

# Lunit's Global Regulatory Experience and Insights

- Conquer Cancer through AI -

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# Company Overview

# Core Competence

#1 Technology

#2 Medical Expertise



## Best-in-Class A.I.

Global leader in AI technology

- Top-tier proprietary AI technology
- 30+ papers presented in top AI conferences
- Large-scale medical data for R&D (N = +4 million cases)

### Top Ranked in AI Competitions

**2015**  
Main Task (CLS-LOC)  
IMAGENET

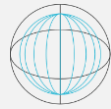
1	Microsoft	
5	Lunit	
7	Google	

**2016**  
MICCAI Grand Challenge  
Tumor Proliferation Assessment

1	Lunit	
2	IBM	
3	Microsoft	

**2017**  
Camelyon

1	Lunit	
2	Harvard Univ. Eindhoven Univ. of Tech	
3	Microsoft	



## Global Recognition

International spotlight

- The **only Korean company** spotlighted by World Economic Forum, CB Insights



2020 / 2022 / 2023  
TECHNOLOGY PIONEER  
GLOBAL INNOVATOR  
ASSOCIATE PARTNER



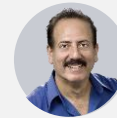
2017  
CB Insights  
AI 100



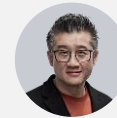
2019 / 2020 / 2021  
CB Insights  
DIGITAL HEALTH 150



## Renowned Scholars as Advisors



**Eliot Siegel**  
Radiologist  
Radiology IT  
KOL



**Tony Mok**  
Oncologist  
Board member  
of AstraZeneca



**Linda Moy**  
Breast Radiologist  
KOL / RSNA  
Vice-chair



**YoungKwang Chae**  
Oncologist  
KOL in  
immunotherapy



**Yung-jue Bang**  
Oncologist  
KOL in Korea

## +200 Publications in Major Peer-reviewed Journals



## +100 Research Partnerships



# Core Competence

#3 Global Business

## Lunit to Acquire Volpara

- Finalizing the acquisition by the 2Q of 2024
- Volpara's AI mammography solutions, operational in over 2,000 U.S. medical sites
- Over 100 million high-quality images



