

This project is co-financed by the European Union and the Republic of Türkiye





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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

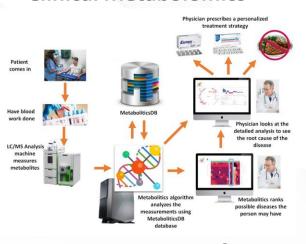
Databases

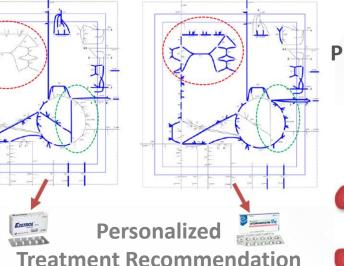
Data Management



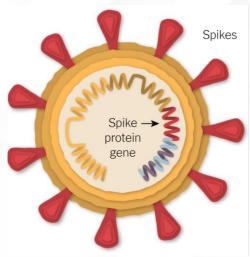
On-going Projects

Clinical Metabolomics





Predicting Future Virus Mutations



◆ Chi --- Receptor --- Degradation

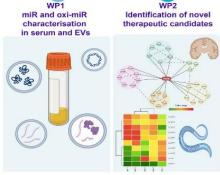
5m +p FAX ---- Mileren Migraten

Nok FAK --- FINKK +0 INK

Endometrial cancer

± Ca → All

(Micro)RNA and Informatics approaches for diagnosis, prognosis and treatment of Alzheimer's disease and Dementia



Biomarker identification Target identification

Dynamic model of neurodegeneration Therapeutic candidates



WP3 CRISPR/miR approaches for target indentification

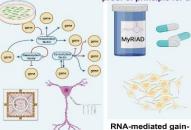
thes RNA-based interventions for target validation and proof of principle for therapy

and loss-of function

Target validation

RNA therapy

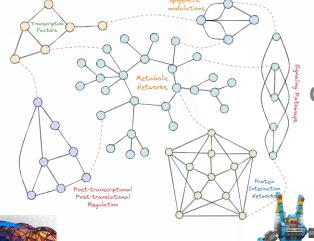
Proof-of-principle:



iPSCs screeening CRIPR librariesnovel canddiates oxi-miR validation 2023 JPND Call Results

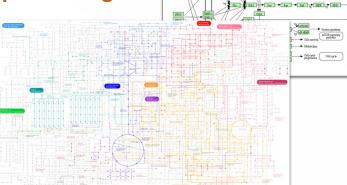
LARGE SCALE ANALYSIS OF OMICS DATA FOR DRUG-TARGET FINDING IN NEURODEGENERATIVE

Find out more now!



Multi-omics Clinical Data Analysis

Drug Repositioning



ERBB SIGNALING PATHWAY



miRNA-based Alzheimer Biomarker Prediction

DISEASES



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) - Single Stage

Deadline Dates: 18/09/2025

- ☐ **Project Objective:** Develop a Decision Support System to Help Clinicians Make Discharge and Planned Readmission Decisions
- ☐ Expected Results: Reduced Cost on Health Systems

Increased Patient Life Quality

Improved Efficiency of Resource Utilization in Hospitals



Motivation

- Push for electronic health records
- Intelligent systems to derive invaluable insights
 - Discovering hidden patterns and relationships
- An important issue:
 - Need for readmission shortly after discharge
- Almost always unplanned
- Huge amount financial costs
- Resource contentions at hospitals
- 20% of Medicare patients re-hospitalized within 30 days after discharge
 - Cost: \$17.4 billion annually (Jencks, 2009)



Motivation

- The first point of entry: emergency rooms
 - more expensive operating cost
 - make crowded emergency rooms even more crowded
 - increased average waiting times
- Readmission in a worse condition than discharge time
 - extended recovery time
 - decrease in life quality
 - loss in employment time.
 - increased risk of hospital-acquired infections



Motivation

- From hospitals' perspective:
 - a high rate of re-admission → insufficiency of the quality of medical care services
 - part of hospital performance criteria in some countries
- Re-hospitalization could be prevented between 12% and 75%
 - patient education, pre-discharge evaluations, and complementary therapies applied at home
 - (Benbassat and Taragin, 2000)



- ☐ 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.
 - ☐ The most contributing diseases to the yearly overall unplanned readmission costs



- ☐ 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 → 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.



