



2015 PRESIDENT'S ANNUAL REPORT

Veronica Donoghue,
Presented by Gloria Soto

Founding Societies



the Society for
Pediatric Radiology



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- ◆ AOSPR- Bernard Laya, Abrah Hayat
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- ◆ SLARP- Celia Ferrari, Alexandra Monteiro
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WFPI Strategic Priorities



- ◆ Communication and collaboration between pediatric imaging practitioners, via their organizations
- ◆ Advocating for appropriate practices and resource allocation for children
- ◆ Education
- ◆ Patient safety, in particular radiation safety and protection
- ◆ Outreach and training in lower resource settings
- ◆ Research
- ◆ Provision of information & resources



Regional Societies



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WFPI Annual report 2015



- ◆ Tele-reading
- ◆ Affiliated outreach
- ◆ Childhood TB
- ◆ WHO CREST Project
- ◆ FOCUS POCUS (British Society of Pediatric Radiology)
- ◆ Parallel imaging outreach
- ◆ Child imaging safety

- ◆ Education
- ◆ Publications
- ◆ IDOR
- ◆ Strategic framework
- ◆ By-laws revisions
- ◆ ACR Foundation's Global Humanitarian Award.
- ◆ Treasurer's report

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WFPI Telereading



- ▶ Provision of pediatric tele-reporters to support WFPI and DWB / MSF's global telemedicine networks using platforms and technology already set up in project site
- ▶ WFPI: 37 Tele-volunteers, 20 TB Hotline volunteers
- ▶ Collegium Telemedicus Tele-platform



Greg Baker, Cicero Silva

LEGAL CAVEAT The WFPI only gives advice via its tele-reporting work. We offer medical colleagues working at the patient's bedside an opinion which he/she can use (or not) as he/she thinks fit. The legal responsibility for the patient remains with the onsite colleague

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Telereading 2015



Laos Friends Children's Hospital for Children

- ◆ Newly installed US and portable X- ray unit (10 exams /day)
- ◆ No radiologist

Performance overview

- ◆ **May 2015- March 2016-** over 500 cases referred to WFPI



- ◆ **February 2016**

- ◆ 104 cases referred: Average (median) allocation delay: 0.38 hours
- ◆ Average (median) time to first response: 3.46 hours

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Telereading 2015



Angkor Hospital for Children > 100 referrals

- ◆ 103 bed charity hospital
- ◆ X-ray and ultrasound
- ◆ 1 radiologist (plans to train a physician as pediatric radiologist)
- ◆ WFPI coordinators and tele-readers: Veronica Donoghue and Eva Kis. Project identified by Dr. Catherine Owens/Royal College of Radiologists, UK



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Telereading 2015



Other WFPI Programs

- Maputo Central Hospital, Mozambique
 - WFPI tele-volunteers include Drs. Ricardo Faingold , Cicero Silva, Ines Boechat, Denise Castro and Henrique Lederman. Dr. Carolina Guimaraes (standby for neuro)
- Bustamante Children's Hospital, Kingston, Jamaica
 - WFPI coordinator: Dr. Ramon Sanchez. Project identified by Dr. Ramon Sanchez and PAHO/WHO.



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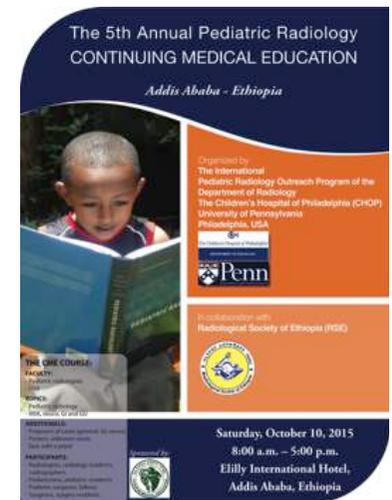
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Other WFPI-affiliated outreach



CHOP outreach program conducted in Ethiopia, under the auspices of the WFPI.

- ▶ October 2015: 5th Annual CME course in Pediatric Radiology, Addis Ababa, Ethiopia (Kassa Darge)
 - ◆ 1-day national course
 - ◆ 150 participants: primarily radiology residents and radiologists
 - ◆ 80%-90% of the radiologists in the country)



Other WFPI-affiliated outreach



WFPI Laos Trip (sponsored with WFPI outreach funding)

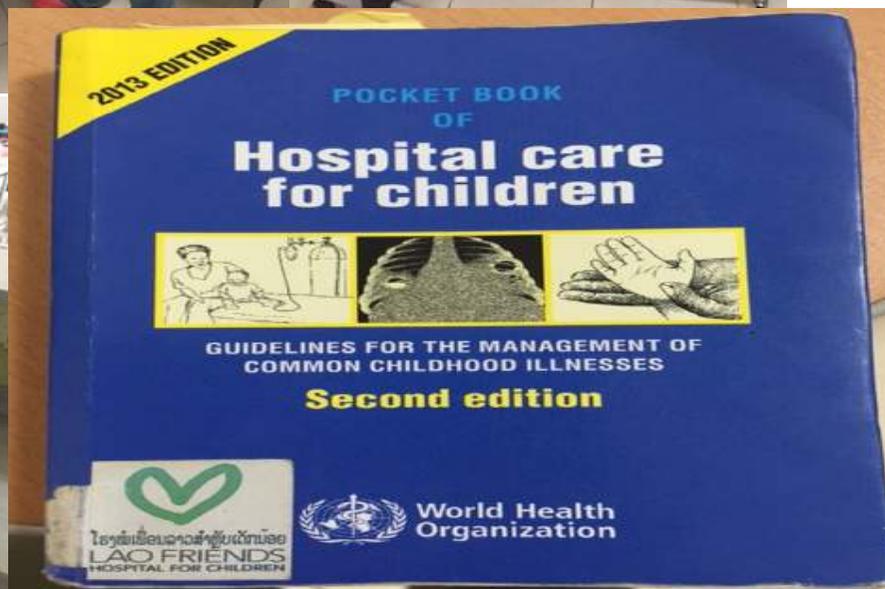
- ◆ Team lead Dr. Ramdas Senasi



Teaching/training report, Lao Friends Childrens Hospital, March 2016



Radiology



What did we do?



Assessment and recommendations

1. Further training for technicians
2. Radiation protection
3. Streamline teaching by Radiologists
4. MDT approach
5. Controlled approach to POCUS
6. WFPI support for complex cases

WFPI TB group



Imaging in Childhood TB plays an important role – **if reliable interpretation is at hand.**

Objectives

- Gather the world's childhood TB imaging experts in one place, optimizing the help they can provide
- Impact on Childhood TB diagnosis using radiology in low resource areas

20 members from 12 countries

Prof. Bernard Laya (Manila, Philippines) heads the Group.



