

# Google Lens: A potential cost-effective screening tool for diabetic retinopathy

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# ABSTRACT

**Background:** Diabetic retinopathy (DR) is a major, sight-threatening complication of diabetes mellitus. Blindness from DR can be prevented by successful and proactive screening. However, DR is screened in less than half of the patients because of barriers in availability, affordability, accessibility, and awareness. Although artificial intelligence (AI)-based algorithms are being evaluated for DR screening, they have limitations of infrastructure, accessibility, training, and manpower cost. Therefore, simpler and more practical DR screening tools should be explored.

**Hypothesis:** Google Lens, an easily available, vision- and AI-based application in most smartphones, is a potential tool for cost-effective DR screening. It recognises images through a visual analysis based on neural networking. Thus, it can recognize retinal disorders, such as DR, in images. The development and adoption of Google Lens-based DR screening would have several advantages over the conventional hospital/specialist/ healthcare facility-based approach, including widespread accessibility, acceptable accuracy, reduction in the direct cost of healthcare for patients with diabetes mellitus, and active patient participation in self-care.

**Conclusions:** DR screening, detection, and grading using Google Lens is a feasible and effective option. Despite current limitations, it could transform DR screening from a costly, hospital- and expert-based method to a cost-effective, self-applicable, and home-based one. However, diagnostic accuracy studies comparing the index test with Google Lens-based screening are required to determine the usability and validity of this proposed screening tool for DR.

## **KEYWORDS**

diabetes mellitus, retinopathy, diabetic, deep learning, AI, artificial intelligence, machine learning, google glass, google lens

# **INTRODUCTION**

Google Lens is an image recognition software that was released in 2017 by Google and is now available in most smartphones [1]. It recognizes images through a visual analysis based on neural networking [2]. Currently, Google proposes that Google Lens can identify certain objects, translate text, find look-likes, see what is popular on menus, explore nearby places, and identify plants and animals [3]. The aim of the present hypothesis was to explore the ability of Google Lens to recognize diabetic retinopathy (DR) in sample retinal fundus photographs.

Diabetes mellitus, a global epidemic, is projected to reach over 640 million cases by 2040 [4]. DR is a major complication of diabetes mellitus with a strong potential to result in visual disability from diabetic macular

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How to cite this article: Venkatesh P. Google Lens: A potential cost-effective screening tool for diabetic retinopathy. Med Hypothesis Discov Innov Optom. 2022 Spring; 3(1): 34-38. https://doi.org/10.51329/mehdioptometry147

Received: 10 August 2022; Accepted: 18 September 2022



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edema (DME) and proliferative DR (PDR) [5]. After the onset of DME or PDR, restoring the normalcy of vision is difficult despite laser therapy, pharmacotherapy, or surgery [6]. Visual disability combined with the treatment cost poses an economic healthcare burden on the country. Successful DR screening can help reduce the healthcare budget by allowing early detection of DR, early treatment initiation, and prevention of severe visual disability [7]. However, even in developed countries, 30% – 50% of patients with diabetes mellitus do not undergo regular DR screening [8].

Conventionally, for DR screening, patients visit a healthcare or telemedicine facility. However, such facilities provide limited access, and the dependency on technicians and healthcare professionals to run screening programs, increases expenditure, and reduces affordability [9]. In recent decades, machine learning and artificial intelligence (AI) algorithms have been explored to overcome the limitations of conventional diabetic screening methods [10].

Several AI algorithms/models have been evaluated for DR screening and shown high sensitivity and specificity [11, 12]. However, no country has fully adopted AI for DR screening because of costs involved in the setting-up, training, and maintenance of the infrastructure and manpower, medicolegal considerations, and questionable patient accessibility and affordability [13].

An ideal technology that can be used as a universal tool for DR screening is currently lacking. The aim of the present study was to conceptualize how the readily available Google Lens could be used for DR screening.

