

# Clinical Validation Studies on the Assessment Accuracy of Alzguard-D and Treatment Efficacy of Alzguard-T

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Early Screening and treatment can reduce the incidence of dementia by 33%. However, the cost of the current screening tool are \$1,000~1,800 and inconvenient. That causes rising of Mobile, VR screening tools.

## Rapid increase in dementia patients and associated maintenance cost

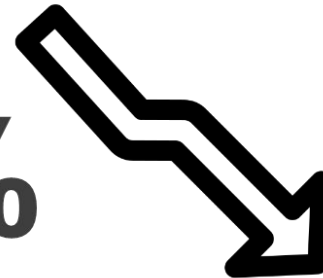


- Expenditure on dementia patients and care has soared every year.
- Social cost savings are more than 7.9 trillion dollar due to dementia screening
- Dementia care costs in 2050, \$84 trillion dollar(Every 10 years, 78%↑)

## The importance of early screening of dementia

Risk of Alzheimer Disease

33%



- Early diagnosis and treatment of dementia have reduced patients' risk of Alzheimer's by 33% in numerous studies. Starting with the 2015 \*FINGER study, it has been further developed in several studies around the world

\*Kivipelto, M., Solomon, A., Ahtiluoto, S., Ngandu, T., Lehtisalo, J., Antikainen, R., ... & Soininen, H. (2013). The Finnish geriatric intervention study to prevent cognitive impairment and disability (FINGER): study design and progress. *Alzheimer's & Dementia*, 9(6), 657-665.

## Rising of Mobile, VR Tool to diagnosis/treat Dementia



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- In terms of dementia detection, amyloid PET, MRI, Blood Test are very expensive, around \$1,000~1,800, and hard to access since patient has to visit a hospital. Hence, mobile and VR-based dementia tool which have short test time and highly accessible, are being released on the market. For instance, Neurotrack Company, a digital healthcare company, provided digital assessment technologies to track and manage patient cognitive health.

Many studies have shown that keystrokes, voice/language, and eye-tracking markers can accurately screen early stage of dementia, namely Mild Cognitive Impairment

## Keystroke Marker

(Keystroke dynamics maker)

Sensor: touch screen, keyboard & stylus

### Keystroke features

- total number of interactions
- typing session length
- latency between successive key presses (Press-Press Latency) and releases (Release-Release Latency)
- time between a key press and subsequent release (Hold Time)

170 elderly patients  
(83 men, 87 women; M age = 82.1yr., SD = 6.2)  
**specificity = 0.91, sensitivity = 0.52**

## Voice/Language Marker

(Voice and language maker)

Sensor: Microphone

### Speech and language features

- Vocal reaction time in (seconds)
- Relative length patient sentence duration  
clinician sentence duration
- Amount of silence (0 to 1 continuous scale)
- Amount of insertions (0 to 1 scale)
- Amount of deletions (0 to 1 scale)
- Irregularity-first order (arbitrary units)
- Irregularity-second order (arbitrary units)

Between HCs and those with **MCI, 79% ±5%**  
Between HCs and those with **AD, 89% ±3%**  
Between those with **MCI and those with AD, 80% ±5%**

## Eye-Tracking Marker

(Eye-tracking maker)

### Saccade/Anti-Saccade

- latencies for all correct saccades in the antisaccade
- concentration score
- Face Rect, Rotation, Position
- eye movement error-correction
- Time stamp(ms)
- Eye Movement State

80 elderly patients  
HC(n = 27), MCI(n = 26), AD(n = 27)  
**MMSE AUC=0.904, eyetracking AUC=0.888**  
\*ADAS-Cog, FAB, CDR와도 높은 상관관계 입증

Keystroke dynamics maker: Rabinowitz, I., & Lavner, Y. (2014). Association between finger tapping, attention, memory, and cognitive diagnosis in elderly patients. *Perceptual and motor skills*, 119(1), 259-278.

Voice maker : Tablet-Based Automatic Assessment for Early Detection of Alzheimer's Disease Using Speech Responses to Daily Life Questions

Eye-tracking maker : Oyama, A., Takeda, S., Ito, Y., Nakajima, T., Takami, Y., Takeya, Y., ... & Katayama, T. (2019). novel Method for Rapid Assessment of cognitive impairment Using High-performance eye-tracking technology. *Scientific reports*, 9(1), 1-9.

**Study 1:** A clinical validation study of the assessment accuracy of early screening of mild cognitive impairment using AlzGuard-D.

# Alzguard-D : Tool for screening early stage of MCI



<b>Cognitive Task</b>	Stroop test ( <b>Executive function</b> ; Scarpina et al., 2017)
	Symbol association ( <b>Associative recall</b> ; Troyer et al., 2008)
	Self-ordered pointing task ( <b>Visual working memory</b> ; Geva et al., 2016)
	Arithmetic ( <b>Working memory</b> ; Kasai et al., 2020)
	Sentence memorize and speak ( <b>Logical memory</b> ; Wechsler Memory Scale; Sullivan et al., 2018)
	Picture Description ( <b>Language</b> ; Rentoumi et al., 2014; Ahmed et al., 2013; Nicholas et al., 1985; Tomoeda et al., 1996)
<b>Voice biomarker</b>	Sentence memorize and speak ( <b>Logical memory</b> ; Wechsler Memory Scale; Sullivan et al., 2018)
	Picture Description ( <b>Language</b> ; Rentoumi et al., 2014; Ahmed et al., 2013; Nicholas et al., 1985; Tomoeda et al., 1996)
<b>Eye tracking biomarker</b>	Smooth pursuit ( <b>basic oculomotor</b> )
	Saccade ( <b>Attention and inhibitory control</b> ; Crawford et al., 2005)
	Anti-Saccade ( <b>Inhibitory dysfunction, working memory</b> )

