

Biosensors and machine learning for improving antimicrobial prescribing

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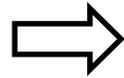
NIHR invention for innovation (i4i) Clinical Research Fellow

Health Protection Research Unit in Healthcare Associated Infections & Antimicrobial Resistance

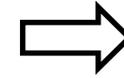
Background

Integrated clinical decision support tools for antimicrobial management

Personalised
antimicrobial
selection



Precision dosing



Patient
engagement



Diagnostics
&
Surveillance

Delivered at point of care
Within end-user workflow



Identified gaps with decision support

Greater need for flexibility in the face of inter-individual variation

Gaps in:

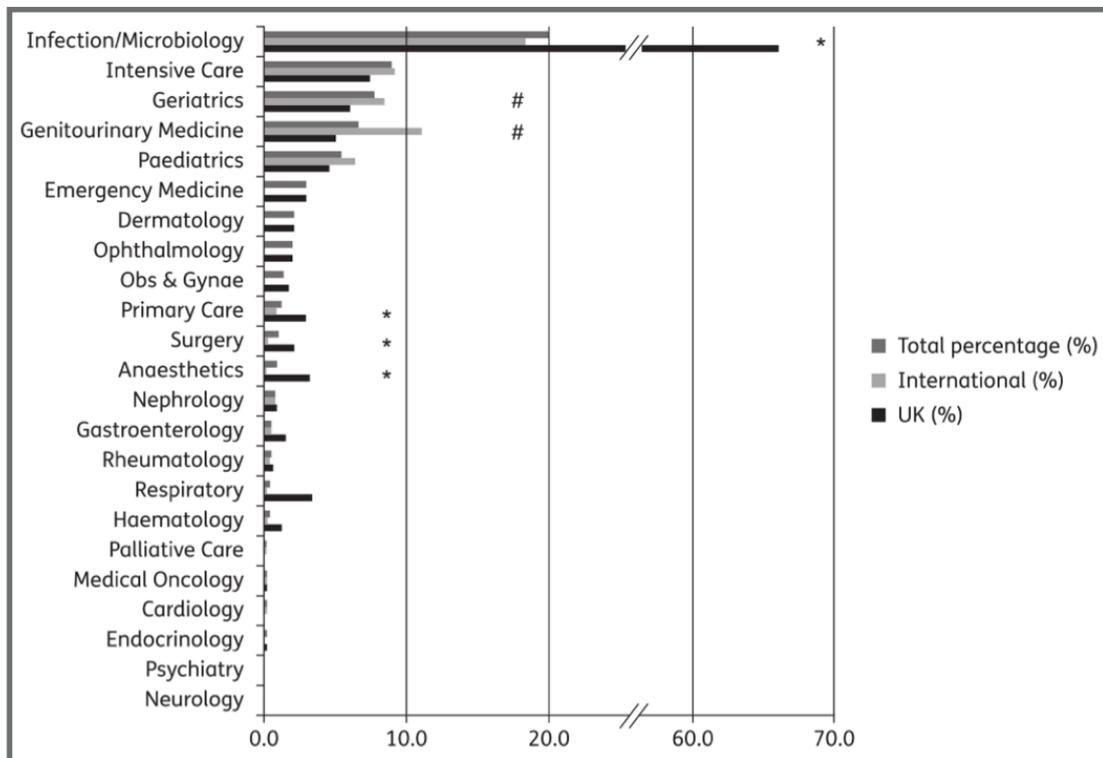
- Dose optimisation
- Physician engagement with AMS programmes
- Patient engagement
- Ability to integrate with novel diagnostics

