# Dr. Lin, Chin (林嶔)

# **Personal Data**

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# **Present**

Aug 2021 – Recent Associate Professor | School of Medicine, National Defense Medical Center

Jun 2019 – Recent Chief Technology Officer | AloT center, Tri-Service General Hospital

Jul 2019 – Recent Deputy Dircetor | Medical Technology Education Center, National Defense Medical Center

Jun 2020 – Recent Deputy Secretary-general | Aviation Medical Association R.O.C.

Sep 2021 – Recent Guest Editor | Journal of Personalized Medicine

Aug 2016 – Recent Adjunct Assistant Professor | School of Public Health, National Defense Medical Center

# **Experience**

Aug 2018 – Jul 2021 Assistant Professor | Graduate institute of life sciences, National Defense Medical Center

Jul 2017 – Jul 2018 Postdoctoral Research Fellow | Department of Research and Development, National Defense Medical Center

# **Education**

Sep 2013 – Apr 2016 Doctor of Philosophy in Life Science, National Defense Medical Center, Taiwan

## Selected courses

Sep 2021 – Recent	Machine Learning and Algorithm (2 credits)   for students with basic statistical concepts
Sep 2018 – Recent	Introduction to R language (2 credits)   for students without programing experience
Jun 2019 – Recent	Deep Learning-Theory and Practice (3 credits)   for students with programing skill
Jun 2022 – Recent	Medical Artificial Intelligence Implementation (2 credits)   for deep learning developers

# **Selected Important Project Experience**

**Nov 2017 - Recent** Artificial intelligence for electrocardiogram analysis

Deep Learning, Decision support, Computer Aided Diagnosis, Wearable Device

 ${\tt ECG12Net} \ and \ its \ specific \ training \ process \ have \ been \ developed \ for \ ECG \ recognition.$ 

More than 50 clinical diagnoses supporting via ECG12Net which is better than cardiologists. The model has been deployed in hospital, and further application in out-of-hospital is conducting.

Morphologies not in textbook has been identified and used to teach physicians.

Jul 2018 - Recent Deep learning algorithm design for medical data

Deep Learning, Statistics, Mathematics, Epidemiology

Unsupervised learning aided deep neural network training to solve the rare data problem.

Matched deep learning training strategy for learning causality.

To design special prediction functions and loss functions to solve the problem of missing data. Multi-level statistical models enhanced deep learning for personalized artificial intelligence.

Sep 2016 - Recent Smart hospital development

Deep Learning, Computer Vision, Natural Language Processing

The self-developed annotation system is applied to service more than 30 researches. Automatic training process is used in X-ray, CT, MRI, endoscope, pathology, etc.

Initial diagnosis and calculation for reducing physician loading.

The natural language processing system is applied to simplify routine works.

# **Appendix 1 Introduction about my works**

# 1. Artificial intelligence for electrocardiogram analysis (Nov 2017 - Recent)

Cardiovascular disease (CVD) is an important public health issue. Screening and diagnosis play key role to reduce the burden of disease. The electrocardiogram (ECG) is a cheap and simple examination. With the development of deep learning models (DLMs), the artificial intelligence (AI) enabled ECG system has been able to accurately assist in the screening of chronic CVDs and the detection of acute CVD events, which provided an opportunity to facilitate the healthcare system, including hospital, community, and home. Our AI-enabled ECG interpretation system combines the large-scale annotation database and the innovative deep learning algorithm, which can accurately assist in the diagnosis of more than 50 diseases using only one simple ECG. This system will be active by ECG upload and conduct real-time analysis (Fig 1), which provides physicians to identify severe, asymptotic, and unaware cardiovascular diseases at the first time. It can also be widely used in remote communities to conduct cheap and simple chronic cardiovascular disease examinations and reduce the related disease burden through early diagnosis and treatment. Currently, we also focus on the application of these technologies in outof-hospital condition to wearable device (Fig 2).

