INVITATION TO ATTEND STOP TB PARTNERSHIP FOCUS GROUP ON AI-BASED IMAGING FOR TB (FG-AITB) WEBINAR 5

Implementing CAD/AI and Ultra-Portable X-Ray - Experience from Pakistan

To share and learn from early implementation experiences of using ultra-portable X-ray devices and computer-aided detection (CAD/AI) software in high-burden countries, Stop TB Partnership is excited to invite you to this upcoming webinar: *Piloting CAD/AI and Ultra Portable X-ray in Pakistan - Implementation experiences and lessons learned from DOPASI Foundation*

Wednesday 20th July (8am Washington DC, 1pm Nigeria/DRC, 2pm Geneva, 3pm Kenya/Uganda, 5 pm Pakistan, 6pm Bangladesh, 7pm Vietnam, 8pm the Philippines)

WEBPAGE HERE:

Presentation	**Access recording below**
DOPASI Foundation https://docs.google.com/presentation/d/14_beu9AkASgH2KpDyjPA21b9cvc_FvvF/edit?usp=sharing&ouid=106144367183648595713&rtpof=true&sd=true	https://youtu.be/1WWc1pfNmO0

This webinar aims to share the experiences of DOPASI Foundation in Pakistan in implementing Ultra Portable X-Ray and CAD/AI, as well as lessons learned during implementation. There will also be the opportunity for attendees to ask questions and discuss any similar issues and experiences they may have faced in their own implementation journeys.

Wider objectives of this webinar and the Focus Group on AI-based Imaging for TB are:

- To facilitate south-south learning on early experiences and exchange lessons learned on CAD/AI and X-ray implementation.
- For Stop TB, USAID, IDDS and manufacturers to understand challenges in planning and implementation and identify solutions.

BACKGROUND

To meet global demand for support in rolling out CAD/AI and digital X-ray, Stop TB launched the Focus Group on AI-based Imaging for TB (FG-AITB), the first global platform that brings together implementers of CAD AI and X-ray.

This is the 3rd webinar of a series of webinars hosted by the FG-AITB to share results, challenges faced, and lessons learned from implementers of CAD/AI and X-ray from global country projects and beyond. Implementers will present their experiences in the webinar in the following thematic areas:

- Screening Algorithm involving CAD/AI and X-ray
- Radiation safety measures

        - The use of ultra-portable X-ray in community
    - Customs clearance & local radiation authority approval
    - Ultra-portable image quality
    - Product costs
    - Experience with the selected X-ray and CAD/AI vendor
    - Threshold score setting
    - Referral of X-ray abnormal presumptive patients
    - Linkage to confirmation test and treatment
    - X-ray CAD/AI data storage and backup
    - Interoperability with other health information systems
    - Data privacy and security measures
    - Quality control
    - Scaling up
    - Other lessons learned

Webinar 5 will focus on the activities and implementation in Pakistan by DOPASI Foundation as part of TB REACH Wave 6 grant.

TB REACH is an initiative of the Stop TB Partnership funded by the Government of Canada, the United States Agency for International Development, the UK's Foreign Commonwealth and Development Office (FCDO), the Bill & Melinda Gates Foundation, and the National Philanthropic Trust. TB REACH was created to test innovative solutions to improve TB case detection and care delivery. Since 2010, TB REACH has supported over 13 pilot projects using CAD/AI and digital x-ray which have successfully been implemented by various partners around the globe. TB REACH projects produced significant contributions to the global fight against TB, and have inspired partners, governments, TB-affected communities and other TB stakeholders to adopt and develop new TB innovations.

DOPASI Foundation - A vibrant nonprofit, working in health and related social sectors, committed to bringing about a visible and sustainable improvement in the quality of life of the underprivileged communities through effective implementation of integrated solutions. Dopasi pioneered the CXR through mobile x-ray devices and CAD equipped with AI in Pakistan in March 2020 in the country. The goal of the initiative was to intensify tuberculosis case detection in marginalized and key-at-risk coal miners in highly warranted areas of Pakistan, through an intensified active case-finding approach.

AGENDA (1.5 HOURS)

Facilitators: Zhi Zhen Qin (Digital Health Specialist, Stop TB Partnership)	**Time *(CEST)***
Welcome Remarks (TBC) **Dr. Ejaz Qadir,** Representative from National TB Control Program/ Common Management Unit for ATM in Pakistan	2:00 pm - 2:15 pm *15 mins*

Dr. Syed Karam Shah, Senior Advisor, Stop TB Partnership, Pakistan **Mr. Daisuke Fuji**, Project Manager of Tuberculosis and New Business, Medical Systems Division, FUJIFILM Corporation	
Experience sharing from the projects in Pakistan - Implementation experience and challenges **Ms. Kinz Ul Eman,** Director Programmes, Dopasi Foundation	2:15 - 3:00 pm *45 mins*
Q&A	3:00 - 3:25pm *25 mins*
Closing remarks **Dr. Ghulam Nabi Kazi,** Senior Advisor, Dopasi Foundation	3:25 - 3:30 pm *5 mins*

INVITED PARTICIPANTS

- National TB Programmes, USAID country missions,
- Implementers of digital X-ray with / without AI (iNTP, GF, LON etc)
- Delft Imaging Systems, Fujifilm
- Stop TB, USAID Washington and IDDS

Q/A SESSION

Q1: Thomas Chiang - Waiver to use lead screens or aprons: is this given by the Pakistan Nuclear Energy Dept. Do the manufacturers agree to this waiver as acceptable standards that can be replicable in other countries and settings?

Q1a: Thomas Chiang - Added to this, do we need a lead apron in a closed room such as an X-ray room?

A1: Daisuke - About the radiation safety, it depends on regulation by each country. FUJIFILM provides lead-apron together with devices. (Elaborated in the webinar, examples of Vietnam and Japan were shared)

A1: Kinza - Answered in webinar, mentioned distance requirements that need to be maintained to waiver.

A1a: Zhi Zhen - X Ray rooms usually have lead protection, hence not required. Daisuke on A1a: Radiation is quite low in Xair, and they follow the US guideline. Xair is super safe in terms of radiation exposure. by following ICRP (International commission on radiological protection).
【For Health workers radiation】

Leakage radiation(2m) = 0.001μSv

ICRP Guideline：1.67mSv/month

= 1.67 million shots/month

Q2: Zhi Zhen - Battery increased significantly from what to what?

A2: Kinza & Daisuke - Answered in webinar

Q3: Zhi Zhen - Threshold 15+, have done study, can you show some results. Still find below the score. Wasn't it too low that results in a lot of xpert testing?

A3: Kinza - Answered in Webinar. Kinza to share thesis report for participants

Q4: Zhi Zhen - Was dosimeter report recorded outside lead apron or from inside

A4:Kinza - from outside the lead apron

Q5: Clarice Ambale - Do the staff have to wear radiation dosimeter badges?

A5: Kinza - answered in webinar

Q6: Dr. Ejaz - asked in webinar

A6: Kinza - answered in webinar

Q7: Dr. Austin - Thanks Kinz for your very brilliant presentation. From your algorithm only persons identified as presumptive based on the threshold score are further evaluated bacteriologically or clinically. What's the pathway for clients who show symptoms of TB but have scores below the set threshold score for selection as presumptives?

A7: Kinza - Answered in webinar

Feedback Form