

AI-Driven Diagnostics for Retinal Disorders and Eye Diseases: Transforming Ophthalmology

Kiran Veernapu*

Citation: Veernapu K. AI-Driven Diagnostics for Retinal Disorders and Eye Diseases: Transforming Ophthalmology. *J Artif Intell Mach Learn & Data Sci* 2024, 2(4), 2053-2058. DOI: doi.org/10.51219/JAIMLD/kiran-veernapu/451

Received: 02 December, 2024; **Accepted:** 18 December, 2024; **Published:** 20 December, 2024

*Corresponding author: Kiran Veernapu, USA, E-mail: kiran_veernapu@yahoo.com

Copyright: © 2024 Veernapu K., This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

ABSTRACT

Artificial Intelligence (AI) has become a transformative force in changing the healthcare system in many ways. Machine learning (ML) and deep learning (DL) are used to analyze the medical images like CT scans, MRIs, ultrasounds, and X-rays. Using DL algorithms systems can analyze and detect anomalies such as tumors, lesions and other abnormalities at a high accuracy and assists the medical professionals in a better way. AI can assist in automating the diagnosis process by analyzing the medical images and identify potential issues for review. This paper examines the role of AI in diagnosing retinal disorders and eye diseases. AI technologies, particularly DL, have demonstrated remarkable accuracy and efficiency in detecting conditions like diabetic retinopathy (DR), age-related macular degeneration (AMD), retinopathy of prematurity (ROP), retinal vein occlusion (RVO), hypertensive retinopathy (HR). This paper explores current AI applications, methodologies, challenges and prospects, offering insights into how AI can revolutionize ophthalmic care.

Keywords: Artificial Intelligence, Machine Learning, Deep Learning, Retinal disorders, eye disease, retinal imaging, retinopathy

1. Introduction

Artificial intelligence (AI) has emerged as a game-changer in healthcare, with the potential to overcome many of the challenges. AI technologies become increasingly embedded in healthcare, the adoption of AI is not just about the technological integration but also ensuring these systems are deployed and responsibly^{1,2}. There is several AI technologies deployed in the healthcare, neural network-based techniques² such as DL and ML, enhance diagnostic accuracy, improve efficiency. These AI techniques analyze retinal images, detects anomalies and assists clinicians in making informed decisions³.

Conditions like diabetic retinopathy (DR), age-related macular degeneration (AMD), retinopathy of prematurity (ROP), retinal vein occlusion (RVO), hypertensive retinopathy (HR) can often go undiagnosed in their early stages due to limited access to specialized care and resource-intensive diagnostic methods. Early detection is crucial, as timely intervention can prevent

irreversible vision loss.

This paper explores the current state of AI in diagnosing retinal disorders, highlighting its applications, manual and AI driven workflows, technologies and benefits. It also examines the challenges associated with implementing AI in clinical practice and discusses future opportunities for this transformative technology.

2. The Need for AI in Retinal Diagnostics

The need for AI in retinal diagnostics is its potential to enhance the accuracy, turnaround time for diagnosis and better access to eye care.

2.1. Current challenges in ophthalmology

- **Global Burden of Retinal Diseases:** Retinal disorders affect millions worldwide, with over 1 billion have moderate to severe vision impairment from preventable eye disease⁴.

According to Lama et al, existing evidence suggests that vision impairment is associated with lower quality of life, like physical emotional and social well-being.

- Limited Access to Specialized Care:** Rural and low-income regions often lack ophthalmologists and diagnostic tools, leading to delayed detection and irreversible damage. The primary reasons are availability, affordability and accessibility of eye care services globally especially in developing countries⁵. A study conducted in Ethiopia by Bekele et al, shows that the utilization of the eye care services depended on the factors like, education, awareness, income levels, availability of insurance, affordability. It was identified that old age people, people who can afford, people with insurance, people who already diagnosed with eye problems tend to utilize the eye care services. According to the study conducted by Gilbert et all in India, the reason for the eye care visit was primarily due to the impact of diabetic patients visit the eye care facility. It is evident that the study shows that the awareness and availability of trained resources and affordability of care are the reasons for less utilization of the care in India⁶. The rural people must travel miles to reach eye care facilities and they are visiting as need based not as regular screening.
- Resource-Intensive Diagnostics:** Traditional methods require highly skilled professionals and expensive imaging equipment, limiting scalability⁷. The examination of fundoscopic images by ophthalmologist requires expensive equipment, trained personal for image acquisition and interpretation. Similar changes exist with different imaging techniques. Some of the challenges with these traditional screening types can be accessibility, patient compliance, cost, not being able to detect in an early stage.

