



WFPI Council Meeting Minutes
December 2nd 2013, 9am Chicago USA
Online/RSNA room S105D South Building

Present Chicago:

President, Chair and SPR: Ines Boechat/IB
AfSPI: Savvas Andronikou/SA (Outreach lead), Omolola Atalabi/OA
AOSPR: Wendy Lam/WL (Secretary), Bernard Laya/BL
ESPR: Erich Sorantin/ES
SLARP: Pedro Daltro/PD
SPR: Dorothy Bulas/DB (Vice Secretary), Jim Donaldson/JD
Image Gently: Marilyn Goske/MG

Present online:

AfSPI: Jaishree Naidoo/JN (AfSPI/SASPI Council proxy)
AOSPR: Tim Cain/TC (acting Treasurer, Membership Secretary)
ESPR: Rutger Jan Nievelstein/RJN
SPR: Rebecca Stein-Wexler/RSW
WFPI General Manager: Amanda Dehaye/AD
Ultrasound project, outreach: Plus Kara-Lee Pool/KLP

Absent:

AOSPR: Abrar Hayat
SLARP: Celia Ferrari

1. Membership

TC: No further national/supranational group membership movements, ESPR becoming more actively involved.

IB: ESPR has announced nominations for its empty Council seats

- ⇒ Vice President in June 2014, becoming President in May/June 2015: Veronica Donoghue
- ⇒ Vice Treasurer, becoming Treasurer in May/June 2016: Rutger Jan Nievelstein (take-up of position postponed to June 2014 as RJN also president of ESPR congress 2014. TC will continue to “cover” as Vice Treasurer until then)
- ⇒ 2nd ESPR Representative Director, replacing RJN in this role as from June 2014: Eva Kis

2. Advocacy for the sub-speciality (IB)

- ⇒ RSNA 2013: Savvas Andronikou and Omolola Atalabi, International Education and Outreach sessions. Further ties with RSNA need nurturing.
- ⇒ International Society of Radiology (ISR): next meeting Dubai Sept 2014 – relocated from Egypt. WFPI representative and topics to be identified. Suggestion at ISR BoD meeting in Nov ‘13: WFPI becomes a non-voting member & guides ISR’s pediatric efforts e.g. “WHO Manual for Pediatric Radiography and Ultrasound”, passed through ISR, edited by Savvas Andronikou and Kieran McHugh.
- ⇒ 2013: SPR & AOSPR (Ines Boechat made AOSPR Honorary member for WFPI work). WFPI representatives invited to speak at SPR, ESPR & AOSPR 2014. SLARP to be announced.
- ⇒ Global Summit on Radiological Quality and Safety, May 2014 . WFPI Representative: Dorothy Bulas

- ⇒ World Health Organization (WHO): “Global Initiative on Radiation Safety in Healthcare Settings” & “Expert Meeting on Radiation Risk Communication Tool for Communicating Benefits and Risks in Pediatric Imaging”, September 2013. WFPI representatives: Donald Frush, Erich Sorantin, Gloria Soto.
- ⇒ WHO: pneumonia vaccines studies, Geneva September 2013
- ⇒ UCLA Centre for World Health: Ines Boechat on the Centre’s Board of Advisors.

3. Education (DB)

a) Website

The WFPI’s site migration has led to reconsideration of educational pages. The rationale adopted at WFPI’s creation: do not reinvent the wheel, low hanging fruit, get a database of what already exists, break it down into 3 audiences: Pediatric Radiologists, Radiologists/Trainees and Non-radiologists. As time moves on: it may be considered more useful to offer a condensation of the literature in bite sized chunks in one place relevant to the various groups who access our site, building up repositories of online educational talks & training modules. Would offer 8-10 minute YouTube-type slots, multi setting, multi-topic, multi-audience, modern, accessible, truly global, recorded at symposiums, courses and congresses or at one-off staged events. An example: Savvas’ Seven Minute Snippets. [Click here to view.](#)

WFPI needs a clear framework to move forward with this strategic shift.

