among individuals aged over 65 years, it stands as the most common form of central nervous system (CNS) disorder, resulting in altered brain morphology and eventual death. Consequently, there's a high demand for life-support devices among AD patients. However, AI can aid clinicians in various tasks and patient monitoring. The use of remote monitoring technologies (RMTs), including home-based sensors, smartphone applications, and wearables

(such as activity trackers), offers noninvasive and objective monitoring.

Healthcare technologies in the field of biomedical engineering (BME) facilitate the safe execution of daily routine tasks for AD patients through medical care support devices. For instance, voice assistant devices assist AD patients in their daily lives by delivering sound notifications about medication schedules, appointments, and dates. Additionally, smartwatches can track caregiver locations, monitor heart rates, receive text and voice messages, provide vibration notifications, and offer push-button help for emergency situations. Wearable devices, such as the Empatica E4 bracelet, are popular Assistive Technologies (AT) that measure body movement in three axes, electrodermal activity, heart rate, and its variability. Smart wristbands, like the Eclipse designed for Alzheimer's patients, incorporate sensors capable of monitoring location, wrist movements, skin temperature, and interbeat interval (IBI), heart rate (HR), and electrodermal activity (EDA).

Remote and continuous monitoring of Alzheimer's disease is facilitated by embedded sensors in smartphones and tablets, as well as ambient sensors in smart homes. These sensors monitor both environmental and human signals to provide contextual information. Personal home sensor networks (PHSNs) are utilized to monitor

patients' activities and cognitive performance, consisting of Local Sensor Groups (LSGs). LSGs employ adaptation and learning techniques for intelligent agents to monitor changes in patient behavior possibly linked to cognitive decline over the medium to long term. Through continuous monitoring, they can also provide automatic assistance through smart voice assistants, prerecorded messages, or by alerting caregivers for timely intervention.

Parkinson

Parkinson's disease (PD) is a progressive neurological and neurodegenerative disorder characterized by the loss of dopaminergic neurons in the substantia nigra. PD presents symptoms such as rigidity, bradykinesia, tremors, loss of postural reflexes, behavioral issues, olfactory disturbances, sleep disturbances, and speech difficulties. Consequently, both the motor and non-motor manifestations severely impair PD patients' quality of life (QoL), complicating treatment and monitoring. However, the integration of AI and machine learning algorithms with wearable devices has led to advancements in the management of neurodegenerative movement disorders like PD.

The utilization of wearables and mobile sensors is extensively studied in disorders such as Parkinson's disease to track fluctuations in motor

function remotely. Notably, a digital therapeutic platform can deliver personalized evidence-based treatment remotely and integrate with mobile health platforms and devices, sensors, or wearables, enhancing functionality. It can improve walking ability by digitizing Rhythmic Auditory Stimulation (RAS), a supported intervention. Smartphones collect sensor data during various passive and active tests such as balance (postural instability), hand strength, gait (walking pattern), tremor, and voice quality, enabling remote patient monitoring. As part of Parkinson's management, Lakshminarayana et al. (2017) utilized the Parkinson's Tracker App (PTA), an Internet-enabled self-management and medication adherence app. Additionally, patients with late-stage Parkinson's disease can benefit from monitoring systems using wireless, wearable sensors and web-based systems that provide clinically relevant data.

DR. MEHRDAD FARROKHI

ARTIFICIAL INTELLIGENCE FOR REMOTE PATIENT MONI...

3- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH GASTROINTESTINAL DISEASES

Introduction

Since 2010, artificial intelligence (AI) has rapidly evolved, and the medical application of this technology has expanded across various specialties. The field of Gastroenterology & Hepatology offers a compelling opportunity for AI implementation since it relies extensively on histopathology, endoscopy, and radiologic imaging for diagnostic, prognostic, and monitoring purposes.

Inflammatory bowel disease (IBD) is a complex and chronic disorder comprising Crohn's disease (CD) and ulcerative colitis (UC). IBD results from a dysregulated inflammatory response to the microflora of the intestines. The global incidence of IBD has increased, becoming a worldwide burden. As a heterogeneous and relapsing disease, IBD can progressively damage the GI tract. The treat-to-target strategy is an approach impacting the complex nature of the disease in an attempt to improve long-term outcomes. However, we have a poor ability to predict disease course; therefore,

identifying optimal monitoring methods avoids irreversible outcomes.

Magnetic resonance (MR) and computed tomography (CT) enterography, combined with endoscopic evaluation known as cross-sectional imaging, are fundamental for monitoring CD. In a study of 53 CD patients, AI-assisted measurements of bowel wall thickness assessed in MR enterographies showed significantly smaller variance of measurements and higher intraclass correlation than paired radiologists. In a multicenter retrospective study, the CT enterographies of 167 CD patients who underwent bowel resection were reviewed for predicting fibrosis by a radiomic model developed using a deep learning approach, showing that the radiomics model outperformed two radiologists' interpretations in differentiating intestinal fibrosis.

Despite novel insights into disease biology leading to major breakthroughs in therapeutic options for IBD and its outcomes, a significant number of individuals' response to therapy is either absent or lost over time. Analysis of available data sources has shown promising value for therapeutic guidance of IBD. AI algorithms were able to predict the remission of 594 CD patients, defining remission as not using corticosteroid treatment at the 52nd week of receiving vedolizumab (VDZ). Another model developed by machine learning

efficiently predicted the activity or inactivity of UC disease in 55 patients under anti-tumor necrosis factor α regimen at the 12-month follow-up.

Nonalcoholic fatty liver disease (NAFLD) is a condition defined by fat accumulation (steatosis) in hepatocytes in the absence of significant alcohol consumption or other etiologies causing chronic hepatic disorder. The severe form of NAFLD known as non-alcoholic steatohepatitis (NASH) can progress to cirrhosis and malignancy, causing mortality in a significant proportion of patients. Therefore, effective approaches for identifying therapy response, risk assessment, and monitoring disease course are necessary. An approach based on machine learning evaluated histopathological data extracted from liver biopsies of over 3000 NASH patients from three randomized controlled trials. Application of this machine learning-based model proved to be a sensitive and reproducible approach, making it superior to human assessments, for monitoring the risk of disease progression and the response to treatments.

AI is a concept in computer science that involves the application, development, and design of computer programs and algorithms capable of performing cognitive functions similar to human intelligence, such as problem-solving, anticipation, and learning. AI enables accelerated understanding and deeper insights into life

concepts through the integration of multilevel and massive datasets. The availability of large raw datasets facilitates the use of AI algorithms with tools, techniques, and open-source programs. Currently, only a small fraction of datasets are understood, analyzed, and structured, presenting opportunities for scientists and academicians to extract important patterns and knowledge and enhance decision-making.

In the field of medicine, AI encompasses two main fields: physical and virtual. The virtual components include deep learning and machine learning, while the physical branch involves robots, nanorobots, and medical devices. In gastroenterology, AI is being explored for various applications, including cancer detection, endoscopic analysis of upper gastrointestinal lesions or bleeding, infection detection (such as hookworm and lymphangiectasia), and celiac disease. It also aids in determining liver fibrosis and pancreatic cancer, as well as predicting patient response to treatment and prognosis.

AI has shown promising performance in characterizing esophageal lesions. A study revealed that an AI-assisted system performed similarly to expert international physicians in predicting the submucosal invasion of Barrett's cancer in endoscopic images, with a specificity of 64%, an accuracy of 71%, and a sensitivity of 77%. In the detection of esophageal squamous cell

carcinoma, AI outperformed Japanese endoscopic specialists, with a higher sensitivity (100% vs. 92%). Additionally, AI is useful in the differential diagnosis of HSV vs. CMV esophagitis, which have overlapping findings in endoscopy.

In the realm of liver diseases, AI-based studies have identified cirrhotic patients with less than one year survival rate with 90% accuracy, aiding in liver transplantation candidate selection. AI methods are also used to detect small intestinal mucosal lesions, measure villous atrophy in Crohn's disease, and map the extent of inflamed intestine. Furthermore, AI enhances the efficacy of Celiac disease diagnosis through duodenoscopic image analysis.

Another area of focus is gastrointestinal neoplasms, where AI is applied in the prognosis and analysis of primary small intestine tumors, significantly affecting management. AI-aided algorithms are widely utilized in non-alcoholic and alcoholic fatty liver disease, viral hepatitis fibrosis, and chronic liver disorders. Studies have demonstrated that AI can predict responsiveness of patients with chronic hepatitis C virus infection to ribavirin and interferon with 88% specificity and 82% sensitivity. Additionally, the application of AI-based algorithms for pancreatic adenocarcinoma detection improves the survival rate of subjects. In the realm of research, AI serves as an invaluable aid for collecting and

analyzing data. Despite numerous challenges in AI application, its impact on enhancing the management of gastrointestinal diseases is significant and cannot be underestimated.

The Role of AI in Early Detection

Artificial intelligence (AI) involves leveraging computers to develop and employ computer programs and algorithms capable of executing cognitive tasks such as memory, anticipation, and problem-solving. It has revolutionized the biological sciences by leveraging extensive, integrated, and layered datasets. The availability of vast raw datasets in the public domain has facilitated the proliferation of open-source tools, programs, and methodologies for AI algorithms.

With applications spanning disease diagnosis, drug design, and medical robotics, AI has become indispensable in contemporary scientific research and development. Techniques like deep learning (DL) and machine learning (ML) have the potential to influence clinical and radiological therapies, personalized medicine, and decision support.

Machine learning algorithms operate based on three learning approaches: reinforcement learning, supervised learning, and unsupervised learning. Unsupervised learning algorithms, devoid of prior knowledge of class labels, identify different classes within a dataset based

on similarities. Clustering algorithms, commonly known as data segmentation techniques, group similar entities together. These methods need to be scalable, capable of handling diverse characteristics, and adept at recognizing clusters of any size or shape.

Utilizing extensive raw datasets available in the public domain, researchers employ open-source tools and methodologies to construct AI systems. This presents researchers and scientists with a significant opportunity to derive insights, knowledge, and improved decision support from these datasets, enhancing understanding and utility. The field of gastroenterology has witnessed a profound impact from artificial intelligence (AI), facilitating more effective diagnosis, therapy selection, and outcome prediction. Numerous techniques have emerged in the last fifteen years to assist gastroenterologists in treatment decisions. However, comparing algorithm effectiveness across various techniques, such as training-test ratios and validation approaches, poses challenges, as the performance outputs of AI algorithms applied to diverse gastrointestinal datasets vary.

AI algorithms prove effective for endoscopic datasets, aiding in the identification of bowel hemorrhage, pancreatic disorders, gastrointestinal inflammatory lesions, and individuals at risk of hepatic disorders by

estimating their likelihood of developing liver fibrosis.

Support vector machines (SVM), artificial neural networks (ANN), linear discriminant analysis (LDA), Naïve Bayes (NB), k-nearest neighbors (kNN), random forests (RF), multiple linear regression, linear regression, hierarchical ensembles, and decision trees are among the most popular supervised machine learning (ML) algorithms.

Support vector machines (SVM) and artificial neural networks (ANNs) are the most widely used supervised machine learning methods. SVM excels in classifying data, particularly with small sample sizes. It can handle both linear and non-linear datasets by transforming them into higher dimensions and optimizing border margins between classes using various kernels such as polynomial, linear, and Radial Basis Function (RBF).

AI encompasses techniques for deep learning (DL) and machine learning (ML), which are employed in prediction and categorization research. In the realm of computer science, machine learning (ML) involves creating, developing, and utilizing algorithms that adapt behaviors based on real-world data.

Machine learning algorithms operate under three learning approaches: reinforcement learning,

supervised learning, and unsupervised learning. Unsupervised learning methods, such as data segmentation and clustering, identify different groups within a dataset based on similarities, without prior knowledge. These methods must be scalable, capable of handling a wide range of characteristics, and able to recognize clusters of any size or form.

Reinforcement learning selects actions and determines subsequent actions based on received rewards, without prior knowledge, and is commonly used in robotics and the internet of things. In supervised learning, the training dataset contains class labels, while the input dataset contains descriptor values. Results can be obtained in both categorical and numerical formats. The learned prediction model anticipates the unknown class of incoming input data by mapping the input with the output.

The two main categories of supervised machine learning algorithms are regression-based learning and classification-based learning. Artificial Neural Networks (ANN) and Support Vector Machines (SVM) are the most popular techniques for regression-based learning and categorization. SVM, especially, can handle several features and is highly effective for small sample sets. It is the most well-known method for classification and prediction, classifying data by maximizing the distance between data clusters through the

SVM training process. SVM can handle both linear and non-linear datasets using kernels such as polynomial, linear, and Radial Basis Function (RBF). While the RBF kernel performs well for binary classification tasks, it may not be as effective for classifying biological data into multiple classes. Overall, SVM and RBF kernels are essential ML techniques for various applications.

Small Bowel Bleeding

Endoscopic investigations can swiftly detect minor intestinal bleeding, stemming from hemorrhage in both the lower and upper intestines. Individuals experiencing frequent bleeding often require multiple endoscopies for diagnosis and treatment. Numerous machine learning approaches have been applied to wireless capsule endoscopy image datasets to identify recurrent intestinal bleeding and assess mortality accurately.

Several models utilizing SVM algorithms have been developed to precisely identify intestinal bleeding from wireless capsule endoscopy images. Many of these SVM models have shown significant improvements in prediction accuracies, ranging from 94% to 99.2%.

Leenhardt et al. employed CNN, one of the latest advancements in AI algorithms, in their study. They directly used 600 wireless capsule endoscopy images, comprising 200 normal and 208 abnormal

videos (each with 300 negative and 300 positive views), to train the CNN model.

Upon testing with 300 independent images of the same type and quality (208 abnormal videos and 200 control images), the developed prediction model demonstrated exceptional performance, achieving accuracy, sensitivity, and specificity rates of 98%, 100%, and 96%, respectively. This study utilized a balanced dataset in developing and validating the CNN-based prediction model, indicating that AI algorithms can reliably identify small intestinal bleeding using wireless capsule endoscopy images.

Pancreatic and Hepatic Diseases

Pancreatic carcinomas, characterized by aggressive cell division leading to deadly tumors, represent a formidable challenge in oncology. With a dismal 5-year survival rate of less than 5%, pancreatic cancer ranks fourth in cancer-related mortality. Despite surgical intervention being possible for 10%-15% of individuals with pancreatic tumors, only 10% survive five years post-surgery. The prognosis for the most common type, pancreatic adenocarcinoma, remains bleak. Hence, the accurate diagnosis of certain pancreatic tumors using AI algorithms is imperative and could potentially improve patient survival rates.

In identifying pancreatic cancer using serum tumor marker data, the ANN method outperforms logistic regression techniques. AI-based algorithms are also being leveraged in hepatic diseases such as hepatitis C and B, including non-alcoholic fatty liver disease (NAFLD), to develop predictive parameters like the NAFLD ridge score, aiding in excluding NAFLD patients from epidemiological studies.

Linear regression produced the highest accuracy among all machine learning techniques used, albeit yielding the lowest results. The mediocre performance of the models may be attributed to ML algorithms' inability to handle large datasets, a task better suited for deep neural networks (DNNs).

AI systems also find common use in identifying fibrosis associated with hepatitis B and hepatitis C virus infections. Contentious findings suggest that ML algorithm-based models can effectively diagnose hepatic diseases. However, a recent study employing CNN indicates that deep learning algorithms could significantly enhance the effectiveness of AI-based hepatic disease prediction.

Conclusion

AI-based diagnosis in gastroenterology and hepatology encounters limitations due to the absence of international guidelines for standard

and high-quality datasets. Randomized controlled clinical trials comparing non-AI and AI-based approaches are essential for understanding their efficacy. While AI-based diagnosis demonstrates comparability to healthcare professionals, more robust and high-quality comparative analyses are warranted. Deep learning methods, particularly CNN, exhibit greater efficiency in handling large endoscopy datasets. However, ethical concerns persist, including legal liabilities, racial discriminations, and patient preferences. Achieving a faultless prediction model for gastrointestinal and hepatic diseases without false negatives remains improbable due to inherent uncertainties in medicinal treatment response and misdiagnosis. AI-assisted predictions and evaluations for diagnosis and risk factors could significantly aid clinicians and healthcare professionals in decision-making processes. Further robust and high-quality comparative analyses encompassing a wide range of diseases and AI algorithms are imperative for drawing substantial conclusions.

4- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH CARDIOVASCULAR DISEASES

Introduction

Cardiovascular diseases (CVD) represent a pervasive threat to global public health and stand as the foremost cause of mortality worldwide. In response to this formidable health challenge, the field of artificial intelligence (AI), rooted in computer science, endeavors to emulate human cognitive processes, learning capacities, and information storage. Within the domain of cardiovascular medicine, the strategic deployment of AI techniques has been instrumental in elevating the quality of patient care, optimizing cost-effectiveness, and mitigating rates of readmission and mortality.

The pervasive influence of artificial intelligence and machine learning is poised to permeate various facets of human existence, with cardiology standing as no exception to this overarching trend. In the realm of Remote Patient Monitoring (RPM), however, the application of AI is currently more constrained compared to its utilization in imaging. Predominantly, RPM

devices are employed for arrhythmia detection within the cardiovascular domain. Yet, there exists a noteworthy opportunity for expansive portfolio growth by extending AI applications in RPM to encompass hemodynamics and vital sign monitoring.

Informed by data, cardiologists, possessing access to quantitatively richer patient data than many other medical specialties, are increasingly recognizing the efficacy of employing AI techniques for decision-making. The imperative to incorporate AI and machine learning into clinical practices is becoming evident, especially as the influx of patient-level data expands alongside the integration of diverse streams of complex biomedical information. It is foreseeable that AI will evolve into an essential component of clinical medicine.

Cardiovascular medicine, akin to other medical specialties, confronts the imperative to achieve the triple aim: optimizing patient care, reducing costs, and enhancing outcomes. The exigency for precise care in this domain necessitates handling copious and rapidly evolving data, a task facilitated by the integration of robust clinical decision-support tools. Acknowledging the challenges posed by overutilization and inadequate patient care, Krittanawong et al. propose that cognitive computing is pivotal for addressing these practical challenges, thereby influencing readmission and

mortality rates.

The applications of AI in cardiovascular remote patient monitoring are diverse and impactful, with machine learning models demonstrating the capability to predict cardiovascular events by discerning subtle patterns in patient data, often overlooked by traditional monitoring methods.

The integration of deep learning in cardiovascular medicine encompasses several facets. Unsupervised deep learning provides a means to explore novel factors in score systems or incorporate hidden risk factors into existing models. Additionally, deep learning facilitates the classification of novel genotypes and phenotypes from heterogeneous Cardiovascular Diseases (CVDs), such as HFpEF, HTN, pulmonary hypertension, and cardiomyopathy. Automated deep-learning prediction models contribute to risk assessment for bleeding and stroke by weighing between CHA2DS2-VASc and HAS-BLED scores, optimizing doses and anticoagulant therapy duration in nonvalvular atrial fibrillation patients. Furthermore, deep learning aids in identifying additional stroke risk factors, incorporating real-time data from wearables into new models for anticoagulant therapy, and predicting left ventricular ejection fraction from ECG patterns or coronary calcium scores from echocardiography.

While the potential benefits of AI in cardiovascular remote patient monitoring are

promising, challenges and ethical considerations demand meticulous attention. Privacy concerns related to the collection and storage of sensitive patient data, coupled with the potential for algorithmic biases, present substantial barriers to the widespread adoption of AI technologies in healthcare.

The intricacies of deep learning, characterized by its nonlinear analysis, numerous parameters, and multiple layers, introduce challenges such as overfitting. Strategies to address this challenge include adjusting the training dataset size and reducing the number of hidden layers. Collaborative efforts between institutions, necessitated by the substantial training dataset requirements, particularly underscore the importance of Electronic Health Record (EHR) linkage, exemplified by initiatives like the American Heart Association Precision Medicine Platform.

Cardiovascular diseases, which impose a considerable financial burden on healthcare systems, remain important causes of death globally. Almost one percent of the general population and ten percent of the elderly suffer from heart failure (HF), and readmissions for people who have HF are common. Although considerable progress occurred in the diagnosis and treatment of cardiovascular diseases, it remains the leading cause of death in Europe. The

pivotal key to improving cardiovascular disease (CVD) outcomes is to diagnose accurately and evaluate the prognosis.

Remote patient monitoring (RPM) for patients with chronic diseases is an innovative method to enhance overall healthcare and promote patient management. In this strategy, some disease-related information is digitally sent via gadgets such as smartphones from patients to physicians to offer clinical feedback. However, healthcare professionals need to ensure that patients receiving remote monitoring have a high standard level of care. Patients getting treatment via remote monitoring fall under the responsibility of various healthcare professionals, making it essential that all medical information is shared precisely.

Artificial Intelligence (AI) and the Internet of Things (IoT) are modern technologies used to make all devices smart. AI and the IoT have a lasting impact on different areas, such as the healthcare domain. AI and the IoT can connect sensors, appliances, and patients without human interference through RPM. However, regarding the cost-effectiveness of RPM, there is little knowledge available. The cost-effectiveness of a new approach or technology must be approved before it can be implemented in the healthcare system.

There is an essential need for RPM and a diagnosis remote healthcare system to alleviate different diseases, especially cardiovascular diseases, which

are the cause of one out of every nine deaths in the United States. Enhancing an RPM system, particularly for those suffering from cardiovascular diseases, is crucial. Moreover, these RPM systems can be capable of taking immediate actions in cardiovascular emergencies. AI and IoT can play a vital role in medicine, especially in remote places where medical emergencies take a long time to respond. Furthermore, RPM can reduce expenses by minimizing transportation costs and routine medical diagnosis processes.

In recent years, preliminary research findings support monitoring patients from their homes as a means to enhance triage and facilitate their access to appropriate healthcare facilities. There are some important limitations with RPM that is operated by human power which shouldn't be overlooked. As this system depends on humanity, it would be difficult for physicians to analyze and respond to all data that come from the gadgets immediately. This problem would be even worse if patients needed emergency action. Thanks to AI, there are great opportunities for RPM systems to become smarter and be able to work automatically without being asked by humans, especially in emergencies. Moreover, patients with cardiovascular diseases, who sometimes need immediate treatment, by using RPM equipped with AI, get this opportunity to be monitored more carefully in their homes without worrying

about whether their physician is available to respond to their concerns or not.

Overview of Cardiovascular Diseases

Cardiovascular diseases encompass a range of conditions affecting the heart and blood vessels, including coronary artery disease, heart failure, stroke, and hypertension. These conditions can lead to various complications such as myocardial infarction, arrhythmias, and peripheral vascular disease, posing significant risks to patients' health and well-being.

Managing CVDs typically involves lifestyle modifications, medication therapy, and, in some cases, invasive procedures such as angioplasty or cardiac surgery. Effective management requires close monitoring of patients' blood pressure, heart rate, cholesterol levels, and other cardiovascular risk factors to prevent disease progression and reduce the risk of adverse events.

Challenges in Remote Monitoring of Patients with CVDs

Accessibility to Healthcare: Many patients with CVDs live in remote or underserved areas with limited access to healthcare facilities, making it challenging to receive timely medical care and

monitoring.

Patient Compliance: Adherence to treatment regimens and lifestyle modifications can be challenging for patients with CVDs, leading to suboptimal management of their condition and increased risk of complications.

Data Integration and Analysis: Remote monitoring generates vast amounts of data from multiple sources, including wearable devices, EHRs, and patient-reported outcomes. Integrating and analyzing this data in real-time poses technical challenges and requires sophisticated AI algorithms.

Data Privacy and Security: Remote monitoring technologies collect sensitive health data that must be protected against unauthorized access, breaches, and cyberattacks. Ensuring patient privacy and data security is essential to maintain trust and compliance with regulatory requirements.

Applications of Artificial Intelligence in Remote Monitoring

Predictive Analytics: AI algorithms can analyze patients' historical health data and identify patterns, trends, and risk factors associated with adverse cardiovascular events. By predicting the likelihood of future events such as heart

attacks or strokes, AI-powered predictive analytics can enable early intervention and preventive measures.

Remote Biomarker Monitoring: Wearable devices equipped with sensors can continuously monitor biomarkers such as heart rate variability, blood pressure, and glucose levels, providing real-time data to healthcare providers. AI algorithms can analyze this data to detect abnormalities or fluctuations indicative of cardiovascular dysfunction or disease progression.

Telemedicine Consultations: AI-driven telemedicine platforms enable remote consultations between patients and cardiovascular specialists, facilitating timely access to medical advice, diagnosis, and treatment. Virtual consultations can also support patient education, medication management, and lifestyle counseling, enhancing patient engagement and self-care.

Medication Adherence: AI-powered medication adherence tools can remind patients to take their medications on time, track adherence rates, and provide personalized feedback and incentives to improve compliance. By optimizing medication adherence, AI technologies can help prevent disease exacerbations and hospitalizations in patients with CVDs.

Remote Cardiac Monitoring: AI-enabled cardiac

monitoring devices, such as implantable loop recorders or wearable electrocardiogram (ECG) monitors, can detect arrhythmias, ischemic events, and other cardiac abnormalities in real-time. These devices transmit data to healthcare providers for interpretation and intervention, reducing the risk of undetected cardiovascular complications.

Benefits of AI-Based Remote Monitoring

Improved Access to Care: AI-powered remote monitoring enables patients to receive timely medical attention and interventions regardless of their geographic location or physical mobility. This is especially beneficial for patients in rural or remote areas with limited access to cardiovascular specialists or healthcare facilities.

Enhanced Disease Management: AI algorithms can analyze patients' health data in real-time and provide actionable insights to healthcare providers for personalized treatment planning and decision-making. By identifying high-risk patients and predicting disease progression, AI-based remote monitoring can optimize disease management strategies and improve clinical outcomes.

Patient Empowerment and Engagement: Remote monitoring technologies empower patients to take an active role in managing their

cardiovascular health by providing them with real-time feedback, educational resources, and self-management tools. By promoting patient engagement and self-care, AI-based remote monitoring can improve treatment adherence and long-term health outcomes.

Cost Savings and Resource Optimization: AI-driven remote monitoring can reduce healthcare costs by minimizing the need for hospital admissions, emergency department visits, and in-person consultations. By proactively identifying and addressing cardiovascular complications, AI technologies can prevent costly interventions and hospitalizations, leading to significant cost savings for healthcare systems and payers.

Future Directions and Challenges

Integration with Healthcare Systems: Integrating AI-based remote monitoring technologies into existing healthcare systems and workflows requires collaboration between technology developers, healthcare providers, and regulatory agencies. Seamless integration is essential to ensure interoperability, data exchange, and continuity of care for patients with CVDs.

Regulatory Compliance: AI-powered medical devices and remote monitoring solutions must comply with regulatory requirements and standards for safety, efficacy, and data

privacy. Regulatory agencies need to establish clear guidelines and frameworks for evaluating and approving AI technologies in healthcare settings to ensure patient safety and regulatory compliance.

