



SaMD Synergy: Bridging Innovation and Regulation in the AI Healthcare Era

Rohit. B. Lomte^{1*}, Nikita. S. Jadhav¹, Tejas. S. Aware¹, Ajit. P. Gayake¹, Kaveri. G. Bhosale¹, Dimple. D. Marathe²

¹Department of Drug Regulatory Affairs, Sanjivani College of Pharmaceutical Education and Research, Kopargoan, Maharashtra, India-423601.

²Assistant Professor Department of Drug Regulatory Affairs, Sanjivani College of Pharmaceutical Education and Research, Kopargoan, Maharashtra, India-423601.

(Received: 07 October 2023

Revised: 12 November

Accepted: 06 December)

KEYWORDS

SaMD, Healthcare, Regulatory landscape, IMDRF, AI

ABSTRACT:

The emergence of Software as Medical Devices (SaMD) in modern healthcare signifies a paradigm shift, integrating software applications and algorithms into critical medical processes. SaMD, ranging from diagnostic tools to telemedicine platforms, enhances healthcare accessibility and efficiency, shaping personalized medicine and improving patient outcomes. This abstract delves into the regulatory landscape, emphasizing the complexities of SaMD compliance with stringent medical device regulations. The paper underscores the pivotal role of SaMD in reshaping healthcare. While SaMD streamlines healthcare processes and fosters collaboration, the paper highlights the pressing need for regulatory frameworks to navigate this transformative landscape. IMDRF in year 2013 formed the software as medical device working group to develop guidance for SaMD. Software as a medical device working group was chaired by FDA. After 2013 the guidelines for SaMD have evolved considering risk categorization, quality management system and clinical evaluation. The challenges faced by regulators in ensuring the safety and efficacy of AI-driven SaMD underline the critical importance of addressing these complexities for the future of medical practice and patient experiences. The IEC 62304 is the standard for the risk management specially for the medical devices with reference to ISO 14971 for Quality Management System. The various application of SaMD is in Mobile ECG Apps, MRI, Computer Aided Detection, Mammography Image Analysis Software etc. Future application of AI based SaMD is going to become an integral part of healthcare system.

1. INTRODUCTION

According to the International Medical Device Regulators Forum, SaMD refers to software designed to fulfil one or multiple medical purposes independently, without being integrated into a hardware medical device (1).

The utilization of Software as a Medical Device is on the rise and can be applied on various technology platforms, such as medical device systems, readily available commercial platforms, and virtual networks, among others. This category of software was previously known by various terms in the industry, international regulatory bodies, and Healthcare experts, such as "standalone software," "medical device software," and "health software." It is important to distinguish it from other

software types, as it serves a distinct purpose in the medical field.

Healthcare system state situations or conditions	Relevance of the data SaMD gave to healthcare decisions		
	cure or identify	motivating clinical management	clinical management with knowledge
Critical	IV	III	II
Serious	III	II	I
Non serious	II	I	I



The International Medical Device Regulators Forum (IMDRF) is a collaborative assembly of global medical device regulators working together to establish unified standards for medical device regulation. IMDRF creates internationally accepted drafts covering various aspects of medical devices. In 2013, IMDRF initiated the Software as a Medical Device Working Group (WG), led by the FDA, with the goal of developing guidelines to facilitate innovation and expedite the security and efficient global deployment of Software as a Medical Device. This WG established critical definitions, risk categorization frameworks, Quality Management Systems, and clinical evaluation criteria for Software as a Medical Device (2).

A. SaMD Categorization

The categories were chosen based on the relevance of the SaMD's data to healthcare decisions and the particular healthcare condition. The four categories (I, II, III, and IV) are based on the severity of the impact on the patient's or the public's health, where accurate data from the SaMD is essential to averting major health risks including long-term disability, death, or serious illnesses. With Category IV having the most amount of influence and Category I having the least, the categories are graded according to their relative relevance.

•SaMD Category Determination Parameters

Criteria for Category IV-Software as Medical Device (SaMD) that offers critical diagnostic or treatment information for severe medical situations is categorized as Category IV, signifying its substantial impact on healthcare.

