WFPI Representative Directors 2015-2016

- AfSPI- Omolola Atalabi, Gladys Mwango
- AOSPR- Bernard Laya, Abrah Hayat
- ESPR- Erich Sorantin, Eva Kis
- SLARP- Celia Ferrari, Alexandra Monteiro
- SPR- James Donaldson, Rebecca Stein-Wexler
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

Founding Societies
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

Regional Societies

Founding Societies
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

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.

Greg Baker, Cicero Silva
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
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
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.
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
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 POCUSS
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 Kritsanaphiboon (Thailand)
- Henrique Lederman (Brazil)
- Gladys Mwango (Kenya)
- Josheen Naidoo (South Africa)
- Bishnu Sigdel (Nepal)
- Kushaljit Singh Sochi (India)
- Jacqueline Austria Uy (Philippines)
- Roy Vizzarra (Philippines)
- Lavinia Wesley (Panama)
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

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

Collaboration for dissemination of WFPI TB Group literature, World TB Day: Radiopaedia, ISR, Imaging the World, RAD-AID
WHO Chest Radiography in Epidemiologic Studies project - Nasreen Mahomed

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

Hib Global Mortality Map (Lancet 2009)
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 Chierico, 1 E. Kim Mulholland, 1 John B. Calvin, 1 Harald Oteirsen, 1 Rahul Anand, 1 Margarite de Campos, 1 David Greenberg, 2 Rosana Lagos, 3 Marilia Lucena, 3 Shabir A. Madhi, 3,9 Katherine L. O’Brien, 3,9 Steven Olarte, 1
Mark C. Mehnert, 3, 10, * & 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 interpreting 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. Inter-observer variability was measured by computing the initial readings of a randomly chosen subset of 100 radiographs with initial readings made 6–16 days later.

Findings: Of the 222 images, 74 were considered interpretable. The reference reading categorized 42% of those images as showing chest consolidation or partial or complete resolution of radiological pneumonia; the proportion thus categorized by each of the 20 readers ranged from 8% to 44%. Using the reference reading as the gold standard, 14 of the 20 readers had sensitivity and specificity of >90% in identifying primary and post-pneumonia. 78% of 20 readers had a kappa index of >0.4 compared with the reference reading for the 42 radiographs deemed to be interpretable among the 100 images used for inter-observer variability. 19 out of 20 readers had a kappa index of >0.6.

Conclusions: 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.
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
WHO Chest Radiography in Epidemiologic Studies project

Founding Societies

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

WFPI

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
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.
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
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
Notable patient safety initiatives, 2015

Regional Societies

Founding Societies
Education – On Your Shoulders….

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

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?)

2/ Do you consider WFPI’s output should have added value for the community and believe what they already obtain via their own societies/networks/their interest

3/ 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.

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

i.e. would you like to see the website become a repository in its own right (opposed to depending on social media directing traffic to it) in that attracts a healthy flow of aspirations, retaining visitors?

6/ If so, what will 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 educational goals. Yet our assessment of efforts to date concludes: “In online education, it has been a challenge inviting members to contribute cases and encourage their teachers to use our resources. Development must now be bolder and better resourced.”

5/ What is our website’s role in this online dissemination channel?

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 standalone 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.

Besides, we as 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 appreciations, are proving a stern judge of what content receives dissemination!]

WFPI website visitors 2015

[The website “bounces rate” i.e. people looking at one page per visit, and not exploring further] was also high for 2015 (19%).

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

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

Regional Societies

- ASPR
- European Society of Paediatric Radiology
- RASP

Founding Societies
Digital education: it works!!!!

Learn pediatric radiology with the experts! For free!

WFPI education channel: CLICK HERE

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
What are we waiting for?

- 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.
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.
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 – Kritsanepaiboon 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
WFPI’s poster, exhibited at IPR

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

Amaral Deheu, Carlos A Silva, Kausa Dorge, Sanjay Pruthi, Severin Andrenko, Bernard F Lion, Daniel G Colly, Maria Dass Boichet

WFPI’s poster, exhibited at IPR

One day, after a big storm, an old man found sketches scattered all over the beach. In 2013 WFPI started, with a small core group of enthusiasts. The idea was simple: “If you found it, don’t throw it away. If you find it, don’t throw it away.” The idea was simple: “If you found it, don’t throw it away.”

