

# Evaluating an artificial intelligence tool for measuring the aorta from computed tomography (CT) scans

<b>Submission date</b> 02/05/2026	<b>Recruitment status</b> Recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 06/05/2026	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 05/05/2026	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

The aorta is the body's main blood vessel, carrying blood from the heart to the rest of the body. It can become enlarged over time, which may lead to serious and life-threatening conditions. Doctors use CT scans to measure the size of the aorta and monitor patients. A CT scan is a test that takes detailed pictures of the inside of your body. Currently these measurements are made by hand by specialist doctors, which takes time and can vary between readers. Aorta AIM is an AI software tool designed to make these measurements automatically. This study aims to test how accurately Aorta AIM measures the aorta from CT scans compared to specialist doctors.

### Who can participate?

The study will use CT scan images obtained as part of routine clinical care at three NHS hospitals in England. All patient-identifying information is removed before the data is used for research. No patients are directly approached or recruited. Data may be included unless the patient opted out of NHS data sharing through the National Data Opt-Out programme.

### What does the study involve?

Existing CT scans from routine clinical care are identified by staff at each hospital and stripped of any patient-identifying information. Aorta AIM measures the aorta from each scan. Specialist doctors then measure the same scans, without seeing the AI results or each other's measurements. The two sets of measurements are then compared to assess how accurately Aorta AIM performs. No patients are contacted and no changes are made to anyone's care.

### What are the possible benefits and risks of participating?

There are no risks to patients as this study only uses existing scan images with no patient contact. All patient-identifying information has been removed from the data. If Aorta AIM performs well, it could in future help doctors measure the aorta more quickly and consistently, benefiting patients with aortic conditions.

### Where is the study run from?

The study is led by Northumbria Healthcare NHS Foundation Trust, with research activities also

taking place at Newcastle upon Tyne Hospitals NHS Foundation Trust and South Tyneside and Sunderland NHS Foundation Trust.

When is the study starting and how long is it expected to run for?  
May 2026 to September 2026.

Who is funding the study?  
AIATELLA Oy (Finland).

Who is the main contact?  
Jack Parker - research@aiatella.com, jack@aiatella.com

## Contact information

### Type(s)

Principal investigator

### Contact name

Prof David Ripley

### ORCID ID

<https://orcid.org/0000-0001-8460-9873>

### Contact details

North Tyneside Hospital, Rake Lane  
North Shields  
United Kingdom  
NE29 8NH  
+44 3448118111  
david.ripley@nhct.nhs.uk

### Type(s)

Scientific, Public

### Contact name

Mr Jack Parker

### ORCID ID

<https://orcid.org/0000-0003-2253-6079>

### Contact details

Lapinlahdenkatu 16  
Helsinki  
Finland  
00180  
+358 4578313729  
jack@aiatella.com

## Additional identifiers

**Integrated Research Application System (IRAS)**

356296

**Central Portfolio Management System (CPMS)**

71579

## **Study information**

### **Scientific Title**

AI-CARE: Artificial Intelligence for Cardiovascular Analysis and Risk Evaluation

### **Acronym**

AI-CARE

### **Study objectives**

### **Ethics approval required**

Ethics approval not required

### **Ethics approval(s)**

### **Primary study design**

Observational

### **Secondary study design**

Retrospective validation study

### **Study type(s)**

### **Health condition(s) or problem(s) studied**

Aortic pathology, including aneurysm and dissection

### **Interventions**

Retrospective CT studies from adult patients who underwent routine clinical aortic imaging at three NHS Trusts in England between January 2016 and August 2025 are identified and pseudonymised by the local clinical care team at each site. Pseudonymised DICOM images and demographic data (age, sex) are transferred to a secure research environment. The Aorta AIM v1.0 software processes each scan to produce automated measurements of maximum aortic diameter across standardised anatomical regions. Separately, fellowship-trained radiologists and/or cardiologists independently measure the same scans following a standardised measurement protocol, remaining blinded to AI outputs and to each other's measurements throughout. An independent statistician then compares AI and expert measurements. No patient contact occurs at any stage.

### **Intervention Type**

Device

### **Phase**

Not Applicable

**Drug/device/biological/vaccine name(s)**

Aorta AIM v1.0

**Primary outcome(s)**

1. Mean Absolute Error (MAE) between Aorta AIM v1.0 automated measurements and expert consensus reference measurements measured using absolute difference in mm, with 95% confidence interval at time of analysis

**Key secondary outcome(s)**

1. Agreement between Aorta AIM v1.0 and expert consensus maximum aortic diameter measurements measured using Intraclass Correlation Coefficient (ICC) at time of analysis

2. Systematic bias and variability between Aorta AIM v1.0 and expert consensus measurements measured using Bland-Altman limits of agreement in mm, reported descriptively at time of analysis

3. Technical processing success rate of Aorta AIM v1.0 measured using percentage of successfully processed scans at time of AI processing

4. Clinical acceptability of Aorta AIM v1.0 measurements as assessed by expert readers measured using a visual scoring scale, summarised by distribution across scores and regions at time of expert review

**Completion date**

28/08/2026

## Eligibility

**Key inclusion criteria**

1. Adults  $\geq 22$  years at time of imaging
2. Imaging performed 1 Jan 2016 – 31 Aug 2025
3. CT imaging of the whole, thoracic, or abdominal aorta, with or without contrast enhancement
4. Slice thickness  $\leq 3$ mm

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Lower age limit**

22 years

**Upper age limit**

120 years

**Sex**

All

**Total final enrolment**

0

**Key exclusion criteria**

1. Metal implants <5cm from aorta (e.g. thoracic stent)
2. Prior aortic surgery
3. Severe motion artifacts (e.g. >3mm vessel blurring)
4. Congenital aortic anomalies (e.g. coarctation, vascular rings)
5. Post-traumatic aortic repairs
6. Patient opted-out of having their data used for medical research via the NHS 'National patient opt-out scheme' before the date of cross-referencing by the site team

**Date of first enrolment**

11/05/2026

**Date of final enrolment**

31/07/2026

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre****Northumbria Healthcare NHS Foundation Trust**

North Tyneside General Hospital

Rake Lane

North Shields

England

NE29 8NH

**Study participating centre****The Newcastle upon Tyne Hospitals NHS Foundation Trust**

Freeman Hospital

Freeman Road

High Heaton

Newcastle upon Tyne

England

NE7 7DN

**Study participating centre**

**South Tyneside and Sunderland NHS Foundation Trust**  
Sunderland Royal Hospital  
Kayll Road  
Sunderland  
England  
SR4 7TP

## **Sponsor information**

**Organisation**  
AIATELLA Oy

## **Funder(s)**

**Funder type**

**Funder Name**  
AIATELLA Oy

## **Results and Publications**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**  
Not expected to be made available