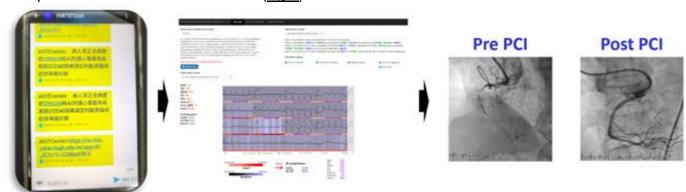


Fig 1 | ECG based fatal diseases detection system in hospital. All ECGs are covered by our AI system, and the AI report will be generated within 10 seconds. SMS will actively send the message to physicians when the patient suffered acute fatal diseases. Physicians can use the URL for reviewing the details of AI report, and subsequently starts the treatment. This was a STEMI case which detected by our AI system and alerted the on duty cardiologist for earlier PCI.





Fig 4 | SNQ golden award

Fig 5 | NHQA golden award



Fig 3 | Interview on documetary of Discovery channel.



Fig 6 | FutureTech Award 2022

The successful of our AI-ECG was based on extensive database and novelty algorithms. Our team has the world number two ECG database with the most comprehensive patient characteristics and diagnoses. Besides, we have innovative deep learning algorithms to enhance model performance, so our AI-enabled ECG interpretation system can assist extensive disease diagnoses with high accuracy. Our system has been deployed in many fields to change local clinical process, and the relevant results have also been recognized by several domestic awards (*Figs 2-6*) and published about 20 clinical application or algorithm studies in international journals.

Our AI-ECG interpretation system hopes to monitor the user's physiological condition in a non-invasive way

through ECG examination. It provides simple disease screening tools and assists clinicians in making real-time decision-making in places where medical resources are lacking. The system can effectively and quickly diagnose acute cardiopulmonary diseases and simply screen potential diseases. In addition to being used in hospitals, it can also be used in ambulances, telemedicine and wearable devices (*Fig 7*) in the future to reduce the possibility of sudden death. Therefore, it is of great help in improving the health of the Taiwanese people and even all mankind.



Fig 7 | NDMC and Quanta for wearable device.

# 2. Deep learning algorithm design for medical data (Jul 2018 - Recent)

With the third artificial intelligence (AI) revolution started from 2012, the deep learning model (DLM), a data-driven algorithm, can learn the useful features rather than manually when the large annotated dataset available. This provides an excellent opportunity to improve healthcare, but there are some limitations of medical data which are needed to develop suitable algorithms for medical AI system.

# 1. Unsupervised learning aided deep neural network training to solve the rare data problem.

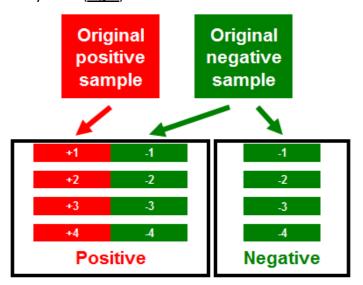
#### A: DLM for medical images B: DLM for physical signals Supervised Unsupervised Pre-training Pre-training Patient ID Embeddings categories Initialize Initialize parameters parameters Clinical Clinical annotations annotations Transfer Transfer learning learning

**Fig 8 | DLM training strategy for ECG data.** To apply the DLM pre-trained by ImageNet for improving the accuracy is common in medical image analysis. We revolutionarily developed an unsupervised training strategy enhancing the feature extraction ability of DLM in ECGs through patient ID learning. This will improve the model accuracy especially in rare disease detections.

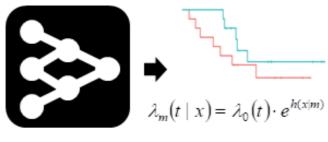
Because the medical data involves manual operations and expensive instruments, the amount of annotated data is scarce compared to other industries. Moreover, the incidence and prevalence of fatal diseases are mostly lower compared to non-fatal diseases. To conquer the insufficient data limitation is necessary. Transfer learning is a common solution in deep learning training that can effectively reduce the required sample size. Our main work is to use a large amount of unlabeled data for unsupervised algorithms, and apply them to supervised learning (*Fig 8*).

# 2. Matched deep learning training strategy for learning causality.

Traditional medical researches focus on causality exploration, but the medical AI studies often ignored this issue. Since the powerful feature extraction ability from DLM, current AI often learns the spurious correlations to construct the prediction which reduce the accuracy in future external validation. We designed the matched training strategy to maximize the notable features learning by DLM, which significantly improves the accuracy in many tasks (*Fig 9*).