## **HYPOTHESIS**

Evaluation of AI for application in the medical field has been steadily increasing over the past decade, and a major area of study has been its utility as a DR screening tool. Systems using AI can correctly and automatically screen patients in real time for a referral. Therefore, AI algorithm-based screening could render DR screening more economical compared to screening by ophthalmologists [14]. Although several AI grading systems for DR screening have been investigated, only one has obtained approval from the United States Food and Drug Administration, i.e., the IDx-DR AI diagnostic system (Topcon TRC-NW400) [15-21]. Automated Retinal Disease Assessment (ARDA) software is another AI-based diagnostic system that has been extensively investigated [22]. Under controlled research conditions, the diagnostic accuracy of AI-based screening is comparable to that of screening by ophthalmologists. However, despite the extensive research of AI-based DR screening, only a few studies have evaluated its efficacy in real-world situations [23, 24], partly because utilization of AI depends on the availability of sophisticated telecommunication networks, systems with increased computational power and running time, and trained manpower to install and maintain these systems [25-27]. We hypothesize that the readily available application Google Lens [1, 2] would perform DR screening without requiring sophisticated equipment or trained manpower.

DR is a common microvascular complication occurring in most patients with diabetes mellitus [5, 6]. Blindness from DR results from the development of DME and/or PDR. The overall prevalence of diabetes mellitus, DR, DME, and PDR are 6% - 15%, 30% - 35%, 1% - 5%, and 1% - 2%, respectively [17]. If patients with diabetes mellitus are successfully screened for DR, according to recommended national and international guidelines, blindness resulting from DR can be largely prevented. However, even in developed countries, approximately 50% - 60% of patients with diabetes fail to undergo successful DR screening [8]. This failure is attributed to lack of accessibility, affordability, availability, and awareness. The use of Google Lens for DR screening may help overcome some of these barriers.

Google Lens [1, 2] is integrated into most smartphones and allows instant image recognition by comparing a captured image with numerous similar images available on the internet. Google Lens achieves image recognition through a visual analysis based on neural networking [28, 29]. Therefore, it would also have the inbuilt capability of recognizing retinal disorders, such as DR, in images.

#### **EVALUATION OF THE HYPOTHESIS**

The Messidor DR dataset [30] was downloaded after obtaining permission for its use for academic purposes. The images were first uploaded to Google Photos. Subsequently, the feature of searching the image with Google Lens was utilized, and the responses were obtained. Different categories of images were used for this purpose, including normal fundus (no DR), mild DR, severe DR, PDR, mild DME, and severe DME. Google Lens could correctly identify the image as being that of the retina or fundus. However, concerning the disease pathology, i.e., correct identification of DR or DME, the response lacked specificity. The results provided for these conditions ranged from a reference to a certain type of microorganism and age-related macular degeneration.

The ability of Google Lens to find a match for a recently captured photograph of the retina for DR seems to depend on two major factors: overall resolution of images (color value, saturation, sharpness, centration, etc.) and availability of abundant similar/identical images on the internet as on screening device. Therefore, future requirements for Google Lens to become integral to DR screening programs would be the universal availability of free access to standardized, well annotated, and high-resolution images of retinal conditions ranging from normal to various grades of DR and severity of DME [30] and the ability of the user to compare images captured using Google Lens with previous retinal images of the user (archived images). This would allow a more personalized search and enable Google Lens to detect the progression and severity of DR.

#### Future and implications of Google Lens-based DR screening

Development and adoption of Google Lens-based DR screening would have several advantages over the conventional hospital/specialist/healthcare facility-based approach, including widespread accessibility, acceptable accuracy [31], reduction in the direct healthcare cost of diabetes mellitus, active patient participation in self-care [32], and improved efforts by patients to achieve better control of systemic factors, such as blood glucose levels and the urgent need of consulting an ophthalmologist. Thus, the Google Lens is likely to significantly influence early detection of vision-threatening DR, thereby preventing diabetes mellitus-related blindness from moderate and severe visual loss. This, in turn, would help improve economic productivity of patients with diabetes and reduce the country's healthcare budget currently incurred for managing established vision-threatening complications of DR [33].

Furthermore, we described our initial pilot results of an innovative approach to DR screening called "Selfie fundus imaging" [34, 35]. User-friendly and affordable devices for self-screening for DR would likely become a reality in the next few years and have inbuilt DR screening applications. This screening application would capture retinal images using Google Lens or automatically become linked to Google Lens. Google Lens [28, 36], being a vision-assisted AI tool, would then search the web or dedicate DR image libraries to find an appropriate match. This match would then inform the patient about the grade of DR, including no DR, mild DR, moderate DR, severe DR, and presence/absence of DME [30]. It would highlight a predictive risk of disease progression and requirement of deferred, early, or urgent referral. As algorithms are developed, these results may even link the patient to a network of ophthalmologists that may be approached for further treatment. Nevertheless, diagnostic accuracy studies [37-39] comparing the index test with Google Lens-based screening are required to determine the usability and validity of this proposed screening tool for DR.

