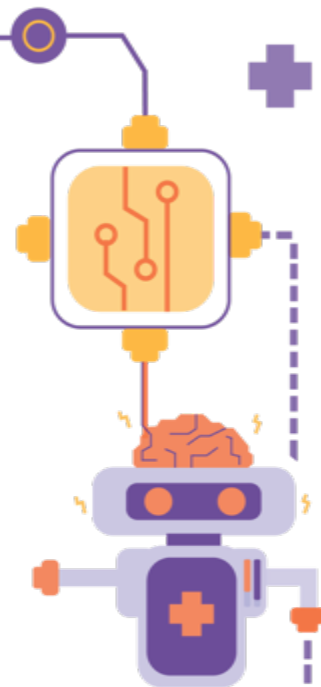
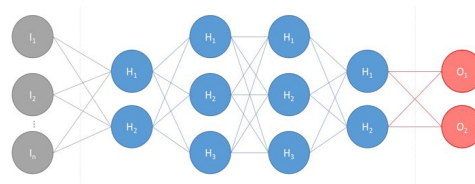
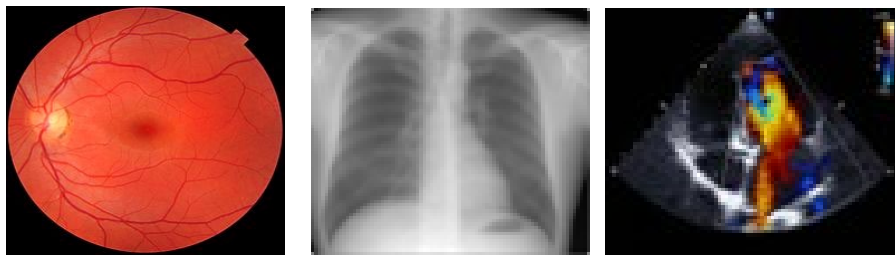


# Life as a Clinician AI Scientist and Innovator

## Bringing An Idea from Bench to Bedside



**Daniel Ting MD PhD**  
 Director, AI Office, SingHealth  
 Senior Consultant, Surgical Retina, Singapore National Eye Center  
 Chief Data and Digital Officer, Singapore National Eye Center  
 Associate Professor, Duke NUS Medical School, Singapore  
 Adj Clinical Associate Professor, Byers Eye Institute, Stanford University  
 International Advisory Board, Lancet Digital Health



# Financial Disclosure

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- Co-inventor, deep learning system for retinal diseases
- Scientific advisor, EyRIS Pte Ltd, Singapore
- Consultant, Bayer
- Consultant, Carl Zeiss
- Consultant, Novartis
- Consultant, Alcon
- Consultant, AbbVie

# Outline

---

- Innovation can come from anywhere, anytime and anyone
- Personal failure experiences
- A small initial success AI academic story taking a research idea from bench to bedside
- Innovation can be addictive 😊

# You don't need to start from an Ivy league university .....

MD

PhD



2024



307

2024



72



# You can always be a late boomer to be a scientist .....

---

MD  
0 paper



PhD  
Approx. 10 papers



You can always be a late boomer to be an innovator.....

---



Founded in 2018



Keep your eyes on the stars,  
and your feet on the ground.

Theodore Roosevelt

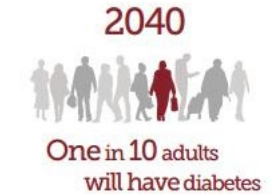
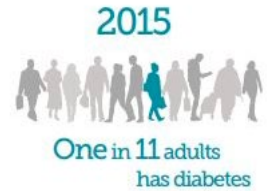
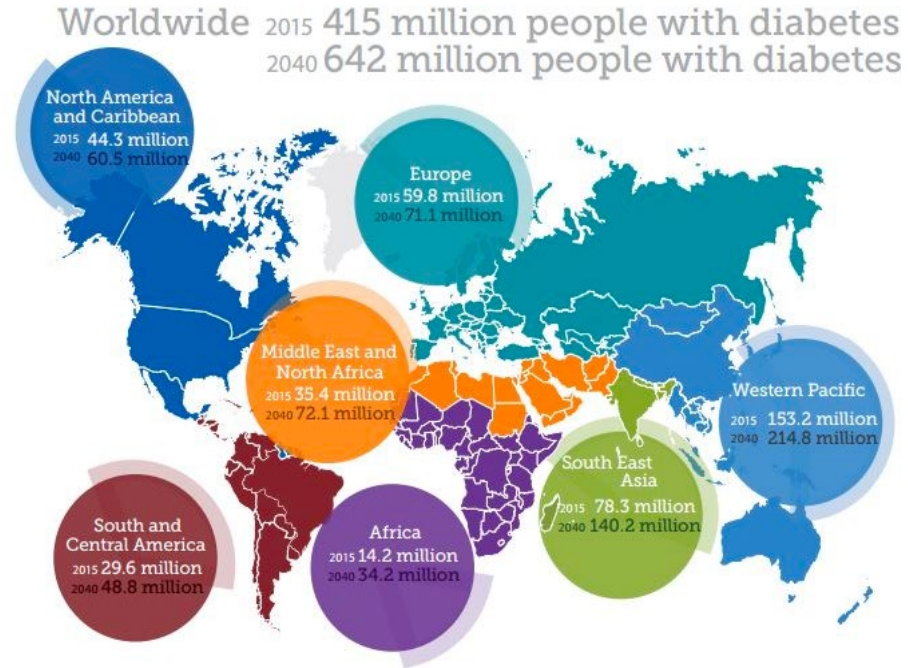


