



Reflecting on 15 years of global use of ICM+

How is it commonly used and what else could it do for you?

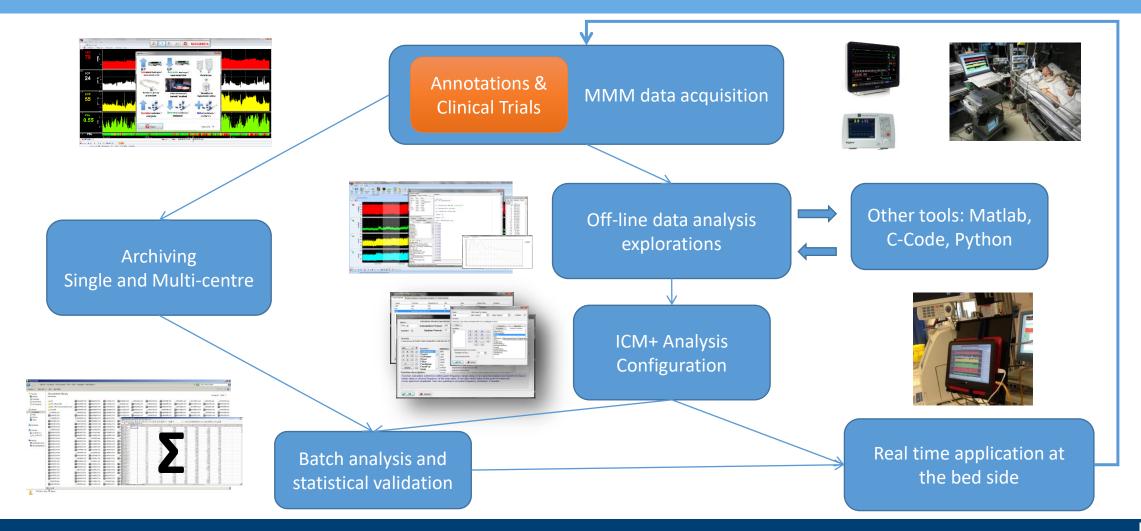
Dr Peter Smielewski ps10011@cam.ac.uk 8th September 2019

Division of Neurosurgery, Department of Clinical Neurosciences





What is ICM+







> Push for individualised ICU treatment targets (personalised medicine)

• CPP, ICP







> Push for individualised ICU treatment targets (personalised medicine)

- CPP, ICP
- > Growing understanding of importance of high res data collection
 - 'Undersampling' of the medical record systems
 - Analysis like: HRV, BRS, CrCP, ICP pulse morphology, Non-invasive ICP and Cerebral Autoregulation requiring high fidelity waveform recording





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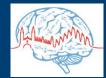




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- Increase interest in multimodal clinical research
 - 215 publications on PubMed (180 over the last 10 years)

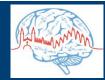




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 - 215 publications on PubMed (180 over the last 10 years)
- > Multicentre multimodality data collection projects
 - eg CENTER-TBI, TRACK-TBI, ADAPT





How did we get here ?



Warsaw 1982







How did we get here ?





ICM+ Users' group meetings









ICM+ powered workshops

NCS 2017, Hawaii



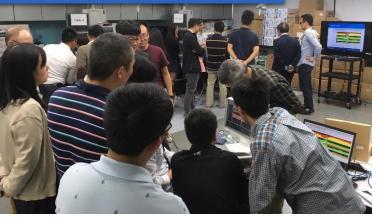
Applied Neuromonitoring workshop, NCS 2018, Florida

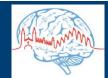


AO Neuro autoregulation course, Hong-Kong 2017



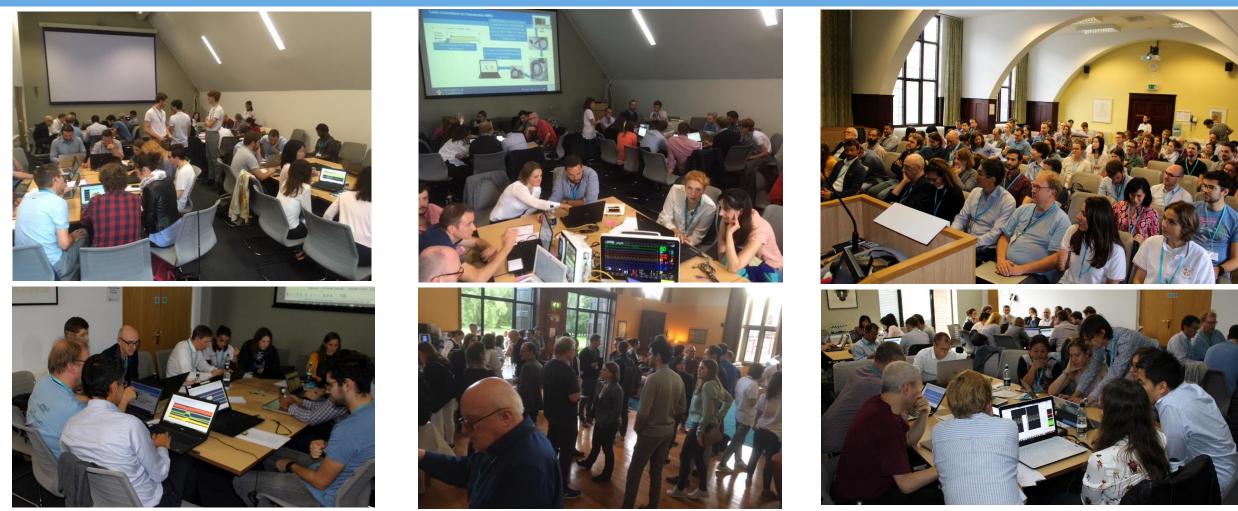








A dedicated ICM+ Workshop, September 2018









A dedicated ICM+ Workshop, September 2018

USER TESTIMONIES





'Congrats on a great conference! We really enjoyed our time in Cambridge and learned a lot. ' Dr Charles Brown, John Hopkins, USA

'.. thank you for the great workshop this week in Cambridge, learned a lot! Dr Uud van Kaam, Radboud University medical center, the Netherlands

'Thanks again for the course: very pleasant and certainly useful for me.' Prof Bart Depreitere, Leuven University Hospital, Belgium

'Big congratulations for this well-organized workshop, very interesting and very ambitioned and very instructive!!!' Dr Bernhard Schmidt, Chemnitz Medical Centre, Germany

Thanks again for the organization of the workshop, it was exactly what we needed in order to improve our use of the software and all the discussions that we could have with the other users were very invaluable for our next researchs.' Dr Nicolas Joram, Nantes Cedex

'I am more than satisfied by unique ICM+ event.' Prof Arminas Ragauskas, Kaunas University, Lithuenia

'The workshop was fantastic -- thank you again for inviting me' Dr Jennifer Lee, Johns Hopkins, USA

'Congratulations on the successful ICM+ workshop. I really enjoyed learning about how to exploit it better.' Dr Hari Krishnan, Birmingham Children's Hospital, UK

'I really wanted thank you for an excellent ICM+ workshop last week. I really learned a lot and have a great deal I can bring my back to my institution. I look forward to using ICM+ in more robust ways at Phoenix Children's Hospital to delivery better neurocritical care at my hospital.' Dr Brian Appavu, Phoenix Children's Hospital, Philadelphia

'Still enjoying the taste of the workshop, I had a great time in absolutely every way. Congratulations again Erta and Peter!' Dr Nico De Riva, Hospital Clinic of Barcelona

'Thank you for putting together the ICM+ workshop. It was excellent.' Dr Nils Petersen, Yale University School of Medicine.'

Thank you for the excellent workshop at Homerton College! Marc Baroncini, MD PhD, Neurosurgery, Lille University Hospital, France









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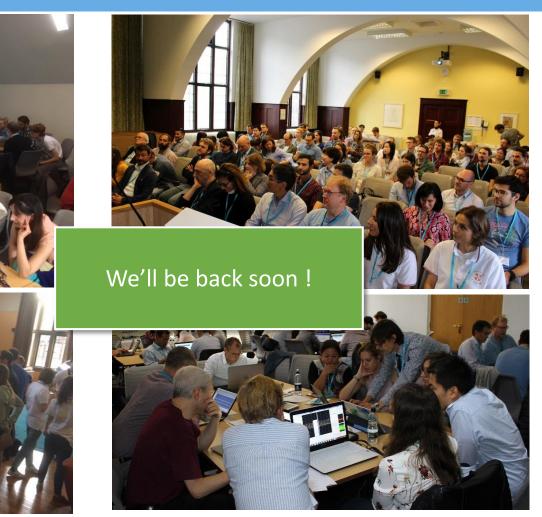
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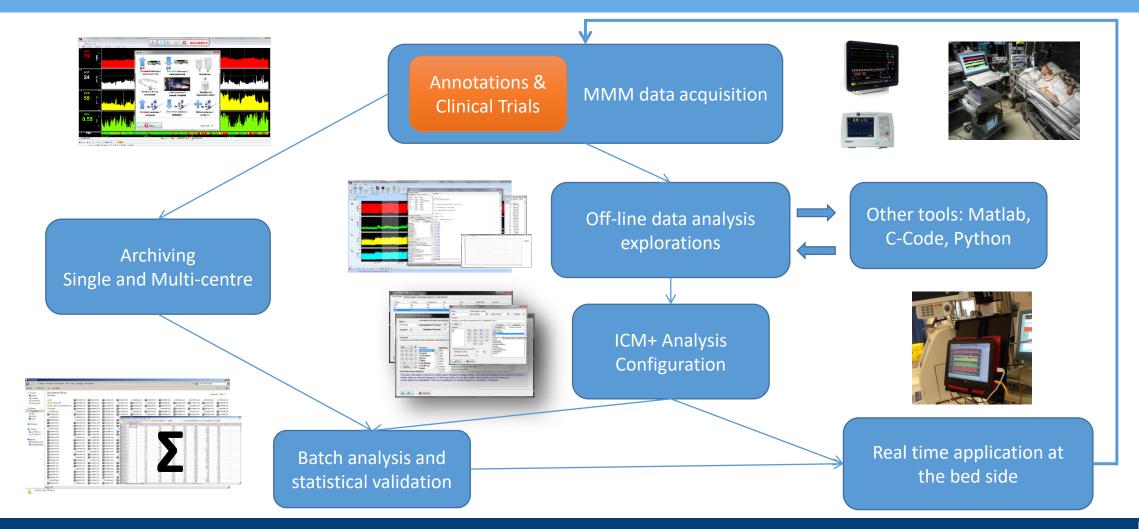
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So what is ICM+?





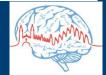


So what is ICM+?

Its a thriving and growing community

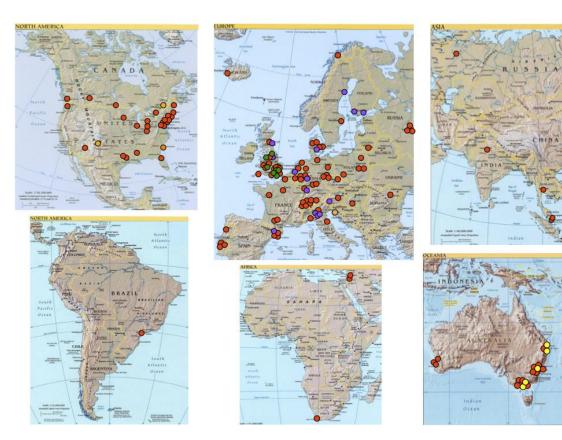






ICM+ Impact

ICM+ Installations map (Sept 2019)



Key facts

- Many 1000s of high resolution datasets from TBI, SAH, NPH and interoperative monitoring distributed across centres
- ✓ Over **300** ICM+ based publications on PubMed
- Prx, Optimal CPP, RAP, Closing Diastolic Margins and more
- Multicentre data collection projects
 - **CENTER-TBI** (22 centres using ICM+ as a data collection platform, 256 patients collected)
 - Cerebral Oxygenation Monitoring during Cardiac Surgery (Multicentre, randomised trial, over 600 participants)
 - **Optimal CPP projects** (ICM+ core users group)
 - **COGiTATE** CPPopt feasibility and safety Phase II randomised trial
 - **STARSHIP** autoregulation monitoring in Paediatric TBI (10 UK centres)
 - **PANGEA** multicentre neuroprotective drug trial by Pressura-Neuro
- Continually growing network of like-minded friends in research!

















CSF dynamics investigations









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- Monitoring of cerebral autoregulation in TBI (PRx)









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emerging - autoregulation guided management of CPP









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> Monitoring of cerebrovascular properties (TCD) – including cerebral autoregulation but

also critical closing pressure, non-invasive estimation of CPP and ICP







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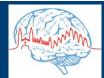
emerging - autoregulation guided management of CPP

> Monitoring of cerebrovascular properties (TCD) – including cerebral autoregulation but

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> Intraoperative monitoring of autoregulation (NIRS) – guided management of ABP







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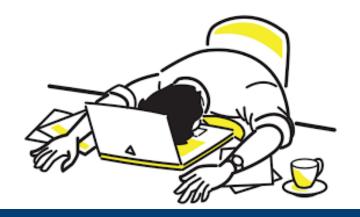
also critical closing pressure, non-invasive estimation of CPP and ICP

- Intraoperative monitoring of autoregulation (NIRS) guided management of ABP
- Emerging autonomic system monitoring





So what are the typical uses of ICM+? For clinical researchers

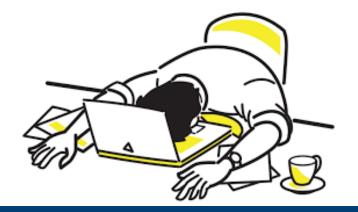








Integrated high resolution data collection



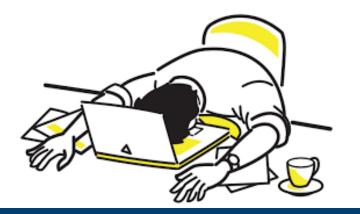






Integrated high resolution data collection

> Multicentre data collection – emerging intervention trial assistants



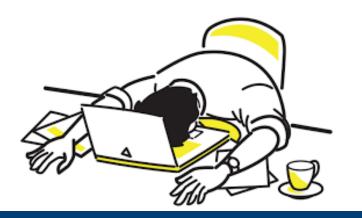




Integrated high resolution data collection

> Multicentre data collection – emerging intervention trial assistants

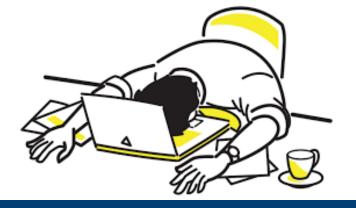
> Data browsing and extraction using basic stats tools







- Integrated high resolution data collection
- > Multicentre data collection emerging intervention trial assistants
- > Data browsing and extraction using basic stats tools
- > Analysis or raw data using simply time based correlation concepts
 - or dedicated functions, like Heart Rate Variability







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Processed trends data export to csv for further processing in Excel

or Matlab







ICM+ data collection

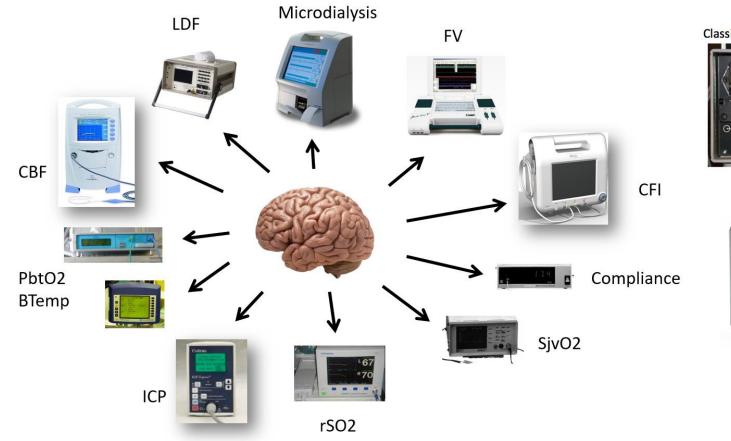
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ICU monitoring devices and their modes of data export





