

## Binary Diabetic Retinopathy Model-Summary

Model Name	Binary Diabetic Retinopathy Model
Model Developer	Xtend.Al
Model Task	Image Classification
Model Algo	CNN (Resnet 101)
Model Output	Disease Class Probability (Normal Vs DR)
Accuracy	0.90
Sensitivity	0.90
Specificity	0.90
F-Score	
AU-ROC	0.96
Clinical Implications	1. Model serves as a tool for early detection of Diabetic Retinopathy( DR) in clinical / primary care setting 2. Model can be used to reject non-gradable and this reduces sampling errors and frees the clinician from looking at non-gradable images 3. Model can be used to prioritize the cases at higher-risk and refer them to a clinician 4. Model performance is comparable to the performance scores or the level of competence of the clinician/specialist/user in the clinical setting
Safety Implications	1. Stored on secure servers. 2. Used SSL for all web access
Efficiency	1. Model can be used to reject non-gradable images – which typically represent 10 – 20% of the input dataset. 2. This can increase efficiency by reducing sampling errors and freeing the clinician from looking at non-gradable images
Assumptions	1. For DR screening, , ML model outcome would beprioritized for ' avoiding false negatives' 2. Relevant subgroups were represented in the evaluation dataset
Caveats	1. As the ML model is trained on data from Indian-make fundus cameras and optimized for use in Indian clinical settings, it may need to be retrained if used for a different health environment 2. Tool is intended to assist in diagnosis and not as a replacement for a clinical diagnosis
Generalizability	Model optimized for use in Indian clinical settings and conforms to its local laws and regulations only. This should be taken into account when applying the model elsewhere.
Risks	Considered but unknown