Applying Multi-modality Artificial Intelligence for Screening of Tuberculosis in a TB High-burden Large Rural Region in China

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Background and Challenge

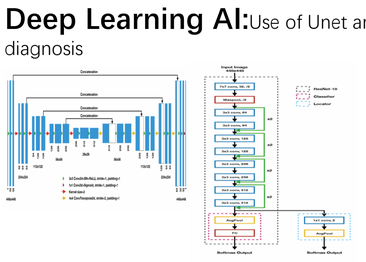
- In rural area, although radiological equipment including DR and CT are widely available, it lacks of skilled radiologists to interpret radiographs for active and MDR TB.
- Similarly, microscopy systems are also available but shortage of pathologists is even more serious.
- Use of multiple modality can improve the diagnosis accuracy but is challenging in rural area.
- Quick assessment using images can determine the effectiveness and resistance of drug treatment.
- Artificial intelligence can play very important roles for fast and early screening and diagnosis of TB.

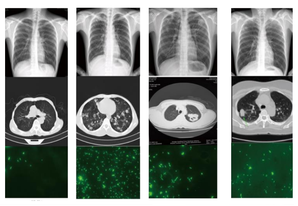
Motivation Objectives

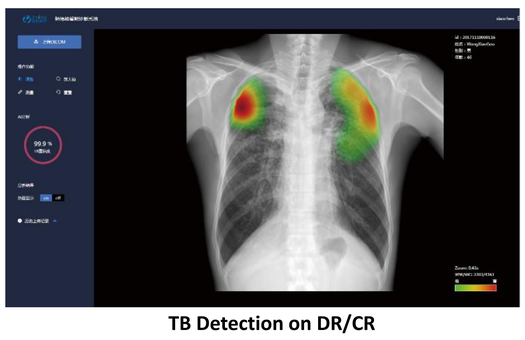
- We deployed Multi-modality AI (ERASE TB) in a high-burden large rural province affected by TB, Qinhai, to assist physicians in detecting TB in radiological and pathological images.
- Our study investigates the efficacy of ERASE TB to assist physicians in detecting TB at multiple hospitals located in Qinhai.

Technologies & Solutions

Deep Learning AI: Use of Unet and ResNet to generate optimal performance of the system in multi-modality diagnosis

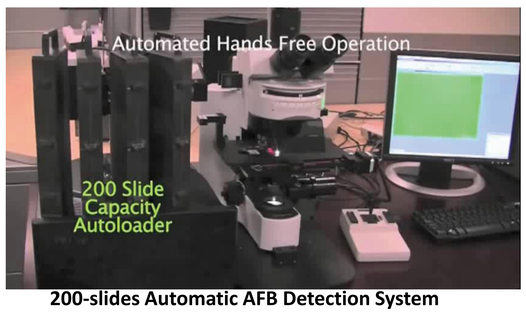




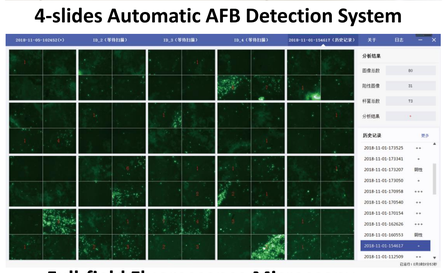


TB Detection on DR/CR

4-slides Automatic AFB Detection System

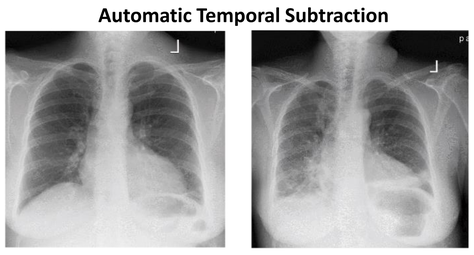


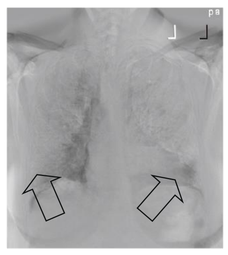
200-slides Automatic AFB Detection System



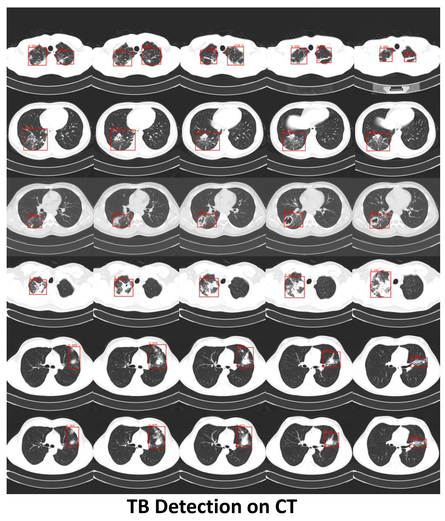
Full-field Fluorescence Microscopy

Automatic Temporal Subtraction



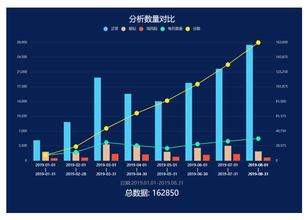


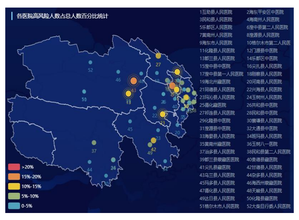
Highlight of Changes for Folow-up and Treatment Assessment