Criteria for Category III-

- i. Software as a Medical Device (SaMD) delivering advice for disease diagnosis or treatment in significant medical situations falls under Category III and is recognized for its notable healthcare strike.
- ii. SaMD supplying data to facilitate the clinical management of diseases or situations during demanding medical circumstances is categorized as Category III, denoting its substantial influence on healthcare.

Criteria for Category II-

- i. Software as a Medical Device (SaMD) that supplies guidance for the treatment or diagnosis of diseases or conditions in non-serious circumstances is categorized as Category II, indicating a moderate level of impact.
- ii. SaMD that offers information for guiding the clinical management of diseases or conditions in serious medical situations falls under Category II and is regarded as having a moderate impact.
- iii. SaMD providing information to assist in the clinical management of diseases or conditions during critical medical situations is classified as Category II, representing a medium level of impact.

Criteria for Category I-

- i. Software as a Medical Device (SaMD) offering insights to guide the clinical management of diseases or conditions in non-serious medical scenarios falls into Category I, signifying a minimal level of impact.
- ii. SaMD that imparts information for the purpose of guiding clinical management in the context of serious medical situations is categorized as Category I and is recognized for its low impact.
- iii. SaMD providing information for clinical management in cases of non-serious medical situations is classified as Category I, denoting its low impact on healthcare (3).

2. CURRENT REGULATION FOR SaMD

The regulation and the guidance for the SaMD was put forward by the International medical device regulators forum (4). IMDRF has proposed the key definition (1), risk categorization (3), Quality Management system (5) and the standards for the clinical evaluation of the SaMD (6).

The IMDRF has defined the quality management system for safety, efficacy and performance of the software as a medical device. The QMS implemented for the medical devices is the ISO 13485, the measures taken to lessen and manage unintended consequences related to patient safety. The quality of software products is regulated in the software business using appropriate software quality



and engineering techniques. When the patient safety perspective is taken into account, these protocols may easily fit with the normal standards of the QMS for medical devices. The effective QMS in the SaMD can be opted by the three principles.

- a) Organizational design that ensures SaMD's performance, effectiveness, and safety while providing leadership, responsibility, and governance.
- b) A collection of Software as medical devices lifecycle support procedures that may be scaled for the size of the company and are uniformly used throughout all realization and use procedures.
- c) A collection of realization and use processes that are adaptable to the type of Software as a medical device and the size of the company and that consider crucial factors needed to guarantee the performance, safety, and efficacy of SaMD (5).

International Electrotechnical Commission (IEC) is the organization for the standard of electrical and electronic field in worldwide. For promoting the international uniformity in the electrical field, the IEC publishes the standard. International standard IEC 62304:2006 has been prepared for the electrical equipment used in the medical practice. The life cycle specifications for medical device software are outlined in this standard. A uniform framework for the processes involved in the life cycle of medical device software is established by the collection of procedures, duties, and tasks outlined in this standard. Inspection of all documents required by this standard, including the risk management file, and evaluation of the procedures, activities, and tasks necessary for the software safety class are used to evaluate compliance (7). IEC 60601 is the standard applied only for software as component of the medical device. IEC 60601 part-1 is specifically for the general requirement for safety and the essential working of medical device having the electrical accessory (8).

The IMDRF also focused on the Risk categorization for the SaMD. The four types (I, II, III, and IV) are based on the severity of the effect on the patient's or the public's health, where definite data determined by the SaMD to treat or diagnose, guide or update clinical management is essential to avoid death, long-term disability or other serious declination of health, mitigating public health. The categories are comparable to one another in

importance. The impact level of Category IV is the highest, and Category I is the lowest (3).

The IMDRF proposed the guidance document for the clinical evaluation of the SaMD. The aim of the clinical evaluation is assessment and analysis of the SaMD's clinical results and the focus clinical condition. The document for clinical evaluation explains that a continuous and iterative procedure should be used for clinical evaluation as part of the QMS for medical devices (6).

The development and use of SaMD-AI should adhere to a number of ethical guidelines specified by the World Health Organization (WHO). The WHO mentioned the requirement for AI technology to be transparent and understandable among other things (9). SaMD-AI should be open, which entails providing information about the data and algorithm employed by the system. SaMD-AI ought to be able to explain how it arrived at a certain outcome, in other words (10). SaMD -AI users should always be given clear information on the current SaMD-AI performance and a description of how it functions, in accordance with these norms and principles (11).

