



Diabetic Retinopathy Analysis



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Problem

- **Diabetic Retinopathy Complexity**
 - Complication of diabetes, causing damage to retinal blood vessels
 - This damage leads to vision loss
- **Manual Screen Challenges**
 - Time Consuming, Labor Intensive and Susceptible to Inter–Observer Variability
- **Need for Automation**
 - Accurately & efficiently analyzing retinal images is needed to enable timely intervention
- **Technology Integration**
 - Leveraging technologies is essential. Systems need to be scalable, interpretable and seamlessly integrated into clinical workflows.

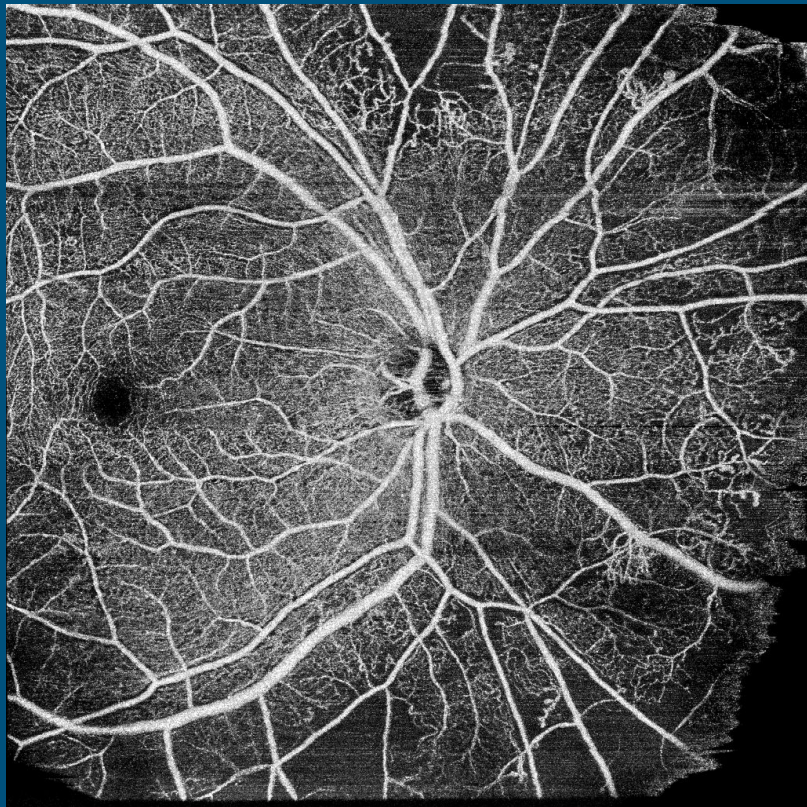
Data Description

- Segmentation Section contains Training Sets and Testing Set.
- Images (png's) are ultra-wide optical coherence tomography angiography (UW-OCTA)
- Each section, segmentation included, contains “Ground Truths”, which is a pre-labeled set of data.
- Labels are the following:
 - Intraretinal Microvascular Abnormalities (IRMA)
 - Nonperfusion Areas
 - Neovascularization

