



LET'S CONNECT

A.Traverso^{1,2,3}, M.Denti¹, A.Esposito^{1,4}, C.Tacchetti^{1,4}

On behalf of the San-Raffaele AI Center

¹Vita-Salute San Raffaele University, Milan, Italy

²Department of Radiotherapy, Maastricht Clinic, Maastricht, The Netherlands

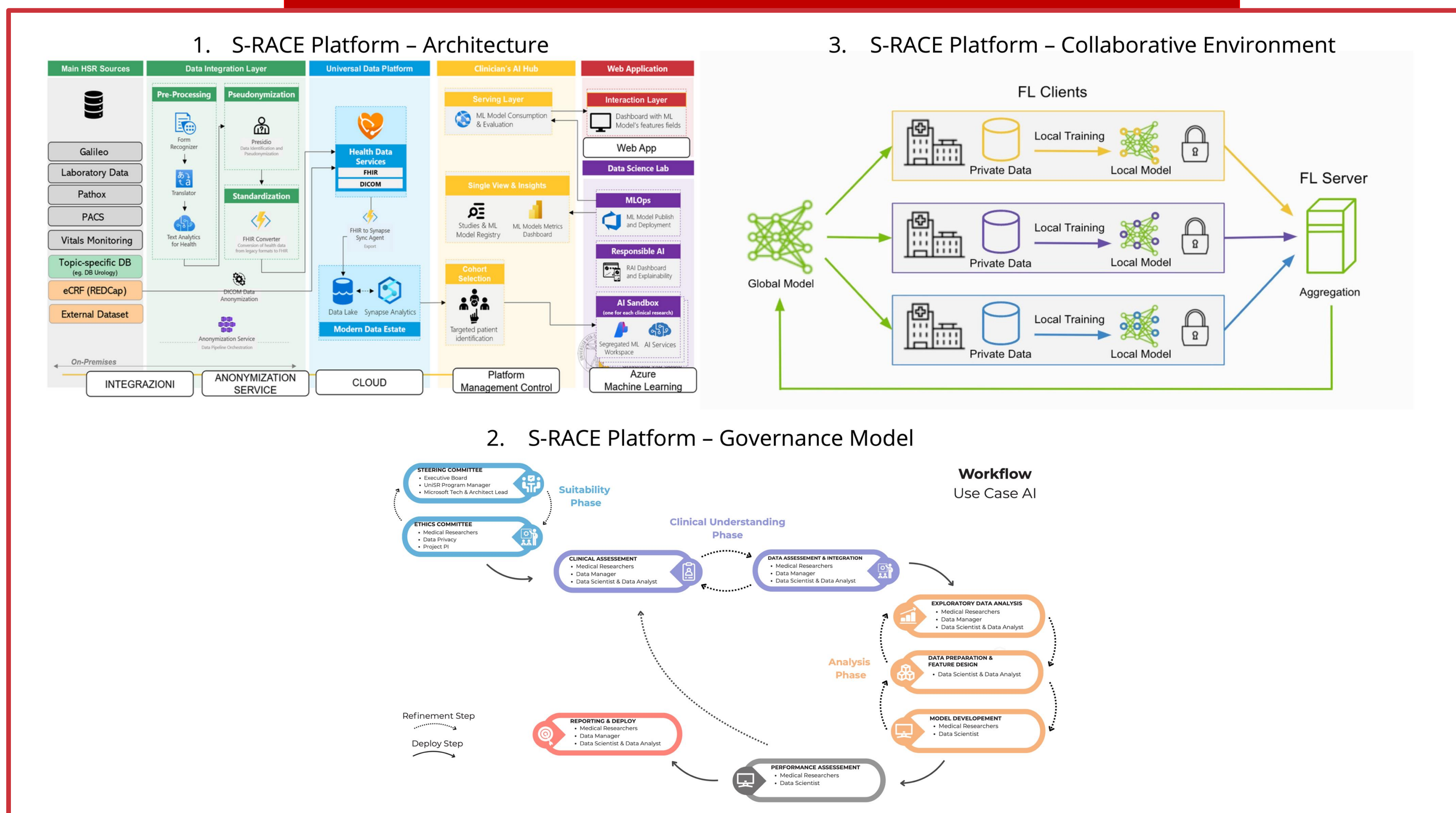
³DIGICORE (Digital Institute for Cancer Outcomes Research), Brussels, Belgium

