



**Università
di Brescia**

Dipartimento di Scienze Cliniche e Sperimentali

Dottorato di Ricerca in
«Intelligenza Artificiale in Medicina e Innovazione
nella Ricerca clinica e metodologica»

Coordinatore: Prof. Domenico Russo

A Hybrid Intelligence Framework for Health Data Management and Consumption

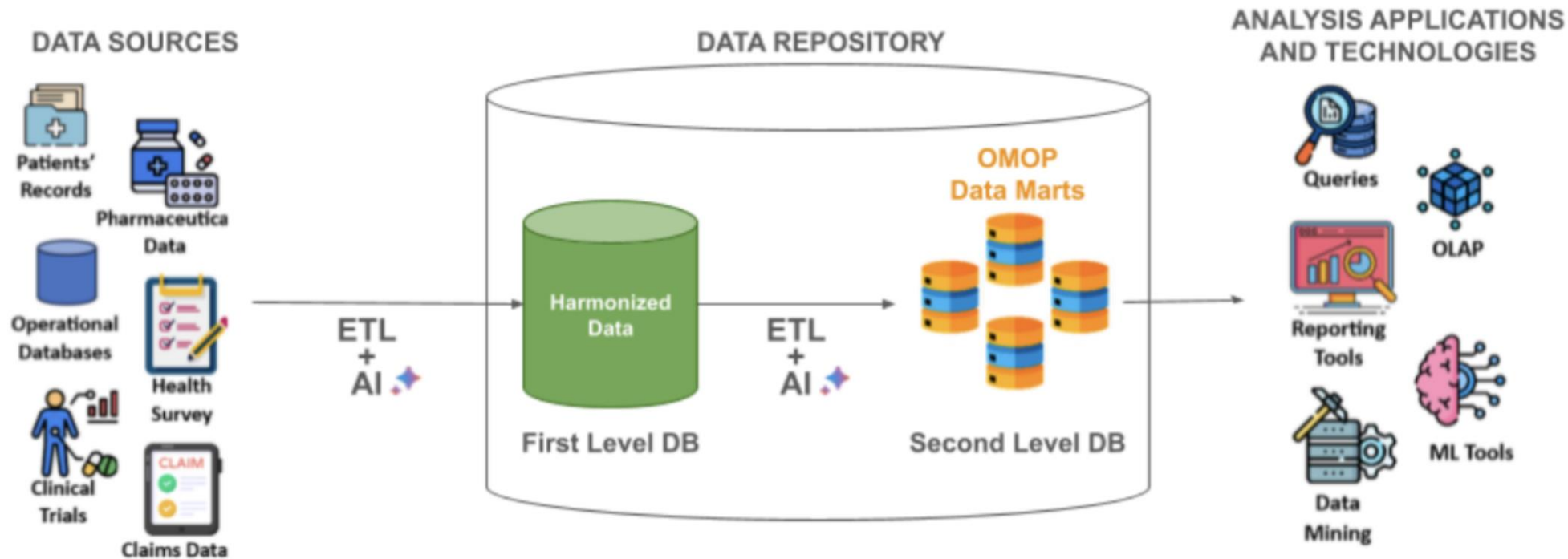
OLIVATO FRANCESCO

XLI – Curriculum: Intelligenza Artificiale in Medicina, ricerca clinica e metodologica

Supervisor: Dott. Roberto Gatta

Co-Supervisor:

Mission: Hybrid Intelligence Framework



Attività Svolte

1. Classificazione Ecografie Tiroide con Basedow
2. Detection Capillari in Capillarografia
3. Classificazione binaria (Benigno/Maligno) di noduli in ecografie
4. Ottimizzazione dell'Indice Prognositico per trattamenti CAR-T in terza linea.
5. Variance-Coupled Transformer
6. AI Models Pretraining leveraging Platonic Latents

Classificazione Eco Tiroide con Basedow

Problema:

La malattia di Basedow alla tiroide ha effetto funzionale, ma questo cambiamento opera anche delle modifiche morfologiche?

Sfide:

Le immagini ecografiche presentano la possibilità di osservare alcune proprietà (e.g. morfologia) di un organo dentro il corpo senza gli effetti collaterali di macchinari molto più invasivi.

Obiettivo:

Verificare se con gli strumenti di intelligenza artificiale moderna fosse possibile discriminare i pazienti affetti e quelli non affetti attraverso immagini ecografiche.

Studio:

Lo studio ha coinvolto 45 pazienti (di cui solo 20 i dati erano stati correttamente immessi) a cui venivano effettuate delle ecografie (trasversale e longitudinale) della tiroide affetta da Basedow (prima del trattamento) e della tiroide guarita (dopo il trattamento).

Classificazione Eco Tiroide con Basedow: Metodo

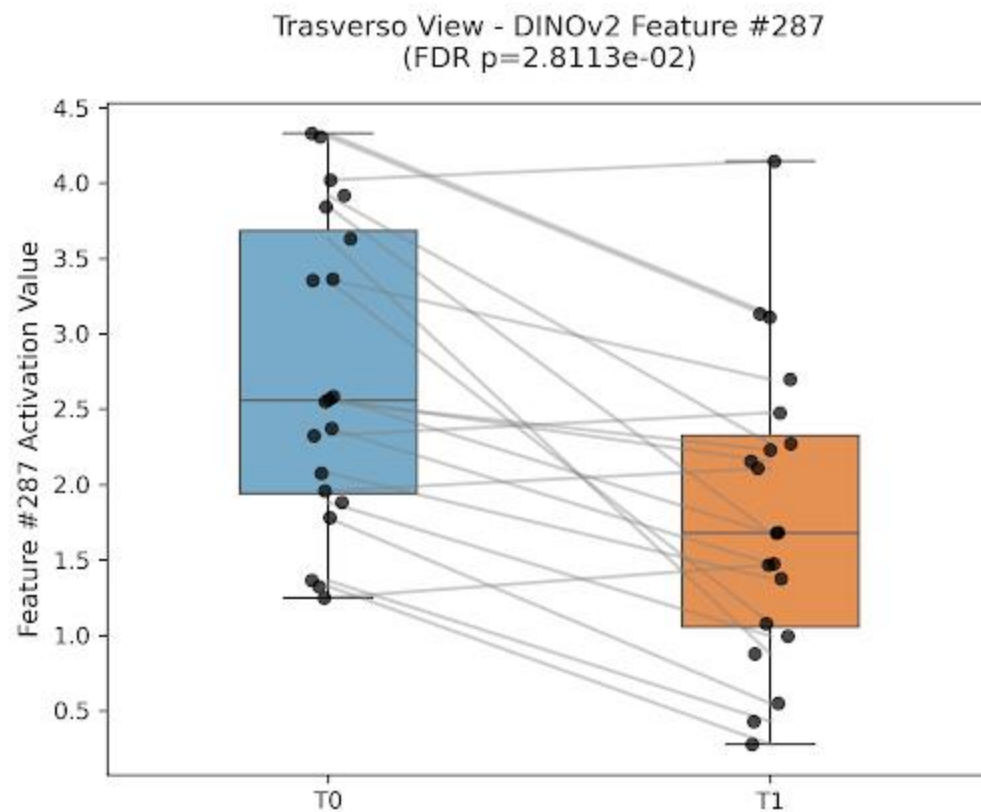
DINOv2^[1]



