

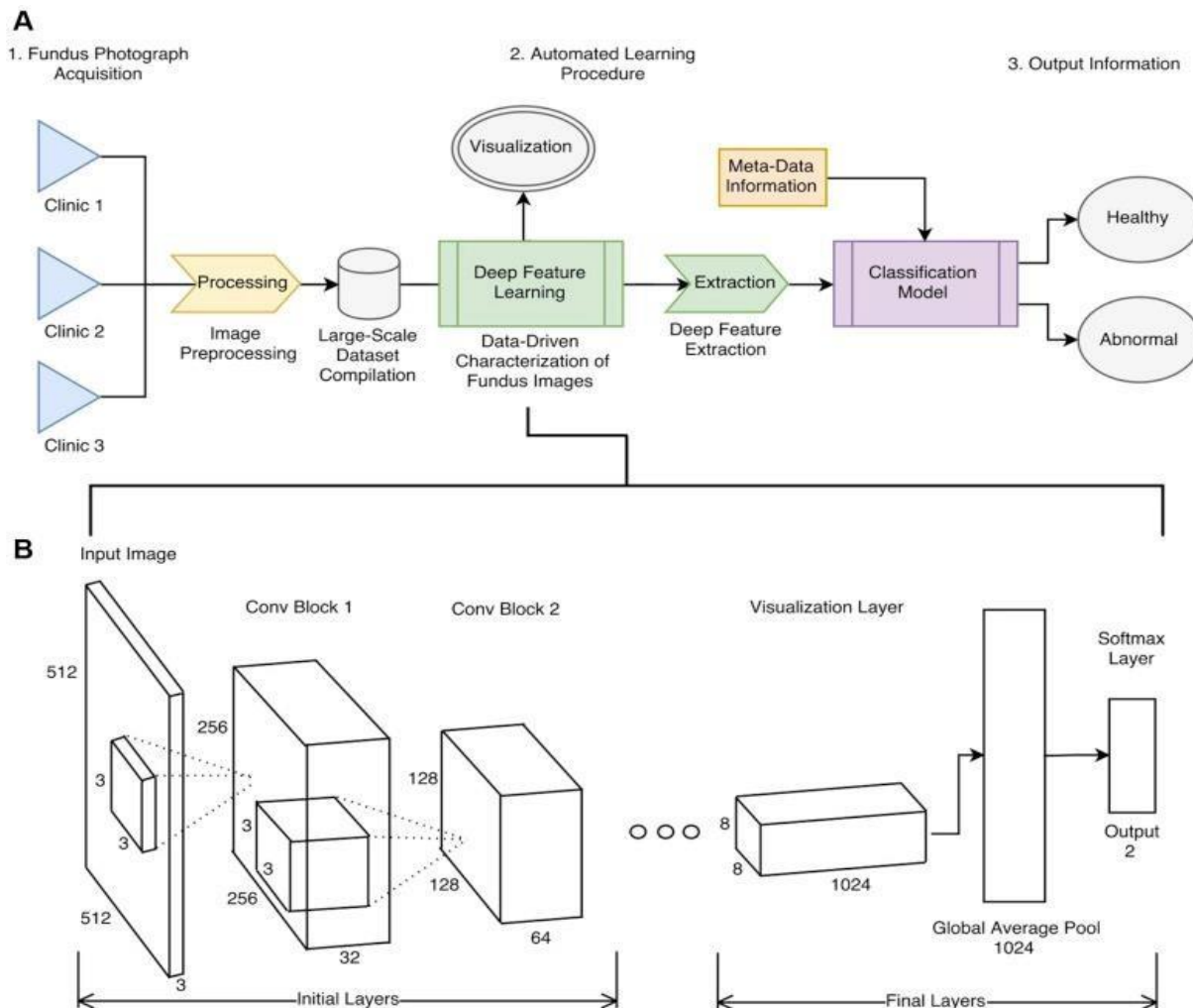
Project Design Phase-I Solution Architecture

Date	17 OCTOBER 2022
Team ID	PNT2022TMID18647
Project Name	DEEP LEARNING FUNGUS IMAGE ANALYSIS FOR EARLY DETECTION OF DIABETIC RETINOPATHY
Maximum Marks	4 Marks

SOLUTION

ARCHITECTURE:

STRUCTURE:



FEATURES:

TensorFlow provides stable Python (for version 3.7 across all platforms)[26] and C APIs;[27] and without API backwards compatibility guarantee: C++, Go, Java,[28] JavaScript[3] and Swift (early release).[29][30] Third-party packages are available for C#,[31][32] Haskell,[33] Julia,[34] R,[35] Scala,[36] Rust,[37] OCaml,[38] and Crystal.[39] "New language support should be built on top of the C API. However, [...] not all functionality is available in C yet."[40] Some more functionality is provided by the Python AP.