**Fig 9 | Hybrid sampling method.** Since the existing data structure, such as pregnant cases usually without cancer, the DLM will use the pregnant terms as the negative predictors for identifying cancer discharge notes. This hybrid sampling method, a type of matching strategy, avoids DLM to learn spurious correlations for improving the external accuracy.



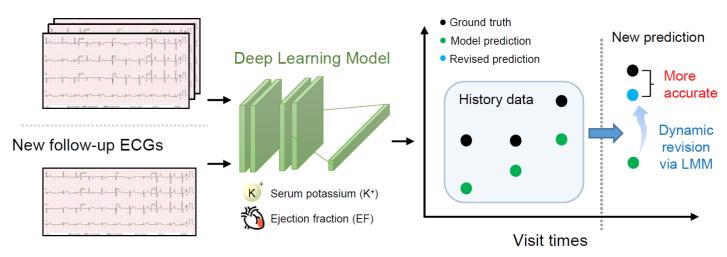
$$loss(\beta) = -\frac{1}{N_{E=1}} \sum_{k: E_k = 1} (h(x \mid k) - log(\sum_{j \in \mathbb{R}(t_k)} e^{h(x \mid j)}))$$

Fig 10 | Deep neural network for survival analysis. The typical follow up cohort will suffer from right-censored data problem, and all the tests may be not performed every time. The survival analysis in the statistics gives us a good inspiration. By cutting the data into fine-grained time periods, we effectively use the information of all samples. We apply the masking idea to our sample for deep learning training in conventional medical data. It will solve the gap to directly apply traditional deep learning technology in the medical field.

# 3. To design special prediction functions and loss functions to solve the problem of missing data.

The data source is usually based on observational design in the medical field, so DLM training is often limited by unusual data format. We have designed few DLM architecture with its specific loss function, such as survival analysis and restricted continuous output (*Fig 10*).

# Previous personal ECGs



**Fig 11 | The advantage of personal AI predictions.** This is an example to use ECG based K<sup>+</sup> for guiding K<sup>+</sup> supplement treatment in hypokalemia patients. The blue line is the actual K<sup>+</sup> based on laboratory test, and the black dashed line is the predicted K<sup>+</sup> based on DLM. DLM continuously overestimates the K<sup>+</sup> concentration due to unknown reasons. The personal model may use the real time validation to revise the estimations. The STEMI detection model also can use this personal revision to exclude the impact of MI history.

4. Combination of multi-level statistical models and deep learning to create personalized artificial intelligence.

The treatment response for each individual is different, so it is impossible to use one artificial intelligence model for individually accurate prediction. Establishing a personalized artificial intelligence model is crucial, however, it is impossible to train personalized artificial intelligence model using individual data. The multi-level data analysis in statistics shows how to use the distribution assumptions to construct personalized predictions. Although only one record can be used to construct a personalized prediction. Our algorithm can dynamically revise the predictions (*Fig 11*).

# 3. Smart hospital development (Sep 2016 - Recent)



Fig 12 | The online annotation system.

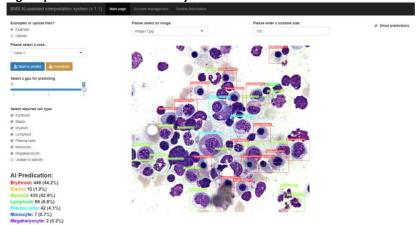


Fig 13 | The bone marrow smears analysis system.

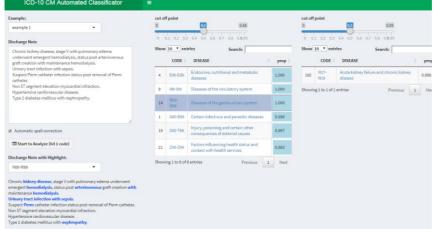


Fig 15 | The template application for disease coding of discharge note. Our team has developed an automatic disease classification approach from freetext clinical narratives by word embedding combining convolutional neural network, and its performance is 30% better than the best of traditional method (natural language processing plus random forest). Moreover, we have developed a projection word2vec model for maintaining the vocabulary diversity from open internet databases without jeopardizing the medical terminology understanding of EMRs. This is useful to identify COVID-19 before hospitals comfort any cases.