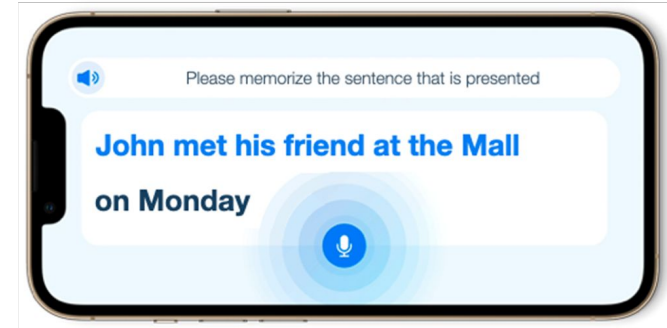


**1. High Usability**  
Actual User gives 2.89 for Usability Testing  
(7-point scale, lower score means higher usability)

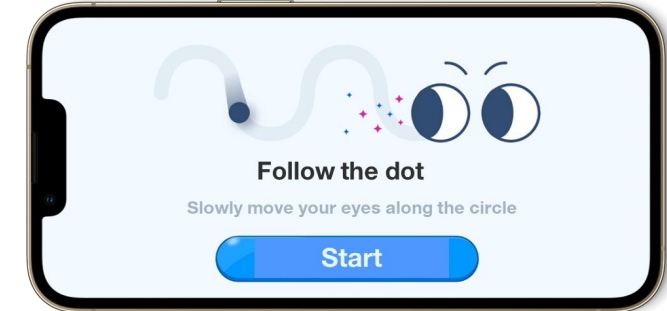
**2. Biomarkers + Cognitive Responses**  
Data collecting from Voice, Eye-Tracking, Cognitive Response  
marker Collecting data from 289 Testers

**3. High Accuracy**  
AI analysis, Natural Language Processing  
Current AUC 0.876

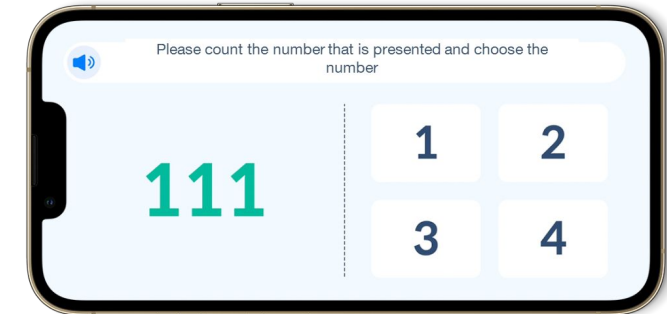
Voice/Speech  
Task



Eye-Tracking  
Task



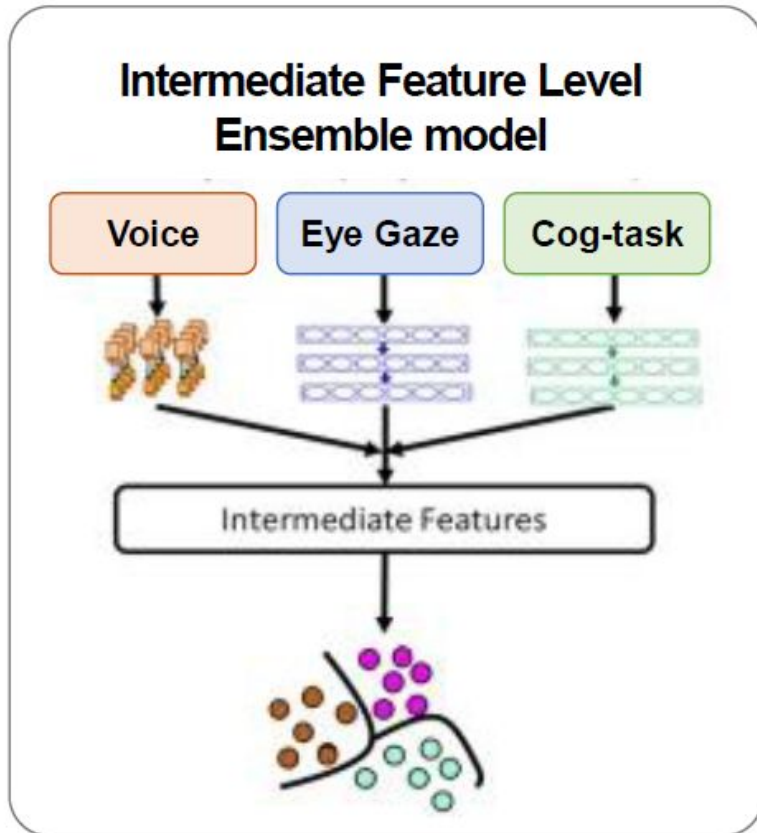
Cognitive Response  
Rate Task



**AI model using data collected from AlzGuard-D**



Stacked Ensemble model : to reflect the characteristics of data and results simultaneously.  
 Structured and non-structured data can be processed simultaneously to achieve the high AUC Level.



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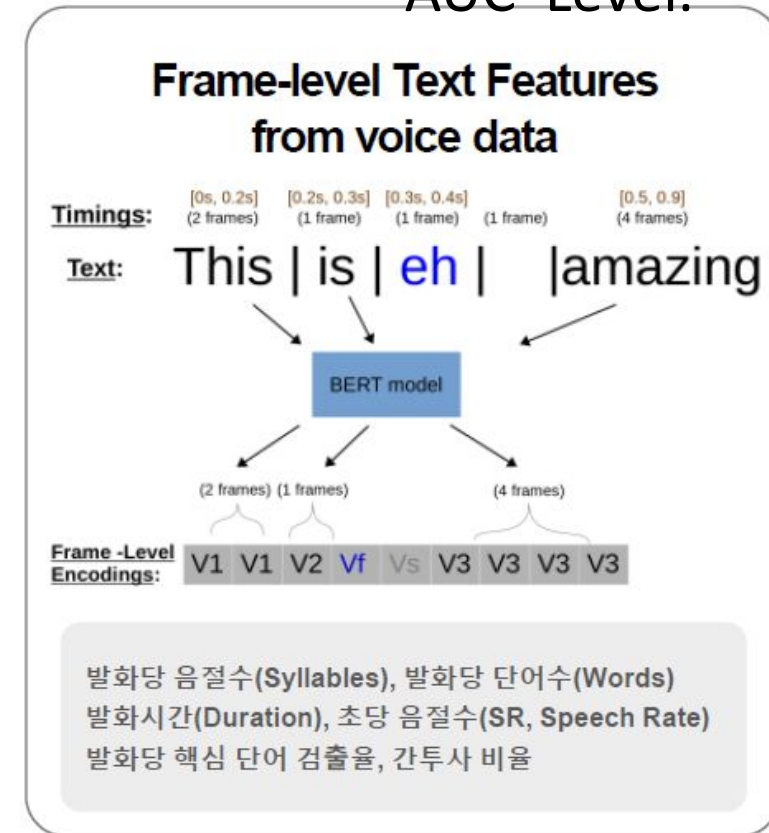
Assessing the accuracy of automatic speech recognition for psychotherapy

