

SynDiag

Artificial Intelligence for Gynecology
Early diagnosis of cancer with AI for Sonography

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AI in Healthcare

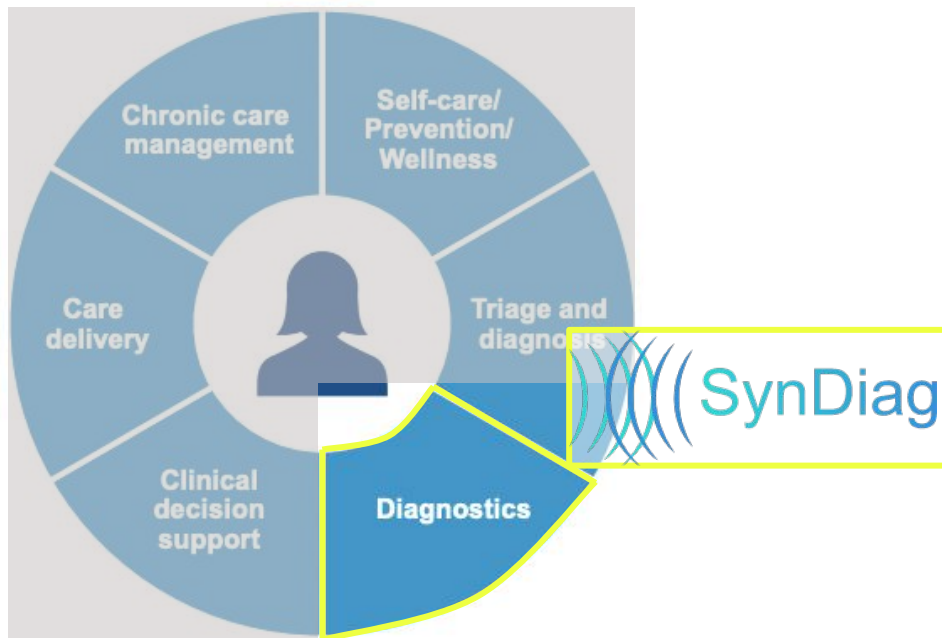


Improving population-health management

Improving operations

Strengthening innovation

AI in Healthcare

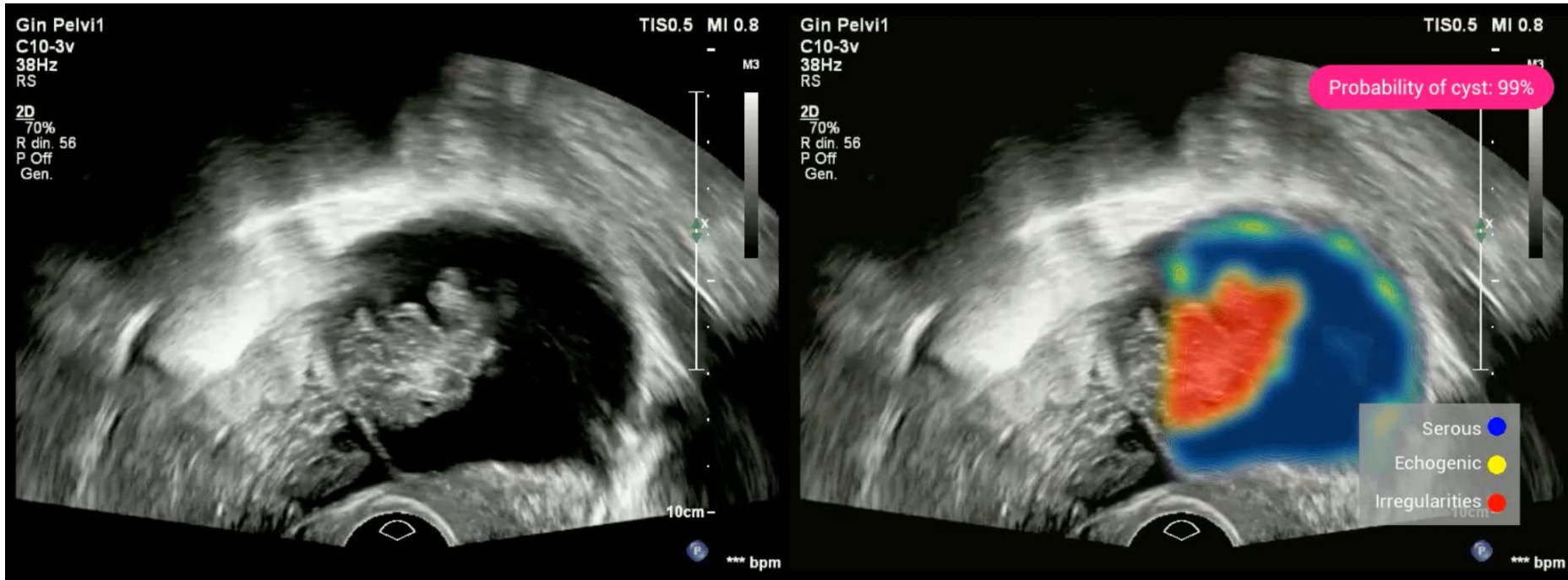


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AI in Healthcare - SynDiag example



AI in Healthcare - SynDiag example

OvAi dataset and task.

1. Hospital involvement: multicenter, observational, protocol
2. Importance of privacy
3. Armonization
4. Scarcity, tumor type distribution
5. Labelling
6. Task complexity

AI in Healthcare - SynDiag example



Identificativo proprio: M_0008

Creato il 31 maggio 2021

Cistoadenoma sieroso

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[Condividi o stampa](#) [Dettaglio caso clinico](#)



Identificativo proprio: M_0007

Creato il 31 maggio 2021

Cistoendonecrosarcoma endometrioid dell'ovaio sinistro

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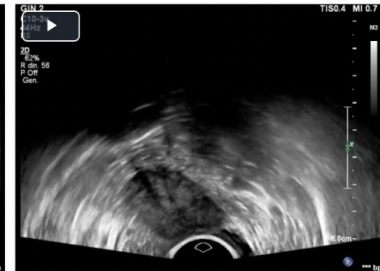
Identificativo proprio: M_0006

Creato il 30 maggio 2021

Cistoadenoma sieroso papillare con limitate aree di cistoadenoma borderline

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Identificativo proprio: M_0005

Creato il 30 maggio 2021