RJ45 serial connector on Philips



Network connector On Benevision monitors



USB serial connector on GE Carescape



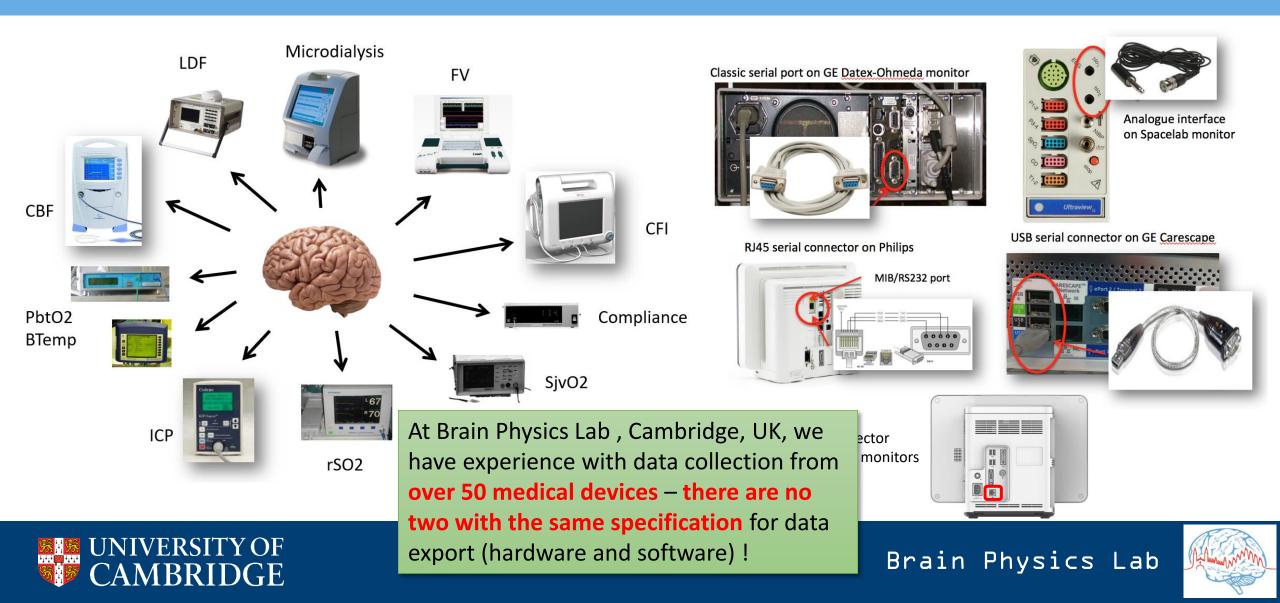
s







ICU monitoring devices and their modes of data export



Data collection: supported monitors (Sept 2019)

- ASPECT BIS monitor, A2000 & Vista
- CMA Microdialysis monitor
- CNAP non-invasive ABP monitor
- Data Translation A/D Converter
- Delica TCD
- Draeger Medibus module
- Draeger MedibusX Module
- Draeger WinAccess Module
- DWL TCD monitors
- Edwards Vigileo monitor
- Foresight CASMED NIRS monitor
- Finapress non-invasive ABP monitor
- GE Carescape monitor
- GE Dash monitors

- GE Datex-Ohmda monitor
- GE Solar monitors
- Hemedex CBF monitor
- Hamamatsu NIRO monitors
- ICON Cardiac Output monitors
- Integra Camino ICP monitor
- Integra Licox 2 PbtO2 monitor
- Integra Licox PbtO2 monitor
- Integra Cere-Link
- IntelliVue MP and MX monitors
- Neural Analytics Lucid TCD
- Maquet Servo-i ventilator

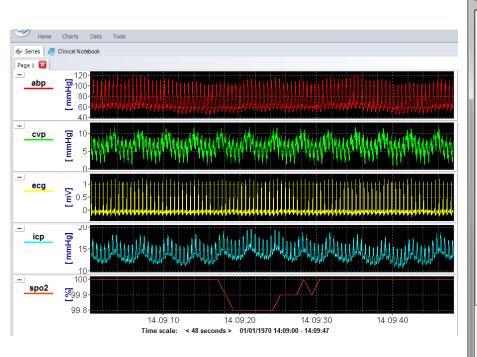
- Masimo Root/Radical monitors
- Medtronic INVOS NIRS monitor
- Mennen monitor
- Mindray Benevision monitors
- Moberg CNS Monitor
- Nexfin non-invasive ABP monitor
- Nonin RespSense monitor
- Nonin SenSmart monitor
- Oridion Capnostream monitor
- Ornim CerOx monitor
- PiCCO2 monitor
- Portalite NIRS

- Puritan Bennett 840 Ventilator
- Raumedic Datalogger monitors
- Rimmed TCD monitor
- Spacelab Ultraview monitor
- Sophysa Pressio ICP monitor
- Sophysa Pressio 2 ICP monitor
- Spencer TCD monitor
- Spiegelberg monitor
- Any monitor with an analogue output





The true essense of ICM+ : the real time calculation engine



🙀 On Line Ana	lysis Configuration Dialog	-			_	
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ECG	ecg	250	0	0	None	Y
SpO2	spo2	1	0	0	None	Y
Temp	temp	1	0	0	None	Y
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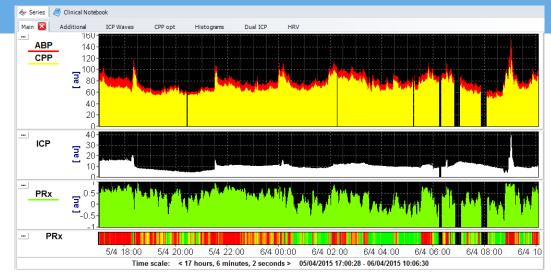


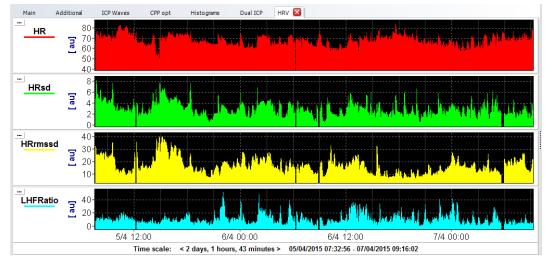


Calculation pipeline allows putting together complex analysis in a simple way

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	3')) mmHg	600	60	0	0	Y
n(ICP)	mmHg	60	60	0	0	Y
n(CPP)	mmHg	60	60	0	0	Y
n(ABP)	mmHg	60	60	0	0	Y
n(AMP)	mmHg	60	60	0	0	Y
n(RA)	mmHg	60	60	0	0	Y
n(HR)	1/m	60	60	0	0	Y
n(RR)	1/m	60	60	0	0	Y
el(AMP,ICP,'MDLIM=50')	au	300	60	-1	1	Y
el(ABP,ICP,'MDLIM=50')	au	300	60	-1	1	Y
n(sABP)	mmHg	60	60	0	0	Y
n(dABP)	mmHg	60	60	0	0	Y
n(ICPmax)	mmHg	60	60	0	0	Y
n(ICPmin)	mmHg	60	60	0	0	Y
n(ppABP)	mmHg	60	60	0	0	Y
n(LHFRatio)		60	60	0	0	Y
n(HRrmssd)	ms	60	60	0	0	Y
n(HRsd)	1/m	60	60	0	0	Y
n(SpO2)	%	60	60	0	0	Y
n(Temp)	Grad	60	60	0	0	Y
n(ETCO2)	mmHg	60	60	0	0	Y
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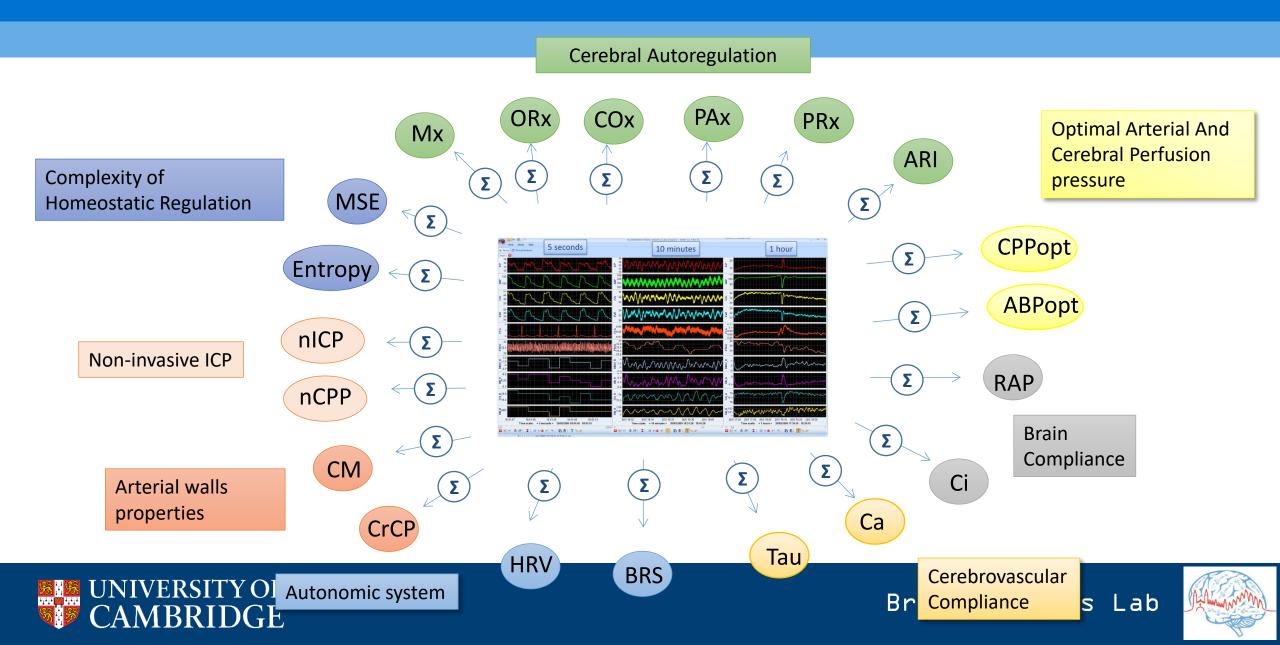
GE







The more established secondary indices based on waveforms analysis



Monitoring of cerebral autoregulation in TBI

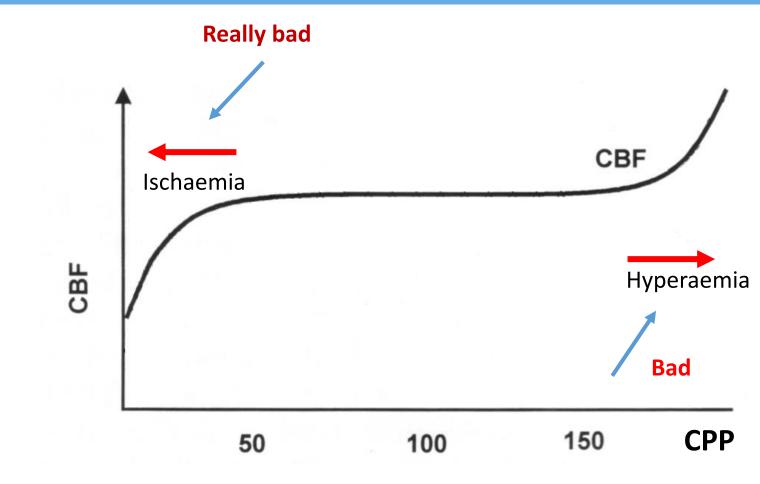








Monitoring cerebral autoregulation is easily disturbed in TBI



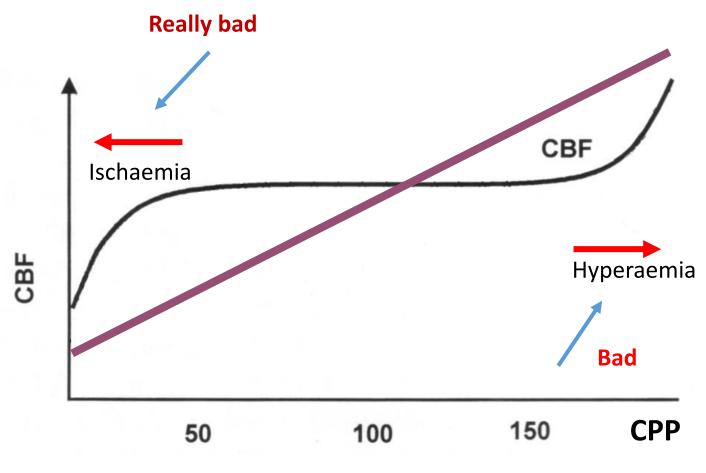






Monitoring cerebral autoregulation is easily disturbed in TBI

- "Minor head injury": 28% impaired Jünger EC et al.: J Neurosurg 1997;86:425-32
- "Severe head injury": 87% impaired Hlatky R et al.: J Neurosurg 2002;97:1054-61



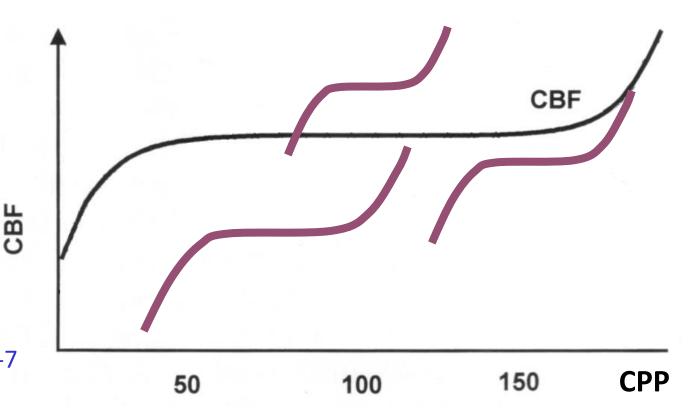




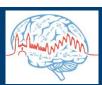


Monitoring cerebral autoregulation is easily disturbed in TBI

- "Minor head injury": 28% impaired Jünger EC et al.: J Neurosurg 1997;86:425-32
- "Severe head injury": 87% impaired Hlatky R et al.: J Neurosurg 2002;97:1054-61
- Upper limit shifted to the left Hauerberg J, et al. J Neurosurg Anesthesiol 1998;10(2):106-12
- Lower limit shifted to the right Cremer OL, et al. Anesth Analg 2004;99(4):1211-7