Fig 14 | The chest X-ray diagnosis system. Chest X-ray is a common diagnostic tool has been used for decades. Many diagnostic gold standards were based on findings from X-ray image. Here we have developed a deep learning model for chest X-ray recognition, and the experiment demostartes the performance is greater than CheXnet, a radiologist-level pneumonia detection algorithm developed by Stanford ML Group. Department of Radiology at Tri service general hospital already apply it in clinical practice.



Fig 16 | AloT center won the national medical quality award. The AI system developed by our AIOT center shows the application situations in Triservice general hospital which saves many lives from acute cardiac diseases. Vice superintendent was the awarded representative of our team.

More than 90% diagnosis depends on free-text descriptions or medical images. However, the medical image recognition is laborious and costly. An efficient computer-aided diagnosis system may decrease the extent of labor-intensive nature of health care system. We have developed multiple annotation systems to service more than 30 researches (*Fig 12*). Based on these vary data, we have developed an automatic training process for training DLMs. Many services are deployed in our hospital to reduce physician loading (*Figs 13 & 14*). Moreover, an automatic discharge note classification system based on natural language processing of DLM helps hospital to simplify the routine process (*Fig 15*). This work won an award and lead to the first smart hospital in nationwide (*Fig 16*).

# 4. Technology enhanced learning (Jan 2019 - Recent)

Although medical image interpretation plays a critical role in biomedicine, it remains a great challenge for medical students in real clinical practice. Technology enhanced learning provides deliberate learning for medical students to improve learning efficiency. We have developed a web based ECG (*Fig 17*) and image (*Fig 18*) exercise system, which provides an opportunity for deliberate learning. Faculties can also review students' answers through these systems (*Fig 19*).



Fig 18 | The web based image interpretation exercise system.



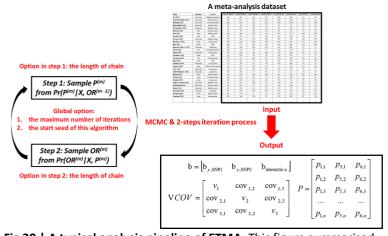
Fig 17 | The web based ECG exercise system.



Fig 19 | Summary table for students' answer.

# 5. Statistical method development (PhD thesis: Jul 2013 - Sep 2016)

DNA information decoding is an important part of precision medicine. Conventional genomewide association studies (GWAS) successfully identified many important genetic variants in a few of complex human traits. However, there is still a large heritability gap in most human phenotypes. The so-called 'missing heritability' might be attributed to lack of technologies detecting gene-gene and geneenvironment interactions. An individual study usually did not have sufficient sample size, and meta-analysis is a common method for increasing statistical power. However, sufficient detailed individual data is difficult to obtain. Our team provides two innovative methods to detect gene-gene and gene-environment interactions using summary data, respectively (Fig 20).



**Fig 20 | A typical analysis pipeline of ETMA.** This figure summarized the pipeline of ETMA. The main input is a meta-analysis dataset, which including the number of wild/mutation type of SNP1/SNP2 in case/control group. The output includes the odds ratios of each SNP and their interaction. We provide an R-package "etma" to implement this statistical analysis.

# Appendix 2 Full academic profile

## **Grants:**

1. A comprehensive artificial intelligence system for heart valve disease from screening to postoperative care (1/3).

### **Cheng Hsin General Hospital**

Jan, 2023 - Dec, 2023, NT\$ 800,000, CHNDMC-112-05

PI: Lin C; Co-PI: Lee YT

2. Algorithm study of Personalized ECG Artificial Intelligence Model on Wearable Devices in national military.

#### **Medical Affairs Bureau**

Jan, 2023 - Dec, 2023, NT\$ 630,000, MND-MAB-C13-112050

PI: Lin C

3. The development of artificial intelligence markers and disease risk assessment model via the multi-source medical data platform.