Adam S. Miner<sup>1,2,3,10</sup>, Albert Haque<sup>4,10</sup>, Jason A. Fries<sup>5</sup>, Scott L. Fleming<sup>5</sup>, Denise E. Wilfley<sup>6</sup>, G. Terence Wilson<sup>7</sup>, Arnold Millstein<sup>8</sup>, Dan Jurafsky<sup>9</sup>, Bruce A. Arnow<sup>1</sup>, W. Stewart Agras<sup>1</sup>, Li Fei-Fei<sup>2</sup> and Nigam H. Shah<sup>1\*</sup>

Accurate transcription of audio recordings in psychotherapy would improve therapy effectiveness, clinician training, and safety monitoring. Although automatic speech recognition software is commercially available, its accuracy in mental health settings has not been well described. It is unclear which metrics and thresholds are appropriate for different clinical use cases, which may range from population descriptions to individual safety monitoring. Here we show that automatic speech recognition is feasible in psychotherapy, but further improvements in accuracy are needed before widespread use. Our HIPAA-compliant automatic speech recognition system demonstrated a transcription word error rate of 25%. For depression-related utterances, sensitivity was 80% and positive predictive value was 83%. For clinician-identified harm-related sentences, the word error rate was 34%. These results suggest that automatic speech recognition may support understanding of language patterns and subgroup variation in existing treatments but may not be ready for individual-level safety surveillance.

npj Digital Medicine (2020)3:82; <https://doi.org/10.1038/s41746-020-0285-8>

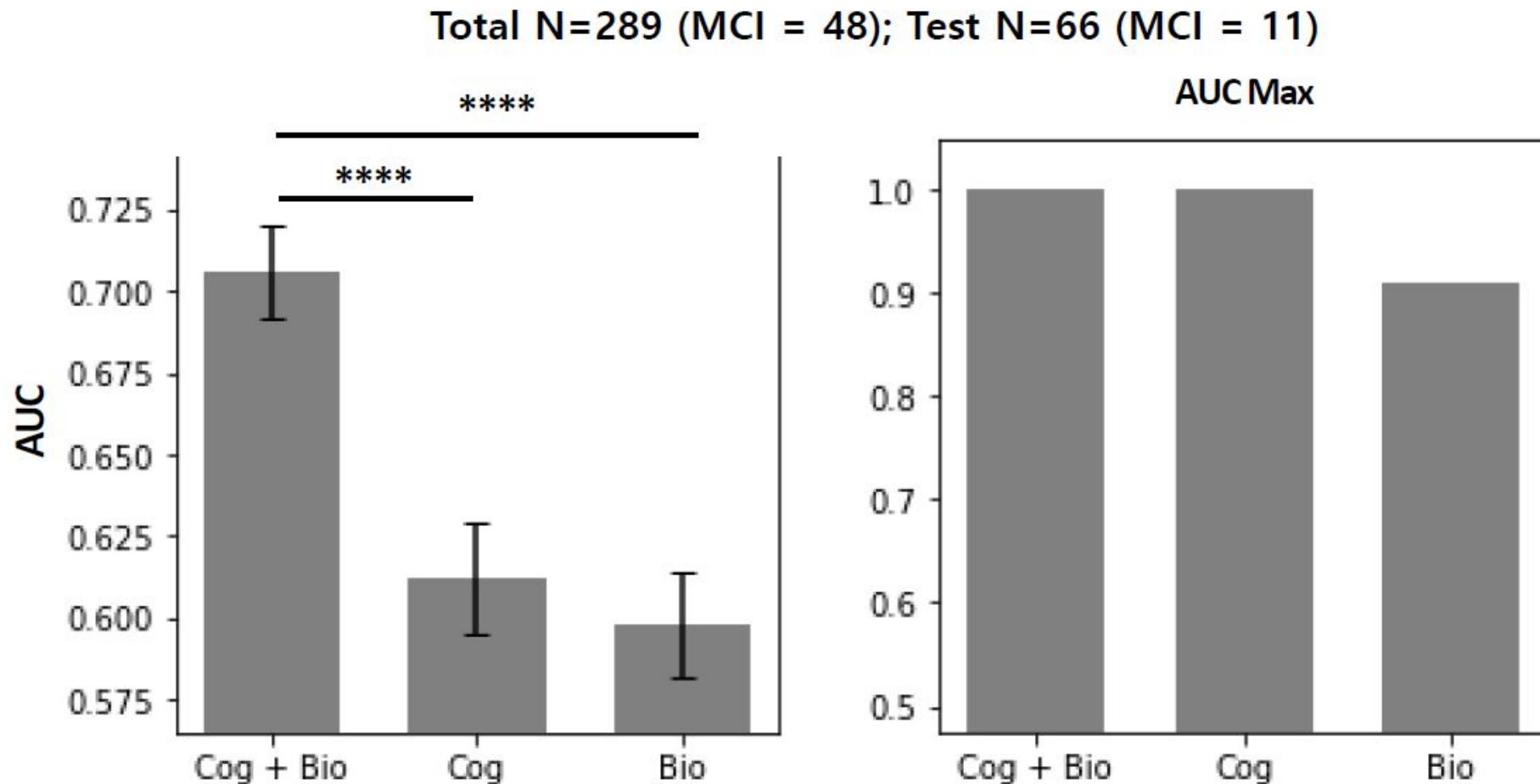
Although automatic speech recognition software is commercially available, its accuracy in mental health settings has not been well described...