It will be provided by a subgroup composed of WFPI website, education & outreach committee members and cover content, format, access, marketing, IP & legal responsibility.

Image Gently leaders could guide the use of non-fully vetted material due to missing experience.

b) Webstreaming

Richard Bath (President, SPR2014) is considering live web streaming for SPR2014 and discussing global take-up with WFPI. There are many issues - costs (service provision, lowering congress attendance), CME and IP - to address before its introduction but a questionnaire to the WFPI Council showed real enthusiasm for the offer, time zones permitting.

c) Haiti

ACR has already run two courses in collaboration with Grace Children’s Hospital, Port-au-Prince. The 2nd course included 5 teachers from the WFPI. A 3rd, smaller course is planned for March ‘14, still for radiologists & pediatricians and with tie-in to Lurie Hospital’s outreach project (has a neurology focus but the course will be general radiology). The group will include Jennifer Nicolas (Lurie), Kimberly Applegate (ACR) and Dorothy Bulas. University College, Davis (LA): Rebecca Stein-Wexler & a UCD radiology resident spent one week with the Hôpital de l’Université d’Etat d’Haïti, working with radiology residents in the 10 month old radiology residency & lecturing pediatricians.

d) UCLA-Mozambique (IB)

This project is run in collaboration with the UCLA Centre of World Health. 2 pediatric residents from Mozambique undertook a 2 week pediatric radiology rotation at UCLA in June 2013. A Mozambiquean pediatrician will spend 3 months rotating in both pediatric imaging and pediatrics in 2014. IB has been invited to be the key note speaker at the first CME pediatric course to be delivered in Mozambique in March 2014.

e) Ethiopia (SA)

The Children’s Hospital of Philadelphia, USA, continues to associate WFPI with the nascent pediatric radiology fellowship run in partnership with Addis Ababa University and the Ethiopian Radiology.

f) WFPI Mini-symposium

Includes 25+ papers submitted from authors around the world. Titles include

- Another international radiology society? To what end?
- Education: who to educate, how to do this and what to teach
- Volunteer Outreach through tele-reading
- Regional activity

- Ultrasound innovation for the developing world
- Digital media for WFPI
- Respiratory infection and Tuberculosis as a focus of the WFPI
- Quality as an issue in pediatric radiology
- Involving registrars and getting new volunteers
- Partnering with centers of excellence rooted in developing countries
- Diagnostic radiology books for developing countries.

Aims to raise awareness, explain what the WFPI does/ aims to do/struggles to do and show that a CV can be built up via work for WFPI. Each paper was submitted individually so authors retain sovereignty over their work. Thanks to the North American editorial office for its enthusiasm and support.

4. Child Imaging Safety

a) Next steps in WFPI-Image Gently collaboration

MG: WFPI's impressive progress has showed that Image Gently's international component is not as robust as it could be (IG model to date: invite societies to join, countries have contacted IG to run campaigns). But IG does has a wealth of material - e.g. recent development of fluroscopy module, 3 part series, free, plenty of substance, 1h30 long, can be used to test competency. Additional expertise gathered through WFPI would be welcomed.

IB: good synergy, call on volunteers to translate (double-check for accuracy), post on website. WFPI is already an Alliance member. People don't always realize how much material there is so need to link between sites to expose it. European radiation protection work also needs to be integrated, streamline global efforts. Will circulate Inter-American College article on ALARA in pediatric emergencies, English & Spanish versions.

b) Teaching child imaging safety to new CT users

BL: In SE Asia, pediatric radiology is being promoted, radiologists empowered. There is a focus on diagnosis but it is THE optimal moment to inject patient safety issues. Growing Asian economy = CT scanner purchases on the rise. Just visited Myanmar and elsewhere, all starting to use CT. But the parameters are not always set correctly. Industry will pay for speakers on different diagnosis fields, but never on patient safety. The subject is unknown.