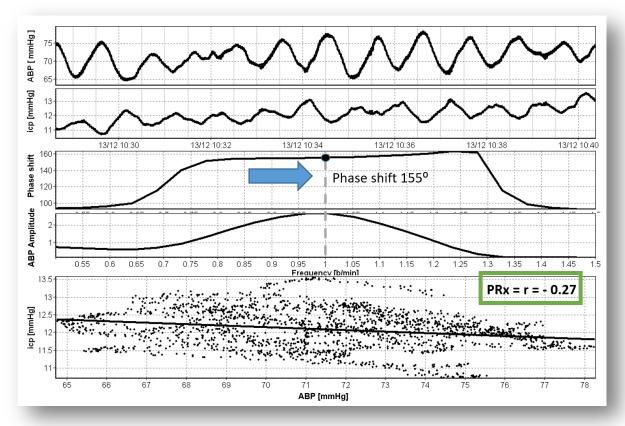




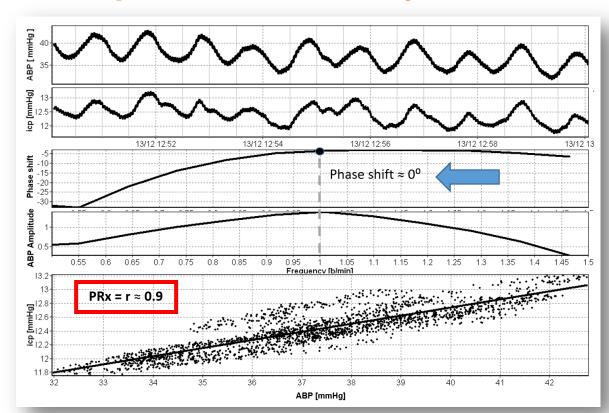


Pressure reactivity index PRx

Good pressure reactivity



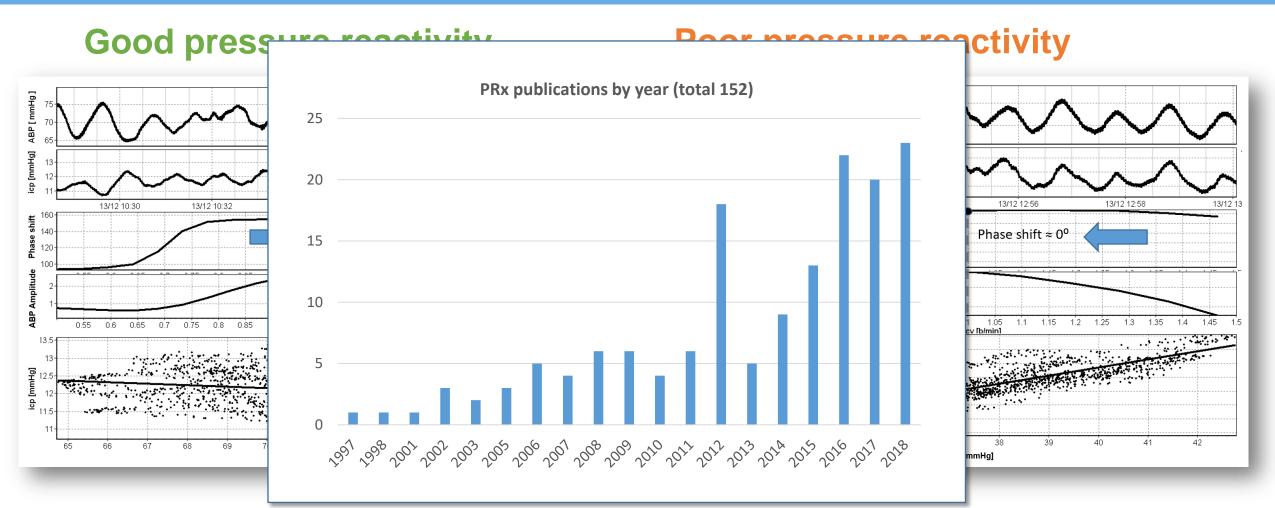
Poor pressure reactivity







Pressure reactivity index PRx

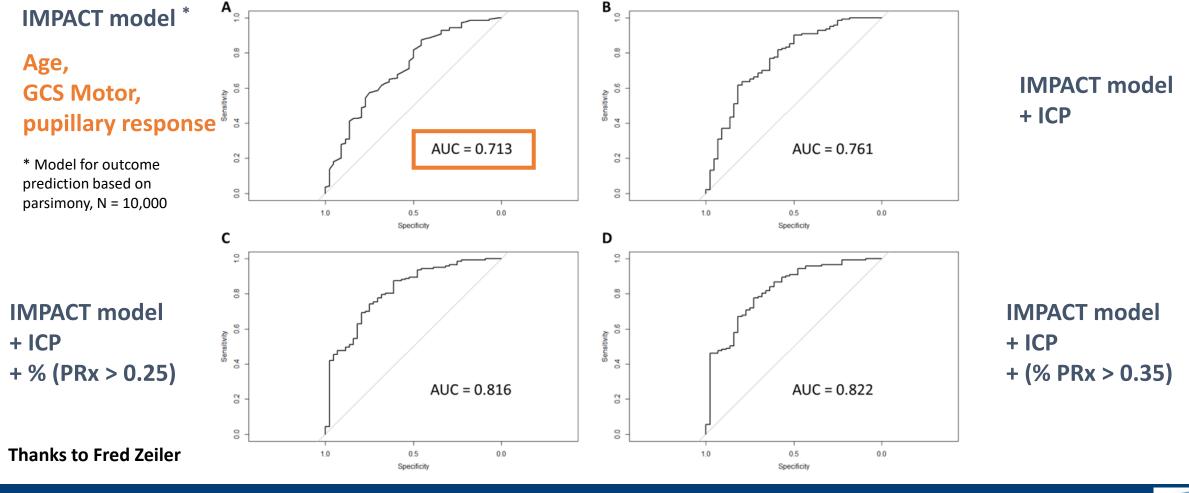








PRx and the IMPACT model – CENTER-TBI data (N=185, 22 centres)

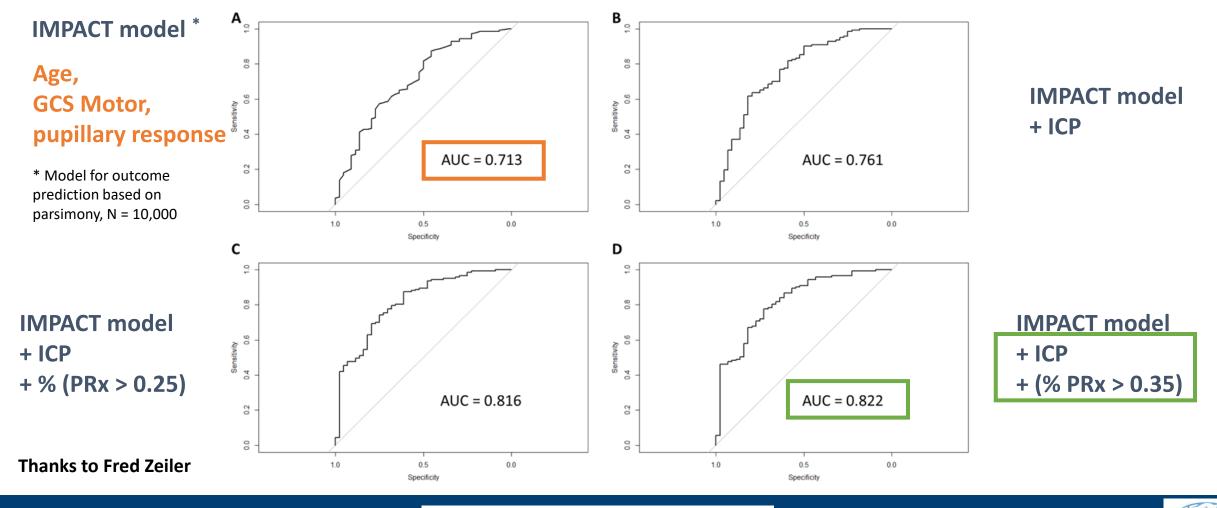








PRx and the IMPACT model – CENTER-TBI data (N=185, 22 centres)







TBI guidelines 2016



- ICP < 22 mmHg
- CPP 60-70 mmHg
- Autoregulation status







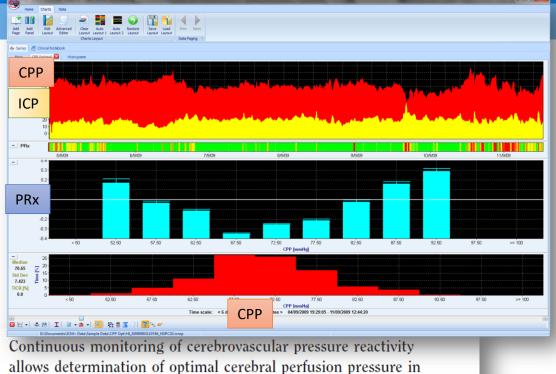


- ICP < 22 mmHg
- CPP 60-70 mmHg
- Autoregulation status

How to incorporate autoregulation into the clinical management protocol of TBI patients ?







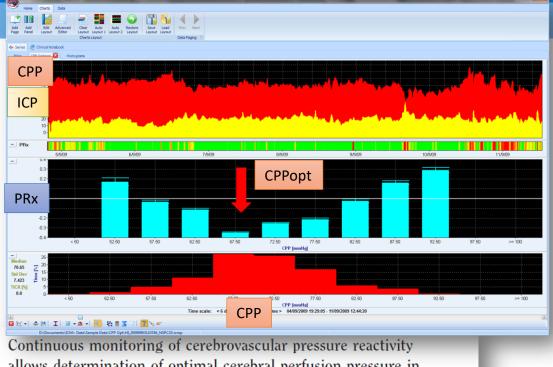
patients with traumatic brain injury

Luzius A. Steiner, MD; Marek Czosnyka, PhD, DSC; Stefan K. Piechnik, PhD; Piotr Smielewski, PhD; Doris Chatfield, BSC; David K. Menon, PhD, FRCP, FRCA, FMedSci; John D. Pickard, MChir, FRCS, FMedSci









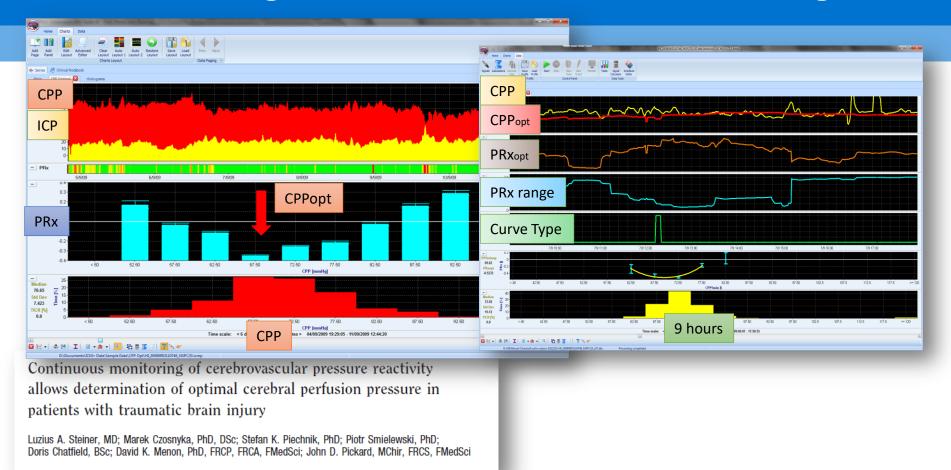
allows determination of optimal cerebral perfusion pressure in patients with traumatic brain injury

Luzius A. Steiner, MD; Marek Czosnyka, PhD, DSc; Stefan K. Piechnik, PhD; Piotr Smielewski, PhD; Doris Chatfield, BSc; David K. Menon, PhD, FRCP, FRCA, FMedSci; John D. Pickard, MChir, FRCS, FMedSci





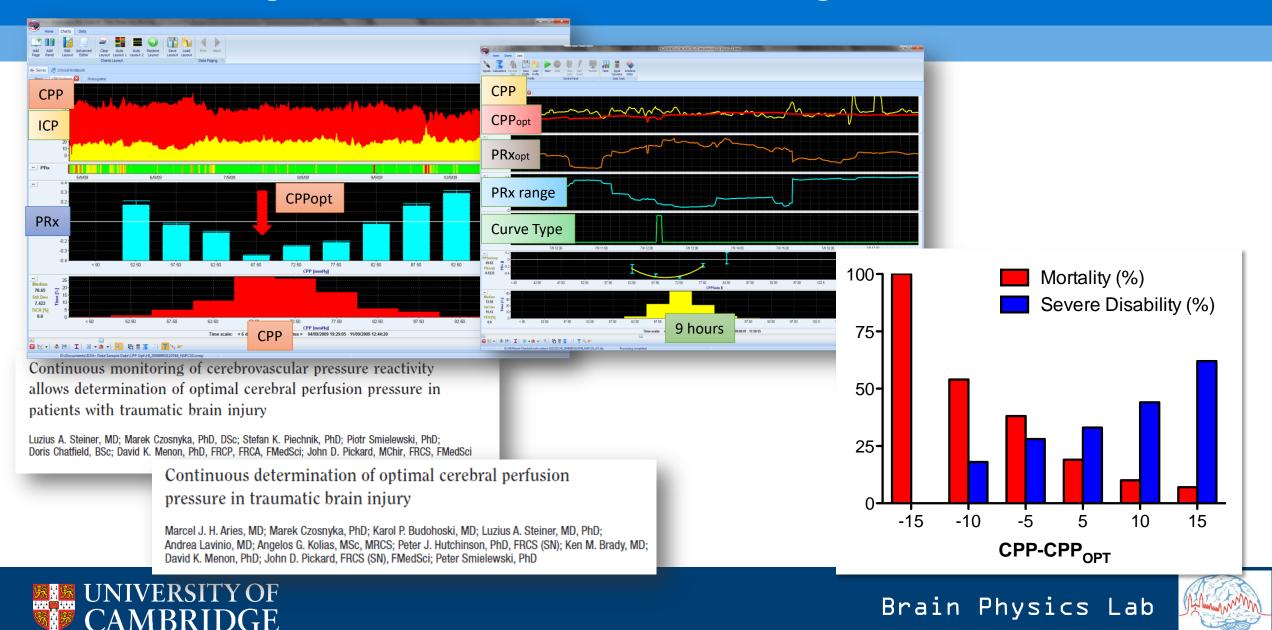


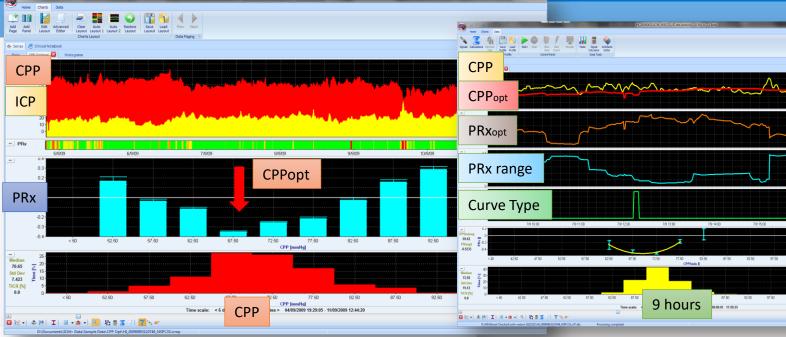












Continuous monitoring of cerebrovascular pressure reactivity allows determination of optimal cerebral perfusion pressure in patients with traumatic brain injury

Luzius A. Steiner, MD; Marek Czosnyka, PhD, DSc; Stefan K. Piechnik, PhD; Piotr Smielewski, PhD; Doris Chatfield, BSc; David K. Menon, PhD, FRCP, FRCA, FMedSci; John D. Pickard, MChir, FRCS, FMedSci

Continuous determination of optimal cerebral perfusion pressure in traumatic brain injury

Marcel J. H. Aries, MD; Marek Czosnyka, PhD; Karol P. Budohoski, MD; Luzius A. Steiner, MD, PhD; Andrea Lavinio, MD; Angelos G. Kolias, MSc, MRCS; Peter J. Hutchinson, PhD, FRCS (SN); Ken M. Brady, MD; David K. Menon, PhD; John D. Pickard, FRCS (SN), FMedSci; Peter Smielewski, PhD

Consensus summary statement of the International Multidisciplinary Consensus Conference on Multimodality Monitoring in Neurocritical Care

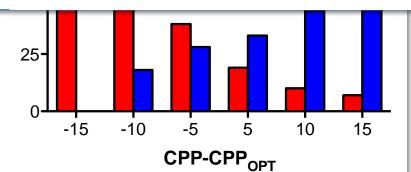
A statement for healthcare professionals from the Neurocritical Care Society and the European Society of Intensive Care Medicine

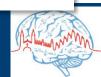
injury [46].

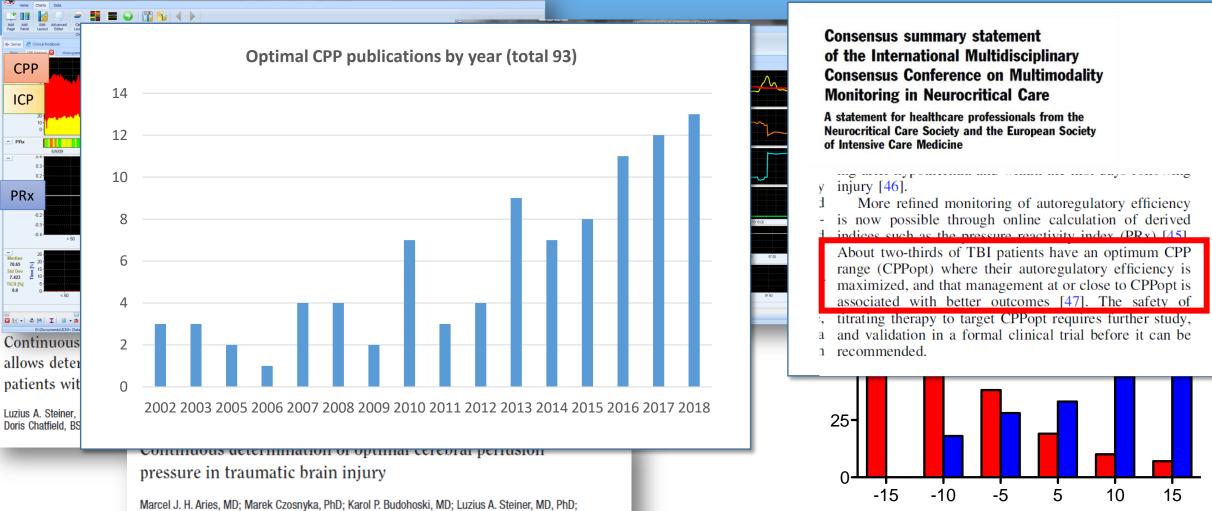
More refined monitoring of autoregulatory efficiency is now possible through online calculation of derived indices such as the pressure reactivity index (PRx) [45]

About two-thirds of TBI patients have an optimum CPP range (CPPopt) where their autoregulatory efficiency is maximized, and that management at or close to CPPopt is associated with better outcomes [47]. The safety of

titrating therapy to target CPPopt requires further study, and validation in a formal clinical trial before it can be recommended.