A. Current Regulation in US FDA

The Code of Federal Regulation 21 currently governs the marketing of AI medical devices in the US (12). The Centre for Devices and Radiological Health (CDRH) established the Digital Health Centre of Excellence (DHCoE) to lead initiatives to correspond with the electronic revolution (2). SaMD products are generally regulated in the US using the same procedures that are often opted to approve low- to moderate-risk medical devices based on the risk associated with it. Premarket approval, 510k notifications and de novo classification are all parts of the conventional regulatory route (13).

The Software Precertification Pilot Program, which the FDA unveiled in 2017, is intended to facilitate more up to date and effective regulatory oversight of SaMD created by producers who have shown a strong commitment to organizational excellence, a culture of quality, and a readiness to monitor their products after they are released to the market (14). The FDA is recommending that software from accredited firms continue to meet the same safety and efficacy standards that the agency requires for goods that have followed the conventional path to market in the Pre-Cert program. In



September 2022, the FDA issued a final report on this program (15).

Every medical device manufacturer is required by the FDA to adapt a quality system in place that is focused on creating, providing, and adhering to high-quality products throughout their lifecycles that adhere to the necessary standards and laws. Similar to how we want SaMD developers for AI-based SaMD to adopt the excellent principles of organizational excellence and a culture of quality (16). The clinical study of the SaMD should be carried out. The clinical evaluation includes specific data required to prove safety, efficacy during the premarket examination of the medical devices having AI (17).

The US regulatory authority released a discussion document on AI-based SaMD in April 2019 that details the organization's strategy for regulating premarket review for Artificial intelligence directed software alteration. In premarket filings, the agency included a "predetermined change control plan" as part of its proposed framework, which contained SaMD pre requirement and an algorithm modify process to strengthen the mechanism of patient protection. (18).

B. Current Regulation in EU

SaMD regulations are being developed by the EMA in collaboration with the Medical Device Coordination Group (MDCG) in EU. The EU MDR and EU IVDR are being implemented with the help of the MDCG, an expert body that has been nominated by EU member states. The working groups keep an eye on everything from notified bodies to clinical research to post marketing surveillance to international issues to the implementation of the EUDAMED database and suggestions for IVD and Annex-IV product implementation. The EU MDR 2017/745 is for the software as a medical device. EU MDR 2017/746 is for the In vitro diagnostics (18).

The AI act was proposed by the European medical agency in April 2021. It suggests specifications for AI systems across a variety of applications, not just medical equipment. If it is approved, this proposed EU law will apply standardized regulations for AI systems and incorporate them into already-existing EU legal frameworks, such as the MDR for medical devices (19).

3. APPLICATIONS OF SaMD IN HEALTHCARE

Software as a medical device can gather vast volumes of data much more quickly than traditional methods and conduct complicated medical tasks like diagnosis, medical oversight, and treatment recommendation.

i. mHealth:

Mobile health, commonly referred to as mHealth, is the application of wireless communication to promote effectiveness in clinical and public health settings (20). A patient's relationship with their healthcare provider may change as a result of the rapidly growing mobile medical apps since they can speed up treatment and cut expenses. In September 2013, the US FDA issued suggestions to control these applications and protect consumers by lowering the risks. connected with their unintended usage. This guidance distinguishes between a specific group of mobile medical apps that may be liable for regulation and those that are not (21).

Numerous health-related apps have been created by app developers, including ones that monitor vital indications like heart rate, glucose level, or neural activity.; offer communication, details, and motivating resources related to health; to the dermatologist, process and provide images of the patient's skin (22); aid diabetes manage their daily activities by seeing trends in their sugar levels curve; there are even apps that track adherence to medication (23).

Example: Apps with software that monitors an individual's condition and collects information from the user, the app automatically, or a point-of-care device may qualify as medical devices if the results have an effect on how a person receives care (24). The European Commission defined mHealth as "medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants, and other wireless devices," as well as "applications such as lifestyle and wellbeing apps as well as personal guidance systems, health information, and medication reminders provided by SMS and telem" with its April 2014 release of the Green Paper on mHealth (25).