Members

- **Bernard Laya (Philippines): LEAD**
- Mariaem Andres (Philippines)
- Savvas Andronikou (South Africa)
- Omolola Atalabi (Nigeria)
- Eric Chong (Panama)
- Nathan David P. Concepcion (Philippines)
- Rupesh Gautam (Nepal)
- Heleen Hanekom (South Africa)
- Hamzaini Abdul Hamid (Malaysia)
- In-One Kim (Korea)
- Tracy Kilborn (South Africa)
- Supika Kritsanepaiboon (Thailand)
- Henrique Lederman (Brazil)
- Gladys Mwangi (Kenya)
- Jaishree Naidoo (South Africa)
- Bishnu Sigdel (Nepal)
- Kushaljit Singh Sodhi (India)
- Jacqueline Austine Uy (Philippines)
- Roy Vizcarra (Philippines)
- Lavinia Wesley (Panama)

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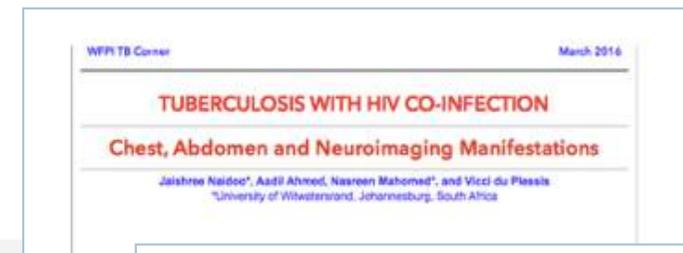
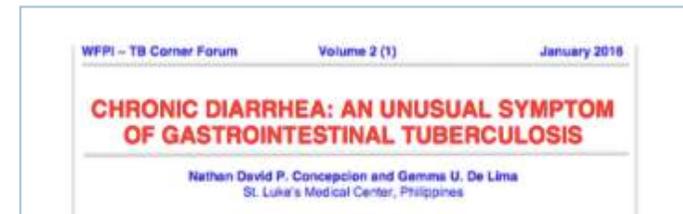
WFPI TB Group



WFPI TB Corner

- Literature produced by WFPI's Childhood TB Group (1 new article /2 months; open access)
- Lectures & videos from our Childhood TB group
- TB work with ISR
- More TB websites and literature

WFPI TB Hotline for interpretation support



Childhood TB



WFPI TB Corner March 2016

TUBERCULOSIS WITH HIV CO-INFECTION

Chest, Abdomen and Neuroimaging Manifestations

Jalshree Naidoo*, Aadil Ahmed, Nasreen Mahomed*, and Vicci du Plessis
*University of Witwatersrand, Johannesburg, South Africa



Collaboration for dissemination of WFPI TB Group literature, World TB Day: Radiopaedia, ISR, Imaging the World, RAD-AID

WFPI TB Corner November 2015

THE MANY FACES OF HEPATIC TUBERCULOSIS

Cross-sectional Imaging Manifestations

Vincent R. Tatco, Maria Margarita A. Mejia-Santos and Jacqueline Austine U. Uy
St. Luke's Medical Center, Philippines

Abstract

Hepatic tuberculosis is rare but its incidence is increasing. In imaging, it presents with different appearances and can mimic a variety of other conditions. A high degree of suspicion combined with appropriate diagnostic modalities greatly aid in the timely diagnosis of the disease. The aim of this review article is to illustrate and discuss the various patterns of hepatic TB on ultrasonography, computed tomography and magnetic resonance imaging.

Introduction

Tuberculosis (TB) is an old disease presenting with new faces in the advent of more advanced cross-sectional imaging. It typically affects the lungs but can affect other organs of the body (extrapulmonary). During the latter half of the twentieth century, a dramatic decrease in the incidence of TB was seen in the world as a result of improved nutrition, reduced crowding, public health measures, and effective treatment. But in recent years, there has been an increase in incidence of TB due to several causes, including AIDS epidemic, intravenous drug abuse, increase in the number of immunocompromised patients, and emergence of drug-resistant strains of TB bacilli. Hepatic TB is one of the manifestations of extrapulmonary TB.

Key Facts

Hepatic TB

- less than 1% of all TB cases
- may present in any age group, but is most common among young adults.
- may occur primarily or as part of disseminated disease
- routes of propagation:
 - hepatic artery (miliary TB)
 - portal vein (localized hepatic TB)
 - lymphatic spread
- clinical presentations and imaging findings are often nonspecific.
- biopsy is often needed to obtain definitive histological diagnosis

WFPI TB Corner March 2016

TUBERCULOSIS WITH HIV CO-INFECTION

Chest, Abdomen and Neuroimaging Manifestations

Jalshree Naidoo*, Aadil Ahmed, Nasreen Mahomed*, and Vicci du Plessis
*University of Witwatersrand, Johannesburg, South Africa

Introduction

Tuberculosis (TB) being the leading infectious cause of mortality in HIV infected children, remains an important health problem worldwide (1). In sub-Saharan Africa the incidence of TB has reached epidemic proportions due to the coexistence of the retroviral epidemic (2). HIV infection increases the risk of reactivating latent Mycobacterium tuberculosis (MTB) infection and of rapid TB progression soon after infection or reinfection with MTB (3).

We discuss the common imaging manifestations of TB and HIV co-infection in the chest, abdomen, genitourinary and central nervous system.

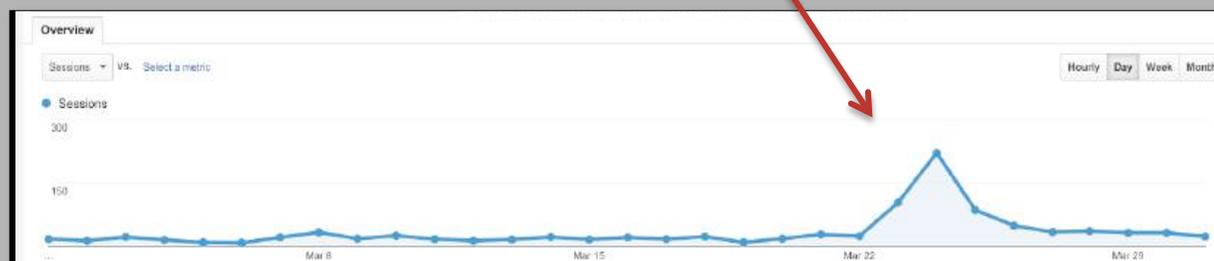
Chest Involvement

HIV infected children have an increased risk of developing complicated pulmonary TB and the risk of TB disease increases with severe immune suppression (4). A South African study found that in a setting with high HIV and TB prevalence, hospitalization of culture-confirmed PTB cases is frequently precipitated by pneumococcal (bacterial) co-infection (5).

The radiological diagnosis of pulmonary TB is difficult in HIV-infected children owing to non-specific clinical signs and limited use of the tuberculin skin test (4, 6). Due to the difficulty in obtaining microbiological confirmation of pulmonary TB in HIV-infected children, diagnosis often relies on a combination of clinical and radiological findings (7-8). Chest X-rays are the standard imaging modality of choice for the diagnosis of pulmonary TB in children in developing countries like South Africa, due to the high HIV and TB disease burden and limitations in resources like Computer Tomography (CT) of the chest (1, 4, 6, 9).

The "radiologic hallmark" of primary childhood TB is hilar and/or mediastinal lymphadenopathy on chest X-ray (Fig. 1) (8, 10-11). Other important chest X-ray findings associated with pulmonary TB are miliary infiltrate (nodules <1 mm) (Fig. 2), and pulmonary cavitation (Fig. 3) (7). Air space consolidation is a very non-specific finding in primary PTB, but in combination with intrathoracic lymphadenopathy is highly suggestive of pulmonary TB (Fig 1). Pleural effusions are uncommon in infants and young children and are more common in children over 5 years with

Visit surge to WFPI's website, TB Corner, on World TB Day, March 24th 2016



WHO Chest Radiography in Epidemiologic Studies project - Nasreen Mahomed



WFPI

Introduction

- Pneumonia is the leading infectious cause of morbidity and mortality in children < 5 years globally
- Streptococcus pneumoniae (pneumococcus) and Haemophilus influenzae type b (Hib) are the most important causes of vaccine-preventable deaths in children <5 years

Black RE, Cousens S, Johnson HL, et al. Global, regional, and national causes of child mortality in 2008: a systematic analysis. Lancet. 2010 Jun 5;375(9730):1969-87.