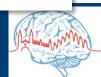


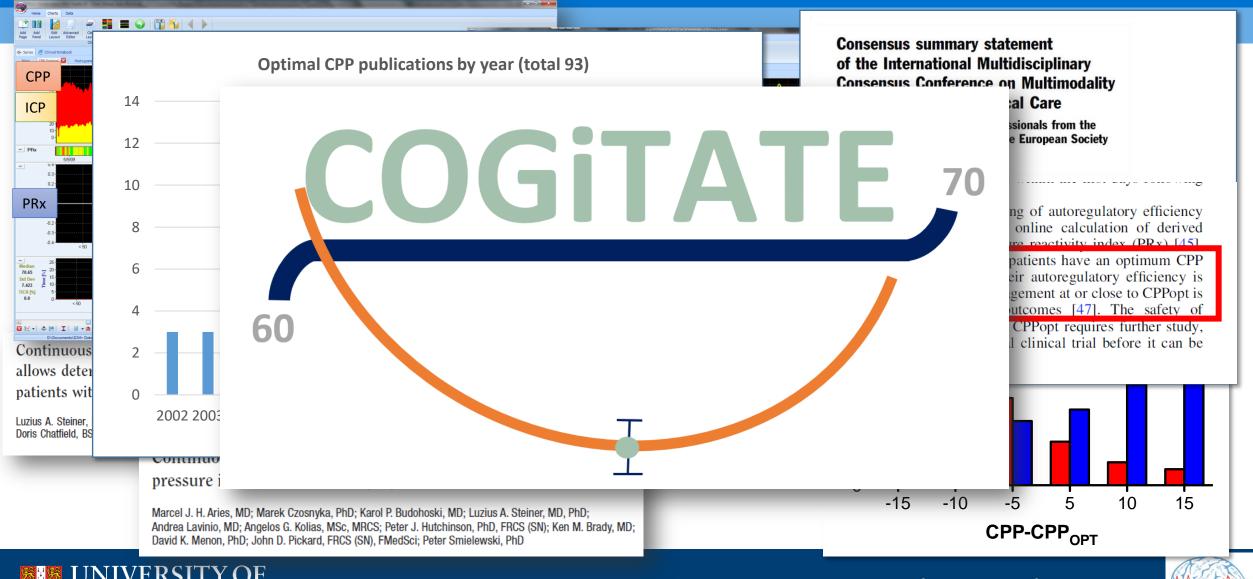


Andrea Lavinio, MD; Angelos G. Kolias, MSc, MRCS; Peter J. Hutchinson, PhD, FRCS (SN); Ken M. Brady, MD; David K. Menon, PhD; John D. Pickard, FRCS (SN), FMedSci; Peter Smielewski, PhD

Brain Physics Lab

CPP-CPP_{OPT}





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Optimising Arterial Blood Pressure

Critical Care Medicine. Publish Ahead of Print():, JULY 26, 2019 DOI: 10.1097/CCM.000000000003908, PMID: 31356469 Issn Print: 0090-3493 Publication Date: July 26, 2019



🖨 Print

Optimizing Mean Arterial Pressure in Acutely Comatose Patients Using Cerebral Autoregulation Multimodal Monitoring With Near-Infrared Spectroscopy

Lucia Rivera-Lara;Romergryko Geocadin;Andres Zorrilla-Vaca;Ryan Healy;Batya Radzik;Caitlin Palmisano;Marek Mirski;Mirinda White;Jose Suarez;Charles Brown;Charles Hogue;Wendy Ziai;

 $|\Delta MAP|$ of more than 10 mm Hg (adjusted HR, 2.44; 95% CI, 1.21–4.92; p = 0.013) were independently associated with mortality at 3 months, after adjusting for brain herniation, admission GCS, duration on vasopressors and midline shift at the septum (Table 2). MAP_{OPT} of greater than 80% of monitoring time (adjusted HR, 2.51; 95% CI, 1.24–5.11; p = 0.011) and

DISCUSSION

This prospective study shows initial feasibility of CA monitoring using NIRS to determine individual optimal blood pressures in a comprehensive cohort of comatose patients with

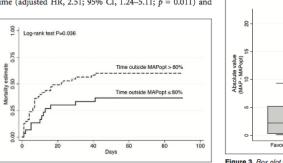


Figure 2. Kaplan-Meier survival curve showing the absolute difference between clinically observed mean arterial blood pressure (MAP) and optimal MAP (MAP ___) greater than 10 mm Hg at 3 mo.

Critical Care Medicine

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AMBRIDGE

P=0.008 P=0.008 P=0.008 P=0.008 P=0.008 P=0.008

Figure 3. Box plot showing median absolute difference between the clinically observed mean arterial blood pressure (MAP) and optimal MAP (MAP_{opp}) at 3 mo; 15 patients (18%) had modified Rankin scale (mRS) 1-3 and 70 (72%) had mRS 4-6 (defined as severe disability).

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Optimising Arterial Blood Pressure

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Critical Care Medicine. Publish Ahead of Print():, JULY 26, 2019 DOI: 10.1097/CCM.000000000003908, PMID: 31356469 Issn Print: 0090-3493 Publication Date: July 26, 2019

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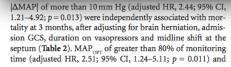
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P = 0.004

Unfavorable out

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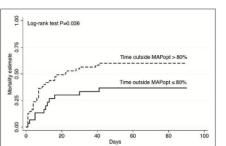


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Critical Care Medicine

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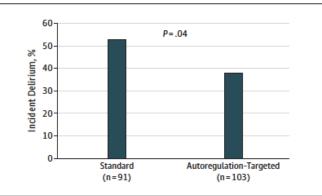
JAMA Surgery | Original Investigation

Effect of Targeting Mean Arterial Pressure During Cardiopulmonary Bypass by Monitoring Cerebral Autoregulation on Postsurgical Delirium Among Older Patients

A Nested Randomized Clinical Trial

Charles H. Brown IV, MD, MHS; Karin J. Neufeld, MD, MPH; Jing Tian, MS; Julia Probert, BA; Andrew LaFlam, BA; Laura Max, MHS, PA Yohei Nomura, MD; Kaushik Mandal, MD; Ken Brady, MD; Charles W. Hogue, MD; and the Cerebral Autoregulation Study Group

Figure 2. Delirium Incidence by Randomization Group



Mean arterial pressure during cardiopulmonary bypass was managed according to standard care or autoregulation-targeted goals. Delirium incidence by randomization group is shown.

Optimal blood pressure during cardiopulmonary bypass defined by cerebral autoregulation monitoring

Read at the 96th Annual Meeting of The American Association for Thoracic Surgery, Baltimore, Maryland, May 14-18, 2016.

Daijiro Hori MD ª, Yohei Nomura MD ª, Masahiro Ono MD ^b, Brijen Joshi MD ^c, Kaushik Mandal MD ª, Duke Cameron MD ª, Masha Kocherginsky PhD ^d, Charles W. Hogue MD ^e 유 쩓

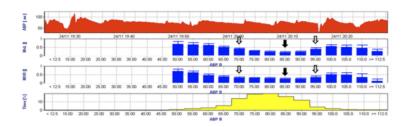


Figure 2.

Representative graph of cerebral autoregulation monitoring by mean velocity index (Mx) during cardiopulmonary bypass. The top graph represents the time-series of arterial blood pressure (ABP) while the bottom bar-graph the percentage of the time of the recording spent at 5 mmHg bin. Optimal mean arterial pressure (MAP, ABP) for the left and right side of the brain was defined as that MAP with the lowest Mx. Lower limit of cerebral autoregulation (LLA) and upper limit of cerebral autoregulation (ULA) were defined as the MAP at which





Optimising Arterial Blood Pressure

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Critical Care Medicine. Publish Ahead of Print():, JULY 26, 2019 DOI: 10.1097/CCM.000000000003908, PMID: 31356469 Issn Print: 0090-3493 Publication Date: July 26, 2019

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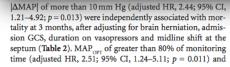
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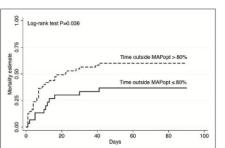


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Critical Care Medicine

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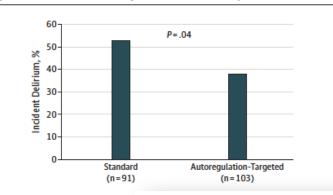
JAMA Surgery | Original Investigation

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A Nested Randomized Clinical Trial

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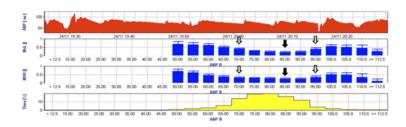


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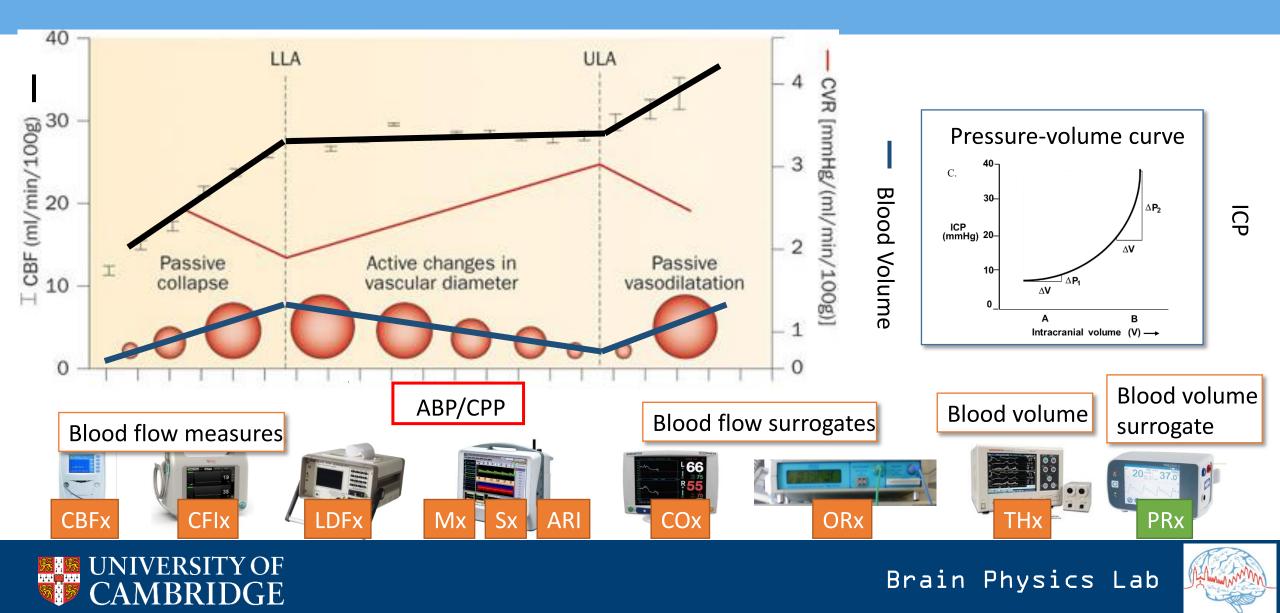
Individualizing intraoperative management of arterial blood pressure to optimize cerebral autoregulation during neurosurgery

E. Begiri^{1,2}, M. García-Orellana³, A. Politi⁴, R. Valero³, N. Fàbregas³, J. Tas⁵, V. de Sloovere⁶, M. Czosnyka¹, M. Aries⁵, N. de Riva³ and P. Smielewski¹

³Brain Physics Laboratory, Division of Neurosurgery, Department of Clinical Neurosciences, University of Cambridge, UK : ³Department of Physiology and Transplantation, Milian University, Italy; ³Neuroanesthesia Division, Anesthesiology Department, Hospital Clinic de Barcelona, Universitat de Barcelona, Spain; ⁴Department of Anesthesiology, Intensive Care and Pain Medicine - Milano Bicocca University - San Gerardo Hospital – Monza, Italy; ⁵Department of Intensive Care, Maastricht UMC, The Netherlands, ⁶Department of Anesthesiology, University Hospitals Leuven # **215**

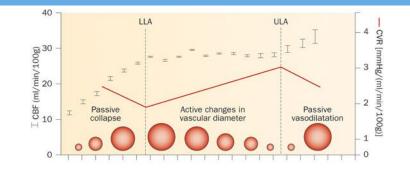
CAMBRIDGE

Many approaches for monitoring of Cerebral Autoregulation – surrogates of CBF or CBV



Problems with PRx

• Uses Volume, NOT Flow surrogate

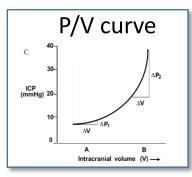








- Uses Volume, NOT Flow surrogate
- Relies on adequate transmission of volume change into intracranial pressure (may not work very well in circumstance of high compliance, eg after decompressive craniectomy)



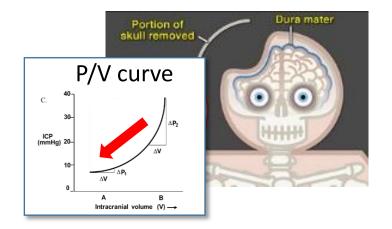






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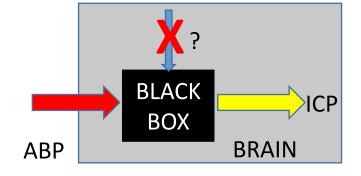








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- Relies on the assumption that variability of ICP is purely due to extracranial sources (reflected in MAP changes)

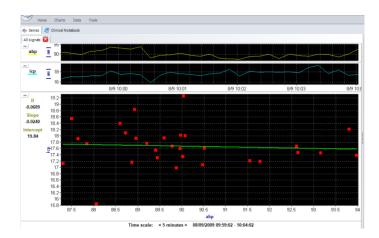




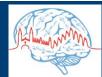




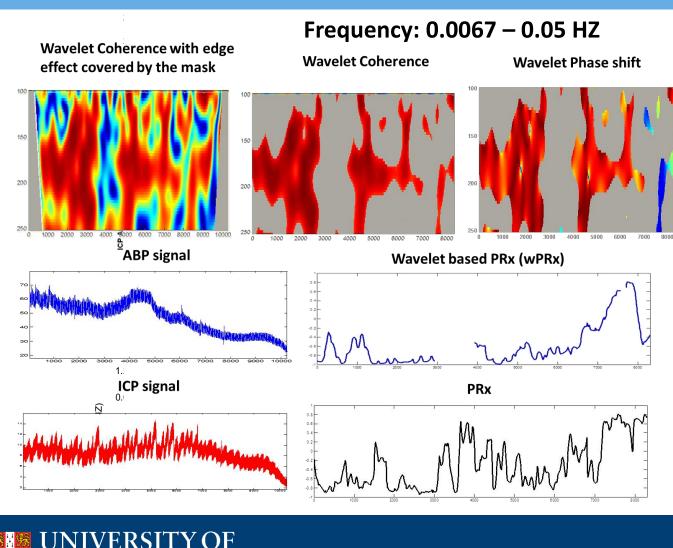
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- Relies on the assumption that variability of ICP is purely due to extracranial sources (reflected in MAP changes)
- Thus values PRx close to 0 may reflect either working autoregulation OR incoherent variability in ICP and ABP





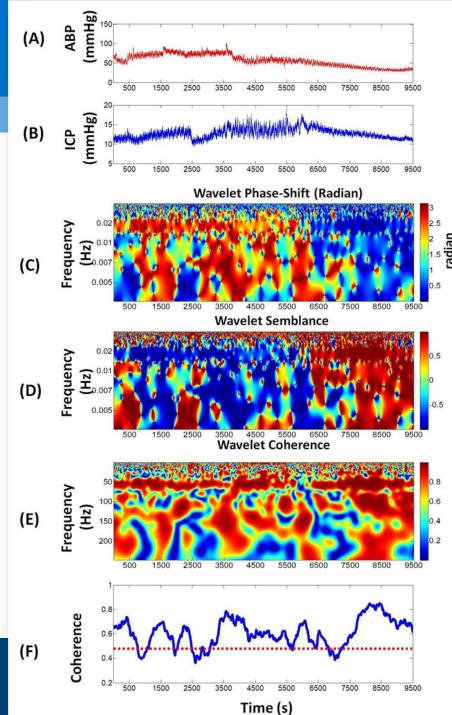


Wavelet analysis of ABP – ICP relationship - wPRx

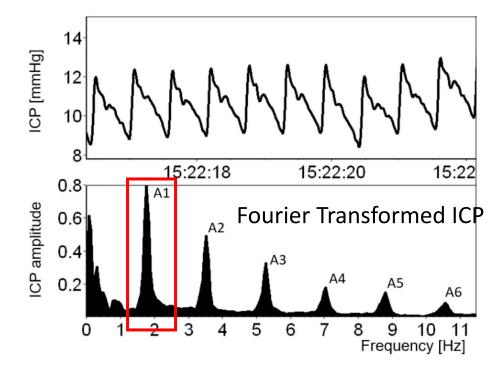


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Liu X et al. J Physiol. 2018



