Data Tells the Story

Wearables in Pulmonary Hypertension

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Cardiac Center



Disclosures

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Both commercial and research-grade actigraphy devices will be discussed. I use research-grade devices in my work. I do not receive funding from any actigraphy companies.





Wearables in Pediatric Cardiology

Exercise intolerance is common

DIOLOGY

- Standard exercise testing has limitations
- Actigraphy: non-invasive technique used to assess cycles of activity and rest over several days to several weeks
- Near continuous monitoring in the home setting more accurate "picture" of our patients' functional capacity?
- Activity, sleep, heart rate variability, skin temperature, oxygen saturation, and more...
- Field is moving away from proprietary sensors and software to raw sensor data and open-source algorithms
- Potential targets for interventions and clinical trials

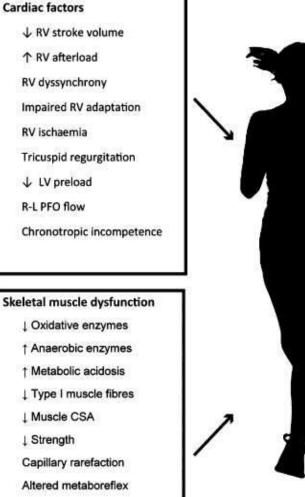




Factors contributing to exercise intolerance in PH

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Pediatric and Congenital Cardiovascular Disease



Pulmonary factors 1 Pulmonary distensibility dysfunction 1 Perfusion 02 dysfunction Other factors dysfunction

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† Arterial stiffness Pulmonary endothelial Rapid transit time R-L shunting → ↓ systemic Ventilatory inefficiency Increased dead space Respiratory muscle Iron deficiency/anaemia Systemic endothelial † Inflammation † Oxidative stress † Sympathetic activity Physical activity levels

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Tran et al. Respirology, 2018

Exercise performance





Physical activity







Functional status

Cardiopulmonary

status

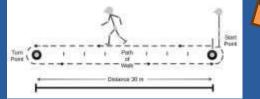


Quality of life



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Clinical trial targets





Commercial vs. Research Grade

Commercial devices with proprietary algorithms **Children's Online Privacy Protection Act (COPPA)



FitBit



Apple



Garmin

Research-grade device with activity intensity cutpoints applied to raw data



Geneactiv

Research-grade devices with activity intensity cutpoints applied in vendor software



ActiGraph GT9X Link



Insight Watch



ActiGraph LEAP

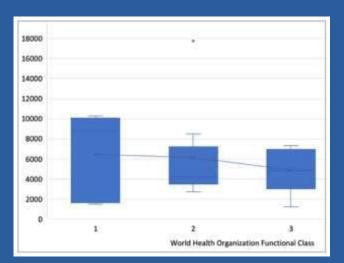
Open-source algorithms applied to raw data from multi-sensor research-grade devices in real time





Efficacy of a Commercial Physical Activity Monitor in Longitudinal Tracking of Patients With Pulmonary Hypertension: A Pilot Study

Eliana Rosenzweig, BS¹; Gerson Antonio Valencia Villeda, MD^{1,3}: Sarah Crook, PhD¹; Fatima Koli, MS³ Erika B. Rosenzweig, MD¹; Usha S. Krishnan, MD¹



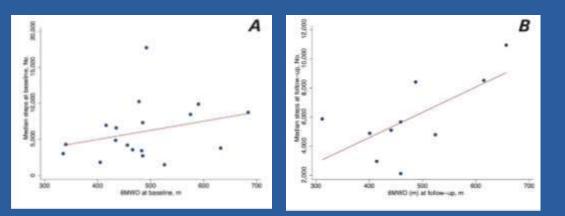
Lower average daily step count trended lower with worsening WHO FC in 21 PAH patients





FitBit Charge

Commercial device with proprietary algorithms



Daily step count positively correlated with 6MWD at 3-4 month follow-up (r=0.72, p=0.03)



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Physical Activity in Pediatric Pulmonary Arterial Hypertension Measured by Accelerometry

A Candidate Clinical Endpoint

Willemijn M. H. Zijistra¹, Mark-Jan Ploegstra¹, Theresia Vissia-Kazemier¹, Marcus T. R. Rootthooft¹, Gideon du Marchie Sarvaas¹, Beatrijs Bartelds¹, Annette Rackowitz¹, Freek van den Heuvel¹, Hans L. Hillege², Guy Plasqui³, and Rolf M. F. Berger