O'Brien KL, Wolfson LJ, Watt JP, et al. Burden of disease caused by Streptococcus pneumoniae in children younger than 5 years: global estimates. Lancet. 2009 Sep 12;374(9693):893-902.

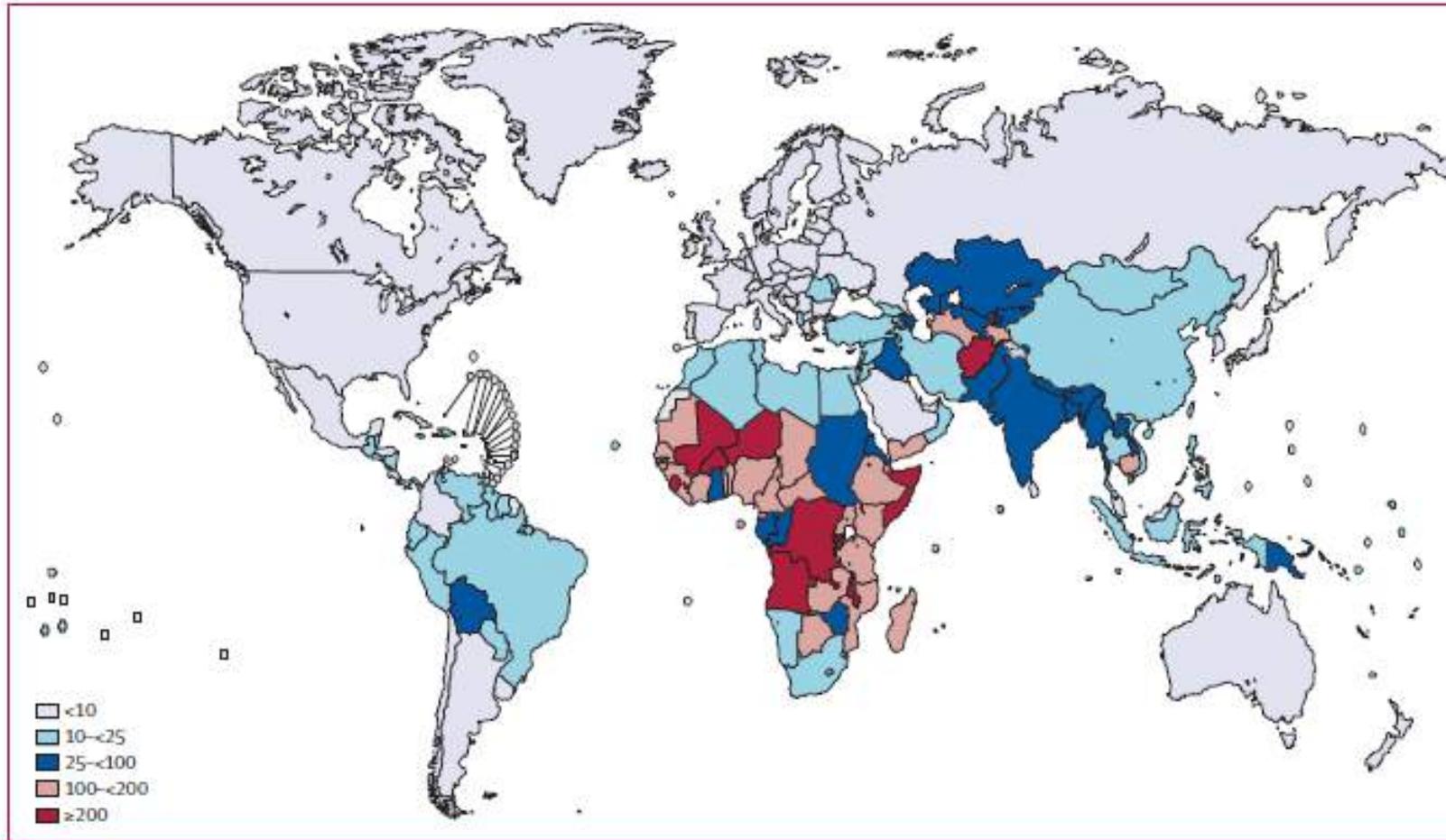
Watt JP, Wolfson LJ, O'Brien KL, et al. Burden of disease caused by Haemophilus influenzae type b in children younger than 5 years: global estimates. Lancet. 2009 Sep 12;374(9693):90

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Hib Global Mortality Map (Lancet 2009)



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WHO Radiology Working Group



- Radiographic pneumonia is used as the outcome measure in vaccine efficacy trials and pneumonia epidemiological studies in children
- A standardized methodology for defining chest X-Ray pneumonia was developed by the WHO Radiology Working Group (initially established in 1997)

Standardized interpretation of paediatric chest radiographs for the diagnosis of pneumonia in epidemiological studies

Thomas Cherian,¹ E. Kim Mulholland,² John B. Carlin,³ Harald Ostensen,¹ Ruhul Amin,⁴ Margaret de Campo,⁵ David Greenberg,⁶ Rosanna Lagos,⁷ Marilla Lucero,⁸ Shabir A. Madhi,⁹ Katherine L. O'Brien,¹⁰ Steven Obaro,¹¹ Mark C. Steinhoff,¹² & the WHO Radiology Working Group

Background Although radiological pneumonia is used as an outcome measure in epidemiological studies, there is considerable variability in the interpretation of chest radiographs. A standardized method for identifying radiological pneumonia would facilitate comparison of the results of vaccine trials and epidemiological studies of pneumonia.

Methods A WHO working group developed definitions for radiological pneumonia. Inter-observer variability in categorizing a set of 222 chest radiographic images was measured by comparing the readings made by 20 radiologists and clinicians with a reference reading. Intra-observer variability was measured by comparing the initial readings of a randomly chosen subset of 100 radiographs with repeat readings made 8–30 days later.

Findings Of the 222 images, 208 were considered interpretable. The reference reading categorized 43% of these images as showing alveolar consolidation or pleural effusion (primary end-point pneumonia); the proportion thus categorized by each of the 20 readers ranged from 8% to 61%. Using the reference reading as the gold standard, 14 of the 20 readers had sensitivity and specificity of ≥ 0.70 in identifying primary end-point pneumonia; 13 out of 20 readers had a kappa index of > 0.6 compared with the reference reading. For the 92 radiographs deemed to be interpretable among the 100 images used for intra-observer variability, 19 out of 20 readers had a kappa index of > 0.6 .

Conclusion Using standardized definitions and training, it is possible to achieve agreement in identifying radiological pneumonia, thus facilitating the comparison of results of epidemiological studies that use radiological pneumonia as an outcome.

Public Health (2018) 11:837–848
DOI 10.1038/s41585-018-0203-7

MINISYMPOSIUM

Radiologic diagnosis of chest infection in children: WHO end-point consolidation

Nasreen Mahomed · Shabir A. Madhi

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Pneumonia caused by Streptococcus pneumoniae is the leading cause of morbidity and mortality in children younger than 5 years, with pneumococcal conjugate vaccine providing an opportunity to reduce the burden of illness [1]. In 2007 the World Health Organization (WHO) coordinated global campaigns of the 7-valent pneumococcal conjugate vaccine (PCV-7), with priority introduction in countries with a < 5 -year-old child mortality rate of $> 80/1000$ live births, in countries where $> 50,000$ children die annually and in countries with a high prevalence of human immunodeficiency virus (HIV) [2].

