

Venezia
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Managed vs non managed AWS solutions, or: I hope that I'm making the right choices

Rosilari Bellacosa CTO @ SynDiag





### It's me, hi!

Former neuroscientist Former ML specialist Former R&D in Computer Vision Current CTO @ SynDiag

# A few facts about ) (SynDiag

Launched in 2018

3 founders

10 people

PoliTO Spin Off

5 IPs protected in 5+ countries

2 products

750K in sales in 2024

MDR, GDPR, ISO compliant

# The team @ ) (SynDiag



**Daniele Conti, PhD**CEO - founder



Rosilari Bellacosa, PhD CTO - founder



**Federica Gerace, PhD**C-AI-O - founder



Matteo Padovano Senior SW manager



**Pio Raffaele Fina** R&D Manager



Sabrina Scarpati
Sales & BizDev
manager



Francesca Salis
Clinical
Development
manager



Yernur Kushaliyev Al engineer



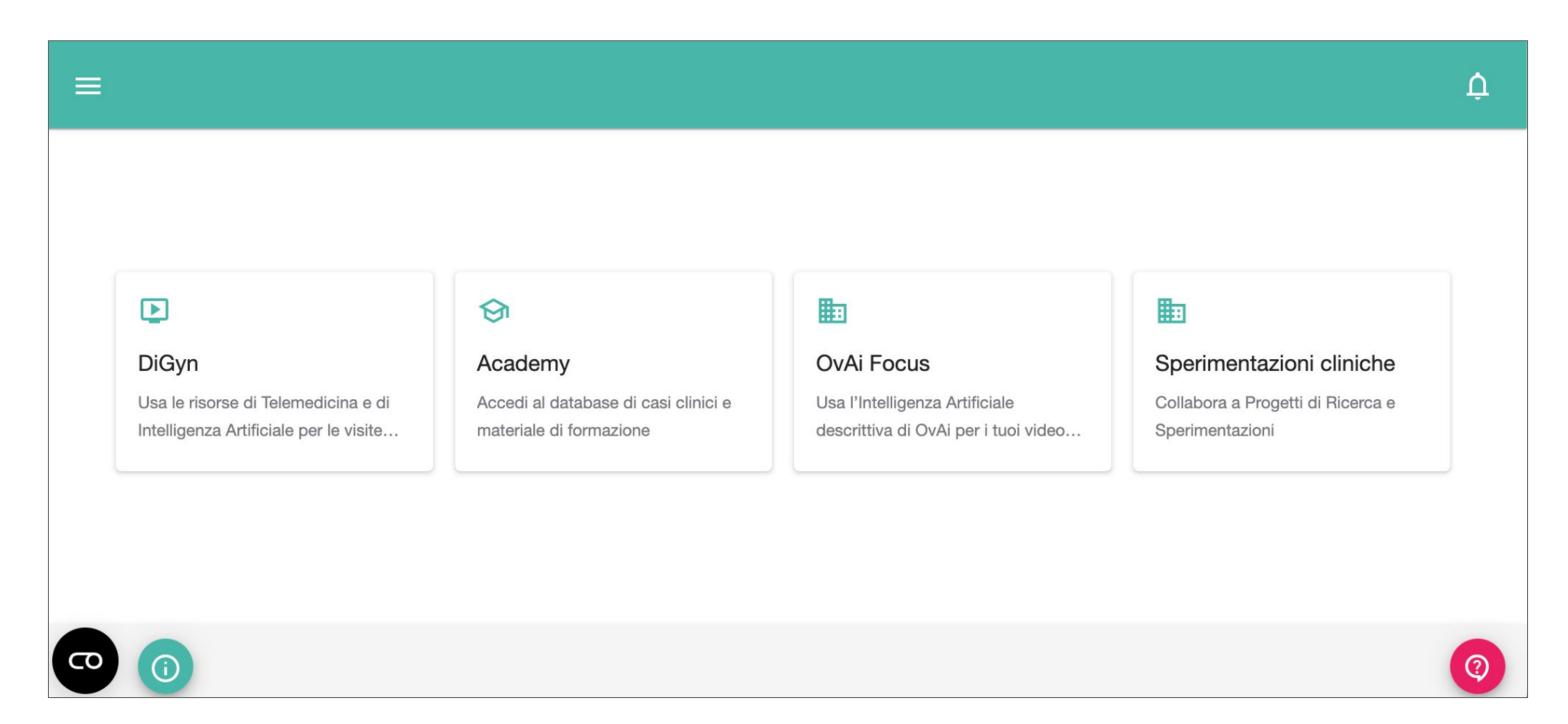
**Christian Bardella**Al engineer



Niccolò Tallone Al engineer