Denter for Congenital Heart Disesses, Beatrix Children's Hospital, and "Department of Epidemiology, University Medical Center Groningen, University of Groningen, Droningen, The Netherlands; and "Maastricht University Medical Center, University of Maastricht, Maastricht, the Netherlands





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Pediatric and Congenital

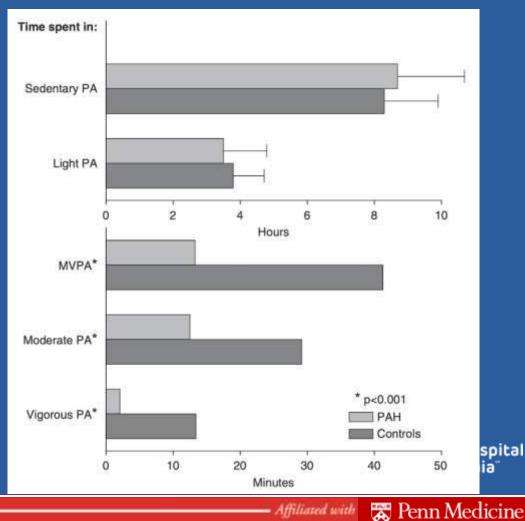
Cardiovascular Disease

Research grade \geq accelerometer, vendor software, cut points applied

Less MVPA in 29 PAH \triangleright compared with 60 controls

MVPA inversely \triangleright correlated with FC

Moderate PA \triangleright positively correlated with 6MWD



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THE JOURNAL OF PEDIATRICS . www.jpeds.com



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Measurement of Physical Activity by Actigraphy in Infants and Young Children with Pulmonary Arterial Hypertension

Catherine M. Avitabile, MD¹, Delphine Yung, MD², Stephanie Handler, MD³, Rachel K. Hopper, MD⁴, Jeff Fineman, MD⁵, Grace Freire, MD⁶, Nidhy Varghese, MD⁷, Mary P. Mullen, MD, PhD⁹, Usha S. Krishnan, MD⁹, Eric Austin, MD¹⁰, Lori Silveira, PhD¹¹, and D. Dunbar Ivy, MD¹¹





FitBit Inspire

wGT3X-BT

- > 47 (18 PAH, 29 control) participants ages 0-6 years
- FitBit Inspire (>1 yo) and ActiGraph wGT3X-BT (all pts)
- Both commercial with proprietary software & research-grade with cut points applied

ORIGINA

ARTICLES

- Obtained complete ActiGraph data in 81% and FitBit data in 72%
- PAH: fewer steps, lower vector magnitude counts per minute, more sedentary activity, less intense physical activity at all levels c/w controls
- Fewer steps by ActiGraph compared with FitBit in control patients, not PAH
- Measurement of physical activity by wearables is feasible in young PAH patients
- Future studies to explore relationships with disease severity



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Kids ModPAH Trial

- Ongoing Phase III multicenter RCT testing upfront monotherapy (sildenafil) vs. combination therapy (sildenafil + bosentan) in patients ages 3 months to 18 years with treatment naïve PAH or PH and FC II or III at 12 North American centers
- Primary outcome is WHO FC at 12 months
- Actigraphy measurement of physical activity is an exploratory secondary outcome
- Research-grade devices with vendor software/cut points
- Syncing to vendor platform via mobile app
- Transfer of aggregate data to a REDCap database via an application programming interface (API)

2024 27th Annual Update on Pediatric and Congenita Cardiovescular Disease NCT #04039464



wGT3X-BT



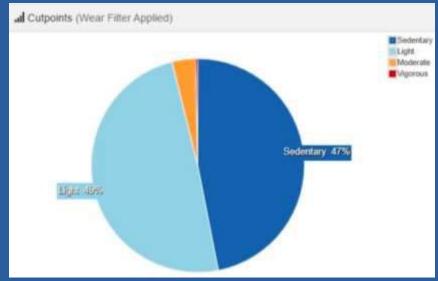
ActiGraph CPIW



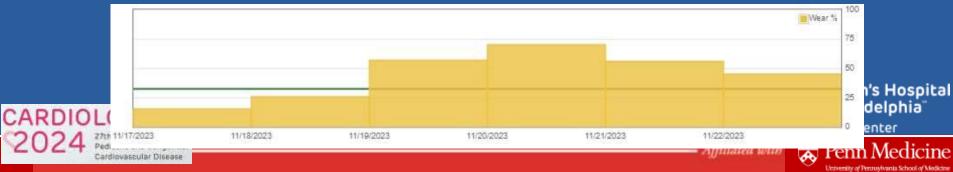
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Kids ModPAH Trial



