

What's next in AI for glaucoma screening?

The REFUGE challenge outcomes

José Ignacio Orlando, PhD

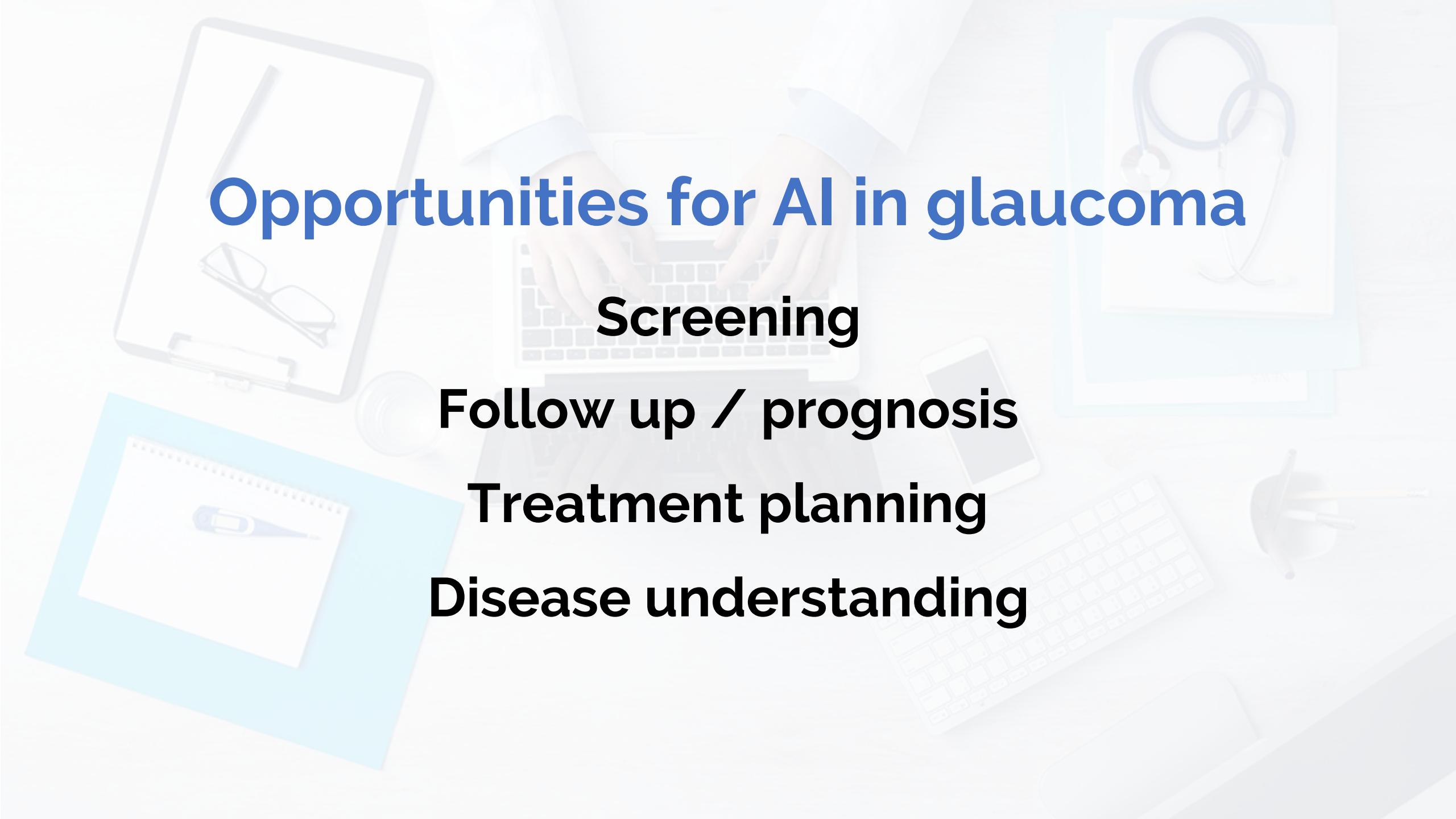
Yatiris Group, PLADEMA Institute, UNICEN

National Scientific and Technical Research Council (CONICET)