# Solving a diabetes-related eye screening problem

PhD



THE UNIVERSITY OF  
**WESTERN  
AUSTRALIA**



singlehealth DUKE UNIVERSITY  
ACADEMIC MEDICAL CENTRE



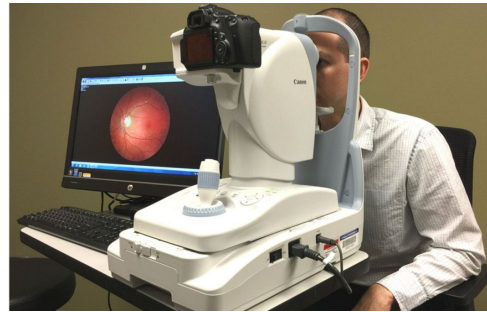
# For eye screening, you need the following:

---

2010



Camera to take photos



Operator to take photos  
with patients' cooperation



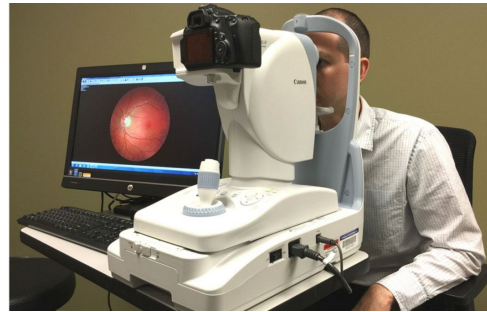
Physicians to read and  
grade retinal photos once  
done

# Challenges

2010



Expensive (200K USD)



- Experienced photographers
- Cooperative patients
- Eye and head movements
- Small pupil size

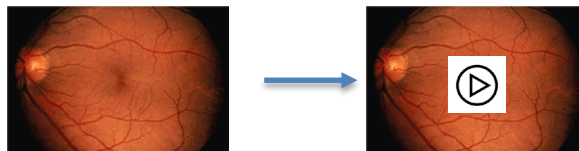


- Inconvenience to the physicians
- Need to read photos in the clinic

# PhD proposed solutions



- Small and portable
- Cheap (40K USD)

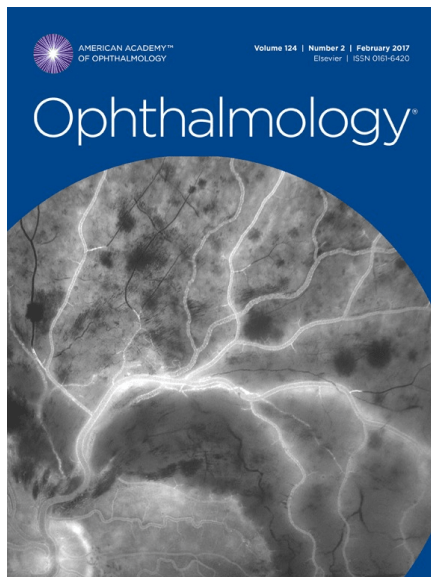


- Only need patients' head to keep still
- Operators to take videos (5s) from left to right



- Cloud-based solution
- Portable reading device

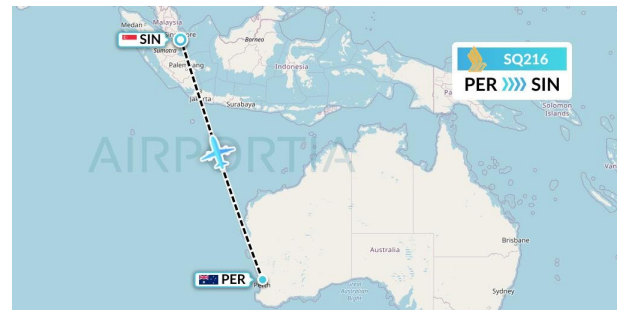
# Good papers and news coverage, BUT....