Because radiologic diagnosis of pneumonia is used as the outcome measure in epidemiological trials, a standardized method for radiologically diagnosing pneumonia was developed by the WHO radiologic working group (initially established in 1997) to provide a consensus method for reading chest radiographs in vaccine efficacy and epidemiological trials of pneumococcal [3]. End-point consolidation was defined as a dense or fluffy opacity that occupied a portion of a lobe or an entire lung, with or without air bronchograms. Primary and pyogenic pneumonia was defined as end-point consolidation or pleural effusion involving the lateral pleural space and associated with pulmonary parenchymal collapse or an effusion that “obscured

vaccine serotype and/or fluoro-resistant invasive pneumococcal disease among HIV-infected and non-HIV-infected South African children [4]. A post hoc analysis of the South African PCV trial, however, suggested WHO radiologic end point under-estimated the burden of pneumonia prevented by vaccination [5]. This could be attributed to the predetermined chest radiograph end point being geared toward improved specificity rather than sensitivity [5] in the United States, where the introduction of 9-valent pneumococcal conjugate vaccine immunization has resulted in a 36% reduction in all-cause pneumonia, many children included were unlikely to have fulfilled the WHO predetermined end point of “radiologically confirmed” pneumonia [7].

The current aim of the WHO is to reestablish a radiology working group with the objective of providing a more sensitive end point for radiologically confirmed pneumonia, without compromising specificity, with which to measure vaccine effectiveness in preventing pneumonia. This would be important to assess international studies evaluating the full public health benefits of immunization with pneumococcal conjugate vaccine and pneumonia epidemiological studies.

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WHO Chest Radiography in Epidemiologic Studies (CRES) project



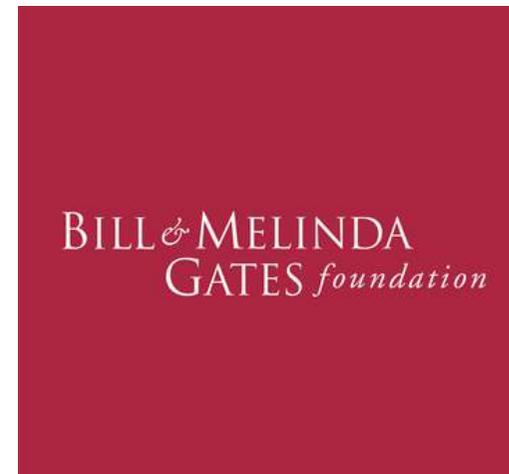
- Continuation of the work of the WHO Radiology Working Group
- The primary outcomes:
- Develop clarifications to the definitions of the current WHO methodology for the interpretation of pediatric chest X-rays
- To develop an updated library of digital chest X-rays with standardized interpretations
- To provide guidance on training methods for the use of the updated WHO methodology
- To provide recommendations on chest X-ray quality optimization

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WHO Chest Radiography in Epidemiologic Studies project



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FOCUS POCUS and the British Society of Pediatric Radiology support of a South African pneumonia program



Cant work without a team.....enter Karen Chetcutti

SAVVAS ANDRONIKOU

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Support of outreach by the Journal and Activity of the BSPR for POCUS



Pediatr Radiol
DOI 10.1007/s00247-016-3624-9



LETTER TO THE EDITOR

Establishing a national paediatric radiology global outreach group — recent developments in the British Society of Paediatric Radiology

Will Loughborough¹ · Kishore Minhas² · Karen Chetcuti³ · Savvas Andronikou⁴

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Dear Editor,
Pediatric Radiology published a minisymposium in 2014 titled “World Federation of Pediatric Imaging”, composed of multiple commentaries from paediatric radiologists involved in global outreach projects [1]. The symposium discussed the work of the World Federation of Pediatric Imaging (WFPI), which aims to unite, broaden representation and pool resources of existing national paediatric radiology societies involved with global outreach [2]. Currently, international efforts of the WFPI are largely through representation and efforts of interested individuals. Progress within WFPI and a unified global movement depend upon effective work within national paediatric radiology societies. We highlight the developments within a recently formed global outreach group within the British Society of Paediatric Radiology (BSPR).

The BSPR outreach group was conceived in a session titled “Supporting Paediatric Radiology in Low-Resource Settings”,

which took place at the most recent BSPR conference. The session consisted of presentations on basic concepts of imaging in resource-poor environments and personal experiences of how outreach relationships can be nurtured and sustained. It was well attended by delegates and BSPR committee members. The concluding interactive session served as the perfect platform for initiating dialogue relating to outreach amongst delegates and for securing the support of the BSPR committee for the formation of an outreach group. BSPR officers were enthusiastic about offering funds for future activities of the group.

Global outreach in radiology can take various forms, from the exchange of dialogue and images via teleradiology, to on-site training of medical personnel. The scope of this outreach specialist group is to facilitate the exchange of expertise and knowledge in the context of global health and to create opportunities and channels through which BSPR members can pursue a like-minded passion through a common goal. A key aim of the group is to support proposed global outreach radiology projects. As an example, a current hot topic in radiology outreach is point-of-care ultrasound, which is a goal-focussed procedure for clinicians aimed at answering a specific question (for example hydrocephalus in infants) [3]. The BSPR group is likely to provide opportunities for teaching this skill in the future.

The scope and aims of the outreach group will be fulfilled through a robust communication network connecting members who express interest in actively participating in the group. Interested members will preferentially receive email updates regarding outreach opportunities and news. Furthermore, a space dedicated to the outreach group on the BSPR website will serve as a noticeboard for global outreach opportunities and will be available to all BSPR members to access.

Projects instigated by the BSPR outreach group are more likely to be successful if there is close collaboration with established global outreach groups such as RaDAID, Médecins Sans Frontières and Imaging the World, under the

1. We have an outreach team formed in the UK and we will push the POCUS from here
2. This is published in a Ped Rad article
3. 3 readers for the Cape Town POCUS study for pneumonia are from UK
4. POCUS for pneumonia the focus of the BSPR outreach group.....
5. Trip to South Africa to teach pocus in November using BSPR support – in motion
6. Combined with a TB training trip in the Eastern Cape of South Africa
7. Collecting video material of POCUS for pneumonia with the SA team - in progress

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Bristol Royal Hospital for Children and the University of Bristol,
Bristol, UK