Failures in adoption of interventions

Not addressing steps of the physicians decision making pathways

Need for integration with decision making beyond infection management

Specialty engagement with AMS



Scientific conference engagement with AMS - AMR

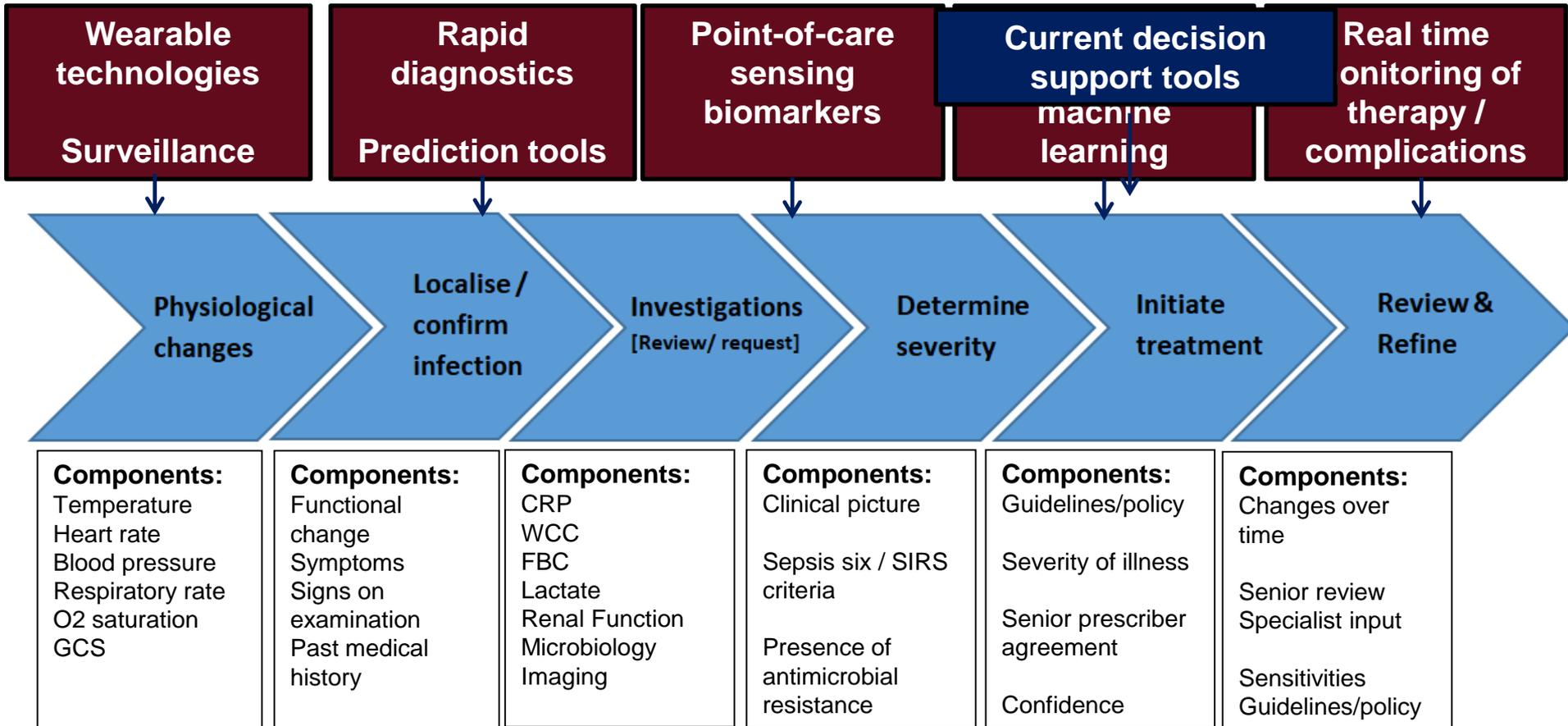
The gap is also reflected in education

Primary care:

- Prescribes **74%** of antimicrobials
- Has **2/1368** unique learning points on AMS – AMR in total

Only **40%** of AMS – AMR learning points require demonstration of skill / behaviour

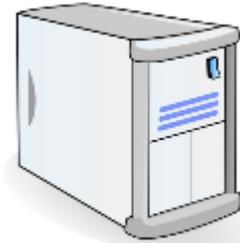
Mapping decision pathways



Provide better and more **individualised** data at each step of the physicians **decision making pathway** to promote better decisions