Long-Term Sustainability: AI-based remote monitoring solutions must demonstrate long-term sustainability, scalability, and cost-effectiveness to justify their adoption and investment by healthcare organizations and payers. Evidence-based research and clinical trials are needed to evaluate the clinical effectiveness, economic value, and real-world impact of AI technologies in improving cardiovascular care outcomes.

Conclusion

Artificial intelligence has the potential to revolutionize remote monitoring of patients with cardiovascular diseases by enabling personalized, proactive, and patient-centered care. By leveraging AI algorithms to analyze real-time health data from wearable devices, EHRs, and other sources, healthcare providers can identify high-risk patients, predict disease progression, and optimize treatment strategies for improved clinical outcomes.

5- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH DERMATOLOGICAL DISEASES

Introduction

Dermatological diseases encompass a wide range of skin conditions that affect millions of people worldwide, ranging from common conditions like acne and eczema to more severe diseases such as psoriasis and melanoma. Effective management of dermatological diseases requires accurate diagnosis, monitoring of disease progression, and timely intervention. However, access to dermatological care can be limited, particularly in rural or underserved areas, leading to delays in diagnosis and treatment.

In recent years, there has been growing interest in leveraging artificial intelligence (AI) technologies for remote monitoring of patients with dermatological diseases. AI algorithms can analyze images, videos, and other data collected from smartphone applications, wearable devices, and telemedicine platforms to provide real-time insights into patients' skin health. This article explores the applications of AI in remote

monitoring of patients with dermatological diseases, including the benefits, challenges, and future directions.

Overview of Dermatological Diseases

Dermatological diseases encompass a diverse array of skin conditions, ranging from inflammatory disorders like acne and eczema to autoimmune conditions like psoriasis and dermatitis. Skin cancer, including melanoma and non-melanoma skin cancers, represents another significant category of dermatological diseases. These conditions can cause a variety of symptoms, including itching, redness, swelling, and skin lesions, which can impact patients' quality of life and overall health.

Managing dermatological diseases typically involves a combination of topical treatments, systemic medications, phototherapy, and surgical interventions, depending on the specific condition and its severity. Early detection and treatment are essential for preventing disease progression, minimizing complications, and improving patient outcomes.

Challenges in Remote Monitoring of Patients with Dermatological Diseases

Limited Access to Dermatological Care: Many patients with dermatological diseases face barriers to accessing dermatologists, particularly in rural or underserved areas where dermatologists may be scarce or unavailable. Remote monitoring technologies can help bridge this gap by enabling patients to receive virtual consultations and remote monitoring of their skin health.

Diagnostic Accuracy: Accurate diagnosis of dermatological diseases often requires visual inspection and examination of skin lesions by trained dermatologists. Remote monitoring technologies must be able to accurately capture and analyze images or videos of skin lesions to provide reliable diagnostic information and treatment recommendations.

Data Privacy and Security: Remote monitoring technologies collect sensitive health data, including images of patients' skin lesions, which must be protected against unauthorized access, breaches, and cyberattacks. Ensuring patient privacy and data security is essential to maintain patient trust and compliance with regulatory requirements.

Patient Engagement and Compliance: Patient engagement and compliance with remote monitoring protocols can be challenging, particularly for patients with chronic dermatological diseases. Remote monitoring

technologies must be user-friendly, accessible, and intuitive to encourage patient participation and adherence to monitoring protocols.

Applications of Artificial Intelligence in Remote Monitoring

Automated Image Analysis: AI algorithms can analyze images of skin lesions captured by patients using smartphone applications or digital cameras to identify characteristic features, patterns, and changes indicative of specific dermatological diseases. Automated image analysis can assist dermatologists in diagnosing skin conditions, monitoring disease progression, and evaluating treatment response remotely.

Teledermatology Consultations: AI-powered telemedicine platforms enable virtual consultations between patients and dermatologists, allowing patients to receive expert advice, diagnosis, and treatment recommendations remotely. Teledermatology consultations can improve access to dermatological care, reduce wait times for appointments, and minimize the need for in-person visits to dermatology clinics.

Skin Cancer Detection: AI algorithms can analyze images of skin lesions to detect signs of skin cancer, including melanoma and non-melanoma skin cancers. By identifying suspicious lesions and

guiding patients to seek further evaluation and biopsy, AI-powered skin cancer detection tools can facilitate early diagnosis and treatment of skin cancer, leading to improved patient outcomes.

Remote Monitoring of Treatment Response: AI algorithms can track changes in skin lesions over time to assess treatment response and disease progression. By comparing images taken at different time points, AI-powered remote monitoring tools can help dermatologists evaluate the efficacy of topical treatments, systemic medications, and other interventions and adjust treatment plans accordingly.

Benefits of AI-Based Remote Monitoring

Improved Access to Dermatological Care: AI-powered remote monitoring technologies can expand access to dermatological care for patients in remote or underserved areas, enabling them to receive timely diagnosis, treatment, and monitoring of their skin health without the need for in-person visits to dermatology clinics.

Early Detection and Diagnosis: AI algorithms can assist dermatologists in early detection and diagnosis of dermatological diseases by analyzing images of skin lesions and identifying characteristic features associated with specific conditions. Early detection allows for prompt initiation of treatment, leading to better outcomes

and reduced morbidity and mortality.

Personalized Treatment Recommendations: AI-powered remote monitoring tools can provide personalized treatment recommendations based on individual patient characteristics, disease severity, and treatment history. By analyzing patient data and clinical outcomes, AI algorithms can help dermatologists tailor treatment plans to meet the unique needs and preferences of each patient.

Patient Empowerment and Engagement: Remote monitoring technologies empower patients to take an active role in managing their skin health by providing them with access to educational resources, self-care tips, and real-time feedback on their skin condition. By promoting patient engagement and self-management, AI-based remote monitoring tools can improve treatment adherence and long-term outcomes.

Addressing Healthcare Disparities

One significant advantage of leveraging artificial intelligence (AI) for remote monitoring of patients with dermatological diseases is its potential to address healthcare disparities. In many regions, access to dermatological care is limited, particularly in rural or underserved areas where dermatologists are scarce. This lack of access can result in delays in diagnosis, inadequate

treatment, and poor health outcomes for patients with dermatological conditions. By providing virtual consultations, remote monitoring, and AI-driven diagnostic tools, healthcare systems can extend the reach of dermatological care to underserved populations, reducing disparities in access to care and improving health equity.

Enhancing Dermatological Education and Training

In addition to its clinical applications, AI can also play a valuable role in enhancing dermatological education and training for healthcare providers. Dermatology is a visually oriented specialty that requires expertise in recognizing and interpreting visual cues and patterns associated with various skin conditions. AI-powered educational platforms and simulation tools can provide dermatology trainees with opportunities to practice diagnostic skills, interpret dermatoscopic images, and learn from real-world cases in a controlled and standardized environment. By integrating AI into dermatology residency programs and continuing medical education courses, healthcare systems can ensure that dermatologists and dermatology trainees are equipped with the knowledge and skills needed to provide high-quality care to patients with dermatological diseases.

Data Analytics and Population Health Management

Another potential application of AI in dermatology is in data analytics and population health management. By aggregating and analyzing large volumes of patient data, including demographic information, clinical histories, treatment outcomes, and genetic profiles, AI algorithms can identify trends, patterns, and risk factors associated with dermatological diseases at the population level. This population-level data can inform public health initiatives, preventive strategies, and resource allocation efforts aimed at reducing the burden of dermatological diseases on society. Additionally, AI-driven predictive modeling and risk stratification tools can help identify high-risk individuals who may benefit from targeted interventions, screening programs, or early detection efforts, leading to more efficient use of healthcare resources and improved health outcomes for patients with dermatological conditions.

Ethical and Legal Considerations

As with any technology in healthcare, the use of artificial intelligence (AI) in dermatology raises important ethical and legal considerations that must be addressed. These

considerations include patient privacy and data security, informed consent, algorithm transparency and accountability, and potential biases and disparities in AI-driven diagnostic algorithms. Healthcare organizations and technology developers must ensure that AI-powered dermatology tools comply with regulatory requirements, ethical standards, and best practices for data privacy and security. Additionally, efforts should be made to address potential biases and disparities in AI algorithms, such as racial or gender bias in diagnostic algorithms, to ensure equitable access to dermatological care for all patients. By prioritizing patient safety, privacy, and equity, healthcare systems can harness the power of AI to improve dermatological care while minimizing potential risks and ethical concerns.

Future Directions and Challenges

Integration with Healthcare Systems: Integrating AI-based remote monitoring technologies into existing healthcare systems and workflows requires collaboration between technology developers, healthcare providers, and regulatory agencies. Seamless integration is essential to ensure interoperability, data exchange, and continuity of care for patients with dermatological diseases.

Regulatory Compliance: AI-powered medical devices and remote monitoring solutions must comply with regulatory requirements and standards for safety, efficacy, and data privacy. Regulatory agencies need to establish clear guidelines and frameworks for evaluating and approving AI technologies in dermatological care settings to ensure patient safety and regulatory compliance.

Long-Term Sustainability: AI-based remote monitoring solutions must demonstrate long-term sustainability, scalability, and cost-effectiveness to justify their adoption and investment by healthcare organizations and payers. Evidence-based research and clinical trials are needed to evaluate the clinical effectiveness, economic value, and real-world impact of AI technologies in improving dermatological care outcomes.

Conclusion

Artificial intelligence has the potential to revolutionize remote monitoring of patients with dermatological diseases by enabling personalized, proactive, and patient-centered care. By leveraging AI algorithms to analyze images, videos, and other data collected from smartphone applications, wearable devices, and telemedicine platforms, healthcare providers can monitor patients' skin health in real-time, diagnose skin

conditions accurately, and optimize treatment strategies for improved clinical outcomes. Despite the challenges and complexities associated with implementing AI-based remote monitoring technologies in dermatological care, continued innovation and collaboration hold promise for advancing the field and improving access to high-quality dermatological care for patients worldwide.

DR. MEHRDAD FARROKHI

ARTIFICIAL INTELLIGENCE FOR REMOTE PATIENT MONI...

6- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH OPHTHALMOLOGICAL DISEASES

Introduction

Artificial Intelligence (AI) has emerged as a transformative tool in the field of healthcare, offering innovative solutions for remote monitoring and management of various medical conditions, including ophthalmological diseases. With the advancement of AI technologies, there has been a growing interest in leveraging AI-powered systems to improve the detection, diagnosis, and treatment of eye-related disorders. Remote monitoring of patients with ophthalmological diseases using AI holds great promise in enhancing access to specialized care, optimizing treatment outcomes, and reducing healthcare costs. This article explores the applications, benefits, challenges, and future prospects of AI for remote monitoring of patients with ophthalmological diseases.

In recent years, the healthcare and medical fields have witnessed a rapid adoption of artificial intelligence (AI), virtual reality, telemedicine, and

wireless communication technologies. Numerous studies have demonstrated the extensive use of AI, including deep learning and machine learning, in various aspects such as remote patient monitoring (RPM), prediction of treatment response, disease diagnosis, management, and prognosis. The application of AI has notably accelerated across different medical disciplines, with ophthalmology emerging as one of the major beneficiaries.

In ophthalmology, where diagnosis and monitoring heavily rely on imaging, AI plays a pivotal role in addressing issues related to ocular diseases, thereby enhancing the management of such conditions for both healthcare professionals and patients. Both posterior-segment eye diseases (e.g., Diabetic retinopathy, Glaucoma) and anterior-segment eye diseases (e.g., cataract, keratitis) benefit from AI, particularly in terms of remote monitoring and other applications. Advanced AI techniques, relying on computer-aided diagnosis algorithms employing deep convolutional neural networks, have significantly improved the analysis of retinal images.

One of the most remarkable applications of AI in ophthalmology is the detection of Diabetic retinopathy (DR). The diabetic retinopathy diagnostic system IDx-DR, approved by the US Food and Drug Administration in 2018, has paved the way for the widespread adoption of AI in healthcare. Given that DR is a

common complication of diabetes mellitus (DM) and a leading cause of preventable visual disability, remote monitoring of DM cases for DR prevention is of paramount importance. However, traditional funduscopy faces challenges related to long-term financial issues and limited availability to ophthalmologists, especially in remote areas. Deep Learning (DL) algorithms can automatically analyze imaging results, enabling AI to recommend treatment options and predict prognosis accurately.

Moreover, AI has demonstrated promising results in detecting and monitoring other common ocular diseases such as glaucoma and age-related macular degeneration (AMD). These diseases often necessitate frequent monitoring for tracking disease progression and adjusting treatment plans. With the advancement of AI, ophthalmologists can remotely monitor patients and receive real-time updates on their conditions without physical visits.

Furthermore, remote monitoring of patients with ophthalmological diseases can unveil information indicative of systemic diseases such as cardiovascular diseases, chronic kidney diseases, type 2 diabetes, and Alzheimer's disease. The unique anatomy of the eye allows for the revelation of signs of many systemic diseases through low-cost and readily available imaging methods, facilitating early diagnosis and timely

treatment.

Despite the numerous benefits of AI in ophthalmology, challenges persist, including the need for sufficient data to train AI algorithms effectively due to the variation in the presentation of ophthalmic diseases. Establishing a comprehensive and diverse dataset requires collaborations between healthcare institutions and AI developers. Additionally, integrating AI seamlessly into existing healthcare systems without adding unnecessary complexity or causing disruptions remains a challenge.

In conclusion, AI has made significant strides in the field of ophthalmology, empowering ophthalmologists with advanced algorithms and imaging techniques for accurate screening and diagnosis of ocular diseases.

Introduction to Ophthalmological Diseases

Ophthalmological diseases encompass a wide range of conditions that affect the eyes, vision, and overall ocular health. These diseases can vary in severity, ranging from common refractive errors like myopia and hyperopia to more complex conditions such as glaucoma, age-related macular degeneration (AMD), diabetic retinopathy, and retinal detachment. Early detection and timely intervention are crucial for preventing vision loss and preserving ocular function in patients

with ophthalmological diseases. However, access to specialized eye care services can be limited, particularly in rural or underserved areas where ophthalmologists are scarce.

Role of Artificial Intelligence in Ophthalmology

Artificial Intelligence (AI) has revolutionized the field of ophthalmology by providing innovative solutions for disease detection, diagnosis, and management. AI algorithms can analyze large volumes of medical imaging data, including optical coherence tomography (OCT) scans, fundus photographs, and retinal images, to identify subtle changes and abnormalities indicative of ophthalmological diseases. Machine learning techniques, such as deep learning and convolutional neural networks (CNNs), have demonstrated high accuracy in diagnosing conditions like diabetic retinopathy, glaucoma, and AMD, rivaling or even surpassing human experts in certain cases.

Applications of AI for Remote Monitoring

Remote monitoring of patients with ophthalmological diseases using AI involves the use of digital technologies to collect, transmit, and analyze ocular data from patients located in remote or home settings. AI-powered devices,

such as smartphone-based retinal cameras, portable fundus imaging systems, and home OCT devices, enable patients to capture high-quality images of their eyes and upload them to secure cloud-based platforms for analysis by AI algorithms. Remote monitoring platforms equipped with AI can detect changes in visual function, monitor disease progression, and alert healthcare providers to signs of worsening or complications in real time.

Benefits of AI for Remote Monitoring

The use of AI for remote monitoring of patients with ophthalmological diseases offers several potential benefits:

Improved Access to Care: Remote monitoring enables patients in rural or underserved areas to access specialized eye care services without the need for frequent visits to ophthalmology clinics or hospitals.

Early Detection of Disease: AI algorithms can detect subtle changes in ocular anatomy and function that may indicate the early stages of ophthalmological diseases, allowing for timely intervention and treatment.

Personalized Treatment Plans: By analyzing individual patient data and clinical characteristics, AI algorithms can tailor treatment

plans and interventions to meet the specific needs and preferences of each patient, optimizing therapeutic outcomes.

Cost-Effectiveness: Remote monitoring reduces the need for in-person consultations and follow-up appointments, leading to cost savings for patients, healthcare providers, and healthcare systems.

Patient Empowerment: Remote monitoring empowers patients to take an active role in managing their eye health by providing them with tools and resources to monitor their condition, track changes over time, and make informed decisions about their care.

Challenges and Limitations

Despite the numerous benefits, the adoption of AI for remote monitoring of patients with ophthalmological diseases is not without challenges:

Data Privacy and Security: Remote monitoring platforms must adhere to strict data privacy and security standards to protect patient confidentiality and comply with regulatory requirements, such as the Health Insurance Portability and Accountability Act (HIPAA).

Algorithm Accuracy and Reliability: AI algorithms may encounter difficulties in accurately interpreting ocular images in patients with

complex or atypical presentations, leading to false positives or false negatives.

Integration with Clinical Workflows: Integrating AI-powered remote monitoring platforms into existing clinical workflows and electronic health record (EHR) systems requires careful planning, coordination, and training to ensure seamless implementation and adoption by healthcare providers.

Patient Engagement and Compliance: Ensuring patient engagement and compliance with remote monitoring protocols can be challenging, particularly among elderly or technologically inexperienced individuals who may require additional support and education to use AI-powered devices effectively.

Future Directions and Opportunities

Despite these challenges, the future of AI for remote monitoring of patients with ophthalmological diseases looks promising. Advances in AI technologies, including improved algorithms, enhanced image processing techniques, and the development of novel diagnostic tools, will further enhance the accuracy, reliability, and accessibility of remote monitoring solutions. Additionally, collaborative efforts between researchers, clinicians, industry partners, and regulatory agencies will drive

innovation and pave the way for the widespread adoption of AI-powered remote monitoring platforms in ophthalmology.

Conclusion

Artificial intelligence holds tremendous potential to transform the remote monitoring and management of patients with ophthalmological diseases. By harnessing the power of AI algorithms, digital imaging technologies, and remote monitoring platforms, healthcare providers can deliver personalized, timely, and cost-effective care to patients with eye-related disorders, ultimately improving outcomes and quality of life for individuals affected by these conditions. As AI continues to evolve and mature, it will undoubtedly play an increasingly important role in revolutionizing ophthalmic care and addressing the global burden of preventable blindness and visual impairment.

7- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH INFECTIOUS DISEASES

Introduction

Artificial Intelligence (AI) has emerged as a powerful tool in the field of healthcare, offering innovative solutions for the remote monitoring and management of patients with infectious diseases. With the global outbreak of infectious diseases such as COVID-19, there has been a growing interest in leveraging AI-powered systems to improve disease surveillance, early detection, diagnosis, treatment optimization, and public health response efforts. This article explores the applications, benefits, challenges, and future prospects of AI for remote monitoring of patients with infectious diseases.

Introduction to Infectious Diseases

Infectious diseases are caused by pathogenic microorganisms such as bacteria, viruses, fungi, and parasites and can spread from person to person through direct or indirect contact. Common examples of infectious diseases include

influenza, tuberculosis, malaria, HIV/AIDS, hepatitis, and COVID-19. Infectious diseases pose significant public health challenges due to their ability to cause widespread illness, morbidity, mortality, and socioeconomic disruption. Timely detection, surveillance, and containment of infectious diseases are essential for preventing outbreaks, minimizing transmission, and mitigating the impact on global health systems.

Role of Artificial Intelligence in Infectious Disease Monitoring

Artificial Intelligence (AI) plays a crucial role in infectious disease monitoring by analyzing vast amounts of data from various sources, including electronic health records, laboratory reports, diagnostic tests, medical imaging, social media, and environmental sensors. AI algorithms can identify patterns, trends, and anomalies indicative of infectious disease outbreaks, transmission dynamics, geographical hotspots, and high-risk populations. Machine learning techniques, such as deep learning, natural language processing, and predictive analytics, enable AI systems to detect emerging threats, predict disease trajectories, and guide public health interventions in real time.

Applications of AI for Remote Monitoring

AI-powered systems for remote monitoring of patients with infectious diseases offer several potential applications:

Early Detection and Surveillance: AI algorithms can analyze clinical symptoms, laboratory results, and epidemiological data to detect outbreaks, monitor disease transmission, and identify at-risk individuals or communities.

Diagnostic Support: AI-based diagnostic tools can analyze medical imaging, genomic data, and patient history to assist healthcare providers in diagnosing infectious diseases accurately and efficiently, particularly in resource-limited settings.

Treatment Optimization: AI algorithms can analyze patient data, drug interactions, and treatment guidelines to personalize treatment regimens, optimize drug dosing, and minimize adverse effects, leading to better clinical outcomes.

Telemedicine and Virtual Care: AI-powered telemedicine platforms enable remote consultations, symptom monitoring, and follow-up care for patients with infectious diseases, reducing the need for in-person visits and minimizing the risk of transmission.

Contact Tracing and Case Management: AI systems can track the movement of infected individuals, identify close contacts, and automate contact tracing efforts to contain outbreaks, isolate cases,

and prevent further spread of infection.

Benefits of AI for Remote Monitoring

The use of AI for remote monitoring of patients with infectious diseases offers several potential benefits:

Enhanced Surveillance and Early Warning: AI algorithms can analyze diverse data sources to detect outbreaks, monitor disease trends, and provide early warning of emerging threats, enabling timely public health response.

Improved Diagnostic Accuracy: AI-based diagnostic tools can assist healthcare providers in making accurate and timely diagnoses, reducing diagnostic errors, and improving patient outcomes.

Personalized Treatment: AI algorithms can analyze patient data to tailor treatment regimens to individual characteristics, preferences, and response patterns, optimizing therapeutic outcomes and minimizing adverse effects.

Remote Care and Telemedicine: AI-powered telemedicine platforms enable remote consultations, monitoring, and management of patients with infectious diseases, improving access to care, and reducing healthcare disparities.

Public Health Preparedness: AI systems can simulate disease scenarios, forecast epidemic

trajectories, and guide resource allocation decisions to enhance preparedness and resilience against infectious disease outbreaks.

Challenges and Limitations

Despite the numerous benefits, the adoption of AI for remote monitoring of patients with infectious diseases is not without challenges:

Data Privacy and Security: Remote monitoring platforms must adhere to strict data privacy and security standards to protect patient confidentiality and comply with regulatory requirements.

Algorithm Accuracy and Reliability: AI algorithms may encounter difficulties in accurately interpreting complex data and predicting disease outcomes, leading to false positives or false negatives.

Integration with Healthcare Systems: Integrating AI-powered remote monitoring platforms into existing healthcare systems and workflows requires coordination, training, and infrastructure support to ensure seamless implementation and adoption.

Patient Engagement and Compliance: Ensuring patient engagement and compliance with remote monitoring protocols can be challenging, particularly among populations with limited access to technology or healthcare resources.

Ethical Considerations and Equity

As the adoption of AI for remote monitoring of patients with infectious diseases expands, it is essential to address ethical considerations and promote equity in access to care. Ethical principles, including beneficence, non-maleficence, autonomy, and justice, should guide the development, implementation, and evaluation of AI-powered systems. Healthcare providers must ensure that AI algorithms prioritize patient safety, confidentiality, and informed consent while minimizing bias, discrimination, and harm. Additionally, efforts should be made to mitigate disparities in access to technology, healthcare services, and health outcomes among vulnerable populations, including racial and ethnic minorities, socioeconomically disadvantaged individuals, and rural communities. Equity-centered design principles, community engagement, and cultural competence are essential for developing inclusive, accessible, and culturally sensitive AI solutions that address the diverse needs and preferences of all patients.

Regulatory and Legal Frameworks

The adoption of AI for remote monitoring

of infectious diseases raises complex regulatory and legal challenges related to data privacy, security, liability, and accountability. Healthcare organizations must comply with existing regulations, such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States and the General Data Protection Regulation (GDPR) in the European Union, to protect patient information and ensure data security. Additionally, regulatory agencies, such as the Food and Drug Administration (FDA) and the European Medicines Agency (EMA), play a crucial role in assessing the safety, efficacy, and quality of AI-based medical devices, diagnostic tools, and digital health solutions. Policymakers must develop clear guidelines, standards, and oversight mechanisms to govern the use of AI in healthcare and promote transparency, fairness, and accountability in AI-driven decision-making processes. Collaboration between government agencies, industry stakeholders, and patient advocacy groups is essential for developing robust regulatory frameworks that balance innovation with patient safety and public trust.

Patient Education and Empowerment

Empowering patients with knowledge, skills, and resources to actively participate in their healthcare is essential for promoting self-

management, adherence to treatment regimens, and health literacy. Healthcare providers should engage patients in shared decision-making, provide clear and accessible information about AI-powered remote monitoring technologies, and address patients' concerns, preferences, and expectations regarding data privacy, security, and confidentiality. Patient education initiatives, such as informational videos, brochures, and online resources, can help raise awareness about the benefits and limitations of AI in infectious disease management and foster trust and confidence in AI-enabled healthcare solutions. Additionally, efforts to bridge the digital divide, improve health literacy, and promote digital inclusion among underserved populations are critical for ensuring equitable access to AI-powered remote monitoring services and promoting patient-centered care.

Collaboration and Interdisciplinary Research

The development and implementation of AI-powered solutions for remote monitoring of infectious diseases require interdisciplinary collaboration and partnerships across healthcare, technology, academia, government, and industry sectors. Collaborative research efforts can leverage diverse expertise, resources, and perspectives to address complex challenges, validate AI algorithms, and translate research findings

into clinical practice. Multidisciplinary teams comprising clinicians, data scientists, engineers, ethicists, policymakers, and community stakeholders can work together to co-design, implement, and evaluate AI-driven interventions that meet the needs of patients, healthcare providers, and public health agencies. By fostering collaboration and knowledge sharing, interdisciplinary research initiatives can accelerate innovation, promote best practices, and advance the field of AI-enabled remote monitoring in infectious disease management.

Future Directions and Opportunities

Despite these challenges, the future of AI for remote monitoring of patients with infectious diseases looks promising. Advances in AI technologies, including improved algorithms, enhanced data processing capabilities, and the development of novel diagnostic tools, will further enhance the accuracy, reliability, and scalability of remote monitoring solutions. Additionally, collaborative efforts between researchers, clinicians, policymakers, and industry partners will drive innovation and pave the way for the widespread adoption of AI-powered systems in infectious disease surveillance, diagnosis, treatment, and prevention.

Conclusion

Artificial intelligence holds tremendous potential to transform the remote monitoring and management of patients with infectious diseases. By harnessing the power of AI algorithms, digital technologies, and data analytics, healthcare providers can improve disease surveillance, enhance diagnostic accuracy, personalize treatment regimens, and optimize public health response efforts. As AI continues to evolve and mature, it will play an increasingly important role in combating infectious diseases, safeguarding global health, and advancing the field of infectious disease management and control.

8- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH ORAL DISEASES

Introduction

Artificial intelligence (AI) has emerged as a transformative tool in healthcare, offering innovative solutions for remote monitoring and management of various medical conditions, including oral diseases. With the advancements in AI technology, there is a growing interest in leveraging AI-powered systems for monitoring patients with oral diseases, such as periodontal disease, dental caries, and oral cancer. This article explores the applications, benefits, challenges, and future prospects of AI for remote monitoring of patients with oral diseases.