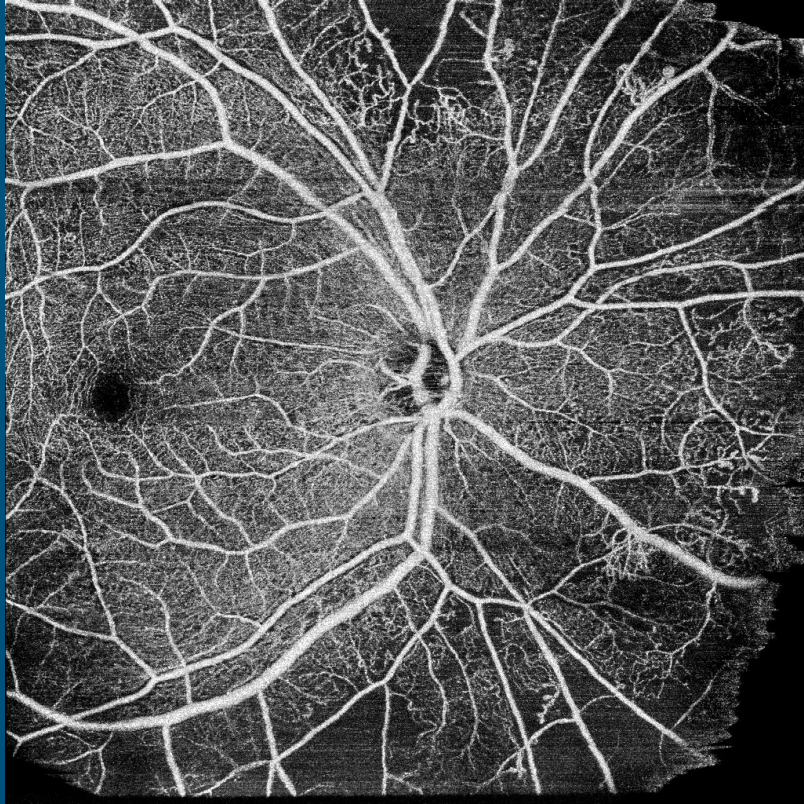
Classifications/Label Descriptions

- Intraretinal Microvascular Abnormalities (IRMA)
 - Abnormal blood vessels within retina.
 - Appear as abnormal branching or dilation of existing blood vessels.
- Nonperfusion Areas
 - Areas that lack blood flow in an eye.
 - Gives high risk of Neovascularization.
- Neovascularization
 - Formation of new blood vessels, occurs in various parts of the eye.
 - These vessels may leak and cause vision loss.
 - Typically thinner and more delicate.

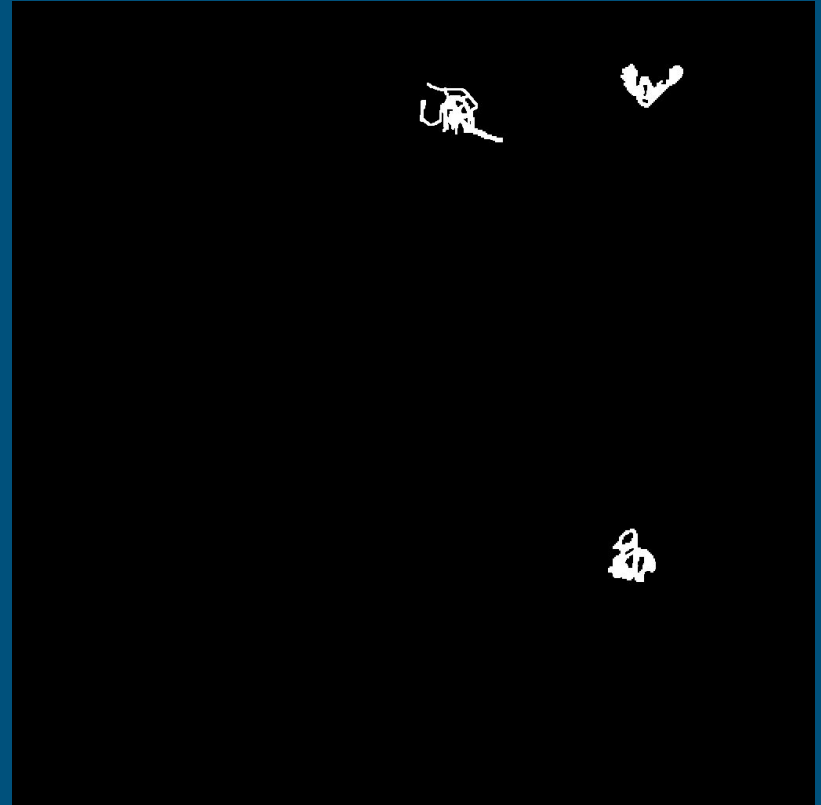
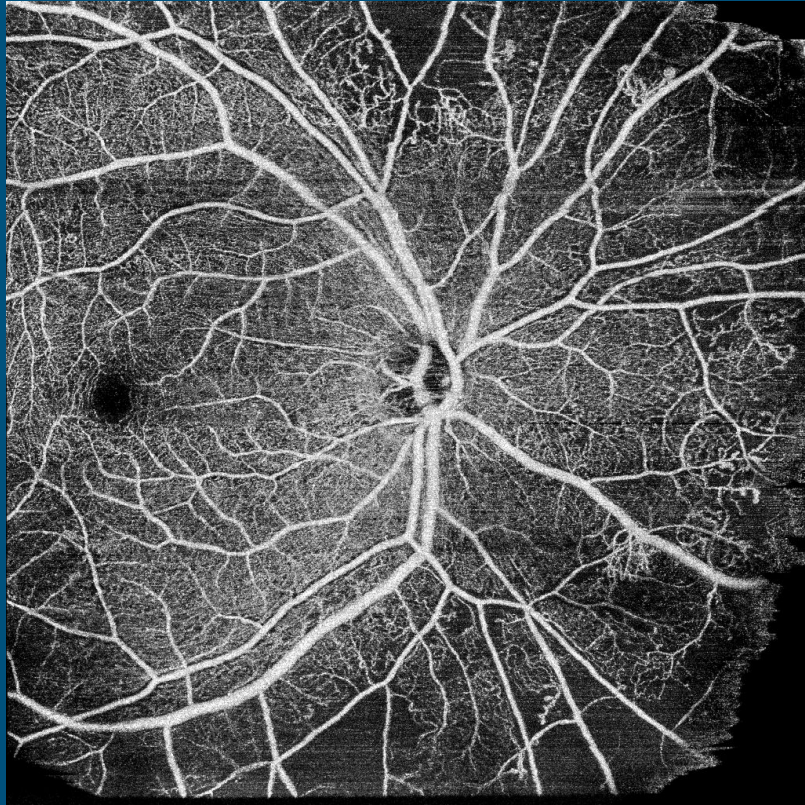
UW-OCTA vs IRMA