The newly introduced Virtual assistants and chatbots powered by AI in mobile health apps are made to talk to patients, answer their questions, and provide simple



medical advice. They can help with patient triage, symptom information gathering, and providing initial advice. Personalized healthcare information, more patient participation, and help outside of conventional clinical settings are all possible with virtual assistants. An AI-powered mobile app for healthcare can improve patient experience through remote consultations by strengthening the capacities of healthcare personnel, streamlining triage procedures, facilitating correct diagnoses, enabling remote monitoring, and improving patient satisfaction. It enables medical practitioners to provide top-notch care remotely, improving accessibility and patient outcomes. Prioritizing security measures is crucial when creating a healthcare AI application to protect sensitive patient data and guarantee the privacy and security of the information (26).

ii. CAD:

Computer capabilities (memory, speed, and computational power) developed as ability answers to this challenge, and Computer Aided Medical Decision Support Systems (CAMDS) were created CAMDS are software programs that "provide clinicians, staff, and patients with data." Patients and others with knowledge and person-specific information should act wisely to advance health and medical treatment. Computer-Aided Diagnosis: Due to the accuracy and efficacy the computer-aided diagnosis received a great acceptance globally (27). One class of CAMDS is CAD systems (28). Computerized tools called CADs provide radiologists with another view. free of human bias and aid in diagnosis by mapping worrisome regions of medical pictures. CAD systems are a technology that spans multiple disciplines. AI visual processing, image processing, and other fields are employed. Their guiding premise is the extraction of medical image attributes and the design of a medical picture learning-based approach for prediction and detection (29). It is critical to detect and treat cancer in its early stages; following an accurate and effective diagnosis treatment can boost survival rates by up to 50% (30). Breast cancer photos can be classified as benign or malignant using CAD software technology (31).

Through automation, Applying AI to medical data has the potential to revolutionize early cancer detection and offer assistance with issues with capacity. AI may make it possible for humans to evaluate complicated

information from a range of sources, such as radiometric, genomic, metabolomic, and clinical text data (32).

iii. MRI:

Magnetic resonance imaging combines radio frequency waves, a strong magnetic field, and a computer to create clear images of inside body structures like bones and soft tissues (33).

It is utilized in the diagnosis of brain tumors, head or brain injuries, and neurological issues. spinal column, heart, joints and bones, liver, uterus, abdominal, and brain disorders are all possible. The MRI allows us to have superior views of our interior organs.

MRI enhancements improve image quality, reduce scanning times, and create an improved atmosphere, all help both the hospital and the patients. Because AI takes less data to build such enhanced images, it can help create greater resolutions while decreasing scan time. Data from an MRI scan obtained by AI can also be extrapolated and used to create a 3-D VR training or diagnostic tool (34).

4. CHALLENGES FACED BY THE INDUSTRY FOR SaMD

The rapid pace of technological advancements in SaMD and AI presents challenges for regulatory agencies. Continuous innovation means that regulators must keep up with new developments, ensuring that regulations remain relevant and effective. This challenge demands an agile regulatory framework capable of adapting swiftly to emerging technologies. Failure to do so might result in outdated regulations that do not adequately address the risks associated with cutting-edge medical software and AI systems.

Defining the scope of SaMD and classifying AI applications as medical devices can be complex due to the diversity of software and AI technologies. Clear definitions are essential to determine which products fall under regulatory scrutiny. Ambiguity in these definitions could lead to misclassification, either subjecting non-medical software to unnecessary regulations or, conversely, allowing potentially risky medical software to escape scrutiny (35).

Patient safety is a paramount concern. SaMD and AI applications often involve complex algorithms that can have life-altering consequences. Evaluating the safety of these technologies involves assessing not only the



software's functionality but also potential biases in algorithms, the risk of errors, and cybersecurity vulnerabilities. Regulators must establish rigorous testing protocols and standards to ensure that SaMD and AI devices are safe for patients.

The utilization of patient data in SaMD and AI applications raises significant data privacy and security concerns. Regulations such as HIPAA and GDPR provide guidelines, but the challenge lies in implementing these regulations effectively. Companies must navigate complex legal landscapes to ensure compliance. Data breaches can have severe consequences, leading to compromised patient privacy and legal repercussions for both healthcare providers and technology companies (38).