Antibiotic selection

Presentation with possible infection



Physician entry

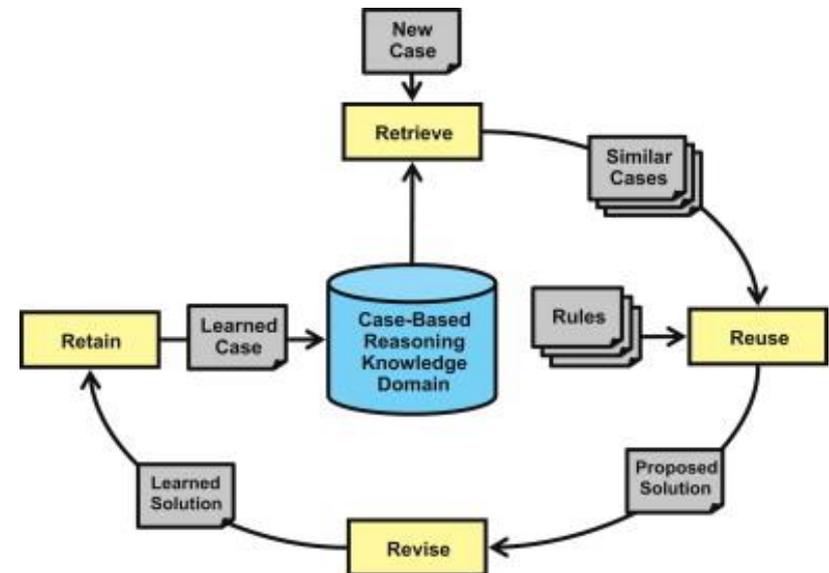
Trust servers

New Case
45 parameters

Treatment Recommendation

Case based reasoning (CBR)

To solve a **new problem** by remembering **previous similar situations** and reusing knowledge and data from this scenario



Prediction tools

Presentation with possible infection

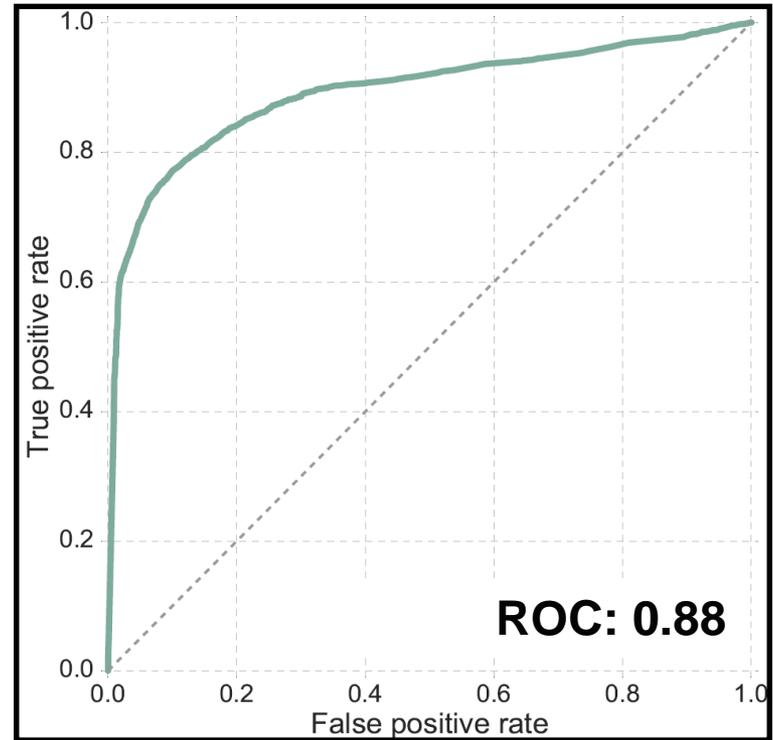


Microbiology

Pathology

Supervised machine learning

Likelihood estimate



Support Vector Machine (SVM)
for predicting culture positivity in advance of microbiology

