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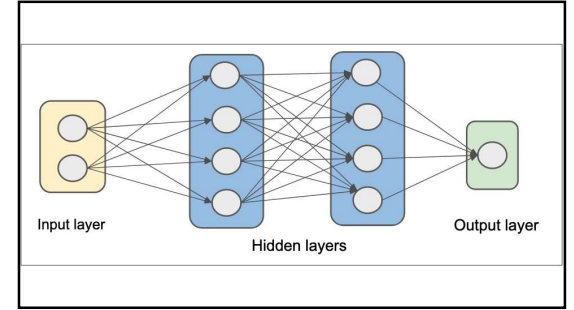
What is AI?

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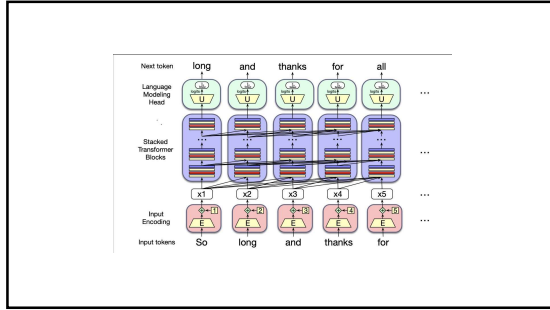
...It's just Mathematical Functions

$$y = f(x)$$

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Blah, Blah, Blah, Blah, Blah

8

How can I use this on Monday?

9

1. Patient Education

2. Clinical Decision Support

10

#1 Use is Patient Education

11

Doximity GPT for Patient Education

Overview of Doximity GPT:

- Personalized patient education materials
- High engagement with text messages
- Efficiency in addressing patient-specific questions
- >90% Response/Engagement with Text Messaging^{1,2}

1. Shuman, N., Nigam, S. & Caserio, P. M. Best practice for collecting repeated measure data using text messages. BMC Med Res Methodol 20, 2 (2020). <https://doi.org/10.1186/s12874-020-00892-2>

2. Nelson LA, Spinkler A, Greeny R, LeBoisgeon LM, WallstonKA, Mayberry LS
User Engagement Among Chronic Asthma in a 12-Month Text Message-Delivered Diabetes Support Intervention: Results from a Randomized Controlled Trial
JMIR Mhealth Uhealth 2020;8(7):e17534

12

My Numbers over last 12 months:

For the last 12 months we estimate:

- 625 Sent
- 458 Opened
- 73% open rate

Let us know if you have any other questions.
Thank you.