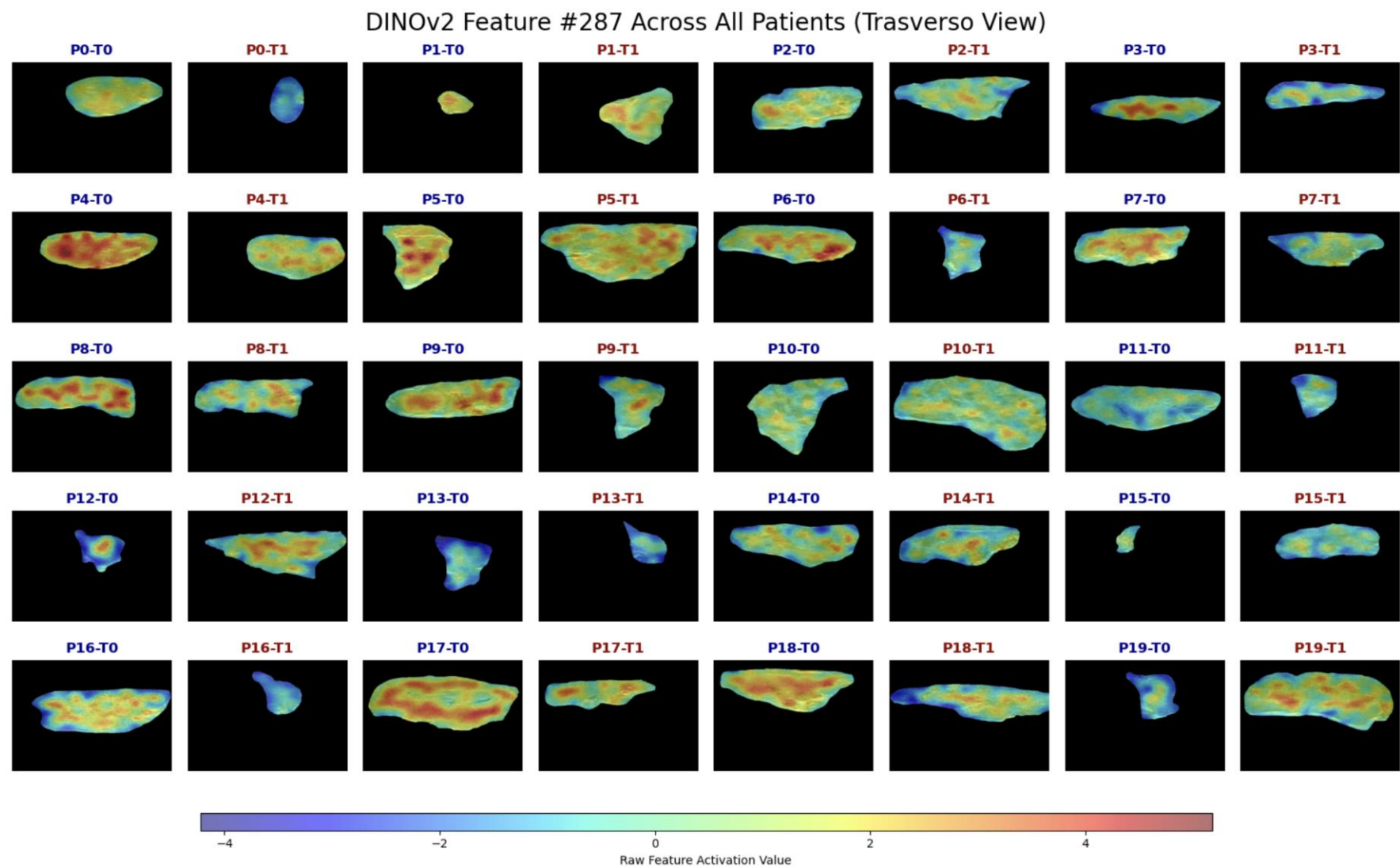
 Meta

[1] <https://openreview.net/pdf?id=a68SUt6zFt>

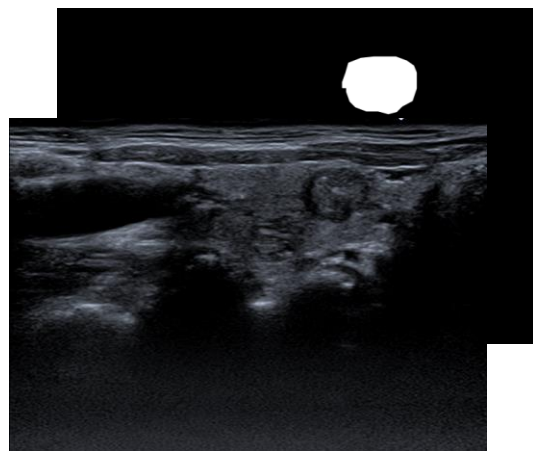
Classificazione Eco Tiroide con Basedow: Risultati



Classificazione Eco Tiroide con Basedow: Risultati



Classificazione Stato Noduli in Ecografie



62

~~OWKIN~~



Problema

Identificare lo stato (Maligno/Benigno) di noduli usando delle immagini ecografiche.