Opportunities for AI in glaucoma



Screening

Follow up / prognosis

Treatment planning

Disease understanding

Opportunities for AI in glaucoma



Screening

Follow up / prognosis

Treatment planning

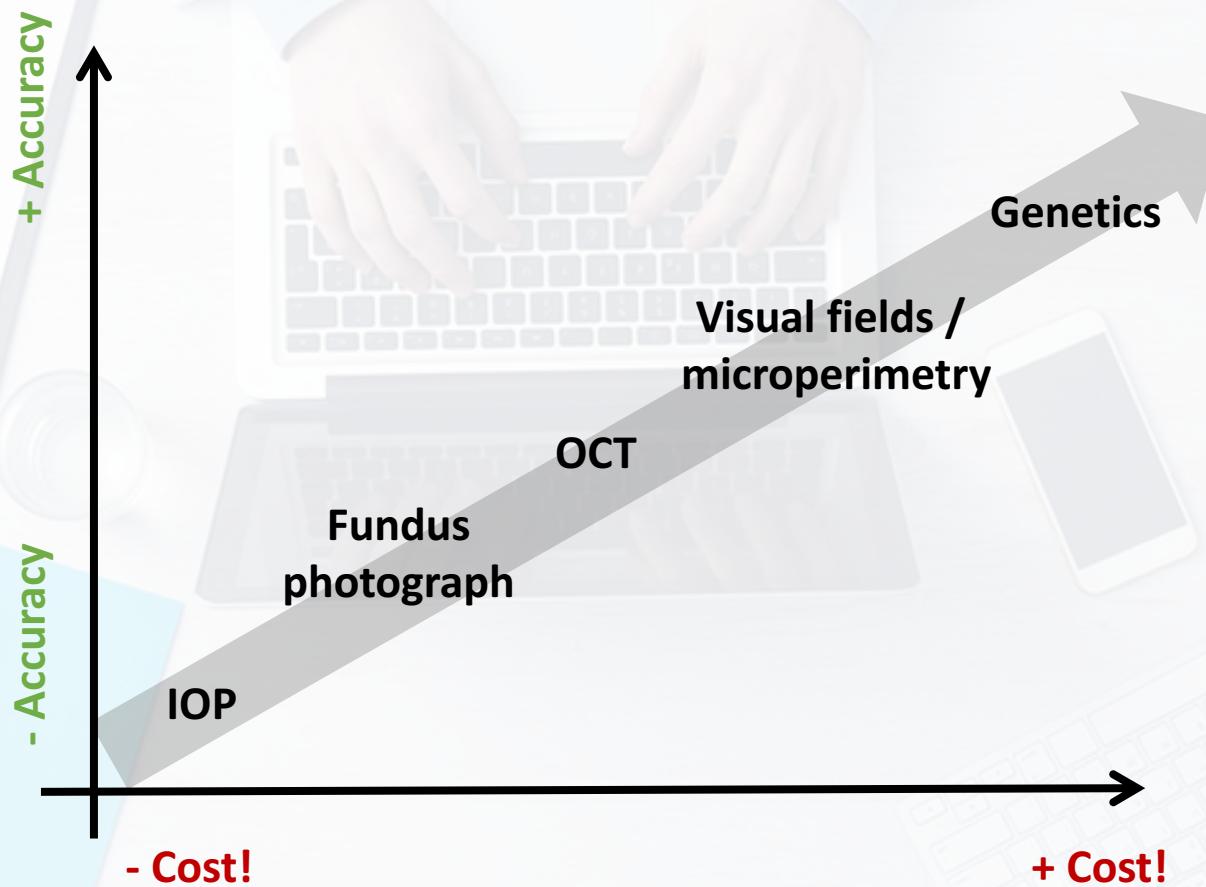
Disease understanding

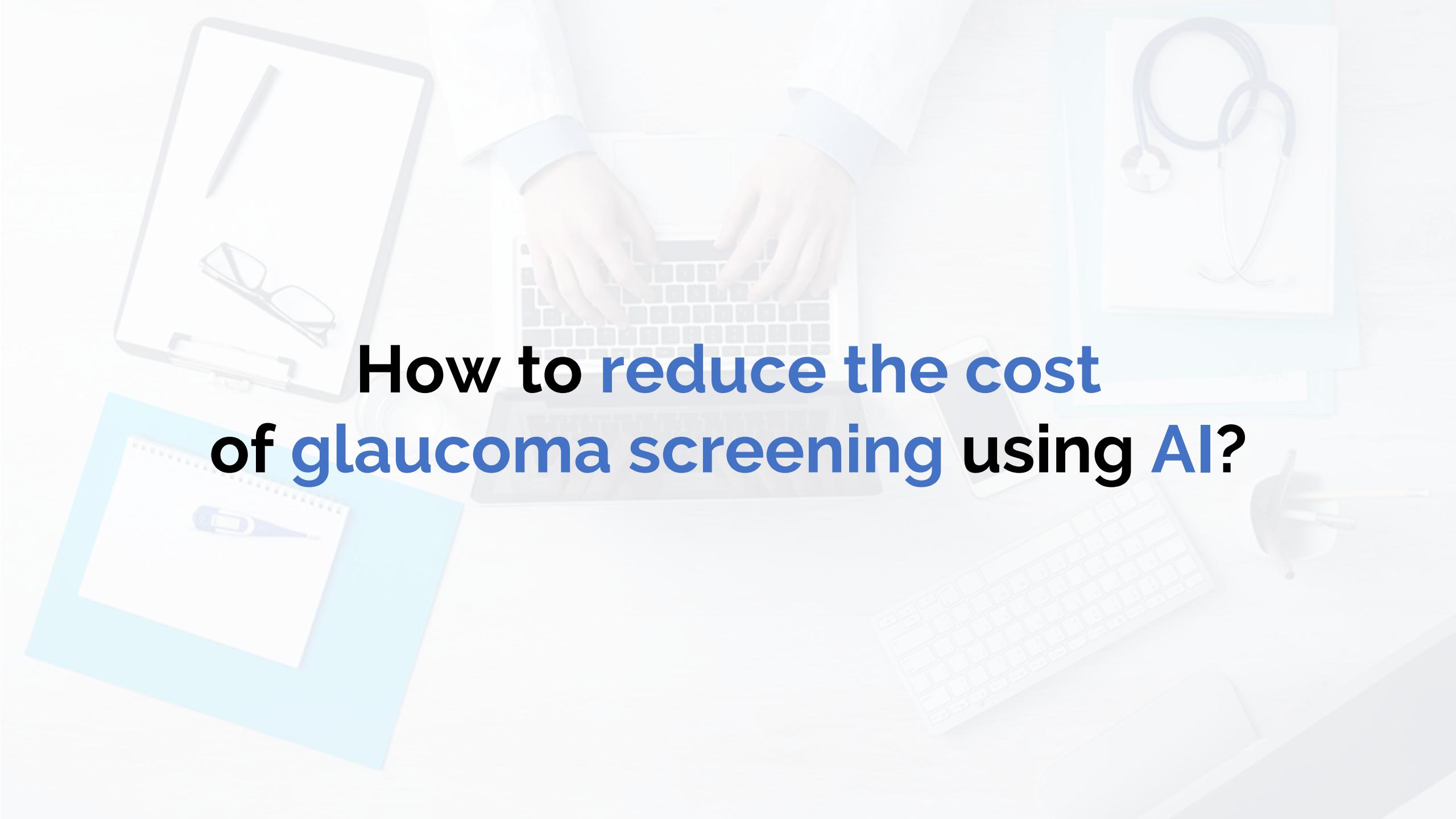
Types of screening

Population based
(universal)

Case detection
(opportunistic)

COST EFFECTIVENESS!

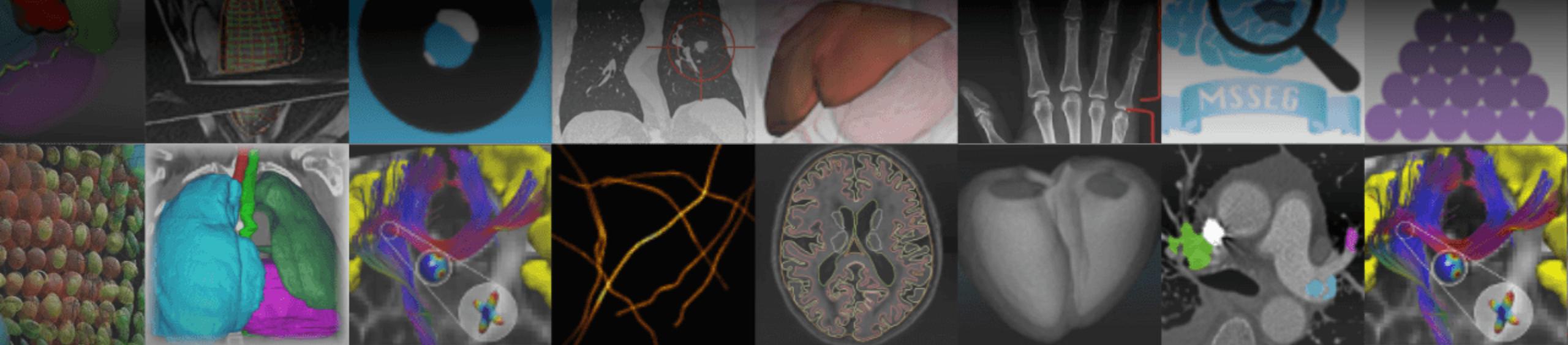




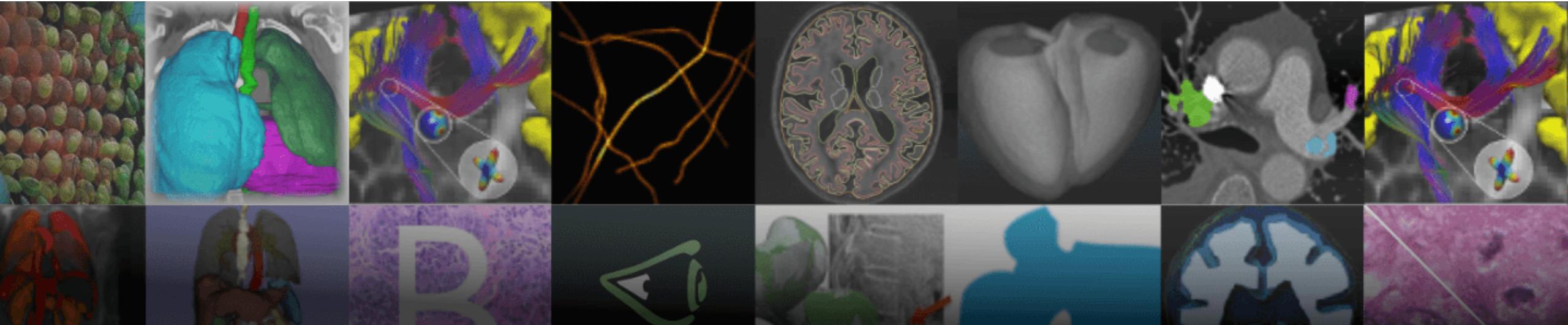
How to reduce the cost of glaucoma screening using AI?