- Retina videos – file size too big (1G per video for a 5s video clip)
- Requires bright flash to be turned on during the 5s (severe eye discomfort)
- No start up team that drives the business development, the team consists of a group of scientists with no start-up experience

# There will be always something to gain from a failed start up experience

- PhD Degree
- Basic programming (prior to deep learning era)
- Built foundation
  - To develop a new technology
  - To design a study to evaluate a new technology
  - Learnt to run robust statistical analysis
  - Write and publish papers
- Get into ophthalmology residency in Singapore (where my clinical and AI career took off)



# Meeting a great mentor could become a life changing event.....

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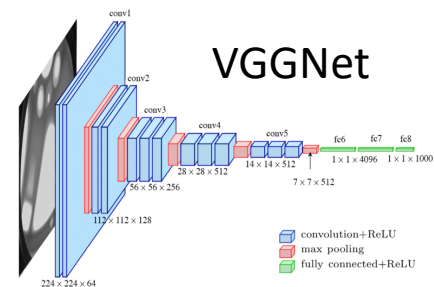
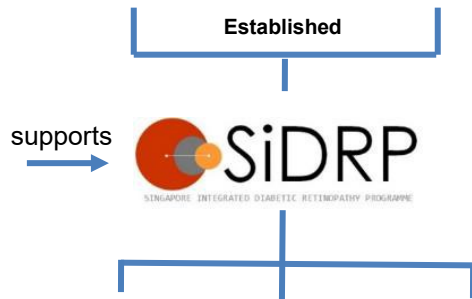


- A clinician scientist superstar
- Spent his life long career in studying retinal imaging, and also leverage on technologies to find new biomarkers in retinal imaging for eye and systemic diseases
- Set up the retinal reading centers, national diabetic retinopathy screening program → Good data with good labels
- NOT about how many papers he previously published
- Openness to new ideas, can move extremely fast to turn ideas into papers and clinical tools
- Actively thinking of strategic ways to enable and empower you as a clinician, scientist and a leader

# Standing on the shoulder of the giant....



- In 2014 - Started the AI portfolio
- From 2010 to 2014, we have close to 200K images on DR grading performed by the graders



## Research Question

---

- Can we use deep learning based AI techniques to build an AI model for diabetic retinopathy screening, using the data that we have curated in the past 5 years ?



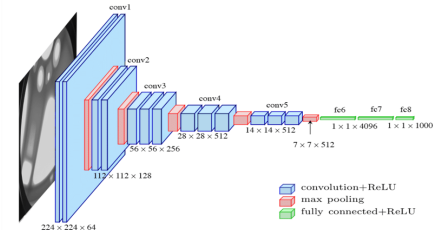


# Deep Eye Study (Initiated in 2014/2015)

- Singapore SiDRP 2010 to 2015 datasets
- Sample size: approximately 200K
- Races: Chinese, Indians and Malays
- Retina cameras: Topcon
- Reference standards: Retinal specialists



## VGGNet



- Outcome: AUC, sensitivity and specificity >90%
- Prepared and submitted the paper to the Lancet in late Oct 2016

# Heard a bad news ..... (Gulshan et al, JAMA 2016)

**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, PhD<sup>1</sup>; Lily Peng, MD, PhD<sup>1</sup>; Marc Coram, PhD<sup>1</sup>; Martin C. Stumpe, PhD<sup>1</sup>; Derek Wu, BS<sup>1</sup>;  
Arunachalam Narayanaswamy, PhD<sup>1</sup>; Subhashini Venugopalan, MS<sup>1,2</sup>; Kasumi Widner, MS<sup>1</sup>; Tom Madams, MEng<sup>1</sup>;  
Jorge Cuadros, OD, PhD<sup>3,4</sup>; Ramasamy Kim, OD, DNB<sup>5</sup>; Rajiv Raman, MS, DNB<sup>6</sup>; Philip C. Nelson, BS<sup>1</sup>; Jessica  
L. Mega, MD, MPH<sup>7,8</sup>; Dale R. Webster, PhD<sup>1</sup>

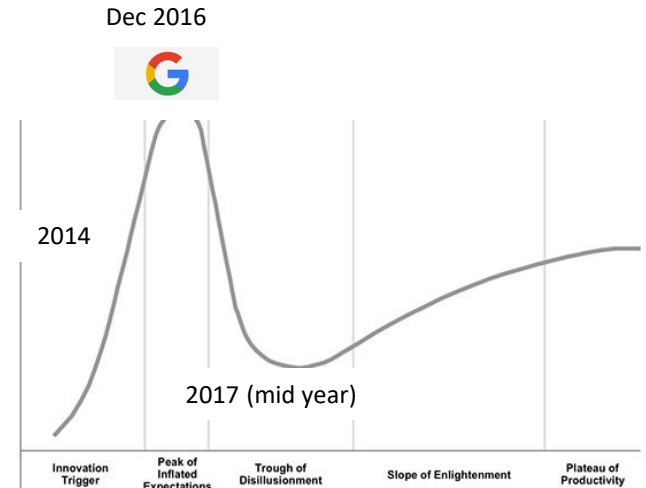
» [Author Affiliations](#) | [Article Information](#)