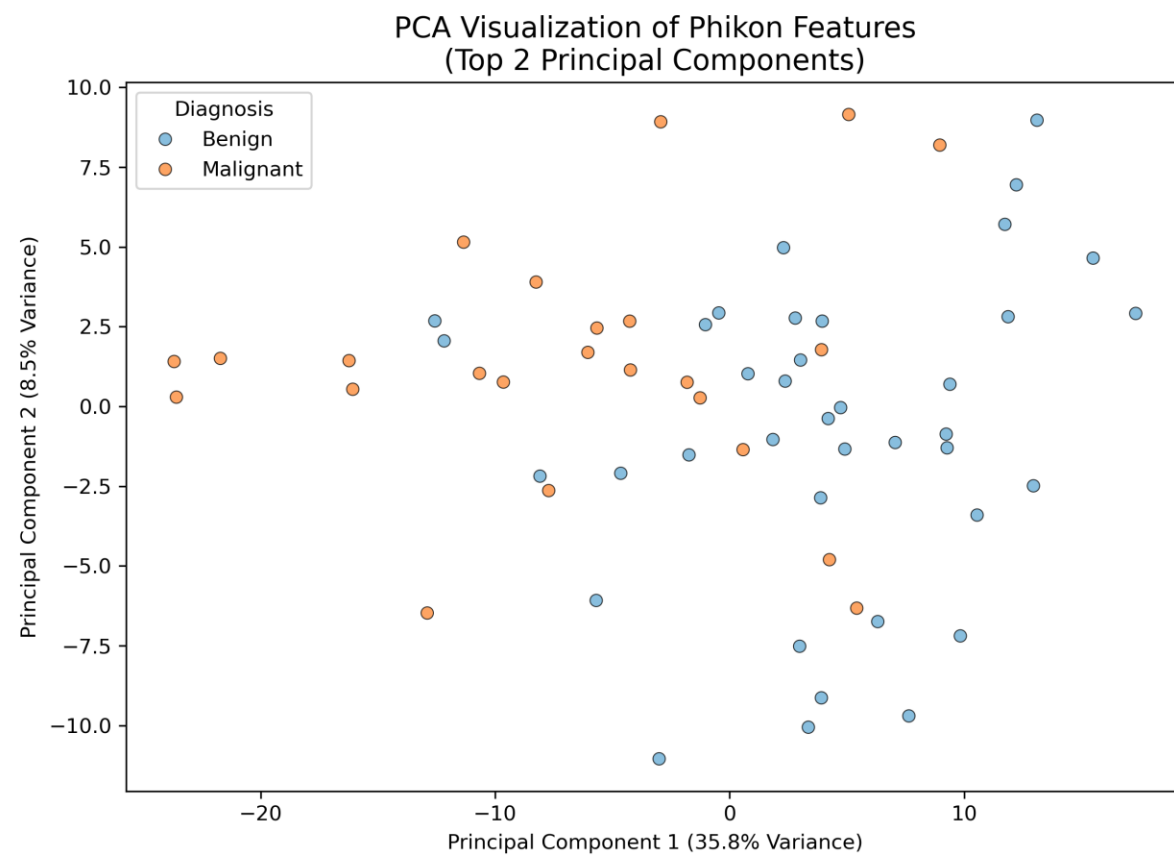
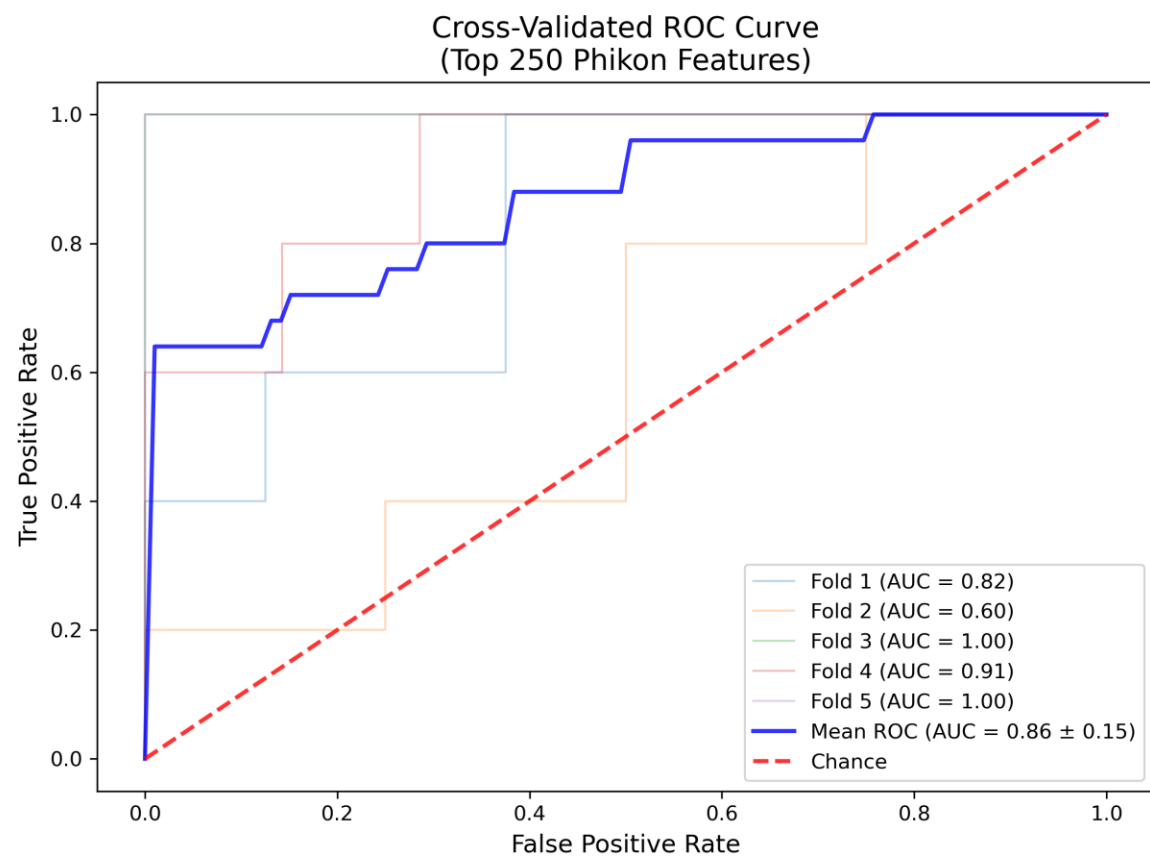
Pazienti



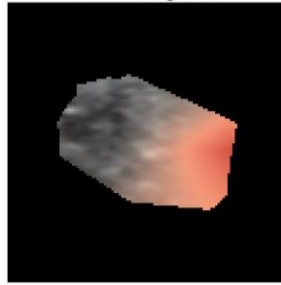
Sfide e Metodo

Il rumore della acquisizione e la difficile ripetibilità delle condizioni di acquisizione esatte presentano una sfida. Perciò testate in modo incrementale feature handcrafted fino ad arrivare a modelli AI più avanzati [1]

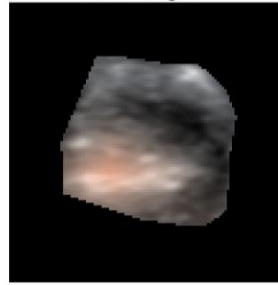
Classificazione Stato Noduli in Ecografie