RAC – correlation between amplitude of ICP pulse (AMP) and CPP



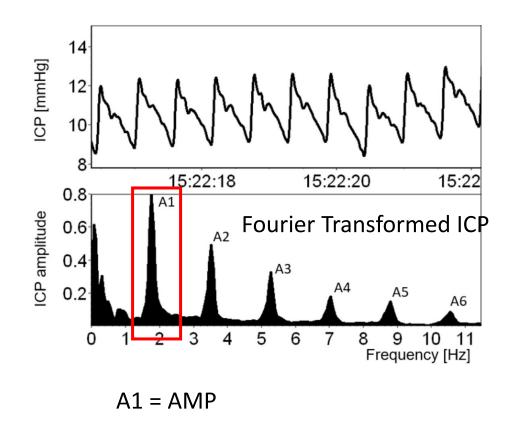
A1 = AMP

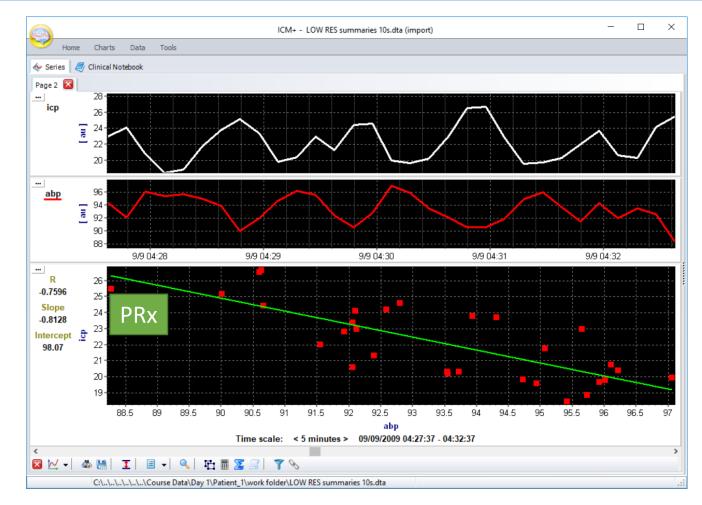






RAC – correlation between amplitude of ICP pulse (AMP) and CPP



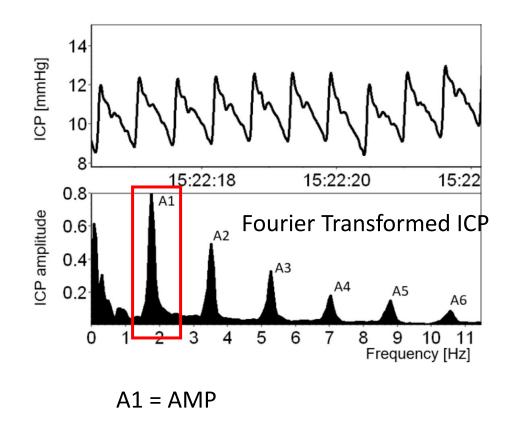


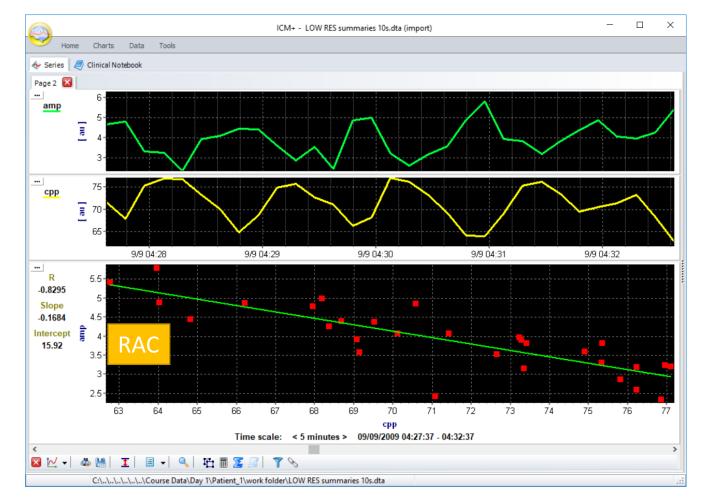






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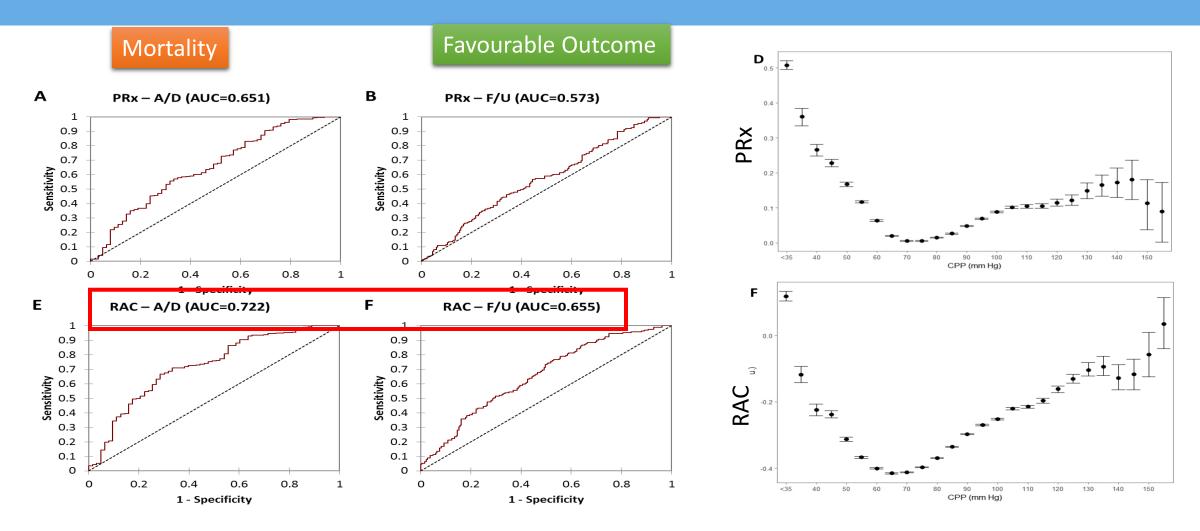








PRx and RAC in non-DC TBI patients (N = 358)







Advanced data browsing and interrogation tools

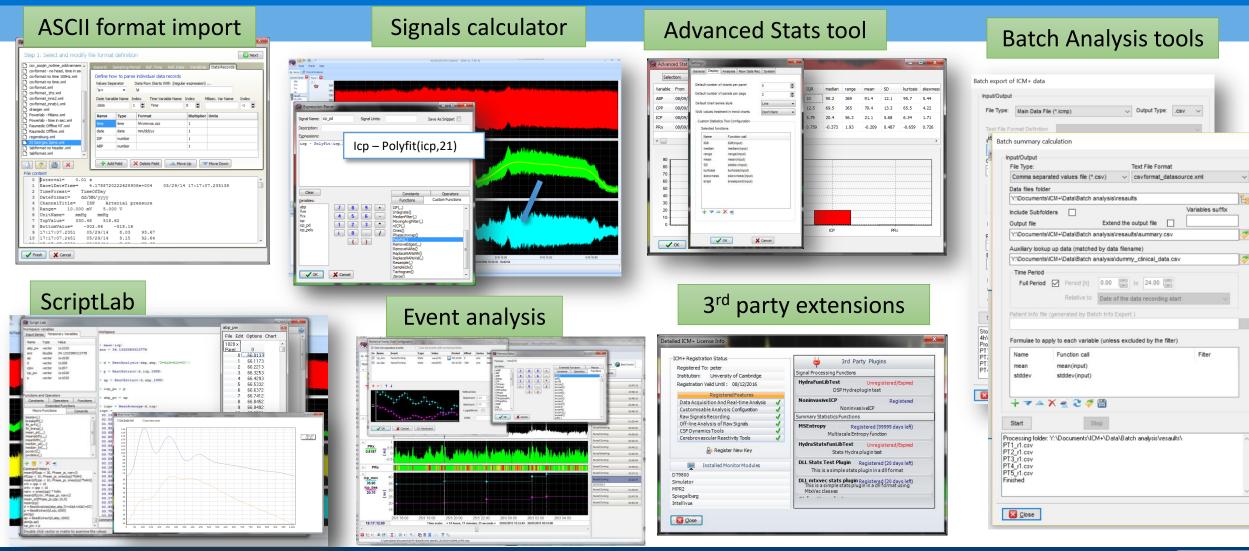








ICM+ advanced features

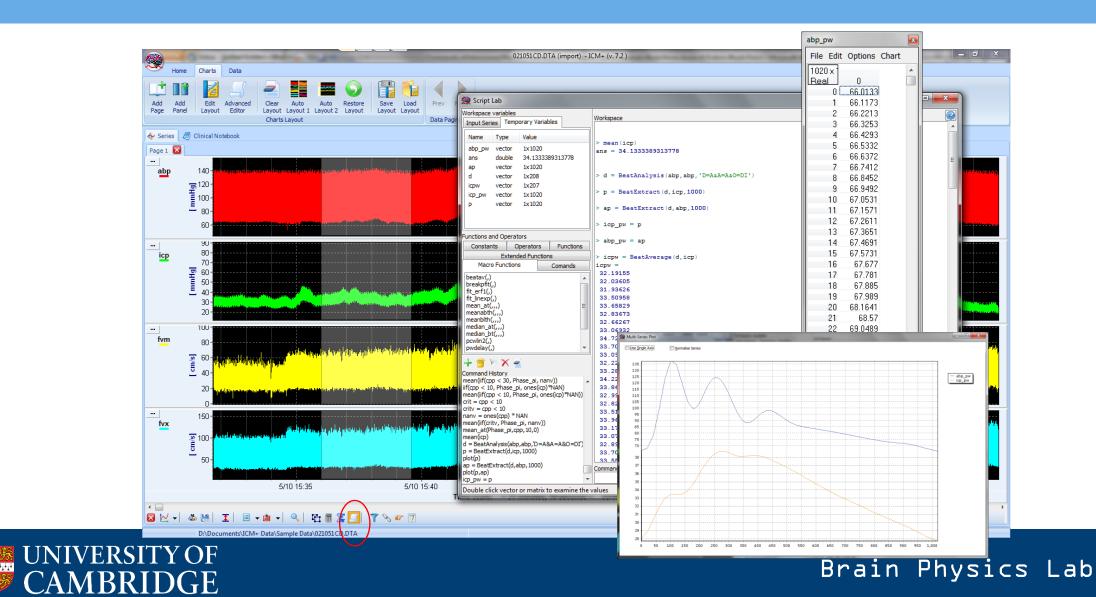






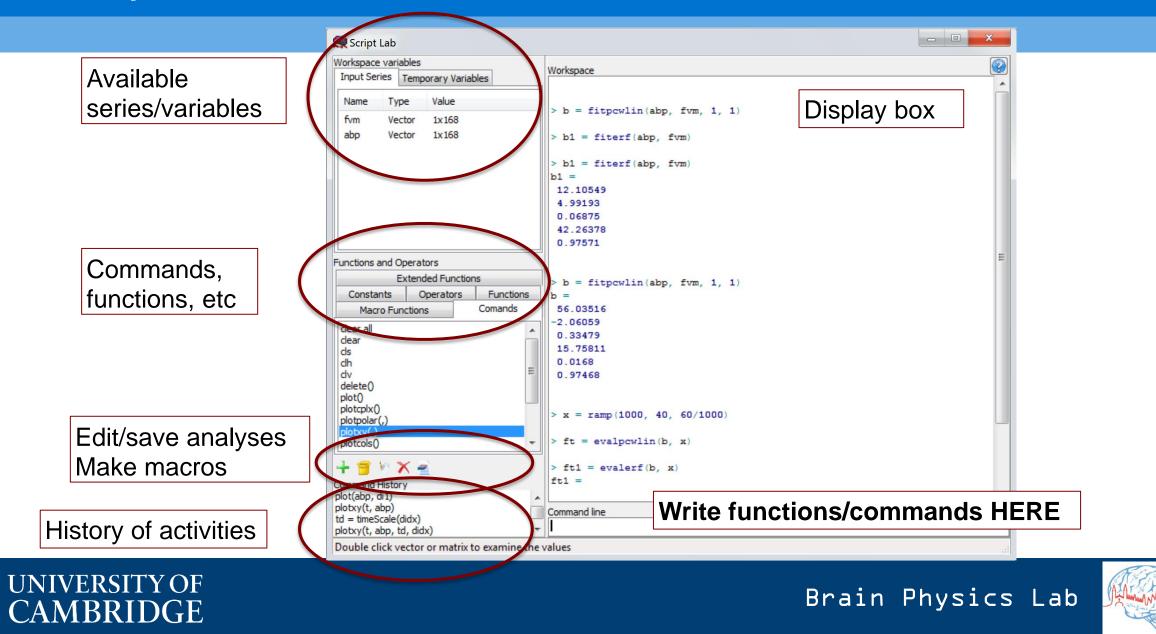
ICM+ ScriptLab tool

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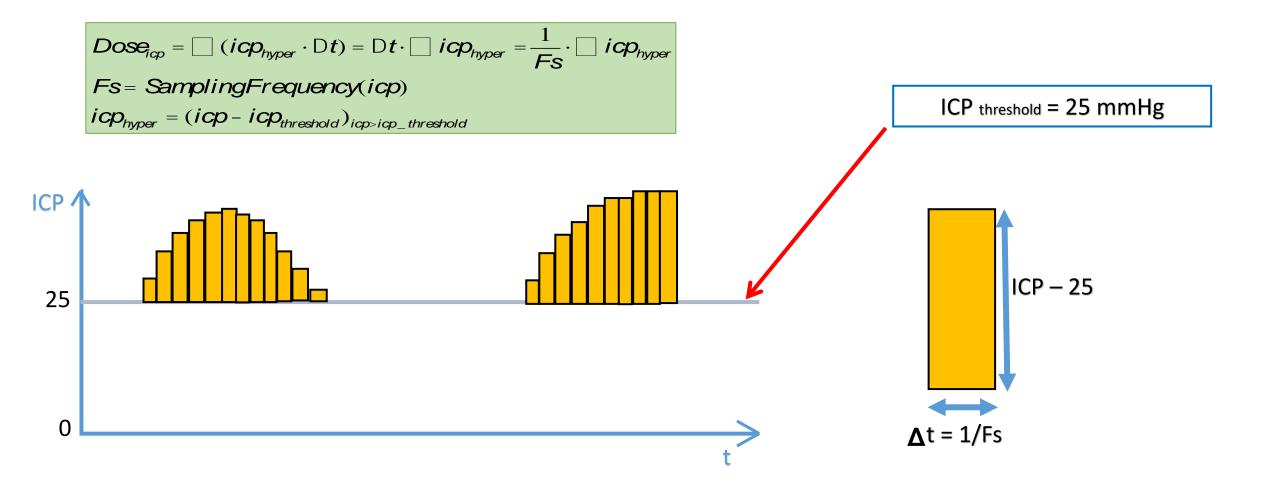




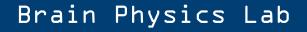
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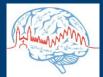


Definition of Dose of high ICP (using in this case 25 mmHg Threshold)