Fibrotoma bilaterale dell'ovaio

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Identificativo proprio: M_0004

Creato il 30 maggio 2021

CISTOADENOMA MUCINOSO DELL'OVAIO (sx) CON MINORITARIA (< 10%) COMPONENTE PROLIFERATIVA ENDOCISTICA ATIPICA TIPO BORDERLINE (sec. WHO 2014). Aree associate di flogosi granulocitaria ed istiocitaria con aspetti reattivi a spandimento di muco in sede intracavitaria (stroma) e peritoneale (superficie sierosa).

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Identificativo proprio: M_0003

Creato il 24 maggio 2021

Nessun report istologico presente

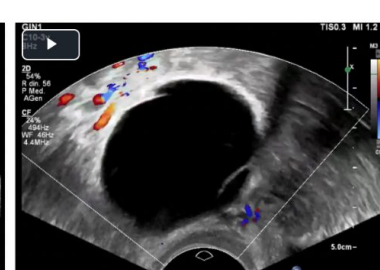


Identificativo proprio: M_0002

Creato il 1 marzo 2021

Paziente inviata a chirurgia - referto istologico atteso per metà marzo

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Identificativo proprio: M_0001

Creato il 11 febbraio 2021

Cistoendonecrosarcoma sieroso dell'ovaio

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AI in Healthcare - current limitations

Jun 9, 2020, 09:20am EDT | 910 views

Three Insights From Google's 'Failed' Field Test To Use AI For Medical Diagnosis



David Talby Forbes Councils Member
Forbes Technology Council

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GREGORY BARBER BUSINESS 05.19.2020 06:00 AM

Why Didn't Artificial Intelligence Save Us From Covid-19?