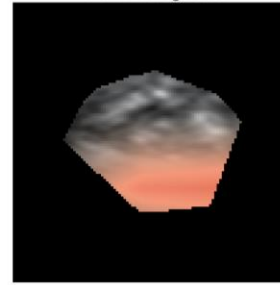
Prob Malignant: 96.85%
True: Malignant



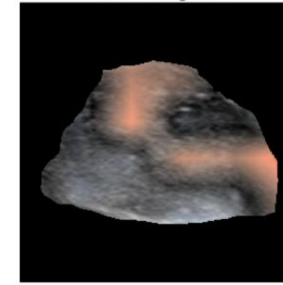
Prob Malignant: 95.50%
True: Malignant



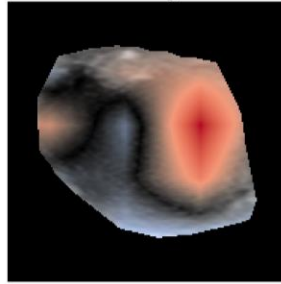
Prob Malignant: 95.23%
True: Malignant



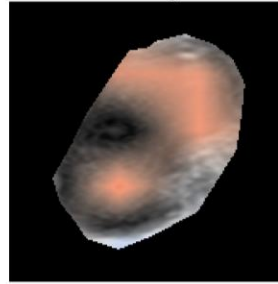
Prob Malignant: 92.68%
True: Malignant



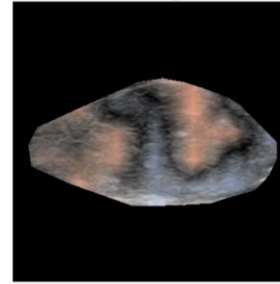
Prob Malignant: 87.81%
True: Malignant



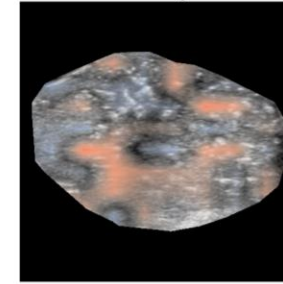
Prob Malignant: 86.30%
True: Malignant



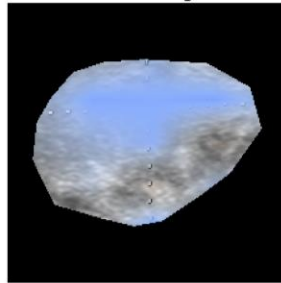
Prob Malignant: 86.30%
True: Malignant



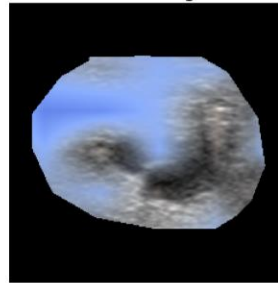
Prob Malignant: 86.30%
True: Malignant



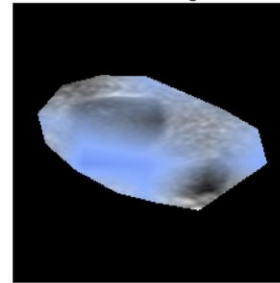
Prob Malignant: 8.63%
True: Benign



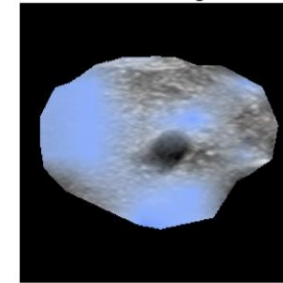
Prob Malignant: 8.62%
True: Benign



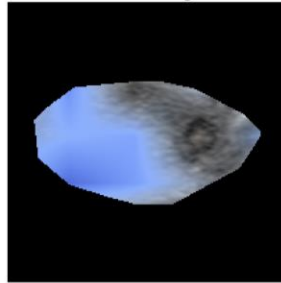
Prob Malignant: 8.55%
True: Benign



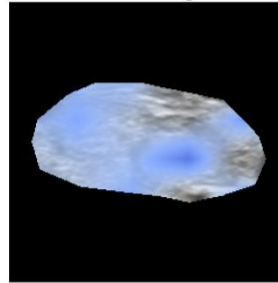
Prob Malignant: 6.01%
True: Benign



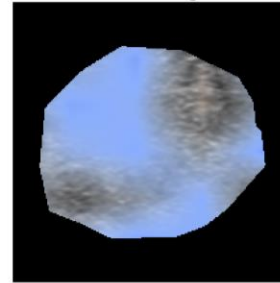
Prob Malignant: 5.19%
True: Benign



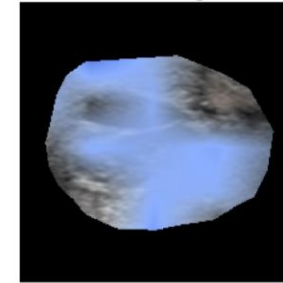
Prob Malignant: 5.18%
True: Benign



Prob Malignant: 5.05%
True: Benign



Prob Malignant: 4.32%
True: Benign



Detection Capillari

Capillarography Calibrator

Sistema di calibrazione clinica e segmentazione automatica dei capillari per analisi capillaroscopica.

[Analisi Interattiva Singola](#) [Elaborazione Batch \(Lotti\)](#)