## Ministry of Science and Technology, Taiwan

May, 2022 - Apr, 2023, NT\$ 9,000,000, MOST111-2321-B-016-003

PI: Wang CH; Co-PI: Lin C et al.

4. Electrocardiogram-based artificial intelligence: an innovation system for diabetes management.

#### **Cheng Hsin General Hospital**

Jan, 2022 - Dec, 2022, NT\$ 500,000, CHNDMC-111-07

PI: Lin C; Co-PI: Lee YT

5. The Development of artificial intelligence in Tri-Service General Hospital.

### **Tri-Service General Hospital**

Jan, 2022 - Dec, 2022, NT\$ 2,250,000, TSGH-B-111020

PI: Ho CL; Co-PI: Lin C et al.

6. The Application of Artificial Intelligence-Assisted Tools to Management of Diabetic Care.

# **Tri-Service General Hospital**

Jan, 2022 - Dec, 2022, NT\$ 477,000, TSGH-E-111217

PI: Fang WH; Co-PI: Lin C

7. Artificial intelligence analysis of response of olfactory mice model.

#### **Medical Affairs Bureau**

Jan, 2022 - Dec, 2022, NT\$ 480,000, MND-MAB-D-111045

PI: Lin C; Co-PI: Chen CF

8. Epidemiology and deep learning enhanced electrocardiogram innovative health care service system-Screening and progression prediction for multiple chronic diseases and abnormal cardiac states

## Ministry of Science and Technology, Taiwan

Aug, 2021 - Jul, 2024, NT\$ 4,050,000, MOST110-2314-B-016-010-MY3

PI: Lin C; Co-PI: Lin CS, Fang WH

9. Development and Validation of Acute Cardiac Sudden Death Monitoring and Real-time Detection System.

#### National Science and Technology Development Fund Management Association, Taiwan

Jun, 2021 - May, 2022, NT\$ 1,107,000, MOST110-3111-Y-016-005

PI: Lin C

10. The development of artificial intelligence markers and disease risk assessment model via the multi-source medical data platform.

## **Tri-Service General Hospital**

May, 2021 - Apr, 2022, NT\$ 7,000,000, MOST110-2321-B-016-002

PI: Wang CH; Co-PI: Lin C et al.

11. The Development of artificial intelligence in Tri-Service General Hospital: The application of personal predict model in medical artificial intelligence.

### **Tri-Service General Hospital**

Jan, 2021 - Dec, 2021, NT\$ 2,500,000, TSGH-B-110009

PI: Wang CH; Co-PI: Lin C et al.

12. The association between cardiac age and cardiovascular events in health examination cohort.

### **Cheng Hsin General Hospital**

Jan, 2021 - Dec, 2021, NT\$ 365,000, CHNDMC-110-15

PI: Lin C; Co-PI: Lee YT

13. An active biological weapon detector based on odor sensing mice combined with artificial intelligence(1/3)

#### **Medical Affairs Bureau**

Jan, 2021 - Dec, 2021, NT\$ 475,000, MND-MAB-110-113

PI: Lin C; Co-PI: Chen CF

14. The Application of Projection Word Embeddings on the Admission Note Writing Assistant System.

### Ministry of Science and Technology, Taiwan

Aug, 2020 - Jul, 2021, NT\$ 1,120,000, MOST109-2314-B-016-021

PI: Fang WH; Co-PI: Lin C

15. Apply unsupervised learning to enhance artificial intelligence of electrocardiogram for detecting potential cardiopulmonary injuries.

### Ministry of Science and Technology, Taiwan

Aug, 2020 - Jul, 2021, NT\$ 1,000,000, MOST109-2314-B-016-026

PI: Lin C; Co-PI: Lin CS, Fang WH

16. The role of dopamine neurotransmission in Artificial Intelligence treatment of Parkinson's disease by using MitoPark mice for signal decoding

### Ministry of Science and Technology, Taiwan

Aug, 2020 - Jul, 2022, NT\$ 2,247,400, MOST109-2314-B-016-019-MY2

PI: Chen YH; Co-PI: Lin C, Huang YK

17. Artificial Intelligence based Discharge Note Classification Model Efficacy study.

#### National Science and Technology Development Fund Management Association, Taiwan

May, 2020 - Apr, 2021, NT\$ 1,175,000, MOST109-3111-Y-016-002

PI: Lin C

18. The Development of artificial intelligence in Tri-Service General Hospital.

#### **Tri-Service General Hospital**

Jan, 2020 - Dec, 2020, NT\$ 2,500,000, TSGH-B-109011

PI: Tsai CS; Co-PI: Lin C et al.