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



# A Roller Coaster Ride.....

- Dec 2016 (Submission under review by Lancet)
  - 5 reviewers' comments, totalling up to 200 to 300 comments (big and small), turnover time 1 week, 3 hrs/night on average
- Rejected by Lancet, then 9 other journals
  - Nature → Nature Biotech → Nature Medicine → Science → BMJ → Lancet Diabetes and Endocrinology → Nature Communication → Diabetes Care → Annals of Internal Medicine
- From 2014 to 2017 - 0 paper and track record in AI (no paper in the field, no start up)
- 2016/2017: Applied NIG x 2 to prepare for the subsequent phase → Rejected x 2 (reviewers did not think deep learning is something new)
- Why are you doing a computer science project when you are a clinician? Do you want to consider changing your research focus? Do you want to look into a more conventional disease specific area?



# Expanded Deep Eye Study in 2017

- More disease areas: DR + glaucoma + age-related macular degeneration
- More Countries: China, Hong Kong, USA, Mexico, Australia
- More types of studies: 1 Community-based DR screening, 5 population-based studies and 4 clinic-based DR screening
- More races: Cantonese (outside Singapore), American Black, Hispanics, Caucasians
- More retina cameras: Canon, Carl Zeiss, FundusVue
- More reference standards: Professional graders, Optometrists, Ophthalmologists



We Make It Visible



## JAMA | Original Investigation | INNOVATIONS IN HEALTH CARE DELIVERY Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs

Yanun Gulshan, PhD; Lily Peng, MD, PhD; Marc Coram, PhD; Martin C. Stumpel, PhD; Derek Wu, BS; Aravesham Narayanasamy, PhD; Subhesh Venugopalan, MS; Kazumi Yokota, MS; Tom Madams, MEd; Jorgi Cashroo, OD, PhD; Rameshwar Vin, OD, PhD; Rajiv Ramani, MS, DNB; Philip C. Nelson, BS; Jessica L. Mega, MD, MPH; Dale R. Webster, PhD

Editorial  
Supplemental content

**IMPORTANCE** Deep learning is a family of computational methods that allow an algorithm to program itself by learning from a large set of examples that demonstrate the desired behavior, removing the need to specify rules explicitly. Application of these methods to medical imaging requires further assessment and validation.

**OBJECTIVE** To apply deep learning to create an algorithm for automated detection of diabetic retinopathy and diabetic macular edema in retinal fundus photographs.

**DESIGN AND SETTING** A specific type of neural network optimized for image classification called a deep convolutional neural network was trained using a retrospective development data set of 128 175 retinal images, which were graded 3 to 7 times for diabetic retinopathy, diabetic macular edema, and image gradability by a panel of 54 US licensed ophthalmologists and ophthalmology senior residents between May and December 2015. The resultant algorithm was validated in January and February 2016 using 2 separate data sets, both graded by at least 7 US board-certified ophthalmologists with high intergrader consistency.

**EXPOSURE** Deep learning-trained algorithm.

**MAIN RESULTS AND MEASURES** The sensitivity and specificity of the algorithm for detecting referable diabetic retinopathy (RDR), defined as moderate and worse diabetic retinopathy, referable diabetic macular edema, or both, were generated based on the reference standard of the majority decision of the ophthalmologist panel. The algorithm was evaluated at 2 operating points selected from the development set, one selected for high specificity and another for high sensitivity.

**RESULTS** The EyePACS-1 data set consisted of 9963 images from 4997 patients (mean age, 54.4 years, 62.2% women; prevalence of RDR, 683/8878 fully gradable images [7.8%]); the Messidor-2 data set had 1748 images from 826 patients (mean age, 57.6 years, 42.0% women; prevalence of RDR, 254/1745 fully gradable images [14.6%]). For detecting RDR, the algorithm had an area under the receiver operating curve of 0.991 (95% CI, 0.988-0.993) for EyePACS-1 and 0.990 (95% CI, 0.986-0.995) for Messidor-2. Using the first operating point with high specificity for EyePACS-1, the sensitivity was 90.3% (95% CI, 87.5%-92.7%) and the specificity was 98.7% (95% CI, 97.8%-98.5%). For Messidor-2, the sensitivity was 87.0% (95% CI, 81.7%-91.0%) and the specificity was 98.5% (95% CI, 97.7%-99.3%). Using a second operating point with high sensitivity in the development set, for EyePACS-1 the sensitivity was 93.5% and specificity was 93.4% and for Messidor-2 the sensitivity was 96.1% and specificity was 93.9%.