Introduction to Oral Diseases

Oral diseases, including dental caries, periodontal disease, oral cancer, and oral manifestations of systemic conditions, pose significant public health challenges globally. These conditions affect millions of people worldwide, leading to pain, discomfort, functional impairment, and reduced quality of life. Effective management

and prevention of oral diseases require timely diagnosis, personalized treatment, and regular monitoring of patients' oral health status. However, traditional methods of oral health assessment and monitoring often rely on subjective evaluations, periodic dental visits, and limited access to specialized care, leading to gaps in disease detection and management.

Overview of Artificial Intelligence in Healthcare

Artificial intelligence refers to the simulation of human intelligence processes by computer systems, including learning, reasoning, problem-solving, and decision-making. AI algorithms can analyze large datasets, identify patterns, and make predictions or recommendations based on the analyzed data. In healthcare, AI-powered systems have shown promise in various applications, such as medical imaging analysis, predictive analytics, clinical decision support, personalized medicine, and remote patient monitoring. By harnessing the power of AI, healthcare providers can enhance diagnostic accuracy, optimize treatment outcomes, and improve patient care delivery.

Applications of AI for Remote Monitoring of Patients with Oral Diseases

AI offers several potential applications for

remote monitoring of patients with oral diseases, including:

Diagnostic Support: AI algorithms can analyze digital images of the oral cavity, including intraoral photographs, radiographs, and 3D scans, to detect and classify oral lesions, dental caries, and periodontal conditions. By providing diagnostic support, AI-powered systems can assist dentists and oral health professionals in early detection and intervention of oral diseases.

Risk Assessment: AI-based risk assessment models can analyze patient data, including demographics, medical history, lifestyle factors, and oral health indicators, to predict individuals' risk of developing oral diseases. These risk assessment tools can help identify high-risk patients who may benefit from targeted preventive interventions and regular monitoring.

Treatment Planning: AI algorithms can analyze patient data and treatment outcomes to develop personalized treatment plans for individuals with oral diseases. By integrating clinical guidelines, evidence-based practices, and patient preferences, AI-powered systems can optimize treatment strategies, improve treatment adherence, and enhance patient outcomes.

Remote Monitoring: AI-enabled remote monitoring platforms can track patients' oral health status in real-time, collect data on

symptoms, treatment adherence, and disease progression, and provide feedback and recommendations to patients and healthcare providers. By facilitating remote monitoring, AI-powered systems can enable proactive management of oral diseases, reduce the need for in-person dental visits, and improve patient engagement and satisfaction.

Benefits of AI for Remote Monitoring of Patients with Oral Diseases

The adoption of AI for remote monitoring of patients with oral diseases offers several potential benefits, including:

Early Detection and Intervention: AI algorithms can detect subtle changes in oral health status, such as the presence of early-stage lesions or signs of disease progression, enabling early detection and intervention. By identifying oral diseases at an early stage, AI-powered systems can prevent complications, minimize treatment costs, and improve patient outcomes.

Personalized Care: AI-powered systems can analyze patient data, including clinical history, genetic factors, and lifestyle habits, to tailor treatment plans and recommendations to individual patient needs. By delivering personalized care, AI-enabled remote monitoring platforms can enhance treatment efficacy, patient

satisfaction, and long-term oral health outcomes.

Improved Access to Care: AI-enabled remote monitoring platforms can overcome barriers to access to oral healthcare, such as geographical distance, transportation issues, and limited availability of dental services. By providing virtual consultations, remote diagnostics, and self-management tools, AI-powered systems can expand access to oral healthcare services and reach underserved populations.

Enhanced Efficiency and Productivity: AI algorithms can automate routine tasks, such as data analysis, report generation, and appointment scheduling, streamlining workflow processes and reducing administrative burden on dental practices. By improving efficiency and productivity, AI-enabled systems can optimize resource allocation, reduce waiting times, and enhance the overall quality of care delivery.

Data-Driven Insights: AI-powered remote monitoring platforms can generate actionable insights from large datasets, including patient demographics, clinical outcomes, and treatment patterns. By leveraging data analytics, machine learning, and predictive modeling techniques, AI-enabled systems can identify trends, patterns, and risk factors associated with oral diseases, informing evidence-based decision-making and policy development.

Challenges and Limitations of AI for Remote Monitoring of Patients with Oral Diseases

Despite the potential benefits, the adoption of AI for remote monitoring of patients with oral diseases is not without challenges and limitations, including:

Data Privacy and Security: AI-powered systems rely on access to sensitive patient data, including medical records, imaging studies, and personal information. Ensuring the privacy and security of patient data is crucial to maintain patient trust and comply with regulatory requirements, such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States.

Accuracy and Reliability: The accuracy and reliability of AI algorithms depend on the quality and quantity of training data, algorithm design, and validation methods. Variability in data sources, imaging techniques, and disease manifestations can impact the performance of AI-powered systems, leading to false positives, false negatives, and diagnostic errors.

Regulatory and Legal Considerations: The development and deployment of AI-powered medical devices and digital health solutions are subject to regulatory oversight by government agencies, such as the Food and Drug Administration (FDA) in the United States

and the European Medicines Agency (EMA) in the European Union. Ensuring compliance with regulatory requirements, such as safety, efficacy, and quality standards, is essential to obtain regulatory approval and market acceptance.

Integration and Interoperability: Integrating AI-powered remote monitoring platforms with existing healthcare systems, electronic health records (EHRs), and dental practice management software can pose technical challenges related to data integration, interoperability, and system compatibility. Achieving seamless integration and interoperability is essential to maximize the utility and usability of AI-enabled systems in clinical practice.

Ethical and Societal Implications: The use of AI in healthcare raises ethical and societal concerns related to algorithmic bias, transparency, accountability, and equity. Ensuring fairness, transparency, and inclusivity in AI-powered remote monitoring initiatives is essential to address these concerns and promote ethical AI practices that prioritize patient welfare, autonomy, and justice.

Future Directions and Emerging Trends

Despite the challenges, the future of AI for remote monitoring of patients with oral diseases looks promising, with several emerging trends and

future directions, including:

Advances in AI Algorithms: Continued research and development in AI algorithms, including deep learning, reinforcement learning, and natural language processing, will lead to more accurate, robust, and interpretable models for oral disease diagnosis, risk assessment, and treatment planning.

Integration of Multimodal Data: Integrating multimodal data sources, such as clinical images, genomic data, patient-reported outcomes, and environmental factors, will enable comprehensive and holistic assessments of patients' oral health status and disease risk profiles.

Expansion of Telehealth Services: The COVID-19 pandemic has accelerated the adoption of telehealth and virtual care solutions, including remote monitoring platforms, teleconsultations, and teledentistry services. The widespread acceptance and adoption of telehealth services will create new opportunities for AI-powered remote monitoring of patients with oral diseases.

Patient-Centered Design: Designing AI-powered remote monitoring platforms with a focus on patient-centered care, usability, and accessibility will enhance patient engagement, satisfaction, and adherence to treatment regimens. Incorporating patient preferences, feedback, and co-design principles into the development process

will result in more user-friendly and inclusive solutions.

Collaboration and Interdisciplinary Research: Collaborative efforts between academia, industry, government, and healthcare organizations are essential to drive innovation, validate AI algorithms, and translate research findings into clinical practice. Interdisciplinary research initiatives that bring together experts from dentistry, computer science, engineering, and public health will foster cross-disciplinary collaborations and accelerate progress in AI for oral health.

Regulatory Harmonization and Standards Development: Harmonizing regulatory frameworks, establishing interoperability standards, and promoting data sharing initiatives will facilitate the adoption and diffusion of AI-powered remote monitoring solutions in oral healthcare. Collaborative efforts between regulatory agencies, professional organizations, and industry stakeholders will streamline the regulatory approval process and ensure compliance with international standards and guidelines.

Conclusion

In conclusion, artificial intelligence holds tremendous potential for revolutionizing the remote monitoring of patients with oral

diseases, offering innovative solutions for early detection, personalized treatment, and proactive management of oral health conditions. By harnessing the power of AI algorithms, healthcare providers can enhance diagnostic accuracy, optimize treatment outcomes, and improve patient engagement and satisfaction. However, addressing the challenges and limitations of AI, such as data privacy, accuracy, regulatory compliance, and ethical considerations, is essential to realize the full potential of AI in oral healthcare. Collaborative efforts between stakeholders, interdisciplinary research initiatives, and patient-centered design approaches will drive innovation, promote equity, and improve oral health outcomes for individuals worldwide.

9- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH ENT DISEASES

Introduction

Artificial intelligence (AI) has revolutionized various aspects of healthcare, offering innovative solutions for the remote monitoring and management of patients with ear, nose, and throat (ENT) diseases. With the rapid advancement of AI technology, there is a growing interest in leveraging AI-powered systems to enhance the diagnosis, treatment, and monitoring of ENT conditions. This article explores the applications, benefits, challenges, and future prospects of AI for remote monitoring of patients with ENT diseases.

Introduction to ENT Diseases

ENT diseases encompass a wide range of conditions affecting the ear, nose, and throat, including otitis media, sinusitis, tonsillitis, laryngitis, hearing loss, and throat cancer. These conditions can cause significant discomfort, pain, and impairment in speech, hearing, and swallowing, leading to a substantial burden on patients' quality of life. Effective management of ENT diseases requires accurate diagnosis, timely

intervention, and regular monitoring of patients' symptoms and treatment responses. However, traditional methods of ENT assessment and monitoring often rely on subjective evaluations, in-person consultations, and limited access to specialized care, leading to delays in diagnosis and suboptimal treatment outcomes.

Overview of Artificial Intelligence in Healthcare

Artificial intelligence refers to the simulation of human intelligence processes by computer systems, including learning, reasoning, problem-solving, and decision-making. AI algorithms can analyze large datasets, identify patterns, and make predictions or recommendations based on the analyzed data. In healthcare, AI-powered systems have shown promise in various applications, such as medical imaging analysis, predictive analytics, clinical decision support, personalized medicine, and remote patient monitoring. By harnessing the power of AI, healthcare providers can enhance diagnostic accuracy, optimize treatment outcomes, and improve patient care delivery.

Applications of AI for Remote Monitoring of Patients with ENT Diseases

AI offers several potential applications for remote monitoring of patients with ENT diseases,

including:

Diagnostic Support: AI algorithms can analyze medical images, such as otoscopic images, sinus CT scans, and laryngoscopic videos, to assist in the diagnosis of ENT conditions. By detecting abnormalities, identifying anatomical structures, and quantifying disease severity, AI-powered systems can provide diagnostic support to ENT specialists and primary care physicians.

Symptom Monitoring: AI-enabled remote monitoring platforms can track patients' symptoms, such as pain, congestion, hearing loss, and voice changes, in real-time. By collecting patient-reported data via mobile applications or wearable devices, AI-powered systems can identify changes in symptom severity, monitor disease progression, and alert healthcare providers to potential exacerbations or complications.

Treatment Adherence: AI algorithms can monitor patients' adherence to prescribed treatments, such as medication regimens, nasal sprays, or voice therapy exercises. By analyzing medication adherence patterns, dosing schedules, and treatment responses, AI-powered systems can promote treatment adherence, optimize therapeutic outcomes, and prevent relapse or recurrence of ENT conditions.

Teleconsultation and Telemedicine: AI-powered teleconsultation platforms enable remote

consultations between patients and healthcare providers, including ENT specialists, audiologists, and speech therapists. By facilitating virtual appointments, remote examinations, and audiovisual communication, AI-enabled telemedicine platforms can improve access to specialized care, reduce travel-related costs, and enhance patient convenience and satisfaction.

Voice Analysis: AI algorithms can analyze voice recordings and acoustic signals to detect changes in vocal characteristics, such as pitch, intensity, and resonance. By monitoring vocal parameters over time, AI-powered systems can assess voice quality, detect vocal abnormalities, and track the progression of voice disorders, such as hoarseness, dysphonia, and vocal cord nodules.

Predictive Analytics: AI-based predictive models can forecast disease outcomes, treatment responses, and healthcare utilization patterns for patients with ENT diseases. By leveraging machine learning techniques, clinical data, and patient demographics, AI-powered systems can identify high-risk patients, predict disease trajectories, and guide personalized interventions to prevent complications or hospitalizations.

Benefits of AI for Remote Monitoring of Patients with ENT Diseases

The adoption of AI for remote monitoring of

patients with ENT diseases offers several potential benefits, including:

Early Detection and Intervention: AI algorithms can detect subtle changes in ENT health status, such as signs of inflammation, infection, or tumor growth, enabling early detection and intervention. By identifying ENT conditions at an early stage, AI-powered systems can facilitate timely treatment initiation, prevent disease progression, and improve patient outcomes.

Personalized Care: AI-powered systems can analyze patient data, including medical history, imaging studies, and genetic factors, to tailor treatment plans and recommendations to individual patient needs. By delivering personalized care, AI-enabled remote monitoring platforms can optimize treatment efficacy, patient satisfaction, and long-term ENT health outcomes.

Access to Specialized Care: AI-enabled teleconsultation platforms can connect patients with ENT specialists and allied healthcare professionals, regardless of geographical location or physical mobility. By overcoming barriers to access, such as travel distance, wait times, and limited availability of ENT services, AI-powered telemedicine solutions can expand access to specialized care and improve health equity.

Continuous Monitoring and Feedback: AI-powered remote monitoring platforms can

provide continuous monitoring of patients' ENT symptoms, treatment responses, and disease progression. By collecting real-time data, generating automated alerts, and offering personalized feedback to patients and caregivers, AI-enabled systems can empower patients to self-manage their conditions, adhere to treatment regimens, and make informed healthcare decisions.

Data-Driven Insights: AI algorithms can analyze large datasets, including electronic health records, medical images, and patient-reported outcomes, to generate actionable insights for clinical decision-making and quality improvement. By leveraging data analytics, machine learning, and predictive modeling techniques, AI-powered systems can identify trends, patterns, and risk factors associated with ENT diseases, informing evidence-based practices and policy initiatives.

Challenges and Limitations of AI for Remote Monitoring of Patients with ENT Diseases

Despite the potential benefits, the adoption of AI for remote monitoring of patients with ENT diseases is not without challenges and limitations, including:

Data Quality and Accessibility: The accuracy and reliability of AI algorithms depend on the quality, quantity, and diversity of training data, which

may be limited or biased in certain populations or healthcare settings. Inadequate data quality, incomplete documentation, and data silos can impede the development and validation of AI-powered systems for ENT remote monitoring.

Interpretability and Explainability: AI algorithms, such as deep learning neural networks, are often perceived as "black box" models that lack transparency and interpretability in their decision-making process. The inability to explain how AI algorithms arrive at their conclusions, recommendations, or predictions may undermine trust, acceptance, and adoption by healthcare providers and patients.

Regulatory and Legal Considerations: The deployment of AI-powered systems for remote monitoring of patients with ENT diseases raises regulatory and legal considerations related to data privacy, security, liability, and medical malpractice. Ensuring compliance with healthcare regulations, such as HIPAA in the United States and GDPR in Europe, is essential to protect patient confidentiality and mitigate legal risks associated with AI-enabled healthcare solutions.

Integration with Existing Systems: The seamless integration of AI-powered remote monitoring platforms with existing electronic health record (EHR) systems, clinical workflows, and healthcare infrastructure poses technical and interoperability challenges. Compatibility issues,

interface design, and workflow integration may hinder the adoption and usability of AI-enabled ENT remote monitoring solutions in real-world clinical settings.

Patient Engagement and Acceptance: Patient engagement, acceptance, and adoption of AI-powered remote monitoring platforms may vary depending on factors such as age, digital literacy, health literacy, and cultural preferences. Addressing barriers to patient engagement, such as usability, accessibility, and trust, is essential to maximize the potential impact of AI on remote monitoring of patients with ENT diseases.

Ethical Considerations and Societal Implications

The use of AI for remote monitoring of patients with ENT diseases raises ethical considerations and societal implications related to autonomy, privacy, equity, and justice. Ensuring informed consent, data privacy, and patient autonomy are paramount when deploying AI-powered systems for remote monitoring and decision support. Additionally, addressing health disparities, digital divides, and inequities in access to AI-enabled healthcare solutions is essential to promote health equity and social justice.

Future Directions and Emerging Trends

Despite the challenges, the future of AI for remote monitoring of patients with ENT diseases looks promising, with several emerging trends and future directions, including:

Advances in AI Algorithms: Continued research and development in AI algorithms, including deep learning, reinforcement learning, and natural language processing, will lead to more accurate, robust, and interpretable models for ENT disease diagnosis, risk assessment, and treatment planning.

Integration of Multimodal Data: Integrating multimodal data sources, such as medical images, genetic data, patient-reported outcomes, and environmental factors, will enable comprehensive and holistic assessments of patients' ENT health status and disease risk profiles.

Teleaudiology and Telespeech Therapy: The expansion of teleaudiology and telespeech therapy services using AI-powered platforms will improve access to audiological evaluations, speech-language assessments, and rehabilitative interventions for patients with ENT disorders, such as hearing loss, speech disorders, and voice disorders.

Remote Auditory Monitoring Devices: AI-enabled remote auditory monitoring devices, such as smartphone-based hearing aids, cochlear implants, and tinnitus maskers, will enable real-

time monitoring of patients' auditory function, device performance, and treatment outcomes, enhancing personalized audiological care and patient satisfaction.

Virtual Reality Simulation: The use of virtual reality (VR) simulation technology in ENT education and training will provide immersive learning experiences for medical students, residents, and practicing otolaryngologists. VR-based simulations of ENT procedures, anatomy, and pathology will enhance procedural skills, decision-making abilities, and patient safety in clinical practice.

AI-Powered ENT Wearables: The development of AI-powered wearable devices, such as smart hearing aids, nasal airflow sensors, and vocal cord vibratory monitors, will enable continuous monitoring of patients' ENT health parameters in real-time. By collecting physiological data, detecting abnormalities, and providing timely alerts, ENT wearables can facilitate early intervention, disease management, and patient self-care.

Conclusion

In conclusion, artificial intelligence offers tremendous potential for transforming the remote monitoring of patients with ENT diseases, enabling early detection, personalized treatment, and proactive management of ear,

nose, and throat conditions. By harnessing the power of AI algorithms, healthcare providers can enhance diagnostic accuracy, optimize treatment outcomes, and improve patient engagement and satisfaction. However, addressing the challenges and limitations of AI, such as data quality, interpretability, regulatory compliance, and ethical considerations, is essential to realize the full potential of AI in ENT remote monitoring. Collaborative efforts between stakeholders, interdisciplinary research initiatives, and patient-centered design approaches will drive innovation, promote equity, and improve ENT health outcomes for individuals worldwide.

DR. MEHRDAD FARROKHI

ARTIFICIAL INTELLIGENCE FOR REMOTE PATIENT MONI...

10- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH MUSCULOSKELETAL DISEASES

Introduction

Artificial intelligence (AI) has emerged as a promising tool for remote monitoring and management of patients with musculoskeletal diseases (MSDs). MSDs encompass a wide range of conditions affecting the bones, joints, muscles, ligaments, and tendons, such as osteoarthritis, rheumatoid arthritis, osteoporosis, musculoskeletal injuries, and back pain. These conditions can cause pain, stiffness, swelling, and impaired mobility, leading to reduced quality of life and increased healthcare utilization. By leveraging AI technology, healthcare providers can enhance the diagnosis, treatment, and monitoring of patients with MSDs, improving clinical outcomes and patient satisfaction. This article explores the applications, benefits, challenges, and future prospects of AI for remote monitoring of patients with MSDs.

Rheumatic and musculoskeletal diseases (RMDs) have a significant impact on lives and impose an economic burden. Current treatments, while

effective, are labor-intensive, and the increasing patient-to-professional ratio adds pressure to healthcare systems. Additionally, options for self-management strategies for RMD patients are often out of reach in most understaffed clinics. Digital health, particularly Artificial Intelligence (AI) integration, may offer a solution for some of these challenges in RMD clinical practice.

Digital health technologies have emerged as powerful tools for diagnosing, prognosing, and evaluating musculoskeletal diseases. Integrating these digital solutions into healthcare systems is seen as the future of musculoskeletal healthcare. The use of AI and gamification, combined with data from electronic health records, biobanking, and remote monitoring, is expected to usher in a new era in daily clinical care for patients living with rheumatic and musculoskeletal diseases.

Smartphones provide a viable option for gathering data on disease activity in individuals with rheumatic diseases and other chronic musculoskeletal ailments. A prospective pilot study on the effectiveness of a personalized mobile phone application called Back Rx for managing discogenic chronic low back pain found that participants who used the Back Rx app experienced significant improvements in pain intensity, disability, and quality of life compared to those who did not use the app. The app offers users personalized exercise programs, educational

content, and tracking features to monitor their progress and adherence to the program.

Another article presents findings from a multicenter validation study evaluating a smartphone application for hand arthritis screening. The study, involving participants with and without hand arthritis, demonstrated the application's reliability with a high accuracy rate, boasting 89% sensitivity and 83% specificity. Leveraging machine-learning algorithms on hand images and patient responses, the application serves as a cost-effective and accessible screening tool for identifying various forms of hand arthritis. The combined algorithms effectively discriminate between conditions, offering valuable aid for primary care physicians in assessing and managing patients with hand arthritis.

Another study investigated the reliability and validity of using an inclinometer smartphone app for detecting trunk asymmetry in non-professionals. The study revealed excellent intra- and inter-observer reliability for the inclinometer smartphone app. No statistically significant systematic biases were found, and mean differences were below the clinically acceptable threshold. The conclusion is that non-professionals, like parents, can use the app reliably to detect trunk asymmetry and seek medical advice for appropriate resource utilization.

Wearable devices also show promise as instruments for improving overall health and disease monitoring. Combined with machine learning, activity trackers can assist medical practitioners in assessing disease flare-ups, conducting faster literature evaluations on rheumatic issues, predicting the response to biologic therapy, and detecting the evolution of structural damage in pictures. An interesting study used wearable gait sensors to assess locomotive syndrome (LS) in participants categorized into three groups based on GLFS-25 and the 10-meter walk test. A sensor-based motion analysis system, the "H-Gait system," analyzed spatiotemporal parameters and lower-limb kinematics during the 10-meter walk test. Significant differences in gait parameters among LS groups were observed, highlighting the potential of wearable gait sensors in LS assessment. The research provides valuable insights into LS through advanced gait analysis technology.

In conclusion, there is a lot of potential for advancement in patient care when it comes to the application of AI in the remote monitoring of musculoskeletal disease patients. However, further research and development are required to fully realize this promise and ensure that these technologies are safe and effective.

Introduction to Musculoskeletal Diseases

Musculoskeletal diseases (MSDs) are among the most common and disabling health conditions globally, affecting people of all ages and backgrounds. These conditions encompass a broad spectrum of disorders, including degenerative joint diseases, inflammatory arthritis, metabolic bone disorders, soft tissue injuries, and spinal disorders. MSDs can result from various factors, such as aging, genetics, trauma, repetitive stress, obesity, and sedentary lifestyle. Common symptoms of MSDs include joint pain, stiffness, swelling, limited range of motion, muscle weakness, and functional impairment. Effective management of MSDs requires early diagnosis, multidisciplinary care, and personalized treatment approaches tailored to individual patient needs.

Overview of Artificial Intelligence in Healthcare

Artificial intelligence (AI) refers to the simulation of human intelligence processes by computer systems, including learning, reasoning, problem-solving, and decision-making. AI algorithms can analyze large datasets, detect patterns, and make predictions or recommendations based on the analyzed data. In healthcare, AI has

shown promise in various applications, such as medical imaging analysis, predictive analytics, clinical decision support, personalized medicine, and remote patient monitoring. By harnessing the power of AI, healthcare providers can improve diagnostic accuracy, optimize treatment outcomes, and enhance patient care delivery.

Applications of AI for Remote Monitoring of Patients with MSDs

AI offers several potential applications for remote monitoring of patients with MSDs, including:

Diagnostic Support: AI algorithms can analyze medical images, such as X-rays, magnetic resonance imaging (MRI), and computed tomography (CT) scans, to assist in the diagnosis of MSDs. By detecting abnormalities, quantifying disease severity, and identifying disease patterns, AI-powered systems can provide diagnostic support to radiologists, orthopedic surgeons, and rheumatologists.

Symptom Monitoring: AI-enabled remote monitoring platforms can track patients' symptoms, such as pain intensity, joint swelling, and functional impairment, in real-time. By collecting patient-reported data via mobile applications or wearable devices, AI-powered systems can identify changes in symptom severity, monitor disease progression, and alert

healthcare providers to potential exacerbations or complications.

Movement Analysis: AI algorithms can analyze movement patterns and biomechanical data to assess patients' gait, posture, balance, and joint function. By using wearable sensors, motion capture systems, or video analysis techniques, AI-powered systems can quantify movement parameters, detect abnormalities, and monitor rehabilitation progress in patients with MSDs.

Predictive Analytics: AI-based predictive models can forecast disease outcomes, treatment responses, and healthcare utilization patterns for patients with MSDs. By leveraging machine learning techniques, clinical data, and patient demographics, AI-powered systems can identify high-risk patients, predict disease trajectories, and guide personalized interventions to prevent complications or hospitalizations.

Virtual Rehabilitation: AI-powered virtual rehabilitation platforms can deliver personalized exercise programs, physiotherapy interventions, and rehabilitation exercises to patients with MSDs. By using virtual reality (VR), augmented reality (AR), or gamification techniques, AI-enabled systems can engage patients in interactive rehabilitation activities, monitor exercise adherence, and track functional improvement over time.

Teleconsultation and Telemedicine: AI-enabled teleconsultation platforms enable remote consultations between patients and healthcare providers, including orthopedic specialists, physical therapists, and pain management experts. By facilitating virtual appointments, remote examinations, and audiovisual communication, AI-powered telemedicine solutions can improve access to specialized care, reduce wait times, and enhance patient convenience and satisfaction.

Benefits of AI for Remote Monitoring of Patients with MSDs

The adoption of AI for remote monitoring of patients with MSDs offers several potential benefits, including:

Early Detection and Intervention: AI algorithms can detect subtle changes in musculoskeletal health status, such as joint inflammation, cartilage degradation, or muscle weakness, enabling early detection and intervention. By identifying MSDs at an early stage, AI-powered systems can facilitate timely treatment initiation, prevent disease progression, and improve patient outcomes.

Personalized Care: AI-powered systems can analyze patient data, including medical history, imaging studies, and biomarkers, to

tailor treatment plans and recommendations to individual patient needs. By delivering personalized care, AI-enabled remote monitoring platforms can optimize treatment efficacy, patient satisfaction, and long-term musculoskeletal health outcomes.

Access to Specialized Care: AI-enabled teleconsultation platforms can connect patients with MSDs to orthopedic specialists, rheumatologists, and rehabilitation professionals, regardless of geographical location or physical mobility. By overcoming barriers to access, such as travel distance, wait times, and limited availability of musculoskeletal services, AI-powered telemedicine solutions can expand access to specialized care and improve health equity.

Continuous Monitoring and Feedback: AI-powered remote monitoring platforms can provide continuous monitoring of patients' MSD symptoms, treatment responses, and functional status. By collecting real-time data, generating automated alerts, and offering personalized feedback to patients and caregivers, AI-enabled systems can empower patients to self-manage their conditions, adhere to treatment regimens, and make informed healthcare decisions.