19. The effect of projection word embeddings on performance of automatic discharge note coding system.

#### **Cheng Hsin General Hospital**

Jan, 2020 - Dec, 2020, NT\$ 500,000, CHNDMC-109-19

PI: Lin C; Co-PI: Lee YT

20. The effect of word embeddings on performance of automatic discharge note coding system.

#### **Taoyuan Armed Forces General Hospital**

Jan, 2020 - Dec, 2020, NT\$ 350,000, TYAFGH-D-109043

PI: Lin C; Co-PI: Wu FR

21. Establishment and Application of Big Image Database in Taipei Medical University (3/3).

### Ministry of Science and Technology, Taiwan

Dec, 2019 - Nov, 2020, NT\$ 29,000,000, MOST108-3011-F-038-001

PI: Chen CY; Co-PI: Lin C et al.

22. The Core Algorithm Research in Real Time Electro Cardiac Signals Analysis Innovation Ecosystem.

### Ministry of Science and Technology, Taiwan

Aug, 2019 - Jul, 2020, NT\$ 1,000,000, MOST108-2314-B-016-001

PI: Lin C; Co-PI: Lin CS, Fang WH

23. Artificial Intelligence based Discharge Note Classification Model Efficacy study.

### National Science and Technology Development Fund Management Association, Taiwan

May, 2019 - Apr, 2020, NT\$ 1,098,000, MOST108-3111-Y-016-009

PI: Lin C

24. Establishment and Application of Big Image Database in Taipei Medical University (2/3).

#### Ministry of Science and Technology, Taiwan

Dec, 2018 - Nov, 2019, NT\$ 28,655,000, MOST107-2634-F-038-001

PI: Chen CY; Co-PI: Lin C et al.

# Journal articles:

#### \*: co-responders; #: Authors contributed equally

#### 2023

 Lou YS, Lin CS, Fang WH, Lee CC, <u>Lin C</u>\* (2023, Apr) Extensive deep learning model to enhance electrocardiogram application via latent cardiovascular feature extraction from identity identification. *Computer Methods and Programs* in *Biomedicine*, 231:107359. [2021 Impact Factor: 7.027, 12/110(10.4%) in COMPUTER SCIENCE, THEORY & METHODS].

- 2. Lee CH, Liu WT, Lou YS, Lin CS, Fang WH, Lee CC, Ho CL, Wang CH, Lin C\* (2022, Dec) Artificial intelligence-enabled electrocardiogram screens low left ventricular ejection fraction with a degree of confidence. *Digital Health*, 8:20552076221143249. [2021 Impact Factor: 4.687, 12/88(13.1%) in HEALTH POLICY & SERVICES].
- 3. Lou YS, Lin CS, Fang WH, Lee CC, Wang CH, <u>Lin C</u>\* (2022, Nov) Development and validation of dynamic deep learning algorithm using electrocardiogram to predict dyskalemias in patients with multiple visits. *European Heart Journal Digital Health*, ztac072. [Not included in JCR].
- 4. <u>Lin C</u>, Chen CC, Chau T, Lin CS, Tsai SH, Lee DJ, Lee CC, Shang HS, Lin SH\* (2022, Nov) Artificial intelligence-enabled electrocardiography identifies severe dyscalcemias and has prognostic value. *Clinica Chimica Acta*, 536:126-134. [2021 Impact Factor: 6.314, 5/29(15.5%) in MEDICAL LABORATORY TECHNOLOGY].
- Cheng CC, Lin CS, Yin WH, <u>Lin C</u>, Liu IF, Lee YF, Liu WT, Fu HN, Huang CL, Tsao TP\* (2022, Sep) The safety and efficacy of the Mo.Ma system device for carotid artery stenting: A single-center experience from Taiwan. *Frontiers in Cardiovascular Medicine*, 9:926513. [2021 Impact Factor: 5.846, 43/143(29.7%) in CARDIAC & CARDIOVASCULAR SYSTEMSI.

