

Why the Stage is Set for AI in Healthcare and Diagnostics

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Stanford University**

**Executive War College
New Orleans, May 1, 2024**

what this presentation is not about

- 1** large language models
- 2** chatGPT in healthcare

five
vignettes

1 EWC 2018, 2021, 2024: some anecdotes

2 what trends do these anecdotes signal

3 myth vs reality: what is feasible today

4 what can AI do for you. some use cases

5 back to first principles to implement AI

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rewind to May 2018

EWWC 2018

Top 10 AI Applications

	APPLICATION	VALUE*
	Robot-Assisted Surgery™	\$40B
	Virtual Nursing Assistants	\$20B
	Administrative Workflow Assistance	\$18B
	Fraud Detection	\$17B
	Dosage Error Reduction	\$16B
	Connected Machines	\$14B
	Clinical Trial Participant Identifier	\$13B
	Preliminary Diagnosis	\$5B
	Automated Image Diagnosis	\$3B
	Cybersecurity	\$2B
TOTAL		= -\$150B

Algorithm better at diagnosing pneumonia than radiologists

November 16, 2017

by Taylor Kubota, Stanford University Medical Center



Radiologist Matthew Lungren, left, meets with graduate students Jeremy Irvin and Pranav to discuss the results of detections made by the algorithm. Credit: L.A. Cicero/Stanford News

next, November 2021

EWWC 2021

1.

PR Newswire

Roche announces collaboration with Ibis Medical Analytics to develop artificial intelligence-based digital pathology applications for improved patient care

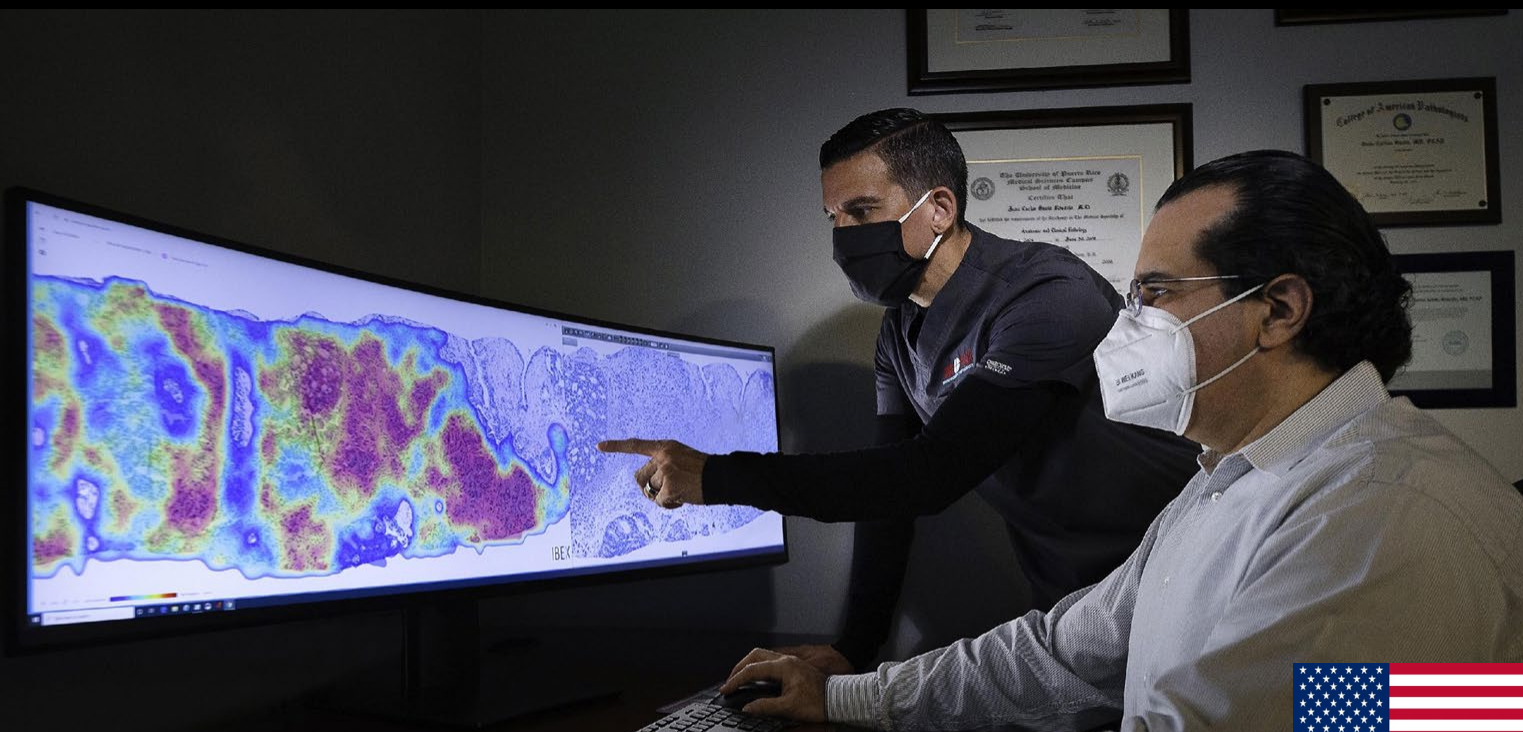


PR Newswire

Ibis Medical Analytics Raises \$38 Million to Accelerate Adoption of AI-powered Cancer Diagnostics in Pathology USA - English ▾

Ibis's AI technology helps physicians and providers diagnose cancer with greater real-time accuracy by reducing error and misdiagnosis