Consensus: put diagnosis **and** child imaging safety on the radar before bad habits develop. **TEACH BOTH.**

MG: equipment is a major issue – automatic exposure control or not, etc. Keith Strauss developed Universal Protocols for use on any equipment, size-based. Being updated based on new data. Perfect timing! Best vehicles for something like this? Develop a tool to incorporate these protocols, put in on the website. Draw in physicians such as Erich Sorantin, build in a more worldwide view on needs and tool/message format.

DB: WFPI audience is different, need something more basic, more directive. Have it available on the site for those doing outreach. ACR has modules – use outside the States? Present existing material a bit differently.

IB: even if parameters correctly set, problems with the studies (don't scan twice, don't scan entire body etc.)

SA: agree people simply unaware of mistakes. Massive doses seen in Africa.

ES: Toshiba, obtain pediatric CTs protocols from us. Problem all over the world. Developed countries using wrong dose too. Need to address both radiographers AND radiologists. People are just not aware.

OA: settings fixed by vendors, parameters can't be changed. No pediatric protocols. A study on chest X-ray, not ALARA compliant, results cannot be published...

MG: reach vendors through e.g. Medical Imaging Technology Alliance (MIDA). Meet applications and training specialists from companies, specify pediatric needs. No pediatric voice in these companies, this is where IG and WFPI are needed.

IB: crucial issue, needs more debate and collaboration.

5. Outreach (SA)

a) IGICH

Project initiator: Cathy Owen (ESPR). Project coordinator: Cicero Silva (SPR). Erich Sorantin (ESPR) has been heavily involved on the technical side.

Platform: SustSol tele-reading platform now live! Presented by ES:

- 1 €/case, how ever many images within the case

Platform is available, now WFPI must decide whether to do this tele-reading or not. ES suggests taking 1000 cases (20/week for one year) and then evaluate. = budget commitment of 1000 €

- During the platform testing period, ideally need a more technically proficient site. When addressing technical AND medical fronts simultaneously, complicated.... A site in Eastern Europe (Kosovo)?
- SUSTSOL committed to developing this tool as needs emerge/problems arise

This project HAS experienced many false starts! However 4 cases read to date. The team: Aadil Ahmed (South Africa), Jonathan Brandon (USA), Sarah Desoky (USA), Cathy Owens (UK) & Preeyacha Pacharn (Thailand).

Set backs:

- Technical glitches: what seems a minor issue to us can be major elsewhere
- Local infrastructure (internet connectivity)
- Absence of referrals early on when everybody was ready to start – a lapse in onsite project buy-in? Challenging to manage a large pool of waiting volunteers
- Creating a partnership with the local radiologist so we are not perceived as competition: tricky from a distance
- No on-site contacts – a major handicap
- Establishing the flow: problem cases only (expert 2nd opinion)

Investigation not geared to interpreting needs: TEACHING REQUIRED, including patient positioning.

b) Khayelitsha

To date: referrals = 551; Reports + 400, 49 volunteers.

Activity was suspended March 2013 following the onsite contact radiographer's departure. Resurrected Sept 13: email address created for all onsite doctors; used only when an opinion requested by an onsite doctor. This mechanism solves problems rather than taking on reporter responsibility for the entire flow.

Stanford is keen to take over the teleradiology (4 reads so far). Uses referral sheet with X-rays embedded.

New problems since: another slow-down in the flow. Possibly political – Khayelitsha is in a reasonably well staffed area, the regional hospital should be handling its reporting - used reporting as a playing card to secure more staff. Meanwhile WFPI covered the needs. End goal: the Regional Hospital takes over: is this the case? (on site visit needed). Aim to keep Stanford involved purely in an expert 2nd opinion role: the buddy set-up, ensuring sustainability.