SOLUTION REQUIREMENTS:

You can't always prevent diabetic retinopathy. However, regular eye exams, good control of your blood sugar and blood pressure, and early intervention for vision problems can help prevent severe vision loss.If you have diabetes, reduce your risk of getting diabetic retinopathy by doing the following:

- **Manage your diabetes.** *Make healthy eating and physical activity part of your daily routine. Try to get at least 150 minutes of moderate aerobic activity, such as walking, each week. Take oral diabetes medications or insulin as directed.*
- **Monitor your blood sugar level.** *You might need to check and record your blood sugar level several times a day — or more frequently if you're ill or under stress. Ask your doctor how often you need to test your blood sugar.*
- **Ask your doctor about a glycosylated hemoglobin test.** *The glycosylated hemoglobin test, or hemoglobin A1C test, reflects your average blood sugar level for the two- to three-month period before the test. For most people with diabetes, the A1C goal is to be under 7%.*
- **Keep your blood pressure and cholesterol under control.** *Eating healthy foods, exercising regularly and losing excess weight can help. SSometimes medication is needed, too.*
- **If you smoke or use other types of tobacco, ask your doctor to help you quit.** *Smoking increases your risk of various diabetes complications, including diabetic retinopathy.*
- **Pay attention to vision changes.** *Contact your eye doctor right away if your vision suddenly changes or becomes blurry,spotty or hazy.*

Advanced diabetic retinopathy:*If you have proliferative diabetic retinopathy or macular edema, you'll need prompt treatment.Depending on the specific problems with your retina, options might include:*

- **Injecting medications into the eye.** *These medications, called vascular endothelial growth factor inhibitors, are injected into the vitreous of the eye. They help stop growth of new blood vessels and decrease fluid buildup.*
- *Two drugs are approved by the U.S. Food & Drug Administration (FDA) for treatment of diabetic macular edema — ranibizumab (Lucentis) and aflibercept (Eylea). A third drug, bevacizumab (Avastin), can be used off-label for the*

Reference:

1. Leasher, J. L. et al. Global estimates on the number of people blind or visually impaired by diabetic retinopathy: A meta-analysis From 1990 to 2010. *Diabetes Care* 39, 1643–1649 (2016).
2. International Diabetes Federation. *Diabetes atlas. IDF Diabetes Atlas, 9th edn. (International Diabetes Federation, Brussels, 2015)*.
3. Ting, D. S. W., Cheung, G. C. M. & Wong, T. Y. Diabetic retinopathy: Global prevalence, major risk factors, screening practices and public health challenges: A review. *Clin. Exp. Ophthalmol.* 44, 260–277 (2016).
4. Tomas, R., Halim, S., Gurudas, S., Sivaprasad, S. & Owens, D. *Idf diabetes atlas: A review of studies utilising retinal photography on the global prevalence of diabetes related retinopathy between 2015 and 2018. Diabetes Research and Clinical Practice*, p. 107840(2019).
5. Early Treatment Diabetic Retinopathy Study Research Group. Grading diabetic retinopathy from stereoscopic color fundus photographs-an extension of the modified airle house classification: Etdrs report number 10. *Ophthalmology* 98, 786–806 (1991).
6. Owsley, C. et al. Perceived barriers to care and attitudes about vision and eye care: Focus groups with older African Americans and eye care providers. *Investig. Ophthalmol. Vis. Sci.* 47, 2797–2802 (2006).
7. MacLennan, P. A., McGwin, G., Searcey, K. & Owsley, C. A survey of Alabama eye care providers in 2010–2011. *BMC Ophthalmol.* 14, 44 (2014).
8. Chou, C.-F. et al. Barriers to eye care among people aged 40 years and older with diagnosed diabetes, 2006–2010. *Diabetes Care* 37, 180–188 (2014).
9. Fogel, A. L. & Kvedar, J. C. Artificial intelligence powers digital medicine. *NPJ Digit. Med.* 1, 1–4 (2018).
10. Gulshan, V. et al. Development and validation of a deep learning algorithm for detection of diabetic retinopathy in retinal fundus photographs. *JAMA* 316, 2402–2410 (2016).
11. Abràmof, M. D. et al. Improved automated detection of diabetic retinopathy on a publicly available dataset through integration of deep learning. *Investig. Ophthalmol. Vis. Sci.* 57, 5200–5206 (2016).
12. Gargeya, R. & Leng, T. Automated identification of diabetic retinopathy using deep learning. *Ophthalmology* 124, 962–969 (2017).