Challenges to consider

Curation of system

Moving away from guideline based prescribing

Can only support decision making

Understanding how data will be interpreted

Embedding tools into end-users workflow

Ensuring systems are agnostic to different healthcare systems

Preparing for integration with new diagnostic tools

Dose optimisation

As important as antimicrobial selection

Wide pharmacokinetic variation

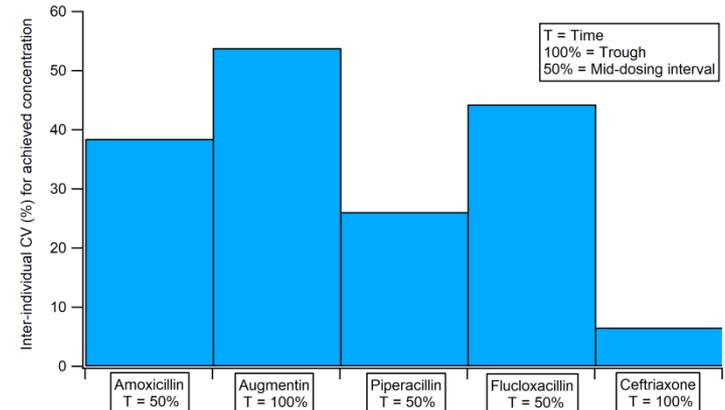
Wide variation in outcomes of therapy

A problem in wide range of antibiotics and clinical areas

Vancomycin therapy and obesity

Obese AUC:MIC ratio	mean (SD)	320 (74)
Obese meeting AUC:MIC target	n=(%)	1 (17)
Overweight AUC:MIC ratio	mean (SD)	479 (108)
Overweight meeting target	n=(%)	6 (75)
Normal AUC:MIC ratio	mean (SD)	524 (174)
Normal weight meeting target	n=(%)	12 (75)*

Beta-lactam variation



Dosing is a dynamic process



Inter-individual variability

Age

Race

Ethnicity

Gender

Comorbidities

Medications



Intra-individual variability

Hyper-dynamic circulation

Altered fluid balance

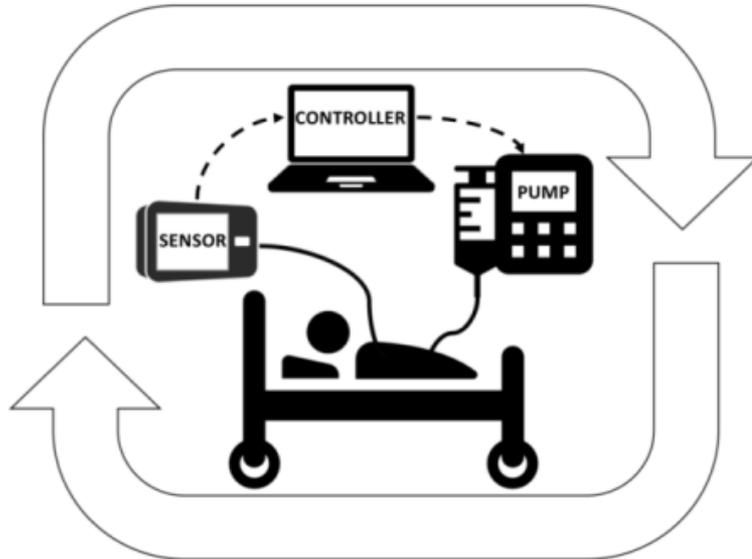
Renal dysfunction

Hepatic dysfunction

Augmented renal clearance

Organ support

Individualised dosing



Closed-loop control for precision antimicrobial delivery.