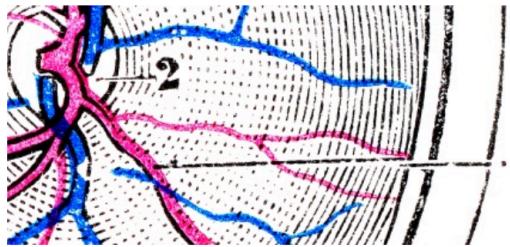


The Diabetic Retinopathy experience



Grand challenges





Diabetic Retinopathy Detection

Identify signs of diabetic retinopathy in eye images

\$100,000 · 661 teams · 4 years ago

kaggle™

[Overview](#) [Data](#) [Notebooks](#) [Discussion](#) [Leaderboard](#) [Rules](#)

[Join Competition](#)

Overview

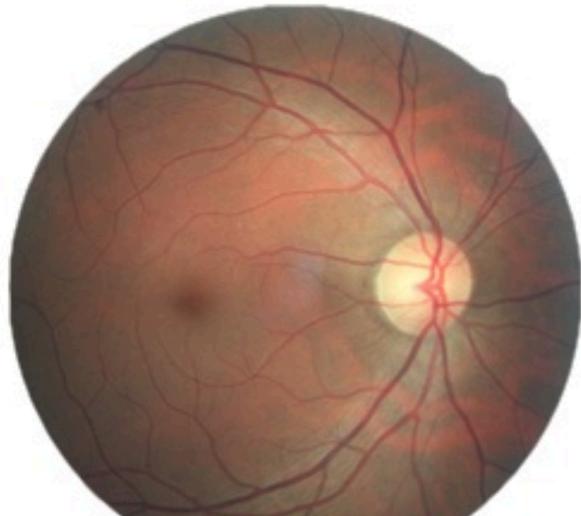
Description

Diabetic retinopathy is the leading cause of blindness in the working-age population of the developed world. It is estimated to affect over 93 million people.

Evaluation

Prizes

Timeline



The US Center for Disease Control and Prevention estimates that 29.1 million people in the US have diabetes and the World Health Organization estimates that 347 million people have the disease worldwide. Diabetic Retinopathy (DR) is an eye disease associated with long-standing diabetes. Around 40% to 45% of Americans with diabetes have some stage of the disease. Progression to vision impairment can be slowed or averted if DR is detected in time, however this can be difficult as the disease often shows few symptoms until it is too late to provide effective treatment.

Original Investigation | Innovations in Health Care Delivery

FREE

December 13, 2016

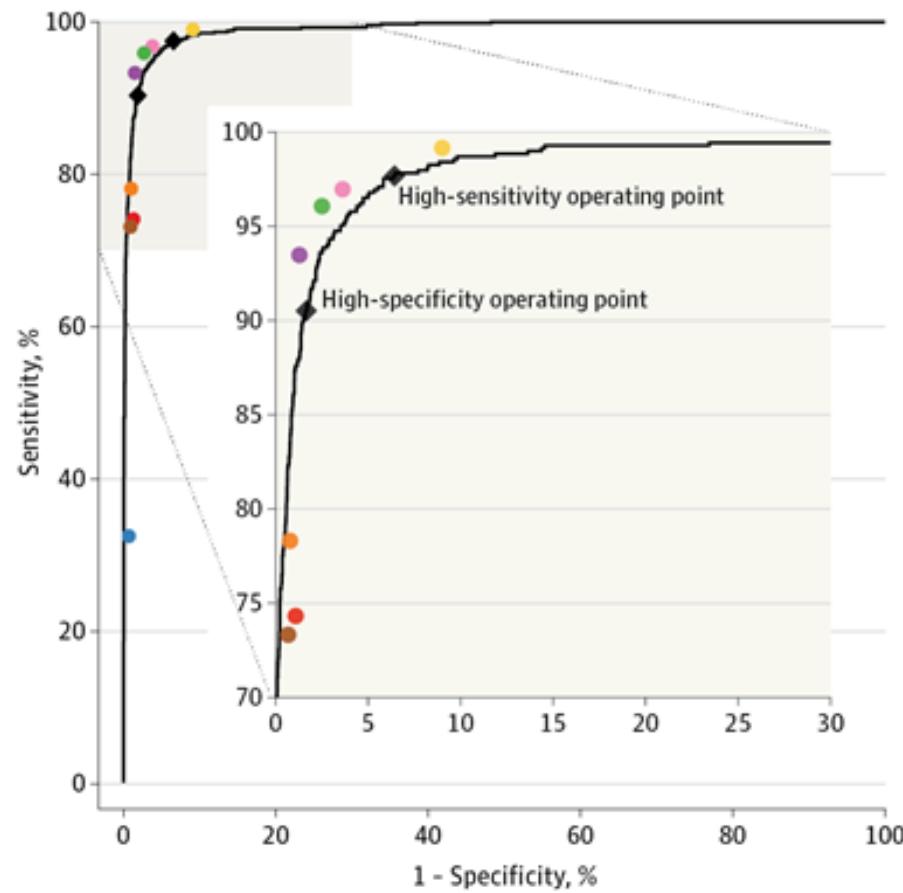
Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs

Varun Gulshan, PhD¹; Lily Peng, MD, PhD¹; Marc Coram, PhD¹; et al

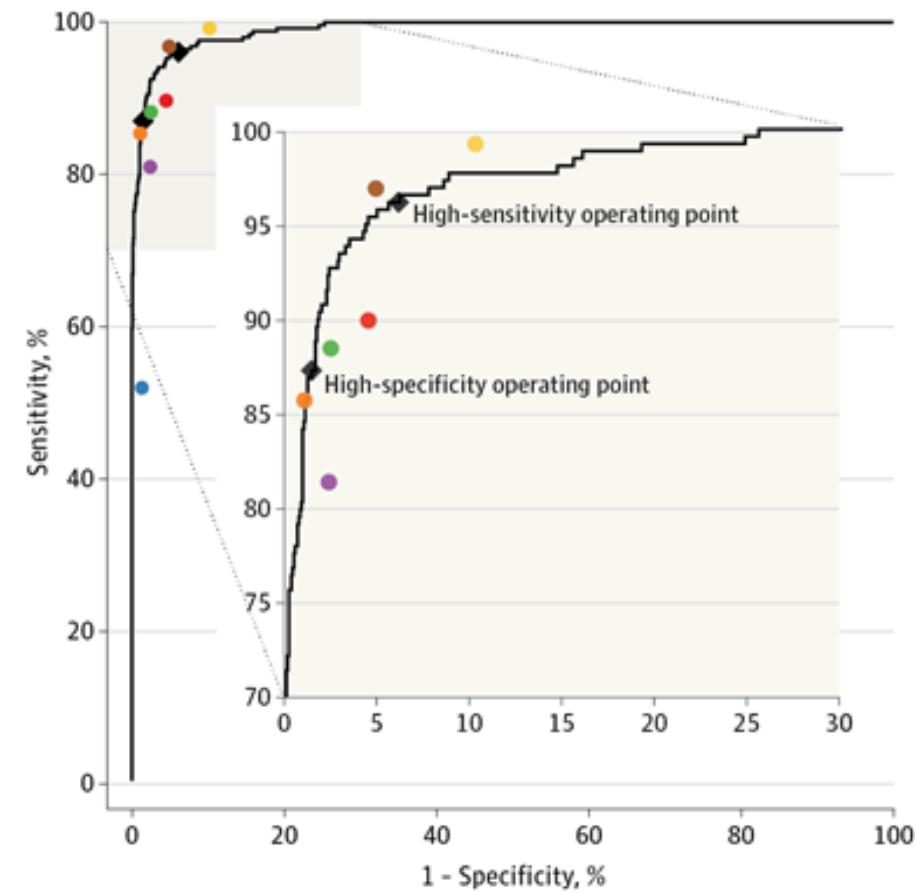
» Author Affiliations | Article Information

JAMA. 2016;316(22):2402-2410. doi:10.1001/jama.2016.17216

A EyePACS-1: AUC, 99.1%; 95% CI, 98.8%-99.3%



B Messidor-2: AUC, 99.0%; 95% CI, 98.6%-99.5%



FDA NEWS RELEASE

FDA permits marketing of artificial intelligence-based device to detect certain diabetes-related eye problems

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For Immediate Release: April 11, 2018

[Español](#)[Press Announcements](#)

The U.S. Food and Drug Administration today permitted marketing of the first medical device to use artificial intelligence to detect greater than a mild level of the eye disease diabetic retinopathy in adults who have diabetes.