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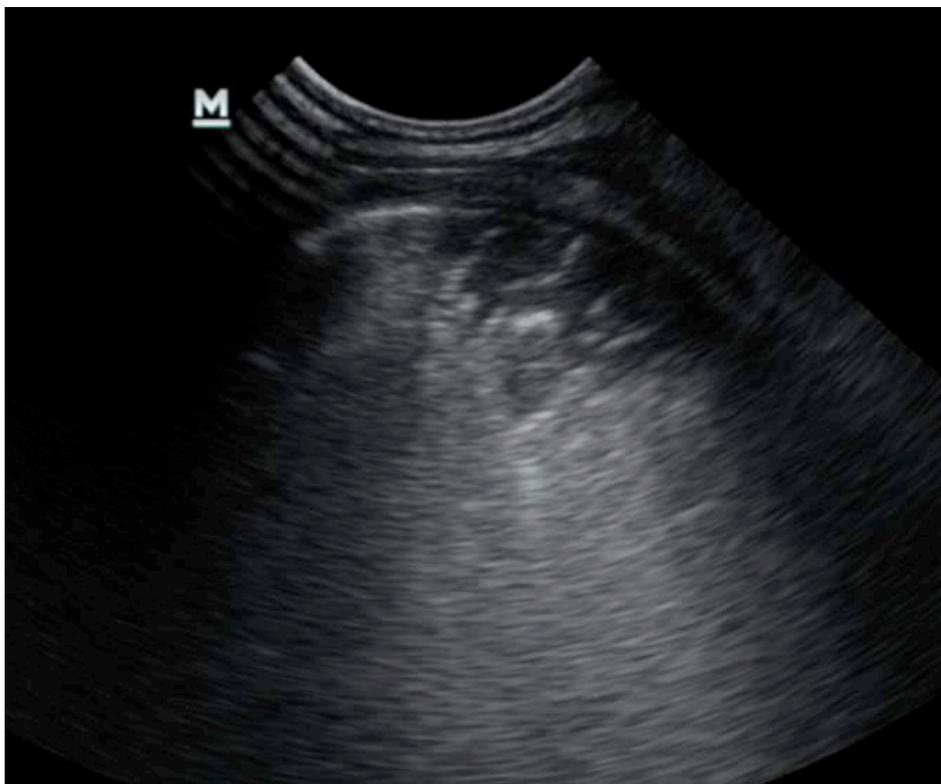
Support chest US for pneumonia in South Africa - this is Attie who is the medical officer on the ground. He is filming some of his work for training



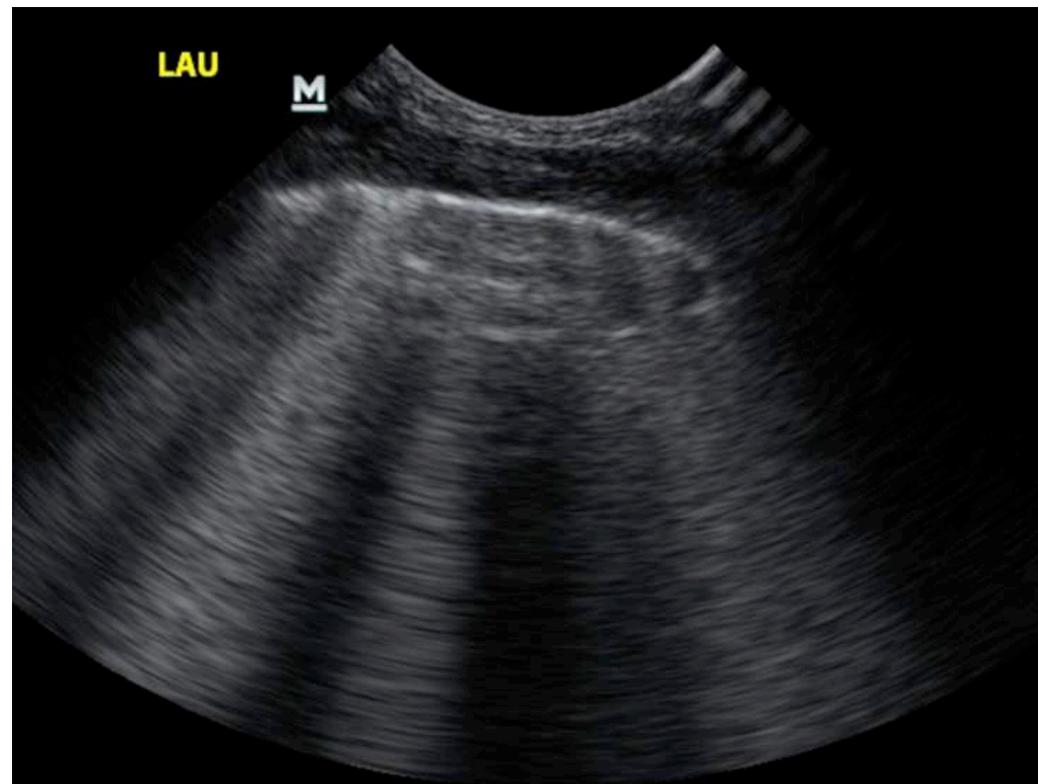
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These are examples of pathology from the project using a Mindray DP10 - we have read 100; 500 to go



Pneumonia - hypoechoic and air-bronchograms



Excessive B-lines of interstitial syndrome

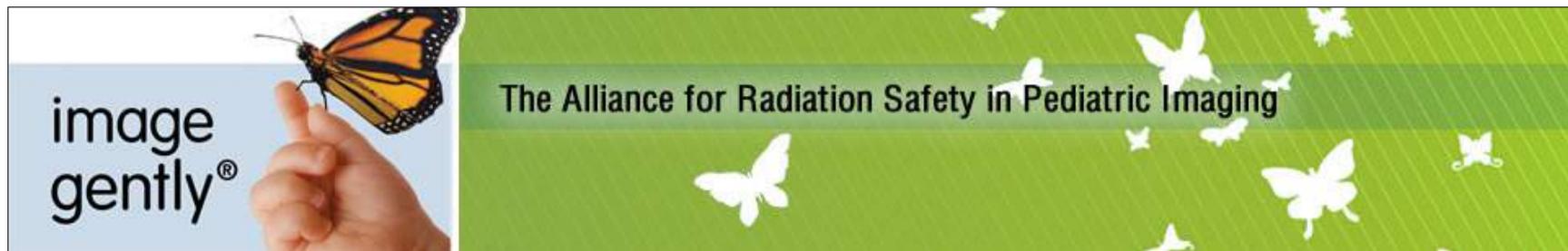
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Child imaging safety



- ▶ Links established between Image Gently, EuroSafe, AfroSafe, LatinSafe, WHO, IAEA
- ▶ Formal link between WFPI and Image Gently during 2015 – Dr. Kimberley Applegate takes part in committee meetings as Board member

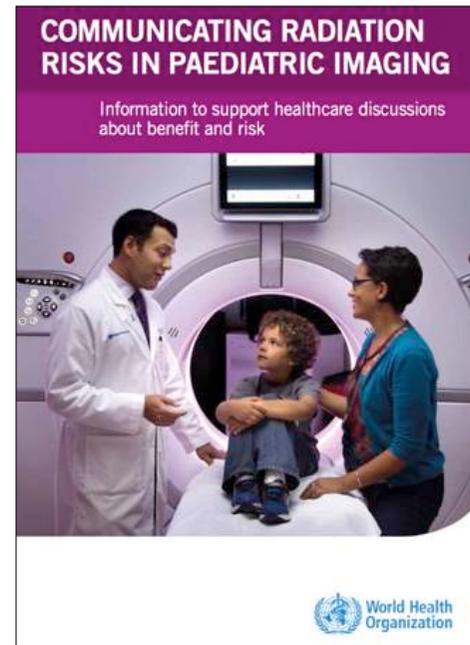
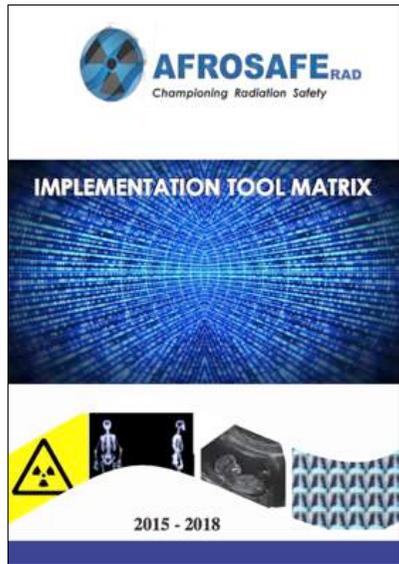


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Notable patient safety initiatives, 2015

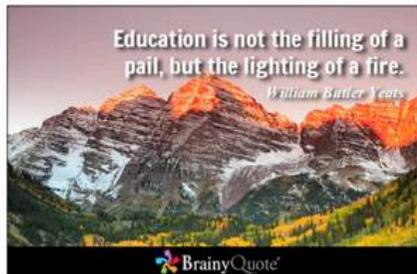


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Education – On Your Shoulders....