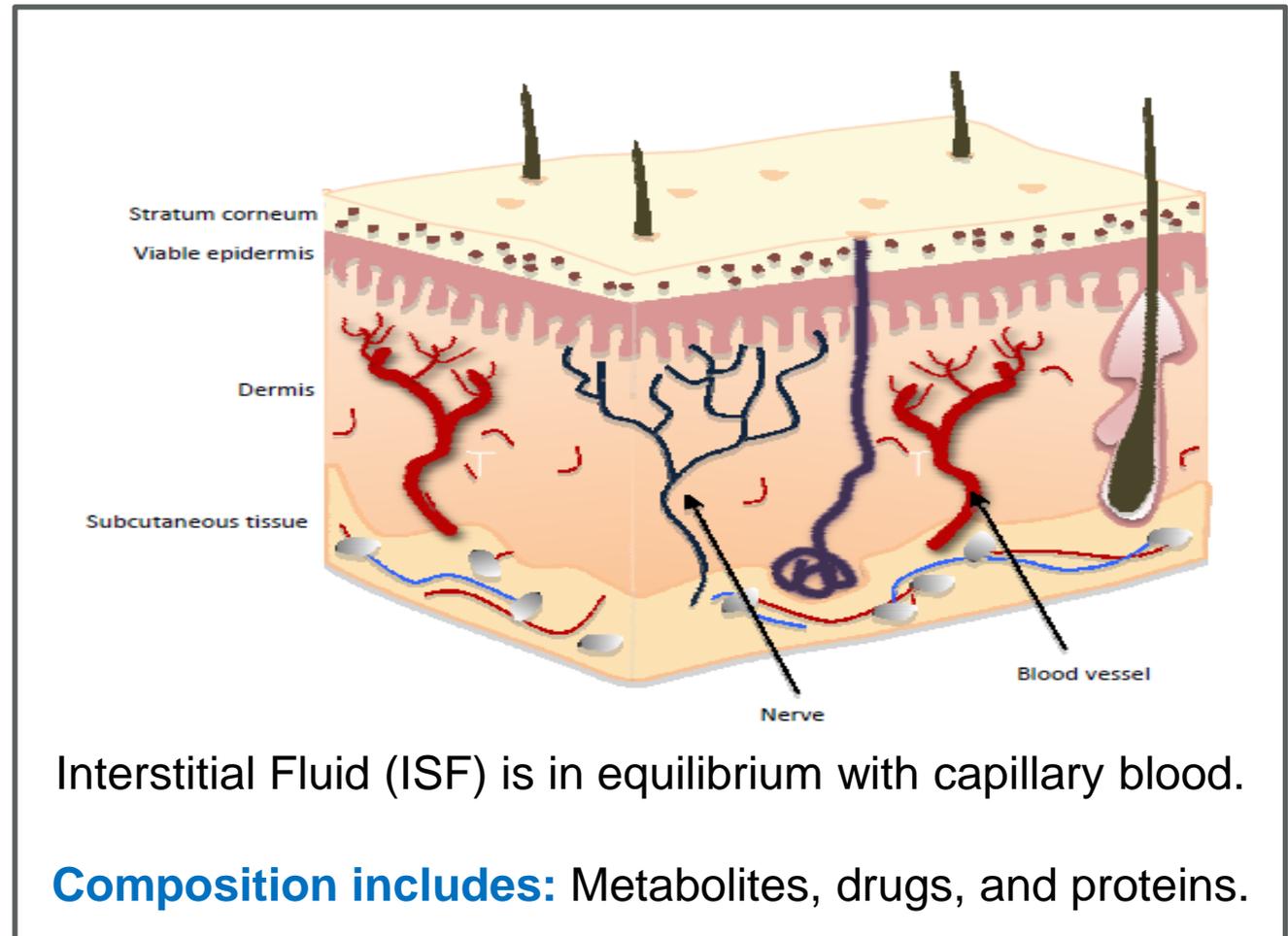
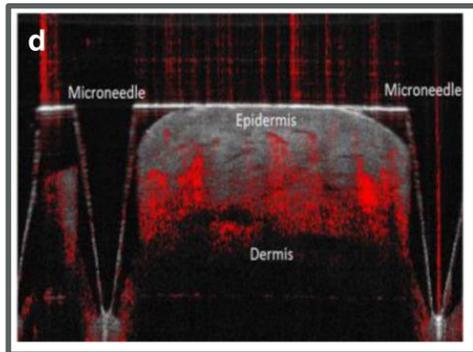
Already validated in diabetes control through individualised insulin delivery and anaesthesia control intra-operatively