The WFPI Mini-symposium (Pediatric Radiology journal) will offer a quality assessment audit & sustainability evaluation on a total of 555 referral cards and 1106 radiographs submitted for teleradiology opinion via the WFPI during the course of this pilot program

c) MSF

4 readers reporting for MSF in Tajikistan, CAR, Cambodia & Malawi: since July 2012:

- Savvas Andronikou,
- Kieran McHugh,
- Arzu Kovanlikaya
- Tanyia Pillay.

Approximately 120 opinions (sometimes > 1 communication and film per case).

Savvas Andronikou has also reviewed MSF's imaging manual (author), ultrasound manual (added a pediatric section aligned to WFPI research with ITW), participated in QA publication (accepted, publication in the Journal of Telemedicine and Telecare) on 806 MSF tele-reading submissions 2012.

d) New outreach movement possibilities

Malawi; Swaziland and South Africa via SASPI; Zimbabwe via Ronald Cohen?

e) Children's Imaging in Tuberculosis (CHIT)

Presented on the WFPI's website via TB Corner. Includes our TB partners, TB tools (Bernard Laya's ppt on childhood tuberculosis, Savvas' 7 Minute Snippets: clues for the interpretation of frontal & lateral childhood TB CXRs) and in the future, an open source publication bank. In addition WFPI has links to the ISR's TB working group (WFPI an active member). ISR posts TB-related presentations with free access to a mass of material.

f) Eastern Europe (ES)

- ⇒ Central European Exchange Programme for University Studies: CEEPUS
 - 34 academic institutions
 - 29 medical - (Pediatric) Radiology, (Pediatric) Surgery, Pediatrics - & 5 engineering departments
 - 14 countries
- ⇒ What the network offers (teaching, schools on different fields, curriculum, research and publication, congress contributions)
- ⇒ Possible WFPI tele-reading sites in the Balkans, 3 institutions being explored

g) Books

International Maternal & Child Hospital Health Care textbook, David Southall /[Maternal & Childhealth Advocacy International/MCAI](#): Imaging chapter by Chapter Savvas Andronikou & Kieran McHugh; contents geared towards e.g. MSF clinicians working in the field.

WHO Manual: production through the WFPI under the auspices of the ISR. Multiple authors all around the world, editors: Savvas Andronikou and Keiran McHugh.

h) Publications

MSF/Doctors Without Borders: see above

Mini-symposium, Pediatric Radiology journal – see above

i) Current outreach partners

- ⇒ ISR/TB Steering group (Eric Stern)
- ⇒ Baylor College of Medicine (Anna Mandalakis /Piluca Pustero)
- ⇒ ICAP: Columbia (Lucia Gonzalez)
- ⇒ Imaging the World (Profs Gara & DeStigter, Dr. Kara-Lee Pool – UCLA)
- ⇒ UCLA Centre for World Health
- ⇒ CHOP (Kassa Darge/Diego Jaramillo)
- ⇒ ACR (Brad Short)
- ⇒ MSF (Cara Kosack/Saskia Spijker)
- ⇒ Red Cross Children's Hospital, South Africa (Heather Zar/Sabine Belard/ Mignon McCulloch)

7. Research (SA)

Volume sweep imaging and ultrasound

WFPI is looking to become a pediatric partner for Imaging the World (ITW) which involves non-radiologists acquiring ultrasound images using anatomical landmarks on the skin and storing US sweeps as cine-loops in a standard format, to be read by radiologists at a distance (tele-reading). ITW has no pediatric protocols, so Dorothy Bulas & Brian Garra (ITW technical co-founder) have prepared protocols for specific "management changing" conditions in resource-limited settings. They will include hydronephrosis, hydrocephalus and mediastinal lymphadenopathy (as a proxy for TB) volume sweep US protocols.

The end goal: use in rural clinics at the point of care (POC) for management changing decisions.