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7/25/2022		447	36,995	32,596	34,965
7/26/2023		80	8,582	8,208	12,503
1127121025		612	24.052	20.626	33.627
7126/2025		490	36,619	43,817	44.232
7/29/2023		17	2,452	2.534	2.287
7/30/2023		2,265	96,704	-06,853	105,308
7/31/2023		4,780	155,474	122,153	194,001
B/1/2023		4,467	143,495	108.060	143,501



Physical activity, muscle mass and quality, and functional status

	PH N=19	Healthy N=17	р
MVPA, minutes	5 (1, 10)	18 (10, 42)	<0.01
6MWD, m	601 (495, 635)	675 (607, 730)	0.04
LLMZ	-1.41 (-1.80, -0.32)	-0.61 (-0.88, -0.09)	0.02
D-HGZ	-0.95 (-2.74, -0.55)	-0.43 (-1.11,0.16)	0.02

	MVP	ΥA	PH status			
	Est. (SE)	р	Est. (SE)	р		
6MWD	2.70 (1.06)	0.01	-28.42 (38.05)	0.46		
LLMZ	0.00 (0.01)	0.85	-0.76 (0.32)	0.02		
D-HGZ	-0.02 (0.01)	0.22	-1.41 (0.48)	<0.01		



Geneactiv

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Pediatric and Congenita Cardiovascular Disease Funded by: 1K23HL150337-01



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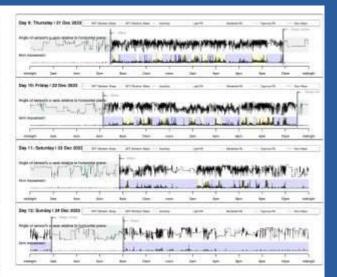
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Research-grade device with analysis of raw data in GGIR R studio package

Cut points still needed



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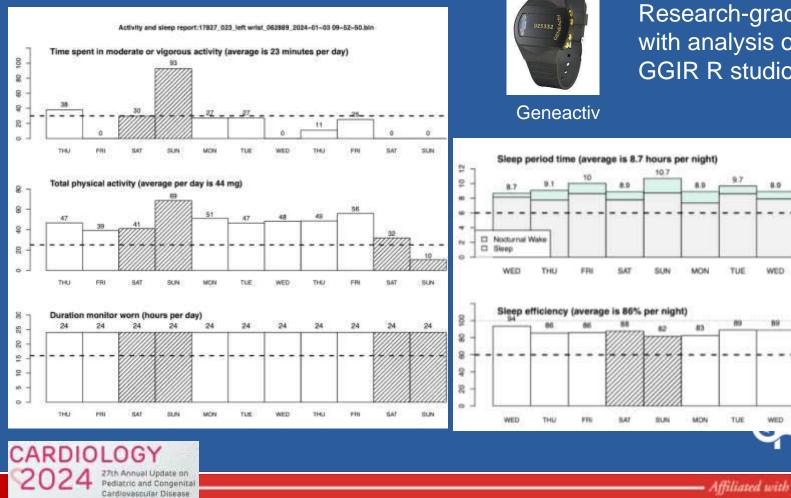
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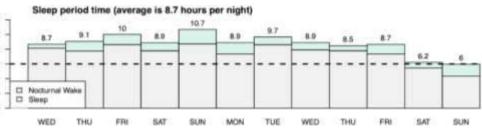
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Research-grade device with analysis of raw data in GGIR R studio package