Can we "override" Facebook?

We know that if we post regularly, in drips (as opposed to in fits and starts - this just does not work!), at certain times of the day/week, it ups our chances of dissemination.

We also know from our analytics data that some education material incites more interest than other. We can build out on this.

And lastly, we also know that if we serve people what they want – good quality, digital education – it acts as "ice-cream". Good content works: it's as simple as that! And it will keep our reach expanding and our numbers rising until eventually Facebook might accept that our community might find other aspects of WFPI interesting too – and so will disseminate other types of WFPI posts. I.e. the fruit we bury in the ice cream!

Meanwhile, no: we cannot say "posted, therefore mission accomplished".

[It is interesting to note that while peer-review is absent from this media, Facebook's own algorithms, based on users' interests and appreciation, are proving a stern judge of what content receives dissemination!]

3/ What is our website's role in this online dissemination drive?

Our website has found its place as repository/portal for social media-disseminated content. This contrasts with WFPI's original plans to offer it as a stand-alone website repository, bookmarked, that visitors come back to spontaneously, again and again: there has been insufficient new content posted on the site to allow this to happen.



Our conclusion, and our ask of each member of WFPI's governing Council

Firstly, via our 13 member societies, WFPI acts as an international extension to a society-driven community of physicians.

1/ Would you like to see WFPI's impact on its "member" community increase? (YES or NO)

I.e. do you consider the status quo acceptable (WFPI is already meeting its members' expectations)?
OR
Do you consider WFPI's output should have added value for this community over and above what they already obtain via their own societies/networks/the Internet

2/ If you would like increased impact, what is needed to bring this about? (PLEASE DESCRIBE CONCRETE & MEASURABLE DELIVERABLES, AND YOUR ROLE IN ASSISTING WITH THEIR DELIVERY)

Secondly, we have developed a potentially dynamic online community that has no ties to our membership.

Within this, the WFPI website primarily serves as a repository for content disseminated via social media.

3/ Would you like to see our website take on a larger role? (YES or NO)

I.e. would you like to see the website becomes a repository in its own right (as opposed to depending on social media directing traffic to it) that attracts a healthy flow of spontaneous, returning visitors?

4/ If so, what will you/your society do to ensure this happens? (PLEASE DESCRIBE CONCRETE & MEASURABLE DELIVERABLES, AND YOUR ROLE IN ASSISTING WITH THEIR DELIVERY)

Otherwise, our data would suggest that our online community does have potential - and **merits priority attention** - for development so as to meet our education goals. Yet our assessment of efforts to date concludes: "In online education, it has been a challenge inciting members to contribute cases and encourage their trainees to use our resources. Development must now be bolder and better resourced"¹²

5/ Do you agree that our online community has potential – and merits priority attention – for development with regard to meeting WFPI's education goals? (YES or NO)

6/ Are you ready to mobilise yourself and your society to this end, via identifying interested volunteers to work with us and generating/securing content? (YES or NO)

¹² Saving the Starfish: World Federation of Pediatric Imaging (WFPI) development, work to date, and membership feedback on international outreach, <http://www.ncbi.nlm.nih.gov/pubmed/26994001>

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Digital education: it works!!!!



Learn pediatric radiology with the experts!

For free!!

WFPI education channel: CLICK HERE

Launched with Prof. George Taylor's Master Classes





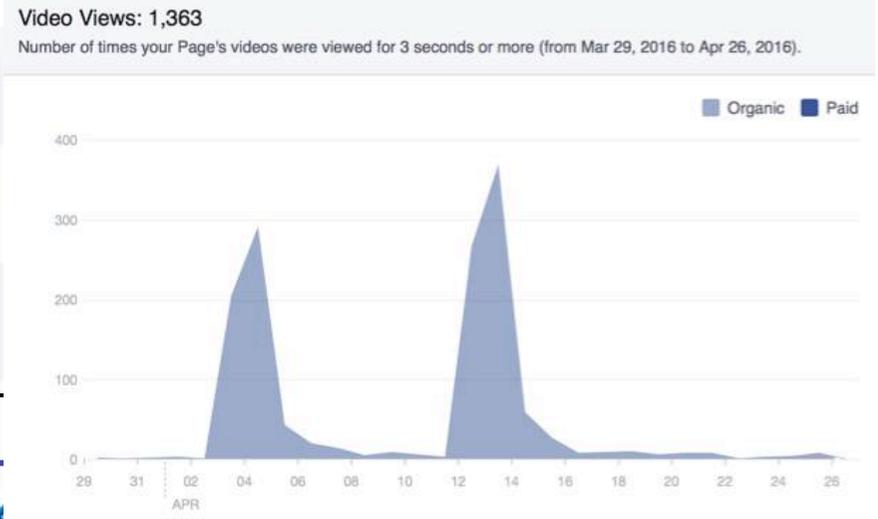
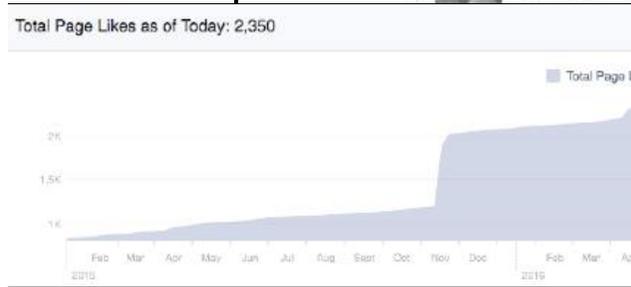
WFPI/SPR Online video library 13 videos

- Viewed 13,500 times in 149 countries on YouTube since library went online in Jan 2015
- Facebook 1300 views for 3 videos since April 2016

13:39 n. What are the unexpected findi

01/04/2016 00:55 What a great post! It's fascinatin g to learn about the history of pe 1.1K

31/03/2016 12:50 Congratula



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What are we waiting for?



WFPI

- ▶ People have always looked for education in the midst of a busy workload.
- ▶ Today, we can make it easier for them to access it in bite-sizes.
- ▶ And we know that if we offer quality content, our followers will seek out further knowledge.

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Digital education: a priority area of future WFPI development



We need a sustained, substantive digital education effort to accomplish WFPI's mission of improving the quality of imaging of children, everywhere.