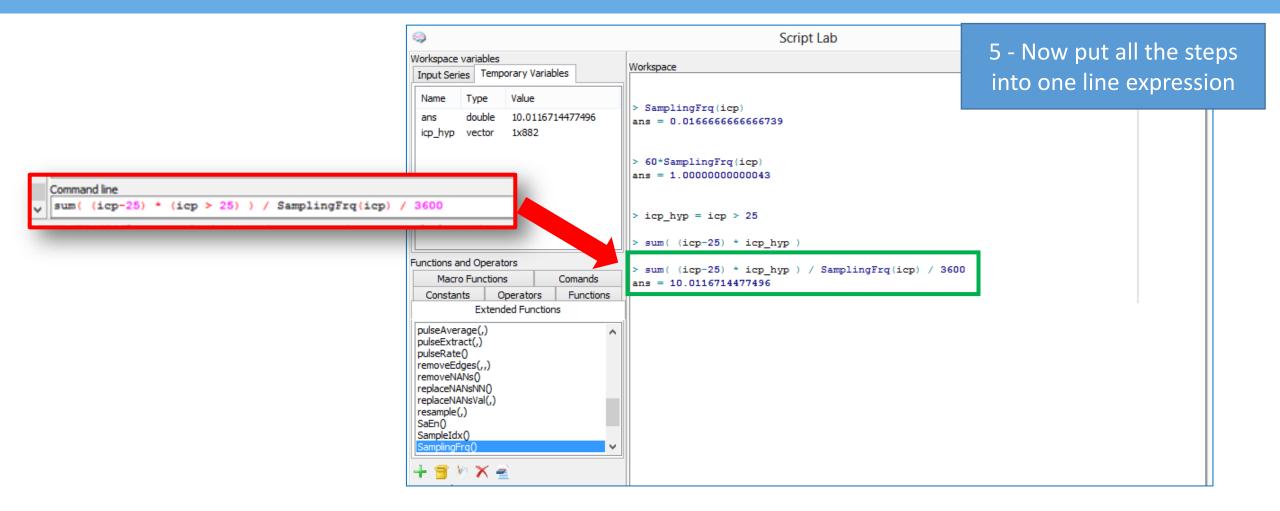








Dose configuration for ICP > 25

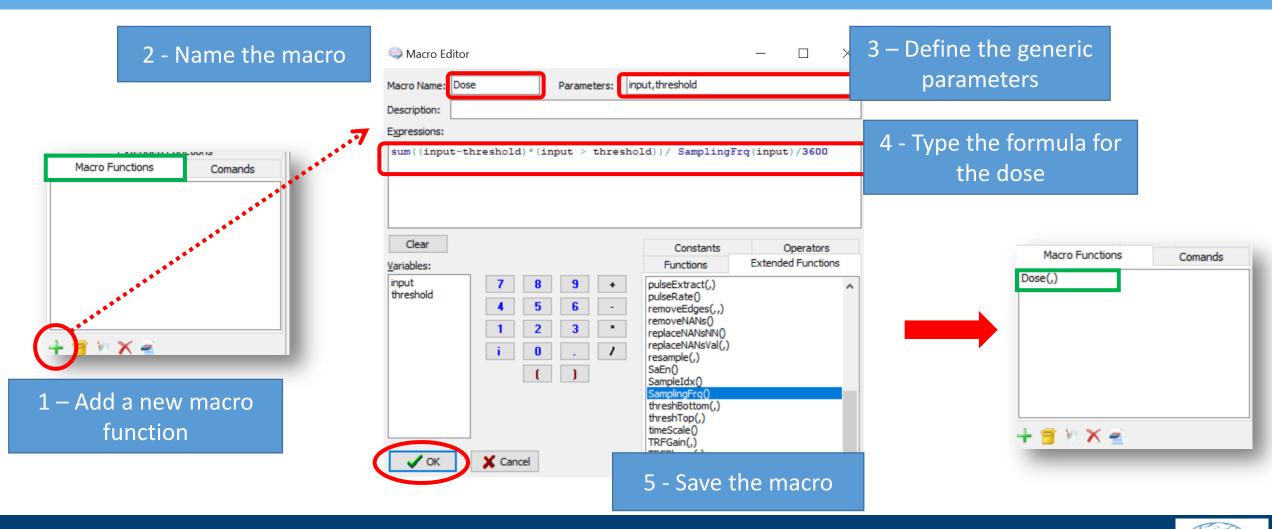








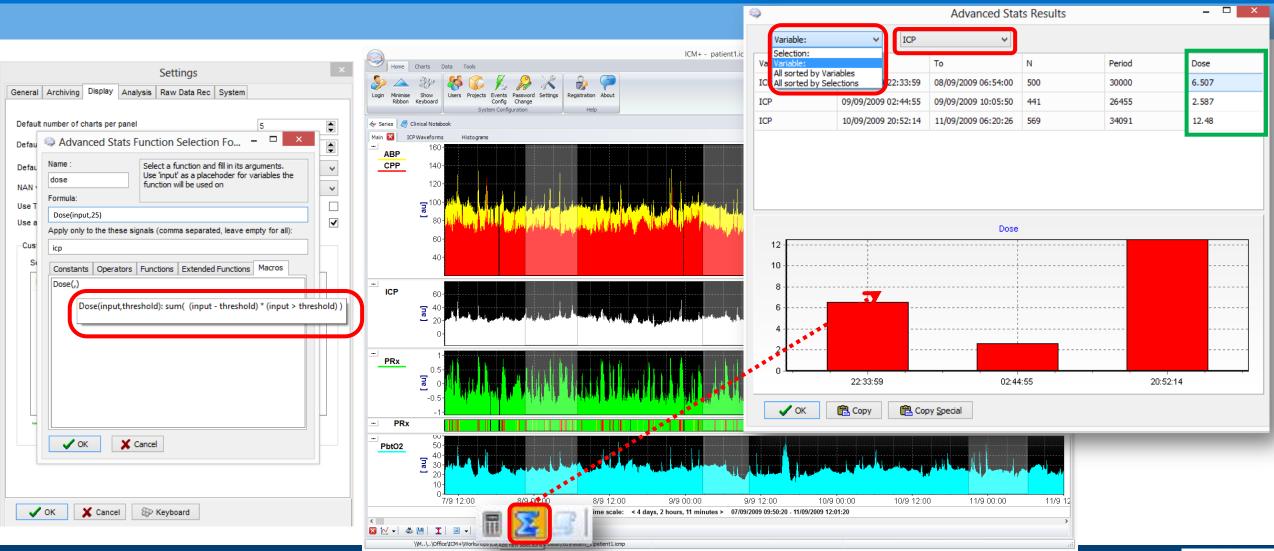
How to create a macro for Dose calculation with generic parameters input and threshold



Brain Physics Lab



Advanced statistics tool





Brain Physics Lab

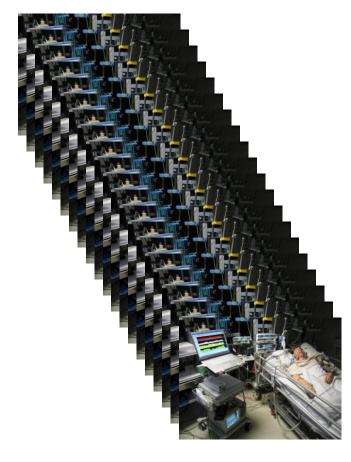












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		110414074	110480202	110542176	110610361	110674235	110743743	110832043	110938976	110988436	111110309	111196920	111262497	111323306	111376936	111426028	11
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		110425801	110494665	110549699	110615732	110688701	110750365	110868649	110956965	111016977	111140020	111219218	111269808	111333944	111388021	111430974	11
Network		110426587	110495161	110550960	110617070	110689589	110752639	110880221	110957171	111020120	111140267	111219802	111273566	111334936	111391963	111437156	11
THE WORK		110428325	110496721	110553073	110617465	110692145	110753789	110882662	110957184	111021449	111142262	111224425	111273668	111335118	111393056	111437973	11
		110428988	110497676	110554732	110619671	110692413	110757982	110885702	110959738	111023613	111149788	111227343	111274416	111335376	111397369	111438352	11
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IDENOT		110433435	110510837	110557960	110621189	110694446	110762664	110890113	110961977	111030954	111153364	111231031	111274526	111340104	111397604	111445953	11
FOURIER		110433644	110514254	110559037	110632419	110696325	110762873	110890325	110963604	111037796	111155932	111231264	111274646	111347754	111397984	111449194	11
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		110437866	110518830	110561180	110633767	110710215	110767060	110910967	110967547	111039291	111160394	111232192	111275908	111354724	111399023	111455537	111
		110439225	110518978	110562426	110639217	110713353	110769675	110910307	110967574	111035251	111160904	111232747	111278000	111355811	111399095	111455557	111
PROF-HUTCHINSON		110455225	110519526	110564557	110643342	110716074	110703075	110913228	110970473	111047555	111163101	111233120	111270000	111355917	111339033	111456257	111
SOCRATES		11040000	110515520	JI 110304337	110045542	110/100/4	110775104	JI 110913220	1105/04/5	111040702	111105101	J 111255120	J 1112/9/JI		JII1410012	JII450257	
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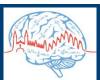


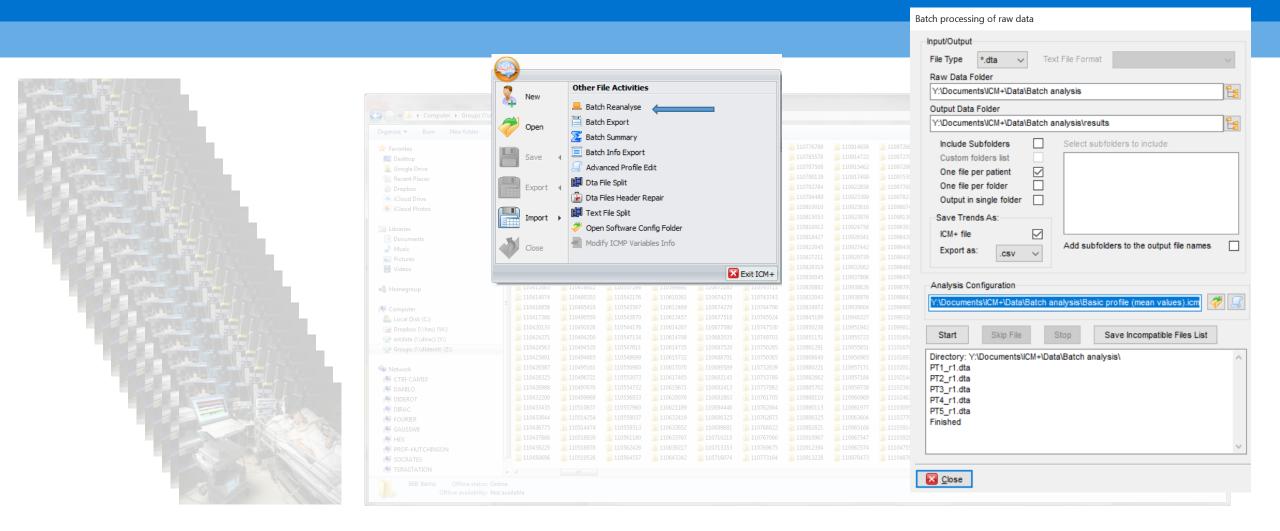


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			n Reanalyse												
Computer > Groups (\\d	🧭 Open	💾 Batch	n Export									▼ * †			
Organize 🔻 Burn New folder	- Open		n Summary											88 - 1	
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568 items Offline status: 0 Offline availability: 1															





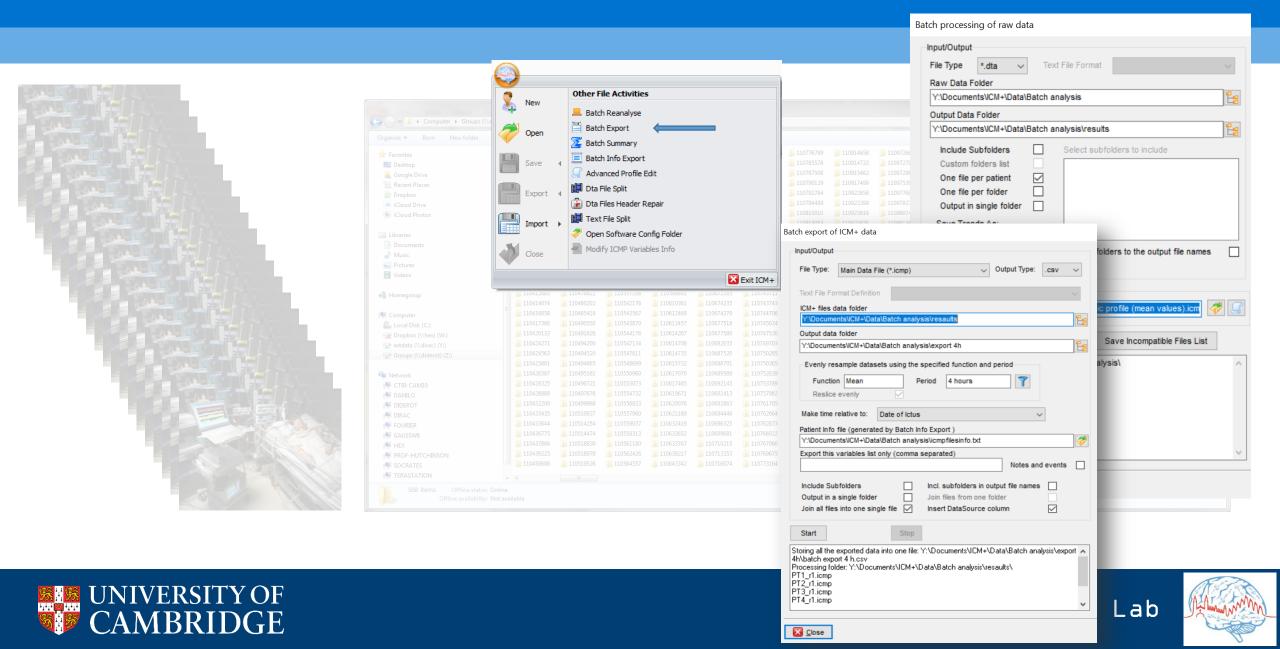












		Batch processing of raw data
		Input/Output
		File Type *.dta V Text File Format
	Other File Activities	Raw Data Folder Y:\Documents\ICM+\Data\Batch analysis
	New	
	Computer > Groups (Victor + Groups (Vict	Output Data Folder
	Organize v Burn New folder Open	Y:\Documents\ICM+\Data\Batch analysis\results
	Kerrolites	110914558 11097260 Include Subfolders Select subfolders to include
	Extractication of the second sec	110914722 1009727 Custom folders list
	C Dropbox	110922858 1109776: One file per folder
	Import	ICM+ data
	Documents	
	Music Close - Close	folders to the output file names
	File Type:	Main Data File (*.icmp) v Output Type: .csv v
		mat Definition
	2 110414074 1110480202 1110542176 1110674235 1110674235 1110743743 ICM+ files da	ic profile (mean values).icm 🧳 🦪
		its\ICM+\Data\Batch analysis\resaults
	See Dropbox (Whe Doubout the D	Save Incompatible Files List
	P cudata (Udira	ts\/CM+\Data\Batch analysis\export 4h
	Evenly res	ample datasets using the specified function and period alysis\
	ICM+ files data folder Function	Mean Period 4 hours
	Childrand Z:\brainphys\Data\TBI Ea Reslice DANILO Output info file F	evenly
		elative to: Date of Ictus
	FOURIER	ile (generated by Batch Info Export)
	HEX III	ts\/CM+\Data\Batch analysis\icmpfilesinfo.txt
	Start Stop	ariables list only (comma separated) Notes and events
(2) al (9	expressing Result for a local sector of the	
At • 6 6 Jacker A B C Date Date for Time Da	suppling trail Per Centre galance Available Available Available Per Train Last Teams Available Control	
2	Normality Addata for the start and the start a	into one single file V Insert DataSource column
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	1237 200 30.7397 37.7007 46.740.749 47.112.700 48.401.700 <t< th=""><th></th></t<>	
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		Batch processing of raw data
at Batch summary calculation		Input/Output
linput/Output		
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Data files folder Y:\Documents\/CM+\Data\Batch analysis\resaults	Other File Activities	
	New	Y:\Documents\ICM+\Data\Batch analysis
Include Subfolders Variables suffix Output file Extend the output file	Batch Reanalyse	Output Data Folder
Output file Extend the output file Y:\Documents\ICM+\Data\Batch analysis\resauts\summary.csv Image: Comparison of the output file	Open Batch Export	Y:\Documents\ICM+\Data\Batch analysis\results
Auxiliary lookup up data (matched by data filename)	Organize * Burn New folder Very folder Very folder Each Summary	
Auxiliary lookup up data (matched by data filename) Y:\Documents\ICM+\Data\Batch analysis\dummy_clinical_data.csv	* Favorites	Include Subfolders Select subfolders to include
Time Period	Desktop	110785578 110914722 11097275 Custom folders list
Full Period [h] 0.00 mm to 24.00 mm	Coogle Drive	110787508 110915462 11097290 One file per patient
Relative to Date of the data recording start	Export 4	110750129 110917499 11091755 110792784 110922858 11097765 One file per folder
	iCloud Drive	110794489 110923399 11197827 Output in single folder
Patient Info file (generated by Batch Info Export)	iCloud Photos	110810010 110923616 1109807-
	Import Jubraries Jubrarie	Batch export of ICM+ data
Formulae to apply to each variable (unless excluded by the filter)	Documents	
Name Function call Filter	Music Close Modify ICMP Variables Info	Input/Output file names
mean mean(input) stddev stddev(input)	Pictures	File Type: Main Data File (*.icmp) 🗸 Output Type: .csv 🗸
	Videos Exit ICM+	
	🚯 Homegroup	Text File Format Definition
+ ▼ ▲ X ≝ ₴ ኞ 🗒	110414074 II 110480202 II 110542176 II 110610361 II 110674235 II 110743743	ICM+ files data folder ic profile (mean values).icm 🧭 📿
Start Stop	Computer	YADocumentsIICM+IData\Batch analysis\resaults
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PT4_i1.csv PT5_i1.csv Finished		Evenly resample datasets using the specified function and period alysis
Finished	Wetwork ICM+ files data folder	Function Mean Period 4 hours
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	F G DEROT Output info file	Make time relative to:
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	11.04 4.71	Y:\Documents\\CM+\Data\Batch analysis\icmpfilesinfo.txt
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M Batch summary calculation Imput/Output Imput/Output	Batch processing of raw data
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<pre>###EX 2- Batch Analysis # import in R for simple model analysis setwd("y:/Documents/ICM+/Data/Batch analysis") s<-read.csv("summary.csv") plot(s\$GCS,s\$icp_mean) gcs<-glm(s\$icp_mean>s\$icp_mean) summary(gcs) 151 (Dp Leve):</pre>	<pre>glm(formula = s\$icp_mean ~ s\$icp_mean) Deviance Residuals: 1 2 3 4 5 4.106 1.306 -9.734 0.276 4.046 Coefficients: Estimate Std. Error t value Pr(> t) (Intercept) 9.734 2.547 3.821 0.0188 * Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1 (Dispersion parameter for gaussian family taken to be 32.44048) Null deviance: 129.76 on 4 degrees of freedom Residual deviance: 129.76 on 4 degrees of freedom AIC: 34.471 Number of Fisher Scoring iterations: 2 </pre>
Image: Non-state of the state of the st	Start Stop Storing all the exported data into one file: Y:\Documents\ICM+\Data\Batch analysis\export Ah\batch export 4 h.csv Processing folder: Y:\Documents\ICM+\Data\Batch analysis\resaults\ PT2_r1.icmp PT3_r1.icmp PT4_r1.icmp