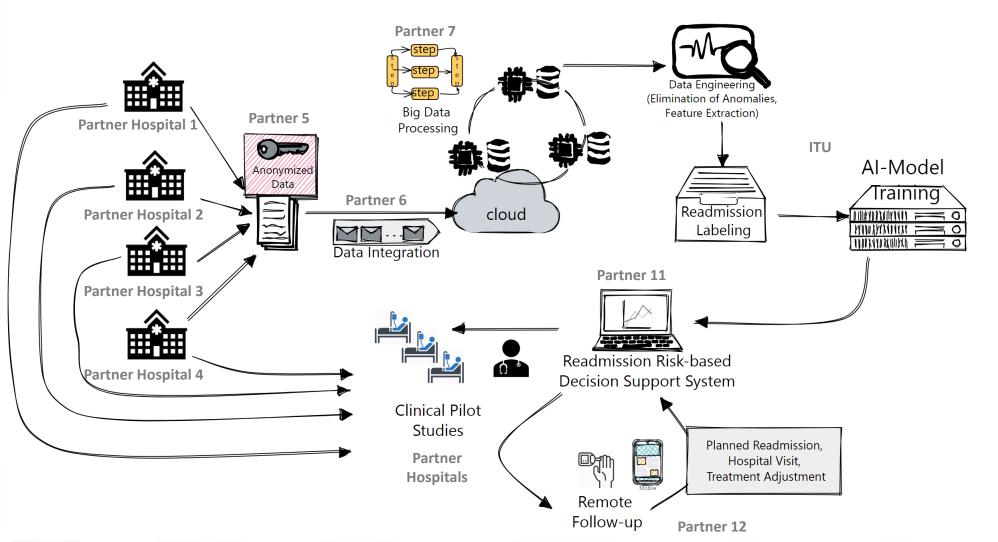
- ☐ Developing mobile and web apps to support data entry and reporting
 - ☐ a mobile app for patients to enter their measurements remotely.
 - web interfaces to create reports for healthcare providers about the currently monitored patients.

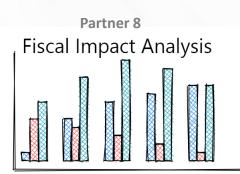


Develop a framework for interoperability
 enable re-use of health data, data analytics and metadata from different repositories across countries
 compliance with FAIR data management principles
 as well as national and EU legal and ethical requirements
 the standardization of meta knowledge (meta data, 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



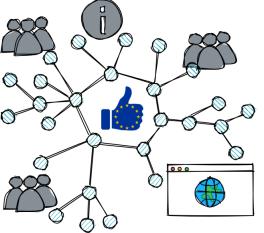
Big Picture







Commercialization
Partner 9



Dissemination / Outreach
Partner 10



- ☐ 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 Structure

No	Partner Name	Туре	Country	Role in the Project
01	Istanbul Technical University (ITU)	University	TR	Coordinator, Readmission Risk Prediction Models
02	Partner 1	Hospital	Any	Data Provider, Data Curator, Pilot Study Conduction
03	Partner 2	Hospital	Any	Data Provider, Data Curator, Pilot Study Conduction
04	Partner 3	Hospital	Any	Data Provider, Data Curator, Pilot Study Conduction
05	Partner 4	Hospital	Any	Data Provider, Data Curator, Pilot Study Conduction



Consortium Structure

No	Partner Name	Type	Country	Role in the project
06	Partner 5	Any	Any	Data Anonymization, Data Encryption, Secure Data Transfer, Legal Compliance
07	Partner 6	Any	Any	Data Integration - Interoperability
08	Partner 7	Any	Any	Big Data Processing and Management
09	Partner 8	Any	Any	Fiscal Impact Analysis



Consortium Structure

No	Partner Name	Туре	Country	Role in the project
10	Partner 9	Any	Any	Commercialization, Certification, Business Development
11	Partner 10	Any	Any	Dissemination / Outreach / Patient Group Collaboration
12	Partner 11	Any	Any	Mobile and Web Apps – Hospital Information System Integration
13	Partner 12	Any	Any	Remote Patient Follow-up



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