# **CONCLUSIONS**

Google Lens is a readily available AI-based tool possessing inbuilt characteristics that would allow it to be easily adopted for population-based, hospital-based, or individualized DR screening. It can become a free and readily available vision-based AI tool for the screening, grading, and management of DR. By integrating Google Lensbased image recognition to affordable smartphone-based selfie fundus imaging devices, DR screening is likely to see a shift from dependency on healthcare facilities to home- and individual-based ones.

## **ETHICAL DECLARATIONS**

**Ethical approval:** Not required. **Conflict of interests:** None

### **FUNDING**

None.

#### ACKNOWLEDGMENTS

None.

#### REFERENCES

- Taffel S. Google's lens: Computational photography and platform capitalism. Media, Culture & Society. 2021;43(2):237-55. doi: 10.1177/0163443720939449
- 2. Bilyk ZI, Shapovalov YB, Shapovalov VB, Megalinska AP, Zhadan SO, Andruszkiewicz F, et al (2020). 'Comparing Google Lens Recognition Accuracy with Other Plant Recognition Apps'. In Proceedings of the Symposium on Advances in Educational

Technology, AET 2020. doi: 10.5220/0010928000003364

- 3. Kim B. The digital meets the physical and the biological. Library Technology Reports. 2020;56(2):8-17. Link
- Ogurtsova K, da Rocha Fernandes JD, Huang Y, Linnenkamp U, Guariguata L, Cho NH, et al. IDF Diabetes Atlas: Global estimates for the prevalence of diabetes for 2015 and 2040. Diabetes Res Clin Pract. 2017;128:40-50. doi: 10.1016/j.diabres.2017.03.024 pmid: 28437734
- Yau JW, Rogers SL, Kawasaki R, Lamoureux EL, Kowalski JW, Bek T, et al; Meta-Analysis for Eye Disease (META-EYE) Study Group. Global prevalence and major risk factors of diabetic retinopathy. Diabetes Care. 2012;35(3):556-64. doi: 10.2337/dc11-1909 pmid: 22301125
- Hsieh MC, Cheng CY, Li KH, Chuang CC, Wu JS, Lee ST, et al. Diabetic macular edema and proliferative diabetic retinopathy treated with anti-vascular endothelial growth factor under the reimbursement policy in Taiwan. Sci Rep. 2022;12(1):711. doi: 10.1038/ s41598-021-04593-x pmid: 35027613
- Wong TY, Sun J, Kawasaki R, Ruamviboonsuk P, Gupta N, Lansingh VC, et al. Guidelines on Diabetic Eye Care: The International Council of Ophthalmology Recommendations for Screening, Follow-up, Referral, and Treatment Based on Resource Settings. Ophthalmology. 2018;125(10):1608-1622. doi: 10.1016/j.ophtha.2018.04.007 pmid: 29776671
- Schoenfeld ER, Greene JM, Wu SY, Leske MC. Patterns of adherence to diabetes vision care guidelines: baseline findings from the Diabetic Retinopathy Awareness Program. Ophthalmology. 2001;108(3):563-71. doi: 10.1016/s0161-6420(00)00600-x pmid: 11237912
- 9. Wong TY, Sabanayagam C. Strategies to Tackle the Global Burden of Diabetic Retinopathy: From Epidemiology to Artificial Intelligence. Ophthalmologica. 2020;243(1):9-20. doi: 10.1159/000502387 pmid: 31408872
- Grzybowski A, Brona P, Lim G, Ruamviboonsuk P, Tan GSW, Abramoff M, et al. Artificial intelligence for diabetic retinopathy screening: a review. Eye (Lond). 2020 Mar;34(3):451-460. doi: 10.1038/s41433-019-0566-0. Erratum in: Eye (Lond). 2019. pmid: 31488886
- Cheung CY, Tang F, Ting DSW, Tan GSW, Wong TY. Artificial Intelligence in Diabetic Eye Disease Screening. Asia Pac J Ophthalmol (Phila). 2019. doi: 10.22608/APO.201976 pmid: 31016915
- Gargeya R, Leng T. Automated Identification of Diabetic Retinopathy Using Deep Learning. Ophthalmology. 2017;124(7):962-969. doi: 10.1016/j.ophtha.2017.02.008 pmid: 28359545
- 13. Ting DSW, Peng L, Varadarajan AV, Keane PA, Burlina PM, Chiang MF, et al. Deep learning in ophthalmology: The technical and clinical considerations. Prog Retin Eye Res. 2019;72:100759. doi: 10.1016/j.preteyeres.2019.04.003 pmid: 31048019