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WFPI publications



▶ TB Corner open-access publications

2015

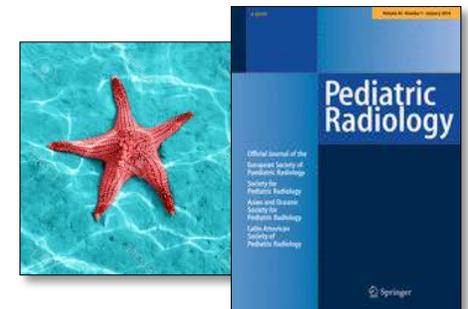
Drug resistant TB – radiologic imaging manifestations – Laya B. et al
The many faces of hepatic TB- Tatco V.R. et al

2016

Chronic diarrhea: an unusual symptom of gastrointestinal TB –
Concepcion NDP et al
Skeletal involvement in Pediatric TB – Kritsaneepaiboon S.
TB with HIV co-infection – Naidoo J. et al



▶ “Saving the Starfish”, Dehaye A et al Pediatric Radiology 2016 – WFPI development and work to date



Regional Societies



▶ Founding Societies

WFPI's poster, exhibited at IPR



Making a change at scale: The World Federation of Pediatric Imaging (WFPI)

Amanda Dehaye, Cicero T Silva, Kassa Darge, Sanjay P Prabhu, Savvas Andronikou, Bernard F Laya, Brian D Coley, Maria Ines Boschat



One day, after a big storm, an old Man found starfish littered all over the beach. In the distance, a small boy kept bending down to pick up an object and throw it into the sea. "What are you doing?" the old man called out. The young boy called back "Throwing back the starfish. The tide has washed them up. Unless I throw them back, they'll die." The old man replied, "But there must be thousands of starfish on this beach. I'm afraid you won't make much of a difference." The boy bent down, picked up yet another starfish and threw it. Then he turned, smiled and said, "I made a difference to that one!"

Purpose

Created in 2011, WFPI has spent the last 5 years surmounting geographic, temporal, cultural and linguistic distances to define its added value in the global imaging arena. Have the efforts been worth it?

Methods

WFPI's member organizations considered WFPI's trajectory to date, while the Society for Pediatric Radiology (SPR) surveyed its members on international outreach expectations. Feedback was correlated with output and reflections on approach so as to assess WFPI's past performance, future plans and overall relevance.

Results

Five regional societies and 273 individual members of SPR provided feedback. The large majority felt that WFPI's inclusive set-up, networking and aim of providing a united front to address the challenges in global pediatric imaging should be pursued. WFPI's results and future plans largely met with expectations while the pitfalls identified by members are being addressed.

Expectations matching output: WFPI Successes

i) Providing affordable online education worldwide
In 2015 WFPI and SPR launched an online video library, reflecting WFPI's preferred educational approach of inpatient expertise and tools, free of charge, for a wide spectrum of medical backgrounds interested in pediatric imaging. In twelve months, the videos have attracted over 9400 views from 140 countries.



If you would like to learn more about the WFPI, the QR code on the left links to the PubMed citation of the manuscript "Saving the starfish: WFPI development, work to date, and membership feedback on international outreach", published on *Pediatric Radiology* last month.

WFPI Successes, cont

ii) Onsite teaching and training

A priority for many members, WFPI seeks to "bolt on" to existing initiatives rather than set up tailored projects from scratch. We have successfully joined forces with:

- Professional imaging societies (American College of Radiology in Haiti),
- Non-governmental organizations providing humanitarian medical aid (Médecins Sans Frontières / Doctors Without Borders (MSF) in projects worldwide and Imaging the World for ultrasound work in Malawi and Uganda);
- Other institutions (University of California Los Angeles' Center for World Health in Mozambique, and The Children's Hospital of Philadelphia Addis Ababa University joint pediatric fellowship program in Ethiopia).



Dr. Tracy Kilborn (Cape Town, South Africa) teaching Dr. Peter Masoko in pediatric ultrasound in Malawi, 2014 - project run by Imaging the World



Dr. Ines Boschat (Los Angeles, USA) teaching in Maputo Central Hospital, Mozambique, in partnership with University of California Los Angeles, USA, March 2014

WFPI-affiliated outreach needs to be driven by engaged, onsite stakeholders with some degree of political/social support, ready to work with international aid to catalyze changes that make sense for their realities, and that can be accepted and incorporated into a new medical/treatment culture.

iii) Tele-radiology



Dr. Cicero Silva (New Haven, USA) tele-reading in 2015, case referred from Laos

WFPI offers tele-expertise to radiologist-deprived low-resource sites since 2013. Delivered either via "bolt-on" arrangements with non-governmental organizations (MSF and RAD-AID) or directly to requesting healthcare facilities, we have provided second opinions on over a thousand studies from Cambodia, Central African Republic, Democratic Republic of Congo, India, Jamaica, Laos, Peru, Malawi, Mozambique, Peru, Tajikistan, and South Africa.

The 104 studies referred to WFPI in February 2016 were manually allocated to volunteers within a median delay of less than 1 hour, with a median time to tele-reader response of 3.5 hours.

Out of the starter blocks, too soon for success

i) Childhood Tuberculosis (TB)

TB remains a global public health concern with one-third of the world's population being infected. WFPI has assembled experts from the high TB burden countries of Africa, Asia, and Latin America, in an attempt to impact on childhood TB imaging diagnosis. The group offers online videos and open-access educational articles for wide dissemination (5 articles published to date), collaborates with the International Society of Radiology for its online TB educational portal, and offers a "TB imaging hotline" for colleagues around the world.



Interpreting childhood TB radiographs can be challenging. WFPI supports the learning process with short videos available on WFPI's website, TB Corner

Out of the starter blocks, too soon for success, cont

i) Childhood Tuberculosis (TB), cont



The WFPI TB group offers open-access educational articles



The WFPI TB group collaborates with the International Society of Radiology on their TB portal

These accomplishments are an encouraging start. But the success of the TB group will lie in take-up: expansion through networking is a priority.

ii) Fostering the use of ultrasound in lower resource settings

Ultrasound is an ideal imaging tool for medically underserved community health care clinics because it is portable, relatively affordable and safe, can be used with training by non-radiologist physicians, and has a multitude of uses for children and adults.

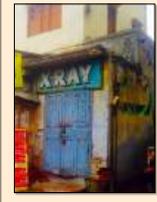
WFPI can play a useful role in addressing barriers to application. To date, WFPI ultrasound efforts roll out through "bolt-on affiliations" with non-governmental organizations, including Imaging the World. With a working group established, WFPI also seeks to collate relevant literature and information on research and development, track pediatric radiologists involved around the world, facilitate their communications, and leverage resources for increased engagement and impact.



Dr. Ramon Sanchez scans a child suspected of having pneumonia. Centro de Salud Santa Clarita, Peru, September 2013

Still needs to be strengthened

Spreading child imaging radiation safety globally



At its inception, child imaging safety globally was declared a priority by WFPI, echoed by members' calls to boost child imaging safety internationally. While WFPI has been present in multiple safety forums, there is now a need to coordinate comprehensive global promotion and support. Operating with partners such as the World Health Organization and the International Atomic Energy Agency, synergies are needed to collate and share the tools developed by child safety movements underway. To further these goals, WFPI formalized its partnership with Image Gently in 2015. As regular interactions will be needed, an Image Gently representative has also joined WFPI's governing board.