Data-Driven Insights: AI algorithms can analyze large datasets, including electronic health records, medical images, and wearable sensor data, to generate actionable insights for clinical decision-

making and quality improvement. By leveraging data analytics, machine learning, and predictive modeling techniques, AI-powered systems can identify trends, patterns, and risk factors associated with MSDs, informing evidence-based practices and policy initiatives.

Challenges and Limitations of AI for Remote Monitoring of Patients with MSDs

Despite the potential benefits, the adoption of AI for remote monitoring of patients with MSDs is not without challenges and limitations, including:

Data Quality and Accessibility: The accuracy and reliability of AI algorithms depend on the quality, quantity, and diversity of training data, which may be limited or biased in certain populations or healthcare settings. Inadequate data quality, incomplete documentation, and data silos can impede the development and validation of AI-powered systems for MSD remote monitoring.

Interpretability and Explainability: AI algorithms, such as deep learning neural networks, are often perceived as "black box" models that lack transparency and interpretability in their decision-making process. The inability to explain how AI algorithms arrive at their conclusions, recommendations, or predictions may undermine trust, acceptance, and adoption by healthcare providers and patients.

Regulatory and Legal Considerations: The deployment of AI-powered systems for remote monitoring of patients with MSDs raises regulatory and legal considerations related to data privacy, security, liability, and medical malpractice. Ensuring compliance with healthcare regulations, such as HIPAA in the United States and GDPR in Europe, is essential to protect patient confidentiality and mitigate legal risks associated with AI-enabled healthcare solutions.

Integration with Existing Systems: The seamless integration of AI-powered remote monitoring platforms with existing electronic health record (EHR) systems, clinical workflows, and healthcare infrastructure poses technical and interoperability challenges. Compatibility issues, interface design, and workflow integration may hinder the adoption and usability of AI-enabled MSD remote monitoring solutions in real-world clinical settings.

Patient Engagement and Acceptance: Patient engagement, acceptance, and adoption of AI-powered remote monitoring platforms may vary depending on factors such as age, digital literacy, health literacy, and cultural preferences. Addressing barriers to patient engagement, such as usability, accessibility, and trust, is essential to maximize the potential impact of AI on remote monitoring of patients with MSDs.

Ethical Considerations and Societal Implications

The use of AI for remote monitoring of patients with MSDs raises ethical considerations and societal implications related to autonomy, privacy, equity, and justice. Ensuring informed consent, data privacy, and patient autonomy are paramount when deploying AI-powered systems for remote monitoring and decision support. Additionally, addressing health disparities, digital divides, and inequities in access to AI-enabled healthcare solutions is essential to promote health equity and social justice.

Future Directions and Emerging Trends

Despite the challenges, the future of AI for remote monitoring of patients with MSDs looks promising, with several emerging trends and future directions, including:

Advances in AI Algorithms: Continued research and development in AI algorithms, including deep learning, reinforcement learning, and natural language processing, will lead to more accurate, robust, and interpretable models for MSD diagnosis, risk assessment, and treatment planning.

Integration of Multimodal Data: Integrating multimodal data sources, such as medical images,

genetic data, patient-reported outcomes, and environmental factors, will enable comprehensive and holistic assessments of patients' musculoskeletal health status and disease risk profiles.

Tele-Rehabilitation and Home-Based Interventions: The expansion of tele-rehabilitation and home-based interventions using AI-powered platforms will improve access to physiotherapy, occupational therapy, and exercise programs for patients with MSDs. By leveraging wearable sensors, remote monitoring tools, and virtual coaching techniques, AI-enabled systems can support patients' recovery, functional rehabilitation, and self-management efforts in the home setting.

AI-Powered Assistive Devices: The development of AI-powered assistive devices, such as smart orthotics, exoskeletons, and prosthetic limbs, will enhance mobility, independence, and quality of life for patients with mobility impairments due to MSDs. By incorporating sensor technology, AI algorithms, and adaptive control systems, assistive devices can provide real-time feedback, adaptive assistance, and personalized support tailored to individual user needs.

Digital Biomarkers and Predictive Analytics: The identification of digital biomarkers, derived from wearable sensors, smartphone apps, and social media data, will enable early detection of

changes in musculoskeletal health status and prediction of disease progression. By analyzing longitudinal data, physiological signals, and behavioral patterns, AI-powered systems can generate predictive models, stratify patient risk, and guide personalized interventions to prevent exacerbations or complications in patients with MSDs.

Collaborative Care Models: AI-enabled collaborative care models, involving multidisciplinary teams of healthcare professionals, patient advocates, and community partners, will enhance coordination, communication, and continuity of care for patients with MSDs. By leveraging telehealth platforms, electronic care pathways, and shared decision-making tools, collaborative care models can facilitate holistic, patient-centered approaches to MSD management, addressing physical, psychological, and social aspects of musculoskeletal health.

Conclusion

In conclusion, artificial intelligence offers tremendous potential for transforming the remote monitoring of patients with musculoskeletal diseases, enabling early detection, personalized treatment, and proactive management of bone, joint, and muscle conditions. By harnessing the power of

AI algorithms, healthcare providers can improve diagnostic accuracy, optimize treatment outcomes, and enhance patient care delivery. However, addressing the challenges and limitations of AI, such as data quality, interpretability, regulatory compliance, and ethical considerations, is essential to realize the full potential of AI in MSD remote monitoring. Collaborative efforts between stakeholders, interdisciplinary research initiatives, and patient-centered design approaches will drive innovation, promote equity, and improve musculoskeletal health outcomes for individuals worldwide.

11- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH PSYCHIATRIC DISEASES

Introduction

Artificial intelligence (AI) officially emerged in 1956. It is a broad term that refers to the use of computers to model intelligent behavior with minimal human intervention. AI involves simulating human intelligence in machines programmed for thinking and learning, similar to human planning. The objective of artificial intelligence is to develop systems capable of executing tasks that typically require human intelligence, such as visual perception, speech recognition, decision-making, and language translation. This term is applicable to a wide array of applications in medicine, including robotics, medical diagnosis, medical statistics, human biology, and various contemporary fields.

AI has two main branches: virtual and physical. The virtual branch includes informatics approaches ranging from deep learning and information management to the control of health management systems, including electronic health records and active guidance for physicians in

treatment decisions. The physical branch includes robots used to assist elderly patients or in surgery. Targeted nanorobots, a unique drug delivery system, are also included in this branch. Therefore, artificial intelligence can play an active and supportive role in all areas. For example, it can play a crucial role in remote monitoring of patients with mental illnesses and provide opportunities for timely and personalized care.

One could argue that current technological advancements are growing rapidly. These developments indicate that the field, as a diverse and dynamic domain, should distance itself from traditional observations solely occurring in psychiatric clinics. Instead, it should embrace telepsychology, which can be considered a pioneer in this field through the application of artificial intelligence (AI). The field of AI, as a broad discipline, encompasses various areas such as engineering, biology, psychology, communication theory, game theory, mathematics and statistics, logic and philosophy, and linguistics. There is sometimes a mutual influence between these domains. In this context, AI methods, techniques, and applications include several subfields, such as machine learning, deep learning, neural networks, and natural language processing. Machine learning is a computational approach that utilizes experience, typically in the form of data, to design efficient and accurate predictions

or improve algorithm performance. Deep learning, on the other hand, is a subset of machine learning in which algorithms are applied to multiple processing layers. This progress in the field of AI has transformed it into a bridge connecting various sciences, including engineering, psychology, and even biology.

In this context, a systematic review revealed that artificial intelligence algorithms have been employed for diverse purposes, including diagnosis, surgical treatment, assistance during surgery, and post-surgery evaluation. Artificial neural networks, among the most extensively utilized analytical tools, have attained a prominent position. Furthermore, artificial intelligence has empowered physicians to enhance their decision-making abilities in applications related to neuroscience. As a result, many artificial intelligence applications currently in use or under development belong to various fields, including mental health. The first "chatbot," ELIZA, created by Joseph Weizenbaum, was one such program. ELIZA was an English-language program designed to interact with humans within a therapeutic framework. In the early stages of artificial intelligence development, ELIZA conducted convincingly real conversations with users, giving them the impression of interacting with a human. Currently, chatbots—conversational systems that use natural language for interaction with humans

—are rapidly advancing in development. This technology enables 24/7 access to multiple languages, eliminating three main barriers to access: time pressure for attending appointments during regular hours, the challenge of accessing service providers in one's native language, and the ease of accessing professional help through an internet connection in areas with limited services. For instance, an Arabic-speaking chatbot named "Karim" has recently become available to Syrian refugees, assisting in reducing traumatic stress in Lebanon. Additionally, a multilingual chatbot named "Tess," through interventions aimed at reducing depression symptoms, has successfully operated in a Nigerian inpatient center. The presence of diverse chatbots like "Woebot" and "Wysa," engaging users in cognitive behavioral therapy, indicates progress in the field of mental health improvement. These recent chatbots are free and user-friendly, demonstrating their effectiveness in helping to reduce depression symptoms. In general, the continuous development of chatbots in the field of psychological services provides new capabilities for individuals with mental health issues, playing a significant role in promoting the mental health of society.

In the field of mental health, these technologies are also utilized for intelligent support systems in crisis lines. These systems

enhance access to mental health assistance by facilitating real-time interactions with the caller. Additionally, artificial intelligence is deployed for triage and severity assessment, drawing insights from the information collected during interactions with the caller. Machine learning algorithms find applications in various health domains, functioning as tools for internet searches and personalization, particularly within the healthcare sector. Numerous studies have demonstrated the effectiveness of machine learning techniques in assisting researchers in psychology and clinical psychiatry.

In the realm of personality psychology, machine learning has found widespread application, with research indicating that computer models can accurately assess human personalities and may even surpass human capabilities in this domain. The University of Southern California has notably developed a virtual human interaction platform known as "SimSensei." This platform can detect and interpret behavioral signals, including facial expressions, body movements, and acoustic parameters, using this information to enhance interactions between virtual humans and users. Researchers introduced the concept of "super-therapists," describing a simulated training tool that provides predictive insights into clients. This information encompasses internal and subtle changes such as temperature variations, facial

expressions, eye blinking, and vocal features. Furthermore, other solutions in the realms of psychology and psychiatry have demonstrated effectiveness. For instance, avatars serve as virtual representations of individuals in online spaces and have played a role in online psychotherapeutic research. Additionally, the utilization of virtual reality technologies in treating certain disorders like anxiety, PTSD, and psychosis has been established as a successful intervention.

There are various methods through which artificial intelligence can be employed to monitor patients' mental health:

1. Behavioral Analysis: Artificial intelligence algorithms can analyze patterns of patient behavior using data collected from various sources, including wearable devices, smartphones, or even smart home sensors. Analyzing shifts in sleep patterns, physical activity, or social interactions may indicate changes in mental health, facilitating early intervention.
2. Speech and Text Analysis: Algorithms in natural language processing can scrutinize written or spoken communications to identify changes in language patterns, emotions, or key indicators of mental health. This capability proves especially valuable in monitoring patients during virtual

sessions.

3. Analysis of Biometric Data: Wearable devices can gather physiological data, including variations in heart rate, skin conductance, and activity levels. Artificial intelligence can analyze this data to identify stressors, anxiety, or mood changes, offering valuable insights into the mental well-being of the individual.
4. Environmental Sensors: Smart devices equipped with sensors can monitor environmental factors like ambient temperature, lighting, and noise levels. Changes in these environmental factors may contribute to mental health issues and can be flagged for further investigation.
5. Smart Medication Dispensers: AI-equipped devices can monitor medication adherence by tracking when patients take their prescribed medications. This can assist healthcare providers in ensuring that patients follow their treatment plans and intervene in case of any issues.
6. Chatbots and Virtual Therapists: AI-based chatbots can offer support and assistance to individuals with mental health conditions. They can provide coping strategies, monitor mood changes, and offer resources or interventions as needed.
7. Electronic Health Record (EHR) Analysis: Integrating artificial intelligence into EHR systems can offer a comprehensive view of a

patient's health history. Algorithms can analyze this data to identify trends, potential risk factors, and recommend personalized treatment plans.

8. Mobile Applications: Mobile applications equipped with artificial intelligence can gather data related to patient-reported outcomes, mood fluctuations, medication adherence, and other pertinent behavioral indicators.

9. Machine Learning Algorithms: Artificial intelligence algorithms can analyze the accumulated data to identify patterns and trends associated with mental health symptoms. For instance, alterations in sleep patterns, increased variations in heart rate, or changes in activity levels may indicate a potential cycle.

10. Real-time Monitoring: Artificial intelligence can continuously analyze received data and, upon detecting patterns or deviations from the baseline, generate alerts for healthcare providers or caregivers.

11. Risk Prediction Models: Artificial intelligence can develop risk prediction models that assess the likelihood of encountering a mental health crisis and offer opportunities for preventive interventions.

Various artificial intelligence programs and platforms in the field of psychology

and psychiatry include:

1. Woebot: Woebot is a chatbot designed to provide emotional support and Cognitive Behavioral Therapy (CBT) techniques. It utilizes natural language processing to engage in conversations with users and supports mental health.

2. Wysa: Wysa is an AI-based mental health chatbot that incorporates evidence-based therapeutic techniques such as CBT and Dialectical Behavior Therapy (DBT). It offers coping strategies and emotional support to users.

3. Replika: Replika is an artificial intelligence chatbot designed as a conversation partner. Users can engage in text conversations with Replika to improve their mental well-being and cope with loneliness.

4. Youper: Youper is a mental health app that combines artificial intelligence with elements of CBT to help users understand and manage their emotions. It provides personalized conversations and exercises.

5. BetterHelp: BetterHelp is an online counseling platform that utilizes artificial intelligence algorithms to match users with licensed therapists based on their preferences and needs.

6. Moodpath: Moodpath is an application that utilizes artificial intelligence to track users' moods and emotional well-being, providing insights into

mental health patterns and offering exercises and information to support users.

7. Virtual Reality Exposure Therapy (VRET): platforms use various VR algorithms and artificial intelligence to create virtual environments for therapeutic exposure in the treatment of phobias, PTSD, and anxiety disorders.

8. Pear Therapeutics: is developing digital therapeutics that utilize artificial intelligence and software to deliver therapeutic interventions for substance use disorder, insomnia, and other mental health conditions.

9. Mindstrong Health: employs artificial intelligence to analyze patterns of smartphone usage for passive monitoring of mental health, aiming to provide early detection and intervention for various mental health conditions.

Challenges

Given that many mental health-related technologies are still in the early stages of development and some have become widely accessible, awareness of these developments and their associated criticisms is of great importance. For example, the PTSD Coach app, available on smartphones, has been widely used worldwide, indicating that technology can be an effective tool in managing mental health. Recent searches show that there are over 3,673 mental health-

related apps and approximately 1,500 depression-related apps available in app stores, reflecting society's demand and interest in using technology for mental health (source needed). While many technologies are in development, some have already shown promising results. Therefore, it is essential for psychologists and psychiatrists to pay attention to the quality and effectiveness of these technologies and explore how they can use these tools as effective instruments for clinical training and education. Certainly, considering that AI programs and technologies are expected to have a profound impact on the fields of psychology, psychiatry, and mental health care in the future, it is important to simultaneously focus on three key points. Firstly, there is a need for awareness of current and developing technologies. Secondly, ensuring the capability and credibility of these technologies is crucial. Lastly, it is essential to manage ethical, legal, and regulatory issues related to the use of these technologies. In general, given the extensive advancements in technology, it is crucial and challenging to be aware of how to use them to enhance professional training and psychological education.

12- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH GYNECOLOGICAL DISEASES

Introduction

Artificial intelligence (AI) has emerged as a revolutionary tool in healthcare, offering innovative solutions for the remote monitoring of patients with gynecological diseases. Gynecological diseases encompass a wide range of conditions affecting the female reproductive system, including menstrual disorders, endometriosis, polycystic ovary syndrome (PCOS), cervical cancer, and infertility. These conditions can have a significant impact on women's health and quality of life, necessitating regular monitoring, early detection, and personalized treatment approaches. By leveraging AI technology, healthcare providers can enhance the diagnosis, management, and monitoring of patients with gynecological diseases, leading to improved clinical outcomes and patient satisfaction. This article explores the applications, benefits, challenges, and future prospects of AI for remote monitoring of patients with gynecological diseases.

Artificial intelligence (AI) currently boasts diverse applications, particularly in the field of medicine. It stands as a promising avenue in medical sciences, aiming to enhance patient outcomes, optimize healthcare delivery, and reduce expenses. AI's versatility extends to analyzing extensive health data, such as electronic records, patterns, public health policies, and medical research. Its utility spans early disease detection, personalized medicine, drug development, and clinical decision-making. AI assists in early detection and care for individuals at risk, playing a crucial role in disease management, enabling informed clinical decisions and therapeutic interventions that can reduce short-term and long-term complications. Combining predictive disease models with clinical decision support systems could significantly enhance women's healthcare delivery in healthcare facilities.

Numerous diseases fall under the category of Gynecological Diseases, including fertility disorders (infertility, miscarriage, difficult childbirth, barrenness), menstrual disorders (increased or decreased bleeding duration and volume, menstrual pain), ulceration and uterine surgeries, uterine infections, itching and burning sensations, uterine secretions and moisture, changes in uterine position such as prolapse and protrusion, swelling, and uterine cancer. Breast cancer is the most common malignancy and the

leading cause of death among women. Invasive cervical cancer has also become one of the primary causes of female mortality worldwide. Lack of access to screening methods, proper treatment, and follow-up services are among the reasons for the occurrence of these diseases. Timely and accurate diagnosis of gynecological diseases is deemed essential, given the global population growth, not only increasing treatment opportunities but also preventing psychological, familial, and societal consequences.

Gynecological diseases impose a considerable health burden on women globally, highlighting the need for timely detection and effective management approaches. Artificial intelligence (AI) has emerged as a promising tool in this field, aiding in early detection and customized treatment strategies. Through the use of Machine Learning algorithms, AI can analyze extensive patient data, such as medical records, imaging results, and genetic information, to identify patterns and forecast disease progression. This equips healthcare professionals with invaluable insights for precise diagnoses, enabling timely interventions and enhancing patient outcomes. Additionally, AI-driven virtual assistants can provide personalized education and guidance to patients, empowering them to make informed choices about their reproductive health. Nevertheless, despite its potential advantages,

integrating AI into gynecology requires careful consideration. Upholding data privacy and ethical standards is crucial to preserve trust between physicians and patients while fully utilizing AI's potential for managing gynecological diseases.

In predicting early-onset diseases among women, AI exhibits credible accuracy. While its clinical use is less frequent, AI improves the management of women's diseases, outperforming traditional methods and mathematical models, leading to notably improved outcomes. Through iterative testing and implementing AI-based methods on a larger scale, higher accuracy can be achieved. In the field of health research, AI's application in diagnosing cancers and gynecological diseases has shown promising outcomes, revealing hidden data relationships. Considering the experiences of certain healthcare centers worldwide utilizing AI in medical decision support systems, integrating AI with health ministry initiatives for electronic health records could significantly enhance clinical decision-making in women's health. This integration would enable physicians to conduct complex evaluations and provide highly efficient results by utilizing patient data, without incurring additional treatment costs or requiring excessive monitoring.

Introduction to Gynecological Diseases

Gynecological diseases represent a diverse spectrum of conditions affecting the female reproductive system, encompassing disorders of the ovaries, uterus, fallopian tubes, cervix, vagina, and vulva. These conditions can manifest as menstrual irregularities, pelvic pain, abnormal vaginal bleeding, infertility, and gynecological malignancies. Common gynecological diseases include:

Menstrual Disorders: Conditions such as dysmenorrhea (painful periods), menorrhagia (heavy menstrual bleeding), and oligomenorrhea (infrequent periods) can disrupt women's menstrual cycles and affect their overall well-being.

Endometriosis: Endometriosis is a chronic gynecological condition characterized by the presence of endometrial-like tissue outside the uterus, leading to pelvic pain, infertility, and menstrual abnormalities.

Polycystic Ovary Syndrome (PCOS): PCOS is a common hormonal disorder characterized by irregular periods, excessive androgen levels, ovarian cysts, and insulin resistance, affecting women of reproductive age.

Cervical Cancer: Cervical cancer is a malignant tumor arising from the cells lining the cervix, often associated with human papillomavirus (HPV) infection and abnormal cervical cytology.

Infertility: Infertility is defined as the inability to conceive after one year of unprotected intercourse, affecting approximately 10-15% of couples worldwide and posing significant emotional and psychological challenges.

Overview of Artificial Intelligence in Healthcare

Artificial intelligence (AI) refers to the simulation of human intelligence processes by computer systems, including learning, reasoning, problem-solving, and decision-making. In healthcare, AI encompasses various technologies, such as machine learning, natural language processing, computer vision, and robotics, which can analyze complex medical data, generate insights, and assist healthcare providers in clinical decision-making. AI has shown promise in numerous healthcare applications, including medical imaging analysis, diagnostic decision support, predictive analytics, personalized medicine, and remote patient monitoring.

Applications of AI for Remote Monitoring of Patients with Gynecological Diseases

AI offers several potential applications for remote monitoring of patients with gynecological diseases, including:

Diagnostic Support: AI algorithms can analyze medical images, such as pelvic ultrasound scans, magnetic resonance imaging (MRI), and colposcopy images, to assist in the diagnosis of gynecological diseases. By detecting abnormalities, quantifying lesion characteristics, and predicting disease progression, AI-powered systems can provide diagnostic support to gynecologists, radiologists, and oncologists.

Symptom Tracking: AI-enabled remote monitoring platforms can track patients' symptoms, such as pelvic pain, abnormal bleeding, and menstrual irregularities, in real-time. By collecting patient-reported data via mobile applications or wearable devices, AI-powered systems can identify changes in symptom severity, monitor disease progression, and alert healthcare providers to potential exacerbations or complications.

Risk Stratification: AI-based predictive models can stratify patients with gynecological diseases into different risk categories based on their clinical characteristics, biomarker profiles, and genetic predispositions. By leveraging machine learning techniques, clinical data, and population-based registries, AI-powered systems can identify high-risk patients, predict disease outcomes, and guide personalized interventions to prevent complications or adverse events.

Treatment Optimization: AI algorithms can

analyze treatment response data, medication adherence patterns, and patient-reported outcomes to optimize treatment regimens for patients with gynecological diseases. By tailoring therapy options to individual patient preferences, comorbidities, and treatment goals, AI-powered systems can improve treatment adherence, efficacy, and patient satisfaction.

Remote Consultation and Telemedicine: AI-enabled teleconsultation platforms facilitate remote consultations between patients with gynecological diseases and healthcare providers, including gynecologists, fertility specialists, and oncologists. By enabling virtual appointments, remote examinations, and audiovisual communication, AI-powered telemedicine solutions can improve access to specialized care, reduce wait times, and enhance patient convenience and satisfaction.

Predictive Analytics and Prognostic Modeling: AI-based predictive analytics can forecast disease progression, recurrence risk, and survival outcomes for patients with gynecological malignancies, such as ovarian cancer, endometrial cancer, and cervical cancer. By integrating clinical, imaging, and molecular data, AI-powered prognostic models can identify prognostic biomarkers, predict treatment responses, and guide personalized treatment strategies for patients with gynecological cancers.

Patient Education and Support: AI-powered chatbots and virtual assistants can provide educational resources, self-care tips, and emotional support to patients with gynecological diseases. By delivering personalized information, answering frequently asked questions, and addressing patient concerns, AI-enabled support tools can empower patients to actively participate in their care, make informed decisions, and improve health outcomes.

Benefits of AI for Remote Monitoring of Patients with Gynecological Diseases

The adoption of AI for remote monitoring of patients with gynecological diseases offers several potential benefits, including:

Early Detection and Intervention: AI algorithms can detect subtle changes in gynecological health status, such as tumor growth, hormone fluctuations, or treatment response, enabling early detection and intervention. By identifying gynecological diseases at an early stage, AI-powered systems can facilitate timely treatment initiation, prevent disease progression, and improve patient outcomes.

Personalized Care: AI-powered systems can analyze patient data, including medical history, imaging studies, genetic markers, and lifestyle factors, to tailor treatment plans and

recommendations to individual patient needs. By delivering personalized care, AI-enabled remote monitoring platforms can optimize treatment efficacy, patient satisfaction, and long-term gynecological health outcomes.

Access to Specialized Care: AI-enabled telemedicine platforms can connect patients with gynecological diseases to specialized gynecologists, reproductive endocrinologists, and oncologists, regardless of geographical location or physical mobility. By overcoming barriers to access, such as travel distance, wait times, and limited availability of gynecological services, AI-powered telehealth solutions can expand access to specialized care and improve health equity.

Continuous Monitoring and Feedback: AI-powered remote monitoring platforms can provide continuous monitoring of patients' gynecological symptoms, treatment responses, and quality of life indicators. By collecting real-time data, generating automated alerts, and offering personalized feedback to patients and caregivers, AI-enabled systems can empower patients to actively manage their gynecological health and seek timely medical attention when needed.

Improved Clinical Decision-Making: AI algorithms can analyze large volumes of complex data, including electronic health records, imaging studies, and genomic data, to support clinical decision-making by healthcare providers. By

providing evidence-based recommendations, risk assessments, and treatment algorithms, AI-powered decision support systems can assist gynecologists, oncologists, and reproductive specialists in making informed decisions, optimizing resource allocation, and improving patient outcomes.

Research and Innovation: The integration of AI into gynecological care delivery fosters research and innovation in the field, driving advances in diagnostic techniques, therapeutic interventions, and predictive modeling. By enabling data-driven research initiatives, clinical trials, and translational studies, AI-powered systems can accelerate the development of new treatments, biomarkers, and technologies for gynecological diseases, ultimately benefiting patients and advancing scientific knowledge.

Challenges and Limitations of AI for Remote Monitoring of Patients with Gynecological Diseases

Despite the potential benefits, the adoption of AI for remote monitoring of patients with gynecological diseases is associated with several challenges and limitations, including

Data Privacy and Security: AI-powered remote monitoring platforms may raise concerns about

data privacy, security breaches, and unauthorized access to sensitive patient information. Ensuring compliance with data protection regulations, such as the Health Insurance Portability and Accountability Act (HIPAA) and the General Data Protection Regulation (GDPR), is essential to safeguard patient privacy and confidentiality.

Data Quality and Reliability: The accuracy, completeness, and reliability of patient data collected via AI-enabled remote monitoring platforms may vary depending on factors such as device performance, data transmission errors, and patient compliance. Addressing data quality issues, ensuring data interoperability, and validating AI algorithms against gold standard diagnostic criteria are critical to ensuring the reliability and validity of remote monitoring data.

Regulatory and Legal Considerations: The deployment of AI in healthcare raises regulatory and legal considerations related to medical device approval, liability, reimbursement, and professional liability. Ensuring compliance with regulatory requirements, obtaining regulatory approvals for AI-powered medical devices, and mitigating legal risks associated with AI decision support systems are essential for successful implementation and adoption.