Diabetic retinopathy occurs when high levels of blood sugar lead to damage in the blood vessels of the retina, the light-sensitive tissue in the back of the eye. Diabetic retinopathy is the most common cause of vision loss among the more than 30 million Americans living with diabetes and the leading cause of vision impairment and blindness among working-age adults.

“Early detection of retinopathy is an important part of managing care for the millions of people with diabetes, yet many patients with diabetes are not adequately screened for diabetic retinopathy since about 50 percent of them do not see their eye doctor on a yearly basis,” said Melvyn Fudelman, M.D., director of the Division of Ophthalmic and Ear

Content current as of:

04/12/2018

Follow FDA

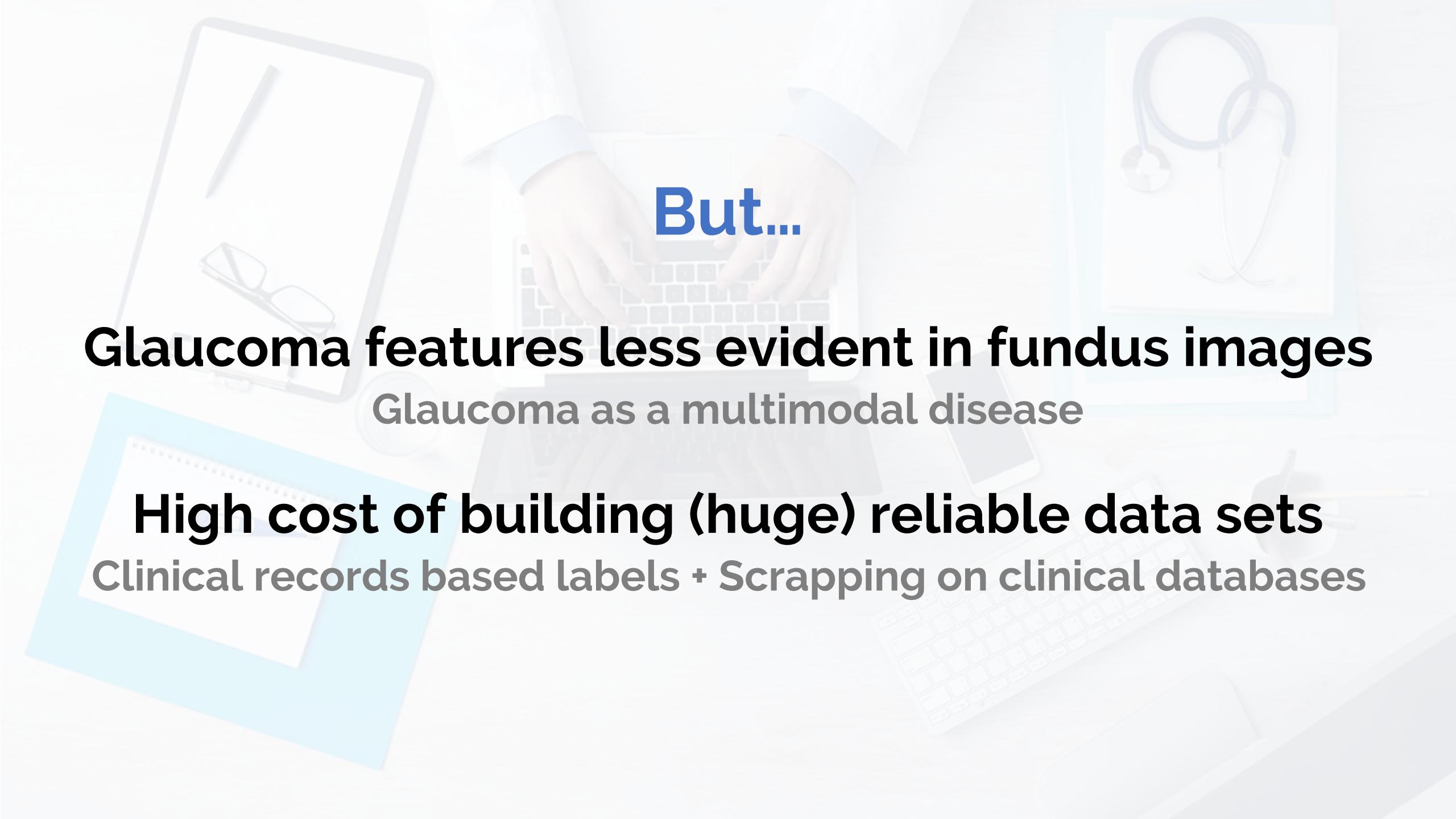
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Autonomous AI that
instantly detects
disease

Increase patient access to early disease
detection.

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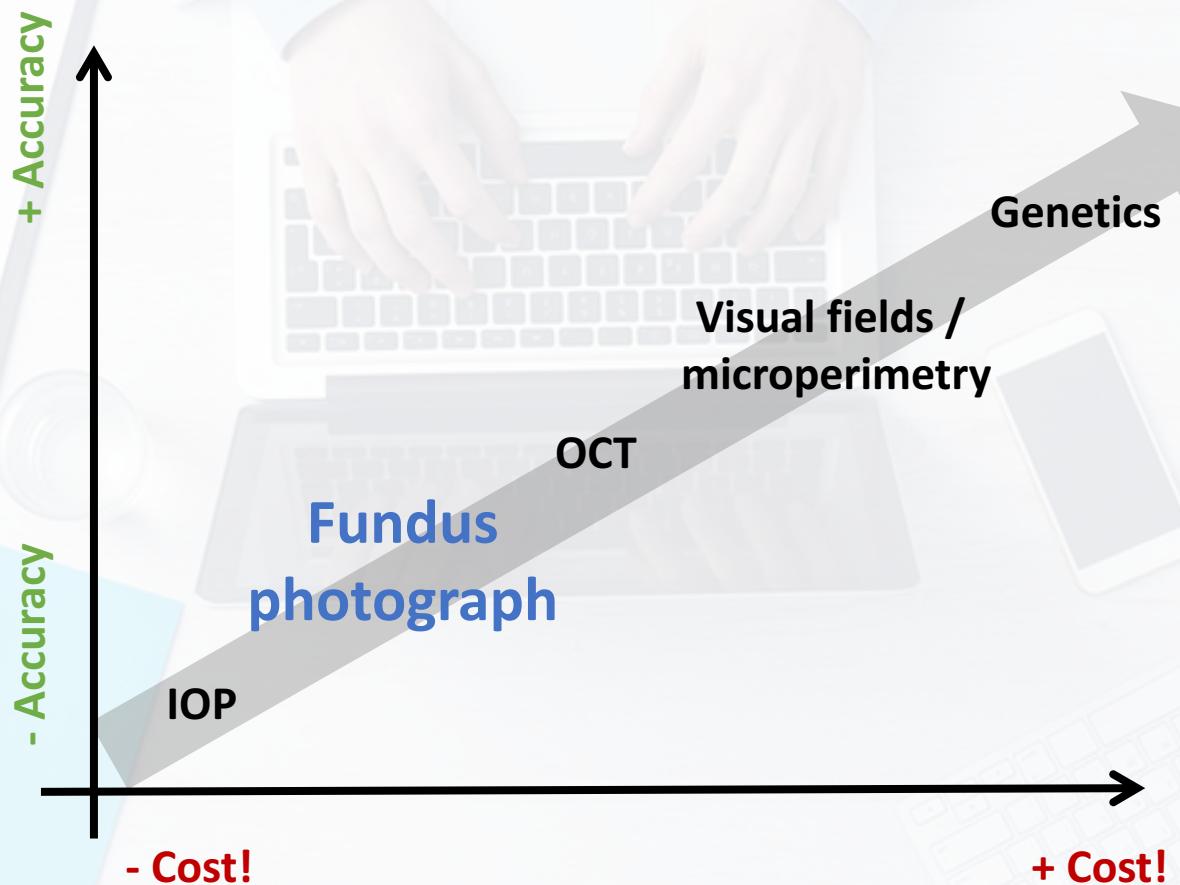
But...