# AI model – Validation on the effects of addition of bioma



Statistically significant increase of AUC when Biomarkers are added to existing cognitive assessment tasks.  
(100 simulations on the screening model; paired t-test;  $p < 0.000$ )



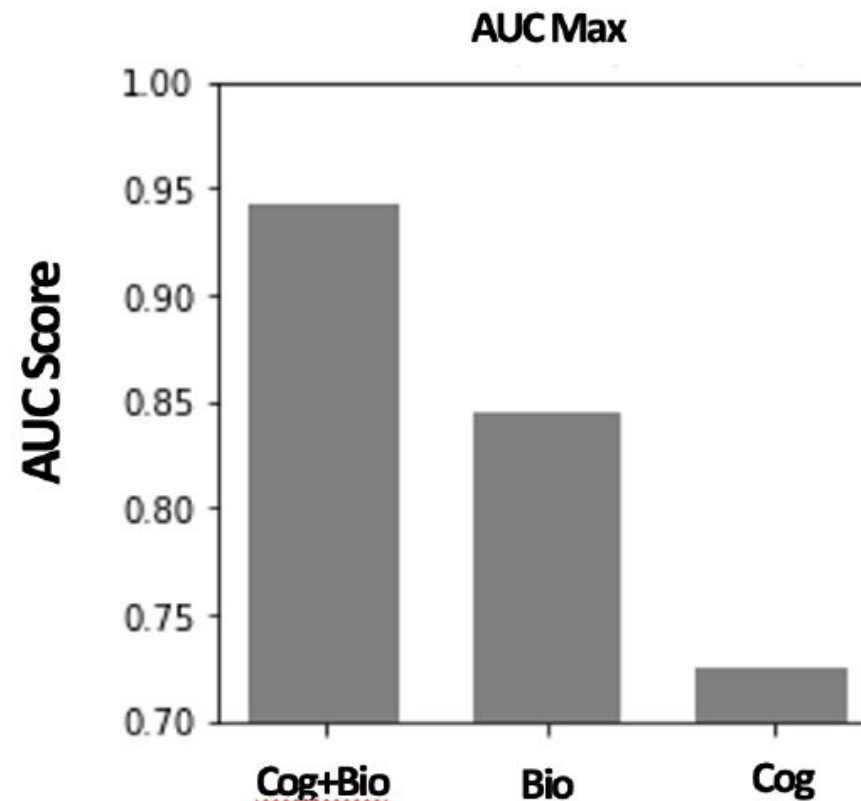
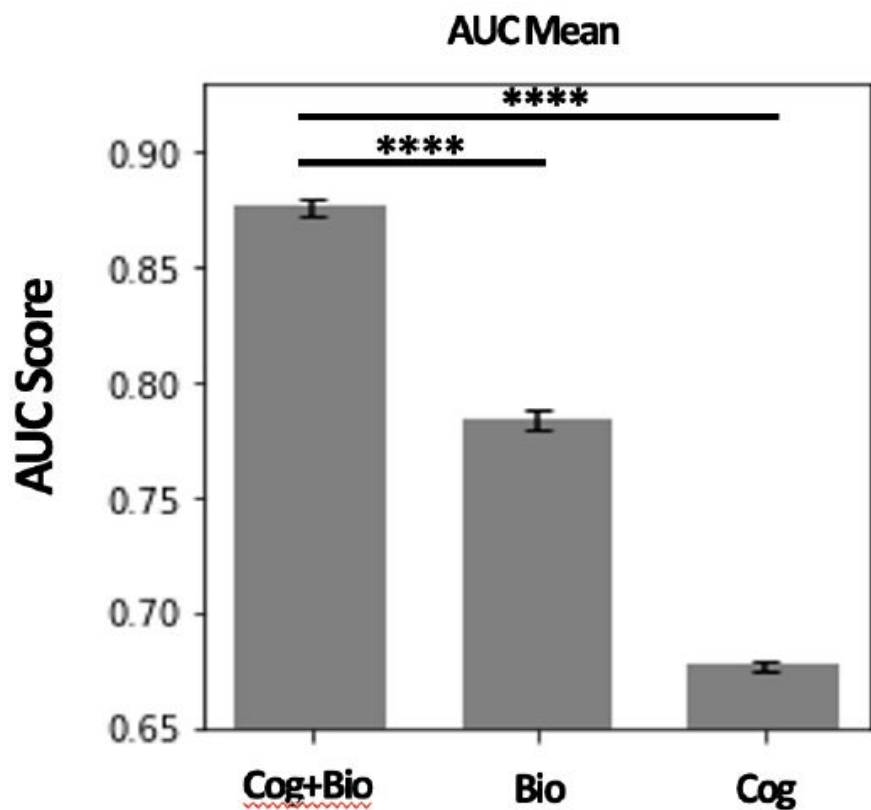
# AI model – Performance



Highest AUC when Biomarkers are added and CatBoost model is used.  
(20 simulations on the screening model; paired t-test;  $p < 0.000$ )

Cog+Bio AUC Score : 0.876 (max : 0.942)  
Bio task AUC Score : 0.783 (max : 0.845)  
Cog task AUC Score : 0.677 (max : 0.726)

Total N=289 (MCI = 48); Test N=66 (MCI = 11)