- 6. Lee CC, Lin CS, Tsai CS, Tsao TP, Cheng CC, Liou JT, Lin WS, Lee CC, Chen JT, Lin C\* (2022, Aug) A deep learning-based system capable of detecting pneumothorax via electrocardiogram. *European Journal of Trauma and Emergency Surgery*, 48(4):3317-3326. [2021 Impact Factor: 2.374, 18/32(54.7%) in EMERGENCY MEDICINE].
- 7. Liu YL, Lin CS, Cheng CC, <u>Lin C\*</u> (2022, Jul) A Deep Learning Algorithm for Detecting Acute Pericarditis by Electrocardiogram. *Journal of Personalized Medicine*, 12(7):1150. [2021 Impact Factor: 3.508, 41/109(37.2%) in HEALTH CARE SCIENCES & SERVICES].
- 8. Hsiang CW, Lin C, Liu WC, Lin CS, Chang WC, Hsu HH, Huang GS, Lou YS, Lee CC, Wang CH, Fang WH\* (2022, Jun) Detection of left ventricular systolic dysfunction using an artificial intelligence-enabled chest X-ray. *Canadian Journal of Cardiology*, 38(6):763-773. [2021 Impact Factor: 6.614, 37/143(25.5%) in CARDIAC & CARDIOVASCULAR SYSTEMS].
- Lee YT, Lin CS, Fang WH, Lee CC, Ho CL, Wang CH, Tsai DJ\*, <u>Lin C\*</u> (2022, Jun) Artificial intelligence-enabled electrocardiography detects hypoalbuminemia and identifies the mechanism of hepatorenal and cardiovascular events. *Frontiers in Cardiovascular Medicine*, 9:895201. [2021 Impact Factor: 5.846, 43/143(29.7%) in CARDIAC & CARDIOVASCULAR SYSTEMS].
- 10. Chen YC, Hsing SC, Chao YP, Cheng YW, Lin CS, <u>Lin C</u>, Fang WH\* (2022, May) Clinical Relevance of the LVEDD and LVESD Trajectories in HF Patients With LVEF < 35%. *Frontiers in Medicine*, 9:846361. [2021 Impact Factor: 5.058, 52/171(29.9%) in MEDICINE, GENERAL & INTERNAL].
- 11. Chen HY, Lin CS, Fang WH, Lee CC, CL Ho, CH Wang, Lin C\* (2022, Apr) Artificial intelligence-enabled electrocardiogram predicted left ventricle diameter as an independent risk factor of long-term cardiovascular outcome in patients with normal ejection fraction. Frontiers in Medicine, 9:870523. [2021 Impact Factor: 5.058, 52/171(29.9%) in MEDICINE, GENERAL & INTERNAL].
- 12. Chen HY, Lin CS, Fang WH, Lou YS, Cheng CC, Lee CC, Lin C\* (2022, Mar) Artificial Intelligence-Enabled Electrocardiography Predicts Left Ventricular Dysfunction and Future Cardiovascular Outcomes: A Retrospective Analysis. *Journal of Personalized Medicine*, 12(3):455. [2021 Impact Factor: 3.508, 41/109(37.2%) in HEALTH CARE SCIENCES & SERVICES].
- 13. Lou YS, Lin CS, Fang WH, Lee CC, Ho CL, Wang CH, Lin C\* (2022, Feb) Artificial intelligence—enabled electrocardiogram estimates left atrium enlargement as a predictor of future cardiovascular disease. *Journal of Personalized Medicine*, 12(2):315. [2021 Impact Factor: 3.508, 41/109(37.2%) in HEALTH CARE SCIENCES & SERVICES].
- 14. Chang CH, Lin CS, Luo YS, Lee YT, <u>Lin C</u>\* (2022, Feb) Electrocardiogram-based heart age estimation by a deep learning model provides more information on the incidence of cardiovascular disorders. *Frontiers in Cardiovascular Medicine*, 9:754909. [2021 Impact Factor: 5.846, 43/143(29.7%) in CARDIAC & CARDIOVASCULAR SYSTEMS].
- 15. Liu WT, Lin CS, Tsao TP, Lee CC, Cheng CC, Chen JT, Tsai CS, Lin WS, <u>Lin C\*</u> (2022, Feb) A Deep-Learning Algorithm-Enhanced System Integrating Electrocardiograms and Chest X-rays for Diagnosing Aortic Dissection. *Canadian Journal of Cardiology*, 38(2):160-168. [2021 Impact Factor: 6.614, 37/143(25.5%) in CARDIAC & CARDIOVASCULAR SYSTEMS].
- 16. <u>Lin C</u>, Chau T, Lin CS, Shang HS, Fang WH, Lee DJ, Lee CC, Tsai SH, Wang CC, Lin SH\* (2022, Jan) Point-of-care artificial intelligence-enabled ECG for dyskalemia: a retrospective cohort analysis for accuracy and outcome prediction. *npj Digital Medicine*, 5(1):8. [2021 Impact Factor: 15.357, 1/109(0.5%) in HEALTH CARE SCIENCES & SERVICES].