Batch export tool

Input/Output File Type: Main Data File (*.icmp) Output Type: Output Type: Output Type: Image: Definition Imag
File Type: Main Data File (*.icmp) Output Type: .csv Output Type: .csv Image: Std Dev 1 bour DataSourc Date Time ab 1 DataSourc Date Time ab 2 PT1_r1 1.5 3 PT1_r1 1.666667 1 DataSourc Date Time ab 2 PT1_r1 1.666667 2 Dutput data folder 1 minute 2 Dutput data folder 5 PT1_r1 2 Dutput data folder 5 PT1_r1 2 Dutput data folder 5 PT1_r1 2 Dutput data folder 6 PT1_r1
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Output data folder 6 PT1_r1 2.166667
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11 PT2_r1 1.333333
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Patient Info Tile (generated by Batch Info Export) 13 PT3_r1 1.6666667
Export this variables list only (comma separated)
icp,abp Notes and events
16 PT3_r1 2.166667
Include Subfolders Incl. subfolders Incl. subfolders in output file names Join files from one folder Join files from one folder
Join all files into one single file into a single f
19 PT4 r1 1.833333
start Stop Start Stop
Processing folder: 21 PT4_r1 2.166667
C:\Users\ps100\Dropbox (Cambridge University)\ICM+\Data\CENTER-TBI\INCF
PT1_r1.icmp 23 PT5_r1 2.666667
PT2_r1.icmp PT3 r1.icmp 24 PT5_r1 2.833333
PT4_r1.icmp 25 PT5 r1 3
26 PT5 r1 3.166667





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icp

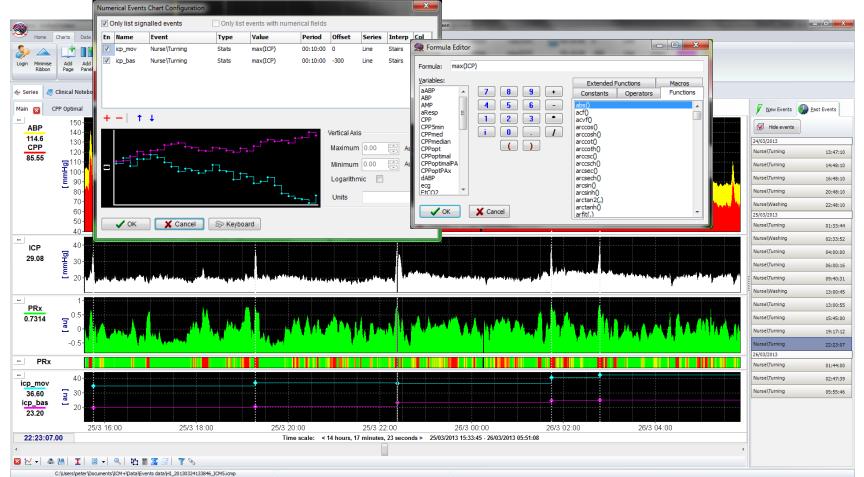


ICM+ Event oriented analysis

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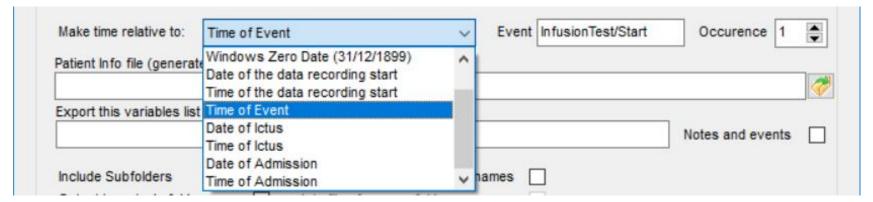
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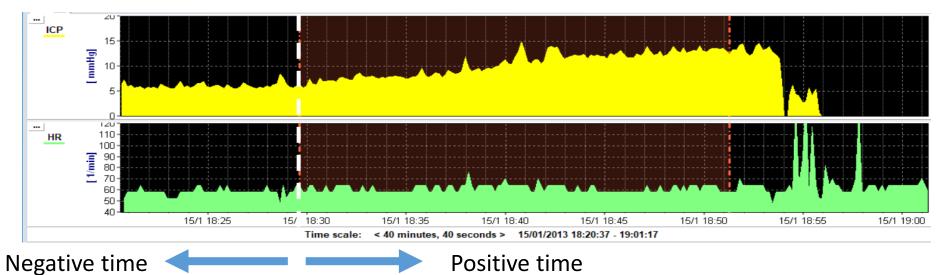
Brain Physics Lab

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Time anchoring for batch analysis











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put/Output								
File Type: Main Data File	(tiomo)	· · · · · · · · · · · · · · · · · · ·	Text File Fo	rmat				
		`						
Data files folder C:\Users\ps10)\Dropbox (Cam	bridae Univer	sitv)\ICM+\Data		R-TBNNCF			2
nclude Subfold		-			Variables su	ffix		
Dutput file		Extend th	he output file					
o alpar ino								2
Auxiliany lookur	up data (match	ed by data fil	ename)					J 🖤
Auxiliary lookup	up data (matci	ieu by uata ni	ename)					7
Time Period								
Full Period	Period [h]	0.00	to 24.00	*	Event			
Relative to	Unix Zero Date	(1/1/1070)			Occurence		1	
	onix zero bate	:(1111310)		~	0000101100			
Formulae to appresent to app	bly to each varia	able (unless e	xcluded by the	e filter)				
Name	oly to each varia		xcluded by the	e filter)		Filter]
Name mean	Function call mean(input)		xcluded by the	e filter)		Filter	٦	
Name	Function call)	xcluded by the	e filter)		Filter		
Name mean stddev	Function call mean(input) stddev(input) length(input))	xcluded by the	∍ filter)		Filter		
Name mean stddev N	Function call mean(input) stddev(input) length(input))	xcluded by the	ə filter)		Filter		







		Data
Batch summary calculation	Input/Output	Batch analysis
Input/Output	File Type: Text File Format	HRV
File Type: Text File Format Main Data File (*.icmp)	Comma separated values file (*.csv) \checkmark csvformat_datasource.xml \checkmark	Microdialysis
Data files folder	Data files folder	Shorts
C:\Users\ps100\Dropbox (Cambridge University)\\CM+\Data\CENTER-TB\\\NCF Include Subfolders Variables suffix	Y:\Documents\ICM+\Data\Batch analysis\results	тві
Output file Extend the output file	Include Subfolders Variables suffix	TOD
	Output file Extend the output file	File name: summary.csv
Auxiliary lookup up data (matched by data filename)	Y:\Documents\ICM+\Data\Batch analysis\results\summary.csv	Save as type: Comma Separated ASCII File
Time Period Full Period [h] 0.00 to 24.00 Event	Auxiliary lookup up data (matched by data filename) Y:\Documents\ICM+\Data\Batch analysis\dummy_clinical_data.csv	
Relative to Unix Zero Date (1/1/1970) Unix Zero Date (1/1/1970)		
Patient Info file (generated by Batch Info Export)	Time Period	
Formulae to apply to each variable (unless excluded by the filter)	Full Period Period [h] 0.00 to 24.00	
Name Function call Filter		
mean mean(input)		
stddev stddev(input) N length(input)		
+▼▲X ≝ ⋜ ⊘ Щ		
Start Stop		
Close		



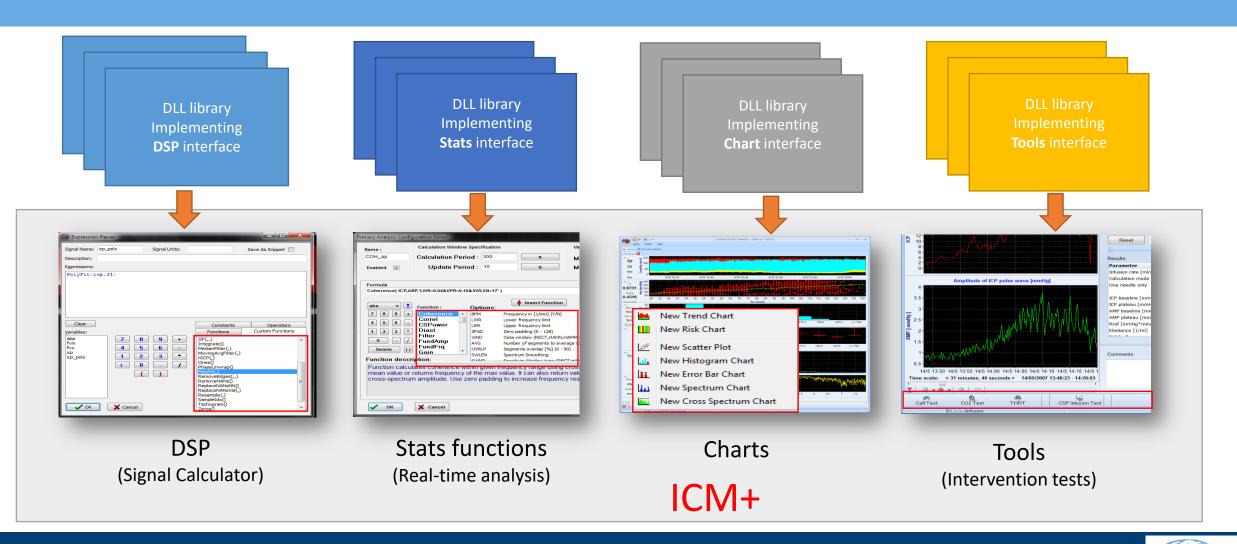




							<mark> </mark> D	ata		_		
Batch summary calculation	Input/Output							Batch analysis				
Input/Output File Type: Text File Format	File Type: Comma separated values fi		Text File Format	ce xml	~			HRV				- 1
Main Data File (*.icmp) Data files folder C:\Users\ps100\Dropbox (Cambridge University)\\CM+\Data\CENTER-TBNNCF	Data files folder							Microdialysis Shorts				- 1
Include Subfolders Variables suffix Output file Extend the output file	Y:\Documents\ICM+\Data\Ba	tch analysis\results		/ariable	s suffix			TBI			Ŷ	- 1
Auxiliary lookup up data (matched by data filename)	Output file	Extend the	output file					<u>n</u> ame: summ	nary.csv			
Time Period	Y:\Documents\ICM+\Data\Ba	-			4		Save a	s <u>t</u> ype: Comn	na Separateo	d ASCII File		
Full Period Period [h] 0.00 Image: to 24.00 Image: to Event Relative to Unix Zero Date (1/1/1970) Occurrence 1	Auxiliary lookup up data (ma Y:\Documents\ICM+\Data\Ba						_		-	_	_	
Patient Info file (generated by Batch Info Export)	Time Period						A A	B Burc GOS	GCS			
Formulae to apply to each variable (unless excluded by the filter)	Full Period Period	[h] 0.00	to 24.00				2 PT1_r1		1	3		
Name Function call Filter mean mean(input)							3 PT2_r1 4 PT3 r1		2	5 6		
stddev stddev(input) N length(input)							5 PT4_r1		4	9		
+ ▼ ▲ X <u>⊴</u> 2 7 🗒							6 PT5_r1 -		5	5		
Start Stop						<u> </u>	_	_	-			
		A	B C		D	E	F	G				
		1 DataSourc	GOS GCS 1	at 3	op_mearabp 88.82	_stddeid 8.728	2p_mean 1 13.85	cp_stddev 2.953	-			
		3 PT2 r1	2	5	86.46	12.3	11.04	4.71	_			
Ciose		4 PT3_r1	3	6	0 NAI			NAN				
		5 PT4_r1	4	9	73.81	13.49	10.03	7.001				
		6 PT5_r1	5	5	89.12	9.894	13.79	2.98				T
			· ·				Bra	ain F	hys	ics	Lab	ALL.