IBEX



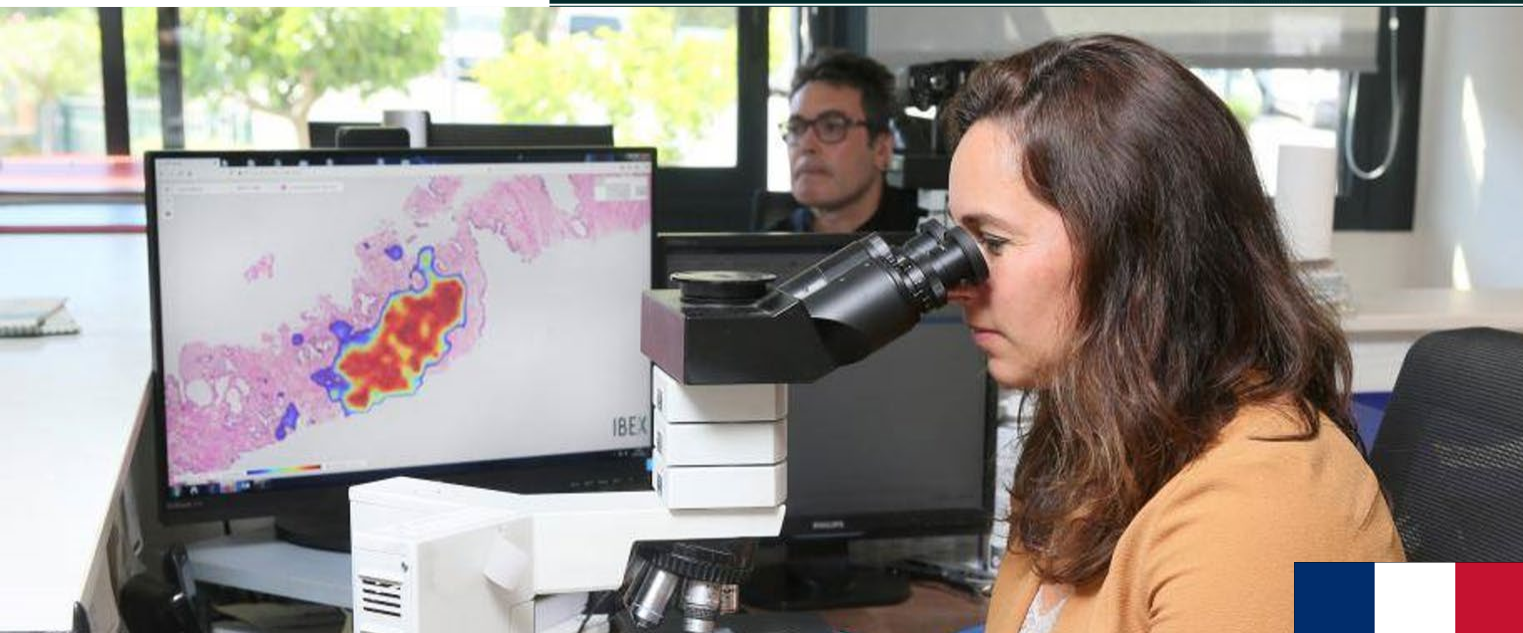
CORE PLUS
SPECIALTY PATHOLOGY SERVICES

- > 1st lab in US for routine AI
- > 100% AI: Prostate & Breast



LDPATH
LONDON DIGITAL PATHOLOGY

- > 1st lab in UK for routine AI
- > AI QC & AI Audits for Prostate



MEDIPATH
Médecins pathologistes indépendants

- > Deployed network wide
- > 100% AI: Prostate & Breast



Maccabi
The Best Healthcare in Israel

- > 1st lab in World w/ AI QC
- > 100% AI: Prostate & Breast



The Best Healthcare in Israel

AUC	SPEC	SENS	# cases
0.99	96%	98%	3,466

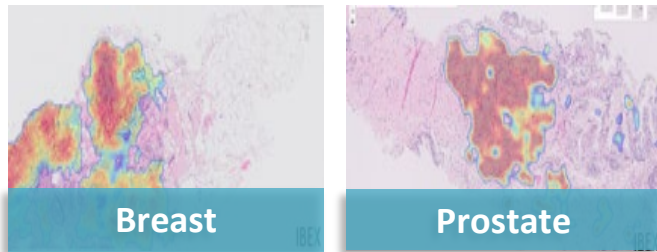
Invasive cancer

AUC	SPEC	SENS	# cases
0.99	98%	99%	1,129

DCIS

AUC	SPEC	SENS	# cases
0.99	97%	98%	951

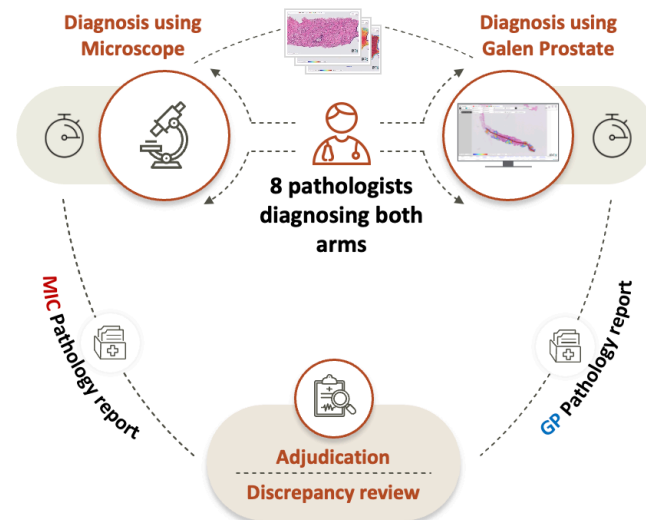
First-ever cancers diagnosed by AI in a live clinical setting



Médecins pathologistes indépendants

AUC	SPEC	SENS	# slides
0.99	97%	99%	1,142

Identified **12%** missed cancers
Measured **37%** productivity gains



LIFE CHANGING MEDICINE

AUC	SPEC	SENS	# slides
0.99	98.5%	97%	1,627

3 missed cancers
15 diagnostic/grading errors

Blinded Independent test

Test	Performance
Cancer	AUC = 0.99
G7+	AUC = 0.94
G5	AUC = 0.97
Perineural	AUC = 0.96
Cancer size	Correlation = 0.88

THE LANCET Digital Health



AUC	SPEC	SENS	# slides
0.997	95.6%	98.6%	860

AUC	SPEC	SENS	# slides
0.991	93.5%	96.3%	829

- Multi lab
- Multi scanner
- Multi pathologist
- AUC = 0.9973**

Remarkable accuracy for Artificial Intelligence in Pathology

This Issue

Views **32,876** | Citations **24** | Altmetric **610**

Viewpoint | Innovations in Health Care Delivery

December 13, 2016

Adapting to Artificial Intelligence Radiologists and Pathologists as Information Specialists