2.2. How AI fills the gap

- Early detection:** DL models have demonstrated the ability to detect early signs of retinal disease even before the disease is noticed by the patient or by an ophthalmologist. The demand for retinal diagnostic imaging exams has increased, but the but the number of eye physicians are too little to cover the need in the world. Early detection of eye disease with technology support providing doctors with new insights than the traditional approach^{8,9}. Early detection helps prevention of eye diseases in a better way. Another advancement experiment conducted by Shu et al by

enabling AI scanning the photographs taken by the mobile to detect eye disease in pediatric children¹⁰, the DL model for early detection of myopia, strabismus and ptosis, the model demonstrated high accuracy in detecting the pediatric eye disease.

- Automation of diagnostics:** AI can automate the analysis of retinal images, such as optical coherence tomography (OCT), fundus images, scans which are manually time consuming, automating these with AI can help improve the screening process and can help reduce the burden on ophthalmologists¹¹. AI algorithms analyze retinal images with high precision, reducing dependency on specialists.
- Improved accuracy:** AI system can provide high level of accuracy in identifying retinal pathologies, research has shown that DL models can exceed the human expertise in diagnosing the retinal diseases. Consistent improvement can help reduce the misdiagnosis and enhanced patient results. DL algorithms were trained with larger volumes of images with expected outcomes¹¹. This process improved the accuracy of the algorithms to scan, understand and detect the disease in an efficient way. The databases trained with this data helps provide predictions on the patient’s potential to get a type of disease with a time period like number year the patient can be affected with retinal disease based on other medical conditions of the patient like diabetes.
- Scalability and Accessibility:** AI tools enable mass screenings and extend diagnostic capabilities to underserved areas. A study conducted by Lama et al to examine the benefits of mobile, real-time, community based teleophthalmology program required eye exam of large volume of the community who came forward to have the eye exam done with the mobile unit in New York suburb area¹². They were able to scan or conduct eye exam for almost 957 participants. However, with the utilization of AI and technology innovations these mobile units can scale to larger volumes as the manual reading of images by an ophthalmologist can slow down the process. These mobile units can help more suburbs and more underserved areas with low income and no insurance people. AI reading images and interpreting results takes the eye care to a next level. With more case studies conducted by the teleophthalmology screening they concluded that there is an emerging need for larger volumes of screening and identifying the disease at an early stage.

Table 1: A table comparing the manual and AI-assisted diagnostic workflows.

Step	Manual workflow	AI Assisted workflow
Patient Consultation	Patient visit to the healthcare provider; health history is symptoms are discussed.	Similar to manual process, patient history is gathered.
Visual Acuity Test	Assessing the patient ability to read numbers and symbols on an eye chart is performed.	This step remains same as the manual workflow.
Retinal Imaging	Fundus photography, optical Tomography (OCT) or Fluorescein Angiography (FA) are performed.	The same imaging techniques are used like in manual workflow.
Image Review	A specialist manually reviews and analyzes the retinal images to check for signs of diabetic retinopathy (DR), age-related macular degeneration (AMD) etc.	Retinal images are processed by AI algorithms using machine learning models trained on large datasets to identify potential signs of eye disease. ML algorithms flags the areas of concern
Diagnosis	Diagnosis is made based on the image interpretation, clinical exam, history, diagnosis is recommended.	Technician reviews the AI generated results, clinician focus more closely on the issues identified or suggested by AI. Base don both AI and clinician review final diagnosis is made.
Treatment plan	Treatment options such as injections, surgery, laser therapy is discussed.	Treatment is determined similar to the workflow, but AI can assist in predicting the disease progressions, helping to make more precise plans of treatment.

Qingyu et al conducted a study using the manual and AI assisted workflow of diagnosing the retinal disease [13], with a set of clinicians participating in the manual workflow and reviewing the AI workflow outcomes. The datasets used for training ML algorithms improving with more training data and DL algorithms are most highly utilized in retinal disease identification.

3. AI Technologies in Retinal Diagnostics

Artificial Intelligence (AI) is growing in many medical specialties¹⁵, using different algorithms, applications, devices. AI is defined as a branch of computer science to design the machines capable of learning like human beings to solve complex problems. ML is a subset of AI which is designed to process large volumes of data and can learn and recognize patterns in data.