CAMBRIDGE

ICM+ functionality can be extended using 3rd party plugins



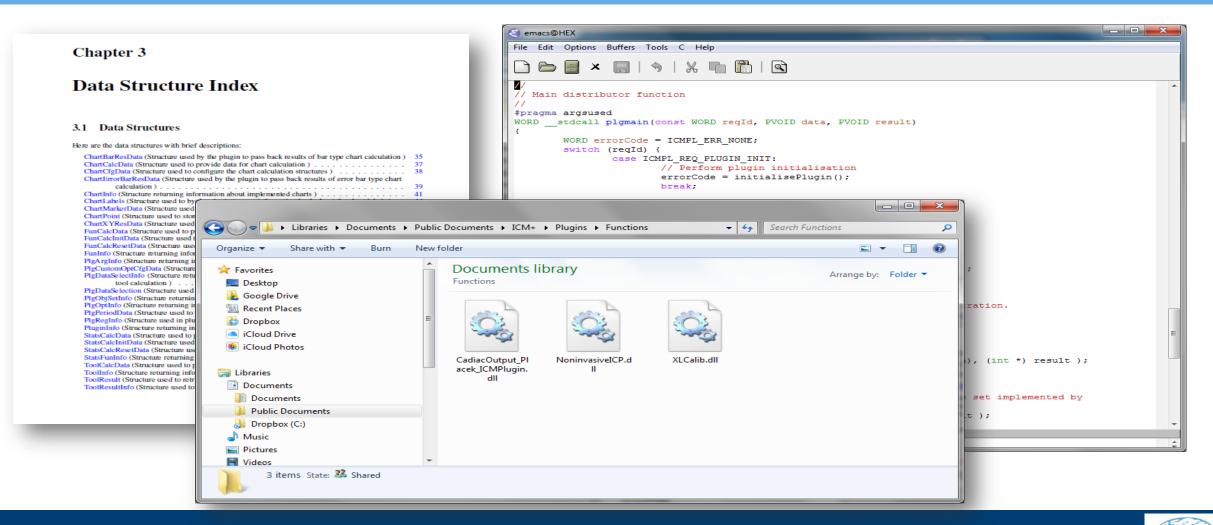


	E emacs@HEX	
ter 3	File Edit Options Buffers Tools C Help	
Structure Index		
	// Main distributor function	
	// #pragma argsused	
	WORD stdcall plgmain(const WORD reqId, PVOID data, PVOID result)	
ta Structures		
deter standturge with heir Colonariation of	WORD errorCode = ICMPL_ERR_NONE;	
data structures with brief descriptions:	switch (reqId) {	
ResData (Structure used by the plugin to pass back results of bar type chart calculation) 35	case ICMPL_REQ_PLUGIN_INIT:	
Data (Structure used to provide data for chart calculation)	// Perform plugin initialisation	
TBarResData (Structure used by the plugin to pass back results of error bar type chart	errorCode = initialisePlugin();	
calculation)	break;	
(Structure returning information about implemented charts)		
els (Structure used to by the plugin to pass information back about the chart labels)	case ICMPL REQ PLUGIN FREE:	
at (Structure used to store chart marker point coordinates)	// Perform plugin cleanup	
ResData (Structure used by the plugin to pass back results of XY type chart calculation) 49	errorCode = finalisePlugin();	
Data (Structure used to provide the DSP function with data for calculation) 51	break;	
nitData (Structure used to initialise the calculation structures of a DSP function) 53		
tesetData (Structure used to reset the calculation structures of a DSP function) 55 Structure returning information about implemented DSP function)	Case ICMPL REQ PLUGIN INFO:	
fo (Structure returning information about selected argument of a function)	// Request for information about the plugin.	
mOptCfgData (Structure used in custom options configuration requests)	errorCode = getPluginInfo((PluginInfo *) result);	
electInfo (Structure returning information about the time period selection an analysis	break;	
tool calculation)		
election (Structure used to provide data for a selection of time periods)	case ICMPL REQ REG INFO:	
fo (Structure returning information about the objects set provided by the plugin)	// Request for information about the plugin registration.	
Data (Structure used to provide data for a specified time period)	<pre>errorCode = getRegInfo((PlgRegInfo *) result);</pre>	
fo (Structure used in plugin registration functions)	break:	
O (Structure returning information about the plugin)		
nitData (Structure used to provide the function with data for calculation for stats functions) 76 nitData (Structure used to initialise the calculation structures for stats functions) 78	case ICMPL REQ REGISTER:	
ResetData (Structure used to initialise the calculation structures for stats functions) 80	// Request to register the plugin.	
nfo (Structure returning information about implemented stats functions) 81	<pre>errorCode = registerLicense(*((PlgRegInfo *) data), (int *) result);</pre>	
Data (Structure used to provide data for an analysis tool calculation)	break:	
Structure returning information about implemented analysis tools)		
tInfo (Structure used to retrieve results info of an analysis tool calculation)	case ICMPL REQ FUNSET INFO:	
	// Request for information about the DSP functions set implemented by	
	// Keplugin.	
	<pre>// one program errorCode = getFunSetInfo((PlgObjSetInfo *) result);</pre>	
	break;	
	$-$ \ dsp main.c 67% L144 (C/l Abbrev)	
	(applicative overbill (of tablet)	



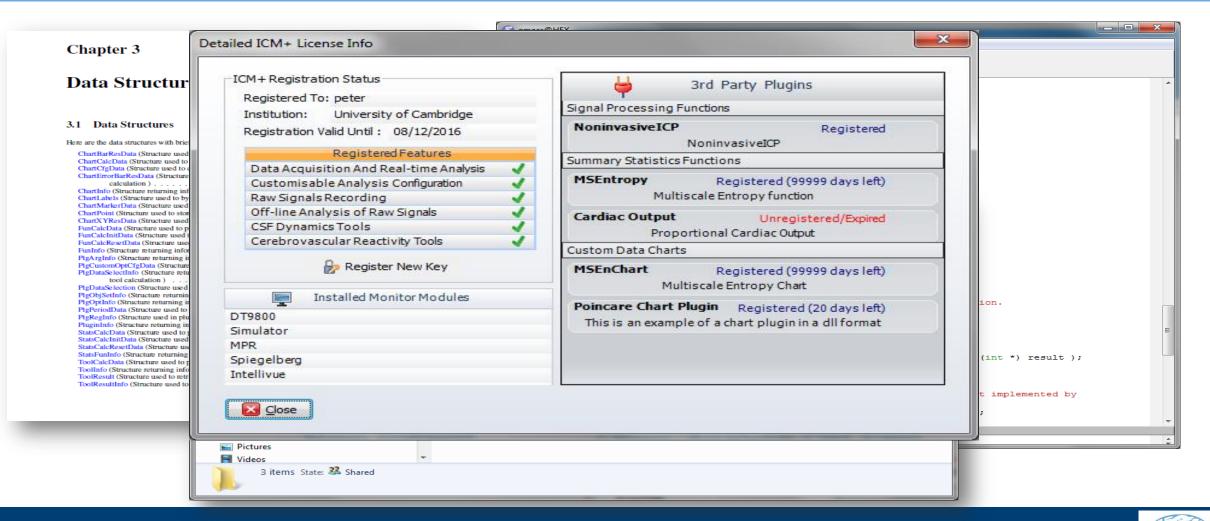






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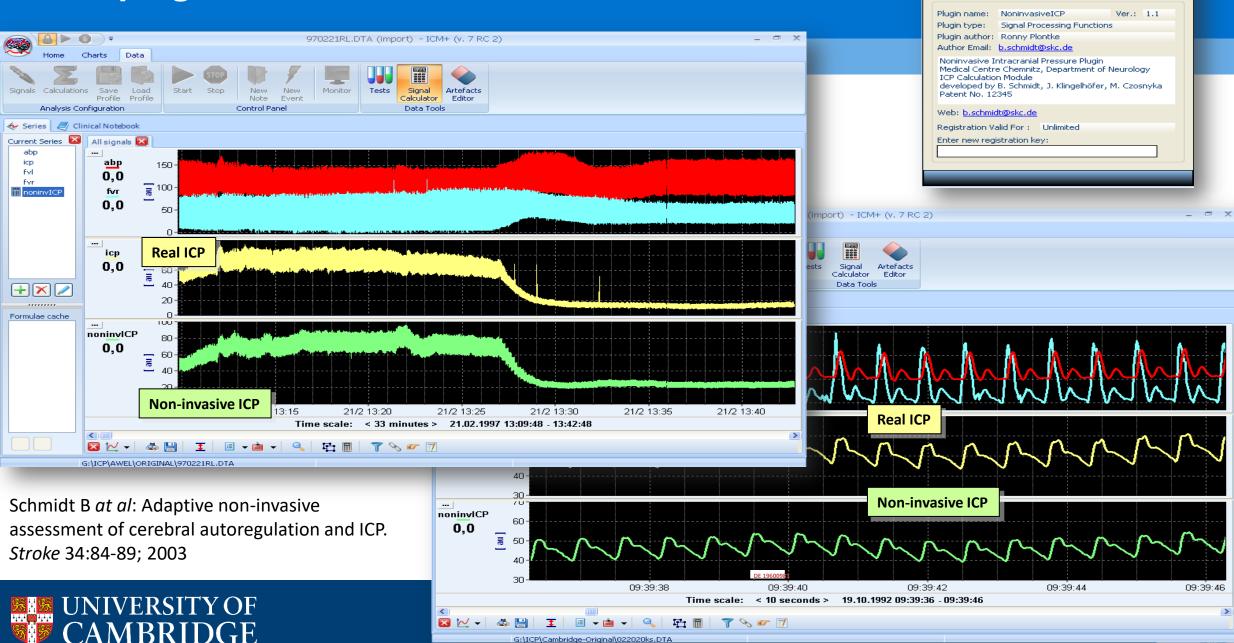
Chapter 3	Detailed ICM+ License Info		
Chapter 3 Data Structures 3.1 Data Structures Here are the data structures with brief ChartBarResData (Structure used ChartCalcData (Structure used to ChartCipData (Structure used to ChartCipData (Structure used to ChartLabels (Structure used to ChartLabels (Structure used to ChartCipData (Structure used to ChartCipData (Structure used to ChartAy (Structure used to stor ChartAy (Structure used to stor ChartAy (Structure used to Structalchildbat (Structure used FunCalcInitJbat (Structure used to FunCalcInitJbat (Structure used to FunCalcResetData (Structure used FunCalcResetData (Structure used FunCalcResetData (Structure used PgDataSelection (Structure used PgDptInfo (Structure returning in PgOptInfo (Structure used to pgRegInfo (Structure used to pgRegInfo (Structure used to pgRegInfo (Structure used to pgRegInfo (Structure used to pgataCalcData	ICM+ Registration Status Registered To: peter Institution: University of Cambridge Registration Valid Until : 08/12/2016 Registered Features Data Acquisition And Real-time Analysis Customisable Analysis Configuration Raw Signals Recording Off-line Analysis of Raw Signals CSF Dynamics Tools Cerebrovascular Reactivity Tools Cerebrovascular Reactivity Tools Presson Installed Monitor Modules DT9800 Simulator MPR	Bugins Details Plugin name: Cardiac Output Ver.: 1.0 Plugin type: Summary Statistics Functions Plugin author: Michal M. Placek Author Email: michal.placek@pwr.edu.pl Cardiac Output (CO) estimation using raw ABP signal. Proportional CO is computed to within a constant scale factor via Ohm's law by dividing average ABP by Windkessel time constant. Based on the paper: Mukkamala R, et al. "Continuous cardiac output Web: Registration Valid For : Unregistered/Expired Enter new registration key:	ion.
StatsFunInfo (Structure returning ToolCalcData (Structure used to p ToolInfo (Structure returning info ToolResult (Structure used to retr ToolResultInfo (Structure used to	Spiegelberg Intellivue		(int *) result);
	Pictures Videos		t implemented by







nICP plugin for ICM+



3rd Party Plugins

Plugins Details

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D

Writing plugins for ICM+ requires some fundamental programming skills

- Hi performance code important for complex functions
- The code is distributed as a binary protected, allowing 3rd party licensing







Writing plugins for ICM+ requires some fundamental programming skills

- Hi performance code important for complex functions
- The code is distributed as a binary protected, allowing 3rd party licensing
- Needs a full C/C++ development environment eg Visual C++ or gcc for Windows and a good understanding of building dll libraries
- Every little change in the code, requires rebuilding the library
- The debugging process is tedious
- Small mistakes in memory handling may bring the whole parent application, ICM+, crashing down – not idea in real time analysis scenario







Writing plugins for ICM+ requires some fundamental programming skills

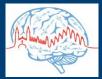
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• In short, it needs a true coder



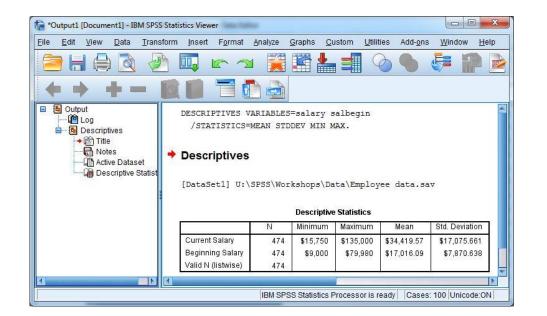


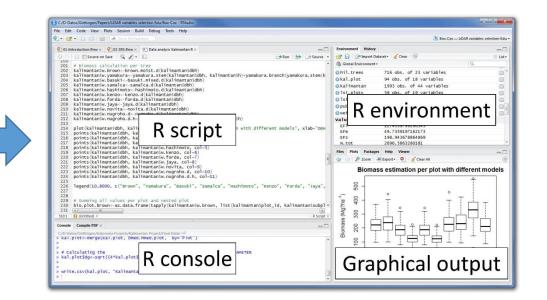
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Enter new age clinical researcher ...

- New generation of clinicians are very used to scripting languages
- This is clear by the observed global shift away from GUI based statistical packages like SPSS to command line /script based environments like R, Matlab, or Python









If statistics programs were cars ...









If statistics programs were cars ...









If statistics programs were cars ...











COMPUTING

Computing combines logic and creativity in problem-solving, while also enabling competence and confidence in the use of developing technologies.

Prep (Age 7-13) Education For The Future > Academic Curriculum Learning at St Faith's Brief Computing curriculum highlights include:

- Year 3 control a screen turtle to draw complex patterns using just a few lines of code
- **Year 4** use ProBots, robotic floor toys with programmable sensors that link in with their understanding of angles in maths
- **Year 5** pupils write their own games in Scratch and put them on our Virtual Learning Environment for other children to play, view the code, and leave feedback
- **Year 6** program Raspberry Pis to switch lights on and off and control buzzers and switches
- Year 7 children take part in the Robot Olympics: small groups of children design, build, program and test a robot, then race against each other to see whose is the fastest
- Year 8 pupils write their own text adventure games using Python

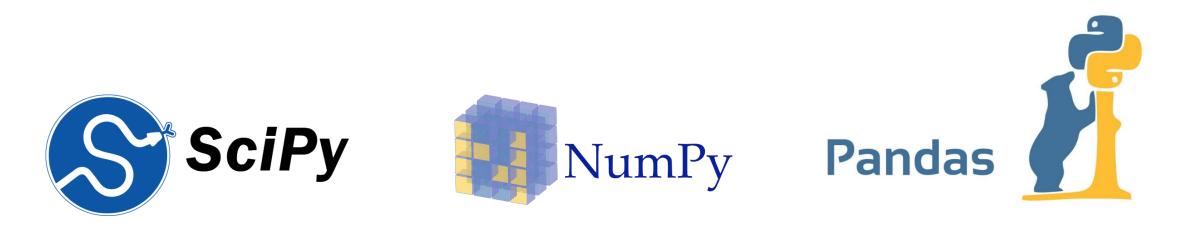






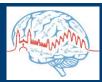


 It is a fully Object Oriented scripting language, with easy, intuitive syntax, and a huge library base, including many complex maths, signal processing and stats libraries, also machine learning support. Easy to install, easy to use (for the modern clinical researcher).









Extending ICM+ with Python



from scipy.stats import spearmann
import numpy as np
from scipy import stats

class Correlation_v2:

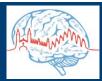
```
# DO NOT MODIFY THIS METHOD..
def set_parameter(self, param_name, param_value):
    setattr(self, param_name, param_value)
```

```
# Class constructor.
def __init__(self):
    self.sampling_freq = None
```

```
# must return one floating-point number
# sig1 - input data sequence 1
# sig2 - input data sequence 2
def calculate(self, sig1, sig2, *_):
    x = np.compress(~bad, sig1)
    y = np.compress(~bad, sig2)
    R, p = stats.pearsonr(x, y)
    if self.pValue == True:
        return p # p-value
    else:
```

```
return R # correlation coeffient
```

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Extending ICM+ with Python



from scipy.stats import spearmanr import numpy as np from scipy import stats

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```

	python			
File Home Share View				
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★ Favourites	Name	Date modified	Туре	Size
Desktop	💰 par_corr_module.py	31/08/2019 15:14	PY File	3 KB
퉬 Downloads	🍓 partial_correlation.py	31/08/2019 15:14	PY File	1 KB
🔚 Recent places	partial_correlation.xml	31/08/2019 15:14	XML Document	1 KB
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🔼 iCloud Drive (Mac)				
😟 Dropbox (Mac)				
Photo Library (Mac)				

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Extending ICM+ with Python



from scipy.stats import spearmanr import numpy as np from scipy import stats

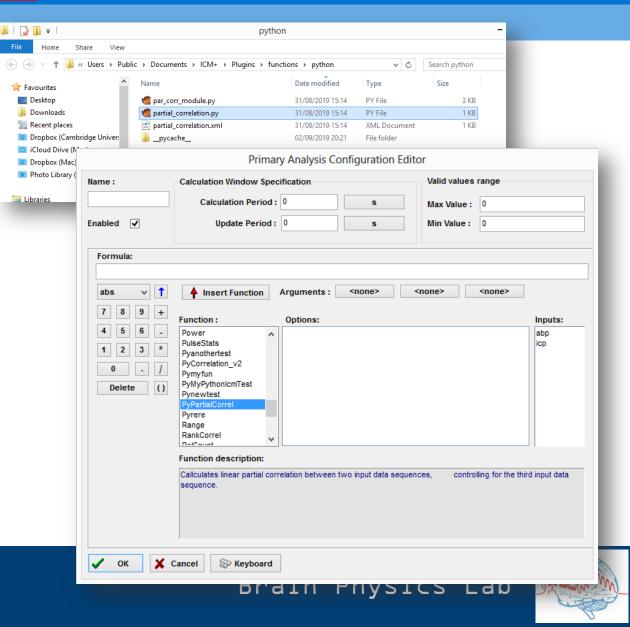
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    if self.pValue == True:
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    else:
        return R # correlation coeffient
```



And if you are feeling particularly playful



Virtual workstations with ICM+ and Python installed









Lunch will be served at 12:30 in Alma (the student restaurant)

- Virtual servers set up for you to play
 - 51.140.158.41
 - 51.145.54.187
 - 51.145.54.65

- User: icmpugm
- Pass: leuven2019

Lunch sponsored by