Saurabh Jha, MBBS, MRCS, MS¹; Eric J. Topol, MD²

» [Author Affiliations](#)

JAMA. 2016;316(22):2353-2354. doi:10.1001/jama.2016.17438



Editorial
Comment

Artificial intelligence—the mimicking of human cognition by computers—was once a fable in science fiction but is becoming reality in medicine. The combination of big data and artificial intelligence, referred to by some as the fourth industrial revolution,¹ will change radiology and pathology along with other medical specialties. Although reports of radiologists and pathologists being replaced by computers seem exaggerated,² these specialties must plan strategically for a future in which artificial intelligence is part of the health care workforce.

and now, May 2024

EWWC 2024











...over 50 installations globally



let's go back to May 2018

EWWC 2018

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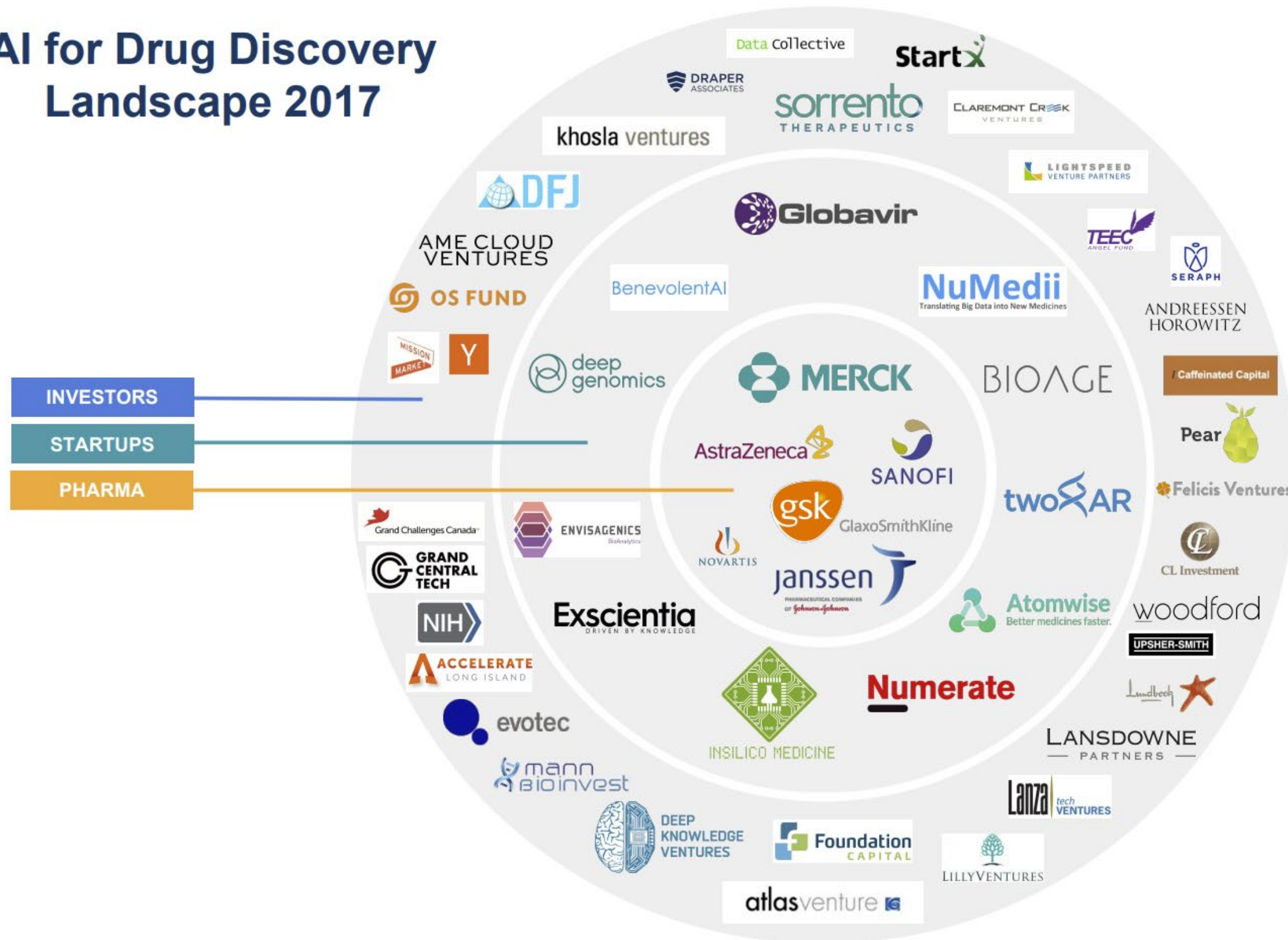


AI for Drug Discovery Landscape Overview 2017

www.dkv.global



AI for Drug Discovery Landscape 2017



next, November 2021

EWWC 2021

3.

Lantern Pharma's Proprietary A.I. Platform for Precision Oncology Drug Development, RADR®, Surpasses 10 Billion Datapoints - Significantly Enhancing Precision Medicine Capabilities & Expanding Potential for Biopharma Collaborations and Partnerships

- Represents a 10-fold increase in the number of datapoints from one year ago, November 2020, and a 37-fold increase since the June 2020 IPO
- Accelerates the discovery of new indications for Lantern's existing drug candidates, as well as the identification of new drug candidates and combination therapies
- Data growth was largest in bladder, pancreatic, brain and blood cancers



Global AI In Pharma Market Report 2021



Research and Markets

Tue, November 2, 2021, 9:53 AM · 6 min read



Dublin, Nov. 02, 2021 (GLOBE NEWSWIRE) -- The market is expected to grow by \$9.14 billion according to the ["AI In Pharma Global Market Opportunities and Strategies to 2030: COVID-19 Growth and Change"](#) report that has been added to **ResearchAndMarkets.com's** offering.

The global AI in pharma market reached a value of nearly \$699.3 million in 2020, having increased at a compound annual growth rate (CAGR) of 31.8 % since 2015. The market is expected to grow from \$699.3 million in 2020 to \$2,895.5 million in 2025 at a rate of 32.9%. The market is then expected to grow at a CAGR of 25.9% from 2025 and reach \$9,142.7 million in 2030.