Improved methods for drug monitoring required

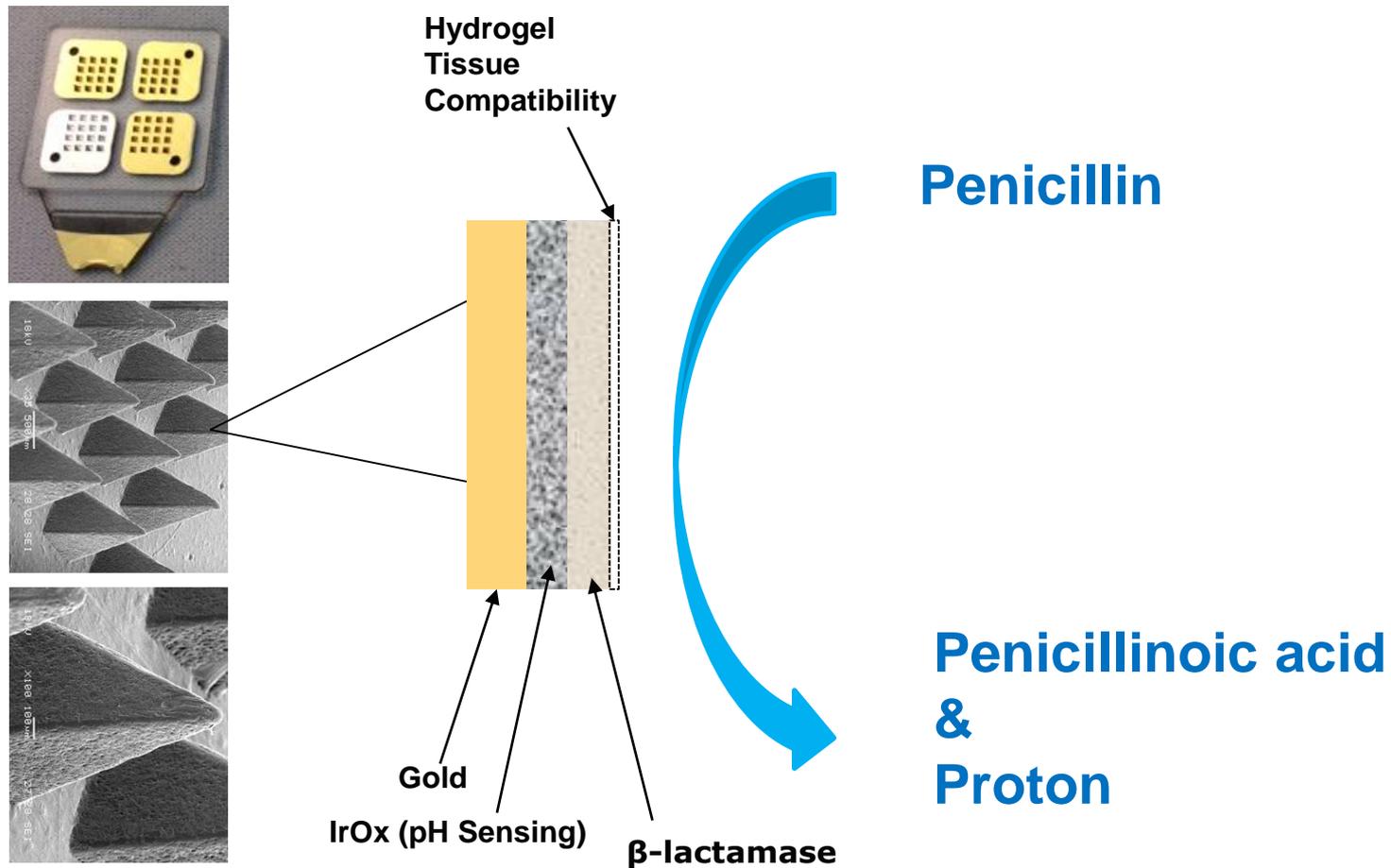
Minimally invasive
Point-of-care
Continuous monitoring
Broad range of agents