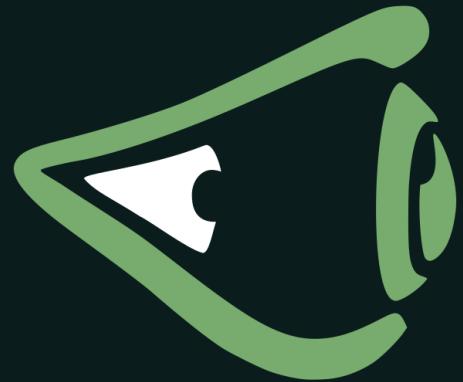
Glaucoma features less evident in fundus images

Glaucoma as a multimodal disease

High cost of building (huge) reliable data sets

Clinical records based labels + Scrapping on clinical databases





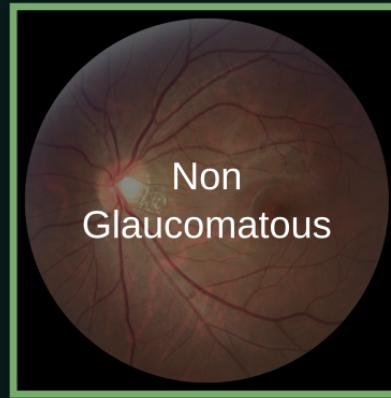
REFUGE

Retinal Fundus Glaucoma Challenge

**20th September, Granada, Spain
OMIA Workshop, MICCAI 2018**



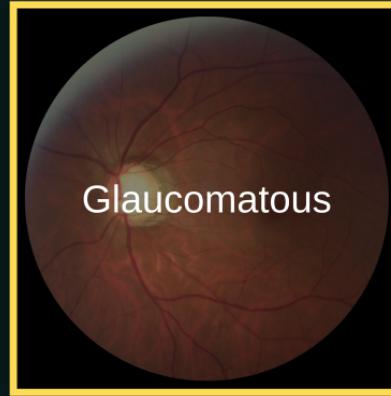
Input image



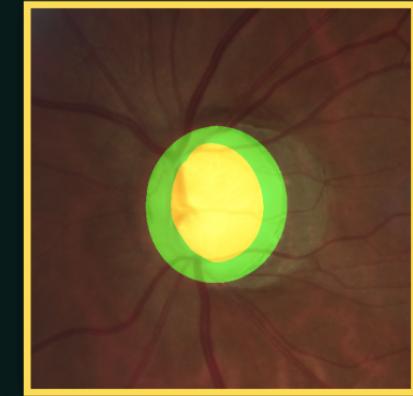
Glaucoma
classification



Optic disc/cup
segmentation



Glaucomatous



**The largest available data set of fundus pictures
for glaucoma assessment**

1200 images (10% glaucoma) divided in training, validation and test sets

**Reliable annotations for glaucoma classification
and optic disc/cup segmentation**

**Glaucoma labels retrieved from clinical records and
optic disc/cup segmentations produced by +7 experts**

**A common evaluation framework to compare
fundus image analysis methods for glaucoma**

**A test set with private labels + evaluation routines to report performance
and prevent overfitting on test data**

Zeiss Visucam 500

400 images

Training

Cannon CR-2

400 images

**Offline evaluation
(labels are now available)**

Cannon CR-2

400 images

**On-site evaluation
(private labels)**

12 participating teams
**All the teams proposed deep learning
based solutions!**



Medical Image Analysis

Volume 59, January 2020, 101570



REFUGE Challenge: A unified framework for evaluating automated methods for glaucoma assessment from fundus photographs

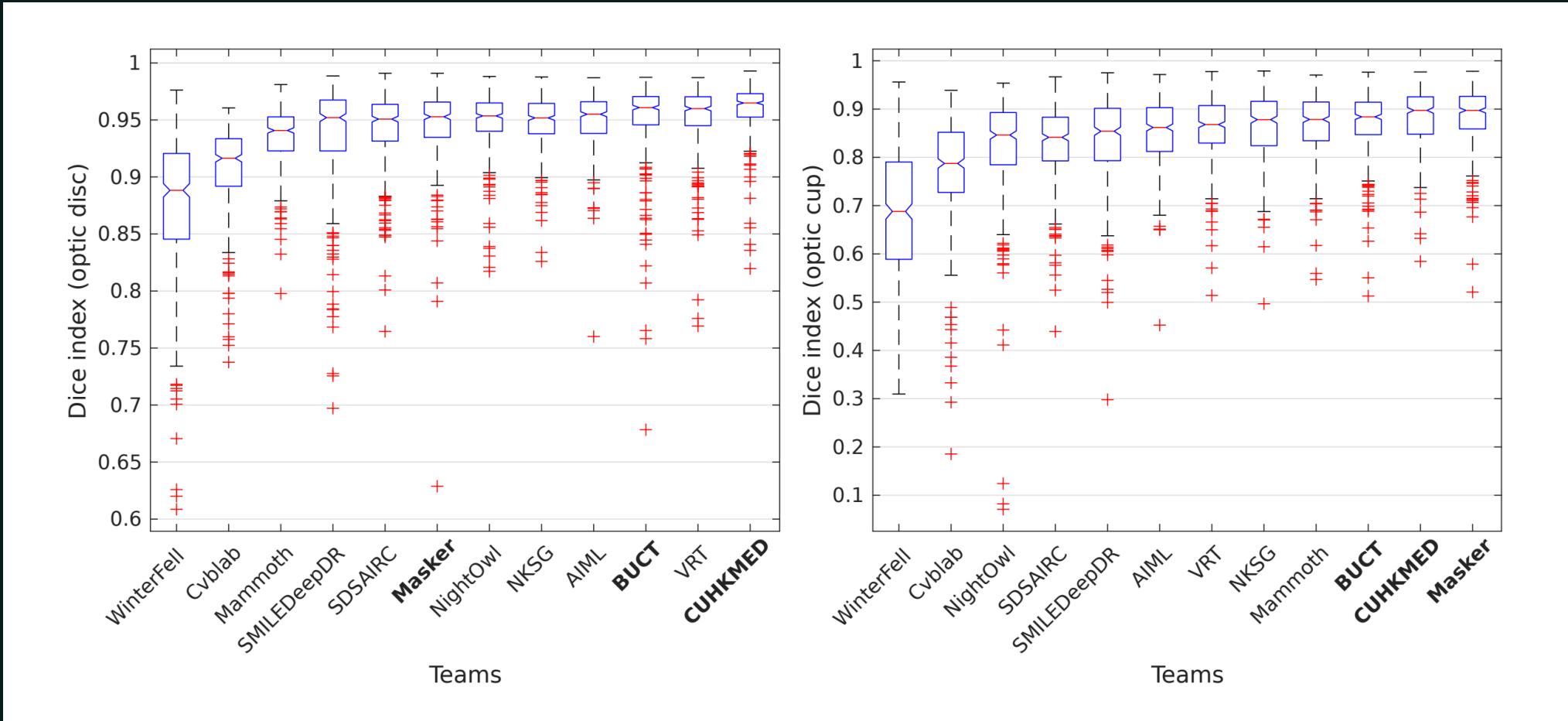
José Ignacio Orlando ^a, Huazhu Fu ^b, João Barbosa Breda ^{c, d}, Karel van Keer ^d, Deepti R. Bathula ^e, Andrés Diaz-Pinto ^f, Ruogu Fang ^g, Pheng-Ann Heng ^h, Jeyoung Kim ⁱ, JoonHo Lee ^j, Joonseok Lee ^j, Xiaoxiao Li ^k, Peng Liu ^g, Shuai Lu ^l, Balamurali Murugesan ^m, Valery Naranjo ^f, Sai Samarth R. Phaye ^e, Sharath M. Shankaranarayana ⁿ ...
Hrvoje Bogunović ^a