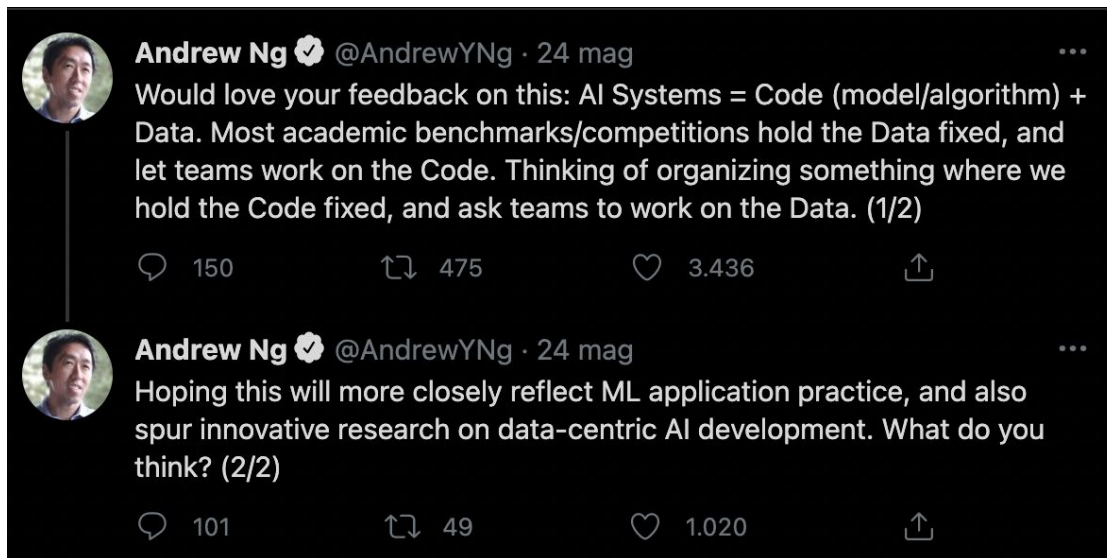
The key to good AI is solid data, and that's been tough to come by in a global health crisis.

What happens when you try to translate research to real-life data?

The importance of:

- Data
- Trust

AI in Healthcare - data



AI in Healthcare - data

“The data scientists just go where the data is rather than where the needs are!”
“Yes, but will this work for my patients?”

Desirable functions of a benchmark dataset.

1. Priorities and desired tasks decided **together** with local and national healthcare providers
2. Facilitating like-for-like comparison of models
3. Reproducibility
4. Normative influence on the clinical domains: create a **standard**

AI in Healthcare - data

Synthesis of engineering, legal, clinical, and health systems expertise.

1. Design of the dataset
2. Compliance and contracting issues relating to the sharing of sensitive data
3. FAIR: findable, accessible, interoperable, and reusable
4. Planning translation of algorithms to the clinical environment

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 - a. optimal ease-of-use AND data in its native form
 - b. common data models for creating multicenter datasets
 - c. feedback and control
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 - a. *local* benchmark datasets

Q1.

What are the features of the main public/available medical datasets?

AI in Healthcare - trust

- Measurable, quantifiable, and transferable attributes of AI solutions
- To build trust in the AI solution
- Associated with clinical relevance
- To facilitate onboarding and promote retention.

Explainability helps building trust in AI.

A highly accurate AI system is not necessarily sufficient in and of itself to be routinely utilized and endorsed by clinical staff (Bedoya et al., 2019; Guidi et al., 2015)

AI in Healthcare - clinically relevant explanations

1. Capabilities and limitations

Medical need:

- **Overview of model's strengths and weaknesses** (Cai et al., 2019; Gaube et al., 2021)
- Well-known edge cases
- Models with lower accuracy are acceptable when it is clear why they under-perform (Tonekaboni et al., 2019).
- A larger library of domain-specific test cases could be leveraged to provide an overview of a model's strengths and weaknesses during onboarding and to calibrate AI

AI in Healthcare - clinically relevant explanations

2. Functionality: input - process - output

Medical need:

- **Transparent design**
- Information on input (dataset used in training)
- Complete information on input and contextual information used by the model (Tonekaboni et al., 2019; Cai et al., 2019)
- Not knowing the AI's process degrades trust (Cai et al., 2019)

AI in Healthcare - clinically relevant explanations

3. Medical point-of-view

Medical need:

- The model subjective point of view (Cai et al., 2019)
- Sensitivity, specificity
- **The model is seen as a peer's second opinion**
- Practitioners are surprised by system errors that are qualitatively different from the types of errors they make or when they are inconsistent with their own mental schema (Hartswood et al., 1997, 1996)

Cai et al., 2019; Gaube et al., 2021; Tonekaboni et al., 2019; Kampa et al., 2021

AI in Healthcare - clinically relevant explanations

4. Design objective

Medical need:

- What was the model optimized for?
- What task does it solve?
- How does it compensate for common human errors (as opposed to being as independently accurate as possible)?

AI in Healthcare - clinically relevant explanations

5. Considerations prior to adoption

Medical need:

- Effect on legal liability
- Impact on existing workflows
- Privacy issues

Q2.

How to design a data acquisition protocol that takes all these needs into account?