Neural networks is a technique of ML that mimics the human brains with neurons. It consists of input, hidden and output layers¹⁵. These neural networks can be used a variety of problem solving like pattern recognition, classification, clustering of data, dimensionality reduction, natural language processing (NLP), regression and predictions etc.

Deep neural networks (DNN) is technique of neural network as the name implied the layer of this neural network is deeper with many layers of learning. The depth of DNN is greater than 4, a multiplayer perceptron with more than one hidden layer is a DNN framework¹⁶.

Deep learning algorithms are built using the artificial neural networks which follow the concept of deep neural networks with more than one hidden layer.

3.1. Deep learning algorithms

Deep learning (DL) has already made a huge impact in medical diagnosis, self-driving cars, speech recognition, predicting and forecasting¹⁵. There are many deep learning algorithms, few of the are listed below, the detailed study on those network algorithms can be studied in detail with the research by Shrestha and Mahmood¹⁵.

- Convolutional Neural Networks (CNNs)
- Long Short-Term Memory Networks (LSTMs)
- Generative Adversarial Networks (GANs)
- Restricted Boltzmann Machines (RBMs)
- Radial Basis Function Networks (RBFNs)
- Multilayer Perceptron (MLPs)
- Recurrent Neural Networks (RNNs)
- Deep Belief Networks (DBNs)
- Self-Organizing Maps (SOMs)

Each network algorithm has its own advantages and disadvantages. CNNs being a type of neural network specially designed for processing grid like data such as images with grids of pixels and it consists of layers like

- Convolutional layer
- Rectified Linear Unit layer

- Pooling layer
- Fully connected layer

The convolutional layer applies filters to the input data to extract features, making the CNNs very effective for image recognition. The input data for convolutional layer can be retinal images to render patterns and anomalies across multiple layers.

CNN can vary based on number of layers, pooling operations, region-based and attention-based mechanism^{16,17}, Below is the list of CNNs based on a layer modification¹⁷.

- LeNet
- AlexNet
- GoogLeNet
- VGGNet
- ResNet
- DenseNet

CNN algorithms like ResNet and DenseNet has become more popular due to their expert-level performance in classifying retinal diseases¹⁸⁻²¹. DL based technologies have proven to achieve equivalent diagnostic performance compared to clinicians in identifying the retinal diseases.

3.2. Integration with imaging modalities

There are investments and continuous improvements made towards integrating AI into retinal imaging technologies. The IDx-DR is the first FDA approved AI system designed to use in primary care setting for screening diabetic retinopathy²². This system is designed based on the deep learning algorithm²³, Grzybowski et al conducted a study to evaluate the results based on IDx-DR and Medios AI systems developed using the deep learning algorithms and the results demonstrated high accuracy and sensitivity.

²⁴According to Dolar-Szczasny, J., Drab, A., & Rejdak, another product that was approved by FDC to help patients self-administer OCT scans was “Notal Vision Home Optical Coherence Tomography (OCT) System.” This Ai enabled home tool can help patients to self-screen and provide the results their healthcare provider. AI enhances traditional imaging techniques such as fundus photography, OCT and fluorescein angiography by automating image analysis and improving diagnostic accuracy.

3.3. Case studies and tools

Promotion of AI-enabled solutions for healthcare may improve the efficiency and patientcare soon. It is also important to ensure the integrity of the AI systems to have positive impact on eye care. In the recent year many studies have applied AI algorithms to retinal imaging to improve the retinal disease diagnosis outcomes. Many institutions and technology companies engage in AI research and continuing to make new research and innovations.

Below is the list of AI enabled systems that are approved by FDA to be used for diagnostic screening of retinal diseases. The list is taken from FDA website²⁵ of Artificial Intelligence and Machine Learning-Enabled Medical Devices.

Table 2: List of all approved AI and ML enabled medical devices for Ophthalmology by FDA. Source [25] FDA website of Artificial Intelligence and Machine Learning-Enabled Medical Devices.