## Global Sales Channel through Strong Business Partnerships

**60%** Global market share of device partners

FUJIFILM



PHILIPS



SECTRA



**80%** US Oncologists using Guardant Health products



### Global Big Pharma

Currently discussing research/collaboration agreement with multiple big pharmas

Number of paying sites worldwide <sup>1</sup>

**+3,000**

Global Customers

**84%**

Retention Rate

**+95%**

Lunit Users among Top 10 Hospitals in Korea <sup>2</sup>

**7**

Chest X-Ray exams in Korea<sup>3</sup>  
Analyzed by Lunit INSIGHT CXR 2021

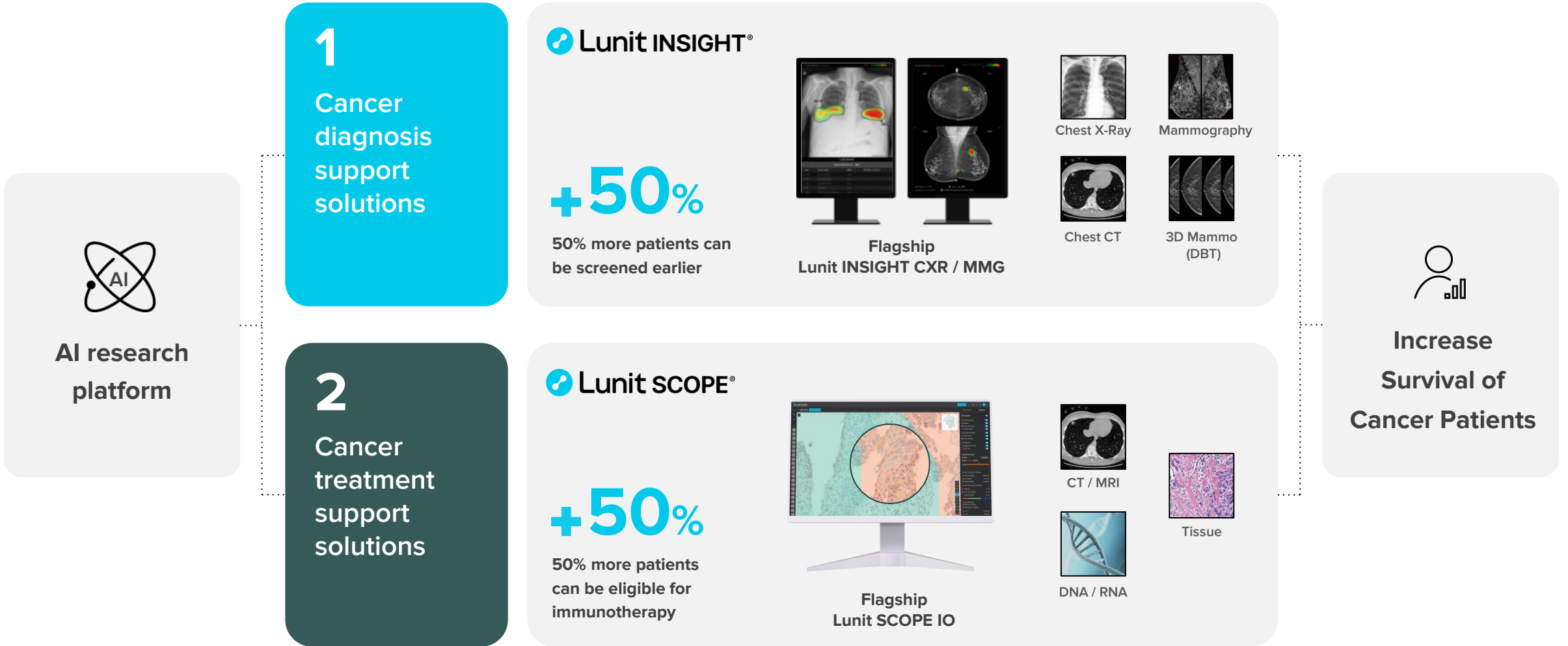
**10%**

Lunit INSIGHT MMG Users among 45 Large Hospitals in Korea

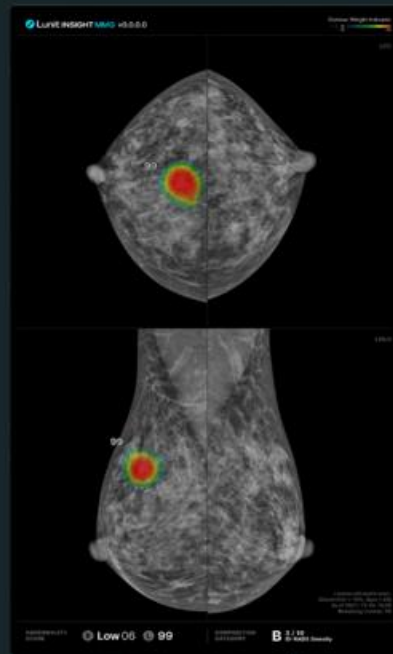
**42%**

1) Excludes demo and research use; only commercial sales  
 2) Newsweek. World's Best Hospitals – South Korea. 2020;  
 3) Source: KOSTAT.go.kr Appx. 40M Chest X-ray exams performed annually in Korea

# Conquer Cancer through AI | Increase cancer survival through AI-powered cancer diagnosis and treatment



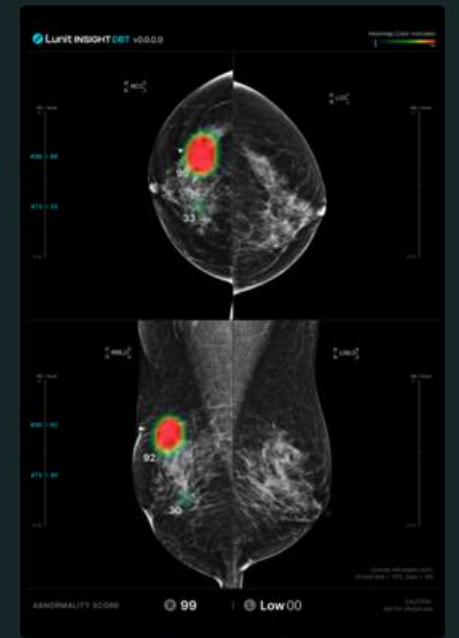
# AI Solutions Registration status



Lunit INSIGHT MMG®



Lunit INSIGHT CXR®



Lunit INSIGHT DBT®

# Product registration status

Lunit INSIGHT have obtained licenses from more than 40 countries around the world