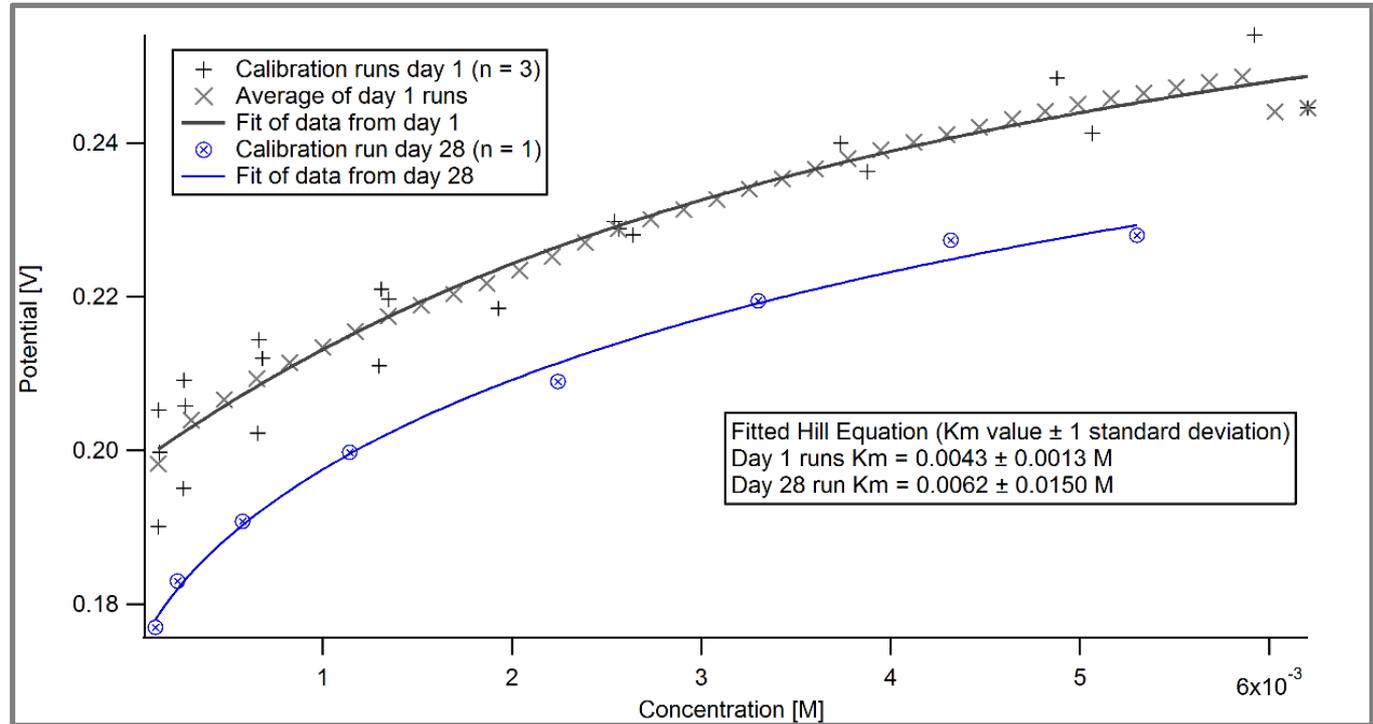
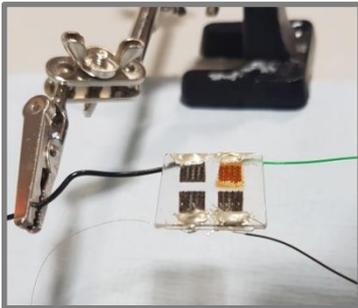
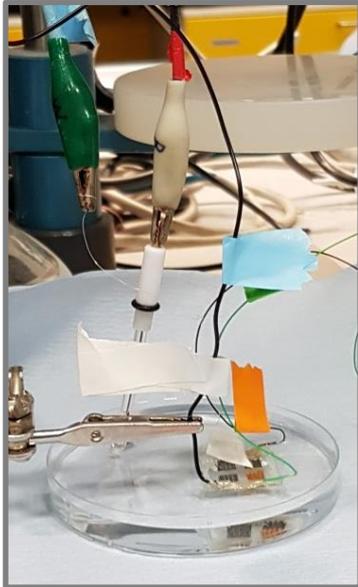
Minimally invasive sensing