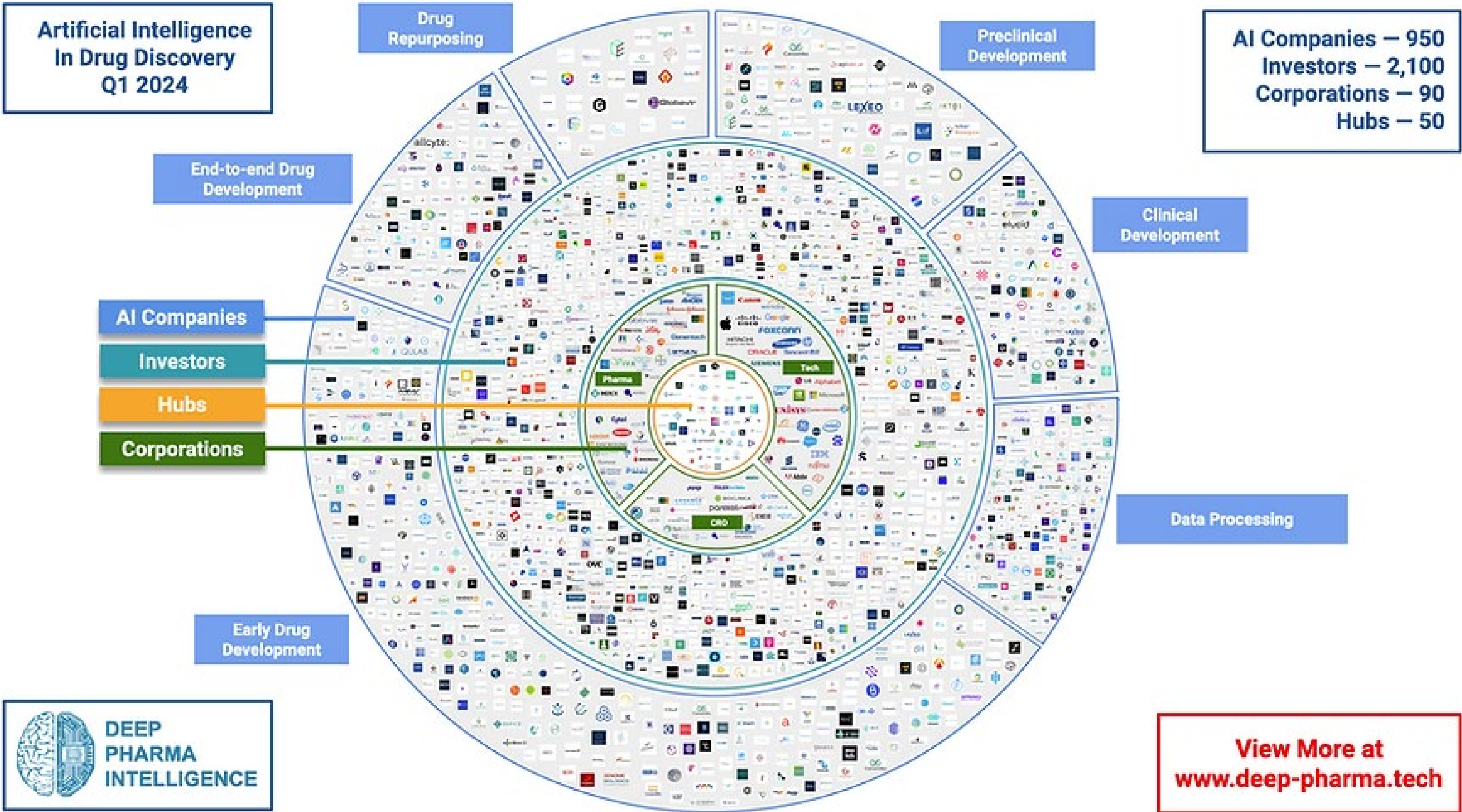
and now, May 2024

EWWC 2024

Beta Version

Artificial Intelligence
In Drug Discovery
Q1 2024

AI Companies – 950
Investors – 2,100
Corporations – 90
Hubs – 50



Clinical
Development

Data Processing

End-to-end Drug
Development

- AI Companies
- Investors
- Hubs
- Corporations

Early Drug
Development

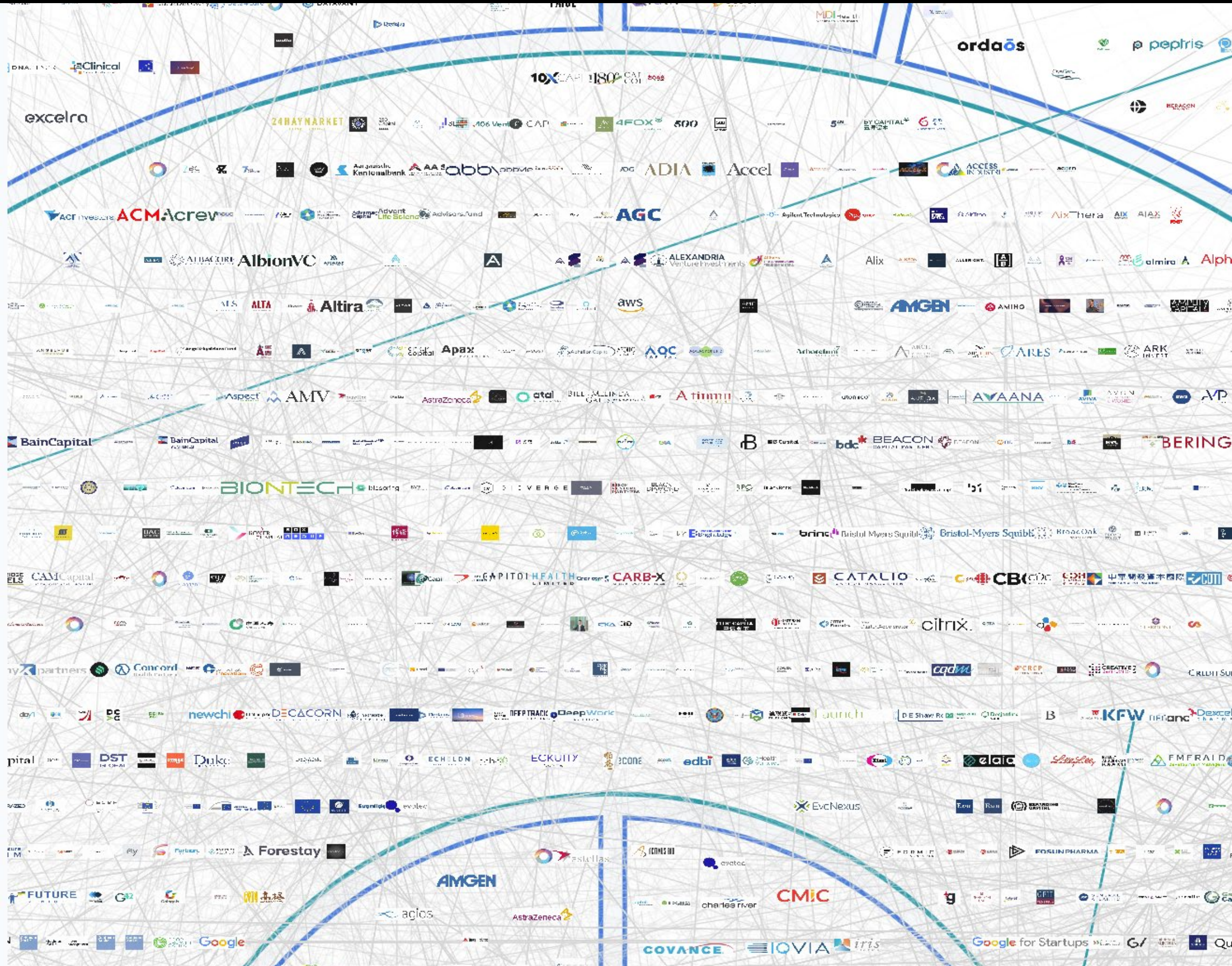
Drug
Repurposing

Preclinical
Development



View More at
www.deep-pharma.tech

Artificial Intelligence
In Drug Discovery
Q1 2024



Version

Companies – 950
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Transactions – 90
Hubs – 50



at
Pharma.tech

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first, some

caution

the plural of

anecdote

is not trend

Picasso




© 1999 Estate of Pablo Picasso / Artists Rights Society (ARS), New York, Pablo Picasso, "Las Meninas (after Velázquez)," Cannes 18 September, 1957




© 1999 Bridgeman Art Library, Velázquez, "Las Meninas," 1656


AI in Healthcare - Summary (1/2)

Top Companies


 **Medidata**
(1999, United St., \$21.5M)


 **GE Healthcare**
(1892, United St., \$29.1M)


 **HealthTap**
(2010, United St., \$37.9M)

 **Modernizing Medicine**
(2010, United St., \$329M)

 **EXL**
(1999, United St., \$10.0M)

 **CitiusTech**
(2005, United St., \$112M)

 **Wellframe**
(2011, United St., \$45.1M)

 **Innovaccer**
(2014, United St., \$228M)

Scope of Feed

What is included

AI-enabled solutions including IoT devices, apps, software with applications across the entire Healthcare industry including Life Sciences, Healthcare Services, and Consumer Health

What is not included

Healthcare Analytics companies working with big data without using any AI tools. Healthcare outsourcing companies offering custom app development, consultancy, etc. focused on AI, and labs and research institutes are also excluded.