**CONCLUSIONS AND RELEVANCE** In this evaluation of retinal fundus photographs from adults with diabetes, an algorithm based on deep machine learning had high sensitivity and specificity for detecting referable diabetic retinopathy. Further research is necessary to determine the feasibility of applying this algorithm in the clinical setting and to determine whether use of the algorithm could lead to improved care and outcomes compared with current ophthalmologic assessment.

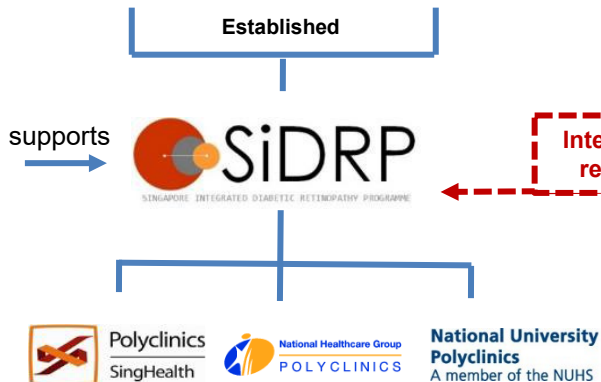
JAMA. doi:10.1001/jama.2016.17706  
Published online November 29, 2016.

**Author Affiliations:** Google Inc, Mountain View, California (Gulshan, Peng, Coram, Stumpel, Wu, Narayanasamy, Venugopalan, Yokota, Madams, Nelson, Webster); Department of Computer Science, University of Texas, Austin (Narayanasamy); EyePACS LLC, San Jose, California (Gulshan); School of Optometry, Vision Science Graduate Group, University of California, Berkeley (Cashroo); Aravind Medical Research Foundation, Aravind Eye Care System, Madurai, India (Kovuri, Sri Bhagavan Mahesh Venkateswara); Sankara Nethralaya, Chennai, Tamil Nadu, India (Kovuri); Verily Life Sciences, Mountain View, California (Mega); Cardiovascular Division, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts (Mega)  
Corresponding Author: Lily Peng, MD, PhD, Google Research, 3600 Amphitheatre Way, Mountain View, CA 94043 (lilypeng@google.com).

# Filed technical disclosure + paper is published → EyRIS



procures and manages all external vendors for SIDRP i.e. vendor and software maintenance for OpthLive system by  
 (i) Topcon  
 (ii) Pellucid



Integrating AI into the real-world settings

Co-developed  
**SELENA+**

JAMA | Original Investigation | INNOVATIONS IN HEALTHCARE DELIVERY  
 Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs

**OBJECTIVE:** Deep learning is a family of computational methods that allow an algorithm to program itself by learning from a large set of examples that demonstrate the desired behavior, removing the need to specify rules explicitly. Application of these methods to medical imaging requires further assessment and validation.

**DESIGN AND SETTING:** A specific type of neural network optimized for image classification called a deep convolutional neural network was trained using a retrospective development set of 120 000 fundus images, which were guided by 17 ophthalmologists, ophthalmic residents, and ophthalmic fellows, which were guided by a panel of 14 ophthalmologists and ophthalmic fellows. These results were tested by a separate set of 120 000 fundus images. The algorithm was validated in a series of internally and externally conducted trials, which were guided by at least 17 ophthalmologists and ophthalmic fellows with high interobserver consistency.

**EXPOSURE:** Deep learning-based algorithm.

**MEASUREMENTS AND MAIN RESULTS:** The sensitivity and specificity of the algorithm for detecting referable diabetic retinopathy (DR), defined as moderate and severe diabetic retinopathy, referable diabetic macular edema, or both, were generally based on the reference standard of the majority opinion of the ophthalmologists panel. The algorithm was evaluated at 2 ophthalmology centers from the development set, one selected for high specificity and another for high sensitivity.

**CONCLUSIONS AND RELEVANCE:** This evaluation of referable fundus photographs from adults with diabetes using a deep learning-based algorithm demonstrated high sensitivity and specificity for identifying referable diabetic retinopathy. Further research is necessary to determine the feasibility of applying the algorithm to the real-world setting, such as determining whether use of the algorithm can lead to improved care and outcomes compared with current ophthalmology assessment.

KEY WORDS: Artificial intelligence; deep learning; diabetic retinopathy; fundus photography; machine learning; medical imaging; ophthalmology; telemedicine.

DOI: 10.1001/jama.2018.12076

Published November 28, 2018.

Author Affiliations: See page 12076.