Interoperability challenges arise when SaMD and AI applications need to interact with other medical devices and systems. Varying standards and protocols can hinder seamless communication between devices, potentially impacting patient care. Regulatory agencies need to establish and enforce standards that promote interoperability, ensuring that different medical devices and software systems can work together effectively.

The globalization of the healthcare industry necessitates international collaboration and harmonization of regulatory standards. Varying regulations across countries create challenges for manufacturers looking to market their products globally. Inconsistent standards can lead to delays in product approval and market entry, hindering the timely availability of innovative healthcare technologies to patients worldwide (36).

Ethical considerations surrounding the use of AI in medical decision-making and transparency in algorithms are complex. Striking a balance between innovation and ethical guidelines is challenging. Additionally, legal frameworks often lag behind ethical considerations, making it difficult to establish comprehensive regulations that address the ethical dilemmas posed by emerging technologies. Responsible AI practices and clear ethical guidelines are essential for ensuring the ethical use of SaMD and AI in healthcare.

Post-market surveillance involves continuous monitoring of SaMD and AI devices after they have been approved and introduced to the market. Timely detection of issues, such as unexpected side effects or software failures, is crucial for patient safety. Efficient post-market surveillance mechanisms require real-time data analysis, collaboration between regulators, manufacturers, and healthcare providers, and the ability to respond promptly to emerging concerns (37).

5. OPINION

Software as a Medical Device (SaMD) represents a paradigm shift in the healthcare industry, offering innovative solutions for diagnostics, treatment, and patient care. The future of SaMD holds immense potential, transforming healthcare delivery and patient outcomes. Several key factors will shape its trajectory. SaMD will drive the era of personalized medicine, tailoring treatments and interventions based on individual patient data. Advanced algorithms and machine learning will analyze vast datasets, enabling healthcare providers to offer precise, patient-specific therapies. This tailored approach will optimize treatment effectiveness, minimize side effects, and improve overall healthcare efficiency.

The integration of SaMD in healthcare will enable real-time remote patient monitoring. Wearable devices equipped with sophisticated software will continuously collect patient data, allowing healthcare professionals to monitor vital signs, detect anomalies, and intervene promptly. This remote monitoring will enhance the management of chronic conditions, reduce hospital readmissions, and improve the overall quality of care for patients, especially those with long-term health issues. SaMD will play a pivotal role in early disease detection and prevention. Advanced algorithms will analyze patient data to identify subtle patterns indicative of diseases, enabling early intervention and preventive measures. By detecting diseases in their initial stages, healthcare providers can significantly improve patient outcomes and reduce the burden on the healthcare system.

Incorporating SaMD into clinical workflows will provide healthcare professionals with enhanced decision support tools. These applications will analyze patient data, medical histories, and the latest research to offer



evidence-based recommendations. Clinicians will benefit from more informed decision-making, leading to better diagnoses, optimized treatment plans, and ultimately, improved patient care. To fully harness the potential of SaMD in healthcare, addressing the existing challenges is essential. Regulatory bodies worldwide must collaborate to create agile and adaptive frameworks. These frameworks should accommodate rapid technological advancements, ensuring that regulatory processes do not stifle innovation. Continuous dialogue between regulators, industry stakeholders, and healthcare professionals is crucial to strike a balance between innovation and patient safety. Enhanced data security protocols and privacy measures are imperative. Stricter regulations and robust encryption techniques are necessary to protect patient data from cyber threats. Transparency in data usage and strict adherence to data privacy laws, such as GDPR, will build patient trust in SaMD applications. [38] Collaboration between healthcare professionals, software developers, data scientists, and ethicists is vital. Interdisciplinary teams can address complex challenges, ensuring that SaMD applications are not only technically sound but also ethically and socially responsible. Ethical considerations, such as bias in algorithms and equitable access to technology, should be at the forefront of SaMD development.

Investment in research and development is crucial to refine SaMD applications continually. Collaboration between academia and industry can drive innovation, leading to the creation of more effective, user-friendly, and clinically validated SaMD solutions. Public and private sector partnerships can facilitate funding and resources for cutting-edge research.