FDA Approval Date	Device	Category	Description	Company
5/15/2024	Notal Vision Home Optical Coherence Tomography (OCT) System	Home Monitoring Ophthalmic Optical Coherence Tomography (OCT) Imaging Device	The Notal Vision Home Optical Coherence Tomography (OCT) System is an Artificial Intelligence (AI)-based Home Use device indicated for visualization of intraretinal and subretinal hypo-reflective spaces in a 10 by 10-degrees area centered on the point of fixation of eyes diagnosed with neovascular age-related macular degeneration (NVAMD).	Notal Vision Inc
4/23/2024	AEYE-DS	Diabetic Retinopathy Detection Device	Software as a medical device designed to analyze digital fundus images taken with an ophthalmic camera. Using artificial intelligence algorithms, the device is able to determine whether a patient has referable retinopathy.	AEYE Health Inc.
6/16/2023	EyeArt v2.2.0	Diabetic Retinopathy Detection Device	Software as a medical device designed to analyze digital fundus images taken with an ophthalmic camera. Using artificial intelligence algorithms, the device is able to determine whether a patient has referable retinopathy.	Eyenuk, Inc.
6/17/2022	IDx-DR v2.3	Diabetic Retinopathy Detection Device	Software as a medical device designed to analyze digital fundus images taken with an ophthalmic camera. Using artificial intelligence algorithms, the device can determine whether a patient has referable retinopathy.	D i g i t a l Diagnostics Inc.

4. Applications AI in Specific Retinal Diseases

4.1. Diabetic retinopathy

According to International Diabetes Federation, there are 537 million adults living with diabetes. The projections show that there are 783 million live with diabetes by 2045. There is 1 person out of 10 in the world population with diabetes. Diabetic retinopathy (DR) is caused by diabetes in a person²⁶. Diabetes can cause damage to the blood vessels and high sugar levels effect the blood vessel that goes to retina, it can damage the retinal soft tissue and cause diabetic retinopathy²⁷. A common procedure of identifying the diabetic retinopathy is the physician examines the eye retina with fundus photography and captures high resolution images of retina to identify blood circulation and anomalous vessels.

The initial version of deep learning embedded system approved by FDA, the IDx-DR has been tested and being used with upgraded versions. The IDx-DR has been successful in identifying and classifying the fundus images to detect diabetic retinopathy with more accuracy and efficiency²².

Pandey et al developed and trained an ensemble of five CNNs to classify retinal fundus photographs to detect and identify diabetic retinopathy (DR), age-related macular degermation (AMD), glaucoma and normal retina [28]. As per the literature, the deep convolutional ensemble (DCE) was trained with 43,055 fundus images and 100 new images for testing. These images were screened by the board-certified ophthalmologists. The ophthalmologist’s results were 72.7% accurate vs the 79.2% DCE algorithm-based results.

Chai et al conducted a similar testing on the deep learning models on CNNs, their results showed improved sensitivity, improved specificity compared to the retina specialists for DR detection²⁹.

AI detects microaneurysms, hemorrhages and other signs of DR, enabling timely intervention. Remote screenings powered by AI have improved accessibility in underserved areas.

4.2. Age-related macular degeneration

Age-related macular degermation is a leading cause of vision loss in may parts of the world. Many of the cases left undiagnosed until they become an irreversible issue. AMD us projected to reach 288 million by 2040^{30,31}. To address this issue, the AAO recommends regular screening for people aged over 65. This explains the need for the AI systems to assist in screening and identifying the disease with accurately and with scalability to be able to screen larger volumes.

The most common imaging modalities that are being explored in the AI fields for AMD is optical coherence tomography (OCT). OCT angiography is also used in DL algorithms to classify and detect AMD. There are several DL algorithms that were trained and used to effectively classify AMD. Bhuiyan et al has applied six deep CNN models to train and segregate images to identify different AMD patterns like dry, wet, Pre and Late AMD predictions³². AI differentiates between wet and dry AMD and monitors disease progression using OCT imaging, helping clinicians optimize treatment plans.

According to the Crincoli et al, there are efforts to study and apply DL algorithms to evaluate, incipient AMD on a genetic point of view, predicting the progressions of AMD to late and advanced using bio markers, the risk of AMD conversion to neovascular ae evaluated by DL algorithms³³.

4.3. Glaucoma

Glaucoma is an eye condition that damages optic nerve on eyes retina. This damage can lead to vision loss or blindness. Optic nerve is vital for the vision as it send signal from eye to the brain, it is important to have healthy optic nerve³⁴. A fluid called aqueous humor flows freely through anterior chamber in the eye and exits through the drainage system. This is called trabecular meshwork. If this drain system is blocked or does not function well, the pressure in eye builds up and damages the optic nerve. In most of the cases this leads to gradual vision loss³⁵. Glaucoma usually happens at the age of 60 years but can happen at any age.

According to mayo clinic, there are varieties of glaucoma with different stages. Open-angle glaucoma, acute angle-closure

glaucoma, normal tension glaucoma, pigmentary glaucoma and glaucoma in children. The most common glaucoma is open-angle glaucoma³⁵.