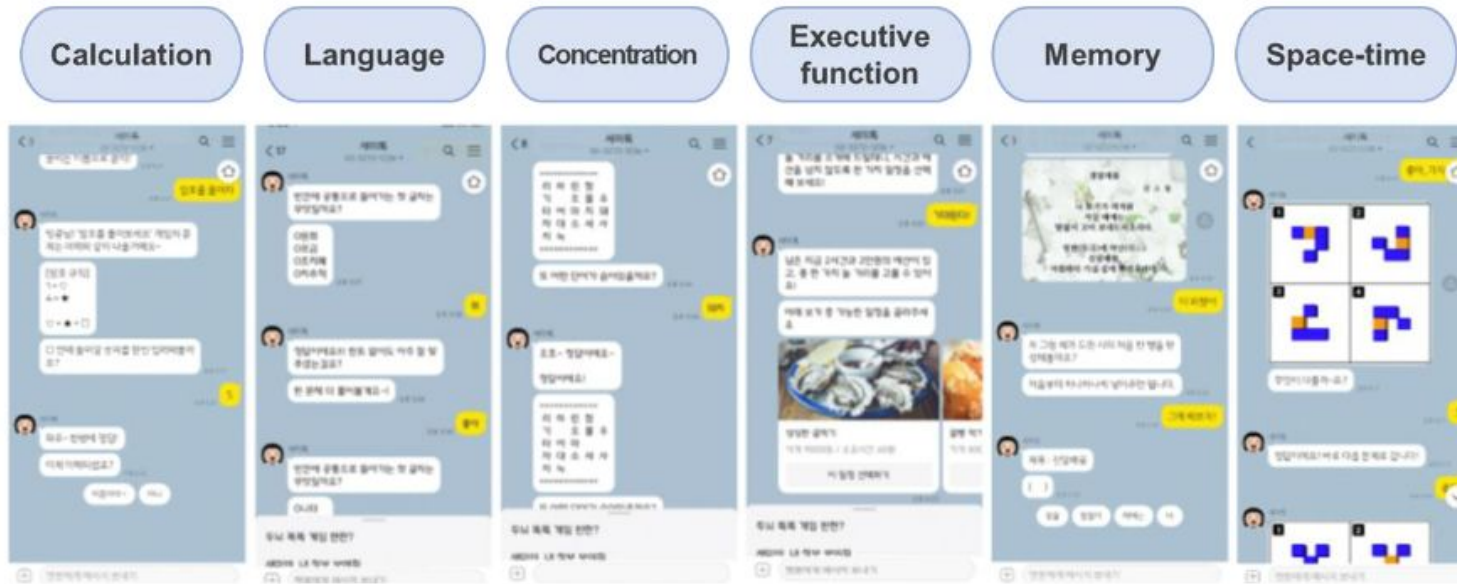
# Interim message

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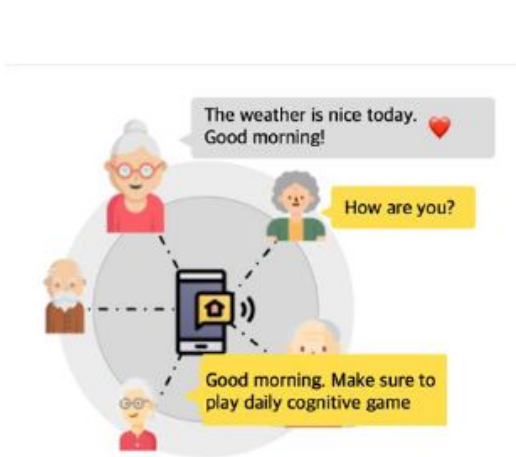
- We proposed the hybrid form of digital screening means to capture the various cognitive functions
- We implemented a stacked ensemble AI model for early screening of the people in potential risk of mild cognitive impairment
- We took an intermediate feature level ensemble approach
- Instead of using “End to End” paradigm, we employed Frame level Text Features from voice recording
- Biomarkers clearly played a crucial role in the prediction as a complementary onto neuropsychological data
- The model successfully showed relatively high score on AUC, 0.876 on average 0.942 max.

**Study 2:** A clinical validation study for efficacy of digital therapeutic using AlzGuard-T

# AlzGuard-T (Care-and-Cure)



- *Sammy* subserving chatbot-based games for improving six categories of high-level cognitive functions.
- Users are required to carry out four sets of games per day to achieve a daily mission given by *Sammy*.