#### <u>2021</u>

- 17. Liu WC, <u>Lin C</u>, Lin CS, Tsai MC, Chen SJ, Tsai SH, Lin WS, Lee CC, Tsao TP, Cheng CC\* (2021, Nov) An Artificial Intelligence-Based Alarm Strategy Facilitates Management of Acute Myocardial Infarction. *Journal of Personalized Medicine*, 11(11):1149. [2021 Impact Factor: 3.508, 41/109(37.2%) in HEALTH CARE SCIENCES & SERVICES].
- 18. Dayan I, Roth HR, Zhong A, Harouni A, Gentili A, Abidin AZ, Liu A, Costa AB, Wood BJ, Tsai CS, Wang CH, Hsu CN, Lee CK, Ruan P, Xu D, Wu D, Huang E, Kitamura FC, Lacey G, de Antônio Corradi GC, Nino G, Shin HH, Obinata H, Ren H, Crane JC, Tetreault J, Guan J, Garrett JW, Kaggie JD, Park JG, Dreyer K, Juluru K, Kersten K, Rockenbach MABC, Linguraru MG, Haider MA, AbdelMaseeh M, Rieke N, Damasceno PF, e Silva PMC, Wang P, Xu S, Kawano S, Sriswasdi S, Park SY, Grist TM, Buch V, Jantarabenjakul W, Wang W, Tak WY, Li X, Lin X, Kwon YJ, Quraini A, Feng A, Priest AN, Turkbey B, Glicksberg B, Bizzo B, Kim BS, TorDíez C, Lee CC, Hsu CJ, Lin C, Lai CL, Hess CP, Compas C, Bhatia D, Oermann EK, Leibovitz E, Sasaki H, Mori H, Yang I, Sohn JH, Murthy KNK, Fu LC, de Mendonça MRF, Fralick M, Kang MK, Adil M, Gangai N, Vateekul P, Elnajjar P, Hickman S, Majumdar S, McLeod SL, Reed S, Gräf S, Harmon S, Kodama T, Puthanakit T, Mazzulli T, de Lavor VL, Rakvongthai Y, Lee YR, Wen Y, Gilbert FJ, Flores MG\*, Li Q (2021, Oct) Federated learning for predicting clinical outcomes in patients with COVID-19. Nature Medicine, 27(10):1735-1743. [2021 Impact Factor: 87.241, 1/296(0.2%) in BIOCHEMISTRY & MOLECULAR BIOLOGY].
- 19. Liu WC, Lin CS, Tsai CS, Tsao TP, Cheng CC, Liou JT, Lin WS, Cheng SM, Lou YS, Lee CC, <u>Lin C</u>\* (2021, Oct) A deep-learning algorithm for detecting acute myocardial infarction. *EuroIntervention*, 17(9):765-773. [2021 Impact Factor: 7.728, 26/143(17.8%) in CARDIAC & CARDIOVASCULAR SYSTEMS].
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