Section Editor: Catherine M. Rice, MD, MPH, JGIM, University of California, San Francisco.

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2018

# Co-inventors Challenges

---



- All academics with full time universities and healthcare senior leadership appointments (except for me)
- Just completed my residency and about to start surgical retina fellowship, invested 15 years (10 years MD PhD + 5 years eye residency) → to run a start up (as an amateur without any prior business and start up experience), or to run a new start up as a CEO or CMO
- Co-inventor team spent at least 6 to 12 months to look for a CEO to form the new spin-off → Mr Teik Kin Lai (CEO NovaHealth, KLSE listed Co → CEO EyRIS Pte Ltd)

# EyRIS Challenges

2018



2022



POLICY, ARTIFICIAL INTELLIGENCE, HEALTH TECH

## Medicare prices AI-based screening for diabetic retinopathy

The agency set a national payment amount for AI-based screenings for diabetic retinopathy in its 2022 Medicare Physician Fee Schedule final rule. It would also allow the screenings to count toward quality measures.

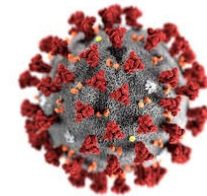
By ELISE REUTER

92229\*\*\*

No hardware capabilities



COVID-19



# COVID-19 – is both a crisis and an opportunity for EyRIS ....

- Intermittent lock-down period (2019 - 2021)
- Less time to travel, more time to meet collaborators
- People realize the importance of tele-health, and AI diagnostic tools
- More time to apply for the regulatory approvals from different countries, and also sharpening business models
  - Combined with a portable retinal camera
  - To partner with the other retinal imaging-based AI algorithms in exploring a mutually agreed go-to-market strategy

nature medicine

Comment | Published: 27 March 2020

## Digital technology and COVID-19

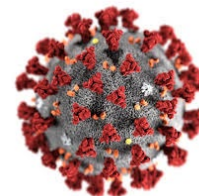
[Daniel Shu Wei Ting](#) , [Lawrence Carin](#), [Victor Dzau](#) & [Tien Y. Wong](#)

[Nature Medicine](#) 26, 459–461 (2020) | [Cite this article](#)

130k Accesses | 896 Citations | 211 Altmetric | [Metrics](#)



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™



Genomics and Precision Health

## Using Digital Technologies in Precision Public Health: COVID-19 and Beyond

Posted on April 6, 2020 by Muin J. Khoury, Scott Bowen, Office of Genomics and Precision Public Health, Centers for Disease Control and Prevention, Atlanta, Georgia; Paula Braun, Entrepreneur in Residence, Centers for Disease Control and Prevention





# If the AI algorithm is robust, and business models are appropriate..... EyRIS 6 years later....

## Market reach

500,000

Patients Screened since launch

300

Locations

5

countries

3

National screening programs

90%

Cost reduction  
vs manual screening

5x

Improvement  
in screening capacity



Time taken to  
generate a  
report



Singapore National  
Eye Centre  
SingHealth



SINGAPORE  
EYE  
RESEARCH  
INSTITUTE

# Next 3 to 5 years road map – more countries and disease areas

## NATIONAL SCREENING PROGRAMS

- Singapore
- Oman
- Brunei
- United Arab Emirates

## OPTOMETRISTS, CLINICS & HOSPITALS



## DISTRIBUTORS



## CAMERA MANUFACTURERS



## OTHERS



## PUBLIC / PRIVATE PAYER COVERAGE IN SEVERAL GEOGRAPHIES



Singapore

- Part of National Health Screening Program
- Fully reimbursable for diabetic population screening
- Discussions with UAE at near final stage



Oman



Brunei



UAE



South Africa

- Tie up with Discovery – One of the largest private insurance providers in South Africa



Australia

- \$60 coverage for eye screening
- Tie up with 'Chemist warehouse' – private pharmacy network responsible for 60% of all prescription in Australia