1. Carica Immagine

Seleziona Immagine Capillaroscopia



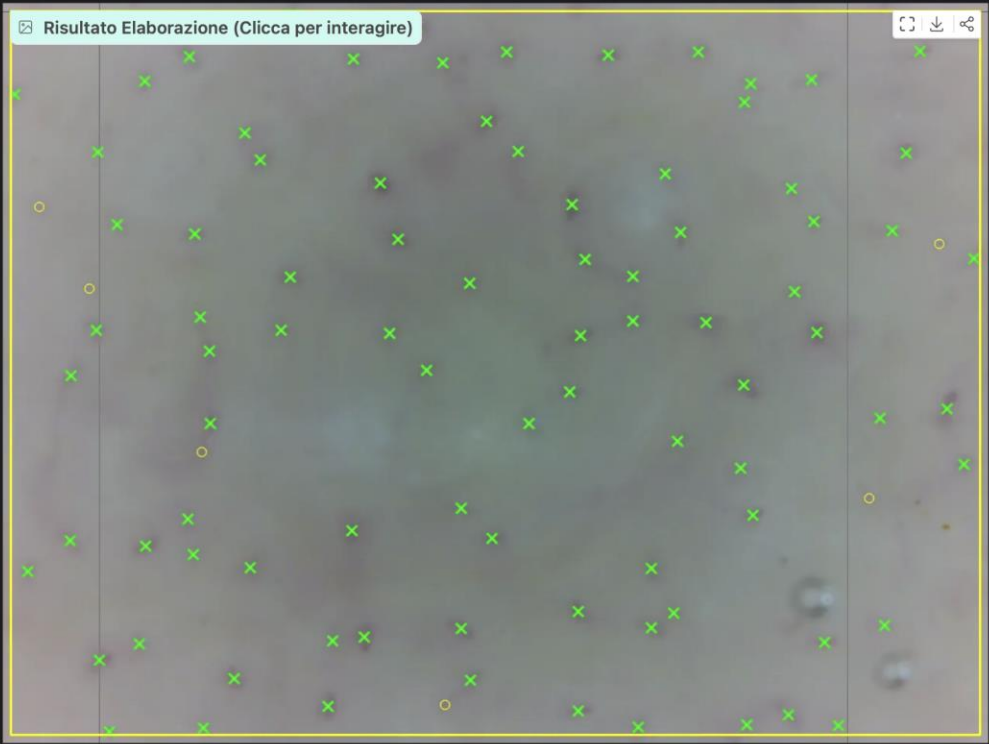
2. Risultato Interattivo

Modalità Click su Immagine

Aggiungi Punto Manuale

Rimuovi Punto / Annulla Auto

Risultato Elaborazione (Clicca per interagire)



 Impostazioni Algoritmo di Rilevamento

Dimensione Blocco (Adaptive Threshold)

99   5

3  199

Costante C (Adaptive Threshold)

4   5

-20  20

Ottimizzazione dell'Indice Prognostico per CAR-T

Farina et al. *Journal of Hematology & Oncology* (2026) 19:4
<https://doi.org/10.1186/s13045-025-01771-6>

Journal of Hematology &
Oncology

CORRESPONDENCE

Open Access



Multicenter real-life evaluation of the Post-CAR prognostic index for patients with large B-cell lymphoma after CAR-T failure

Mirko Farina^{1*}, Elena Maiolo², Chiara Ghiggi³, Piera Angelillo⁴, Mattia Novo⁵, Francesca Maria Quaglia⁶, Luana Schiattone⁷, Marta Lisa Battista⁸, Lara Mannelli⁹, Valeria Tomarchio¹⁰, Elisa Lucchini¹¹, Luca Pagliaro¹², Greta Scapinello¹³, Miriam Marangon¹⁴, Sabrina Pelliccia¹⁵, Roberta Sciarra¹⁶, Domenico Russo¹ and Francesco Zaja^{11,17}

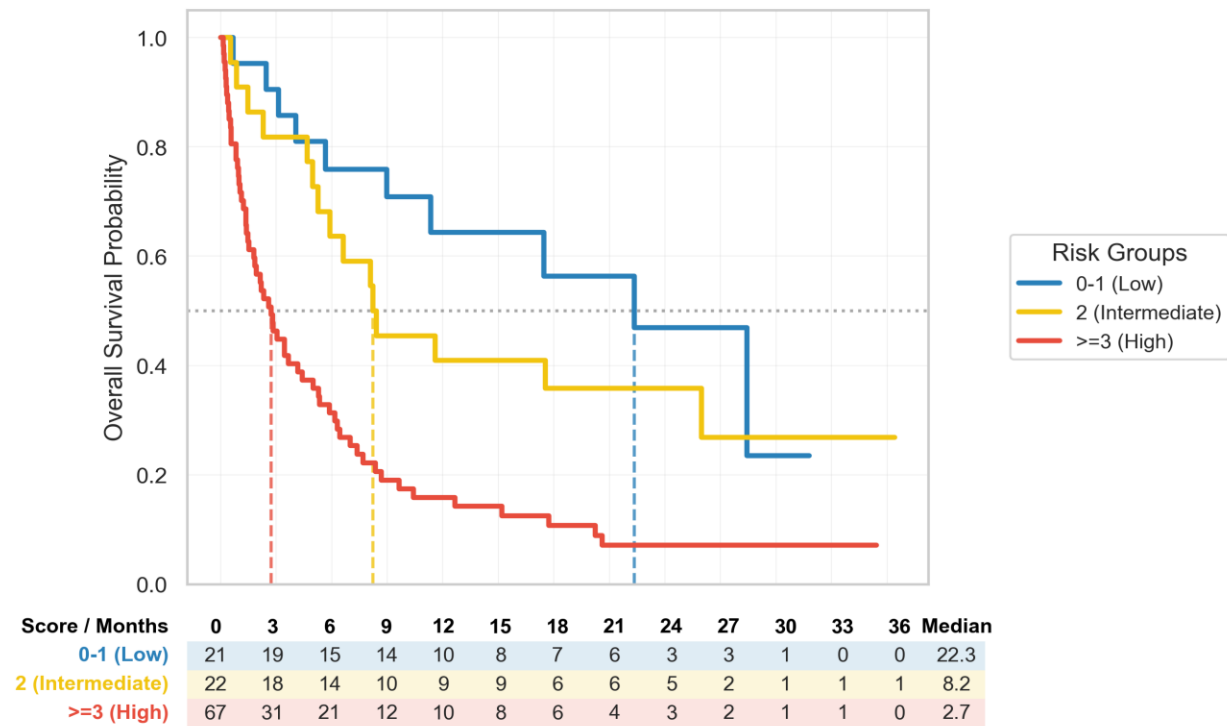
Abstract

Most patients with large B-cell lymphoma (LBCL) progressing after CAR-T therapy experience poor survival and lack standardized treatment strategies. Prognostic tools are needed to guide decision-making at relapse. The Post-CAR Prognostic Index (PC-PI), recently proposed by Iacoboni et al., combines five routine clinical variables to stratify outcomes after CAR-T failure: ECOG (>0), hemoglobin (<10 g/dL), LDH ($\geq 2 \times \text{ULN}$), number of extranodal sites (>1) and time from CAR-T to progression (<4 months). We evaluated the PC-PI in a retrospective multicenter study including 125 LBCL patients relapsing or refractory after axicabtagene-ciloleucel or tisagenlecleucel, treated between 2019 and 2023 across 16 Italian centers belonging to the Fondazione Italiana Linfomi network. Median overall survival (OS) was 4.9 months, with 6- and 12-month OS rates of 44.9% and 28.5%, respectively. The PC-PI discriminated prognosis effectively: high-risk patients had a median OS of 1.8 months, intermediate-high 2.2, intermediate-low 8.7, while in the low-risk group median OS was not reached ($p < 0.0001$). Results remained consistent after excluding patients receiving only palliative care. Post-progression therapy markedly influenced survival: patients receiving active treatment achieved a median OS of 7.3 months versus 0.7 without further therapy ($p < 0.0001$). Bispecific antibodies conferred the best outcomes (HR 0.44, $p = 0.02$), with 6- and 12-month OS rates of 90% and 55%. Our findings confirm the prognostic value of the PC-PI and support its use in clinical practice as a tool for risk-adapted management of LBCL after CAR-T failure.