The Alliance for Radiation Safety in Pediatric Imaging

WFPI and peer communication, collaboration and advocacy

i) Spreading the word

During the International Day of Radiology 2015, theme pediatrics, WFPI connected pediatric radiologists with the world, and marked a first for harnessing pediatric radiologists globally for participation in an international event under one umbrella. Activities included "Case of the Day" with Radiopaedia, imaging photo and video contests, and an online Global Wave. Around the world in 24 hours, from Australia to Hawaii, pediatric radiologists celebrated their work, their departments and Radiology's international day.



"It is never too early to start reading to your children" by Dr. Ronald Cohen, from Oakland, USA, winner of WFPI IDoR photo contest



WFPI also channels and supports the work of its national and regional member societies through diverse forums. We share events through social media, our website and newsletters, and strive to ensure representation at global imaging meetings.

ii) Octopus effect

Through its membership network, WFPI is aware of different imaging outreach initiatives underway. We are committed to reducing duplication and ensuring resources are shared.



September 2015 issue of the WFPI newsletter. The newsletter is distributed every 3 months

Challenges

It can be demanding to chart the course and set priorities, staying nimble and seizing opportunities while keeping ambitions commensurate with our means. Fund raising is a challenge for indirect or "bolt-on" support WFPI provides. For online education, development must be bolder and better resourced. Regarding outreach, our greatest challenge lies in identifying partnerships that achieve concrete results.

Conclusion

International endeavors are always complex. WFPI's trajectory cannot be fully pre-set; with shifting resources, it operates within a fast-changing world. But we have reason to aim high. For WFPI is not just a coterie of well-intentioned and concerned citizens, but a group of professionals with a great deal of content expertise. Five years into its existence, WFPI seeks to create tools and generate resources that can be leveraged by multiple groups for use where the need/desire for that expertise arises. Spurred on by the enthusiasm and support it generates, WFPI is successful in connecting physicians across nations, and connecting their expertise to the world.

Founding Societies



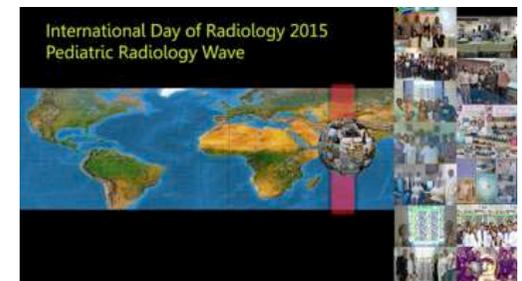
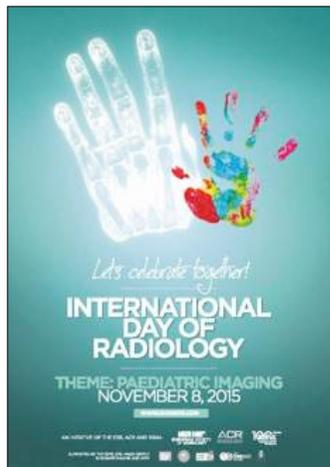
the Society for Pediatric Radiology



IDoR Nov. 8th 2015, theme pediatrics



- ▶ ECR/ACR/RSNA initiative
- ▶ IDOR Book “The Gentle Way” coordinated by C. Owens, O. Arthurs, K. Halliday
- ▶ Radiopaedia – Case of the Day – 2mio+ screens reached
- ▶ Poster/photo contests
- ▶ “Global Wave” – Eric Sorantin



Regional Societies



▶ Founding Societies

Strategic Framework – revised



- ▶ 2016 – 2021
- ▶ Reflects the lines explored in **“Saving the Starfish”** publication
- ▶ On WFPI website (“About”)

<http://www.wfpweb.org/Portals/7/About/WFPI-Strategic-Framework-revised-2016.compressed.pdf>

Regional Societies



▶ Founding Societies



ACR Foundation's Global Humanitarian Award.



“The Executive Committee and Board of the ACR Foundation were impressed with the level of commitment and service that the World Federation of Pediatric Imaging has made to improving pediatric medical imaging across the globe.

Importantly, they also cited the sustainable approach embodied by your organization as well as the enthusiasm that the WFPI has engendered through its collaborative approach, volunteers and educational resources to encourage engagement in international outreach efforts.

As Founding President of the WFPI, the committee was particularly impressed by the breadth and depth of the WFPI’s impact in such a short period of time.”



Regional Societies



Founding Societies

Objectives 2016/2017



- ▶ Develop digital education
- ▶ Promote dissemination of WFPI's TB Group output
- ▶ Monitor and support WFPI and partners' imaging outreach efforts
- ▶ Support international child imaging safety synergies
- ▶ Engage WFPI's Council further
- ▶ Secure funding for the foreseeable future

Regional Societies



▶ Founding Societies

WFPI OFFICER ROTATION



- Gloria Soto (SLARP) becomes President
- Veronica Donoghue (ESPR) becomes Past President
- Rutger Jan Nievelstein (ESPR) moves from Vice Treasurer to Treasurer



- Outgoing Past President - > Ines Boechat
 - Co-optation onto Governing Council / Excom, given need for institutional memory during these early years

- Outgoing Treasurer/Membership Secretary -> Timothy Cain



- Incoming Vice President: Wendy Lam (AOSPR)
- Incoming Vice Treasurer: Richard Barth (SPR)



Regional Societies



Founding Societies

BYLAW REVISION

For e-vote, all 12 WFPI voting members, May/June 2016



- Extension of co-optation clause to individuals
 - “To provide effective transfer of corporate knowledge, to facilitate continuity of strategic plan and/or mentor junior council members”.**
 - Subject to the Executive Committee's **unanimous vote and two thirds approval** by other Council members
 - Serves for a three-year term, renewable once, following which a full term must elapse before they are eligible for office again.
- Digital Education and Outreach leaders added to EXCOM
- Membership Secretary removed (defunct), role shifts to Vice Treasurer
- Internal Regulations updated (Membership Secretary removed, committees/groups updated)

Full details and explanation to be circulated with voting instructions

Regional Societies



Founding Societies

Treasurer's Report, 2015

Timothy Cain

Treasurer

Regional Societies



the Society for
Paediatric Radiology



Founding Societies

Opening remarks



- ▶ Accounts presented for Jan 1st – Dec 31st 2015
- ▶ Currency: \$US
- ▶ Minor discrepancies between WFPI and SPR accounts due to international transfer and bank charges
- ▶ No accounting for ‘services in kind’ received from supporting organisations and volunteers

Regional Societies



▶ Founding Societies

Income 2015



Revenue:

- ▶ Member society fees received 1.44 k

Regional Societies



▶ Founding Societies

Expenditures 2015



Project costs:

- ▶ On-line library 0.03 k

Operating costs:

- ▶ Website migration costs 3.2 k
- ▶ Staff costs 23.4 k
- ▶ Staff Travel (ESPR Graz) 0.63 k

Total = 27.26 k

Regional Societies



▶ Founding Societies

Expenditures 2015



Liabilities:

- ▶ Website repair/maintenance costs 0.6 k
- ▶ Staff costs 7.8 k

Total = 8.4 k

Regional Societies



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Balance 2015



Opening balance 2015

158 k

Income

1.44 k

Expenditures

27.26 k

Closing balance 2015

131.84 k

(Parker Allen funds held in trust 67 k)

Regional Societies



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Cash flow Budget 2016



WFPI

Opening balance 2016	131.84 k
Income (estimated)	22.60 k
Expenditures (estimated)	37.26 k
Closing balance 2016 (estimated)	117.18 k

Regional Societies



▶ Founding Societies

Thank you



Regional Societies



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