Healthcare Provider Training and Acceptance: Healthcare providers may require training and education to effectively use AI-powered remote

monitoring platforms and integrate AI-driven decision support into clinical practice. Addressing healthcare provider concerns about AI reliability, usability, and clinical relevance is crucial to fostering acceptance and adoption of AI-enabled technologies in gynecological care delivery.

Patient Engagement and Trust: Patient engagement, trust, and acceptance of AI-powered remote monitoring platforms may vary depending on factors such as digital literacy, health literacy, and cultural beliefs. Engaging patients in the design, development, and evaluation of AI-enabled solutions, addressing patient concerns about data privacy and security, and providing transparent information about AI capabilities and limitations are essential to building trust and fostering patient acceptance.

Equity and Accessibility: AI-powered remote monitoring platforms may exacerbate existing health disparities and inequities, particularly among underserved populations with limited access to digital health technologies. Addressing barriers to access, such as lack of internet connectivity, language barriers, and socioeconomic disparities, is essential to ensuring equitable access to AI-enabled gynecological care and reducing healthcare inequalities.

Future Directions and Emerging Trends

Despite the challenges, the future of AI for remote monitoring of patients with gynecological diseases looks promising, with several emerging trends and future directions, including:

Development of AI-Powered Diagnostic Tools: Continued research and development in AI algorithms, medical imaging analysis, and digital pathology will lead to the development of AI-powered diagnostic tools for gynecological diseases. By leveraging deep learning, computer vision, and image recognition techniques, AI-enabled systems can improve the accuracy, efficiency, and reproducibility of gynecological diagnostics, enabling early detection and personalized treatment.

Integration of Wearable Sensors and Internet of Things (IoT) Devices: The integration of wearable sensors, IoT devices, and mobile health applications into AI-powered remote monitoring platforms will enable continuous monitoring of gynecological symptoms, biomarkers, and treatment responses. By collecting real-time data on physiological parameters, activity levels, and environmental factors, AI-enabled systems can provide personalized feedback, support self-management, and optimize treatment outcomes for patients with gynecological diseases.

Adoption of Federated Learning and Privacy-Preserving Techniques: The adoption of federated learning, differential privacy, and blockchain

technology will enhance the privacy and security of patient data in AI-powered remote monitoring platforms. By decentralizing data storage, encrypting sensitive information, and preserving patient anonymity, AI-enabled systems can protect patient privacy while enabling collaborative model training and knowledge sharing across healthcare institutions.

Implementation of Explainable AI and Clinical Decision Support Systems: The implementation of explainable AI and clinical decision support systems will enhance transparency, interpretability, and trustworthiness of AI-driven diagnostic and treatment recommendations. By providing clinicians with insights into AI algorithms' decision-making processes, generating evidence-based guidelines, and integrating clinical context into decision support systems, AI-enabled platforms can facilitate shared decision-making, improve diagnostic accuracy, and enhance patient outcomes.

Expansion of AI-Powered Telemedicine Services: The expansion of AI-powered telemedicine services, including virtual consultations, remote monitoring, and digital health coaching, will improve access to gynecological care for patients in rural, underserved, and remote areas. By leveraging telehealth platforms, mobile applications, and wearable devices, AI-enabled systems can overcome geographic barriers, reduce

healthcare disparities, and enhance patient engagement in gynecological care delivery.

Collaboration and Knowledge Sharing: Collaborative initiatives, research consortia, and interdisciplinary partnerships will facilitate knowledge sharing, data exchange, and best practice dissemination in the field of AI for gynecological care. By fostering collaboration between healthcare providers, researchers, technology developers, and patient advocacy groups, AI-enabled solutions can accelerate innovation, promote evidence-based practice, and improve patient outcomes in gynecological health.

Conclusion

In conclusion, artificial intelligence holds immense potential for revolutionizing the remote monitoring of patients with gynecological diseases, enabling early detection, personalized treatment, and improved clinical outcomes. By leveraging AI algorithms, machine learning techniques, and digital health technologies, healthcare providers can enhance diagnostic accuracy, optimize treatment regimens, and empower patients to actively participate in their care. However, addressing challenges related to data privacy, regulatory compliance, healthcare provider training, and patient engagement is essential to realizing the full potential of AI

in gynecological care delivery. By embracing emerging trends, fostering collaboration, and prioritizing patient-centered care, AI-enabled solutions can transform the landscape of gynecological health and improve the lives of women worldwide.

13- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH CANCERS

Introduction

Cancer is not a singular disease but rather a group of diseases known by various terms such as Neoplasm, Carcinoma, Malignant tumors/growth, and Metastasis. A defining characteristic of cancer is the independent and rapid proliferation or division of abnormal cells in an unregulated manner. These cancer cells have the ability to migrate to adjacent organs and tissues in the body, a process known as metastasis, which has become the leading cause of mortality in recent years.

In developed nations, both the incidence and mortality rates of cancer have been on the rise, with a significant portion of this upward trend attributed to an aging population. Consequently, cancer research remains a paramount focus area aimed at alleviating the burden of cancer and saving lives in the present and future decades.

The term "artificial intelligence (AI)" or "machine intelligence" was coined by McCarthy et al. in 1956. AI represents a relatively novel field within computer science and research, wherein programmable machines are capable of learning

patterns, mimicking human intelligence, and utilizing this knowledge for autonomous decision-making processes.

In the past decade, AI and its subsets, such as machine learning (ML) and deep learning (DL), have made remarkable strides across various domains and tasks, including voice recognition, image classification, automatic translation, facial recognition, and healthcare. Notably, there has been a surge in the number of scientists and researchers employing AI in cancer research, particularly in areas such as diagnosis, precision medicine, and radiotherapy. As a result, the integration of AI and its subsets has become increasingly indispensable in the contemporary era.

Digitalized healthcare, encompassing Remote Patient Monitoring (RPM), eHealth, digital therapeutics, and other technologies, has been instrumental in improving and supporting healthcare services. For instance, RPM involves the collection of biometric data through secure telehealth tools by clinical teams remotely monitoring patients' vitals and symptoms outside of the hospital setting. This approach is particularly beneficial for cancer patients undergoing multimodal treatments such as radiation and chemotherapy, which necessitate intensive therapy due to their highly toxic nature and severe side effects.

Research indicates that the implementation of web-based monitoring for cancer patients is associated with enhanced overall survival rates and improved quality of life as reported by patients. Remote monitoring systems in cancer care have been shown to offer numerous advantages, including improved overall survival rates, reduced emergency room visits, enhanced patient quality of life, decreased bed days of care, lowered overall costs, and fewer nursing home admissions.

However, the application of AI in healthcare is not without its challenges, including the need for specific education and training for both patients and clinical teams, as well as difficulties in technology usage, particularly among elderly patients.

Cancer remains the primary cause of significant morbidity and mortality worldwide. In 2020, approximately 19.3 million new cancer cases were reported, with projections estimating 30.2 million new cases by 2040. Advances in early diagnosis and improved management have significantly boosted cancer survival rates. Evidence-based medicine, as opposed to traditional healthcare, can lead to a significant reduction in the financial burden and the preservation of limited and valuable resources in health systems. Many studies demonstrate that Artificial Intelligence (AI) could revolutionize medicine and has already

transformed healthcare, particularly in oncology. Promoting innovation in healthcare is crucial, even in the case of incurable cancers, as it can be effective in screening planning and long-term patient monitoring, which requires management similar to other chronic diseases.

Augmented studies show that AI is a developing tool to personalize cancer care procedures through data analysis. AI holds promise as a hopeful avenue to increase the accessibility of cancer care and has contributed significantly to telemedicine across remote diagnosis, medical consultations, analyzing imaging data, monitoring, and facilitating interprofessional teamwork. This emerging science allows healthcare workers to build more data-driven and accessible healthcare systems, make real-time decisions, and offer invaluable benefits to stakeholders, including patients. In telemedicine, which heavily relies on AI functionality, interprofessional teamwork adapts to community settings through the use of new technology. Powered computer programs enhance the healthcare experience, improve health outcomes, replace virtual care alternatives, reduce costs, and promote time efficiency. Moreover, these tools offer invaluable advantages by providing easier access for patients to provider teams in convenient ways.

Medical fields related to images, primarily radiology and pathology, heavily involve AI-

based technologies. Electronic health records aid in disease risk stratification, and AI can merge various sources of clinical data to precisely estimate patients' contingency for numerous diseases, including cancer. In platforms built on AI, the main goal is to integrate data continuously and recognize patients' central needs to provide the best treatment and quality of life based on their personalized care.

Using this tool offers great benefits to doctors by helping them understand patients' daily habits, providing personalized recommendations, and automating follow-up within the patient's place of residence conveniently. Its valuable features for patients include easy access to their provider teams, specialized healthcare recommendations, and avoiding visits to medical centers, especially for patients experiencing pain and discomfort. Overall, early diagnosis and newer, more effective treatments contribute to longer lifespans and increasing survival rates in oncology. Along with the expanded demands in care and the complexity of the process, there is a growing need for increased interaction between healthcare teams and patients, thereby creating a greater demand for remote healthcare support. Despite AI being a suitable application for remote patient monitoring (RPM) with invaluable benefits for vital signs monitoring and emergency events, there are crucial barriers to its implementation

in oncology. These barriers include varying and biased data, poor methods of data collection and reporting, and challenging regulatory issues.

This chapter focuses on AI for the remote monitoring of cancer patients, providing an in-depth exploration of this platform and its optimization of patient outcomes. The study also aims to evaluate the benefits, limitations, and future perspectives of this system.

Introduction to Cancer

Cancer is a leading cause of morbidity and mortality worldwide, accounting for millions of deaths annually. It encompasses a diverse group of diseases characterized by uncontrolled growth and spread of abnormal cells, which can originate in any part of the body. Common types of cancer include breast cancer, lung cancer, colorectal cancer, prostate cancer, and leukemia, among others. Early detection, accurate diagnosis, and timely intervention are critical for improving cancer outcomes and survival rates.

Role of Artificial Intelligence in Cancer Care

Artificial intelligence (AI) refers to the simulation of human intelligence processes by computer systems, including learning, reasoning, and problem-solving. In the context of cancer care, AI technologies can analyze vast amounts

of clinical data, medical images, genomic profiles, and patient records to extract valuable insights, predict disease trajectories, and support clinical decision-making. AI-powered tools and algorithms can assist healthcare providers in various aspects of cancer management, including:

Image Analysis: AI algorithms can analyze medical imaging data, such as computed tomography (CT) scans, magnetic resonance imaging (MRI), and positron emission tomography (PET) scans, to detect tumors, assess tumor size, and evaluate treatment response. By leveraging machine learning and computer vision techniques, AI-enabled image analysis systems can improve the accuracy and efficiency of cancer diagnosis and staging.

Predictive Modeling: AI algorithms can develop predictive models to forecast patient outcomes, such as survival probabilities, disease recurrence, and treatment responses. By integrating clinical data, molecular biomarkers, and imaging features, AI-powered predictive models can stratify patients into risk categories, guide treatment selection, and optimize personalized care plans.

Treatment Planning: AI algorithms can assist oncologists and radiation therapists in developing optimal treatment plans for cancer patients, including surgery, chemotherapy, radiation therapy, and targeted therapy. By analyzing treatment efficacy data, patient preferences,

and clinical guidelines, AI-powered treatment planning systems can tailor treatment regimens to individual patient needs, minimize treatment-related toxicity, and improve therapeutic outcomes.

Remote Monitoring: AI technologies can enable remote monitoring of cancer patients, allowing healthcare providers to track disease progression, monitor treatment side effects, and intervene proactively when necessary. By collecting real-time data on patient symptoms, vital signs, and treatment adherence, AI-powered remote monitoring platforms can facilitate timely interventions, prevent disease complications, and enhance patient outcomes.

Precision Medicine: AI-driven precision medicine approaches can analyze molecular and genetic data to identify actionable targets, biomarkers, and therapeutic interventions for cancer patients. By leveraging genomic sequencing, transcriptomic profiling, and proteomic analysis, AI-powered precision medicine platforms can identify personalized treatment options, predict drug responses, and optimize therapeutic strategies based on individual tumor biology.

Applications of AI for Remote Monitoring of Cancer Patients

AI technologies offer several potential applications for remote monitoring of cancer patients,

including:

Symptom Monitoring: AI-powered remote monitoring platforms can track cancer-related symptoms, such as pain, fatigue, nausea, and neuropathy, in real-time. By collecting patient-reported data via mobile applications or wearable devices, AI-enabled systems can identify changes in symptom severity, provide personalized symptom management strategies, and alert healthcare providers to potential treatment-related complications.

Adverse Event Detection: AI algorithms can analyze electronic health records, laboratory results, and medication data to detect and predict treatment-related adverse events in cancer patients. By monitoring biochemical markers, vital signs, and treatment response patterns, AI-powered systems can identify early signs of chemotherapy toxicity, radiation-induced injuries, and immunotherapy-related adverse events, enabling timely interventions and dose adjustments.

Treatment Adherence Monitoring: AI-powered medication adherence platforms can monitor cancer patients' adherence to prescribed treatment regimens, including oral chemotherapy, hormonal therapy, and targeted therapy. By tracking medication refill patterns, pill ingestion data, and patient-reported outcomes, AI-enabled systems can identify non-adherent behaviors,

address barriers to adherence, and improve treatment compliance rates among cancer patients.

Remote Consultation and Telemedicine: AI-enabled telemedicine platforms facilitate remote consultations between cancer patients and oncology specialists, enabling virtual appointments, remote examinations, and audiovisual communication. By connecting patients with oncologists, nurses, and supportive care providers, AI-powered telemedicine solutions can improve access to cancer care, reduce travel burden, and enhance patient satisfaction.

Survivorship Care Planning: AI-driven survivorship care planning tools can support cancer survivors in managing long-term sequelae, survivorship issues, and psychosocial challenges post-treatment. By providing personalized survivorship care plans, health education resources, and lifestyle recommendations, AI-powered systems can empower cancer survivors to navigate survivorship care, monitor late effects, and maintain optimal quality of life.

Benefits of AI for Remote Monitoring of Cancer Patients

The adoption of AI for remote monitoring of cancer patients offers several potential benefits, including:

Early Detection and Intervention: AI algorithms can detect subtle changes in cancer-related symptoms, tumor markers, and treatment responses, enabling early detection of disease progression and timely intervention. By identifying treatment-related complications, disease relapses, and adverse events, AI-powered remote monitoring platforms can facilitate proactive management strategies, prevent disease complications, and improve patient outcomes.

Personalized Care: AI-driven remote monitoring platforms can tailor cancer care plans and interventions to individual patient needs, preferences, and clinical characteristics. By analyzing patient data, treatment history, and genetic profiles, AI-enabled systems can recommend personalized treatment options, adjust therapy regimens, and optimize supportive care strategies, enhancing treatment efficacy and patient satisfaction.

Enhanced Patient Engagement: AI-powered remote monitoring platforms can engage cancer patients in self-management, symptom tracking, and treatment decision-making, fostering active participation in their care. By providing real-time feedback, educational resources, and personalized support, AI-enabled systems can empower patients to take control of their health, adhere to treatment recommendations, and maintain a positive outlook throughout their cancer journey.

Improved Clinical Outcomes: The use of AI for remote monitoring of cancer patients has the potential to improve clinical outcomes, including survival rates, treatment response rates, and quality of life. By enabling early detection of disease recurrence, timely interventions, and personalized treatment adjustments, AI-powered systems can optimize therapeutic outcomes, reduce hospitalizations, and enhance patient well-being.

Cost Savings and Resource Optimization: AI-enabled remote monitoring platforms can help healthcare systems optimize resource allocation, reduce healthcare costs, and minimize unnecessary healthcare utilization. By preventing disease complications, hospital readmissions, and treatment delays, AI-powered systems can lower healthcare expenditures, improve healthcare efficiency, and maximize the value of healthcare investments.

Challenges and Limitations of AI for Remote Monitoring of Cancer Patients

Despite the potential benefits, the adoption of AI for remote monitoring of cancer patients is associated with several challenges and limitations, including:

Data Privacy and Security: AI-powered remote monitoring platforms may raise concerns about

patient data privacy, security breaches, and unauthorized access to sensitive healthcare information. Ensuring compliance with data protection regulations, such as the Health Insurance Portability and Accountability Act (HIPAA) and the General Data Protection Regulation (GDPR), is essential to safeguard patient confidentiality and maintain trust in AI-enabled systems.

Data Integration and Interoperability: The integration of heterogeneous data sources, such as electronic health records, medical imaging archives, and genomic databases, poses challenges for AI-powered remote monitoring platforms. Achieving data interoperability, standardization, and integration across disparate systems is critical to ensure seamless data exchange, accurate analysis, and actionable insights for cancer patients and healthcare providers.

Algorithm Bias and Fairness: AI algorithms used in remote monitoring of cancer patients may exhibit biases and disparities in healthcare delivery, diagnosis, and treatment recommendations. Addressing algorithmic bias, ensuring fairness, and promoting transparency in AI decision-making processes are essential to mitigate disparities, enhance trust, and promote equitable access to cancer care for all patients, regardless of demographic factors or socioeconomic status.

Regulatory and Legal Considerations: The

deployment of AI in healthcare raises regulatory and legal considerations related to medical device approval, liability, reimbursement, and malpractice liability. Ensuring compliance with regulatory requirements, obtaining regulatory approvals for AI-powered medical devices, and mitigating legal risks associated with AI decision support systems are essential for successful implementation and adoption.

Healthcare Provider Training and Acceptance: Healthcare providers may require training, education, and support to effectively use AI-powered remote monitoring platforms and integrate AI-driven insights into clinical practice. Addressing provider concerns about AI reliability, usability, and clinical relevance is crucial to fostering acceptance and adoption of AI-enabled technologies in cancer care delivery.

Patient Engagement and Trust: Patient engagement, trust, and acceptance of AI-powered remote monitoring platforms may vary depending on factors such as digital literacy, health literacy, and cultural beliefs. Engaging patients in the design, development, and evaluation of AI-enabled solutions, addressing patient concerns about data privacy and security, and providing transparent information about AI capabilities and limitations are essential to building trust and fostering patient acceptance.

Future Directions and Emerging Trends

Despite the challenges, the future of AI for remote monitoring of cancer patients looks promising, with several emerging trends and future directions, including:

Development of AI-Powered Precision Oncology: Continued research and development in AI algorithms, molecular profiling, and genomic analysis will lead to the development of AI-powered precision oncology platforms. By integrating multi-omics data, real-world evidence, and clinical guidelines, AI-enabled precision oncology systems can guide treatment decisions, identify therapeutic targets, and personalize cancer care based on individual tumor biology.

Integration of Wearable Sensors and Internet of Things (IoT) Devices: The integration of wearable sensors, IoT devices, and mobile health applications into AI-powered remote monitoring platforms will enable continuous monitoring of cancer patients' physiological parameters, activity levels, and treatment responses. By collecting real-time data on patient symptoms, treatment adherence, and quality of life, AI-enabled systems can facilitate early detection of disease progression, optimize supportive care interventions, and improve patient outcomes.

Adoption of Federated Learning and Privacy-

Preserving Techniques: The adoption of federated learning, differential privacy, and blockchain technology will enhance the privacy and security of patient data in AI-powered remote monitoring platforms. By decentralizing data storage, encrypting sensitive information, and preserving patient anonymity, AI-enabled systems can protect patient privacy while enabling collaborative model training and knowledge sharing across healthcare institutions.

Implementation of Explainable AI and Clinical Decision Support Systems: The implementation of explainable AI and clinical decision support systems will enhance transparency, interpretability, and trustworthiness of AI-driven diagnostic and treatment recommendations. By providing clinicians with insights into AI algorithms' decision-making processes, generating evidence-based guidelines, and integrating clinical context into decision support systems, AI-enabled platforms can facilitate shared decision-making, improve diagnostic accuracy, and enhance patient outcomes.

Expansion of AI-Powered Telemedicine Services: The expansion of AI-powered telemedicine services, including virtual consultations, remote monitoring, and digital health coaching, will improve access to cancer care for patients in rural, underserved, and remote areas. By leveraging telehealth platforms, mobile applications, and

wearable devices, AI-enabled systems can overcome geographic barriers, reduce healthcare disparities, and enhance patient engagement in cancer care delivery.

Collaboration and Knowledge Sharing: Collaborative initiatives, research consortia, and interdisciplinary partnerships will facilitate knowledge sharing, data exchange, and best practice dissemination in the field of AI for cancer care. By fostering collaboration between oncologists, researchers, technology developers, and patient advocacy groups, AI-enabled solutions can accelerate innovation, promote evidence-based practice, and improve patient outcomes in cancer treatment and survivorship.

Conclusion

In conclusion, artificial intelligence holds tremendous potential for transforming the remote monitoring of cancer patients, enabling early detection, personalized treatment, and improved clinical outcomes. By leveraging AI algorithms, machine learning techniques, and digital health technologies, healthcare providers can enhance diagnostic accuracy, optimize treatment regimens, and empower patients to actively participate in their care. However, addressing challenges related to data privacy, regulatory compliance, healthcare provider training, and patient engagement is essential to

DR. MEHRDAD FARROKHI

realizing the full potential of AI in cancer care delivery. By embracing emerging trends, fostering collaboration, and prioritizing patient-centered care, AI-enabled solutions can revolutionize cancer care and improve the lives of cancer patients worldwide.

ARTIFICIAL INTELLIGENCE FOR REMOTE PATIENT MONI...

14- ARTIFICIAL INTELLIGENCE FOR REMOTE MONITORING OF PATIENTS WITH OTHER DISEASES

Artificial Intelligence for Remote Monitoring of Patients in Department of Surgery

Introduction

Advances in surgery have changed the management strategies of diseases and increased patient life expectancy. These advances include technological developments in diagnosis, imaging, and surgical instrumentation. Tissue damage is reduced by using minimally invasive surgery (MIS) techniques, which are progressively accompanied by robotic assistance these days. The application of new wearable and implantable sensors in the postoperative period has improved patient care by enhancing patient recovery after surgery and early detection of postoperative morbidity and complications. Artificial intelligence (AI), as a recent advance in medicine, has an important role in supporting decision-making by clinicians. AI is now increasingly applied for disease risk

estimation, imaging and diagnostic modalities, precision medicine, and drug production. AI was introduced into surgery through image processing and navigation techniques and feature detection and computerized intervention for preoperative planning and intraoperative assistance.

Artificial Intelligence Subfields

Areas of digital technology containing machine learning, natural language processing, artificial neural networks, computer vision, wearable devices, remote patient monitoring, and virtual reality and augmented reality will transform surgery over the coming years. AI can be used for decision support systems preoperatively and predict surgical outcomes and the risk of complications postoperatively. Mobile applications have been developed with machine learning algorithms and are used at many academic institutions. Machine learning algorithms can improve data analysis, diagnosis accuracy, and prediction of postoperative outcomes. Many computer vision models have shown that they can assess operative complexity, assist with decision-making through minimally invasive surgeries, investigate the technical ability of surgeons, provide feedback during surgery, assess the dynamics of the operation team, and even predict post-surgery outcomes according to intraoperative events. In combination with

machine learning technology, virtual reality can be used for surgical skills evaluation and education.

Remote Patient Monitoring

Remote patient monitoring refers to the practice of tracking and monitoring patients' health conditions from a distance, typically using technology and communication devices. It is widely acknowledged that the primary source of expenses in a hospital is the workforce. The idea of remote patient monitoring was introduced as a solution to both decrease expenses and deliver necessary services to patients. With the advancement of AI, sensors, and predictive analysis, the concept of patient monitoring has experienced significant progress. Wearable devices and embedded sensors, such as glucometers and blood pressure monitors, are already on the market. In addition to the aforementioned developments, there are numerous other advancements such as intelligent implants and prosthetics that are utilized after surgery or during the recovery process in patient care. Continuous monitoring of the patient's vital signs assists in preventing complications that may arise after surgery. Wearables such as FitBit and Mi band are not exclusively designed for patients, but they are also meant for the general public's everyday use. They monitor nearly all the

necessary measurements for a specific day. All of these operate based on the concept of artificial intelligence. At present, there is a recently popular and improved version of patient monitoring known as The digital pills, nanorobots, and smart fabrics assist in ensuring that patients adhere to their medication regimen, managing wounds effectively, and monitoring heart conditions. These technologies operate by directly monitoring patients through brain-computer interfaces, measuring essential health indicators to keep a record of emotional, physiological, psychological, and cognitive conditions. By 2025, it is anticipated that half of the population in developed countries will embrace patient monitoring, social health, wearables, and telehealth, creating a market worth over \$350 billion. This trend is already gaining popularity.

Wearable Devices and Remote Patient Monitoring

Wearable devices and similar technologies that collect and transmit physiologic data and patient-reported parameters in real-time are another form of AI applications with the potential to improve surgery. These devices are used for remote patient monitoring, enabling assessment of patients beyond traditional encounters with healthcare providers. They result in the improvement of postoperative care by allowing remote evaluation

of surgical wounds, patient functional status, pain management, and early detection of clinical deterioration in patients. Valuable evidence suggests that this form of data gathering and transmission can potentially reduce complication rates.

Mori et al. applied a digital platform to understand postoperative recovery at home for patients who underwent cardiac surgery. This project demonstrates the potential for changing postoperative care through remote patient monitoring. A randomized control trial showed that surveillance of surgical site infection using a smartphone is as effective as in-person follow-up, suggesting that remote patient surgical wound monitoring using wearable devices may be safe, efficient, and reduce health service utilization. Another study indicates that the use of a video camera to monitor vital signs can identify early signs of clinical deterioration as a less disruptive, more efficient early warning system. These new capabilities will shift the core of postoperative care from the hospital back to the home.

Instances for Surgeons

Computer augmentation of human performance is the first widespread use of AI in medicine and surgery. Interaction between clinicians and machines already results in improved decision-making by healthcare teams. For example,

pathologists have used AI to reduce their fault rate in detecting cancer-positive lymph nodes from 3.4% to 0.5%. Furthermore, AI can help surgeons and radiologists improve the identification of high-risk patients, leading to a 30% decrease in the rate of lumpectomy in patients with high-risk lesions in needle biopsies of the breast that ultimately are found to be benign in their permanent pathology report after surgery.

In the future, surgeons will be able to improve perioperative care through patient-specific data analysis by AI. In the preoperative phase, for example, in a patient undergoing assessment for bariatric surgery, weight, glucose, meals, and activity data transmission occurs through mobile applications. Preoperative data collected by mobile applications and the patient's medical records are automatically analyzed by AI, providing a case-specific risk score for surgery planning and predicting postsurgical events. Surgeons could then improve real-time decision-making by intraoperative data analysis and integration with the patient's physiological condition and vital signs, operative video, instrument-hand tracking, and electrosurgery energy device usage. Intraoperative patient data monitoring could result in real-time prediction and prevention of complications and adverse events. Surgeons will be able to monitor patient recovery after surgery and predict and prevent complications by

integrating pre-, intra-, and post-operative data. After discharge, the patient's clinical information could be transmitted via personal devices and integrated with hospitalization data continually, leading to more weight loss and a reduction in obesity-related comorbidities in bariatric surgery patients. Surgeons can apply these truly case-specific, patient-centered pathways in perioperative care for any types of surgery.