United States

- Existing reimbursement code to covers upto \$55 for use of AI for eye check-up

# If you believe in what you do, train and work hard....

Right foundation

MD PhD

Eye and AI Specialization

Faculty

Right place

Right time

Right mentor

Right team



2024 QS Ranking: 307

World's best hospital: 4<sup>th</sup>

World's best eye hospital: 2<sup>nd</sup>

2024 QS Ranking: 8<sup>th</sup>



2024 QS Ranking: 72



World's best eye hospital: 1<sup>st</sup>



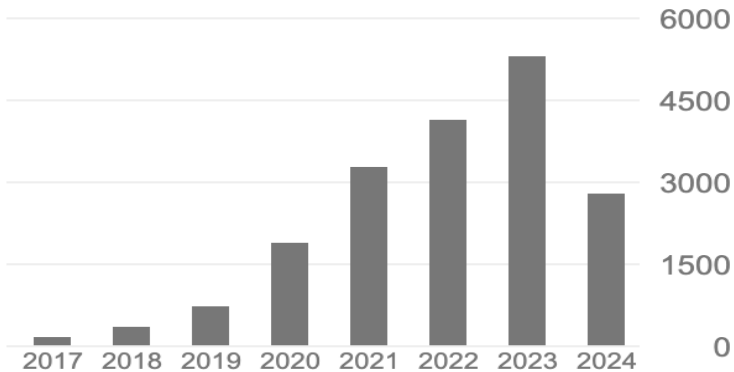
2024 QS Ranking: 5



# You'll get there one day .....

Google Scholar May 22nd, 2024

	All	Since 2019
Citations	19121	18344
h-index	59	57
i10-index	162	159



- >250 publications
- 45 were published in high impact journals such as JAMA, NEJM, Lancet, Nature Medicine, Nature Biomedical Engineering, Lancet Digital Health and etc
- Research areas
  - Machine learning, deep learning, generative AI (large language models)
  - Explainable AI, privacy preserving technologies, ethics, blockchain
- International and AI Steering Committee
  - Equator Network - STARD-AI, QUADAS-AI and DECIDE-AI
  - MOH AI Steering Committee
- International Advisory Board – Lancet Digital Health
- AI Innovation Mentor – Stanford University

# You'll be recognized one day.....

## Top 100 World's Power list in Ophthalmology (2022, 2023 and 2024)



Expertise in Deep Learning:  
Worldwide

### ExpertScape (2012-2023) ranked from worldwide from >100K researchers

- Deep Learning – 3<sup>rd</sup> (used to be 1<sup>st</sup> in 2021)
- Artificial Intelligence – 8<sup>th</sup>
- Machine Learning – 11<sup>th</sup>
- Blockchain – 35<sup>th</sup>



# It will never be an ending innovation interest and opportunities....

AI for Retina and  
Systemic  
Screening



AI-enabled for Myopia Care

Ai-Sight

Gen AI-enabled digital  
health wallet for smart  
remote care



# Good news for EyRIS – Recent 10M USD expression of interest

## Announcement details

### OTHERS Nova MSC Berhad (NOVAMSC or Company) Term Sheets With Jostar Investment VCC

#### NOVA MSC BERHAD

Type	Announcement
Subject	OTHERS
Description	Nova MSC Berhad (NOVAMSC or Company) Term Sheets With Jostar Investment VCC

TS2 records Jostar's desire to invest into EyRIS with an investment amount of USD5.0 million (approximately RM23.9 million) in a single or multiple tranches subject to the finalised valuation of EyRIS as of the closure date of the accounting due diligence, and negotiation between the parties.

### OTHERS Nova MSC Berhad (NOVAMSC or Company) Term Sheets With Mark Investment Group VCC

#### NOVA MSC BERHAD

Type	Announcement
Subject	OTHERS
Description	Nova MSC Berhad (NOVAMSC or Company) Term Sheets With Mark Investment Group VCC

TS2 records MIG's desire to invest into EyRIS with an investment amount of USD5.0 million (approximately RM23.6 million) in a single or multiple tranches subject to the finalised valuation of EyRIS as of the closure date of the accounting due diligence, and negotiation between the parties.

# AIDOC – Radiological AI Imaging

Series D, led by TCV - Raised 110M USD in both Series A and B

**ORGANIZATION**  
**Aidoc**

Summary Financials People Technology

**About**  
Aidoc specializes in developing artificial intelligence tools for radiologists and multidisciplinary response teams.

- Tel Aviv, Tel Aviv, Israel
- 251-500
- Venture - Series Unknown
- Private
- aidoc.com

**Highlights**

- Total Funding Amount: **165** (Unlock for free)
- Employee Profiles: **7**
- Contacts: **12**
- Investors: **12**
- Similar Companies: **11**