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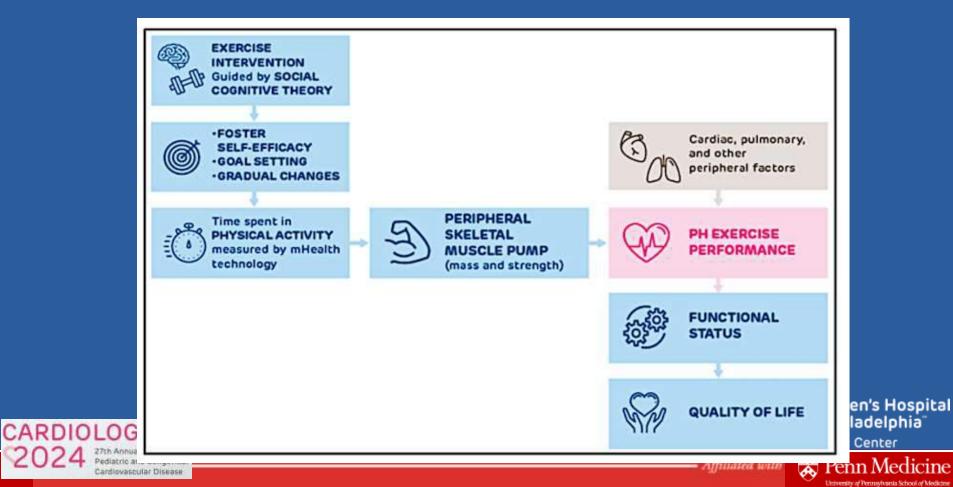
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Novel Clinical Trial Design in PH



Novel Clinical Trial Design in PH

✓ Wearable actigraphy device to measure activity and heart rate
✓ Continuous/real time measurement
✓ Feedback/alerts between study team and participant
✓ Survey capability
✓ On-demand access to study team with problems or symptoms









The iTONE Trial



DataHub with home ethernet connection







Cutpoints applied



Data transfer via Data transfer via API connection



Pediatric and Congenital Cardiovascular Disease



1K23HL150337-01. NCT05442671



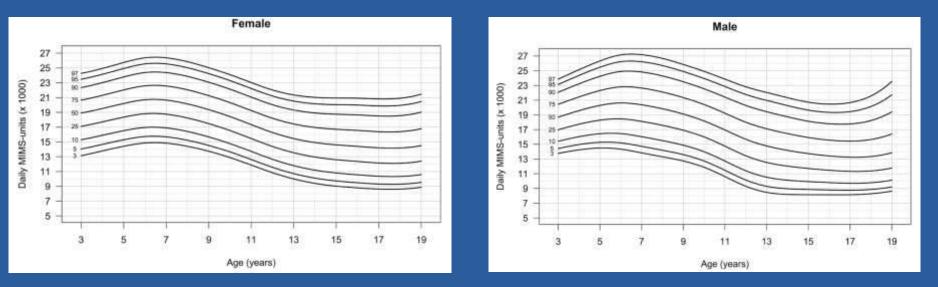


ChatBot for communication with team

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MIMS Units and Percentiles



Activity percentile curves derived from NHANES data Open-source algorithms applied to raw data from multi-sensor research-grade devices in real time

Belcher BR, et al. Med Sci Sports Exerc, 2021.

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Take Home

- Measurement of activity by wearable sensors is feasible in pediatric PH
- Field is shifting from commercial devices toward research-grade sensors
- > Current practice is to apply published activity intensity cut points
- Next step is to analyze raw data with open-source algorithms to calculate activity percentiles
- Future studies are needed to study the relationships between activity, disease severity, and disease progression
- These approaches can be applied in other cardiac populations as well!





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Thank you

<u>Mentors</u> Jonathan Mitchell, PhD Babette Zemel, PhD Stephen Paridon, MD

<u>Advisors</u> Michael McBride, PhD Melissa Xanthopoulos, PhD John Chuo, MD Steven Kawut, MD Collaborators Benny Chen, PhD

Study Coordinators

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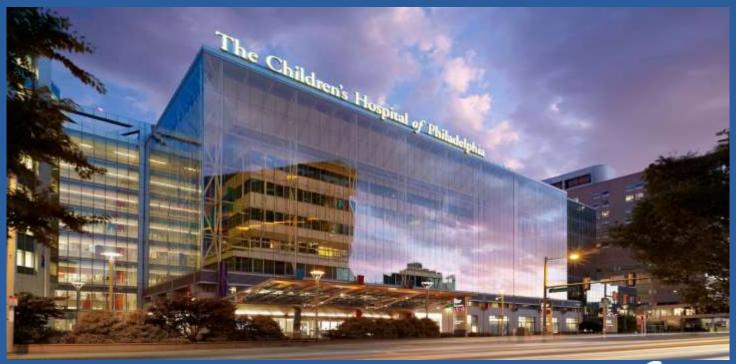








Thank you





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