It has been submitted to more countries and is under review

\* Lunit INSIGHT CXR 35 + countries / Lunit INSIGHT MMG 40 + countries)

Lunit INSIGHT CXR



Lunit INSIGHT MMG



- approved
- submitted
- preparation

# Proven to Be Best-in-Class in a variety of clinical settings


Research

**150+** Publications in Major Peer-reviewed Medical Journals



**100+** Research Partnerships



 **Robust research with strong clinical evidence in peer-reviewed journals**

Research

- A total of 172 clinical evidences are available. (Post 159)
- After the product approval, studies are increasing. Many post-marketing commitment were conducted to test performance and workflow in various clinical environments

Lunit INSIGHT CXR : Pre 5 → **Post 83**

Lunit INSIGHT MMG : Pre 4 → **Post 74**

Lunit INSIGHT DBT :Pre 4 → **Post 2**

[Clinical evidences status (2024.2)]

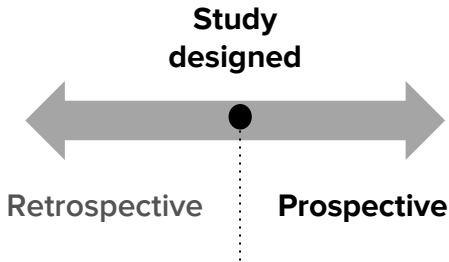
Lunit INSIGHT	2016	2017	2018	2019	2020	2021	2022	2023	2024	Total
CXR	3	2	6	6	19	14	19	18	(1)	88
MMG	1	1	2	4	13	12	29	14	(2)	78
DBT	-	-	1	1	1	-	1	2	(0)	6



# Real World Evidence | Building solid evidence through prospective studies

## Study Directions

Why should we do post-marketing commitment?



Outcome is measured after the baseline state of the subjects is determined and controlled intervention applied.



## Lunit INSIGHT CXR

Flagship prospective CXR study

10,476 Patients with chest X-Ray RCT study on 'lung nodule detection rate' at Seoul National University Hospital (Korea)

Outcome	Detection rate of actionable lung nodules	Detection rate of malignant lung nodules
A Group (n=5238) Radiologist + AI	31 (0.59%)	8 (0.15%)
B Group (n=5238) Radiologist only	13 (0.25%)	0 (0.0%)

Radiology  
Large-scale Prospective RCT\*

## Lunit INSIGHT MMG

Flagship prospective MMG study

55,579 women screened for breast cancer Study on 'Double Reading' by Karolinska Institutet (Sweden)

Outcome	Detection rate of cancer per 1,000 women	Recall rate per 1,000 women
1 Radiologist + Lunit INSIGHT MMG	4.3	28
2 Radiologists	4.1	29.3
Lunit INSIGHT MMG	4.1	15.5