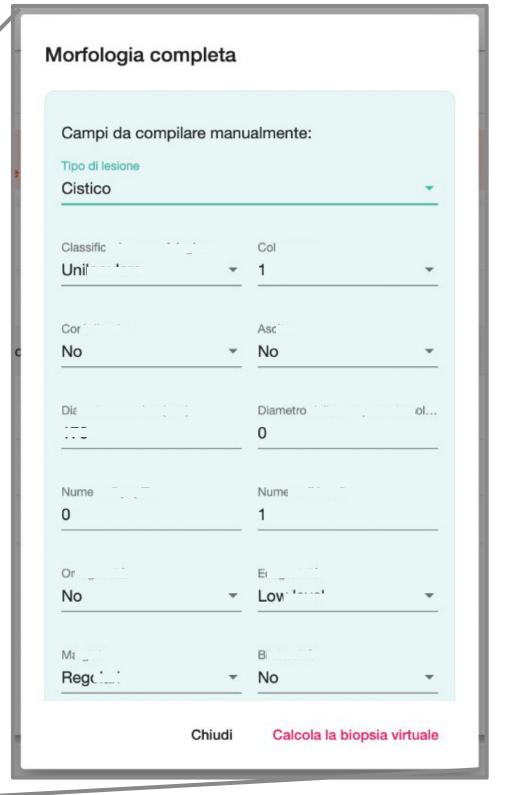
# OvAi platform



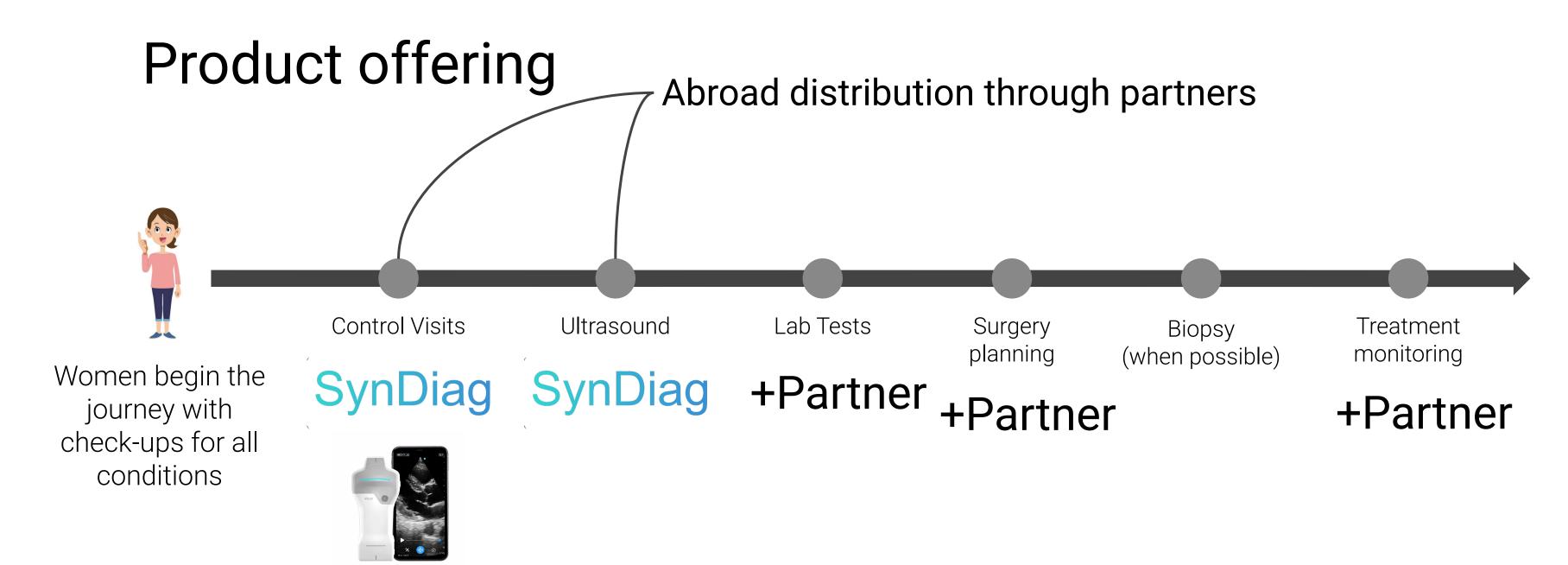


# OvAi platform

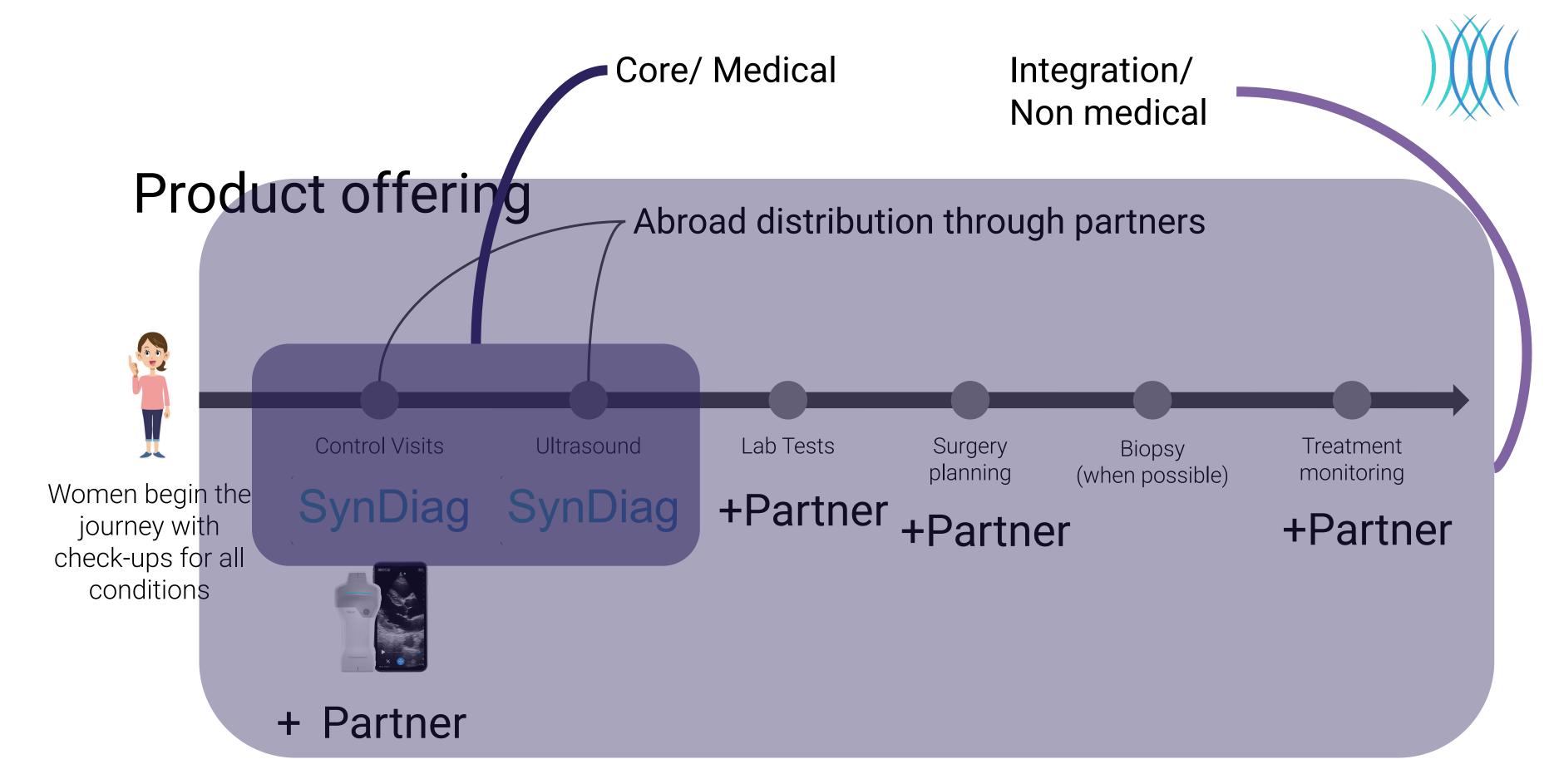








+ Partner



Bottlenecks vs Time to market



### Real-world constraints in Healthtech

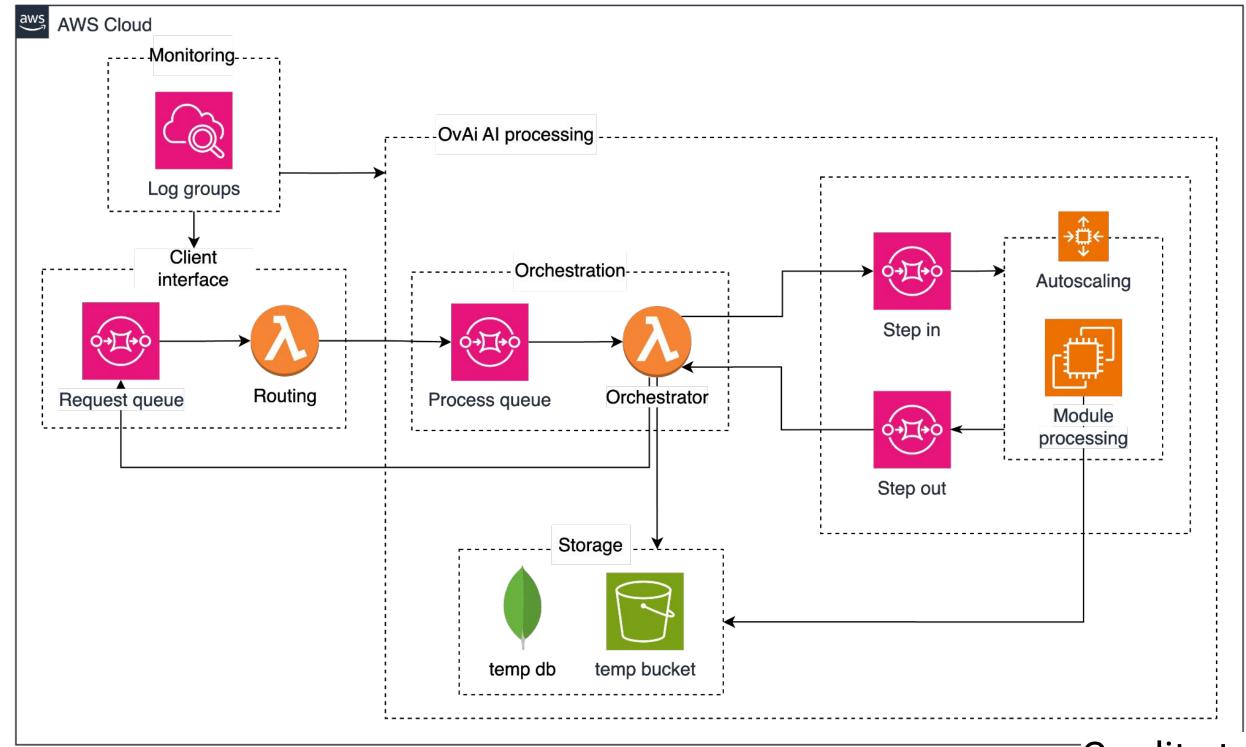
- Regulatory compliance requirements vs Time-to-market pressure
- Resource optimization (both human and computational)

Balance between: Stable, untouched product vs. SaaS





# AI: the case for non fully managed solutions



Credits to Datamantix srl



# AI: the case for non fully managed solutions

Pros:

Quite general

Familiar technology

Decoupled architecture

Scalability

Fine grain control

Fault tolerance: queues + retries

Open architecture

Portability

Reusability

Cons:

Cold start

Single point of failure

One machine is always on

Complex error handling

Manual implementation of retry logic

(but do we want retry?)