Knowledge Sharing

AI could be used for sharing surgeons' knowledge and experiences by collecting data such as operative video and medical records from many surgeons around the world. This information will create a large database of clinical practices and operative techniques that can be used to assess surgery outcomes. Computer vision can capture rare surgical cases and anatomy variations from video databases by aggregating and integrating pre-, intra-, and post-operative data. These analyses could improve the quality of surgical care by generating truly valid evidence-based strategies for best practices.

The Surgeon's Role

The application of AI and big data in various parts of the healthcare system results in annual savings between \$300 billion and \$450 billion in the US alone. Surgeons should collaborate with

data scientists to collect new types of clinical data and interpret it effectively. Surgeons possess the necessary clinical knowledge to guide data scientists and engineers in using the appropriate data to address relevant questions. In turn, engineers can develop automated computational solutions for data analytics challenges, which could otherwise be impractical and time-consuming using traditional manual approaches.

The use of technology to distribute surgical knowledge and practices can provide every surgeon with the opportunity to enhance global surgical care. Considering that studies have shown a connection between surgical technique and patient outcomes, AI has the potential to aggregate surgical experience, as seen in genomics and biobanks, to make the decision-making abilities and techniques of the global surgical community available in every surgery.

Surgeons can provide value to data scientists by imparting their understanding of the relevance and importance of the relationship between seemingly simple topics, such as anatomy and physiology, to more complex phenomena, such as disease pathophysiology, operative course, or postoperative complications. These types of relationships are crucial to appropriately model and predict clinical events, and they are critical to improving the interpretability of ML approaches. Surgeons and engineers alike should demand

transparency and interpretability in algorithms so that AI can be held accountable for its predictions and recommendations. With patients' lives at stake, the surgical community should expect automated systems that augment human capabilities to provide care to at least meet, if not exceed, the standards to which clinicians and scientists are held.

Ultimately, it is the responsibility of surgeons to communicate clinical information to patients. In order to effectively convey the data provided by artificial intelligence (AI), surgeons must develop a framework for patient communication. This is particularly important when discussing complex analyses such as risk predictions, prognostications, and treatment algorithms. Having a solid understanding of AI is crucial to appropriately explain these results to patients within the relevant clinical context. Working collaboratively with patients, surgeons need to create and communicate a compelling storyline for the ideal implementation of AI in patient care. This should be done to prevent any potential issues that may arise from external influences, such as financial pressures or political agendas. Regulators and administrators require the adoption of new technologies without thoroughly examining the possible effects on the individuals who would benefit from using the technology. If AI is developed and utilized effectively, it has

the ability to completely transform the education and execution of surgery, creating a future that is focused on providing the best possible care to patients.

Digital Consultation

The idea of digital consultation is to decrease the number of hospital visits made by patients for minor symptoms. Instead, patients can receive guidance and treatment from a healthcare provider while staying in the convenience of their own homes. The apps utilize artificial intelligence to offer consultations. These consultations rely on the patient's medical records (which can be obtained through a questionnaire filled out by the patient) and general medical knowledge.

Users are obligated to input their symptoms into the application. The process of speech recognition involves analyzing the symptoms provided by the patient and matching them with a database of known illnesses. The system suggests the best course of action based on recording the patient's medical history.

A widely used app called Babylon, established in 2013 and based in the UK, is commonly utilized for digital consultations. A recent study discovered that nearly 45% of individuals between the ages of 18 and 29 did not have a regular doctor to consult when they were sick. In addition to this category, individuals with busy work schedules

often face challenges in finding time to regularly visit a doctor and often turn to self-treatment or over-the-counter medicines.

Due to the widespread use of technology, apps such as Buoy chatbots were developed in 2015, which utilize an integrated artificial intelligence system. It possesses a chat-box that assesses symptoms, employing interactive techniques to engage with patients effectively, serving as a highly efficient digital tool for consultations. Buoy employs pre-established answers to communicate with the patient. Users can select from the options provided in the app based on their health concerns. Buoy utilizes artificial intelligence to assess whether a patient's health problem is significant, prompting them to seek medical assistance. It also assists patients in locating the appropriate local doctor, reducing the time and effort required to find clinics that are inconveniently located.

The process of digital consultation starts with patients using their phone, Wi-Fi, cellular data, or Bluetooth-enabled wearable devices to interact, and then transferring the collected data. The information is subsequently saved in the cloud, processed, and then transmitted to the healthcare specialist. The findings are then shared with the patient through a web-based interface. The goal is to minimize hospital readmissions for high-risk patients with medical conditions.

CHRISTUS Pilot Project

The pilot project for Artificial Intelligence in Healthcare was undertaken by CHRISTUS Health Care, in collaboration with Vivify Health. This project focuses on chronic diseases such as congestive heart failure, diabetes, pneumonia, hypertension, and others, and can also be applied to surgical patients. Patients with these diseases often experience significant post-surgery complications, leading to readmission to the hospital. The kit provided to the patients included a tablet, a weighing scale, a blood pressure device, and a pulse oximeter.

The outcomes were highly favorable as patients could actively participate in live video calls with caregivers, respond to inquiries, share their biometric information, and view instructional videos. It was observed that, besides successfully decreasing hospital readmissions, the system also had the capability to track changes occurring in the patient's body and provide alerts in case of emergencies. Furthermore, it had a positive effect on the hospital's revenue. The initial cost to care for 44 patients was \$12,937 on average. Following the implementation of the Remote Patient Monitoring System (RPMS), the cost of patient care decreased to \$1231, representing a significant reduction of 90% in the cost of providing medical services to patients.

During a one-year trial period, CHRISTUS Health implemented the RPMS program, achieving a 95% patient adoption rate and high overall patient satisfaction. Encouraged by this successful outcome, CHRISTUS Health decided to expand the use of RPMS as part of their effort to enhance patient satisfaction and adoption. They have also begun to venture into the fields of electronic medical records and data integration.

Conclusion

AI has been introduced into surgery through image processing, navigation, and techniques of feature detection, and computerized intervention for preoperative planning and intraoperative assistance. Advances in surgery have changed the management strategies of diseases and increased patient life expectancy. With the advancement of AI, sensors, and predictive analysis, the concept of patient monitoring has experienced significant progress.

Surgeons could improve real-time decision-making by intraoperative data analysis and integration with patient physiological condition and vital signs, operative video, instrument-hand tracking, and more. The idea of remote patient monitoring was introduced as a solution to both decrease expenses and deliver necessary services to patients. Surgeons will be able to monitor patient recovery after surgery and predict

and prevent complications by integrating pre-, intra-, and post-operative data. Intraoperative patient data monitoring could result in real-time prediction and prevention of complications and adverse events. These data will create a large database of clinical practices and operative techniques that can be used for the assessment of surgery outcomes and for education. Surgeons possess the necessary clinical knowledge to guide data scientists and engineers in using the appropriate data to address relevant questions.

DR. MEHRDAD FARROKHI

ARTIFICIAL INTELLIGENCE FOR REMOTE PATIENT MONI...

REFERENCES

1. Aasvang EK, Meyhoff CS. The future of postoperative vital sign monitoring in general wards: improving patient safety through continuous artificial intelligence-enabled alert formation and reduction. *Curr Opin Anaesthesiol.* 2023;36(6):683-90.
2. Abdul NS, Shivakumar GC, Sangappa SB, Di Blasio M, Crimi S, Cicciù M, et al. Applications of artificial intelligence in the field of oral and maxillofacial pathology: a systematic review and meta-analysis. *BMC Oral Health.* 2024;24(1):122.
3. Adams LC, Bressem KK, Ziegeler K, Vahldiek JL, Poddubnyy D. Artificial intelligence to analyze magnetic resonance imaging in rheumatology. *Joint Bone Spine.* 2023;91(3):105651.
4. Aeberhard JL, Radan AP, Soltani RA, Strahm KM, Schneider S, Carrié A, et al. Introducing Artificial Intelligence in Interpretation of Foetal Cardiotocography: Medical Dataset Curation and Preliminary Coding-An Interdisciplinary Project. *Methods Protoc.* 2024;7.(1)
5. Ahmed I, Chehri A, Jeon G. Artificial Intelligence and Blockchain Enabled Smart Healthcare System for Monitoring and Detection of COVID-19 in Biomedical Images. *IEEE/ACM*

Trans Comput Biol Bioinform. 2023;Pp.

6. Ahmed MI, Spooner B, Isherwood J, Lane M, Orrock E, Dennison A. A Systematic Review of the Barriers to the Implementation of Artificial Intelligence in Healthcare. *Cureus.* 2023;15(10):e46454.
7. Al-Droubi SS, Jahangir E, Kochendorfer KM, Krive M, Laufer-Perl M, Gilon D, et al. Artificial intelligence modelling to assess the risk of cardiovascular disease in oncology patients. *Eur Heart J Digit Health.* 2023;4(4):302-15.
8. Al-Habaibeh A, Shakmak B, Watkins M, Shin HD. A novel method of using sound waves and artificial intelligence for the detection of vehicle's proximity from cyclists and E-scooters. *MethodsX.* 2024;12:102534.
9. Al-Maini M, Maindarkar M, Kitas GD, Khanna NN, Misra DP, Johri AM, et al. Artificial intelligence-based preventive, personalized and precision medicine for cardiovascular disease/stroke risk assessment in rheumatoid arthritis patients: a narrative review. *Rheumatol Int.* 2023;43(11):1965-82.
10. Al-Rubaii M, Al-Shargabi M, Aldahlawi B, Al-Shehri D, Minaev KM. A Developed Robust Model and Artificial Intelligence Techniques to Predict Drilling Fluid Density and Equivalent Circulation Density in Real Time. *Sensors (Basel).* 2023;23.(14)

11. Alanazi A. Clinicians' Views on Using Artificial Intelligence in Healthcare: Opportunities, Challenges, and Beyond. *Cureus*. 2023;15(9):e45255.
12. Ali T, Abid Imam H, Maqsood B, Jawed I, Khan I, Haque MA. Artificial intelligence-powered intraoperative nerve monitoring: a visionary method to reduce facial nerve palsy in parotid surgery: an editorial. *Ann Med Surg (Lond)*. 2024;86(2):635-7.
13. Alonso MC, Mohammed HT, Fraser RD, Ramirez Garcia Luna JL, Mannion D. Comparison of wound surface area measurements obtained using clinically validated artificial intelligence-based technology versus manual methods and the effect of measurement method on debridement code reimbursement cost. *Wounds*. 2023;35(10):E330-e8.
14. An P, Wang Z. Application value of an artificial intelligence-based diagnosis and recognition system in gastroscopy training for graduate students in gastroenterology: a preliminary study. *Wien Med Wochenschr*. 2023.
15. An R, Shen J, Wang J, Yang Y. A scoping review of methodologies for applying artificial intelligence to physical activity interventions. *J Sport Health Sci*. 2023.
16. Andersen ES, Birk-Korch JB, Röttger R, Brasen CL, Brandslund I, Madsen JS. Monitoring

- performance of clinical artificial intelligence: a scoping review protocol. *JB Evid Synth*. 2024.
17. Antel R, Sahlas E, Gore G, Ingelmo P. Use of artificial intelligence in paediatric anaesthesia: a systematic review. *BJA Open*. 2023;5:100125.
 18. Baig AA, Manion C, Khawar WI, Donnelly BM, Raygor K, Turner R, et al. Cerebral emboli detection and autonomous neuromonitoring using robotic transcranial Doppler with artificial intelligence for transcatheter aortic valve replacement with and without embolic protection devices: a pilot study. *J Neurointerv Surg*. 2023.
 19. Baker S, Yogavijayan T, Kandasamy Y. Towards Non-Invasive and Continuous Blood Pressure Monitoring in Neonatal Intensive Care Using Artificial Intelligence: A Narrative Review. *Healthcare (Basel)*. 2023;11.(24)
 20. Balsalobre-Fernández C, Xu J, Jarvis P, Thompson S, Tannion K, Bishop C. Validity of a Smartphone App Using Artificial Intelligence for the Real-Time Measurement of Barbell Velocity in the Bench Press Exercise. *J Strength Cond Res*. 2023;37(12):e640-e5.
 21. Barakat-Johnson M, Jones A, Burger M, Leong T, Frotjold A, Randall S, et al. Reshaping Wound Care: Evaluation of an Artificial Intelligence App to Improve Wound Assessment and Management. *Stud Health Technol Inform*. 2024;310:941-5.

22. Bassani S, Eccher A, Molteni G. Harnessing the Power of Artificial Intelligence: Revolutionizing Free Flaps Monitoring in Head and Neck Tumor Treatment. *Crit Rev Oncog.* 2023;28(3):25-30.
23. Batz P, Will T, Thiel S, Ziesche TM, Joachim C. From identification to forecasting: the potential of image recognition and artificial intelligence for aphid pest monitoring. *Front Plant Sci.* 2023;14:1150748.
24. Bays HE, Fitch A, Cuda S, Gonsahn-Bollie S, Rickey E, Hablutzel J, et al. Artificial intelligence and obesity management: An Obesity Medicine Association (OMA) Clinical Practice Statement (CPS) 2023. *Obes Pillars.* 2023;6:100065.
25. Beam K, Sharma P, Levy P, Beam AL. Artificial intelligence in the neonatal intensive care unit: the time is now. *J Perinatol.* 2024;44(1):131-5.
26. Benjamin MM, Rabbat MG. Artificial Intelligence in Transcatheter Aortic Valve Replacement: Its Current Role and Ongoing Challenges. *Diagnostics (Basel).* 2024;14.(3)
27. Bevilacqua R, Barbarossa F, Fantechi L, Fornarelli D, Paci E, Bolognini S, et al. Radiomics and Artificial Intelligence for the Diagnosis and Monitoring of Alzheimer's Disease: A Systematic Review of Studies in the Field. *J Clin Med.* 2023;12.(16)

28. Bhatia A, Khalvati F, Ertl-Wagner BB. Artificial Intelligence in the Future Landscape of Pediatric Neuroradiology: Opportunities and Challenges. *AJNR Am J Neuroradiol.* 2024.
29. Bisignani G, Cheung JW, Rordorf R, Kutyifa V, Hofer D, Berti D, et al. Implantable cardiac monitors: artificial intelligence and signal processing reduce remote ECG review workload and preserve arrhythmia detection sensitivity. *Front Cardiovasc Med.* 2024;11:1343424.
30. Bokhari SFH. Artificial Intelligence and Robotics in Transplant Surgery: Advancements and Future Directions. *Cureus.* 2023;15(8):e43975.
31. Bond A, McCay K, Lal S. Artificial intelligence & clinical nutrition: What the future might have in store. *Clin Nutr ESPEN.* 2023;57:542-9.
32. Borchert RJ, Azevedo T, Badhwar A, Bernal J, Betts M, Bruffaerts R, et al. Artificial intelligence for diagnostic and prognostic neuroimaging in dementia: A systematic review. *Alzheimers Dement.* 2023;19(12):5885-904.
33. Boussem S, Benard-Tertrais M, Ogéa M, Malet A, Simeone P, Antonini F, et al. Heart rate complexity helps mortality prediction in the intensive care unit: A pilot study using artificial intelligence. *Comput Biol Med.* 2024;169:107934.
34. Bozyel S, Şimşek E, Koçyiğit Burunkaya D, Güler A, Korkmaz Y, Şeker M, et al. Artificial

Intelligence-Based Clinical Decision Support Systems in Cardiovascular Diseases. *Anatol J Cardiol.* 2024;28(2):74-86.

35. Burnazovic E, Yee A, Levy J, Gore G, Abbasgholizadeh Rahimi S. Application of Artificial intelligence in COVID-19-related geriatric care: A scoping review. *Arch Gerontol Geriatr.* 2024;116:105129.

36. Cambuli VM, Baroni MG. Intelligent Insulin vs. Artificial Intelligence for Type 1 Diabetes: Will the Real Winner Please Stand Up? *Int J Mol Sci.* 2023;24.(17)

37. Cansel N, Faruk Alcin Ö, Furkan Yılmaz Ö, Ari A, Akan M, Ucuz İ. A NEW ARTIFICIAL INTELLIGENCE-BASED CLINICAL DECISION SUPPORT SYSTEM FOR DIAGNOSIS OF MAJOR PSYCHIATRIC DISEASES BASED ON VOICE ANALYSIS. *Psychiatr Danub.* 2023;35(4):489-99.

38. Carroll J, Colley E, Cartmill M, Thomas SD. Robotic tomographic ultrasound and artificial intelligence for management of haemodialysis arteriovenous fistulae. *J Vasc Access.* 2023;11297298231210019.

39. Cassidy B, Hoon Yap M, Pappachan JM, Ahmad N, Haycocks S, O'Shea C, et al. Artificial intelligence for automated detection of diabetic foot ulcers: A real-world proof-of-concept clinical evaluation. *Diabetes Res Clin Pract.* 2023;205:110951.

40. Cau R, Pisu F, Suri JS, Montisci R, Gatti M, Mannelli L, et al. Artificial Intelligence in the Differential Diagnosis of Cardiomyopathy Phenotypes. *Diagnostics (Basel).* 2024;14.(2)

41. Chakraborty S, Khandelwal A, Agarwalla R, Jamir L, Bhattacharyya H. ARTIFICIAL INTELLIGENCE: CREATING NEW PARADIGMS IN THE MANAGEMENT OF NON-COMMUNICABLE DISEASES. *Georgian Med News.* 2023(344):200-2.

42. Chalasani SH, Syed J, Ramesh M, Patil V, Pramod Kumar TM. Artificial intelligence in the field of pharmacy practice: A literature review. *Explor Res Clin Soc Pharm.* 2023;12:100346.

43. Chang TY, Chen GY, Chen JJ, Young LH, Chang LT. Application of artificial intelligence algorithms and low-cost sensors to estimate respirable dust in the workplace. *Environ Int.* 2023;182:108317.

44. Chavannes M, Kysh L, Allocca M, Krugliak Cleveland N, Dolinger MT, Robbins TS, et al. Role of artificial intelligence in imaging and endoscopy for the diagnosis, monitoring and prognostication of inflammatory bowel disease: a scoping review protocol. *BMJ Open Gastroenterol.* 2023;10.(1)

45. Chee ML, Chee ML, Huang H, Mazzochi K, Taylor K, Wang H, et al. Artificial intelligence and machine learning in prehospital emergency care: A scoping review. *iScience.* 2023;26(8):107407.

46. Chen E, Prakash S, Janapa Reddi V, Kim D,

Rajpurkar P. A framework for integrating artificial intelligence for clinical care with continuous therapeutic monitoring. *Nat Biomed Eng.* 2023.

47. Chen T, Hu L, Lu Q, Xiao F, Xu H, Li H, et al. A computer-aided diagnosis system for brain tumors based on artificial intelligence algorithms. *Front Neurosci.* 2023;17:1120781.

48. Chirica C, Haba D, Cojocaru E, Mazga AI, Eva L, Dobrovat BI, et al. One Step Forward-The Current Role of Artificial Intelligence in Glioblastoma Imaging. *Life (Basel).* 2023;13.(7)

49. Choi MH, Kim D, Park Y, Jeong SH. Development and validation of artificial intelligence models to predict urinary tract infections and secondary bloodstream infections in adult patients. *J Infect Public Health.* 2024;17(1):10-7.

50. Choksi S, Szot S, Zang C, Yarali K, Cao Y, Ahmad F, et al. Bringing Artificial Intelligence to the operating room: edge computing for real-time surgical phase recognition. *Surg Endosc.* 2023;37(11):8778-84.

51. Chu WT, Reza SMS, Anibal JT, Landa A, Crozier I, Bağci U, et al. Artificial Intelligence and Infectious Disease Imaging. *J Infect Dis.* 2023;228(Suppl 4):S322-s36.

52. Cosoli G, Calcagni MT, Salerno G, Mancini A, Narang G, Galdelli A, et al. In the Direction of an Artificial Intelligence-Enabled Monitoring

Platform for Concrete Structures. *Sensors (Basel).* 2024;24.(2)

53. Crespín E, Rosier A, Ibnouhsein I, Gozlan A, Lazarus A, Laurent G, et al. Improved diagnostic performance of insertable cardiac monitors by an artificial intelligence-based algorithm. *Europace.* 2023;26.(1)

54. Cresswell K, Rigby M, Magrabi F, Scott P, Brender J, Craven CK, et al. The need to strengthen the evaluation of the impact of Artificial Intelligence-based decision support systems on healthcare provision. *Health Policy.* 2023;136:104889.

55. Daamen LA, Molenaar IQ, Groot VP. Recent Advances and Future Challenges in Pancreatic Cancer Care: Early Detection, Liquid Biopsies, Precision Medicine and Artificial Intelligence. *J Clin Med.* 2023;12.(23)

56. Dang T, Spathis D, Ghosh A, Mascolo C. Human-centred artificial intelligence for mobile health sensing: challenges and opportunities. *R Soc Open Sci.* 2023;10(11):230806.

57. Davoud SC, Kovacheva VP. On the Horizon: Specific Applications of Automation and Artificial Intelligence in Anesthesiology. *Curr Anesthesiol Rep.* 2023;13(2):31-40.

58. De Bruyne S, De Kesel P, Oyaert M. Applications of Artificial Intelligence in Urinalysis: Is the Future Already Here? *Clin Chem.*

2023;69(12):1348-60.

59. De Kerf G, Claessens M, Raouassi F, Mercier C, Stas D, Ost P, et al. A geometry and dose-volume based performance monitoring of artificial intelligence models in radiotherapy treatment planning for prostate cancer. *Phys Imaging Radiat Oncol.* 2023;28:100494.

60. de Lima VR, de Moraes MCC, Kirchgatter K. Integrating artificial intelligence and wing geometric morphometry to automate mosquito classification. *Acta Trop.* 2024;249:107089.

61. Destere A, Marchello G, Merino D, Othman NB, Gérard AO, Lavrut T, et al. An artificial intelligence algorithm for co-clustering to help in pharmacovigilance before and during the COVID-19 pandemic. *Br J Clin Pharmacol.* 2024.

62. Dinescu SC, Stoica D, Bită CE, Nicoara AI, Cirstei M, Staiculesc MA, et al. Applications of artificial intelligence in musculoskeletal ultrasound: narrative review. *Front Med (Lausanne).* 2023;10:1286085.

63. Dipalma G, Inchingolo AD, Inchingolo AM, Piras F, Carpentiere V, Garofoli G, et al. Artificial Intelligence and Its Clinical Applications in Orthodontics: A Systematic Review. *Diagnostics (Basel).* 2023;13.(24)

64. Dong D, Feng H. Design and use of a wireless temperature measurement network system integrating artificial intelligence and

blockchain in electrical power engineering. *PLoS One.* 2024;19(1):e0296398.

65. Eastwood KW, May R, Andreou P, Abidi S, Abidi SSR, Loubani OM. Needs and expectations for artificial intelligence in emergency medicine according to Canadian physicians. *BMC Health Serv Res.* 2023;23(1):798.

66. Eisazadeh R, Shahbazi-Akbari M, Mirshahvalad SA, Pirich C, Beheshti M. Application of Artificial Intelligence in Oncologic Molecular PET-Imaging: A Narrative Review on Beyond [(18)F]F-FDG Tracers Part II. [(18)F]F-FLT, [(18)F]F-FET, [(11)C]C-MET and Other Less-Commonly Used Radiotracers. *Semin Nucl Med.* 2024.

67. Ekmekyapar T, Taşcı B. Exemplar MobileNetV2-Based Artificial Intelligence for Robust and Accurate Diagnosis of Multiple Sclerosis. *Diagnostics (Basel).* 2023;13.(19)

68. Environmental, Public Health JO. Retracted: Human-Computer Interaction Environment Monitoring and Collaborative Translation Mode Exploration Using Artificial Intelligence Technology. *J Environ Public Health.* 2023;2023:9857853.

69. Escobar-Grisales D, Ríos-Urrego CD, Orozco-Arroyave JR. Deep Learning and Artificial Intelligence Applied to Model Speech and Language in Parkinson's Disease. *Diagnostics (Basel).* 2023;13.(13)

70. Espejo G, Reiner W, Wenzinger M. Exploring the Role of Artificial Intelligence in Mental Healthcare: Progress, Pitfalls, and Promises. *Cureus*. 2023;15(9):e44748.
71. Ethier O, Chan HO, Abdolahnejad M, Morzycki A, Tchango AF, Joshi R, et al. Using Computer Vision and Artificial Intelligence to Track the Healing of Severe Burns. *J Burn Care Res*. 2023.
72. Farabi Maleki S, Yousefi M, Afshar S, Pedrammehr S, Lim CP, Jafarizadeh A, et al. Artificial Intelligence for Multiple Sclerosis Management Using Retinal Images: Pearl, Peaks, and Pitfalls. *Semin Ophthalmol*. 2023:1-18.
73. Fass O, Rogers BD, Gyawali CP. Artificial Intelligence Tools for Improving Manometric Diagnosis of Esophageal Dysmotility. *Curr Gastroenterol Rep*. 2024.
74. Feinstein M, Katz D, Demaria S, Hofer IS. Remote Monitoring and Artificial Intelligence: Outlook for 2050. *Anesth Analg*. 2024;138(2):350-7.
75. Feng J, Liu H, Mai S, Su J, Sun J, Zhou J, et al. Protocol of a parallel, randomized controlled trial on the effects of a novel personalized nutrition approach by artificial intelligence in real world scenario. *BMC Public Health*. 2023;23(1):1700.
76. Feuerecker B, Heimer MM, Geyer T, Fabritius MP, Gu S, Schachtner B, et al. Artificial

- Intelligence in Oncological Hybrid Imaging. *Nuklearmedizin*. 2023;62(5):296-305.
77. Fortune-Ely M, Achanta M, Song MSH. The future of artificial intelligence in facial plastic surgery. *JPRAS Open*. 2024;39:89-92.
78. Fouladvand S, Pierson E, Jankovic I, Ouyang D, Chen JH, Daneshjou R. Session Introduction: Artificial Intelligence in Clinical Medicine: Generative and Interactive Systems at the Human-Machine Interface. *Pac Symp Biocomput*. 2024;29:1-7.
79. Frazier TW, Busch RM, Klaas P, Lachlan K, Jeste S, Kolevzon A, et al. Development of webcam-collected and artificial-intelligence-derived social and cognitive performance measures for neurodevelopmental genetic syndromes. *Am J Med Genet C Semin Med Genet*. 2023;193(3):e32058.
80. Froń A, Semianiuk A, Lazuk U, Ptazkowski K, Siennicka A, Lemiński A, et al. Artificial Intelligence in Urooncology: What We Have and What We Expect. *Cancers (Basel)*. 2023;15.(17)
81. Gandhi TK, Classen D, Sinsky CA, Rhew DC, Vande Garde N, Roberts A, et al. How can artificial intelligence decrease cognitive and work burden for front line practitioners? *JAMIA Open*. 2023;6(3):ooad079.
82. Gao Y. Design of urban innovation space system using artificial intelligence technology and

internet of things. *Heliyon*. 2024;10(3):e25396.

