

## Al will transform healthcare

Aival enables an AI product to be properly analysed, to give clinicians the confidence to know that it will work at their local site and for their patients

Our solution allows rapid, scalable and repeatable independent assessment of AI products without requiring technical expertise

Our methodology is based on decades of experience in developing medical imaging Al algorithms and commercial products, understanding their failure modes and weaknesses and how to test for them



## Our founder

has 15+ years' experience in research, development, and regulation of AI products for healthcare



## Kanwal Bhatia, Ph.D.

Head of Data Science at Visulytix, leading a team of 6 data scientists. Developed IP that sold to big pharma / device manufacturers

Al Architect at Odin Vision

Technical Advisory Board at Ultromics

Ph.D. in Medical Image Computing (Imperial College London, 2007) with 1500+ citations













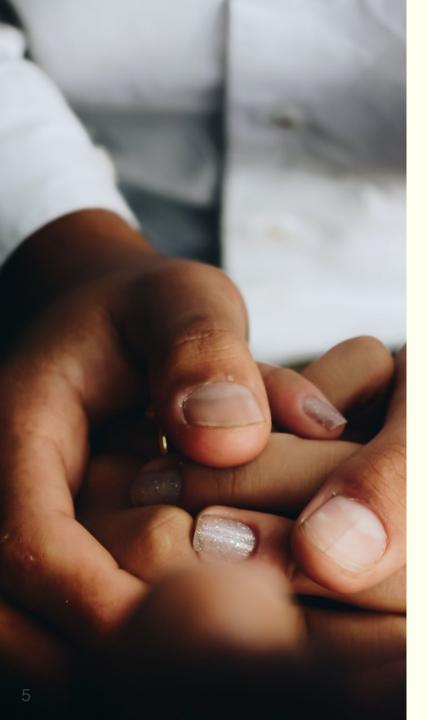




# Clinical adoption of Al is slow

- > 500 Al devices cleared for clinical use (FDA)
  - \$5bn investment into medical imaging AI since 2015
- Lack of standard pathways to adoption
  - Al products are hard to understand, operating as 'black boxes'
  - No standard pathways for validating products before adoption (current methods are expensive / biased)
  - Weak monitoring of AI performance once in use
  - Clinical staff do not have the time or skillset to evaluate technical performance and safety of AI





# Build trust through evaluation

Aival software evaluates AI products rapidly and at scale

## Comparison

 Identify and compare products that provide greatest clinical benefit for a given site

## Evaluation

- Rigorous *independent* assessment
- Substantiate manufacturer performance claims
- Accelerate time to sale and reduce cost of adoption

## Monitoring

- Ensure products continue to perform as expected over time
- Standardise post-market surveillance reporting



# Al product assessment on local site data



### Performance metrics

How well does it work?

Does it work across all acquisition devices and pathologies



## Explainability

Did the algorithm make the right prediction for the right reasons?



### Fairness & bias

Are all population subgroups treated in the same way?



### Robustness

Will the algorithm perform just as well with unexpected / variable data?