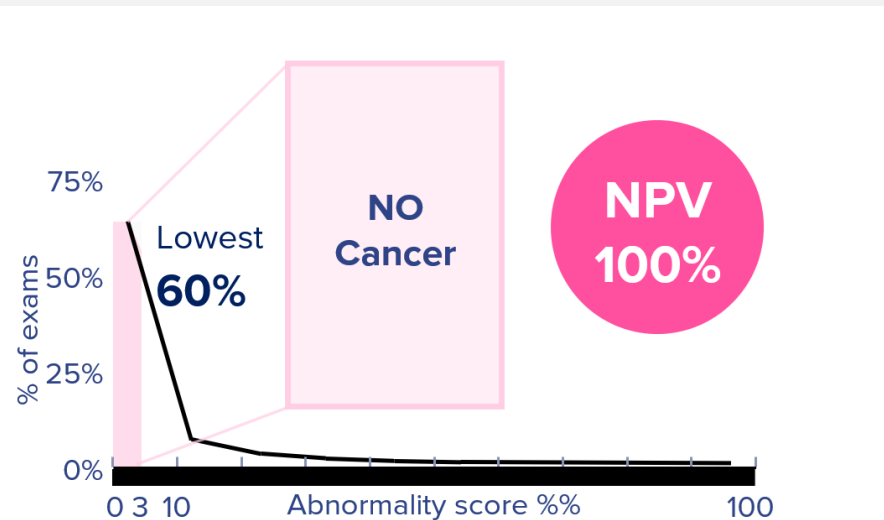
THE LANCET Digital Health  
Large-scale Prospective Study

\*Randomized Controlled Trial  
: Research method in which subjects are randomly divided into control and experimental groups for comparison

# Real World Evidence

## Fast triage of normal cases

According to the abnormality scores generated by AI, radiologists can successfully triage up to 60% of the entire cases without human interpretation, which can reduce their workload by more than half in mammogram interpretation.



<Triage 60% of the entire cases w/o human interpretation>

Dembrower, et al. Lancet Digital Health. 2020 September THE LANCET Digital Health Karolinska Institutet



Sweden

Excellent **Prospective study Results** & The integration into **Sweden's national cancer screening program**

THE LANCET Digital Health

- 1 The **1<sup>st</sup> prospective study** to conduct a large-scale clinical trial of 55,579 patient mammograms using AI

Prospective study Result	Cancer Detection Rate (CDR)	Recall Rate (RR)
R1 R2 Two radiologists	4.1	29.3
R1 AI One radiologist + AI	4.3	28.0
AI alone	4.1	15.5

- 2 The integration of Lunit AI will enable **Capio S:t Görän Hospital** to analyze approximately 78,000 patients' mammography images each year, significantly contributing to **Sweden's national cancer screening program.**

**Insights:**

# **Regulation of post-marketing commitment**

# Limitations of AI Medical Devices's Pivotal Study

## AI = Software = Data

- The greatest benefits of AI software resides in its ability to learn from real-world use and experience, and its capability to improve its performance for patients.
- There are many limitations to pre-marketing clinical trials, and many insights are being gained in post-marketing commitment.

Limitations of pre-marketing clinical study

6 category	Limitations
Population	Too Few
research design	Too Simple
Age, gender, etc	Too Median-aged
Range	Too Narrow
Period	Too Brief
Result	Too Indirect

Brian L. Strom MD et al. 2019, Pharmacoepidemiology

# Opportunities in the Use of RWE & post-marketing commitment

## Differences between Pre-market & Post-market

- Pre-market clinical trials have limitations such as restricted environments, small sample sizes.
- But RWE reflects real-world usage environments.

Items	Pre-market	Post-market
Protocol flexibility	Low	High
Data quantity	Limited	Rich
Data collection	Hard	Easy
Data treatment	Hard	Easy
Readers/Investigators	Hired	Voluntary
Time control	Hard	Easy
Cost	High	Low
Utilization of the result	Low	High

## Real world Data, Evidences (RWD, RWE)

- Case histories, report
- Retro database studies
- Performance data that exist within the device such as self-diagnostics and error codes
- Large-scale prospective RCT results

