

Khaleel Kamal¹, András Sarkany^{1,3}, Camille Brune², Emily Dillon², Latha V. Soorya², Zoltán Tóser¹
(1)Argus Cognitive, Inc., Hanover, NH, (2)Department of Psychiatry, Rush University Medical Center, Chicago, IL, (3)Department of Software Technology & Methodology, Eötvös Loránd University, Budapest, Hungary

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- Computational approaches show promise in objectively capturing the complex repertoire of behaviors linked to Autism Spectrum Disorder (ASD).

- ## Objectives

- Demonstrate technical validity by analyzing and appraising how our noninvasive methods (**Neuro-ra**) detect and monitor social-communication behaviors within standard clinical contexts.

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60 participants were recruited, 47 with NDDs and 13 age-matched typically developing controls

For test-retest reliability, a separate 15 NDD participants underwent two visits. Test-retest window range: 6-45 days

2

Participants received standard ADOS-2 diagnostic evaluations

3

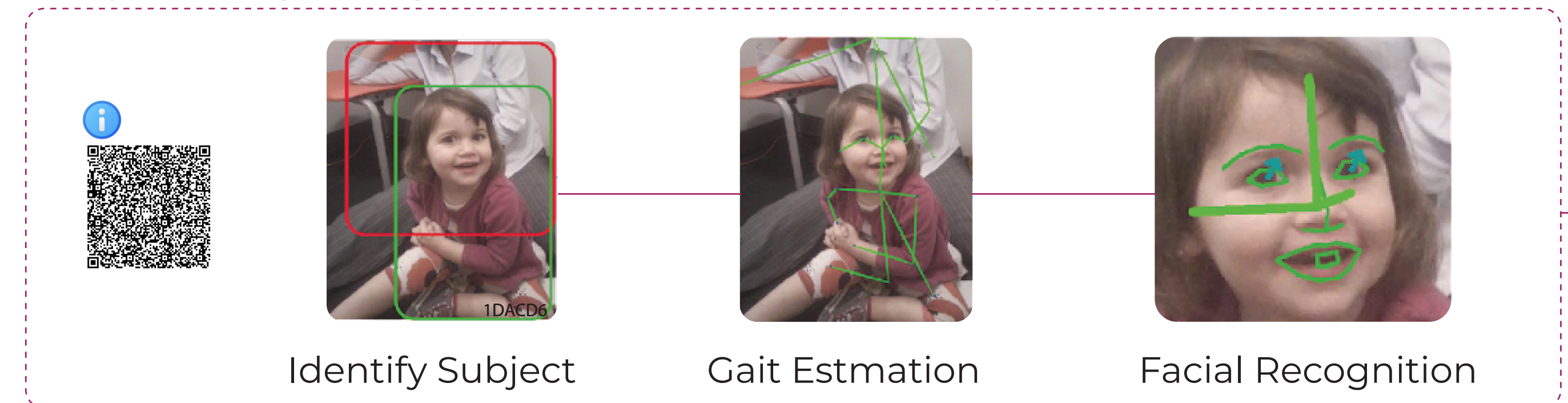
Collect ADOS-2 Footage

4

Analyze footage using computational Artificial Intelligence (AI) methods

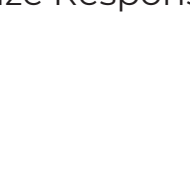
Tobii Pro Glasses 2 (worn by clinician)

2D Cameras




- F1 score: is a single number that tells you how good a machine learning model is at identifying things correctly. It combines two other numbers called precision and recall. The higher, the better.
- ICC, Intraclass Correlation Coefficient: a reliability index in test-retest analyses. The ICC value ranges from 0 to 1, where higher is better.
- A Welch's t-test was used to assess discriminative power and establish a clinical association.
- Normalized Count: Measures the frequency of behavioral events normalized by the session length (Vocalization Domain), patient's frontal face (Face Domain), or pose (Gesture Domain) presence on camera, expressed in seconds.
- 24 age-matched (NDD=16, TD=8) participants were selected for discriminative analysis. For the vocalization domain, only ADOS-2 Module 3 participants were selected.

Gaze

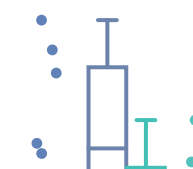


e.g. Eye Contact, Gaze Response




- Tobii Glasses 2 Pro were worn by the clinician and used to capture the clinician and child's gaze.
- Patients' gaze was estimated using machine learning techniques that track gaze direction in real-time.
- Results suggest Neurora differentiates eye contact (p=0.006) and patient-initiated gaze (p=0.056) between TD and NDD cohorts.

Face




e.g. Action Units, Basic Emotion

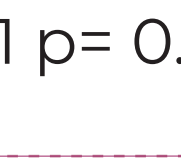


- AU1 corresponds to the inner brow raiser, typically associated with surprise, fear, and sadness, while AU4 corresponds to the brow lowerer, which may indicate negative emotions such as anger and frustration.
- Results suggest that Neurora significantly differentiated between AU1 and AU4 scores in the groups (AU1 p= 0.002; AU4 p= 0.053).

Vocalization

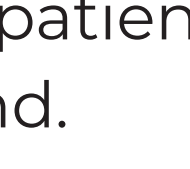


e.g. Reciprocal Vocal Exchange

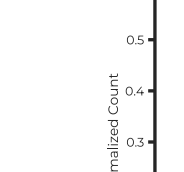


- Module 3 participants (NDD=8, TD=8) exhibited higher rates of vocalizations, including all vocal activity, pauses (300-5000 ms windows), and exchanges (3 speakers, 2-second intervals before and after reciprocal vocal exchange).
- TD patients' longer sustained conversations may lead to fewer breaks and a lower total number of conversations, despite conversing more.

Gestures



e.g. Sensory Behaviors, Hand Contact



- Hand Contact: Whenever a patient's hands come in contact with a clinician's hand.
- Sensory Behavior: An intense or prolonged (>500ms) tactile inspection, bringing an object/hand within close proximity of the head, including the neck.
- The results indicate higher counts of touching, including hand contact and sensory behavior, in the NDD cohort compared to the TD cohort.

Category	Measure	p-value	Cohen's d
Gaze	Eye Contact	0.0063	1.5452
	Patient Looks at Clinician	0.0562	0.9809
Face	AU1	0.0028	1.6271
	AU4	0.0537	0.7791
Vocalization	Vocal Pauses	0.0013	2.0933
	Vocal Activity	0.0031	1.8895
Gestures	Hand Contact	0.0011	1.2412
	Sensory Behavior	0.0547	0.7248

- Results demonstrated the reliability and technical validity of captured nuanced metrics across behavioral domains including facial expressions, gaze, vocalization, and gestures.
- Clinical utility was demonstrated by assessing differences across captured behavioral domain metrics between participants with and without NDDs.
- Several biometric variables across domains show promise in differentiating NDD and TD populations, with some measures (Vocalizations) requiring further development to understand clinical correlates and clinical relevance.
- Future directions include evaluating clinical correlates of biometric measures and validation in larger ASD, NDD cohorts, and TD cohorts.