Show more

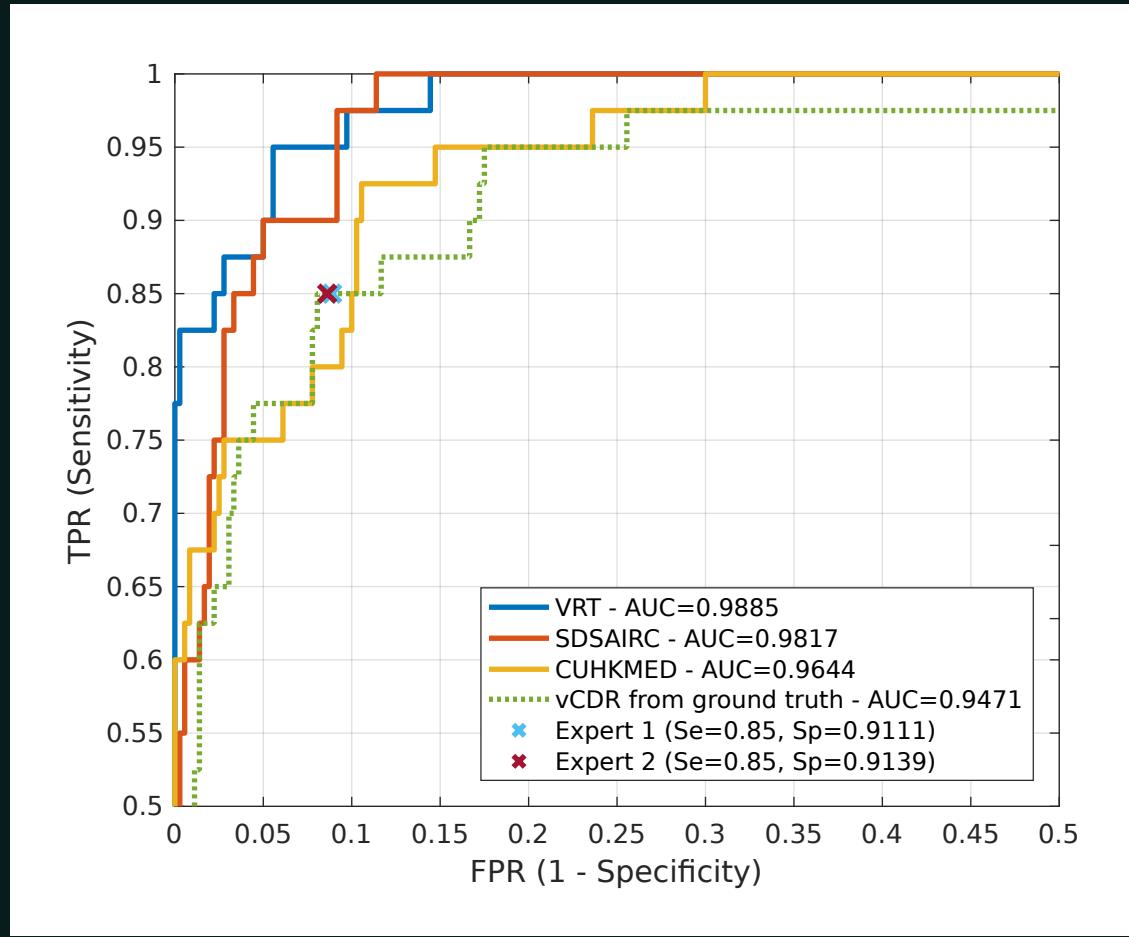
<https://doi.org/10.1016/j.media.2019.101570>

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optic disc/cup segmentation



Glaucoma classification



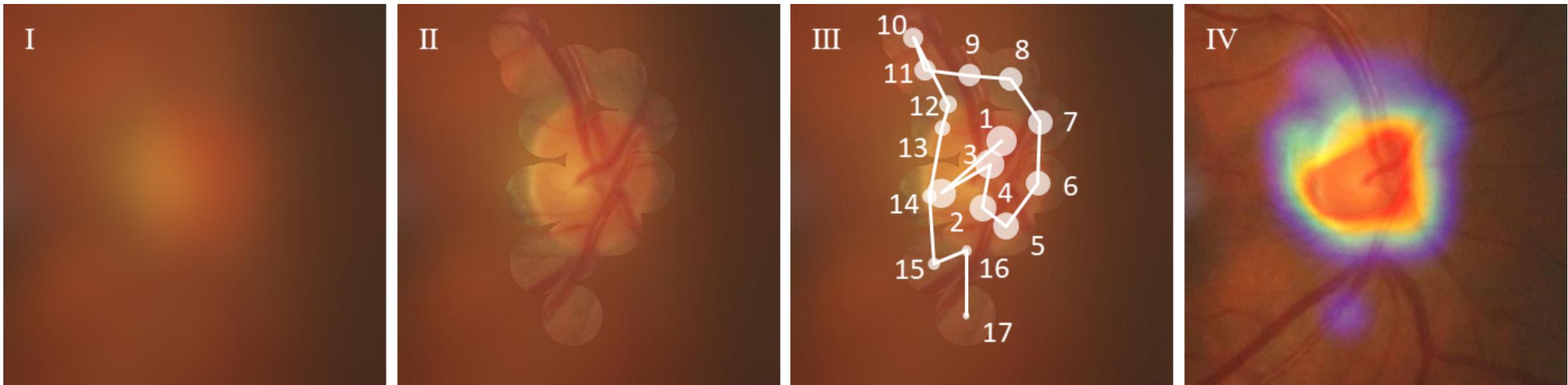
**Still a long way to go to ensure that
the problem is solved**