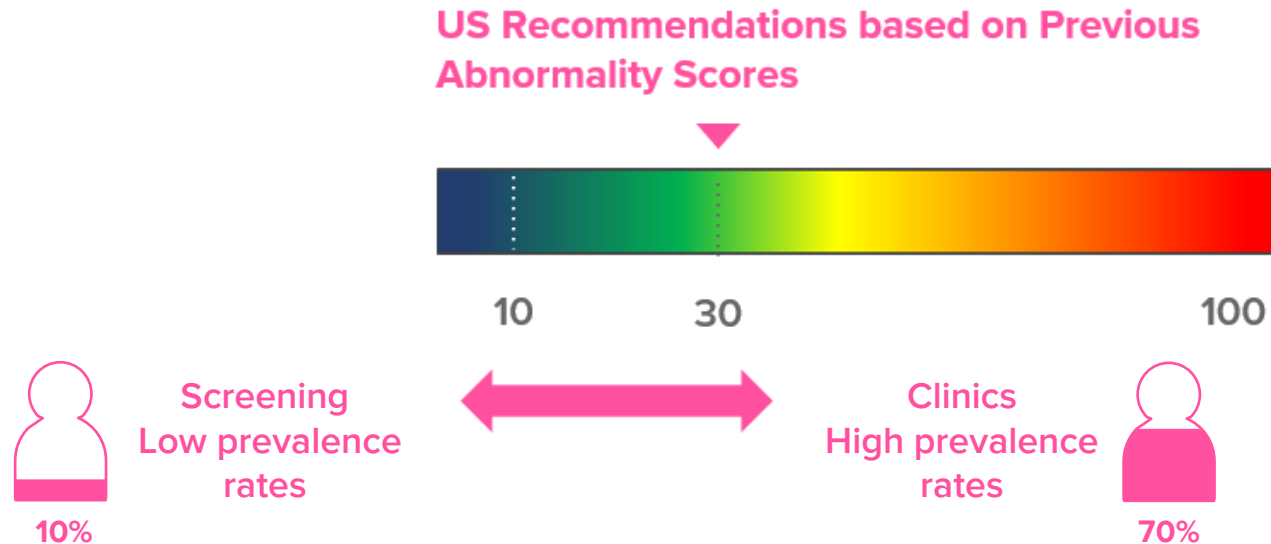
RWD can provide new insights into medical device benefits, workflows, and interactions with patients and healthcare institutions.

- Watching how the product works in the real world.
- Obtaining its true value among various countries and workflows.
- Building the use experience with AI in the market.
- Giving positive business impact by having good user experience.

# Ideas to upgrade managing AI MD based on clinical data

## Flexibility on the threshold set is needed in the field.

- Open the possibility of using different threshold adjustment under manufacturer's responsibility.
- Manufacturer must monitor its result and ensure the performance whatever threshold is selected by the user.