⁴Experimental Imaging Center, San Raffaele Hospital, Milan, Italy

RATIONALE

- Personalized Medicine with AI:** RWE and AI are vital for **personalized medicine**, optimizing treatments and preventing adverse events by revealing hidden data patterns.
- Data Quality is Paramount:** The success of clinical AI depends heavily on **RWE data quality**, which is often unstructured and requires significant manual curation.
- Responsible AI:** AI prognostic models should be fair, transparent, useful for clinical practice and law-compliant

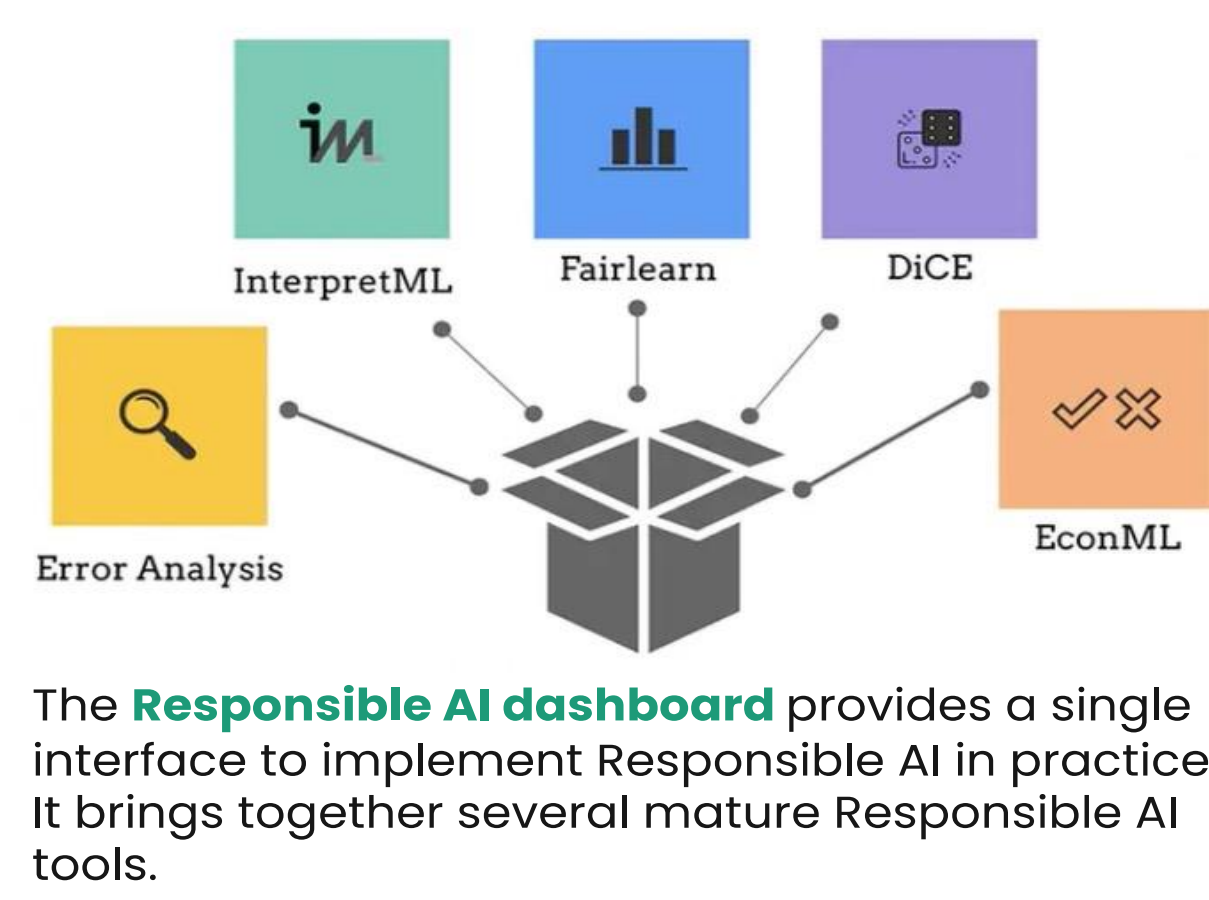
DESIGN



IMPLEMENTATION



S-RACE Digital health platform: Explainable & Responsible AI



Model overview and fairness assessment, how model's predictions affect diverse groups of people. ([Fairlearn](#))

Data analysis, to understand and explore the dataset distributions and statistics.