Brian Leslie
Support Specialist
Doximity Technical Support



13

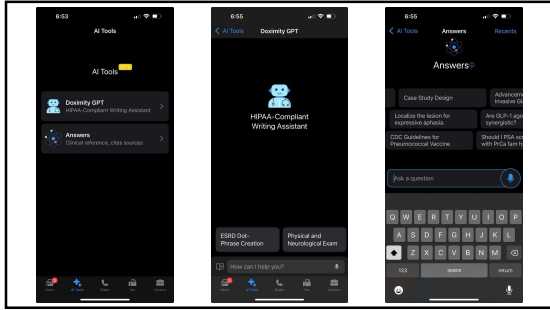
Patient Education

- New GPT
- HIPAA Compliant
- Patient Education
- Patient Instructions

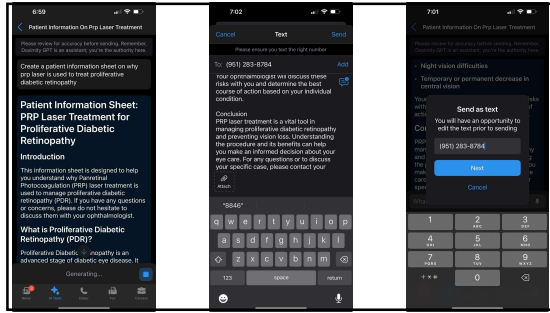


<https://www.doximity.com/>

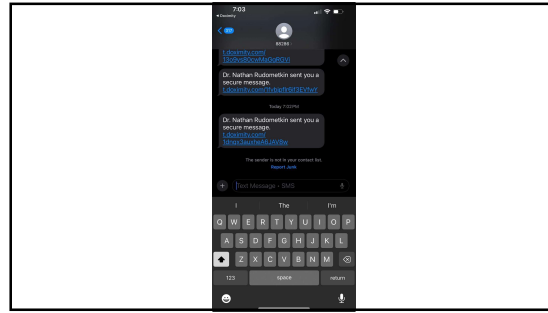
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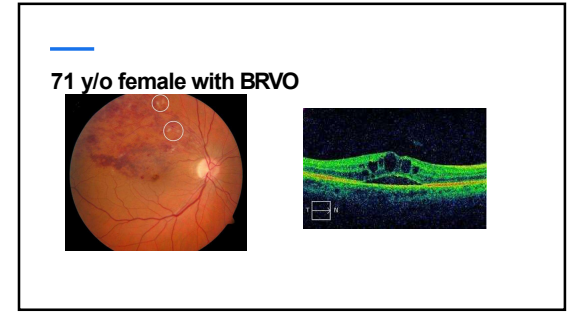
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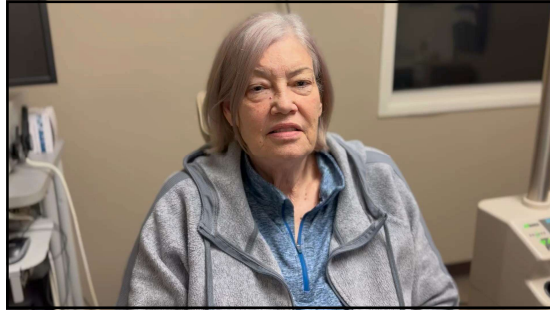
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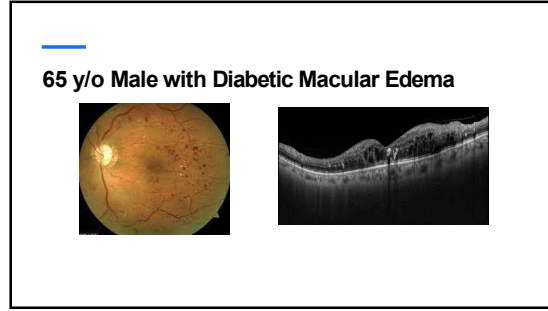
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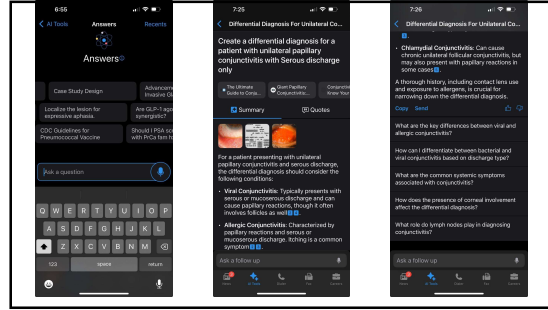


21

Creating Differential Diagnosis with ChatGPT

<https://chat.openai.com/?model=gpt-4>

22



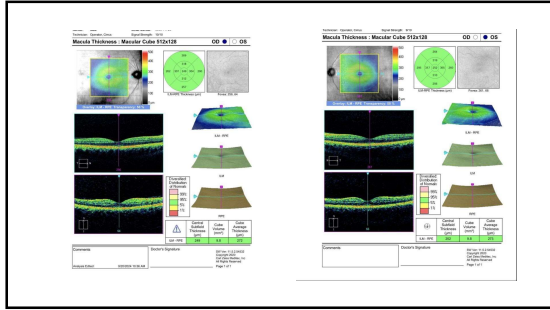
23

56 y/o old male with 6 months decreased vision at night. PMH: Cancer MEDS: Xelado, Folfox Cocktail (fluorouracil, leucovorin, and oxaliplatin).

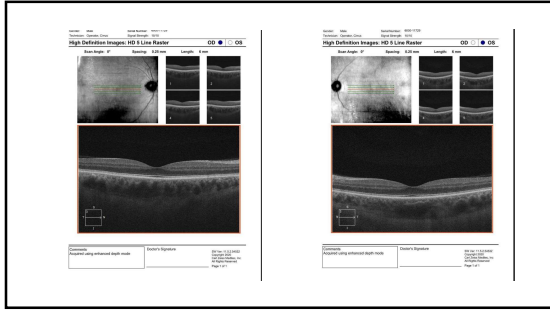
24

Exam:
VA 20/20 OU
Pupils Normal
SLE: wnl
DFE:
ONH-nl no pallor
Mac- wnl
Periphery-no pigment

