Digital therapeutic engagement: moving beyond usage time to identify efficacious engagement

BACKGROUND

- Novel, targeted, and safe treatments are needed for patients with ADHD.
- AKL-T01 is an at-home digital therapeutic that uses a proprietary algorithm (SSMETM) designed to improve attention and related cognitive control processes by training interference management at an adaptive and personalized high degree of difficulty. Interference is instantiated through a video game-like interface presenting two tasks that are to be done in parallel (multitasking). A perceptual discrimination targeting and a sensory motor navigation task. The goal is to successfully Steer their character through a course while avoiding bumping into obstacles, and to Tap the screen to collect targets when they appear.
- During the intervention period (days 1–28), participants are instructed to use AKL-T01 at home (iPad device) for ~25 min per day, 5 days per week, for 4 weeks.
- To date, we have studied AKL-T01 in over 600 children (8-15 years old) across 5 clinical studies (539 received AKL-T01), comprising Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Disorder, Sensory Processing Disorder, and neurotypical participants.
- Goal: a meta-analysis of the impact of AKL-T01 on objective measures of attention and further evaluate how machine learning algorithms can help identify appropriate engagement with the intervention and its impact outcome measures.

METHODS



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META-ANALYTIC PHASE

TABLE 01	Summary o	of Study Demogr	aphic	and D	esign	
STUDY	AGE range	Population	N Contr	(TOTA) ol	L) T01	API inclusion
ADHD-PoC ¹	8-12	ADHD + healthy	-	(80)	80	No
ADHD-STARS ²	8-12	ADHD no meds	168	(348)	180	<1.8
ADHD-Adjunct	8-14	ADHD on/off meds	-	(206)	206	No
ASD+ADHD 4	9-15	ASD + ADHD	8	(19) -	11	<0
SPD+ADHD ⁵	8-13	SPD +SPD-IA + healthy	-	(62)	62	No

TABLE 02	Summary of R	esults on At	tentional Metri	cs (participan	ts on AKL-T01	, n= 539)	
			S	TUDY			
TOVA METRIC	statistic Population N	ADHD-POC <i>80</i>	ADHD-STARS 180	ASD+ADHD 11	SPD+ADHD 62	ADHD-Adjunct 206	Total 539
	Mean (SD) [Valid N]	0.91(3.38)[80]	0.92(3.16)[168]	1.86(3.66)[11]	0.97(1.88)[45]	-0.04(3.17)[200]	0.56(3.18)[504]
API	p value	0.018	0.0002	0.12	0.0012	0.87	0.0001
	Cohen's D	0.27	0.29	0.51	0.51	-0.01	0.18
	Mean (SD) [Valid N]	7.44(19.04)[80]	4.2(22.11)[169]	3.63(7.42)[11]	7.96(13.30)[45]	2.55(16.64)[200]	4.38(18.70)[505]
Sustained attention (RT Half1)	t, p value	0.0008	0.015	0.14	0.0002	0.032	<0.0001
	Cohen's D	0.39	0.19	0.49	0.6	0.15	0.23
	Mean (SD) [Valid N]	6.57(32.92)[80]	8.4(31.72)[168]	16.98(47.41)[11]	2. 	-1.74(28.76)[200]	3.87(31.45)[459]
Reaction time variability (Total)	t, p value	0.08	0.0008	0.26		0.39	0.0087
	Cohen's D	0.20	0.26	0.36		-0.06	0.12
	Mean (SD) [Valid N]	6.16(21.34)[80]	5.83(20.15)[168]	10.79(22.58)[11]		0.06(19.22)[200]	3.49(20.20)[459]
Derived Total Change [1]	t, p value	0.01	0.0002	0.14		0.96	0.0002
	Cohen's D	0.29	0.29	0.48	3 	0	0.17
API Sustained attention (RT Half1) Reaction time total total Derived Total Change [1]	p value Cohen's D Mean (SD) [Valid N] t, p value Cohen's D t, p value Cohen's D Mean (SD) [Valid N] t, p value t, p value	0.018 0.27 7.44(19.04)[80] 0.0008 0.39 6.57(32.92)[80] 0.20 6.16(21.34)[80] 0.21	0.0002 0.29 4.2(22.11)[169] 0.015 0.19 8.4(31.72)[168] 0.26 0.26 5.83(20.15)[168] 0.0002 0.29	0.12 0.51 3.63(7.42)[11] 0.14 0.49 16.98(47.41)[11] 0.26 0.36 10.79(22.58)[11] 0.14 0.14	0.0012 0.51 7.96(13.30)[45] 0.0002 -	0.87 -0.01 2.55(16.64)[200] 0.032 0.15 -1.74(28.76)[200] 0.39 -0.06 0.06(19.22)[200] 0.96	0.0001 0.18 4.38(18.70)[5 <0.0001 0.23 3.87(31.45)[4 0.0087 0.12 3.49(20.20)[4 0.0002 0.17

API (Attention Performance Index): is a composite score of the sum of three z-scores from the Response Time in Half 1, d' in Half 2, and Reaction Time Variability (total)

MACHINE LEARNING PHASE

- In a sensitivity analysis of our largest clinical trial (STARS-ADHD, n=168; mean effect sizes 0.29), number of sessions played (usage time) was not highly correlated with efficacy.
- While aspects such as the frequency and total duration of use may play a role in treatment efficacy, the quality of interaction, ie. whether users engage and play as intended, is likely another important factor in treatment efficacy.
- We identified key features of engagement (Task-Responsive Interaction; TRI) and subject matter experts manually labeled 600 representative treatment sessions.
- We then trained a machine learning algorithm (random forest classifier) to categorize the remaining sessions. Model accuracy was assessed using a holdout set. Results showed high accuracy in predicting engagement labels provided by the subject matter experts.
- Subjects were divided into high/low TRI based on a median split of their average TRI label across all sessions.





TABLE 03

CONCLUSIONS

- participant engagement with AKL-T01.

REFERENCES

- 1. Davis, et al., 2018, PloS ONE
- 2. Kollins, et al., 2020, Lancet Digital Health

- 5. Anguera et al, 2017, PLoS ONE

DISCLOSURES

MACHINE LEARNING RESULTS

Summary of Effect Sizes on Attentional Metrics (STARS-A					
TOVA METRIC	Cohen's D ADHD-STARS	Cohen's D ADHD-STARS + TRI			
API	0.29	0.51			
Sustained attention (RT Half1)	0.19	0.20			
Reaction time variability (Total)	0.26	0.55			

Results from a meta-analysis on pediatric populations following 1-month intervention with AKL-T01 showed an overall small (0.17 effect size) but significant improvement in objective measures of attention (Cohen's D ranged between 0.12-0.23 across measures).

✓ The task-responsive interaction (TRI) classifier is able to distinguish between different levels of

✓ Unlike usage time, participants with higher engagement (High TRI) across all sessions showed a greater improvement in objective attentional measures.

 \checkmark This approach provides a better predictor of efficacious engagement than traditional methods.

3. Data on file, NCT=03649074 (manuscript in progress) 4. Yesrys et al, 2019, Journal of Autism and Developmental Disorders



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