STOP TB FOCUS GROUP ON AI-BASED IMAGING FOR TB (FG-AITB) WEBINAR 6

Implementing CAD AI and Ultra-Portable X-Ray - Cambodia experience from the TB REACH Wave 7 project by Korean National Tuberculosis Association (KNTA)

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: *CAD AI and X-ray in Cambodia - Implementation experiences and lessons learned from the TB REACH Wave 7 project by: KNTA*

Friday 29th July (8am Washington DC, 1pm Nigeria/DRC, 2pm Geneva, 3pm Kenya/Uganda, 5.30 pm India, 6pm Bangladesh, 7pm Vietnam/Cambodia, 8pm the Philippines, 9 pm Korea)

WEBPAGE: HERE

Presentation	Access recording below
https://drive.google.com/file/d/157nKKic_QRMidRwW-zyRH81XcvBPmaYP/view?usp=sharing	https://youtu.be/odISKONIYv4

This webinar aims to share the experiences of Cambodia in implementing 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 AI/CAD 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 4th 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
- Digital X-ray image quality
- Product cost
- Experience with the selected X-ray and CAD AI vendor
- Threshold score setting
- Linkage to confirmation test and treatment
- X-ray CAD AI data storage and backup
- Data privacy and security measures
- Quality control
- Success Stories
- Scaling up
- Challenges
- Other lessons learned

Webinar 6 will focus on the TB REACH Wave 7 grant recipient KNTA's project in Cambodia.

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 innovation.

AGENDA (1 HOUR)

Facilitators: **Zhi Zhen Qin** (Digital Health Specialist, Stop TB Partnership)	**Time** *(CEST)*
Welcome Remarks **Dr Jacob Creswell**, TB REACH (Stop TB Partnership)	2:00 pm - 2:05 pm *5 mins*
Experience sharing from Cambodia: Implementing Ultra Portable X-ray and CAD/AI in Cambodia - KNTA **Jiyun Kim,** Manager / Int'l Dev Cooperation Team, Global Cooperation Institute, Korean National Tuberculosis Association Ms. Jiyun Kim has been working for the Korean National Tuberculosis Association since 2015. She was in charge of Mongolian project for 5 years and was dispatched to Cambodia two years ago for the project and manages several international TB projects in Korea now. She has a master of arts in International Studies (International	2:05 - 2:35 pm 30 *mins*

Development and Cooperation) and a bachelor of Chemistry.	
Q&A	2:35 - 2:55 pm *20 mins*
Closing remarks	2:55 - 3:00 pm *5 mins*

INVITED PARTICIPANTS
- National TB Programmes,
- Implementers of digital X-ray with / without AI
- Delft Imaging Systems, Fujifilm
- AI developer
- Stop TB,
- USAID

Q/A SESSION

Q1: Ngak Song (USAID Cambodia): Around 5000 people have been screened and token CXR. Did all patients come to the hospital for screening and take CXR or was it randomly or purposely selected for screening?
A1: Jiyun Kim (KNTA): Answered in session
Q1.1: Ngak Song (USAID Cambodia): Do you have additional data to share after the project? How many cases were detected in community ACF?
A1.1: Jiyun Kim (KNTA): Answered in session (4000 screened in community and found 80 patients)

Q2: Beatrice Mugi: The difficult to pick/missed lesions, were they missed on CAD, or by the clinical team?
A2: Jiyun Kim (KNTA): Answered question in session (CAD missed 3 cases)
Q2.1: Beatrice Mugi: What kind of laptops were being used and why was it a challenge?
A2.1: Jiyun Kim (KNTA): Answered in session

Q3:Jacob Creswell (TB REACH, Stop TB Partnership): Did the operator/radiographers use dosimeter/monitoring badge under the lead gown or in front?
A3: Jiyun Kim (KNTA): Answered in session. We had a dosimeter but as the MINES-II equipment we used has a relatively low risk of exposure to radiologists because the one-time exposure is 0.0027 mSv, which is only 2.5% of the usual exposure (0.1 mSv) for chest X-rays, we didn't often use it. The technician usually used a lead shield or wore a lead apron.

Q3.1: Zhi Zhen Qin (Stop TB Partnership): What are the radiation safety measures?
A3.1: Jiyun Kim (KNTA): Answered in session

Q4: Alex Durena (USAID): What were the main challenges experienced by the team in the field at the community level in using these machines?
A4: Jiyun Kim (KNTA): Answered question in session

Q5: Brenda (Kenya NTP): Thanks for the presentation. Sorry i may have missed this, what informed the use of cough for more than 2 weeks?
A5: Heejin Kim (KNTA): Answered in session Q5.1: **Brenda (Kenya NTP):** What is your recommendation on community based screening?
A5.1: Heejin Kim (KNTA): Answered in session (recommends taking CXR for all patients 15 years and above)
Q5.2: Brenda (Kenya NTP): Does Cambodia use just cough prevalence for more than 2 weeks?
A5.2: No. They check other TB symptoms as well.

Q6: N Phuong: Did you face any difficulties on connections between Xray modality and the CAD system? And can you give us any examples of these difficulties?
A6: Jiyun Kim (KNTA): Answered in session. Did not know many details as it was handled by the IT team but it took a long time to set-up.

Q7: Hamza Dahiru (Nigeria): When a person has symptoms, and screening as negative (Xpert), did you use CXR?
A7: Jiyun Kim (KNTA): Answered in session

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

WEBPAGE: https://www.stoptb.org/focus-group-ai-based-imaging-tb/fg-aitb-webinar-6-cambodia-experience