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Istanbul Technical University

One of the oldest technical universities in the world

67 programs in 5 campuses, 13 colleges, 1 conservatory located in the city center

More than 400 laboratories and 17 research centers

Home to science-industry-technology with more than 2500 R&D projects

#=326

QS World University Rankings

#=40

QS WUR Ranking By Subject

#2

Europe University Rankings -Western Asia



My Teams' Expertise



Health informatics

ΑI

Data Mining



Bioinformatics

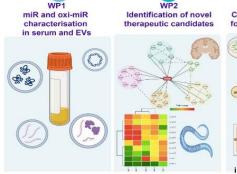
Databases

Data Management



On-going Projects

(Micro)RNA and Informatics approaches for diagnosis, prognosis and



Biomarker identification

LARGE SCALE ANALYSIS OF **OMICS DATA FOR DRUG-TARGET** FINDING IN **NEURODEGENERATIVE**

research

EU Joint Programme - Neurodegenerative Disease Research

Find out more now!

DISEASES

treatment of Alzheimer's disease and Dementia CRISPR/miR approahes **RNA-based interventions** for target validation and for target indentification proof of principle for therapy RNA-mediated gainand loss-of function Dynamic model **CRIPR libraries-**Target validation of neurodegeneration novel canddiates Proof-of-principle: Target identification Therapeutic candidates oxi-miR validation RNA therapy

Predicting Future Virus Mutations

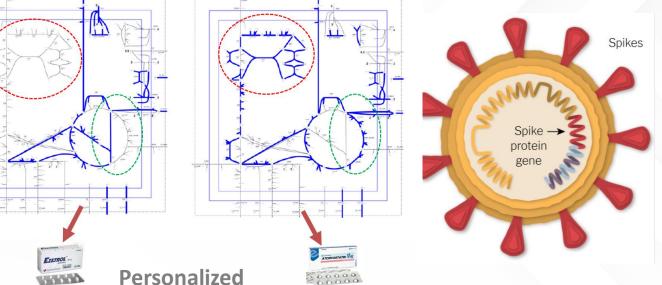
Peacrealic cancer Non-muli cell lung cancer

Endometrial custom

Sos Pas Pas BEK + ERK

- F-428P

Cell cycle
Cell cycle
Cell cycle



Drug Repositioning





Treatment Recommendation



miRNA-based Alzheimer Biomarker Prediction



Call Topic: HORIZON-HLTH-2025-01-DISEASE-06: Implementation research addressing strategies to strengthen health systems for equitable high-quality care and health outcomes in the context of non-communicable diseases (GACD)

Deadline Dates: 18/09/2025

- ☐ Objectives: Develop readmission risk prediction models for multiple diseases
- **☐** Expected Results:



- ☐ Develop readmission risk prediction models for multiple diseases:
 - □ statistical machine learning models to predict the risk of readmission initially for the following 8 disease groups:
 - myocardial infarction, chronic obstructive pulmonary disease, heart failure, pneumonia, diabetes mellitus, stroke, dementia, and Alzheimer's disease.
 - ☐ these diseases are considered the most contributing ones to the yearly overall unplanned readmission costs



- ☐ Identify unplanned readmission cases in a personalized and adaptive way
 - ☐ one-fits-all kind of thresholds
 - purely focus on the number of days that has passed since discharge
 - ☐ ignores patient condition at the time of hospitalization
 - ☐ thresholds do not rely on patient data
 - ☐ not well-agreed on among experts
 - ☐ Proposed solution:
 - develop a set of machine learning models tp mark each hospitalization as "readmission" or not based on patient data



Ц	Loca	ting and eliminating data entry errors
		questionable reliability of some fields in patient records
		reasons:
		high work overload
		time pressure
		choose options that are most convenient and least time consuming on the software
		interface
		none-to-minimal auditing practices
		eliminate data entry errors before training any statistical models on the data.
		Manually identifying and eliminating such errors is time-consuming and resource-
		intensive.
		proposed solution:
		develop supervised and unsupervised machine learning models to locate and
		eliminate data entry errors



- ☐ Develop a patient discharge decision support system based on readmission risk:
 - ☐ develop a clinical decision support system
 - ☐ integrate the readmission risk prediction models
 - ☐ provide assistance to clinicians
 - ☐ make a more informed discharge decision based on patient data



- ☐ Develop a remote follow-up program integrated with readmission risk prediction models and connected to the workflow of healthcare providers
 - ☐ follow-up with patients after they are discharged
 - patients to be provided with a set of portable measurement devices
 - □ blood sugar measurement tool, blood pressure monitor, etc.
 - □ patients periodically communicate measurements through a mobile app or webbased tool to their health care provider
 - ☐ readmission risk models continuously evaluate the stream of remote measurements
 - ☐ high readmission risk ② notify healthcare provider and the patient
 - ☐ a physician will get in touch with the patient
 - ☐ schedule a visit or a planned admission
 - consider readmission risk score, the availability of hospital bed space, etc.



- ☐ Developing a cost-aware readmission recommender model
 - enrich readmission risk monitoring system with a cost model
 - ☐ consider the cost of unnecessary hospital stay of a patient vs. the cost of delaying a readmission
 - ☐ risk of patient getting into a worse condition
 - ☐ returning to the hospital via emergency room.
 - □ before calling for a scheduling of a planned admission, the cost will also be a contributing factor.



- ☐ Developing mobile and web apps to support data entry and reporting
 - ☐ a mobile app for patients to enter their measurements remotely.
 - web interfaces to create reports for healthcare providers about the currently monitored patients.



- ☐ Develop a framework for interoperability
 - enable re-use of health data, data analytics and metadata from different repositories across countries
 - ☐ compliance with FAIR data management principles
 - ☐ as well as national and EU legal and ethical requirements
 - ☐ the standardization of meta knowledge (meta data, ontologies and reference repositories) and clinical data,
 - especially health data coming from different clinical services and sites, and/or from multiple countries.
 - ☐ taking into account the Commission Recommendation on a European Electronic Health Record exchange format



- ☐ health data coming from a number of countries
 - ☐ a representative sample of the European healthcare landscape
 - ☐ contribute to the creation of the European Health Data Space
- ☐ Turkey
 - ☐ 12 large-scale research hospitals serving 10+ million people in Istanbul region
- ☐ Country 2
 - □ ??
- ☐ Country 3
 - □ ??
- ☐ Country 4
 - □ ??



Consortium - profile of known partners (if any)

No	Partner Name	Туре	Country	Role in the Project
01	Medipol University Hospitals	Hospital	TR	Data Provider
02	Pusula	SME	TR	Commercialization
03				
04				
05				



Consortium – required partners

No	Expertise	Type	Country	Role in the project
01	Data Provider/Hospital			
02	Text Analytics			Turning Unstructured Data into Structured Data
03	Remote Patient Follow- up			
04	Mobile App Development/Web development/UI Development			



Consortium – required partners

No	Expertise	Type	Country	Role in the project
05	Federated Learning/Big Data Processing			
06	Privacy-Preserving and Secure Management of Health Data			
07	Interoperability			
80	Project Management / Dissemination / Patient Groups			



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