Key Stats

 **5,755**
Companies

 **2,412**
Funded Companies

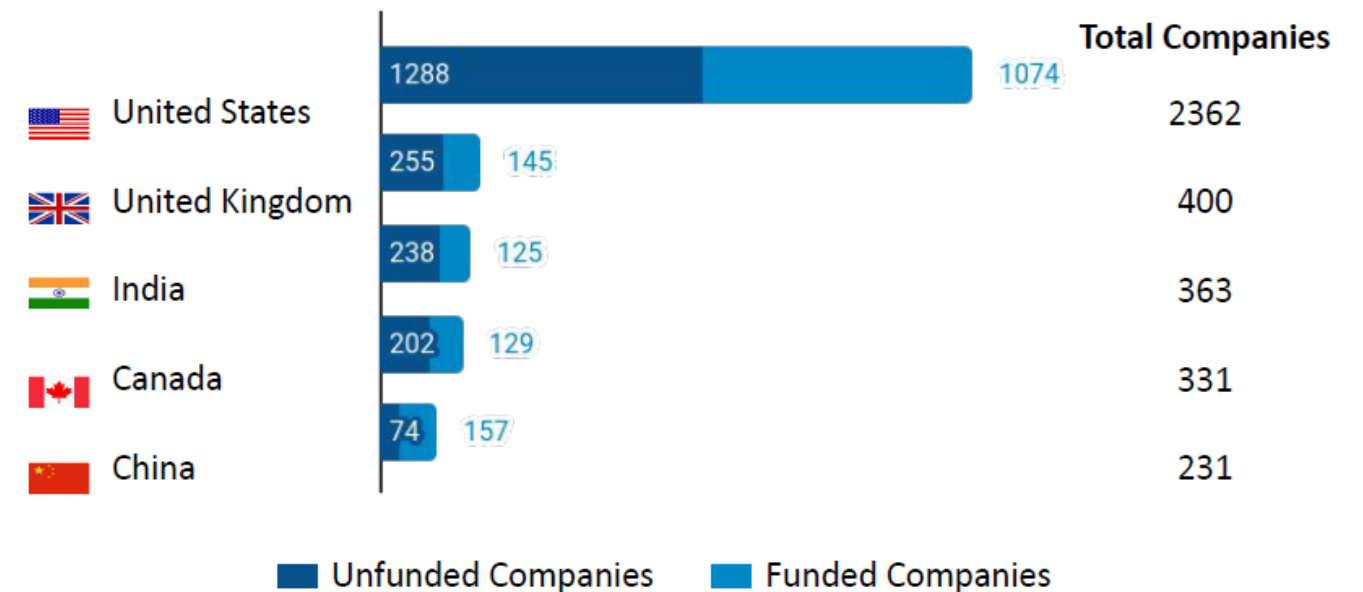
 **\$30.8B**
Total Funding

 **\$17.0B**
Funding in last 2 years

 **149**
Acquisitions

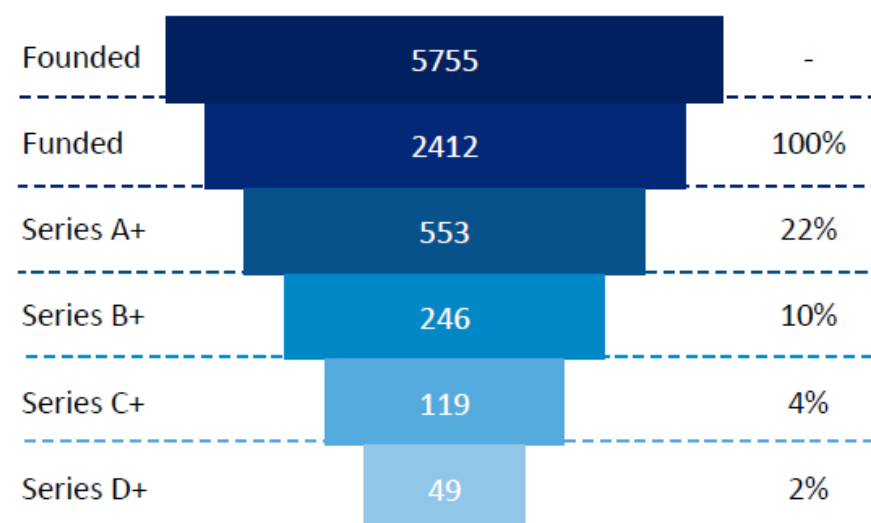
 **45**
IPOs

Top Geographies by Companies



AI in Healthcare - Summary (2/2)

Companies by Stage

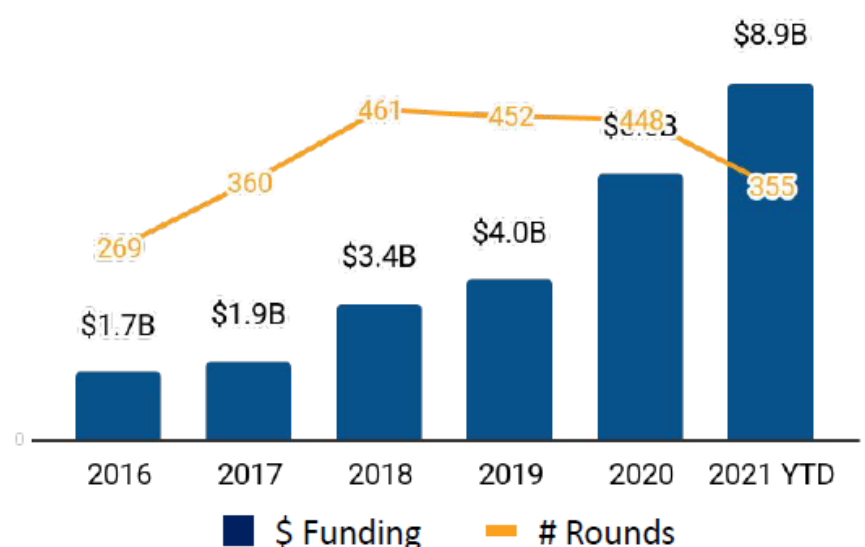


Top Funding Rounds in last 2y

Company	Round Details
Insitro (2018, United States, \$643M)	\$400M-Series C
XtalPi (2014, United States, \$785M)	\$400M-Series D
Olive (2012, United States, \$902M)	\$400M-Series H
XtalPi (2014, United States, \$785M)	\$319M-Series C
Workrise (2015, United States, \$750M)	\$300M-Series E

Y-o-Y Funding

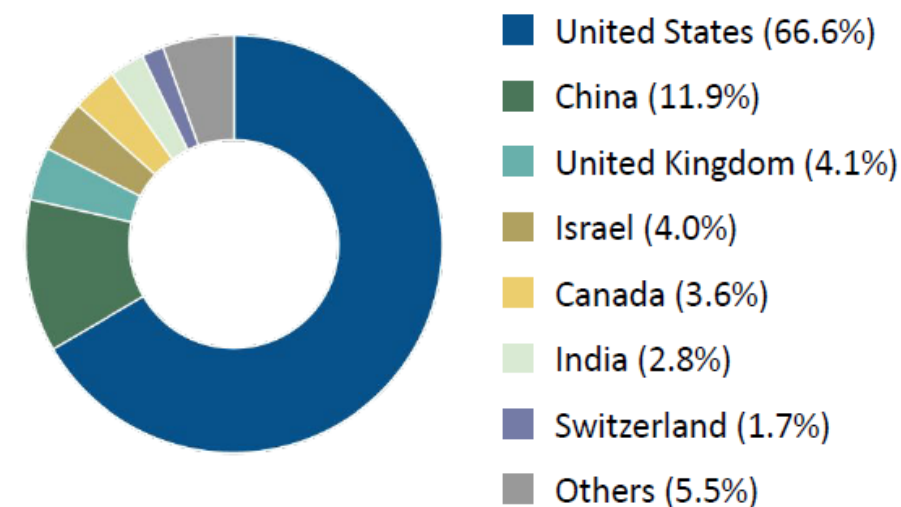
Total Funding: \$30.8B



Top Investors

Stage	Investor	# Portfolio
Seed Stage	Plug and Play Tech C..	35
	Y Combinator	31
	MassChallenge	30
Early Stage	Plug and Play Tech C..	30
	Y Combinator	15
	StartX	14
Late Stage	Deep Learning	10
	Sequoia Capital	9
	Founders Fund	6