Purpose

WFPI’s members organized the 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 as it assesses WFPI’s past performance, future plans and overall relevance.

Methods

WFPI’s outreach activities are directly related to the challenges in global pediatric imaging should be shared, part of an effort to address the priorities for the future of global pediatric imaging are largely met with expectations while the pitfalls are identified by members are being addressed.

Results

WFPI reaches countries and 223 individual members of SPR provided feedback. The majority felt that WFPI’s inclusion late, network, and conceptions of an international unit for an emerging partnership in a global era are important. Feedback was correlated with output and expectations on approach as it assesses WFPI’s past performance, future plans and overall relevance.

Expectations matching output: WFPI Successes

1. Providing affordable online education worldwide

WFPI has accessed and used an online video library, reflecting WFPI’s preferences in a broad range of topics, aiming to develop new online courses. The online course reached over 2 million viewers in six weeks, demonstrating that WFPI’s educational materials can reach large numbers of interested learners through social media and websites.

2. Making a change at scale

WFPI aims to create a global network of pediatric radiologists dedicated to improving child imaging safety and care. The network is currently operating in more than 100 countries, with a special focus on the Americas, Africa, and Asia. The network has provided training to over 2000 people in partner countries, including online courses on child imaging safety. The network has also provided training to over 2000 people in partner countries, including online courses on child imaging safety.

Out of the starter block, too soon for success

Childhood Tuberculosis (TB)

The TB epidemic in Africa is the single greatest cause of child mortality. The TB epidemic in Africa is the single greatest cause of child mortality. The TB epidemic in Africa is the single greatest cause of child mortality. The TB epidemic in Africa is the single greatest cause of child mortality. The TB epidemic in Africa is the single greatest cause of child mortality.

TB needs to be strengthened

Spreading child imaging radiation safety globally

If an epoch, child imaging safety globally was declared a priority by WFPI, echoed by member 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 coordinate and share the tools developed by child safety movements underway. To further this goal, WFPI foresees the partnership with Decco Dental in 2020.

Conclusion

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

Challenges

It can be demanding to chart the course and set priorities, aligning and seizing opportunities while keeping up with the latest developments. Regarding our greatest challenge, we aim at identifying partners that achieve concrete results.

Founding Societies

American Society for Pediatric Radiology

European Society of Paediatric Radiology

The Society for Pediatric Radiology
IDoR Nov. 8th 2015, theme pediatrics

- ECR/ACR/RSNA initiative
- Radiopaedia – Case of the Day – 2mio+ screens reached
- Poster/photo contests
- “Global Wave” – Eric Sorantin
Strategic Framework – revised

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

http://www.wfpiweb.org/Portals/7/About/WFPI-Strategic-Framework-revised-2016.compressed.pdf
“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.”
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
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)
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**
Treasurer’s Report, 2015
Timothy Cain
Treasurer
Opening remarks

- Accounts presented for Jan 1\textsuperscript{st} – Dec 31\textsuperscript{st} 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
Income 2015

Revenue:
- Member society fees received 1.44 k
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**
Expenditures 2015

Liabilities:
- Website repair/maintenance costs: 0.6 k
- Staff costs: 7.8 k

Total = 8.4 k
## Balance 2015

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<th>Description</th>
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<tr>
<td>Income</td>
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<td>Expenditures</td>
<td>27.26 k</td>
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<tr>
<td>Closing balance 2015</td>
<td>131.84 k</td>
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</tbody>
</table>

(Parker Allen funds held in trust 67 k)
Cash flow Budget 2016

Opening balance 2016 131.84 k

Income (estimated) 22.60 k

Expenditures (estimated) 37.26 k

Closing balance 2016 (estimated) 117.18 k
Thank you