6. CONCLUSION

The future of SaMD in healthcare is transformative, promising improved patient outcomes, enhanced clinical workflows, and a more efficient healthcare system. By addressing regulatory challenges, prioritizing data security, fostering interdisciplinary collaboration, and investing in research and development, the healthcare industry can unlock the full potential of SaMD, shaping a future where healthcare is not only advanced but also personalized, accessible, and equitable for all.

REFERENCES

1. Software as a Medical Device (SaMD): Key Definition
IMDRF/SaMDWG/N10FINAL:2013
<https://www.imdrf.org/docs/imdrf/final/technical/imdrf-tech-131209-samd-key-definitions-140901.pdf>
2. Food and Drug Administration. About the digital health Centre of excellence. Available at:
<https://www.fda.gov/medical-devices/digital-healthcenterexcellence/software-medical-device-SaMDexcellence>(Accessed August 17, 2022).
3. Software as a Medical Device: Possible Framework for Risk Categorization and Corresponding Considerations: IMDRF/SaMDWG/N12FINAL:2014.
<http://www.imdrf.org/docs/imdrf/final/technical/imdrf-tech-140918samd-framework-riskcategorization-141013pdf>
4. Larson, D. B., Harvey, H., Rubin, D. L., Irani, N., Justin, R. T., & Langlotz, C. P. (2021). Regulatory frameworks for development and evaluation of artificial intelligence-based diagnostic imaging algorithms: summary and recommendations. *Journal of the American College of Radiology*, 18(3), 413-424.
5. Software as a Medical Device: Possible Framework for Risk Categorization and Corresponding Considerations: IMDRF-SaMD WGN12FINAL:2014.
<http://www.imdrf.org/docs/imdrf/final/technical/imdrf-tech-140918-samd-framework-risk-categorization-141013.Pdf>
6. Software as a Medical Device: Clinical Evaluation: IMDRF/SaMD WG/N41FINAL:2017.
<https://www.imdrf.org/docs/imdrf/final/technical/imdrftech-170921-samd-n41-clinicalevaluation1pdf>
7. IEC 62304:2006 Medical device software Software life cycle processes
<https://www.iso.org/standard/38421.html>
8. Brian Goemans. Medical device software standards.5 November 2015. See <http://www.emergogroup.com/resources/article>