Future initiatives must consider

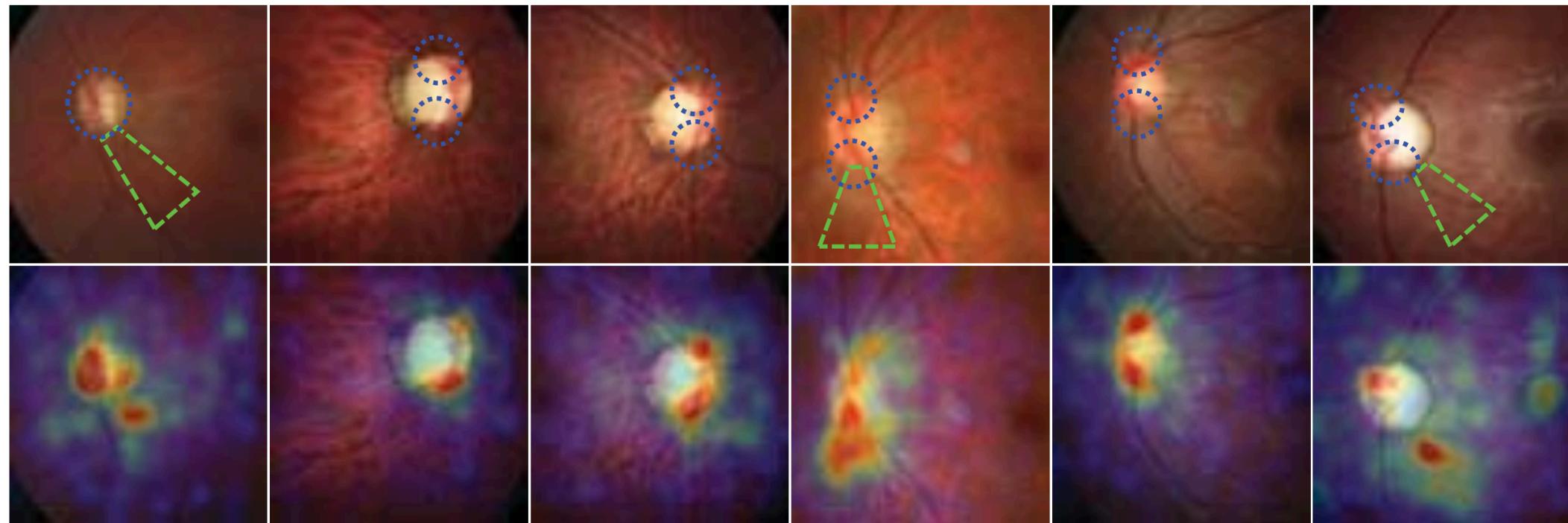
(I) Interpretability of the results → Class activation maps

Interpretability of the results

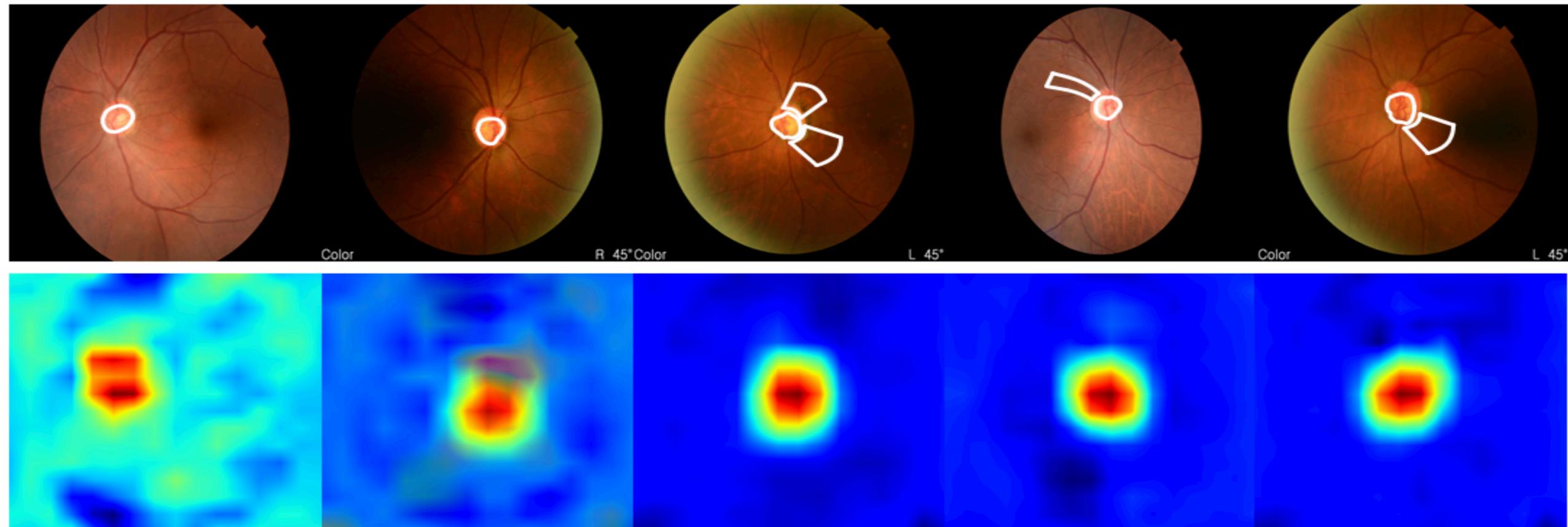
**LAG database: 11.760 images + image level annotations + attention maps
(from “Attention Based Glaucoma Detection: A Large-Scale Database and CNN model”)**



Interpretability of the results



Interpretability of the results

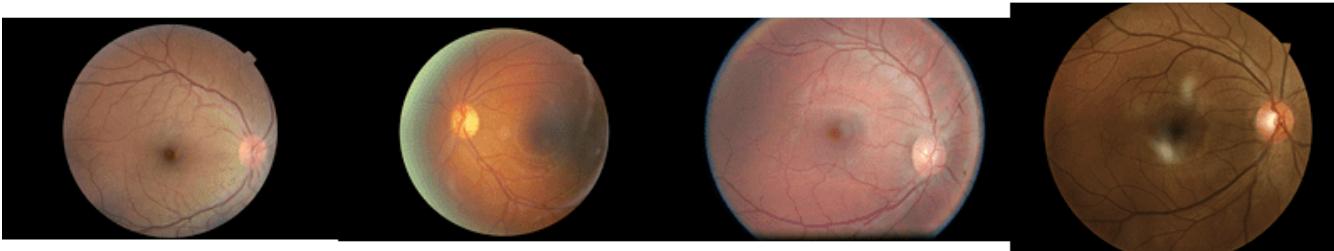
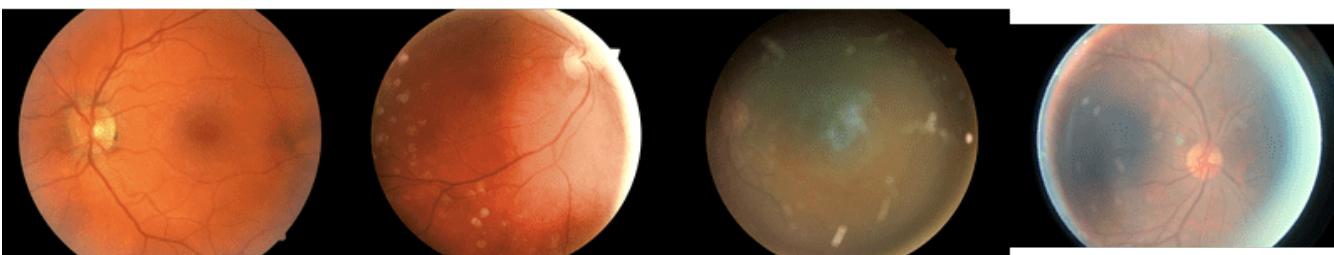
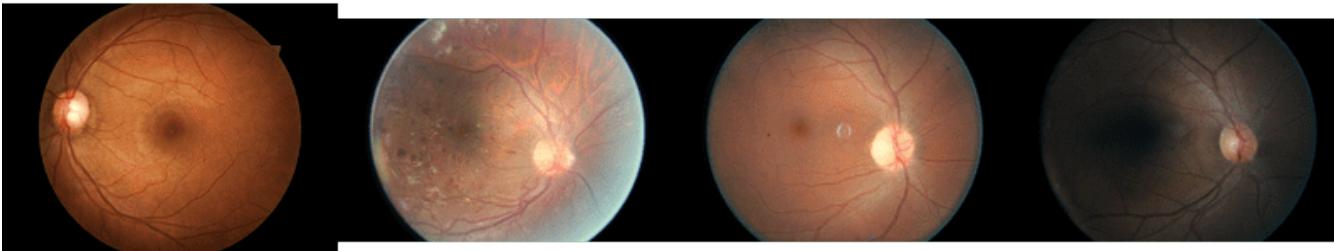