## **Performance**

Accuracy

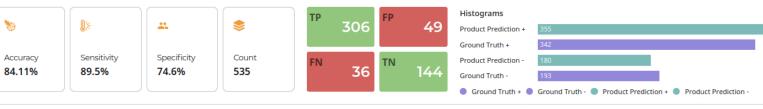
Sensitivity

Specificity

**Errors** 

Subgroup analysis

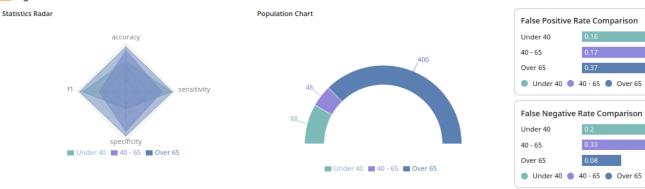
#### **I** Overall Evaluation Results



#### III Sex Results Breakdown



#### II Age Results Breakdown

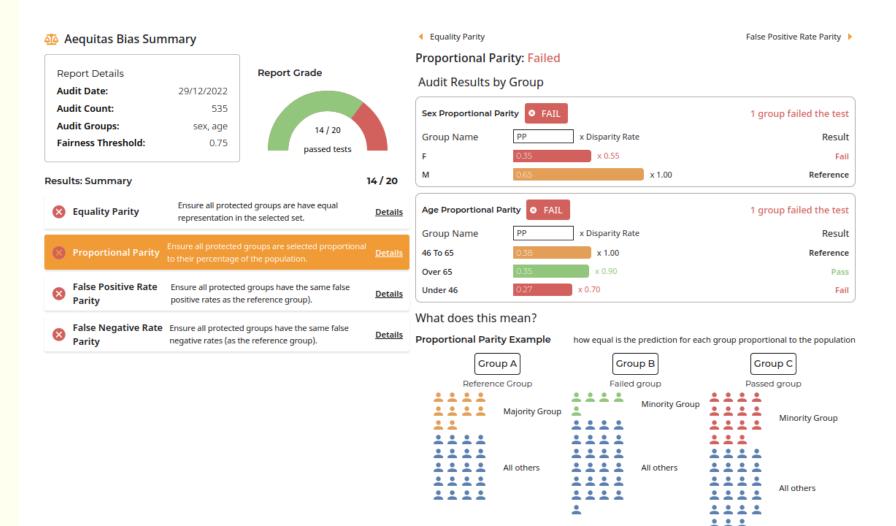


Under 40	0.6321	0.9423	0.3482	0.9	88	255	144	49	36
40 - 65	0.8521	0.7423	0.8198	0.55	48	25	12	5	6
Over 65	0.9321	0.9623	0.9182	0.96	400	105	215	62	18



### **Fairness**

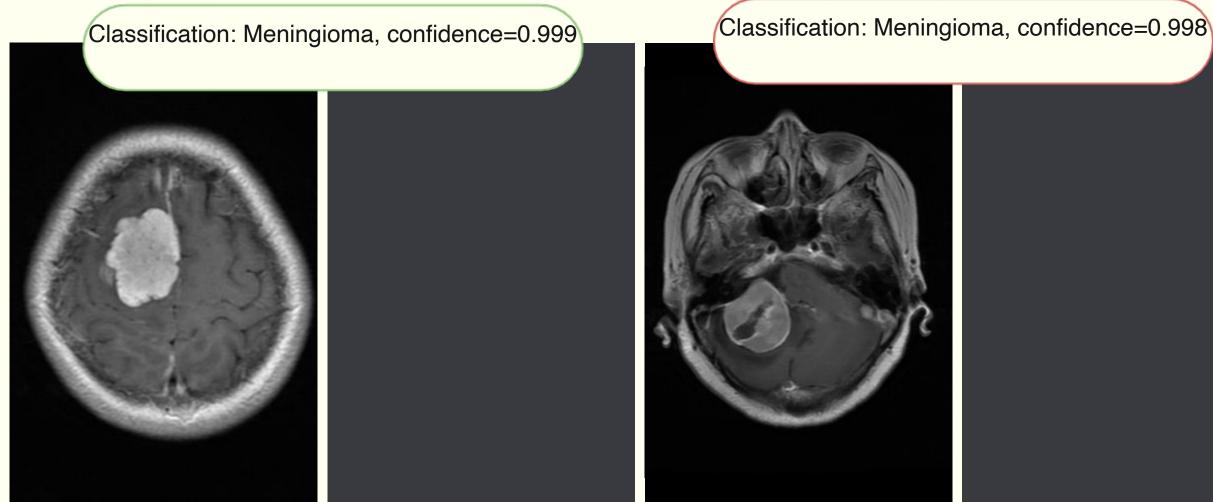
Accuracy parity
Predictive value parities
False positive rate parity
False negative rate parity





# Explainability (black-box)

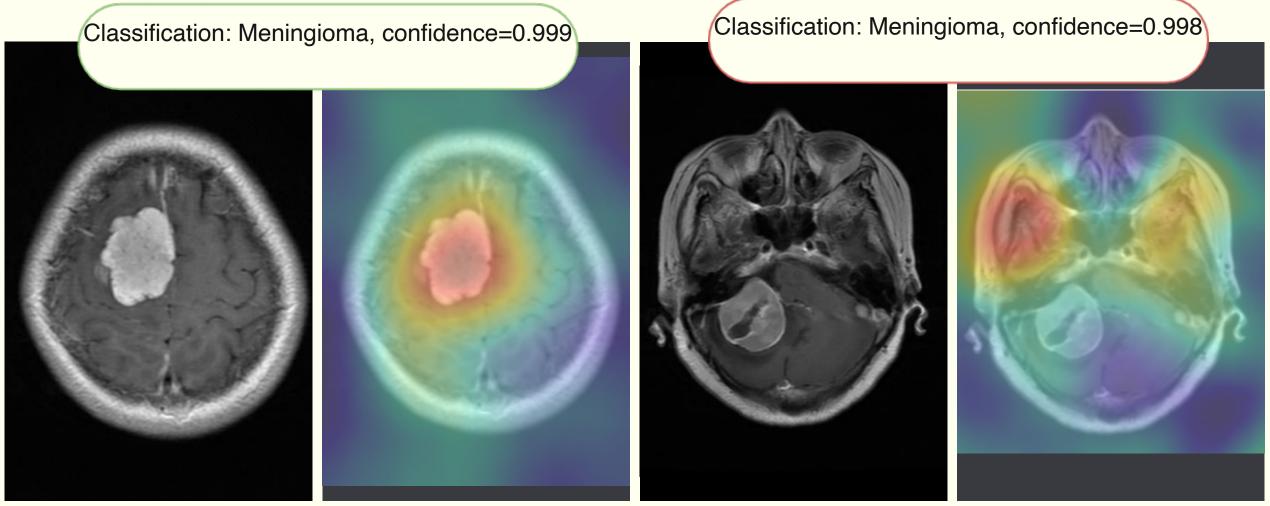
Is the AI product making the right decisions for the right reasons? We test products as black-boxes without access to underlying model / architecture