Model interpretability to understand model's predictions and how those overall and individual predictions are made. ([InterpretML](#))

Error analysis, to view and understand how errors are distributed in the dataset. ([Error analysis](#))

Counterfactual what-if, to observe how feature perturbations would affect model predictions ([DICE](#))

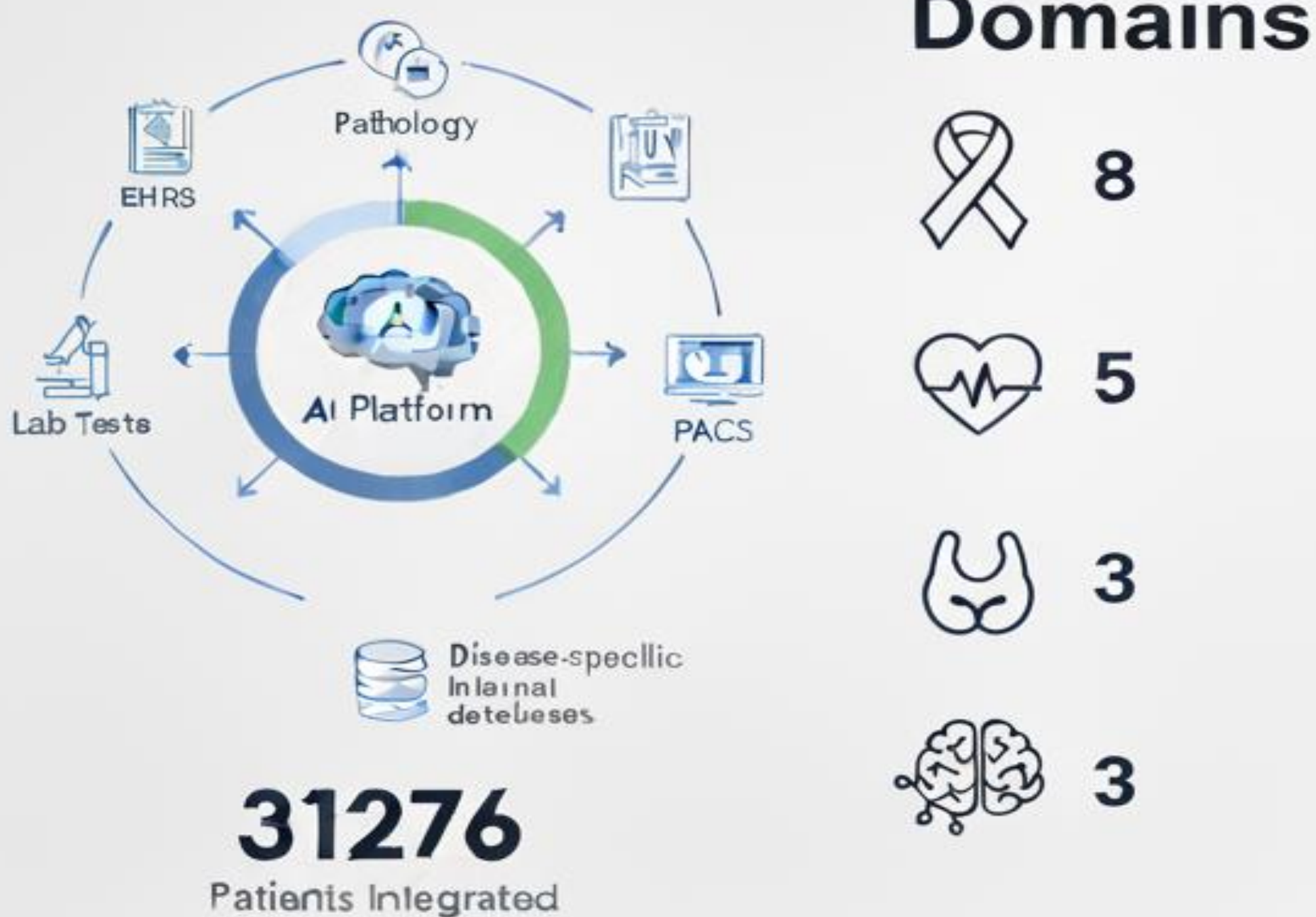
Causal analysis, to use historical data to view the causal effects of treatment features on real-world outcomes. ([EconML](#))