\$ Funding by Country

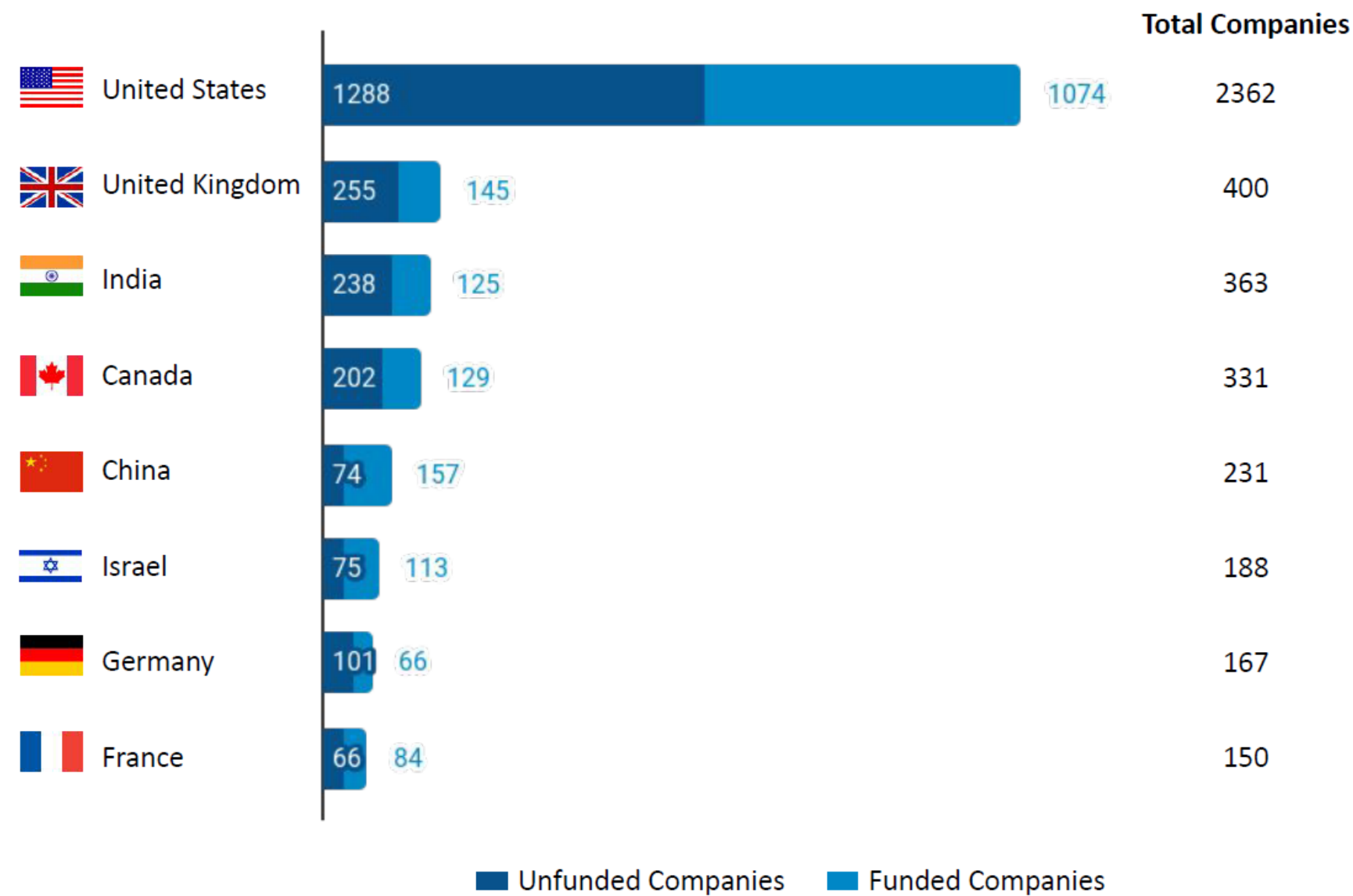


Top Exits

Type	Company	Acq. Price/IPO Mcap
Acq.	Medidata (1999, United States, \$21.5M)	\$5.8B
	IMS Health (1954, United States)	\$5.2B
	Cotiviti (1979, United States)	\$4.9B
	Siemens Healthineers, siemens-healthineers.com, 58de1c7fe4b0d836de6c3a7a, 1McRwVn4j759Br676lfdwf7ayWECIEF	

Companies by Geography

Distribution by Country - Companies founded



Top Cities by Companies founded

United States	San Francisco	206
United States	New York City	188
United Kingdom	London	181
Canada	Toronto	118
India	Bangalore	118
United States	Cambridge	100
United States	Boston	88
Israel	Tel Aviv	85
Turkey	Singapore	83
France	Paris	75

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data

(lots of it)

- a. Availability of enough data**
- b. Availability of enough data that covers enough “corner cases”**
- c. Systemic way to address corner cases (and not “sweep them under the rug”)**
- d. Systemic elimination of bias – especially at the stage of hypothesis formation**
- e. Effective selection of use cases to fit the system accuracy and not the other way around.**



K ST NW
1100

Hand symbol
88

Google

Google

self-driving car

California
6HCM166

TESLA



Palo Alto
NEXT 3 EXITS

EXIT
400 B

6VVE262

The A-List: Things a car needs to be autonomous



Vision-based smart sensor

Smart sensor detects vehicles, pedestrians and other objects for sensor fusion, a software that combines data from several sensors.



High-sensitivity camera

Front-facing mono camera vision sub-system detects and classifies objects of interest for sensor fusion, and extracts important information encoded in the objects' textures (eg., traffic light, traffic signs).



Top Lidar*

A 64-layer, 3D Lidar* sensor on the roof scans the area within a 120m radius for the creation of a 3D map and the environment perception, including the detection of vehicles, pedestrians and kerbs.