AI algorithms that detect and predict glaucoma has increased exponentially. Many parameters like intraocular pressure, optic disc evaluation, retinal nerve fiber layer measurement and gonioscopy have been evaluated by DL algorithms³⁶.

OCT has become a dominant imaging modality for glaucoma assessment³⁷, according to Yousefi, a recent study with five conventional ML classifications named as linear discriminant analysis, SVM, recursive partitioning and regression tree, generalized linear model, generalized additive model testing with normal and glaucoma's eye images achieved 95% specificity and 92.5% sensitivity³⁷. While there are two FDA approved AI enabled systems to screen DR and macular edema, there needs to be more algorithms to monitor, diagnosis and prognosis of glaucoma.

According to Yousefi, there are glaucoma progression algorithms based on linear regression assume that glaucoma progresses linearly, while there is evidence that glaucoma progress non-linearly, concluding that unsupervised AI algorithms can provide unbiased results of the progression of glaucoma.

4.4. Retinopathy of prematurity (ROP)

Retinopathy of prematurity (ROP) is an ocular disease that grows in premature babies or newborns less than 3 pounds of weight. The retinal blood vessels of the infant suffering from ROP develops more blood vessels and can affect the vision and may even lead to blindness. Screening for ROP can help identify and prepare for the treatment plan for the children diagnosed with this condition.

Wang et al has developed large scale ROP databases with adequate clinical fundus images with labels and developed an automated ROP detection system called DeepROP³⁸, using deep neural networks (DNNs). They created two network called identification network Id-Net and grading network called Gr-Net. With the test set they were able to achieve 96.62% sensitivity and 99.32% sensitivity. For grading they were able to achieve 88.6% sensitivity and 92.31% sensitivity. They compared the model testing with human evaluations the % of error is reduced from 6.7% in the first test to 2.1% in the fourth test. They confirmed that DNNs can learn ROP features from a large set of test data and provide efficient results on real cases.

Integration of deep learning algorithms in detecting the disease, progression and monitoring is giving satisfied results and more AI devices needs to be developed and approved to help address the ROP in children.

5. Challenges and Limitations

- **Bias in training data:** In all the example see the model training was done using the public available data sets. This can be a bias when there are similar set of images used by several DL algorithms. It is important to train the models with more participation from the real-world ophthalmology clinics. Models trained on non-diverse datasets may underperform in certain populations.
- **Regulatory hurdles:** It is important to have stringent approval process so that no product can be easily approved

without supported evidence of proven results. However, approval processes delay clinical implementation, it is important to have more attention towards improving the approval process for the clinical devices developed using AI.

- **Ethical concerns:** The AI has the “black-box problem”, which it is not easy to explain what happens within the black box, the layers and the weights and logics of deep learning algorithms. Issues like data privacy, informed consent when there are hundred and thousand of fundus images and OCT images of the patients, there needs to be a proper patient privacy and informed consent put in place.
- **Integration into clinical practice:** Irrespective of technology advancements if practitioners do not trust and use AI systems it remains a challenge for these AI systems. AI demonstrates a powerful solution for the growing need of retinal disease in the world.

6. Future Directions

- **Explainable AI (XAI):** To have better explanation of the black box of AI, it is helpful to have enhanced transparency to build trust among clinicians. The innovation and research towards explainable AI can help gain this confidence.
- **Wearable technology:** AI-powered devices for continuous retinal health monitoring.
- **Open-source collaboration:** There are several datasets that are available for public use, but they are limited resources for the variety that is required to train AI models. When healthcare providers share datasets the AI development can improve global diagnostic standards.
- **Integration with genomics:** So far, the discovery and AI model's implementation is on training datasets using the images, combining AI with genetic data for deeper insights into hereditary disorders can make more meaningful predictions.
- **Predictive analytics:** The repository of millions of patient's data for a variety of eye diseases can provide a lot of valuable information to have AI-driven predictions and to provide proactive disease management. With diversified data predictive analytics can provide valuable insight for a variety of demographics.

7. Conclusion

AI-driven diagnostics are revolutionizing ophthalmology by enhancing early detection and management of retinal diseases. By addressing the limitations of traditional diagnostic methods, AI has the potential to reduce global vision loss significantly. However, its widespread adoption depends on overcoming challenges like data bias, ethical concerns and regulatory barriers. With continued advancements and collaboration, AI is poised to reshape the future of retinal care.