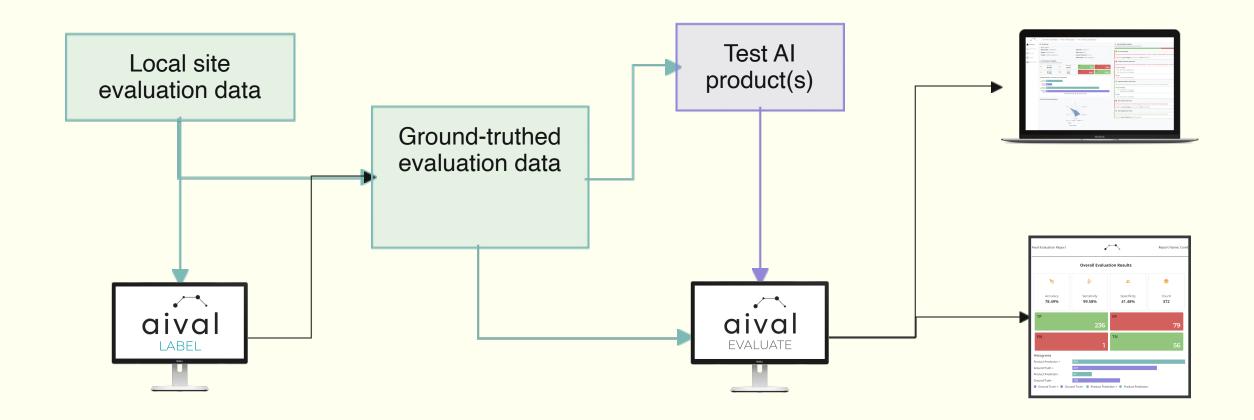


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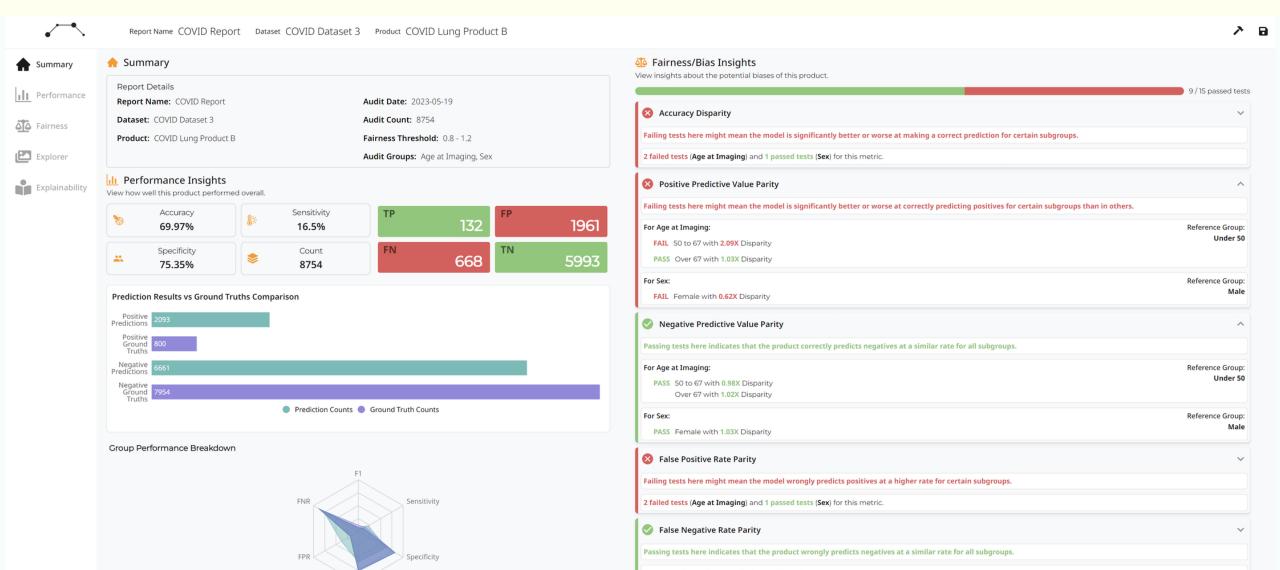


# Aival evaluation workflow





# Sample analysis report



## Use cases



#### Healthcare Providers

- Validate manufacturer performance claims on local data
- Ensure fairness across demographics
- Compare different Al products



### Al Vendors

- Gain trust with clinical users
- Internal self-assessment of failure modes
- Standardise reporting for regulatory submissions



### Al Platforms

 Help your users to assess different products across your platform





# Get in touch

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