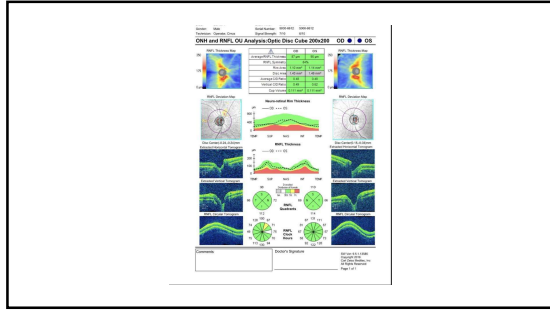
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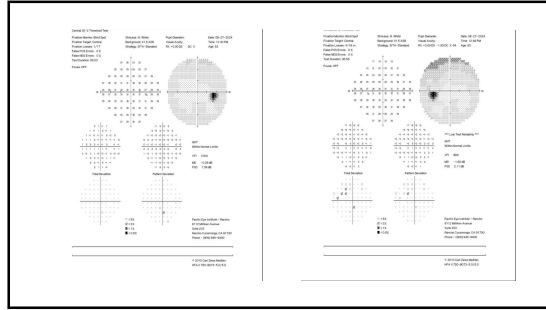
26



27



28



29

What Else can I do?
Send it to the University's Inherited Disease?
Ask ChatGPT?

30

High resolution funduscopy or a 30-year-old patient's history of gastric cancer concerns for both systemic and ocular conditions. There's a differential diagnosis organized by the category:

- 1. Ocular Causes**
 - Vitamin A deficiency**
 - Causes xerophthalmia, malabsorption (e.g., post-gastric surgery), dietary restrictions, chronic liver disease, cancer-related cachexia.
 - Retinitis pigmentosa**
 - Progressive hereditary retinal degeneration; night blindness is often an early symptom.
 - Cancer-associated retinopathy (CAR)**
 - Autoimmune process triggered by systemic cancer (e.g., small-cell lung cancer) leading to retinal degeneration.
 - Chemotherapy-related**
 - Common in breast, lung, or other systemic cancers, potentially affecting retinal function.
 - Optic neuropathy**
 - Tumor compression or radiation-induced damage to the optic nerve.
- 2. Neurological and Systemic Causes**
 - Paraneoplastic syndromes**
 - Autoimmune disorders associated with cancer (e.g., anti-receptor antibodies in CAR).
 - Metastatic involvement**
 - Metastatic lesions related to cancer treatments or the cancer itself.
 - Central nervous system metastases**
 - Direct or indirect involvement of the visual pathways.
- 3. Metabolic and Endocrine Disorders**
 - Diabetes**
 - Advanced diabetic retinopathy or optic nerve ischemia.
 - Chronic kidney disease**
 - Vitamin A metabolism alterations or secondary metabolic disturbances.
- 4. Medication-Related and Other**
 - Chemotherapy-related retinopathy**
 - Cytotoxic agents may cause direct retinal toxicity.
 - Radiation-induced retinopathy**
 - High exposure can be affected by posterior subcapsular cataracts.
- 5. Rare Causes**
 - Toxin retinopathy**
 - From medications (e.g., hydroxyflourouridine, farnesylol) or environmental toxins.
 - Infectious causes**
 - Opportunistic infections in immunocompromised states (e.g., CMV retinitis, syphilis, or toxoplasmosis affecting the retina).

Initial Workup Suggestions:

- History**
 - Detailed cancer history (type, treatment, progression).
 - Nutritional history, recent weight loss, or malabsorption symptoms.
 - Associated symptoms (e.g., chest pain, fatigue, nausea).
- Examination**
 - Comprehensive eye exam, including visual acuity, funduscopy, and visual field testing.
 - Look for pigmentary changes, retinal degeneration, or optic nerve abnormalities.
- Imaging and Labs**
 - Retinal OCT scans.**
 - Cancer markers or imaging** if paraneoplastic syndrome is suspected.
 - Autoimmune:** Serum antibodies (e.g., anti-RNase H, anti-RNAP, anti-RNAP2).
 - Electroretinogram (ERG)** for retinal function assessment.
 - Autoimmune panel** (e.g., anti-receptor antibodies).

31

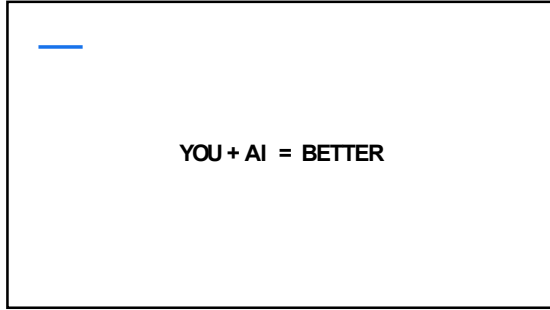
Putting it together:

- Cholangiocarcinoma (Bile Duct Cancer)
 - Bile duct tubes
 - Recently noted to have low vitamin D
- Sent for Serum Retinal Testing (vit A)
- Had Q appointment in 2 weeks
- Returned 5 weeks:
- Nearly resolved Night Blindness after one dose VITA

32

U + AI = BETTER

33



34



35