8. References

1. <https://www.sciencedirect.com/science/article/pii/S0720048X24002237>
2. <https://www.mdpi.com/1999-5903/16/9/343>
3. <https://www.fortunebusinessinsights.com/industry-reports/artificial-intelligence-in-healthcare-market-100534>

4. Assi L, Chamseddine F, Ibrahim P, et al. A Global Assessment of Eye Health and Quality of Life: A Systematic Review of Systematic Reviews. *JAMA Ophthalmol*, 2021;139:526-541.
5. <https://avehjournal.org/index.php/aveh/article/view/143>
6. <https://researchonline.lshtm.ac.uk/view/creators/icrugmur.html>
7. <https://businessplan-templates.com/blogs/startup-costs/ophthalmic-center>
8. <https://www.mdpi.com/1648-9144/60/4/527>
9. <https://www.mdpi.com/2075-4426/14/7/690>
10. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2822029>
11. <https://link.springer.com/article/10.1007/s40123-024-00981-4>
12. <https://www.sciencedirect.com/science/article/pii/S2162098923000713?via%3Dihub>
13. Chen Qingyu and Keenan Tiarnan and Agron E, et al. Towards Accountable AI-Assisted Eye Disease Diagnosis: Workflow Design, External Validation and Continual Learning, 2024.
14. Rene Y. Choi, Aaron S. Coyner, Jayashree Kalpathy-Cramer, et al. Introduction to Machine Learning, Neural Networks and Deep Learning. *Trans. Vis. Sci. Tech*, 2020;9:14.
15. Shrestha A and Mahmood A. "Review of Deep Learning Algorithms and Architectures," in *IEEE Access*, 2019;7:53040-53065.
16. Huang Yi, Sun Shiyu, Duan Xiusheng and Chen Zhigang. "A study on Deep Neural Networks framework," 2016 IEEE Advanced Information Management, Communicates, Electronic and Automation Control Conference (IMCEC), Xi'an, China, 2016;1519-1522.
17. SP and RR "A Review of Convolutional Neural Networks, its Variants and Applications," 2023 International Conference on Intelligent Systems for Communication, IoT and Security (ICISCOIS), Coimbatore, India, 2023;31-36.
18. Ajit A, Acharya K and Samanta A. "A Review of Convolutional Neural Networks," 2020 International Conference on Emerging Trends in Information Technology and Engineering (ic-ETITE), Vellore, India, 2020;1-5.
19. <https://rjo.ro/artificial-intelligence-in-ophthalmology/>
20. Pavithra KC, Kumar P, Geetha M, Bhandary SV. Comparative Analysis of Pre-trained ResNet and DenseNet Models for the Detection of Diabetic Macular Edema. In *Journal of Physics: Conference Series*, 2023;2571:012006.
21. <https://www.sciencedirect.com/science/article/pii/S1888429622000541?via%3Dihub>
22. <https://directorsblog.nih.gov/tag/idx-dr/>
23. <https://karger.com/ore/article/66/1/1286/863437/Diagnostic-Accuracy-of-Automated-Diabetic>
24. <https://www.frontiersin.org/journals/medicine/articles/10.3389/fmed.2024.1442758/full>
25. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm>
26. <https://www.diabetesatlas.org>
27. [https://www.cell.com/heliyon/fulltext/S2405-8440\(24\)13324-5?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS2405844024133245%3Fshowall%3Dtrue](https://www.cell.com/heliyon/fulltext/S2405-8440(24)13324-5?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS2405844024133245%3Fshowall%3Dtrue)
28. <https://bjo.bmj.com/content/108/3/417>
29. <https://bjo.bmj.com/content/108/2/268>
30. <https://www.mdpi.com/1648-9144/60/4/527>
31. <https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2797921>
32. <https://tvst.arvojournals.org/article.aspx?articleid=2765234>
33. <https://bmcophthalmol.biomedcentral.com/articles/10.1186/s12886-024-03381-1>
34. <https://www.mayoclinic.org/diseases-conditions/glaucoma/symptoms-causes/syc-20372839>
35. <https://www.aao.org/eye-health/diseases/what-is-glaucoma>
36. <https://www.sciencedirect.com/science/article/pii/S1888429622000541>
37. Yousefi S. Clinical Applications of Artificial Intelligence in Glaucoma. *Journal of ophthalmic & vision research*, 2023;18:97-112.
38. Wang Jianyong, Ju Rong, Chen Yuanyuan, et al. Automated retinopathy of prematurity screening using deep neural networks, 2018.