- s/whitepapermedical-device-software-standards.
9. Zinchenko, V., Chetverikov, S., Akhmad, E., Arzamasov, K., Vladzymyrskyy, A., Andreychenko, A., & Morozov, S. (2022). Changes in software as a medical device based on artificial intelligence technologies. *International Journal of Computer Assisted Radiology and Surgery*, 17(10), 1969-1977.
10. Muller H, Mayrhofer M, Van Veen E, Holzinger A (2021) The ten commandments of ethical medical Ai. *Computer* 54(7):119–123.
11. Title 21 of the CFR – Food and Drugs. Available at: <https://www.ecfr.gov/current/title-21> Accessed November 28, 2021.
12. Food and Drug Administration. Mahana parallel digital cognitive behavioral therapy (CBT) mobile application for irritable bowel syndrome (IBS). Available <https://www.accessdata.fda.gov/cdrh/docs/pdf21/K211372.pdf> (Accessed October 27, 2022).
13. <https://www.fda.gov/media/119722/download> Published January 2019. Accessed January 25, 2019.
14. Food and Drug Administration. Digital health software precertification (Pre-Cert) program. Available at: <https://www.fda.gov/medical-devices/digital-health-centerexcellence/digital-health-software-pre-certification-pre-certprogram> (Accessed August 24, 2022).
15. Food and Drug Administration. The software precertification (pre-cert) pilot program: tailored total product lifecycle approaches and key findings (2022). Available at: <https://www.fda.gov/media/161815/download> (Accessed October 24, 2022).
16. Developing a Software Precertification Program: A Working Model; v1.0 – January 2019: <https://www.fda.gov/downloads/MedicalDevices/DigitalHealth/DigitalHealthPreCertProgram/UCM629276pdf>.
17. Software as a Medical Device (SaMD): Clinical Evaluation: [dicaldevices/deviceregulationandguidance/guidancedocuments/ucm524904.pdf](https://www.fda.gov/downloads/me)
18. The SaMD regulatory landscape in the US and Europe-<https://www.raps.org/news-and-articles/news-articles/2021/8/the-samd-regulatory-landscape-in-the-us-and-eu>
19. Zanca, F., Brusasco, C., Pesapane, F., Kwade, Z., Beckers, R., & Avanzo, M. (2022, October). Regulatory aspects of the use of artificial intelligence medical software. In *Seminars in Radiation Oncology* (Vol. 32, No. 4, pp. 432-441). WB Saunders.
20. Kahn, J. G., Yang, J. S., & Kahn, J. S. (2010). ‘Mobile’ health needs and opportunities in developing countries. *Health affairs*, 29(2), 252-258.
21. Yetisen, A. K., Martinez-Hurtado, J. L., da Cruz Vasconcellos, F., Simsekler, M. E., Akram, M. S., & Lowe, C. R. (2014). The regulation of mobile medical applications. *Lab on a Chip*, 14(5), 833-840.
22. See: <https://www.klara.com/>
23. See: <http://www.proteus.com/>
24. Pashkov, V., Gutorova, N., & Harkusha, A. (2016). Medical device software: defining key terms. *Wiadomości lekarskie*, 6, 813-817.
25. The Green Paper is available at: <http://ec.europa.eu/digitalagenda/en/news/green-paper-mobile-health-mhealth> Green Paper, p. 3
26. <https://www.mtractionenterprise.com/blog/role-of-healthcare-mobile-app-development-and-ai/>
27. McKinney, S. M., Sieniek, M., Godbole, V., Godwin, J., Antropova, N., Ashrafian, H., & Shetty, S. (2020). International evaluation of an AI system for breast cancer screening. *Nature*, 577(7788), 89-94.
28. Guetari, R., Ayari, H., & Sakly, H. (2023). Computer-aided diagnosis systems: a comparative study of classical machine learning versus deep learning-based approaches. *Knowledge and Information Systems*, 1-41.
29. Devnath, L., Luo, S., Summons, P., Wang, D., Shaukat, K., Hameed, I. A., & Alrayes, F. S. (2022). Deep ensemble learning for the automatic detection of pneumoconiosis in coal



- worker's chest X-ray radiography. *Journal of Clinical Medicine*, 11(18), 5342.
30. Aljuaid, H., Alturki, N., Alsubaie, N., Cavallaro, L., & Liotta, A. (2022). Computer-aided diagnosis for breast cancer classification using deep neural networks and transfer learning. *Computer Methods and Programs in Biomedicine*, 223, 106951.
 31. McCann, M. T., Ozolek, J. A., Castro, C. A., Parvin, B., & Kovacevic, J. (2014). Automated histology analysis: Opportunities for signal processing. *IEEE Signal Processing Magazine*, 32(1), 78-87.
 32. Hunter, B., Hindocha, S., & Lee, R. W. (2022). The role of artificial intelligence in early cancer diagnosis. *Cancers*, 14(6), 1524.
 33. Chandy, D. A. (2019). A review on iot based medical imaging technology for healthcare applications. *Journal of Innovative Image Processing*, 1(1), 51-60.
 34. <https://www.itnonline.com/channel/magnetic-resonance-imaging-mri>
 35. Gerke, S., Babic, B., Evgeniou, T. and Cohen, I.G., 2020. The need for a system view to regulate artificial intelligence/machine learning-based software as medical device. *NPJ digital medicine*, 3(1), p.53.
 36. Gordon, W.J. and Stern, A.D., 2019. Challenges and opportunities in software-driven medical devices. *Nature biomedical engineering*, 3(7), pp.493-497.
 37. Badnjević, A., Avdihodžić, H. and Gurbeta Pokvić, L., 2021. Artificial intelligence in medical devices: Past, present and future. *Psychiatria Danubina*, 33(suppl 3), pp.101-106.
 38. Pesapane, F., Volonté, C., Codari, M. and Sardanelli, F., 2018. Artificial intelligence as a medical device in radiology: ethical and regulatory issues in Europe and the United States. *Insights into imaging*, 9, pp.745-753