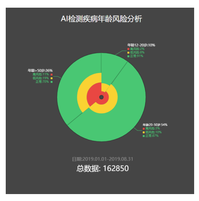


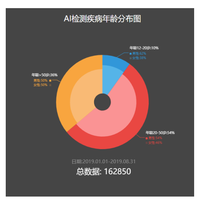
TB Detection on CT

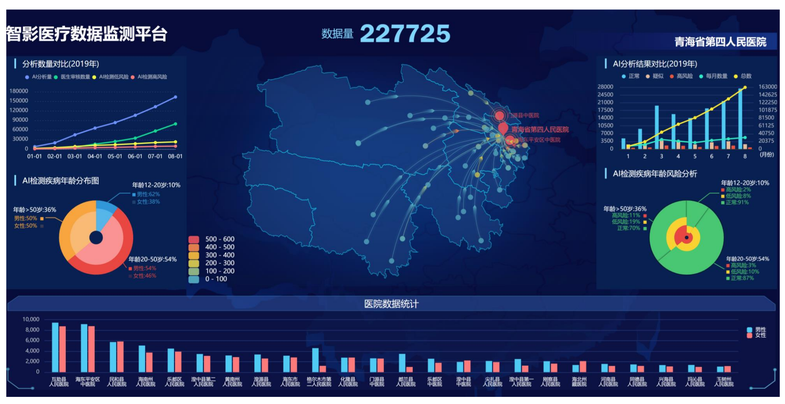
Results of Usages

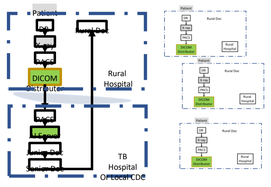


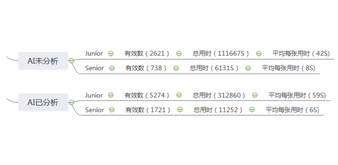








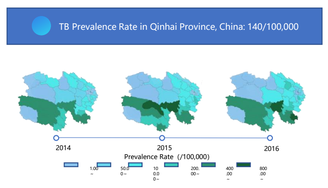




Deployment

Deployment Activities

Field Engineers travels mountain and river over thousands of miles to install



Installation Steps of AI

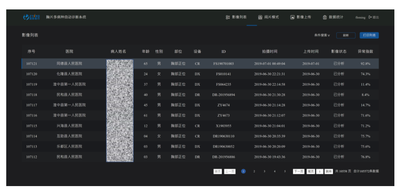
Over 70 rural hospitals

Installation of Image Collector Over 70 rural hospitals

Training

Routine Usage

TB AI installed in central TB Hospital



- Work list connected in PACS environment
- Automatically refresh the list
- Doctors use this list to perform diagnosis and generate
- reports

- AI automatically generates marks in image indicating different abnormalities
- Diagnostic reports (text) are also generated automatically based on AI performance
- Diagnostic reports will be changed if doctor changes the marks on the image

Summary & Conclusions

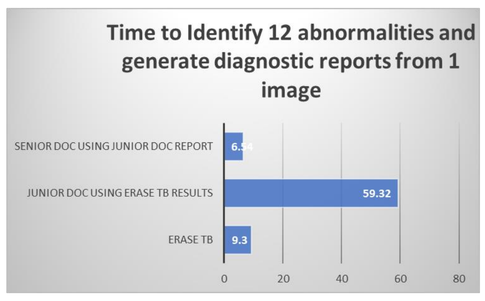
Clinical Results from Routine Large-Scale Usage

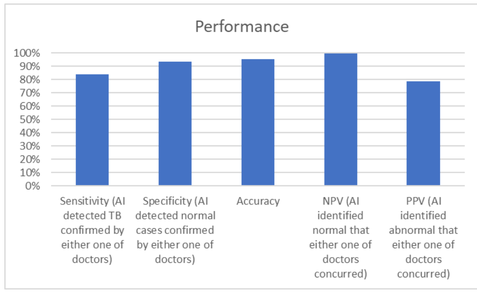
Within 8 months

- 70 rural hospitals and 1 central TB hospital connected with ERASE TB networks
- Over 8% adults have been processed by ERASE TB

- Analyze 20,000 – 30,000 each month to increase
- Screening rate
- Increase detection rate by 23%, compared to historical rate
- Alleviate the pain for the shortage of doctors
- Early detection of TB resulting in the detection of more MDR-TB

- In 10 sec, AI automatically screen 12 different abnormalities: TB, nodule, TB, infectious, cardiomegaly
- AI automatically generate text
- 30-60 min for doctor to generate reports for patients





Conclusions

- Large-scale routine usage of AI in China for TB screening
- AI can improve the performance to screen TB especially in the rural area where doctors are not enough.
- Installation of multi-modalities will further improve the performance to identify more TB

Collaboration Organization

ZYING 智影医疗 · NIH U.S. National Library of Medicine · 北京大学深圳医院 PEKING UNIVERSITY SHENZHEN HOSPITAL · 首都医科大学附属北京佑安医院 Beijing YouAn Hospital, Capital Medical University · 北京市肝病研究所 Beijing Institute Of Hepatology · 深圳疾控 SHENZHEN CDC · Beth Israel Deaconess Medical Center · 广州医科大学附属第一医院 THE FIRST AFFILIATED HOSPITAL OF GUANG ZHOU MEDICAL UNIVERSITY