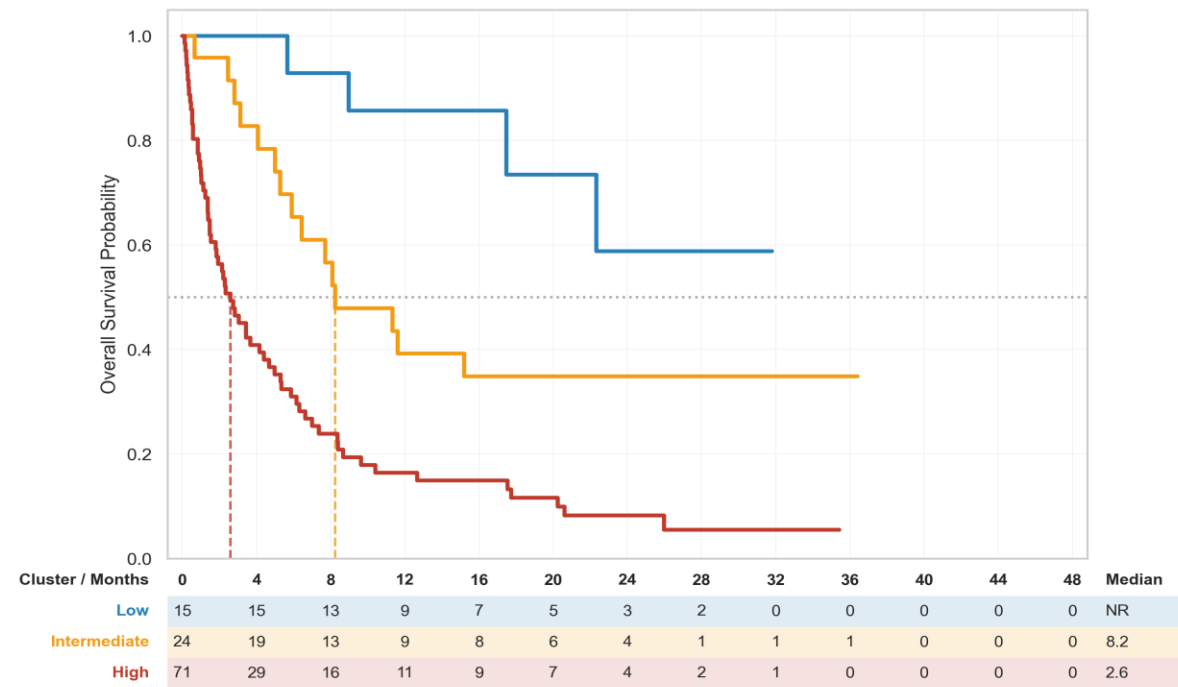
Keywords Post CAR-T failure, PC-PI score, Large B-cell lymphoma, Overall survival

Ottimizzazione dell'Indice Prognostico per CAR-T

Overall Survival by PR-TMF Score (3 Groups)



Overall Survival - Optimized Clusters



Ottimizzazione dell'Indice Prognostico per CAR-T

Model	C-Index	High-Int	High-Low	Int-Low
EASIX	0.64	$3 \cdot 10^{-2}$	$1 \cdot 10^{-4}$	$9 \cdot 10^{-3}$
PC-PI	0.69	$5 \cdot 10^{-4}$	$1 \cdot 10^{-8}$	$6 \cdot 10^{-5}$
Proposed	0.74	$5 \cdot 10^{-7}$	$4 \cdot 10^{-11}$	$6 \cdot 10^{-4}$

Ottimizzazione dell'Indice Prognostico per CAR-T

Accettato come poster ad AIME2026:



**Establishing a Data-Driven Upper Bound for
CAR-T Prognosis: Quantifying the Impact of
Heuristic Discretization**

Francesco Olivato¹[0009-0005-5674-7212], Mirko Farina²[0000-0002-2980-9028],
Michele Malagola²[0000-0003-0907-130X], Domenico Russo²[0000-0003-4458-6261],
and Roberto Gatta¹[0000-0002-4716-9925]

Parteciperò anche come uno degli speaker del tutorial:

*AI for Imaging – From Radiomics to Dosomics: Patterns, Tools and
Challenges.*

Variance-Coupled Transformer

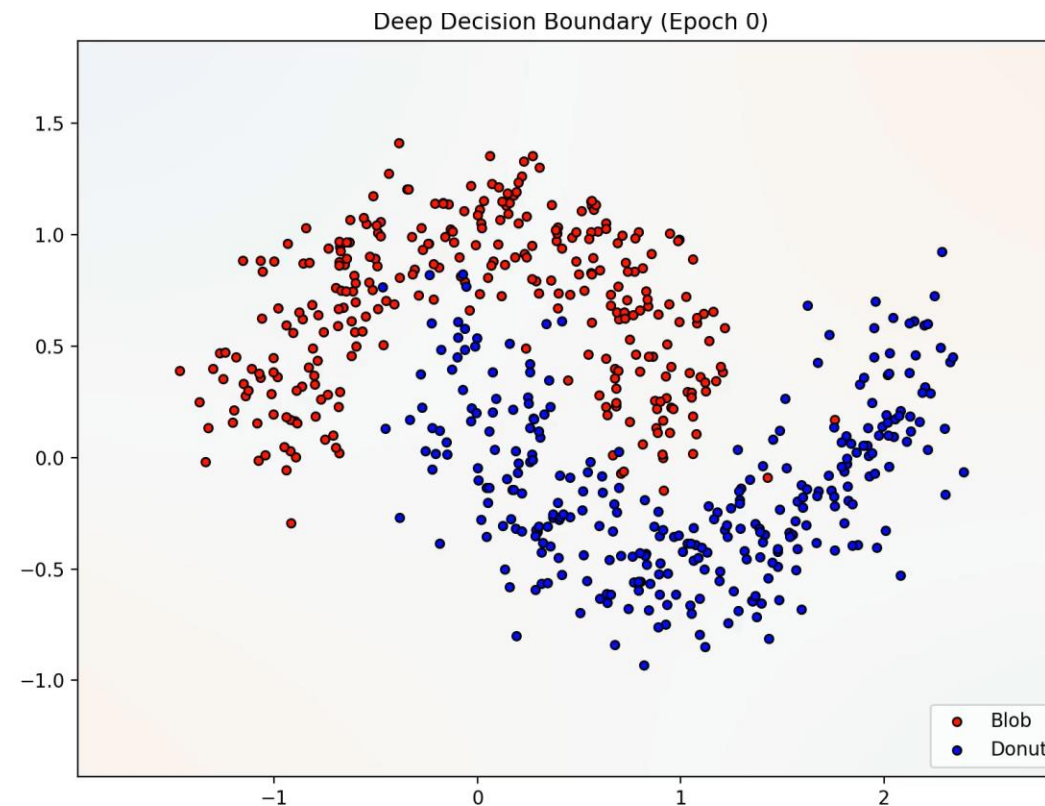
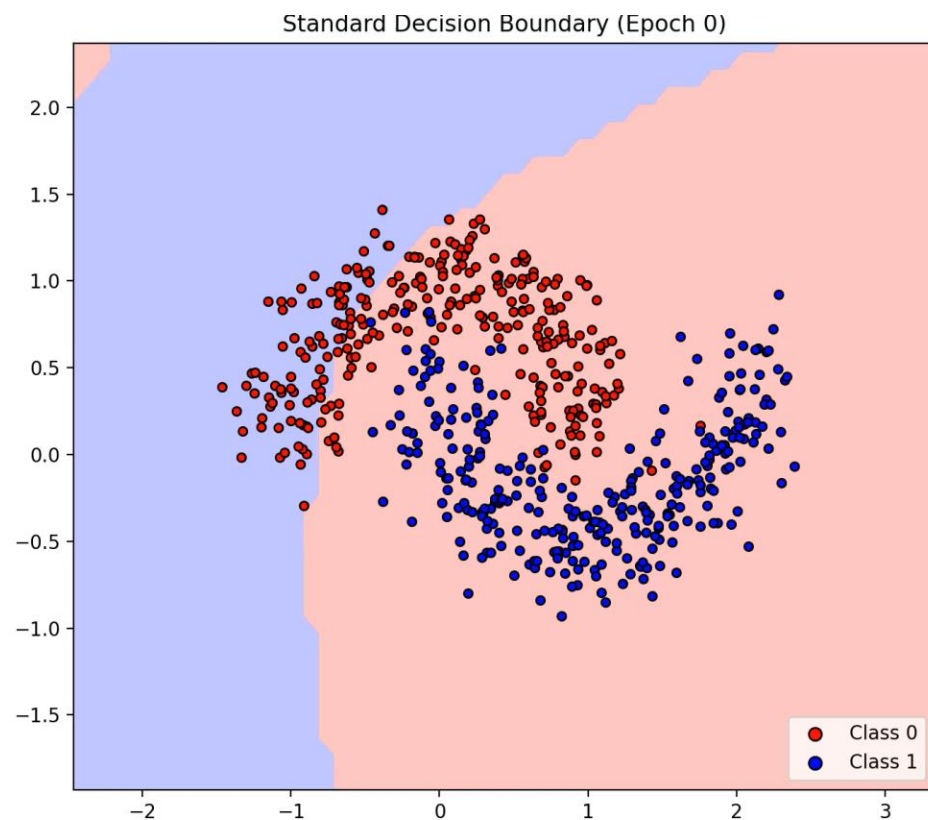


Submitted to

ICANN 26

TADL Workshop

Native Calibration in ViTs via Spatial Dispersion



AI Pretraining leveraging Platonic Latents

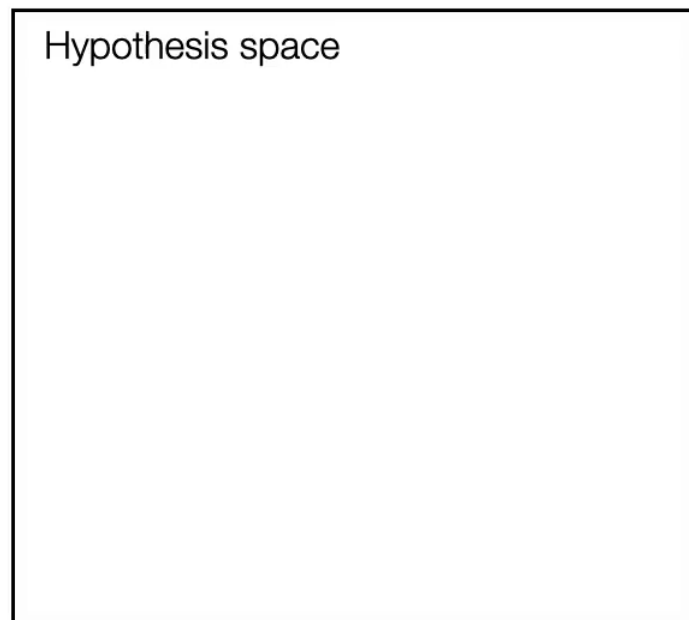


Prof. Philip Isola (MIT)
Ha proposto l'ipotesi
platonica alla conferenza
ICML 2024 [1]

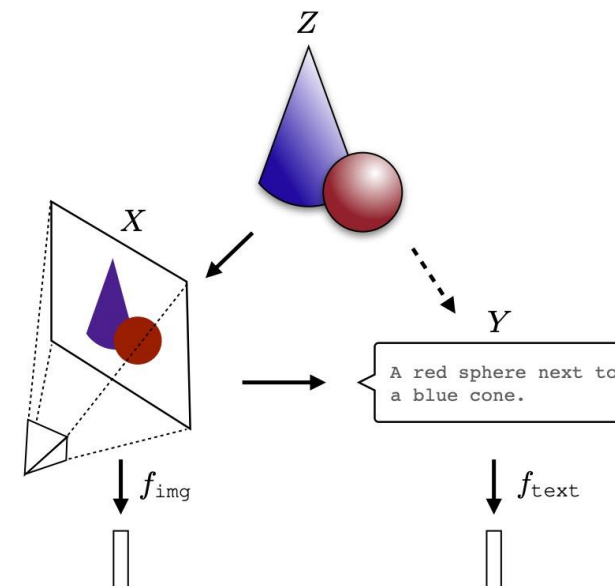


Allegoria della Caverna di Platone

AI Pretraining leveraging Platonic Latents

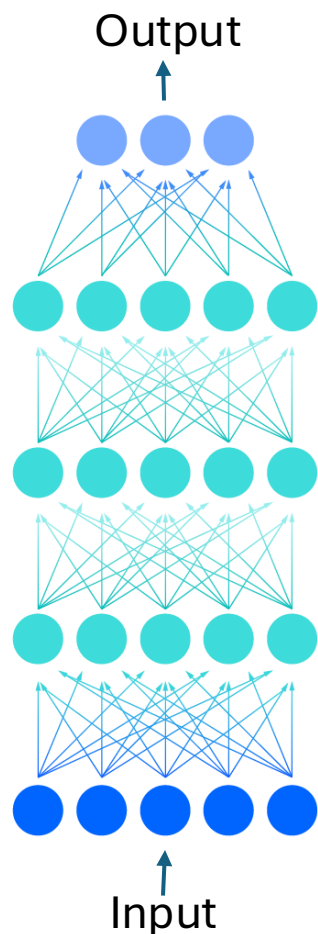


La rappresentazione specialistica si contrae quando analizzata in una chiave di lettura di generalizzazione.