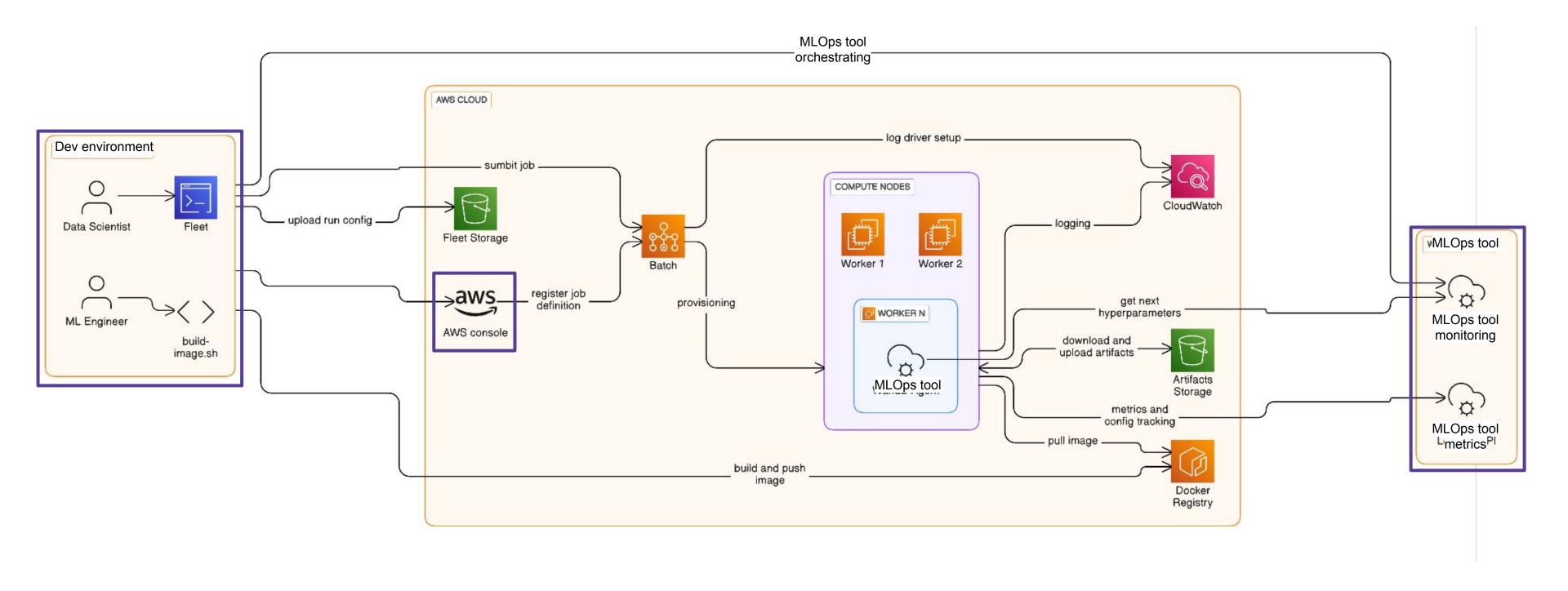
Custom state management

**Custom monitoring** 

Testing



# Al: the case for partially managed solutions





# Al and managed/non managed solutions

#### Alternatives:

AWS SageMaker, AWS StepFunctions

Scale to zero 👀 🔼 POC level 🔼 Development and deployment

costs No portability Learning curve Testing AWS specific format

#### Kubernetes

Scalability Dedicated DevOps and Platform team High maintenance More complex disaster recovery planning



# Al and managed/non managed solutions

#### Costs:

- Depends also on job size (but fixed pricing)!
- Sizable fixed costs + per request costs
- SQS = per call/ free up to 1 mln calls
- Lambda = N modules x request calls (< 0.01\$ per request with average 400ms duration)
- EC2 = N modules x machine/hour (avg 200\$/month each)
- Temporary storage costs

