INVITATION TO ATTEND FOCUS GROUP ON AI-BASED IMAGING FOR TB WEBINAR 3

Implementing CAD and Ultra-Portable X-Ray - Experience from the Introducing New Tools Project - Nigeria

To share and learn from early implementation experiences of using ultra-portable X-ray devices and computer-aided detection (CAD) software in high-burden countries, Stop TB Partnership and USAID are excited to invite you to this upcoming webinar: CAD and X-ray in Nigeria: Implementation experiences and lessons learned on:

Thursday 5 May (8am Washington DC, 1pm Nigeria/DRC, 2pm Geneva, 3pm Kenya/Uganda, 6pm Bangladesh, 7pm Vietnam, 8pm the Philippines)

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<tr>
<th>Presentation</th>
<th>Access recording below</th>
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This webinar aims to share the experiences of Nigeria in implementing Ultra-Portable X-ray and CAD, 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 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 AI/CAD and digital X-ray, Stop TB launched the [Focus Group on AI-based Imaging for TB (FG-AITB)](https://drive.google.com/file/d/1aSj_U9zaTeOYxcD5QBCzojZv0GE9ieB7/view?usp=sharing), the first global platform that brings together implementers of CAD and X-ray.
Stop TB/USAID’s Introducing New Tools Project (iNTP) is the largest multi-country roll-out of CAD technology and ultra-portable X-ray systems to date. Under the project, 63 ultra-portable X-ray systems with perpetual and unlimited CAD software licenses are being provided to seven countries: Nigeria, Uganda, Vietnam, the Philippines, Bangladesh, Democratic Republic of Congo (DRC) and Kenya.

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

- Screening Algorithm involving CAD 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 vendor
- Threshold score setting
- Referral of X-ray abnormal presumptive patients
- Linkage to confirmation test and treatment
- X-ray CAD data storage and backup
- Interoperability with other health information system
- Data privacy and security measures
- Quality control
- Scaling up
- Multi-purpose screening (beyond TB, if applicable)
- Other lessons learned

Webinar 3 will zone on the iNTP project in Nigeria which received 10 Delft Light ultra-portable X-rays and CAD4TB software and was the first country to implement these tools under the project.

AGENDA (1 HOUR)

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<th>Facilitators: Zhi Zhen Qin (Digital Health Specialist, Stop TB Partnership)</th>
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<tr>
<td><strong>Welcome Remarks</strong></td>
<td>2:00 pm - 2:10 pm 10 mins</td>
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<tr>
<td>Dr Lucica Ditiu, MD (ED, Stop TB Partnership)</td>
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<td>Dr YaDiul Mukadi (Technical Advisor, USAID)</td>
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<td>Dr Anyaike Chukwuma (Director and National Coordinator, NTBLCP)</td>
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Experience sharing from the iNTP project in Nigeria
Implementation experience and challenges- KNCV- Eze Chukwu and IHVN- Jamiu Olabamiji

Q&A

Closing remarks

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

- Lucy Mupfumi (STBP): Great talk Eze. You mentioned your target population includes community hotspots, prisons, refugee camps. Have you been able to look at yield disaggregated by target population in order to see where the yield has been highest?
  - Yes. We track the populations screened in the e presumptive register and regularly monitor yield to inform prioritization in the deployment. Thus far greatest are from the correctional facilities, internally displaced persons camps. (Reply from Dr Berthrand KNCV)
- Felix Mboya (EGPAF KE): In sustainability who will be responsible for service maintenance of the machine, replacement of broken parts, EQA
  - @Felix, There is an existing service support agreement/warranty with DELFT for repairs and replacements for 3 years as part of the new Tools Package from USAID/STOP TB. At the expiration of the initial 3 years, existing TB funding streams in-country will be used to sustain the DELFT service support. (reply from Dr. Austin)
- Sein Sein Thi (Viet Nam): Thanks much for the great ppt. Are the cases identified below the threshold score of 50 clinically diagnosed cases? Are there any reasons for the difference in BCTB and CDTB proportion between the two projects? For quality assurance of radiology image and reading, do you have a panel of expert radiologists or one single radiologist per site? (Answered in session)
- Felix Mboya: Out of 234 only 187 evaluated(80%) what are the major challenges for missing 20%. Good diagnosis at 44% with Bac confirmed at 68% and clinical at 32% (Answered in session)
- Dr Lorraine Mugambi-Nyaboga (Kenya):Have you had any experience coupling AI enabled CXR with Trunat? What was your experience? (Answered in session)
- (slide Success Story 1) Sein Sein Thi (Viet Nam): In the screening of primary school kids, what is the age limit of using CAD?
  - CAD4TB is validated from 4 years of age (reply from Maurits Delft)
- Kenya team: What is the experience with the hanging of the bucky? (Answered in session)
- Kenya team: Justification of the ultra portable digital X-Ray machines in terms of KV,MAS? (Answered in session)
- Kenya team: Maximum cases per day can the machine manage to handle?
  - Hello Kenya team, if it's with the DLB about 200 exposures/cases can be made in a day. Thank you (Reply from Jethro Delft)
  - Xair can take more than 100 exposures per day when fully charged.
- Kenya team: Are there chances of a high score being clinically diagnosed and a low score being bacteriologically diagnosed? We have cases of low score(<50) with symptoms of TB being bacteriological diagnosed and cases of high score(>50) with or without symptoms of TB being Clinically diagnosed
- Elchin Mukhtarli: Is it a must to wear a lead apron for protection of radiation while shooting? Yes
- Dymat: For the radiologist who pays them? The NTP or other partners? Partners

THANK YOU FOR YOUR: FEEDBACK (kindly fill out this form using the link)