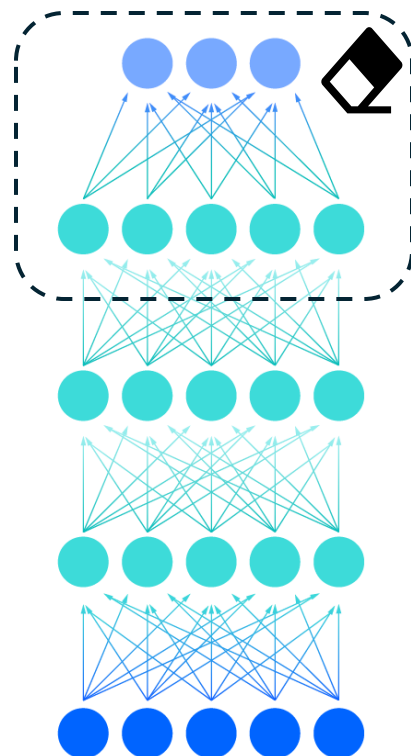


Il mondo (Z) può essere percepito in molti modi diversi: attraverso immagini (X), attraverso il testo (Y), ecc. Ipotizziamo che le rappresentazioni apprese su ciascuna modalità, considerate singolarmente, convergano verso rappresentazioni simili di Z .

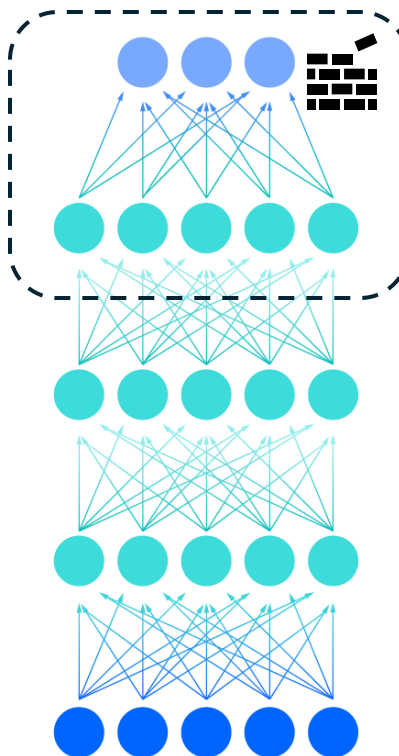
AI Pretraining leveraging Platonic Latents



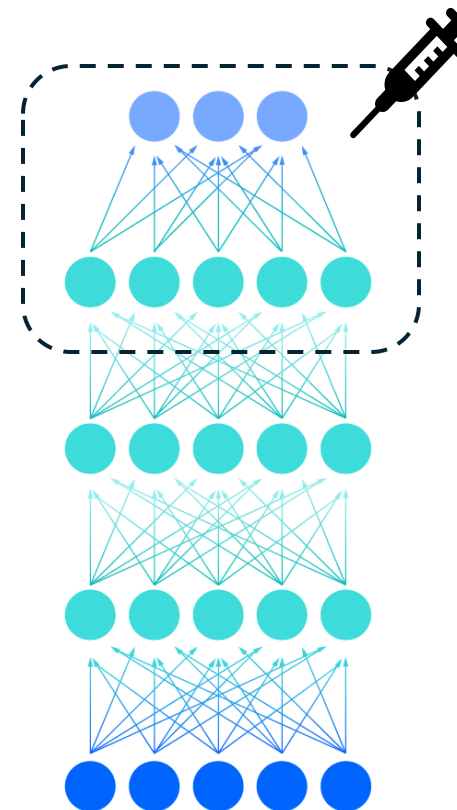
1 Modello standard Qwen 3B



2 Cancello i pesi degli ultimi 'N' layer del modello



3 Identifico le informazioni condivise tra Qwen 3B e Phi-3.5-mini e estraggo una nuova rappresentazione.



4 Comprimo di $\frac{1}{4}$ le rappresentazioni e le inserisco nuovamente nel modello.

AI Pretraining leveraging Platonic Latents

Dataset

Il dataset include circa 13 000 domande e risposte (risposta multipla).
Il dataset utilizzato è stato solo un subset di 2000 domande in fase di tranining e 500 nel test.

Example 1	Example 2	Example 3	Example 4
Q: What type of organism is commonly used in preparation of foods such as cheese and yogurt?	Q: What phenomenon makes global winds blow northeast to southwest or the reverse in the northern hemisphere and northwest to southeast or the reverse in the southern hemisphere?	Q: Changes from a less-ordered state to a more-ordered state (such as a liquid to a solid) are always what?	Q: What is the least dangerous radioactive decay?
1) mesophilic organisms 2) protozoa 3) gymnosperms 4) viruses	1) coriolis effect 2) muon effect 3) centrifugal effect 4) tropical effect	1) exothermic 2) unbalanced 3) reactive 4) endothermic	1) alpha decay 2) beta decay 3) gamma decay 4) zeta decay

Results

Modello	Dimensione	Accuratezza
Qwen 3B	2048	91.80%
Phi-3.5-mini	3072	92.80%
Qwen 3B Single SVD	1536	91.20%
Qwen 3B Platonic ($\times$ Phi 3.5)	1536	92.00%

Lavori Futuri

- Analisi della capacità di produzione e discriminazione testuale di modelli LLM di patologie psichiatriche borderline
- Automazione della gestione delle richieste ai database standardizzati con OHDSI OMOP standard
- World Model per l'apprendimento di vincoli clinici impliciti da tracce cliniche dello stato dei trattamenti di pazienti
- Scrittura di un survey sullo stato in clinica della applicazione della spettrometria Raman con AI (dati promettenti risultati in altri campi).
- Estensione del lavoro sull'indice prognostico CAR-T per introdurre the "Realistic Upperbound Metric".



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Domande?

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