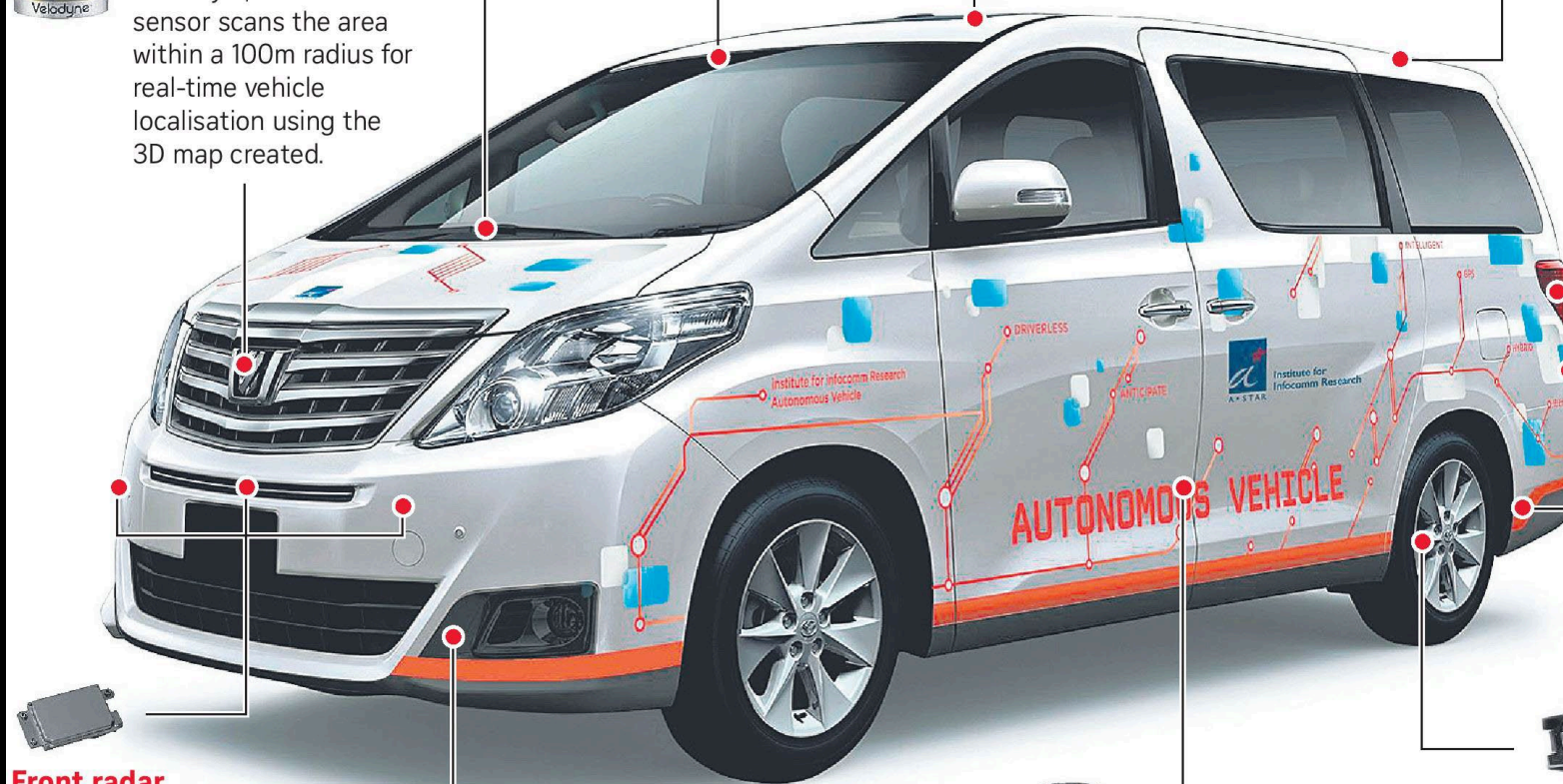
GPS antenna

A sensor provides the geo-referenced position of the autonomous vehicle up to the centimetre accuracy in real-time kinetic mode.



Front Lidar*

A 16-layer, 3D Lidar* sensor scans the area within a 100m radius for real-time vehicle localisation using the 3D map created.



Rear radar



Lidar* for 360° object detection



Distance measurement instrument (DMI)

A wheel-speed sensor mounted on the left rear wheel measures the distance travelled by the autonomous vehicle and helps to provide its position on the map accurately.

Front radar

Sensors with two detection ranges – mid and long. Mid-range detection covers 60m in front and has a field of view (FOV) of 45 degrees. It is useful for tracking vehicles cutting in from adjacent lanes and identifies pedestrians crossing in front of the vehicle. Long-range detection covers 174m and has a smaller FOV, of 10 degrees. It is used to maintain a safe distance when cruising.



Lidar* for 360° object detection

Six 8-layer laser scanners combine into a single sub-system to deliver 360-degree coverage and perception of dynamic objects and static obstacles with precise distance measurements.



Inertial measurement unit (IMU)

An inertial sensor, including a 3-axis accelerometer and a 3-axis gyroscope, provides the position and orientation of the vehicle by integrating their measurements over time.

and sensor data (camera, lidar, etc.) of

2 million miles

only to reach the **current** capability

of Google car

(the one you would not like to be stuck behind)

it will take sensor data from

30 million miles

to reach human-like capability

that human drivers are able to achieve in

30,000 miles

why?

humans are able to apply

50+ million years

of learning in pattern-matching

(that's the power of evolution at work)

let's extrapolate the self-driving car learning to

breast cancer

diagnosis and therapy selection

how many patients' / healthy people's

correlated data

will we need

seven billion

(that's almost the entire human population on planet earth)

more importantly

simply

replicating

human knowledge

by learning from humans is a

bad idea

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success factors

1. low dimensionality
2. high Negative Predictive Value
3. initial goal should not to build a system that will be better than the super expert. That's unrealistic.
4. rather, focus on situations where access to experts is a challenge.
5. learn from experts. help non-experts

dichotomy

modeling and
capturing

EXISTING

knowledge and
making it
available

modeling and
learning

NET NEW

knowledge to
improve human
performance

successes

modeling and
capturing
EXISTING
knowledge and
making it
available

arrhythmia recognition from
electrocardiograms

coronary heart disease risk group detection

monitoring prescription of restricted use
antibiotics

early melanoma diagnosis

breast cancer diagnosis

promising

CELLWORKS

oncology therapy selection

GENXSYS

decision support for GP

SECONDDOPINIONS.COM

radiology second opinion

modeling and
learning

NET NEW

knowledge to
improve human
performance

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5 what can you do for AI

data

- a. availability of enough data**
- b. availability of enough data that covers enough “corner cases”**
- c. systemic way to address corner cases (and not “sweep them under the rug”)**
- d. systemic elimination of bias – especially at the stage of hypothesis formation**
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- 1. Low dimensionality**
- 2. High Negative Predictive Value**
- 3. Initial goal should not to build a system that will be better than the super expert. That's unrealistic.**
- 4. Rather, focus on situations where access to experts is a challenge.**
- 5. Learn from experts. Help non-experts**

the differences between us and them

emotion

understanding

consciousness

creativity

empathy

the race is on. we need to stay ahead

www.artiman.com