Not sustainable with GPUs

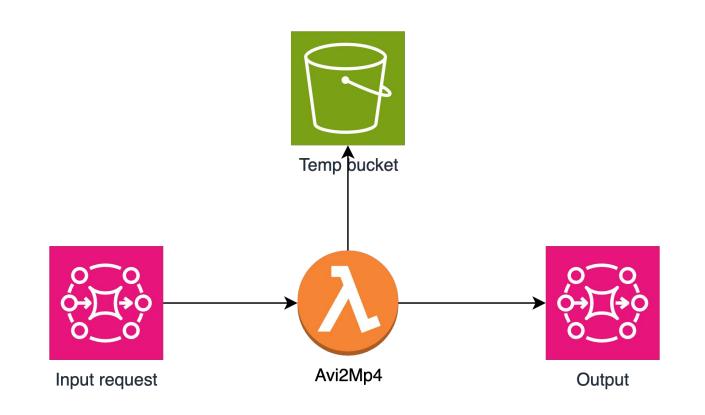


# API: towards managed solutions

Why App Runner became attractive:

- No infrastructure management
- Built-in auto-scaling
- Simple deployment process
- Pay per usage, no load balancing



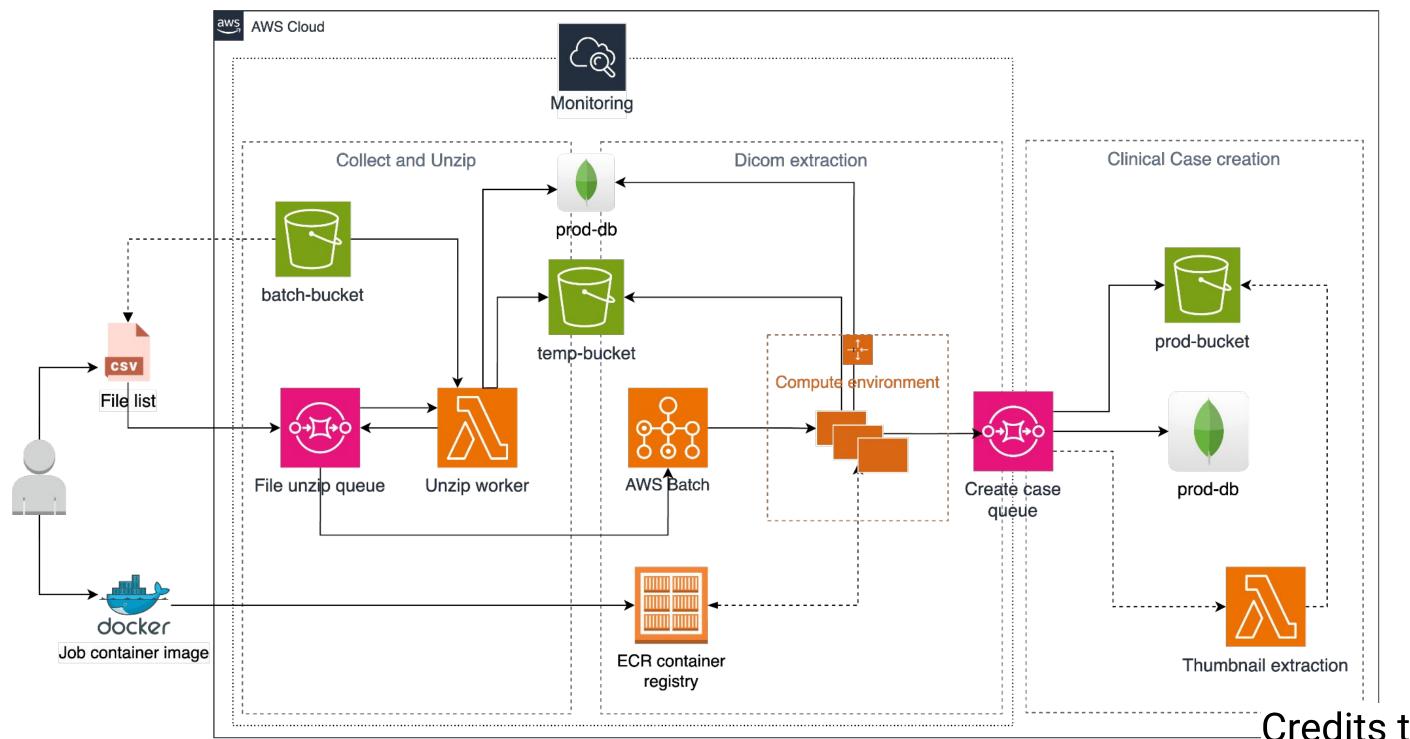


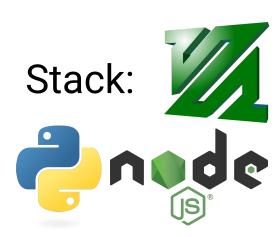


Cold start issues 15-minute timeout limitations Memory limitation Complex error handling Maintenance overhead



#### **Batch Dicom extraction architecture**





Credits to Matteo Padovano



#### Costs:

#### Lambda solution

- ~0.05\$ per request (~10 min duration, 2GB memory)
- Sizable hidden costs