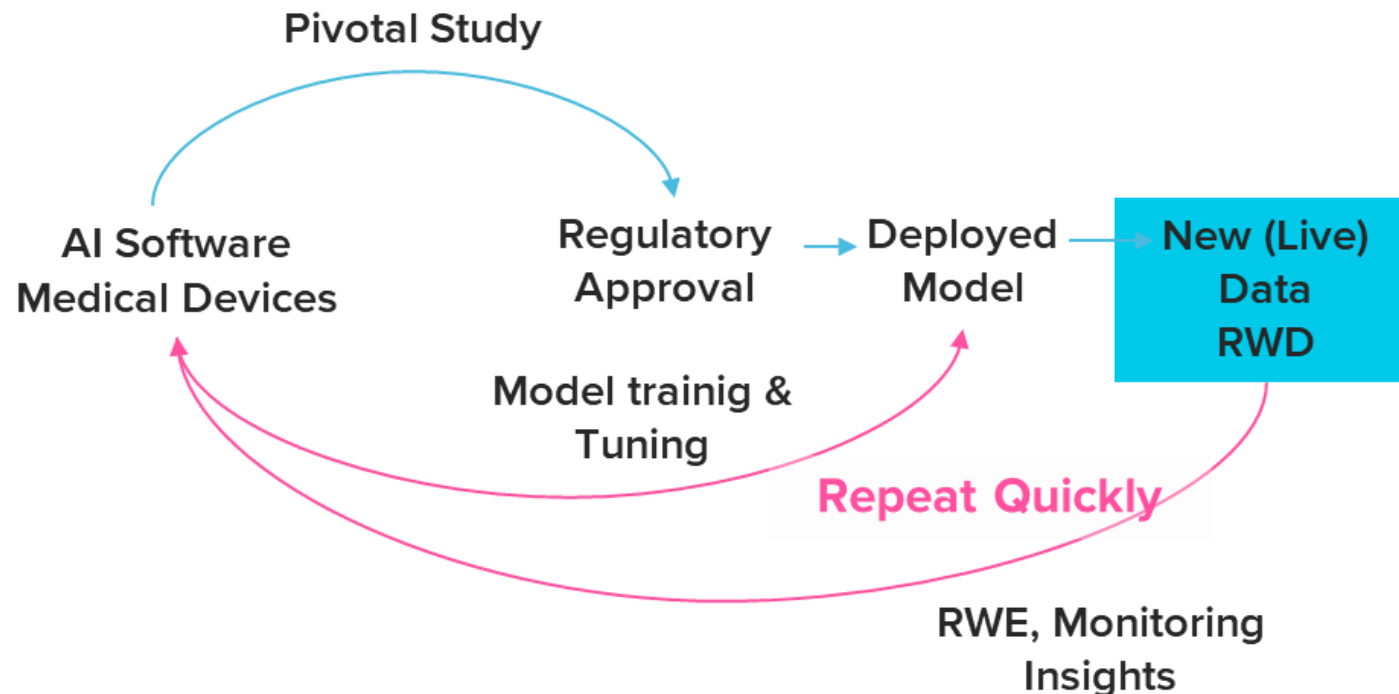


When healthcare institutions prioritize sensitivity, they may lower the threshold, whereas they can raise the threshold when they prefer higher specificity.

# Ideas to upgrade managing AI MD based on clinical data

## Reconsider the software's nature - frequent updates.

- Post-market clinical trial is a good tool to find out the improvement points of the product.
- The newest version of the product delivery on-time is essential to all.
- Ease the software MD change requirements will be helpful.



# Ideas to upgrade managing AI MD based on clinical data

## Data, more data.

- Efficient methods are needed to facilitate the use and acceptance of clinical data
- Obtaining suitable medical image for both clinical trials and deep learning is hard for everyone. Government-level image source operation will be helpful.
- Lack of information gives pain to everyone.

## Open, government-owned archiving center for AI MD clinical data and evidence.

- Support for sourcing large quantities and high-quality data is necessary.
- Centralization of medical standard data for openness required
- Set-up of digital healthcare RWE clinical environments

The screenshot displays the PhysioNet website interface. At the top, there is a navigation bar with 'PhysioNet', 'Find', 'Share', 'About', 'News', 'Account', and a search bar. The main content area is divided into two columns. The left column, titled 'Databases', contains a list of links: 'Overview', 'Open access', 'Restricted access', 'Credentialed access', and 'Contributor Review access'. The right column, titled 'Overview', provides an alphabetical list of databases and explains the search process. Below this, it lists three access policies: 'Open Access', 'Restricted Access', and 'Credentialed Access'. A section titled 'Open databases' lists several datasets, including 'Abdominal and Direct Fetal ECG Database' and 'AF Termination Challenge Database'. A modal window is open over the 'NIH Chest X-rays' dataset, showing its 'Data Card', 'Code (375)', 'Discussion (21)', and 'Download (45 GB)' options. The modal also includes an 'About Dataset' section with a 'Usability' score of 7.35, a 'License' of 'CC0: Public Domain', and 'Expected update frequency' of 'Not specified'. The modal also lists 'Tags' such as 'Computer Science', 'Health', 'Software', 'Biology', 'Health Conditions', and 'Medicine'. At the bottom of the modal, there is a detailed description of the dataset and a reference to a paper: 'This NIH Chest X-ray Dataset is comprised of 112,120 X-ray images with disease labels from 30,805 unique patients. To create these labels, the authors used Natural Language Processing to text-mine disease classifications from the associated radiological reports. The labels are expected to be >90% accurate and suitable for weakly-supervised learning. The original radiology reports are not publicly available but you can find more details on the labeling process in this Open Access paper: "ChestX-ray8: Hospital-scale Chest X-ray Database and Benchmarks on Weakly-Supervised Classification and Localization of Common Thorax Diseases." (Wang et al.)'



**THANK YOU**