- Kanagasingam Y, Xiao D, Vignarajan J, Preetham A, Tay-Kearney ML, Mehrotra A. Evaluation of Artificial Intelligence-Based Grading of Diabetic Retinopathy in Primary Care. JAMA Netw Open. 2018;1(5):e182665. doi: 10.1001/jamanetworkopen.2018.2665 pmid: 30646178
- Ipp E, Liljenquist D, Bode B, Shah VN, Silverstein S, Regillo CD, et al; EyeArt Study Group. Pivotal Evaluation of an Artificial Intelligence System for Autonomous Detection of Referrable and Vision-Threatening Diabetic Retinopathy. JAMA Netw Open. 2021;4(11):e2134254. doi: 10.1001/jamanetworkopen.2021.34254. Erratum in: JAMA Netw Open. 2021;4(12):e2144317 pmid: 34779843
- 16. Olvera-Barrios A, Heeren TF, Balaskas K, Chambers R, Bolter L, Egan C, et al. Diagnostic accuracy of diabetic retinopathy grading by an artificial intelligence-enabled algorithm compared with a human standard for wide-field true-colour confocal scanning and standard digital retinal images. Br J Ophthalmol. 2021;105(2):265-270. doi: 10.1136/bjophthalmol-2019-315394 pmid: 32376611
- Bellemo V, Lim ZW, Lim G, Nguyen QD, Xie Y, Yip MYT, et al. Artificial intelligence using deep learning to screen for referable and vision-threatening diabetic retinopathy in Africa: a clinical validation study. Lancet Digit Health. 2019;1(1):e35-e44. doi: 10.1016/ S2589-7500(19)30004-4 pmid: 33323239
- Gulshan V, Peng L, Coram M, Stumpe MC, Wu D, Narayanaswamy A, et al. Development and Validation of a Deep Learning Algorithm for Detection of Diabetic Retinopathy in Retinal Fundus Photographs. JAMA. 2016;316(22):2402-2410. doi: 10.1001/ jama.2016.17216 pmid: 27898976
- Ting DSW, Cheung CY, Lim G, Tan GSW, Quang ND, Gan A, et al. Development and Validation of a Deep Learning System for Diabetic Retinopathy and Related Eye Diseases Using Retinal Images From Multiethnic Populations With Diabetes. JAMA. 2017;318(22):2211-2223. doi: 10.1001/jama.2017.18152 pmid: 29234807
- Abràmoff MD, Lou Y, Erginay A, Clarida W, Amelon R, Folk JC, et al. Improved Automated Detection of Diabetic Retinopathy on a Publicly Available Dataset Through Integration of Deep Learning. Invest Ophthalmol Vis Sci. 2016;57(13):5200-5206. doi: 10.1167/ iovs.16-19964 pmid: 27701631
- US Food and Drug Administration (2018). 'FDA permits marketing of artificial intelligence-based device to detect certain diabetesrelated eye problems'. FDA NEWS RELEASE. Available at: https://www.fda.gov/news-events/press-announcements/fda-permitsmarketing-artificial-intelligence-based-device-detect-certain-diabetes-related-eye (Accessed: August 28, 2022)
- 22. Ruamviboonsuk P, Cheung CY, Zhang X, Raman R, Park SJ, Ting DSW. Artificial Intelligence in Ophthalmology: Evolutions in Asia. Asia Pac J Ophthalmol (Phila). 2020;9(2):78-84. doi: 10.1097/01.APO.0000656980.41190.bf pmid: 32349114
- He J, Cao T, Xu F, Wang S, Tao H, Wu T, et al. Artificial intelligence-based screening for diabetic retinopathy at community hospital. Eye (Lond). 2020;34(3):572-576. doi: 10.1038/s41433-019-0562-4 pmid: 31455902
- Liu X, Faes L, Kale AU, Wagner SK, Fu DJ, Bruynseels A, et al. A comparison of deep learning performance against healthcare professionals in detecting diseases from medical imaging: a systematic review and meta-analysis. Lancet Digit Health. 2019;1(6):e271-e297. doi: 10.1016/S2589-7500(19)30123-2. Erratum in: Lancet Digit Health. 2019;1(7):e334 pmid: 33323251
- Ramchurn SD, Vytelingum P, Rogers A, Jennings NR. Putting the'smarts' into the smart grid: a grand challenge for artificial intelligence. Communications of the ACM. 2012;55(4):86-97. doi: 10.1145/2133806.2133825
- Akyildiz IF, Kak A, Nie S. 6G and beyond: The future of wireless communications systems. IEEE access. 2020;8:133995-4030. doi: 10.1109/ACCESS.2020.3010896
- Kibria MG, Nguyen K, Villardi GP, Zhao O, Ishizu K, Kojima F. Big data analytics, machine learning, and artificial intelligence in nextgeneration wireless networks. IEEE access. 2018;6:32328-38. doi: 10.1109/ACCESS.2018.2837692