Smart Masil Bang Operation Manual



Smart Masil Bang Chatting Room

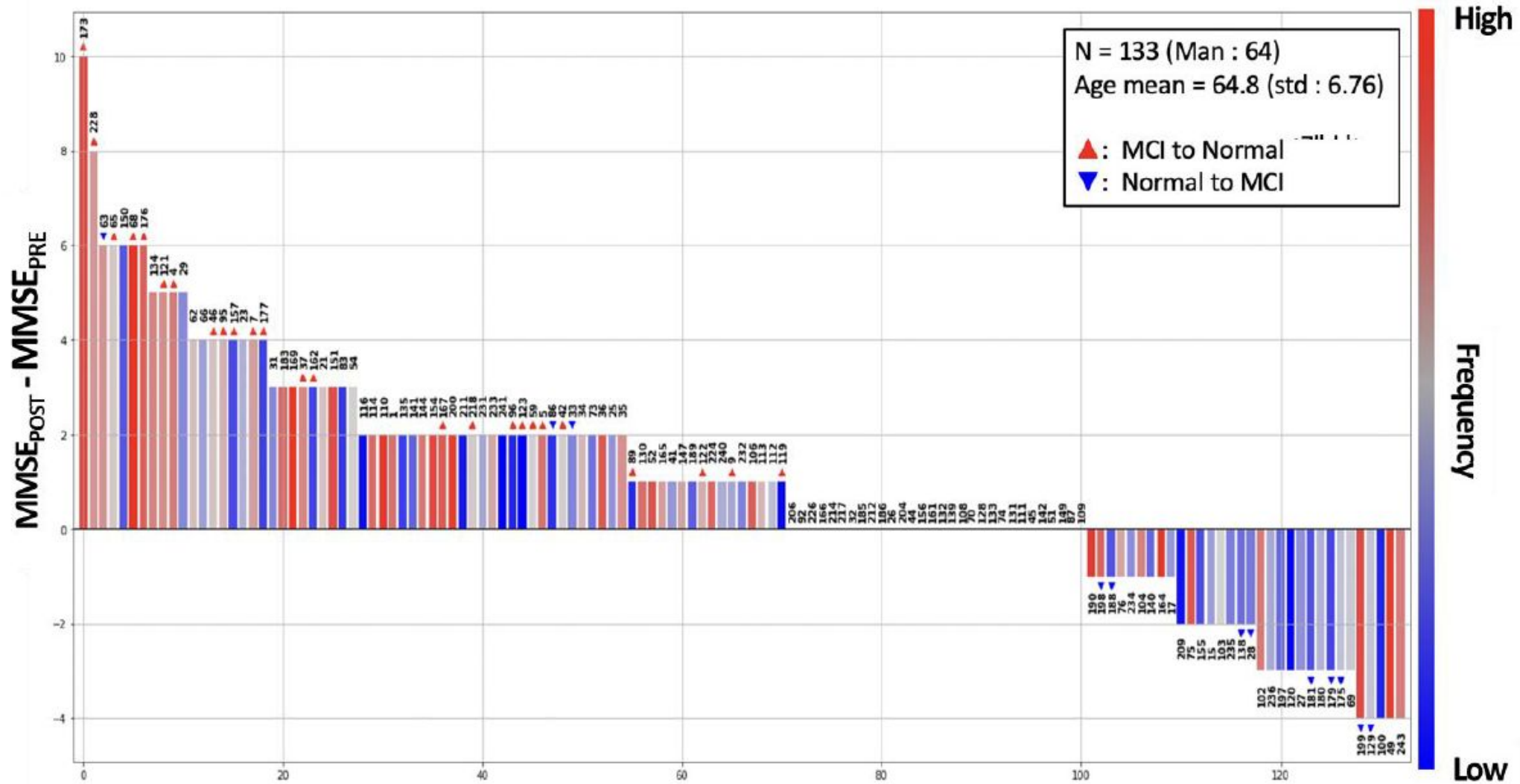


- *Smart masil bang* is a group chat for five or more people gather in messenger room and take care of each other's safety.
- In the messenger room, people encourage each other to play brain training games, or greet and talk freely with others every day.

# Changes in cognitive functions of participants



N=133 (age mean = 64.75, range from 50 to 80 yrs). Intervention: 12 weeks.

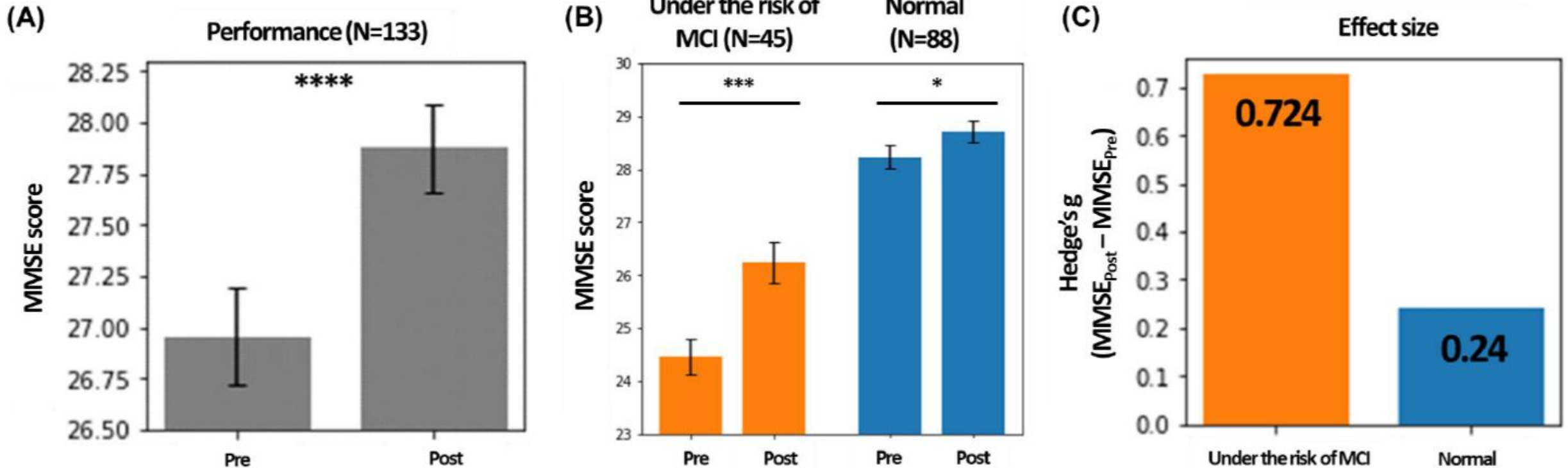


\*\* K-MMSE (30 questions)