83. Giorgi A, Ronca V, Vozzi A, Aricò P, Borghini G, Capotorto R, et al. Neurophysiological mental fatigue assessment for developing user-centered Artificial Intelligence as a solution for autonomous driving. *Front Neurorobot*. 2023;17:1240933.

84. Glasby J, Litchfield I, Parkinson S, Hocking L, Tanner D, Roe B, et al. New and emerging technology for adult social care - the example of home sensors with artificial intelligence (AI) technology. *Health Soc Care Deliv Res*. 2023;11(9):1-64.

85. Göçer H, Durukan AB. The use of artificial intelligence in interventional cardiology. *Turk Gogus Kalp Damar Cerrahisi Derg*. 2023;31(3):420-1.

86. Godoy Junior CA, Miele F, Mäkitie L, Fiorenzato E, Koivu M, Bakker LJ, et al. Attitudes Toward the Adoption of Remote Patient Monitoring and Artificial Intelligence in Parkinson's Disease Management: Perspectives of Patients and Neurologists. *Patient*. 2024.

87. Guni A, Varma P, Zhang J, Fehervari M, Ashrafian H. Artificial Intelligence in Surgery: The Future is Now. *Eur Surg Res*. 2024.

88. Hackl WO, Neururer SB, Pfeifer B. Transforming Clinical Information Systems: Empowering Healthcare through

Telemedicine, Data Science, and Artificial Intelligence Applications. *Yearb Med Inform*. 2023;32(1):127-37.

89. Haugsten ER, Vestergaard T, Trettin B. Experiences Regarding Use and Implementation of Artificial Intelligence-Supported Follow-Up of Atypical Moles at a Dermatological Outpatient Clinic: Qualitative Study. *JMIR Dermatol*. 2023;6:e44913.

90. He H, Wang L, Wang X, Zhang M. Artificial intelligence in serum protein electrophoresis: history, state of the art, and perspective. *Crit Rev Clin Lab Sci*. 2023:1-15.

91. Healthcare Engineering JO. Retracted: Artificial Intelligence of Things- (AIoT-) Based Patient Activity Tracking System for Remote Patient Monitoring. *J Healthc Eng*. 2023;2023:9834854.

92. Hellwig D, Hellwig NC, Boehner S, Fuchs T, Fischer R, Schmidt D. Artificial Intelligence and Deep Learning for Advancing PET Image Reconstruction: State-of-the-Art and Future Directions. *Nuklearmedizin*. 2023;62(6):334-42.

93. Hennebelle A, Ismail L, Materwala H, Al Kaabi J, Ranjan P, Janardhanan R. Secure and privacy-preserving automated machine learning operations into end-to-end integrated IoT-edge-artificial intelligence-blockchain monitoring system for diabetes mellitus prediction. *Comput*

Struct Biotechnol J. 2024;23:212-33.

94. Higgins H, Nakhla A, Lotfalla A, Khalil D, Doshi P, Thakkar V, et al. Recent Advances in the Field of Artificial Intelligence for Precision Medicine in Patients with a Diagnosis of Metastatic Cutaneous Melanoma. *Diagnostics (Basel)*. 2023;13.(22)

95. Ho A, Bavli I, Mahal R, McKeown MJ. Multi-Level Ethical Considerations of Artificial Intelligence Health Monitoring for People Living with Parkinson's Disease. *AJOB Empir Bioeth*. 2023;1-14.

96. Hong W, Hwang EJ, Park CM, Goo JM. Effects of Implementing Artificial Intelligence-Based Computer-Aided Detection for Chest Radiographs in Daily Practice on the Rate of Referral to Chest Computed Tomography in Pulmonology Outpatient Clinic. *Korean J Radiol*. 2023;24(9):890-902.

97. Hou Y, Dong Q, Wang D, Liu J. Introduction to 'Artificial intelligence in failure analysis of transportation infrastructure and materials'. *Philos Trans A Math Phys Eng Sci*. 2023;381(2254):20220177.

98. Howard A, Aston S, Gerada A, Reza N, Bincalar J, Mwandumba H, et al. Antimicrobial learning systems: an implementation blueprint for artificial intelligence to tackle antimicrobial resistance. *Lancet Digit Health*. 2024;6(1):e79-

e86.

99. Huang T, Ma Y, Li S, Ran J, Xu Y, Asakawa T, et al. Effectiveness of an artificial intelligence-based training and monitoring system in prevention of nosocomial infections: A pilot study of hospital-based data. *Drug Discov Ther*. 2023;17(5):351-6.

100. Ilan Y. Department of Medicine 2040: Implementing a Constrained Disorder Principle-Based Second-Generation Artificial Intelligence System for Improved Patient Outcomes in the Department of Internal Medicine. *Inquiry*. 2023;60:469580231221285.

101. Iqbal J, Cortés Jaimes DC, Makineni P, Subramani S, Hemaïda S, Thugu TR, et al. Reimagining Healthcare: Unleashing the Power of Artificial Intelligence in Medicine. *Cureus*. 2023;15(9):e44658.

102. Jacobs JEJ, Greason G, Mangold KE, Wildiers H, Willems R, Janssens S, et al. Artificial Intelligence ECG as a Novel Screening Tool to Detect a Newly Abnormal Left Ventricular Ejection Fraction After Anthracycline-Based Cancer Therapy. *Eur J Prev Cardiol*. 2023.

103. Janga JK, Reddy KR, Raviteja K. Integrating artificial intelligence, machine learning, and deep learning approaches into remediation of contaminated sites: A review. *Chemosphere*. 2023;345:140476.

104. Janssen AB, Kavisha S, Johnson A, Marinic A, Teede H, Shaw T. Implementation of Artificial Intelligence Applications in Australian Healthcare Organisations: Environmental Scan Findings. *Stud Health Technol Inform.* 2024;310:1136-40.
105. Jha AK, Mithun S, Sherkhane UB, Dwivedi P, Puts S, Osong B, et al. Emerging role of quantitative imaging (radiomics) and artificial intelligence in precision oncology. *Explor Target Antitumor Ther.* 2023;4(4):569-82.
106. Kaduwela NA, Horner S, Dadar P, Manworren RCB. Application of a human-centered design for embedded machine learning model to develop data labeling software with nurses: Human-to-Artificial Intelligence (H2AI). *Int J Med Inform.* 2024;183:105337.
107. Kandasamy Y, Baker S. An Exploratory Review on the Potential of Artificial Intelligence for Early Detection of Acute Kidney Injury in Preterm Neonates. *Diagnostics (Basel).* 2023;13.(18)
108. Kavungal D, Magalhães P, Kumar ST, Kolla R, Lashuel HA, Altug H. Artificial intelligence-coupled plasmonic infrared sensor for detection of structural protein biomarkers in neurodegenerative diseases. *Sci Adv.* 2023;9(28):eadg9644.
109. Keenan TDL, Loewenstein A. Artificial intelligence for home monitoring devices. *Curr*

- Opin Ophthalmol.* 2023;34(5):441-8.
110. Kenig N, Monton Echeverria J, Muntaner Vives A. Human Beauty according to Artificial Intelligence. *Plast Reconstr Surg Glob Open.* 2023;11(7):e5153.
111. Kerr WT, McFarlane KN. Machine Learning and Artificial Intelligence Applications to Epilepsy: a Review for the Practicing Epileptologist. *Curr Neurol Neurosci Rep.* 2023;23(12):869-79.
112. Khanna NN, Singh M, Maindarkar M, Kumar A, Johri AM, Mentella L, et al. Polygenic Risk Score for Cardiovascular Diseases in Artificial Intelligence Paradigm: A Review. *J Korean Med Sci.* 2023;38(46):e395.
113. Kim ES, Eun SJ, Kim KH. Artificial Intelligence-Based Patient Monitoring System for Medical Support. *Int Neurourol J.* 2023;27(4):280-6.
114. Kim ES, Eun SJ, Youn S. The Current State of Artificial Intelligence Application in Urology. *Int Neurourol J.* 2023;27(4):227-33.
115. Kim SC, Kim S. Development of a Dog Health Score Using an Artificial Intelligence Disease Prediction Algorithm Based on Multifaceted Data. *Animals (Basel).* 2024;14.(2)
116. Kim Y, Kim H, Choi J, Cho K, Yoo D, Lee Y, et al. Early prediction of need for

invasive mechanical ventilation in the neonatal intensive care unit using artificial intelligence and electronic health records: a clinical study. *BMC Pediatr.* 2023;23(1):525.

117. Koehler S, Kuhm J, Huffaker T, Young D, Tandon A, André F, et al. Artificial Intelligence to derive aligned strain in cine CMR to detect patients with myocardial fibrosis: an open and scrutinizable approach. *Res Sq.* 2024.

118. Kolomenskaya E, Butova V, Poltavskiy A, Soldatov A, Butakova M. Application of Artificial Intelligence at All Stages of Bone Tissue Engineering. *Biomedicines.* 2023;12.(1)

119. Kumar S, Banerjee A. Artificial Intelligence-Enabled Smartwatch Used for the Detection of Idiopathic Ventricular Tachycardia: A Case Report. *Cureus.* 2023;15(7):e42054.

120. Kuru H. Identifying Behavior Change Techniques in an Artificial Intelligence-Based Fitness App: A Content Analysis. *Health Educ Behav.* 2023;10901981231213586.

121. Kuru K, Ansell D, Hughes D, Watkinson BJ, Gaudenzi F, Jones M, et al. Treatment of Nocturnal Enuresis Using Miniaturised Smart Mechatronics With Artificial Intelligence. *IEEE J Transl Eng Health Med.* 2024;12:204-14.

122. Kwak K, Lee EH. Impact of road transport system on groundwater quality inferred from explainable artificial intelligence (XAI). *Sci Total*

Environ. 2024;917:170388.

123. Laguna EB, Mun HS, Ampode KMB, Chem V, Kim YH, Yang CJ. Artificial Intelligence for Automatic Monitoring of Respiratory Health Conditions in Smart Swine Farming. *Animals (Basel).* 2023;13.(11)

124. Langius-Wiffen E, Nijholt IM, van Dijk RA, de Boer E, Nijboer-Oosterveld J, Veldhuis WB, et al. An artificial intelligence algorithm for pulmonary embolism detection on polychromatic computed tomography: performance on virtual monochromatic images. *Eur Radiol.* 2024;34(1):384-90.

125. Lee Y, Choi HJ, Kim H, Kim S, Kim MS, Cha H, et al. Feasibility of artificial intelligence-driven interfractional monitoring of organ changes by mega-voltage computed tomography in intensity-modulated radiotherapy of prostate cancer. *Radiat Oncol J.* 2023;41(3):186-98.

126. Li X, Chen F, Ma L. Exploring the Potential of Artificial Intelligence in Adolescent Suicide Prevention: Current Applications, Challenges, and Future Directions. *Psychiatry.* 2024:1-14.

127. Li X, Liu D, Pu Y, Zhong Y. Recent Advance of Intelligent Packaging Aided by Artificial Intelligence for Monitoring Food Freshness. *Foods.* 2023;12.(15)

128. Li Y, Yip MYT, Ting DSW, Ang M. Artificial intelligence and digital solutions for myopia.

Taiwan J Ophthalmol. 2023;13(2):142-50.

129. Liao WJ, Lee KT, Chiang LY, Liang CH, Chen CP. Postoperative Rehabilitation after Anterior Cruciate Ligament Reconstruction through Telerehabilitation with Artificial Intelligence Brace during COVID-19 Pandemic. *J Clin Med.* 2023;12.(14)

130. Lin G, Wang X, Ye H, Cao W. Radiomic Models Predict Tumor Microenvironment Using Artificial Intelligence-the Novel Biomarkers in Breast Cancer Immune Microenvironment. *Technol Cancer Res Treat.* 2023;22:15330338231218227.

131. Liu L, Zhang Y, Xiao X, Xie R. The promising horizon of deep learning and artificial intelligence in flap monitoring. *Int J Surg.* 2023;109(12):4391-2.

132. Liu PY, Lin C, Lin CS, Fang WH, Lee CC, Wang CH, et al. Artificial Intelligence-Enabled Electrocardiography Detects B-Type Natriuretic Peptide and N-Terminal Pro-Brain Natriuretic Peptide. *Diagnostics (Basel).* 2023;13.(17)

133. Lønfeldt NN, Clemmensen LKH, Pagsberg AK. A Wearable Artificial Intelligence Feedback Tool (Wrist Angel) for Treatment and Research of Obsessive Compulsive Disorder: Protocol for a Nonrandomized Pilot Study. *JMIR Res Protoc.* 2023;12:e45123.

134. Lopes S, Rocha G, Guimarães-Pereira L.

Artificial intelligence and its clinical application in Anesthesiology: a systematic review. *J Clin Monit Comput.* 2023.

135. Maździel M. Instantaneous CO(2) emission modelling for a Euro 6 start-stop vehicle based on portable emission measurement system data and artificial intelligence methods. *Environ Sci Pollut Res Int.* 2024;31(5):6944-59.

136. Malhotra K, Wong BNX, Lee S, Franco H, Singh C, Cabrera Silva LA, et al. Role of Artificial Intelligence in Global Surgery: A Review of Opportunities and Challenges. *Cureus.* 2023;15(8):e43192.

137. Manoharan H, Yuvaraja T, Kuppusamy R, Radhakrishnan A. Implementation of explainable artificial intelligence in commercial communication systems using micro systems. *Sci Prog.* 2023;106(3):368504231191657.

138. Medjedovic E, Stanojevic M, Jonuzovic-Prosic S, Ribic E, Begic Z, Cerovac A, et al. Artificial intelligence as a new answer to old challenges in maternal-fetal medicine and obstetrics. *Technol Health Care.* 2023.

139. Menzies SW, Sinz C, Menzies M, Lo SN, Yolland W, Lingohr J, et al. Comparison of humans versus mobile phone-powered artificial intelligence for the diagnosis and management of pigmented skin cancer in secondary care: a multicentre, prospective, diagnostic, clinical trial.

Lancet Digit Health. 2023;5(10):e679-e91.

140. Methods In Medicine CAM. Retracted: Monitoring of Neuroendocrine Changes in Acute Stage of Severe Craniocerebral Injury by Transcranial Doppler Ultrasound Image Features Based on Artificial Intelligence Algorithm. Comput Math Methods Med. 2023;2023:9787164.

141. Methods In Medicine CAM. Retracted: The Value of Artificial Intelligence Film Reading System Based on Deep Learning in the Diagnosis of Non-Small-Cell Lung Cancer and the Significance of Efficacy Monitoring: A Retrospective, Clinical, Nonrandomized, Controlled Study. Comput Math Methods Med. 2023;2023:9823173.

142. Mi D, Li Y, Zhang K, Huang C, Shan W, Zhang J. Exploring intelligent hospital management mode based on artificial intelligence. Front Public Health. 2023;11:1182329.

143. Mia MY, Haque ME, Islam A, Jannat JN, Jion M, Islam MS, et al. Analysis of self-organizing maps and explainable artificial intelligence to identify hydrochemical factors that drive drinking water quality in Haor region. Sci Total Environ. 2023;904:166927.

144. Miragall MF, Knoedler S, Kauke-Navarro M, Saadoun R, Grabenhorst A, Grill FD, et al. Face the Future-Artificial Intelligence in Oral and Maxillofacial Surgery. J Clin Med. 2023;12.(21)

145. Mohsin SN, Gapizov A, Ekhatov C, Ain NU,

Ahmad S, Khan M, et al. The Role of Artificial Intelligence in Prediction, Risk Stratification, and Personalized Treatment Planning for Congenital Heart Diseases. Cureus. 2023;15(8):e44374.

146. Monteith S, Glenn T, Geddes JR, Achtyes ED, Whybrow PC, Bauer M. Challenges and Ethical Considerations to Successfully Implement Artificial Intelligence in Clinical Medicine and Neuroscience: a Narrative Review. Pharmacopsychiatry. 2023;56(6):209-13.

147. Mori R, Okawa M, Tokumaru Y, Niwa Y, Matsushashi N, Futamura M. Application of an artificial intelligence-based system in the diagnosis of breast ultrasound images obtained using a smartphone. World J Surg Oncol. 2024;22(1):2.

148. Murphy Lonergan R, Curry J, Dhas K, Simmons BI. Stratified Evaluation of GPT's Question Answering in Surgery Reveals Artificial Intelligence (AI) Knowledge Gaps. Cureus. 2023;15(11):e48788.

149. Nanping W, Lee TJ, Chen LJ, Kung CC. Special collections for applying artificial intelligence techniques to encourage economic growth and maintain sustainable societies. Sci Prog. 2024;107(1):368504231223625.

150. Nashwan AJ, Alkhaldeh IM, Shaheen N, Albalkhi I, Serag I, Sarhan K, et al. Using artificial intelligence to improve body iron quantification: A

scoping review. *Blood Rev.* 2023;62:101133.

151. Nashwan AJ, Gharib S, Alhadidi M, El-Ashry AM, Alamgir A, Al-Hassan M, et al. Harnessing Artificial Intelligence: Strategies for Mental Health Nurses in Optimizing Psychiatric Patient Care. *Issues Ment Health Nurs.* 2023;44(10):1020-34.

152. Nath S, Rahimy E, Kras A, Korot E. Toward safer ophthalmic artificial intelligence via distributed validation on real-world data. *Curr Opin Ophthalmol.* 2023;34(5):459-63.

153. Nearing BD, Verrier RL. Novel application of convolutional neural networks for artificial intelligence-enabled modified moving average analysis of P-, R-, and T-wave alternans for detection of risk for atrial and ventricular arrhythmias. *J Electrocardiol.* 2023;83:12-20.

154. Neethirajan S. Artificial Intelligence and Sensor Technologies in Dairy Livestock Export: Charting a Digital Transformation. *Sensors (Basel).* 2023;23.(16)

155. Nicoara AI, Sas LM, Bită CE, Dinescu SC, Vreju FA. Implementation of artificial intelligence models in magnetic resonance imaging with focus on diagnosis of rheumatoid arthritis and axial spondyloarthritis: narrative review. *Front Med (Lausanne).* 2023;10:1280266.

156. Okeibunor JC, Jaca A, Iwu-Jaja CJ, Idemili-Aronu N, Ba H, Zantsi ZP, et al. The use of artificial intelligence for delivery of essential

health services across WHO regions: a scoping review. *Front Public Health.* 2023;11:1102185.

157. Okoji AI, Okoji CN, Awarun OS. Performance evaluation of artificial intelligence with particle swarm optimization (PSO) to predict treatment water plant DBPs (haloacetic acids). *Chemosphere.* 2023;344:140238.

158. Ong J, Waisberg E, Masalkhi M, Kamran SA, Lowry K, Sarker P, et al. Artificial Intelligence Frameworks to Detect and Investigate the Pathophysiology of Spaceflight Associated Neuro-Ocular Syndrome (SANS). *Brain Sci.* 2023;13.(8)

159. Ortenzi M, Rapoport Ferman J, Antolin A, Bar O, Zohar M, Perry O, et al. A novel high accuracy model for automatic surgical workflow recognition using artificial intelligence in laparoscopic totally extraperitoneal inguinal hernia repair (TEP). *Surg Endosc.* 2023;37(11):8818-28.

160. Otálora P, Guzmán JL, Acién FG, Berenguel M, Reul A. An artificial intelligence approach for identification of microalgae cultures. *N Biotechnol.* 2023;77:58-67.

161. Padhan S, Mohapatra A, Ramasamy SK, Agrawal S. Artificial Intelligence (AI) and Robotics in Elderly Healthcare: Enabling Independence and Quality of Life. *Cureus.* 2023;15(8):e42905.

162. Palanisamy P, Padmanabhan A, Ramasamy A, Subramaniam S. Remote Patient Activity

Monitoring System by Integrating IoT Sensors and Artificial Intelligence Techniques. *Sensors (Basel)*. 2023;23.(13)

163. Palavicini G. Intelligent Health: Progress and Benefit of Artificial Intelligence in Sensing-Based Monitoring and Disease Diagnosis. *Sensors (Basel)*. 2023;23.(22)

164. Palermi S, Vecchiato M, Saglietto A, Niederseer D, Oxborough D, Ortega-Martorell S, et al. Unlocking the potential of Artificial Intelligence in Sports Cardiology: does it have a role in evaluating athlete's heart? *Eur J Prev Cardiol*. 2024.

165. Parvatikar PP, Patil S, Khaparkhantikar K, Patil S, Singh PK, Sahana R, et al. Artificial intelligence: Machine learning approach for screening large database and drug discovery. *Antiviral Res*. 2023;220:105740.

166. Petso T, Jamisola RS, Jr. Wildlife conservation using drones and artificial intelligence in Africa. *Sci Robot*. 2023;8(85):eadm7008.

167. Pierre K, Gupta M, Raviprasad A, Sadat Razavi SM, Patel A, Peters K, et al. Medical imaging and multimodal artificial intelligence models for streamlining and enhancing cancer care: opportunities and challenges. *Expert Rev Anticancer Ther*. 2023;23(12):1265-79.

168. Pinton P. Impact of artificial intelligence on

prognosis, shared decision-making, and precision medicine for patients with inflammatory bowel disease: a perspective and expert opinion. *Ann Med*. 2023;55(2):2300670.

169. Poalelungi DG, Musat CL, Fulga A, Neagu M, Neagu AI, Piraianu AI, et al. Advancing Patient Care: How Artificial Intelligence Is Transforming Healthcare. *J Pers Med*. 2023;13.(8)

170. Poirier AC, Riaño Moreno RD, Takaindisa L, Carpenter J, Mehat JW, Haddon A, et al. VIDIIA Hunter diagnostic platform: a low-cost, smartphone connected, artificial intelligence-assisted COVID-19 rapid diagnostics approved for medical use in the UK. *Front Mol Biosci*. 2023;10:1144001.

171. Powling AS, Lisacek-Kiosoglous AB, Fontalis A, Mazomenos E, Haddad FS. Unveiling the potential of artificial intelligence in orthopaedic surgery. *Br J Hosp Med (Lond)*. 2023;84(12):1-5.

172. Prada AM, Quintero F, Mendoza K, Galvis V, Tello A, Romero LA, et al. Assessing Fuchs Corneal Endothelial Dystrophy Using Artificial Intelligence-Derived Morphometric Parameters From Specular Microscopy Images. *Cornea*. 2024.

173. Pradeep K, Jeyakumar V, Bhende M, Shakeel A, Mahadevan S. Artificial intelligence and hemodynamic studies in optical coherence tomography angiography for diabetic retinopathy

evaluation: A review. *Proc Inst Mech Eng H*. 2024;238(1):3-21.

174. Prelaj A, Miskovic V, Zanitti M, Trovo F, Genova C, Viscardi G, et al. Artificial intelligence for predictive biomarker discovery in immunology: a systematic review. *Ann Oncol*. 2024;35(1):29-65.

175. Qamar A, Bangi SF, Barve R. Artificial Intelligence Applications in Diagnosing and Managing Non-syndromic Craniosynostosis: A Comprehensive Review. *Cureus*. 2023;15(9):e45318.

176. Quartieri F, Marina-Breysse M, Toribio-Fernandez R, Lizcano C, Pollastrelli A, Paini I, et al. Artificial intelligence cloud platform improves arrhythmia detection from insertable cardiac monitors to 25 cardiac rhythm patterns through multi-label classification. *J Electrocardiol*. 2023;81:4-12.

177. Rahman MA, Yilmaz I, Albadri ST, Salem FE, Dangott BJ, Taner CB, et al. Artificial Intelligence Advances in Transplant Pathology. *Bioengineering (Basel)*. 2023;10.(9)

178. RaviChandran N, Teo ZL, Ting DSW. Artificial intelligence enabled smart digital eye wearables. *Curr Opin Ophthalmol*. 2023;34(5):414-21.

179. Rea G, Sverzellati N, Bocchino M, Lieto R, Milanese G, D'Alto M, et al. Beyond

Visual Interpretation: Quantitative Analysis and Artificial Intelligence in Interstitial Lung Disease Diagnosis "Expanding Horizons in Radiology". *Diagnostics (Basel)*. 2023;13.(14)

180. Restrepo D, Quion JM, Do Carmo Novaes F, Azevedo Costa ID, Vasquez C, Bautista AN, et al. Ophthalmology Optical Coherence Tomography Databases for Artificial Intelligence Algorithm: A Review. *Semin Ophthalmol*. 2024:1-8.

181. Rey JF. Artificial intelligence in digestive endoscopy: recent advances. *Curr Opin Gastroenterol*. 2023;39(5):397-402.

182. Robertson NM, Centner CS, Siddharthan T. Integrating Artificial Intelligence in the Diagnosis of COPD Globally: A Way Forward. *Chronic Obstr Pulm Dis*. 2024;11(1):114-20.

183. Rodríguez-Cobo L, Reyes-Gonzalez L, Algorri JF, Díez-Del-Valle Garzón S, García-García R, López-Higuera JM, et al. Non-Contact Thermal and Acoustic Sensors with Embedded Artificial Intelligence for Point-of-Care Diagnostics. *Sensors (Basel)*. 2023;24.(1)

184. Romero-Tapiador S, Lacruz-Pleguezuelos B, Tolosana R, Freixer G, Daza R, Fernández-Díaz CM, et al. AI4FoodDB: a database for personalized e-Health nutrition and lifestyle through wearable devices and artificial intelligence. *Database (Oxford)*. 2023;2023.

185. Rony MKK, Parvin MR, Ferdousi S.

Advancing nursing practice with artificial intelligence: Enhancing preparedness for the future. *Nurs Open*. 2024;11.(1)

186. Saba L, Maindarkar M, Khanna NN, Johri AM, Mantella L, Laird JR, et al. A Pharmaceutical Paradigm for Cardiovascular Composite Risk Assessment Using Novel Radiogenomics Risk Predictors in Precision Explainable Artificial Intelligence Framework: Clinical Trial Tool. *Front Biosci (Landmark Ed)*. 2023;28(10):248.

187. Sadeghi M, Banakar A, Minaei S, Orooji M, Shoushtari A, Li G. Early Detection of Avian Diseases Based on Thermography and Artificial Intelligence. *Animals (Basel)*. 2023;13.(14)

188. Sadeghi-Goughari M, Rajabzadeh H, Han JW, Kwon HJ. Artificial intelligence-assisted ultrasound-guided focused ultrasound therapy: a feasibility study. *Int J Hyperthermia*. 2023;40(1):2260127.

189. Saeed U, Insaf RA, Piracha ZZ, Tariq MN, Sohail A, Abbasi UA, et al. Crisis averted: a world united against the menace of multiple drug-resistant superbugs -pioneering anti-AMR vaccines, RNA interference, nanomedicine, CRISPR-based antimicrobials, bacteriophage therapies, and clinical artificial intelligence strategies to safeguard global antimicrobial arsenal. *Front Microbiol*. 2023;14:1270018.