Future initiatives must consider

(I) Interpretability of the results → Class activation maps

(II) Larger / heterogeneous data sets (age, gender, ethnicities, acquisition quality, multiple devices, comorbidities, disease stages)

Larger + more heterogeneous data sets



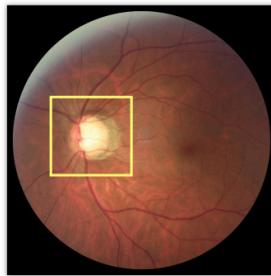
Future initiatives must consider

(I) Interpretability of the results → Class activation maps

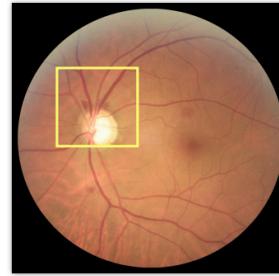
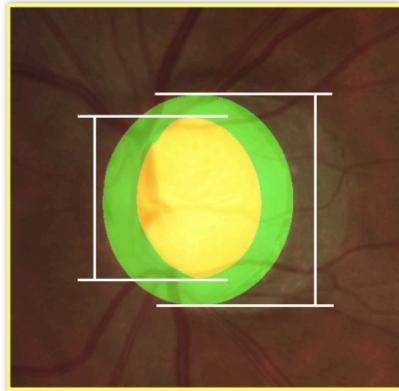
(II) Larger / heterogeneous data sets (age, gender, ethnicities, acquisition quality, multiple devices, comorbidities, disease stages)

**(III) Annotations for other relevant structures
(OD hemorrhages, RNFL defects, PPA)**

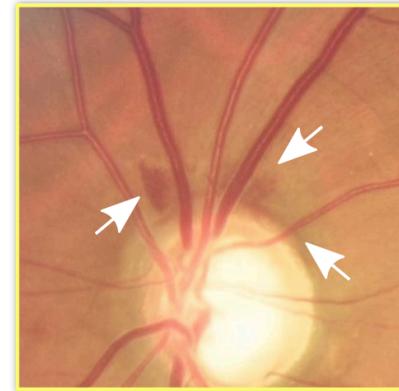
Annotations for other clinical signs



(a) Cupping in the optic nerve head (ONH)



(b) Peripapillary hemorrhages



(c) Retinal nerve fiber layer (RNFL) defects

Lesions in images + Clinical parameters + Demographics + Why not clinical records?

Conclusions



We need to go beyond just the optic disc

Target other features or even clinical parameters

AI is guided by data, so we need data!

Multicenter collaborations + Not just images

Advances in DR were boosted by open science

We need to (carefully, but still) release data and code!

Building a data set has to be the very first step

Invest time/money on preparing good data, then invest of developing the models!

A close-up, profile view of a person's face. The person has dark hair and is wearing blue-framed glasses. Their eye is visible through the lens, showing a blue iris. They are looking towards the left side of the frame. The background is dark and out of focus.

That's all!



Y. Xu



J. I. Orlando



H. Bogunović



H. Fu



X. Zhang



F. Li

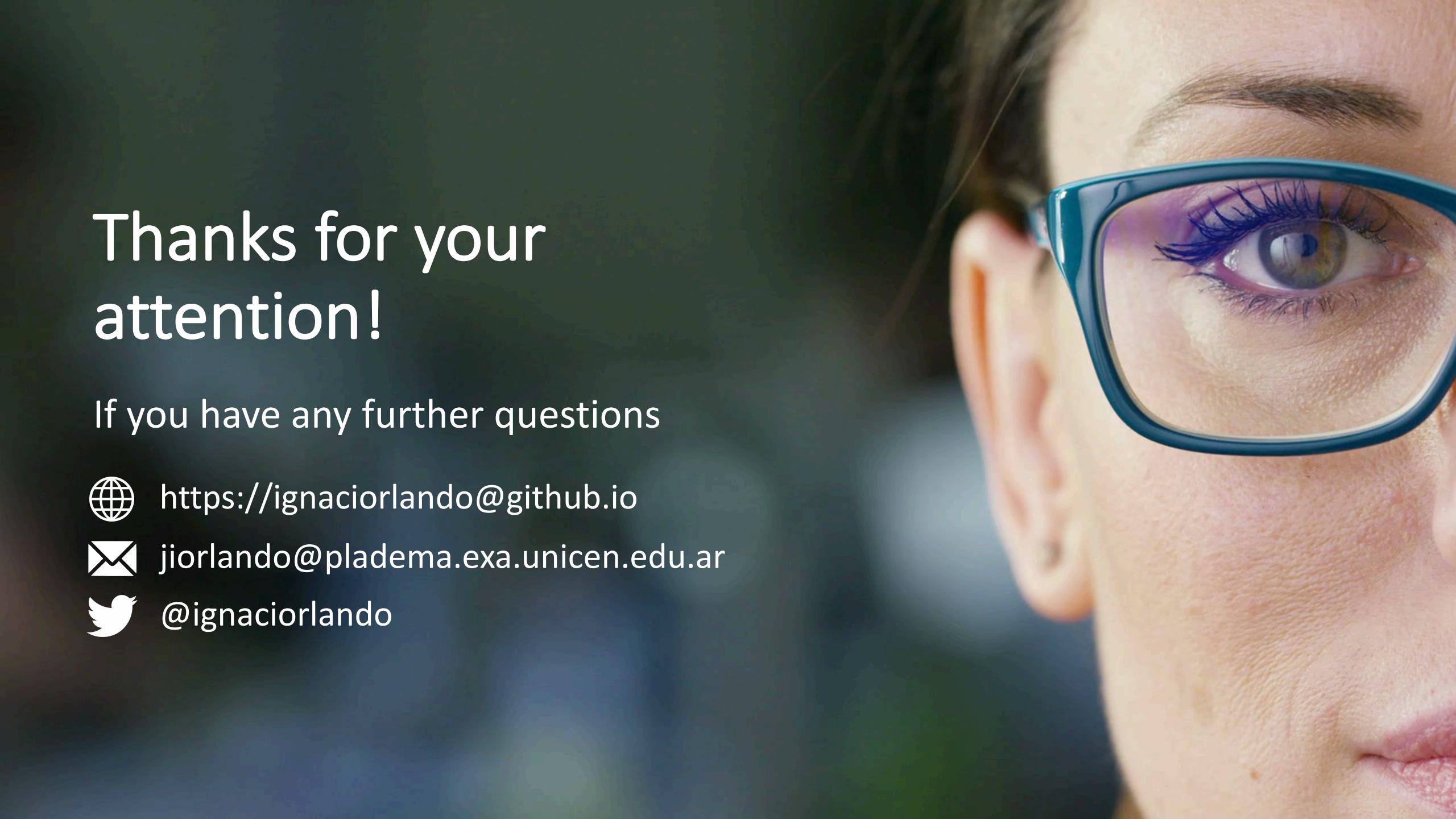
y@tiris



<https://yatiris.github.io>



@yatirisARG



Thanks for your
attention!

If you have any further questions

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