# Overall result

## ✓ AlzGuard-T significantly improves the cognitive function

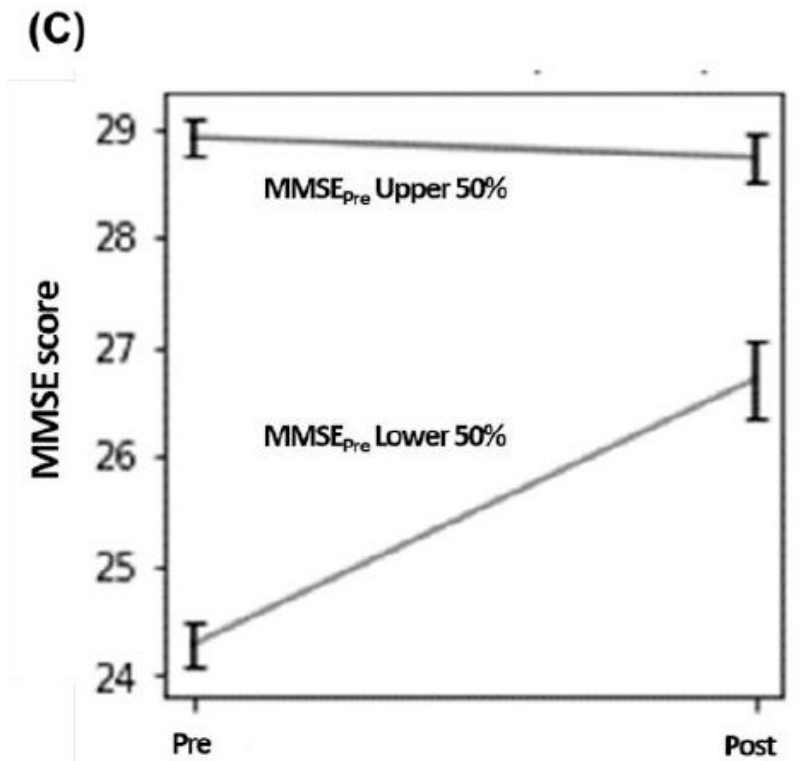
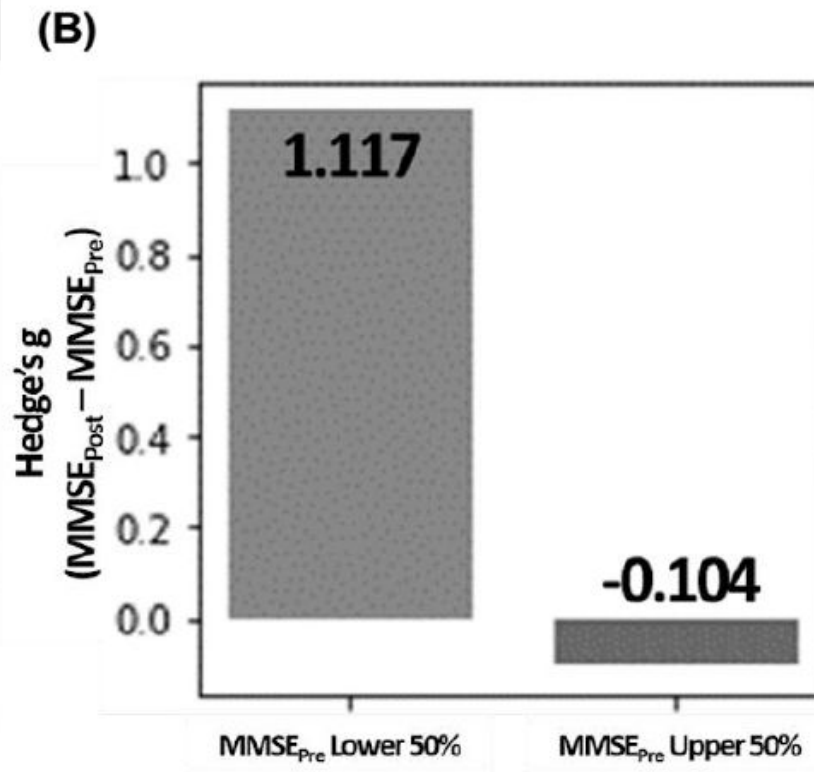
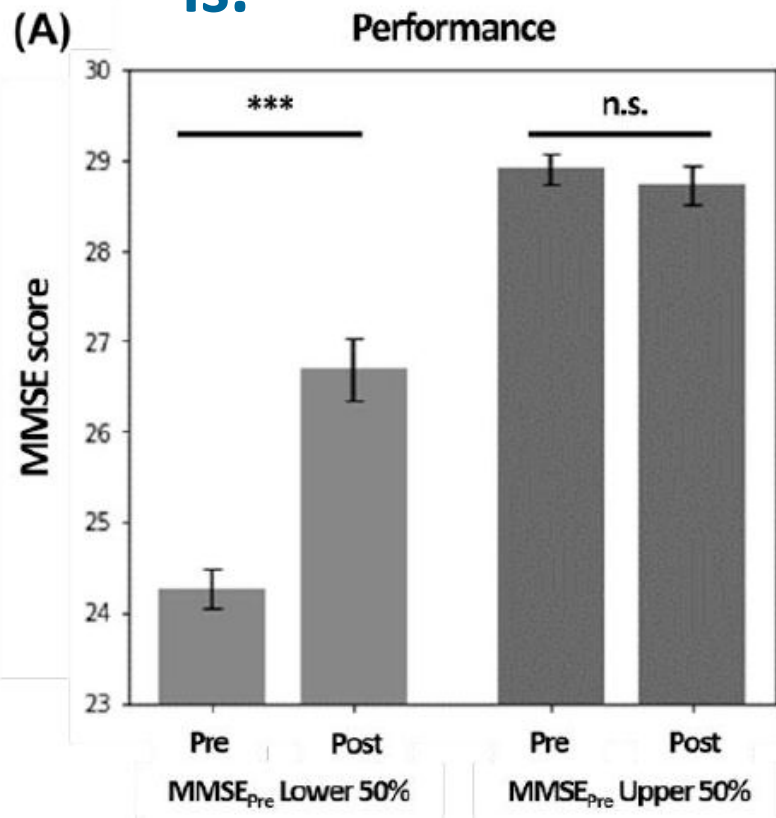
Changes in MMSE score before and after the treatment on average.