- Lucia B, Vetter MA, Moroz O. The Rhetoric of Google Lens: A Postsymbolic Look at Locative Media. Rhetoric Review. 2021 Jan 2;40(1):75-89. doi: 10.1080/07350198.2020.1841452
- 29. Shapovalov V, Shapovalov Y, Bilyk Z, Megalinska A, Muzyka I. The Google Lens analyzing quality: an analysis of the possibility to use in the educational process. Educational Dimension. 2019: 1(53):219-234. doi: 10.31812/educdim.v53i1.3844
- Baget-Bernaldiz M, Pedro RA, Santos-Blanco E, Navarro-Gil R, Valls A, Moreno A, et al. Testing a Deep Learning Algorithm for Detection of Diabetic Retinopathy in a Spanish Diabetic Population and with MESSIDOR Database. Diagnostics (Basel). 2021;11(8):1385. doi: 10.3390/diagnostics11081385 pmid: 34441319
- Kiv A, Shyshkina M, Semerikov S, Striuk A, Yechkalo Y (2019). 'How augmented reality transforms to augmented learning.' The 2nd International Workshop on Augmented Reality in Education (AREdu). Kryvyi Rih, Ukraine, March 22, 2019. AREdu. Link
- 32. Garg S, Jani PD, Kshirsagar AV, King B, Chaum E. Telemedicine and retinal imaging for improving diabetic retinopathy evaluation. Arch Intern Med. 2012;172(21):1677-8. doi: 10.1001/archinternmed.2012.4372 pmid: 23026969
- Pradeepa R, Mohan V. Prevalence of type 2 diabetes and its complications in India and economic costs to the nation. Eur J Clin Nutr. 2017;71(7):816-824. doi: 10.1038/ejcn.2017.40 pmid: 28422124
- Kumari S, Venkatesh P, Tandon N, Chawla R, Takkar B, Kumar A. Selfie fundus imaging for diabetic retinopathy screening. Eye (Lond). 2021:1–6. doi: 10.1038/s41433-021-01804-7 pmid: 34642496
- Venkatesh P, Kumar S, Tandon N, Takkar B, Praveen PA. Selfie fundus imaging: Innovative approach to retinopathy screening. Natl Med J India. 2018;31(6):345-346. doi: 10.4103/0970-258X.262914 pmid: 31397367
- Nuraini N, Bania AS, Faridy N, Nursamsu N. Identification of Ornamental Plants Via Google Lens Based on Intersemiotic. Jurnal Penelitian Pendidikan IPA. 2022;8(3):1243-51. doi: 10.29303/jppipa.v8i3.1627
- Tan CH, Kyaw BM, Smith H, Tan CS, Tudor Car L. Use of Smartphones to Detect Diabetic Retinopathy: Scoping Review and Meta-Analysis of Diagnostic Test Accuracy Studies. J Med Internet Res. 2020;22(5):e16658. doi: 10.2196/16658 pmid: 32347810
- Wang S, Zhang Y, Lei S, Zhu H, Li J, Wang Q, et al. Performance of deep neural network-based artificial intelligence method in diabetic retinopathy screening: a systematic review and meta-analysis of diagnostic test accuracy. Eur J Endocrinol. 2020;183(1):41-49. doi: 10.1530/EJE-19-0968 pmid: 32504495
- Nielsen KB, Lautrup ML, Andersen JKH, Savarimuthu TR, Grauslund J. Deep Learning-Based Algorithms in Screening of Diabetic Retinopathy: A Systematic Review of Diagnostic Performance. Ophthalmol Retina. 2019;3(4):294-304. doi: 10.1016/j. oret.2018.10.014 pmid: 31014679