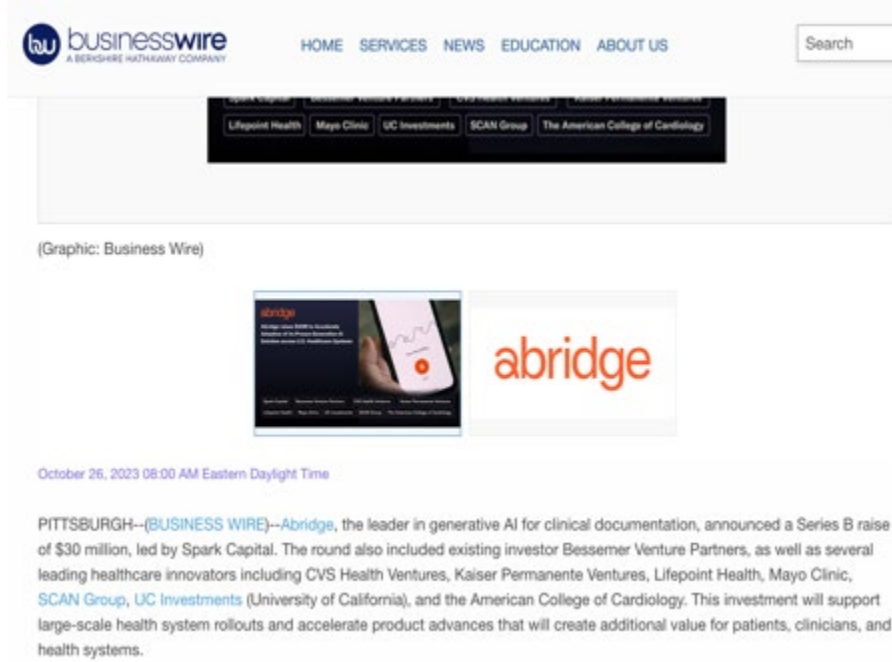
News • Jun 16, 2022  
MobiHealthNews — Aidoc raises \$110M to expand AI-enabled imaging platform





# Gen AI in Health Opportunities – Abridge (Clinical Documentation)

Series B, led by Spark Capital, Raised 30M USD at 200 M valuation



The screenshot shows a Business Wire article header with the logo and navigation links (HOME, SERVICES, NEWS, EDUCATION, ABOUT US). Below the header is a navigation bar with links to Lifepoint Health, Mayo Clinic, UC Investments, SCAN Group, and The American College of Cardiology. The main content area features a small image of a hand holding a smartphone displaying the Abridge logo, followed by the Abridge logo in orange. The article text, dated October 26, 2023, at 08:00 AM Eastern Daylight Time, reports that Abridge, a leader in generative AI for clinical documentation, has announced a Series B raise of \$30 million led by Spark Capital. Other investors include Bessemer Venture Partners, CVS Health Ventures, Kaiser Permanente Ventures, Mayo Clinic, SCAN Group, UC Investments, and the American College of Cardiology. The investment is intended to support large-scale health system rollouts and accelerate product advances.



Shiv Rao, cofounder and CEO, Abridge. ABRIDGE

**The Series B round led by Spark Capital values 5-year old Abridge, which is used by 5,000 doctors, at \$200 million. But it's up against Nuance, which Microsoft bought for \$18.8 billion and is used by half a million doctors.**

Mayo Clinic, CVS Health Ventures, Kaiser Permanente Ventures



# Gen AI in Health Opportunities – Ambience Healthcare

Series B, led by OpenAI, Kleiner Perkins - Raised 100M USD in both Series A and B  
Andreessen Horowitz and Optum Ventures

## Ambience Healthcare raises \$70M for its AI assistant led by OpenAI and Kleiner Perkins

Ingrid Lunden @ingridlunden / 6:05 PM GMT+8 • February 6, 2024

Comment



Ambience does not disclose how many customers it has, nor how much data its platform has been used to process. But customers it discloses include UCSF, Memorial Hermann Health System, John Muir Health, The Oncology Institute, GI Alliance, Midi Health and Eventus WholeHealth, and the investors in this round also speak to the traction it has seen so far.

Kleiner Perkins and OpenAI's Startup Fund are co-leading this Series B, with Andreessen Horowitz and Optum Ventures (two of its very long list of big-name previous backers) also participating. The investment has a strategic element to it, as Kleiner Perkins and OpenAI have been co-investing in other vertically-focused AI startups, such as [this \\$80 million round](#) in legal AI specialist Harvey.AI this past December. This round brings the total raised by the company to \$100 million. It's not disclosing valuation, but for a little context, PitchBook [estimated](#) it at \$126 million post-money when it raised its Series A in 2022.



Singapore National  
Eye Centre  
SingHealth



SINGAPORE  
EYE  
RESEARCH  
INSTITUTE

# World Class AI Health Innovation Hub

## The Next Silicon Valleys: Singapore as a Gateway to Southeast Asia

Thursday, 11th January 2024

Source : Singapore Economic Development Board



Singapore is known among some as “[Silicon Valley of Asia](#)” as it’s developed into a leading startup hub in the region with an ecosystem valued at [\\$21B](#).

The [Singapore Fintech Festival](#) is one of the world’s biggest annual fintech gatherings.

Digital health is also hot in Singapore, with [\\$4B in government funding](#) for health and biomedical sciences R&D, and many great digital health startups are flourishing.

The city has a reputation for ease of doing business owing to startup grants and the efficient [tax regime](#). Singapore is situated as an intersection for different talents and backgrounds.

# Thank you !



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