190. Safdar MF, Nowak RM, Pałka P. Pre-

Processing techniques and artificial intelligence algorithms for electrocardiogram (ECG) signals analysis: A comprehensive review. *Comput Biol Med*. 2023;170:107908.

191. Sahu S, Kaur A, Singh G, Kumar Arya S. Harnessing the potential of microalgae-bacteria interaction for eco-friendly wastewater treatment: A review on new strategies involving machine learning and artificial intelligence. *J Environ Manage*. 2023;346:119004.

192. Saigal K, Patel AB, Lucke-Wold B. Artificial Intelligence and Neurosurgery: Tracking Antiplatelet Response Patterns for Endovascular Intervention. *Medicina (Kaunas)*. 2023;59.(10)

193. Salinari A, Machì M, Armas Diaz Y, Cianciosi D, Qi Z, Yang B, et al. The Application of Digital Technologies and Artificial Intelligence in Healthcare: An Overview on Nutrition Assessment. *Diseases*. 2023;11.(3)

194. Samant S, Bakhos JJ, Wu W, Zhao S, Kassab GS, Khan B, et al. Artificial Intelligence, Computational Simulations, and Extended Reality in Cardiovascular Interventions. *JACC Cardiovasc Interv*. 2023;16(20):2479-97.

195. Schena FP, Manno C, Strippoli G. Understanding patient needs and predicting outcomes in IgA nephropathy using data analytics and artificial intelligence: a narrative review. *Clin Kidney J*. 2023;16(Suppl 2):ii55-ii61.

196. Sepúlveda-Oviedo EH, Travé-Massuyès L, Subias A, Pavlov M, Alonso C. Fault diagnosis of photovoltaic systems using artificial intelligence: A bibliometric approach. *Heliyon*. 2023;9(11):e21491.
197. Shah IA, Mishra S. Artificial intelligence in advancing occupational health and safety: an encapsulation of developments. *J Occup Health*. 2024;66.(1)
198. Shah S, Slaney E, VerHage E, Chen J, Dias R, Abdelmalik B, et al. Application of Artificial Intelligence in the Early Detection of Retinopathy of Prematurity: Review of the Literature. *Neonatology*. 2023;120(5):558-65.
199. Shankar SV, Oikonomou EK, Khera R. CarDS-Plus ECG Platform: Development and Feasibility Evaluation of a Multiplatform Artificial Intelligence Toolkit for Portable and Wearable Device Electrocardiograms. *medRxiv*. 2023.
200. Sharma A, Sharma A, Tselykh A, Bozhenyuk A, Choudhury T, Alomar MA, et al. Artificial intelligence and internet of things oriented sustainable precision farming: Towards modern agriculture. *Open Life Sci*. 2023;18(1):20220713.
201. Sharma V, Singh A, Chauhan S, Sharma PK, Chaudhary S, Sharma A, et al. Role of Artificial Intelligence in Drug Discovery and Target Identification in Cancer. *Curr Drug Deliv*. 2023.

202. Shekar PR, Mathew A, S AP, Gopi VP. Rainfall-Runoff modelling using SWAT and eight artificial intelligence models in the Murredu Watershed, India. *Environ Monit Assess*. 2023;195(9):1041.
203. Shelke YP, Badge AK, Bankar NJ. Applications of Artificial Intelligence in Microbial Diagnosis. *Cureus*. 2023;15(11):e49366.
204. Shimizu Y, Saeki N, Ohshimo S, Doi M, Oue K, Yoshida M, et al. Usefulness of new acoustic respiratory sound monitoring with artificial intelligence for upper airway assessment in obese patients during monitored anesthesia care. *J Med Invest*. 2023;70(3.4):430-5.
205. Shiwani T, Relton S, Evans R, Kale A, Heaven A, Clegg A, et al. New Horizons in artificial intelligence in the healthcare of older people. *Age Ageing*. 2023;52.(12)
206. Sihlahla I, Donnelly DL, Townsend B, Thaldar D. Legal and ethical principles governing the use of artificial intelligence in radiology services in South Africa. *Dev World Bioeth*. 2023.
207. Singam A. Revolutionizing Patient Care: A Comprehensive Review of Artificial Intelligence Applications in Anesthesia. *Cureus*. 2023;15(12):e49887.
208. Singh A, Paruthy SB, Belsariya V, Chandra JN, Singh SK, Manivasagam SS, et al. Revolutionizing Breast Healthcare: Harnessing

the Role of Artificial Intelligence. *Cureus*. 2023;15(12):e50203.

209. Singh S, Kumar R, Payra S, Singh SK. Artificial Intelligence and Machine Learning in Pharmacological Research: Bridging the Gap Between Data and Drug Discovery. *Cureus*. 2023;15(8):e44359.

210. Singhal M, Gupta L, Hirani K. A Comprehensive Analysis and Review of Artificial Intelligence in Anaesthesia. *Cureus*. 2023;15(9):e45038.

211. Siontis KC, Abreau S, Attia ZI, Barrios JP, Dewland TA, Agarwal P, et al. Patient-Level Artificial Intelligence-Enhanced Electrocardiography in Hypertrophic Cardiomyopathy: Longitudinal Treatment and Clinical Biomarker Correlations. *JACC Adv*. 2023;2.(8)

212. Smith DA, Burton LM, Amanda S. Through a computer monitor darkly: artificial intelligence in absorption, distribution, metabolism and excretion science. *Xenobiotica*. 2023:1-15.

213. Soh ZD, Tan M, Nongpiur ME, Xu BY, Friedman D, Zhang X, et al. Assessment of angle closure disease in the age of artificial intelligence: A review. *Prog Retin Eye Res*. 2024;98:101227.

214. Soun J, Masudathaya LAY, Biswas A, Chow DS. The Role of Artificial Intelligence in Neuro-oncology Imaging. In: Colliot O, editor. *Machine*

Learning for Brain Disorders. New York, NY: Humana

Copyright 2023, The Author(s). 2023. p. 963-76.

215. Sperlich B, Düking P, Leppich R, Holmberg HC. Strengths, weaknesses, opportunities, and threats associated with the application of artificial intelligence in connection with sport research, coaching, and optimization of athletic performance: a brief SWOT analysis. *Front Sports Act Living*. 2023;5:1258562.

216. Stroop A, Stroop T, Zawy Alsofy S, Nakamura M, Möllmann F, Greiner C, et al. Large language models: Are artificial intelligence-based chatbots a reliable source of patient information for spinal surgery? *Eur Spine J*. 2023.

217. Sultan LR, Haertter A, Al-Hasani M, Demiris G, Cary TW, Tung-Chen Y, et al. Can Artificial Intelligence Aid Diagnosis by Teleguided Point-of-Care Ultrasound? A Pilot Study for Evaluating a Novel Computer Algorithm for COVID-19 Diagnosis Using Lung Ultrasound. *AI (Basel)*. 2023;4(4):875-87.

218. Sumner J, Lim HW, Chong LS, Bundele A, Mukhopadhyay A, Kayambu G. Artificial intelligence in physical rehabilitation: A systematic review. *Artif Intell Med*. 2023;146:102693.

219. Sun J, Dong QX, Wang SW, Zheng YB, Liu XX, Lu TS, et al. Artificial intelligence in psychiatry

research, diagnosis, and therapy. *Asian J Psychiatr.* 2023;87:103705.

220. Sun T, Feng B, Huo J, Xiao Y, Wang W, Peng J, et al. Artificial Intelligence Meets Flexible Sensors: Emerging Smart Flexible Sensing Systems Driven by Machine Learning and Artificial Synapses. *Nanomicro Lett.* 2023;16(1):14.

221. Swarnakar R, Yadav SL. Artificial intelligence and machine learning in motor recovery: A rehabilitation medicine perspective. *World J Clin Cases.* 2023;11(29):7258-60.

222. Taha MA, Morren JA. The role of artificial intelligence in electrodiagnostic and neuromuscular medicine: Current state and future directions. *Muscle Nerve.* 2024;69(3):260-72.

223. Taskén AA, Berg EAR, Grenne B, Holte E, Dalen H, Stølen S, et al. Automated estimation of mitral annular plane systolic excursion by artificial intelligence from 3D ultrasound recordings. *Artif Intell Med.* 2023;144:102646.

224. Thakur S, Dinh LL, Lavanya R, Quek TC, Liu Y, Cheng CY. Use of artificial intelligence in forecasting glaucoma progression. *Taiwan J Ophthalmol.* 2023;13(2):168-83.

225. Tu M. Named entity recognition and emotional viewpoint monitoring in online news using artificial intelligence. *PeerJ Comput Sci.* 2024;10:e1715.

226. Vaish A, Migliorini F, Vaishya R. Artificial intelligence in foot and ankle surgery: current concepts. *Orthopadie (Heidelb).* 2023;52(12):1011-6.

227. Vakay R, Alex G. Artificial Intelligence: A Mighty Adjunct for Caries Detection. *Compend Contin Educ Dent.* 2024;45(2):110-2.

228. Velazquez-Diaz D, Arco JE, Ortiz A, Pérez-Cabezas V, Lucena-Anton D, Moral-Munoz JA, et al. Use of Artificial Intelligence in the Identification and Diagnosis of Frailty Syndrome in Older Adults: Scoping Review. *J Med Internet Res.* 2023;25:e47346.

229. Villegas-Ch W, García-Ortiz J. Authentication, access, and monitoring system for critical areas with the use of artificial intelligence integrated into perimeter security in a data center. *Front Big Data.* 2023;6:1200390.

230. Vulpoi RA, Luca M, Ciobanu A, Olteanu A, Bărboi O, Iov DE, et al. The Potential Use of Artificial Intelligence in Irritable Bowel Syndrome Management. *Diagnostics (Basel).* 2023;13.(21)

231. Wagner DT, Tilmans L, Peng K, Niedermeier M, Rohl M, Ryan S, et al. Artificial Intelligence in Neuroradiology: A Review of Current Topics and Competition Challenges. *Diagnostics (Basel).* 2023;13.(16)

232. Wang C, He T, Zhou H, Zhang Z, Lee C. Artificial intelligence enhanced sensors

- enabling technologies to next-generation healthcare and biomedical platform. *Bioelectron Med.* 2023;9(1):17.

233. Wang L, Li Z, Fan J, Han Z. The intelligent prediction of membrane fouling during membrane filtration by mathematical models and artificial intelligence models. *Chemosphere.* 2024;349:141031.

234. Wang S, Zhang Z, Wang C. Prediction of stability coefficient of open-pit mine slope based on artificial intelligence deep learning algorithm. *Sci Rep.* 2023;13(1):12017.

235. Waqas A, Bui MM, Glassy EF, El Naqa I, Borkowski P, Borkowski AA, et al. Revolutionizing Digital Pathology With the Power of Generative Artificial Intelligence and Foundation Models. *Lab Invest.* 2023;103(11):100255.

236. Williams KJ, Bashan E, Kruse C, Sritharan S, Hodish I. Time in range in patients with type 2 diabetes who are long-term users of d-Nav®, an artificial intelligence-driven technology for autonomous titration of insulin dosing. *Diabetes Obes Metab.* 2023;25(12):3845-8.

237. Wu CT, Lin TY, Lin CJ, Hwang DK. The future application of artificial intelligence and telemedicine in the retina: A perspective. *Taiwan J Ophthalmol.* 2023;13(2):133-41.

238. Wu P, Cao B, Liang Z, Wu M. The advantages of artificial intelligence-based gait assessment in

detecting, predicting, and managing Parkinson's disease. *Front Aging Neurosci.* 2023;15:1191378.

239. Wu Y, Min H, Li M, Shi Y, Ma A, Han Y, et al. Effect of Artificial Intelligence-based Health Education Accurately Linking System (AI-HEALS) for Type 2 diabetes self-management: protocol for a mixed-methods study. *BMC Public Health.* 2023;23(1):1325.

240. Wubineh BZ, Deriba FG, Woldeyohannis MM. Exploring the opportunities and challenges of implementing artificial intelligence in healthcare: A systematic literature review. *Urol Oncol.* 2023.

241. Yao X, Attia ZI, Behnken EM, Hart MS, Inselman SA, Weber KC, et al. Realtime Diagnosis from Electrocardiogram Artificial Intelligence-Guided Screening for Atrial Fibrillation with Long Follow-Up (REGAL): Rationale and design of a pragmatic, decentralized, randomized controlled trial. *Am Heart J.* 2024;267:62-9.

242. Yaung KN, Yeo JG, Kumar P, Wasser M, Chew M, Ravelli A, et al. Artificial intelligence and high-dimensional technologies in the theragnosis of systemic lupus erythematosus. *Lancet Rheumatol.* 2023;5(3):e151-e65.

243. Yavari A, Mirza IB, Bagha H, Korala H, Dia H, Scifleet P, et al. ArtEMon: Artificial Intelligence and Internet of Things Powered Greenhouse Gas Sensing for Real-Time Emissions Monitoring. *Sensors (Basel).* 2023;23.(18)

244. Ye S, Zhong K, Huang Y, Zhang G, Sun C, Jiang J. Artificial Intelligence-based Amide-II Infrared Spectroscopy Simulation for Monitoring Protein Hydrogen Bonding Dynamics. *J Am Chem Soc.* 2024;146(4):2663-72.
245. Yoon M, Park JJ, Hur T, Hua CH, Hussain M, Lee S, et al. Application and Potential of Artificial Intelligence in Heart Failure: Past, Present, and Future. *Int J Heart Fail.* 2024;6(1):11-9.
246. Yu J, Taskén AA, Flade HM, Skogvoll E, Berg EAR, Grenne B, et al. Automatic assessment of left ventricular function for hemodynamic monitoring using artificial intelligence and transesophageal echocardiography. *J Clin Monit Comput.* 2024.
247. Yu S, El Atrache R, Tang J, Jackson M, Makarucha A, Cantley S, et al. Artificial intelligence-enhanced epileptic seizure detection by wearables. *Epilepsia.* 2023;64(12):3213-26.
248. Yu X, Chen S, Zhang X, Wu H, Guo Y, Guan J. Research progress of the artificial intelligence application in wastewater treatment during 2012-2022: a bibliometric analysis. *Water Sci Technol.* 2023;88(7):1750-66.
249. Zhang D, Fan B, Lv L, Li D, Yang H, Jiang P, et al. Research hotspots and trends of artificial intelligence in rheumatoid arthritis: A bibliometric and visualized study. *Math Biosci Eng.* 2023;20(12):20405-21.

250. Zhao W, Zhou Y, Feng YZ, Niu X, Zhao Y, Zhao J, et al. Computer Vision-Based Artificial Intelligence-Mediated Encoding-Decoding for Multiplexed Microfluidic Digital Immunoassay. *ACS Nano.* 2023;17(14):13700-14.
251. Zhao Y, Wang X, Sun T, Shan P, Zhan Z, Zhao Z, et al. Artificial intelligence-driven electrochemical immunosensing biochips in multi-component detection. *Biomicrofluidics.* 2023;17(4):041301.
252. Zhou Z, Lv K, Tsui PH. Editorial: Recent advances in artificial intelligence-empowered ultrasound tissue characterization for disease diagnosis, intervention guidance, and therapy monitoring. *Front Physiol.* 2023;14:1234611.
253. Zhu K, Yan B. Multifunctional Eu(III)-modified HOFs: roxarsone and aristolochic acid carcinogen monitoring and latent fingerprint identification based on artificial intelligence. *Mater Horiz.* 2023;10(12):5782-95.
254. Adeoye J, Su YX. Artificial intelligence in salivary biomarker discovery and validation for oral diseases. *Oral Dis.* 2024;30(1):23-37.
255. Cau R, Pisu F, Suri JS, Mannelli L, Scaglione M, Masala S, et al. Artificial Intelligence Applications in Cardiovascular Magnetic Resonance Imaging: Are We on the Path to Avoiding the Administration of Contrast Media? *Diagnostics (Basel).* 2023;13.(12)

256. Chanh HQ, Ming DK, Nguyen QH, Duc TM, Phuoc An L, Trieu HT, et al. Applying artificial intelligence and digital health technologies, Viet Nam. *Bull World Health Organ.* 2023;101(7):487-92.

257. Chou YB, Kale AU, Lanzetta P, Aslam T, Barratt J, Danese C, et al. Current status and practical considerations of artificial intelligence use in screening and diagnosing retinal diseases: Vision Academy retinal expert consensus. *Curr Opin Ophthalmol.* 2023;34(5):403-13.

258. Cui J, Miao X, Yanghao X, Qin X. Bibliometric research on the developments of artificial intelligence in radiomics toward nervous system diseases. *Front Neurol.* 2023;14:1171167.

259. Deo N, Anjankar A. Artificial Intelligence With Robotics in Healthcare: A Narrative Review of Its Viability in India. *Cureus.* 2023;15(5):e39416.

260. Fang B, Yu J, Chen Z, Osman AI, Farghali M, Ihara I, et al. Artificial intelligence for waste management in smart cities: a review. *Environ Chem Lett.* 2023:1-31.

261. Homsı K, Snider V, Kusnoto B, Atsawasuwan P, Viana G, Allareddy V, et al. In-vivo evaluation of Artificial Intelligence Driven Remote Monitoring technology for tracking tooth movement and reconstruction of 3-dimensional digital models during orthodontic treatment. *Am J*

Orthod Dentofacial Orthop. 2023;164(5):690-9.

262. Kuwahara T, Hara K, Mizuno N, Haba S, Okuno N, Fukui T, et al. Current status of artificial intelligence analysis for the treatment of pancreaticobiliary diseases using endoscopic ultrasonography and endoscopic retrograde cholangiopancreatography. *DEN Open.* 2024;4(1):e267.

263. Lintz J. Provider Satisfaction With Artificial Intelligence-Based Hand Hygiene Monitoring System During the COVID-19 Pandemic: Study of a Rural Medical Center. *J Chiropr Med.* 2023;22(3):197-203.

264. Melekoglu E, Kocabicak U, Uçar MK, Bilgin C, Bozkurt MR, Cunkas M. A new diagnostic method for chronic obstructive pulmonary disease using the photoplethysmography signal and hybrid artificial intelligence. *PeerJ Comput Sci.* 2022;8:e1188.

265. Neo EX, Hasikin K, Lai KW, Mokhtar MI, Azizan MM, Hizaddin HF, et al. Artificial intelligence-assisted air quality monitoring for smart city management. *PeerJ Comput Sci.* 2023;9:e1306.

266. Shukla AK, Seth T, Muhuri PK. Artificial intelligence centric scientific research on COVID-19: an analysis based on scientometrics data. *Multimed Tools Appl.* 2023:1-33.

267. Siddig EE, Eltigani HF, Ahmed A. The

Rise of AI: How Artificial Intelligence is Revolutionizing Infectious Disease Control. *Ann Biomed Eng.* 2023;51(12):2636-7.

268. Tchunte Fogue M, Teguede Keleko A. Artificial intelligence applied in pulmonary hypertension: a bibliometric analysis. *AI Ethics.* 2023:1-31.

269. Tsang B, Gupta A, Takahashi MS, Baffi H, Ola T, Doria AS. Applications of artificial intelligence in magnetic resonance imaging of primary pediatric cancers: a scoping review and CLAIM score assessment. *Jpn J Radiol.* 2023;41(10):1127-47.

270. Wu CC, Su CH, Islam MM, Liao MH. Artificial Intelligence in Dementia: A Bibliometric Study. *Diagnostics (Basel).* 2023;13(12)

271. Abadi SAH, Atbaei R, Forouhi M, Falaverjani HG, Moazamiyanfar R, Rezaei M, et al. Preventive and Therapeutic Approaches in Medical Departments During the COVID-19 Pandemic. *Kindle.* 2022;2(1):1-216.

272. Ahadiat S-A, Atighi J, Forouhi M, Mashatan N, Ghahremaniyeh Z, Radmanesh M, et al. Diagnosis and Management of Complications of COVID-19. *Kindle.* 2022;2(1):1-113.

273. Ahadiat S-A, Barati R, Moghadam NS, Samami E, Ghiabi S, Alyari M, et al. Role of Oxidative Stress and Antioxidants in Malignancies. *Kindle.* 2022;2(1):1-122.

274. Ahadiat S-A, Falaverjani HG, Shabani M, Abadi SAH, Moazamiyanfar R, Rajabi SK, et al. The Role of Stem Cells in Treatment of Autoimmune Diseases. *Kindle.* 2022;2(1):1-136.

275. Ahadiat S-A, Ghazaloo A, Abadi SAH, Falaverjani HG, Bagherianlemraski M, Namazifar F, et al. Role of Vitamin D in Pathogenesis, Diagnosis, and Treatment of Inflammatory Diseases. *Kindle.* 2022;2(1):1-119.

276. Ahadiat S-A, Kamrani K, Fard AM, Bagherianlemraski M, Rahimpour E, Jamali M, et al. Role of Blood Groups in Risk, Severity, Prognosis, and Response to Treatment of the Diseases. *Kindle.* 2022;2(1):1-130.

277. Ahadiat S-A, Shirazinia M, Shirazinia S, Garousi S, Mottahedi M, Jalali AB, et al. Role of Telemedicine in Management of Patients During the COVID-19 Pandemic. *Kindle.* 2022;2(1):1-191.

278. Amini N, Azimzadeh M, Dosar MD, Fard AM, Habibzadeh N, Yahyazadehjasour S, et al. Role of Microbiome, Infection, and Inflammation in Autoimmune Diseases. *Kindle.* 2023;3(1):1-102.

279. Fard AM, Nikbakht T, Babaei N, Pouyamanesh M, Afzalian A, Kharazmkia A, et al. Role of medicinal plants in treatment of inflammatory diseases. *Kindle.* 2022;2(1):1-139.

280. Farrokhi M, Khouzani SJ, Farrokhi M, Jalayeri H, Faranoush P, Babaei M, et al. Artificial Intelligence and Deep Learning for

Screening and Risk Assessment of Cancers. Kindle. 2024;4(1):1-140.

281. Farrokhi M, Moeini A, Taheri F, Farrokhi M, Khodashenas M, Babaei M, et al. AI-assisted Screening and Prevention Programs for Diseases. Kindle. 2023;3(1):1-209.

282. Farrokhi M, Moeini A, Taheri F, Farrokhi M, Mostafavi M, Ardakan AK, et al. Artificial Intelligence in Cancer Care: From Diagnosis to Prevention and Beyond. Kindle. 2023;3(1):1-149.

283. Farrokhi M, Rigi A, Mangouri A, Fadaei M, Shabani E, Mashouf P, et al. Role of Antioxidants in Autoimmune Diseases. Kindle. 2021;1(1):1-107.

284. Farrokhi M, Shabani S, Rigi A, Seighalani HH, Pazhooha M, Bagheri S, et al. Academic Textbook: Anatomy, Pathophysiology, and Treatment of Pain. Kindle. 2021;1(1):1-123.

285. Farrokhi M, Taheri F, Farrokhi M, Moeini A, Tooyserkani SH, Shahali A, et al. Anti-Aging Strategies to Prevent Diseases: Promoting Longevity and Optimal Health. Kindle. 2024;4(1):1-194.

286. Farrokhi M, Taheri F, Karami E, Khorram R, Sarnaghy FJ, Mirbolook A, et al. Effects of Environmental Factors and Epigenetic on Health and the Development of Diseases. Kindle. 2023;3(1):1-186.

287. Farrokhi M, Taheri F, Khouzani PJ, Rahmani

E, Tavakoli R, Fard AM, et al. Role of precision medicine and personalized medicine in the treatment of diseases. Kindle. 2023;3(1):1-164.

288. Farrokhi M, Taheri F, Moeini A, Farrokhi M, Rabiei S, Farahmandsadr M, et al. Sex and Gender Differences in the Pathogenesis and Treatment of Diseases. Kindle. 2023;3(1):1-168.

289. Farrokhi M, Vafaei S, Bidares M, Siami H, Rigi A, Hannaniyan M, et al. Diagnosis and Treatment of Manifestations of COVID-19. Kindle. 2021;1(1):1-170.

290. Ghalamkarpour N, Fard AM, Babazadeh A, Nikseresht H, Feyzmanesh A, Soltani R, et al. Role of Biomarkers in Risk, Diagnosis, Response to Treatment, and Prognosis of the Autoimmune Diseases. Kindle. 2022;2(1):1-124.

291. Poudineh M, Poudineh S, Hosseini Z, Pouramini S, Fard SS, Fadavian H, et al. Risk Factors for the Development of Cancers. Kindle. 2023;3(1):1-118.

292. Poudineh S, Poudineh M, Roohinezhad R, Khorram R, Fard AM, Barzegar F, et al. Role of Vitamins in Pathogenesis and Treatment of Cancers. Kindle. 2023;3(1):1-110.

293. Rahmani E, Fard AM, Baghsheikhi H, Hosseini Z, Mashaollahi A, Atighi J, et al. Role of Selenium in Pathogenesis and Treatment of the Autoimmune Diseases. Kindle. 2022;2(1):1-131.

294. Rahmani E, Rezaei M, Tavakoli R, Ghadirzadeh E, Sarnaghy FJ, Khorram R, et al. Role of Regenerative Medicine in the Treatment of Diseases. Kindle. 2023;3(1):1-184.

295. Rezaei M, Rahmani E, Khouzani SJ, Rahmannia M, Ghadirzadeh E, Bashghareh P, et al. Role of artificial intelligence in the diagnosis and treatment of diseases. Kindle. 2023;3(1):1-160.

296. Rezaei M, Saei S, Khouzani SJ, Rostami ME, Rahmannia M, Manzelat AMR, et al. Emerging Technologies in Medicine: Artificial Intelligence, Robotics, and Medical Automation. Kindle. 2023;3(1):1-184.

297. Rezaei T, Khouzani PJ, Khouzani SJ, Fard AM, Rashidi S, Ghazalgoo A, et al. Integrating Artificial Intelligence into Telemedicine: Revolutionizing Healthcare Delivery. Kindle. 2023;3(1):1-161.

298. Tabatabaei SOH, Moazamiyanfar R, Fard AM, Salemi MH, Masjedi MNK, Yazdani Y, et al. Academic Textbook: The Role of Melatonin in Pathogenesis and Treatment of Autoimmune Diseases. Kindle. 2022;2(1):1-126.

299. Taheri F, Farrokhi M, Fard AM, Rahmani E, Soltani R, Shamsedanesh S, et al. Role of Micronutrients and Nutrition in Prevention and Treatment of Cancers. Kindle. 2023;3(1):1-102.

300. Taheri F, Rahmani E, Fard SS, Rezaei M, Ayati A, Farhoudian A, et al. Aging Process and

Related Diseases. Kindle. 2023;3(1):1-117.

301. Talaie R, Fard SS, Forouhi M, Fard AM, Fard TM, Dadashzadehasl N, et al. Applications, Limitations, and Guidelines for the Use of Telemedicine in Medical Departments. Kindle. 2022;2(1):1-118.

302. Yarmohammadi B, Rigi A, Sahebkar F, Ahadiat S-A, Gharei F, Heydarian P, et al. Guidelines for Providing Services in Medical Departments During the COVID-19 Pandemic. Kindle. 2022;2(1):1-193.

Proof