CLINICAL RESEARCH

19

Clinical Research
Projects On-tuning
(September 2025)

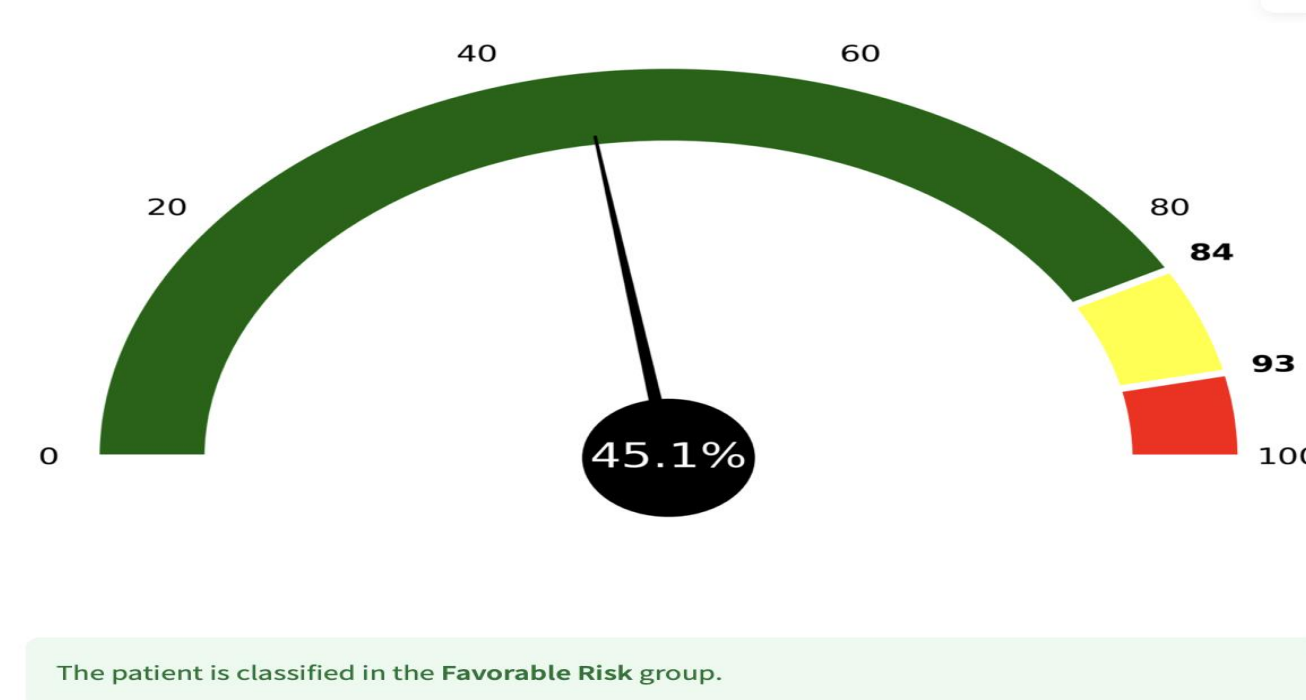
13 Projects with data loaded
6 Projects to be loaded
after IRB approval



Recap of Submitted Variables

Parameter	Value
Anamnesis Platelets count	153.0
Primary kidney tumor largest dimension	4.2
Anamnesis Hemoglobin	12.7
Age	78
ECOG Performance status	0
Anamnesis eGFR	60.41
Anamnesis Lymphadenopathy	False
Anamnesis BMI	24.52

Patient Risk Group



SHAP Explanation