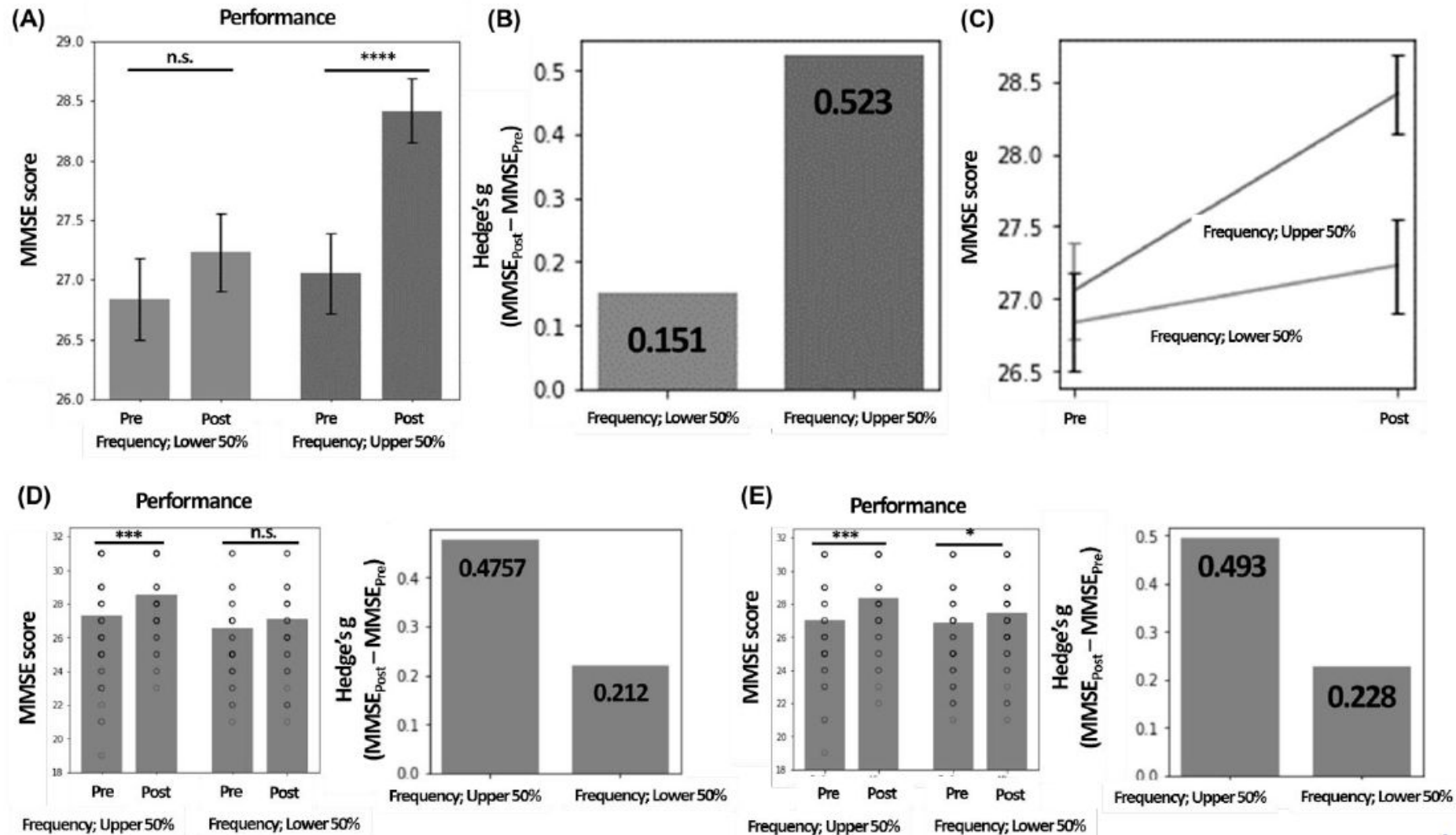
# Performance improvement

✓ The lower the MMSE score before the treatment, the higher the effect is.



# Performance improvement

✓ The more frequently used, the higher the effect is.

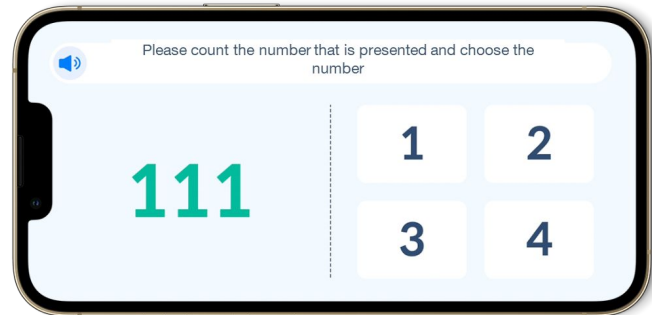
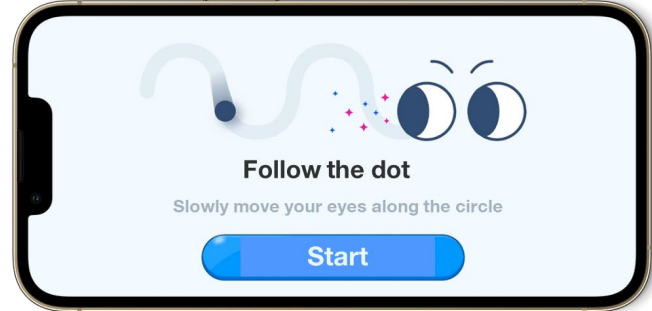
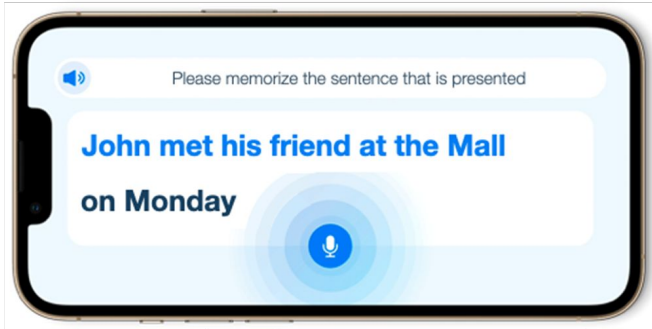


# Interim message

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- The training for the elderly clearly improved the cognitive function
- The lower the cognitive capacity the subject showed, the higher the effect is
- The more the subject played Alzguard-T, the more the cognitive function improved
- The more the subject participated in the group chat moderated by software robot (Smart masilbang) , the more the cognitive function improved

# Conclusion



- AlzGuard raised an optimistic expectation on the collection of data with high quality efficiently
- Biomarker clearly worked – but we want to something more beyond the evident features
- By building and evaluating the data, we confirmed that the data was well collected enough to achieve the high performance on the screening of people in the potential risk of MCI
- AlzGuard-T and Smart Masilbang is working!
- AlzGuard-D leading to AlzGuard-T with the optimal training curriculum

Thank you for your attention!

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