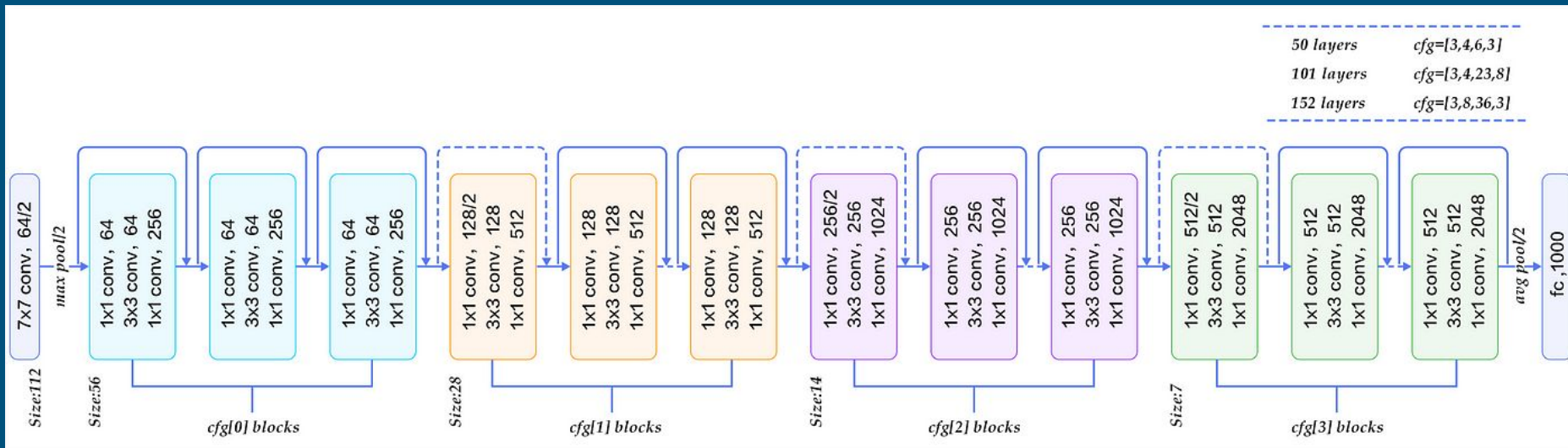
UW-OCTA vs Nonperfusion Areas



UW-OCTA vs Neovascularization



Proposed Model (FCN ResNet 50)



Bias & Variance

- Potential bias and variance given that each image is an Coronal perspective.
- Each image was also in the same rotational orientation.

Suggested Improvements

- Rotating images randomly within the dataset to provide a more robust model.
- Remove random noise found by implementing smoothing filters to the image