Bio-inspired β -lactam sensor

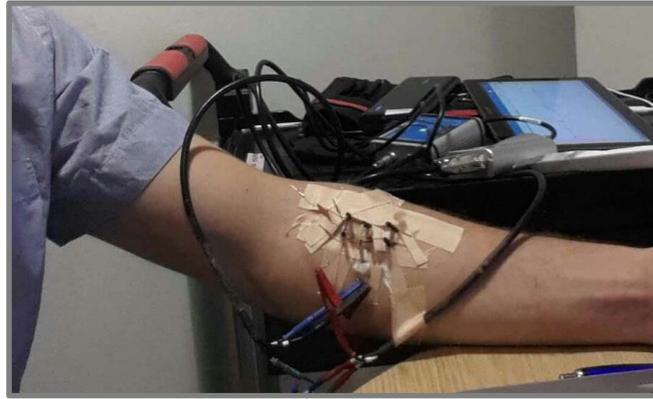
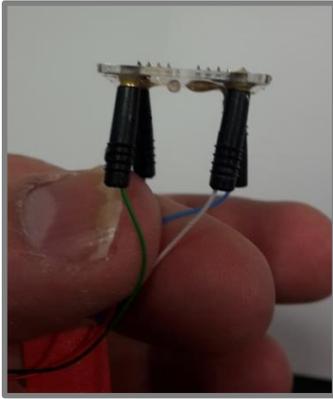


Laboratory characterisation



Calibrated in artificial interstitial fluid for penicillin-G, amoxicillin, ceftriaxone, and meropenem.

Human testing – penicillin V

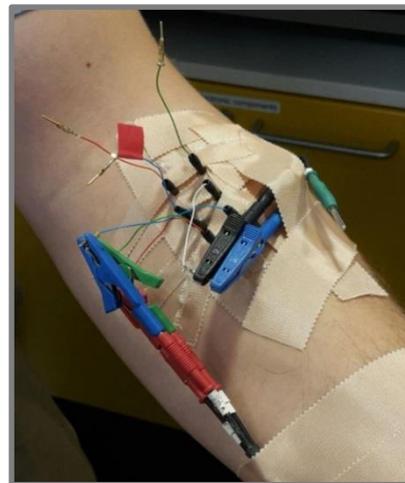


Applied to non-dominant
forearm

Semi-portable potentiostat
connected

Recording once every second

Worn for 6 hours



In conclusion

Artificial intelligence provides ability to better use data we have available.

Biosensor technology may provide novel way of performing drug monitoring.

Requires understanding of end-user decision making.

Requires better engagement with non-infection specialties.

Need for integration of tools and move away from narrow focus.

Acknowledgements



NHS
*National Institute for
Health Research*



Imperial College Healthcare **NHS**
NHS Trust



Imperial Biomedical Research Centre

**Imperial College
London**