#### **Batch** solution

- ECR: negligible traffic, ~0.4\$ storage (1GB x image)
- Fargate: ~0.4\$ per job (~6 min duration, 4GB memory, 2vCPUs)

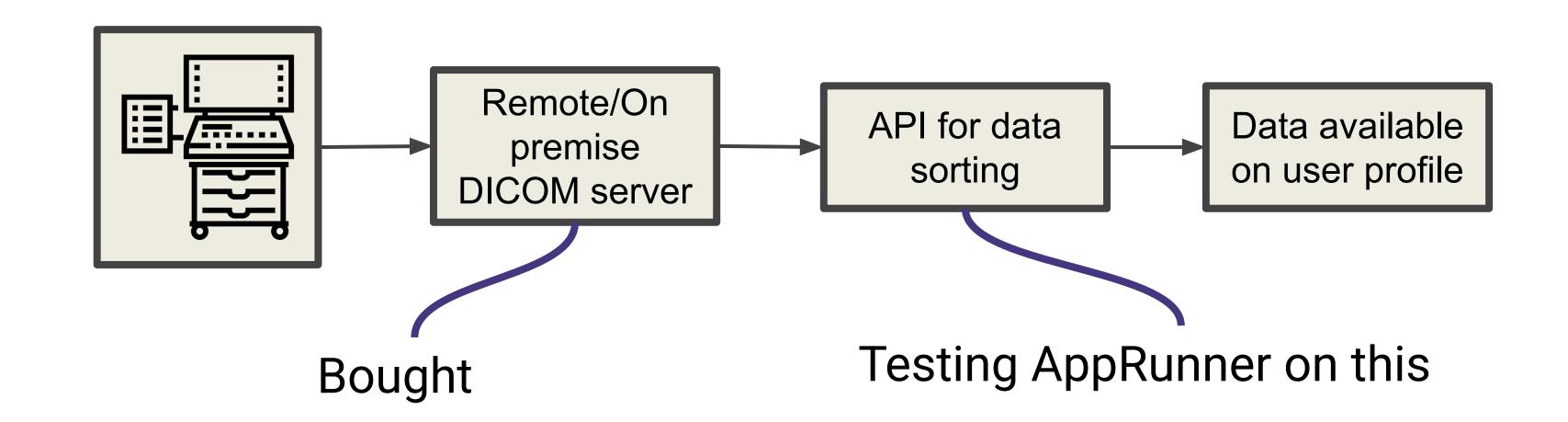


- New needs: larger imports, new data format
- Buying often provides predictable pricing models with scalable options
- Building requires ongoing maintenance, updates, and infrastructure investment

Fully managed: AWS HealthImaging, AWS Elemental MediaConvert

## Deployment in clinical environment

- Not core
- Crucial for time to market and customer retention





### What viable solutions have in common

Containerization: whatever the tool, we deploy

Standardization: dicom in vs dicom out