The TB volume sweep research protocols have received approval and ethical clearance under the stewardship of Prof. Health Zar, Chief Paediatrician at Red Cross Children's Hospital and Chair Professor of Pediatrics at the

University of Cape Town. The project will roll out in the Red Cross Memorial Children's Hospital, nested within a larger HIV-TB project. The project will determine quality of transferred information; compare volume sweep diagnosis against a gold standard US examination and compare the US detection of lymphadenopathy against plain radiography while taking other definitive diagnostic tests into account. There is also an associated TB MRI project run by Dr. Tanyia Pillay (SASPI) with Savvas Anrdonikou, which can serve as a gold standard for a proportion of the patients.

Patient enrolment:

Any child suspected of TB will receive all the standard diagnostic tests, followed by abdominal US performed by a trained sonographer. The patient will then receive a mediastinal volume sweep, ITW-style, performed by a blinded non-radiologist healthcare worker with no prior US experience, followed by a chest CXR, and in a subgroup, MRI of the chest.

Study objectives:

1. To evaluate volume sweeps for quality (procedural and demonstration of anatomy) – sent by email to radiologists in USA and South Africa
 2. To compare to volume sweeps against gold standard US for detection of lymphadenopathy
 3. Compare gold standard mediastinal US against abdominal US, chest radiographs and MRI
- = 4 publications possible.

Preparatory steps:

Protocols to be tested in early December (Brian Garra, DB and Dr. Kara-Lee Pool, a UCLA resident). Dr. Pool to travel to South Africa in January 2014 to train a non-radiologist in the sweeps. The gold standard radiologist has been identified: Dr. Sabine Belard, a PhD student in Cape Town with an accepted protocol and ethics approval for pediatric abdominal bedside US on HIV. The Red Cross Hospital has purchased a high-resolution, small footprint, sector transducer of 7.5 MHz for the project - we hope Pfizer will eventually cover this cost.

Future action:

Renal and head US projects can be performed in South Africa or alternatively in the USA, Europe or elsewhere as they do not require TB patients. These need to be taken forward.

6. Fund raising (IB)

- ⇒ Pfizer: should be funding the ultrasound project strobe, maybe more – WFPI/Pfizer meeting at RSNA
- ⇒ Sidra, Qatar: enthusiastic, proposal submitted then no further contact. Also at RSNA – will pursue.
- ⇒ ACR: travel grant funding the UCLA resident's trip to South Africa for the ultrasound project as well as other donations in kind for management services through SPR/ACR agreement
- ⇒ North America: Stuart Royal coordinating plans, needs WFPI to be incorporated
- ⇒ Other regions? Look for opportunities
- ⇒ Capital injections: ESPR commitment now through, with thanks. Combined with SPR's

Funding is high priority for the WFPI Council in 2014

7. Institutional tools and governance

- ⇒ Website migration (IB): in the wake of SPR's migration as we are an SPR subsite, SPR had to change provider. Generating a lot of extra work for AD and Jennifer Boylan, SPR
- ⇒ Bylaws revision (TC): identify the issues
 - a federation, no individual members but individuals do need to be able to contribute so create a class for them
 - how Council members are selected, ratified, work together

- original plan envisaged turnover before now, frozen by ESPR but would have been (too) quick if had happened. Look at length of terms?
- look at SPR's bylaws model re transfer of knowledge

Need to set up a cross-Regional Society committee to work on this, present conclusions to the Council, then members for approval at Annual Meeting June 2014

- ⇒ Council positions (IB): regional societies asked to track the Council officers positions' table - which reflects the current bylaws - and prepare ahead of time for assumption of Officer positions.
- ⇒ Communications for regional society boards (IB): currently posted on the website under "Regional Society Workroom", password GLOBAL. Makes sense to have a central depository
- ⇒ Management services and incorporation (TC): engaged with all regional societies to check everyone agrees to negotiate with ACR. Indisputable need for institutional support and operating in a non-profit tax exemption jurisdiction re access to US foundations monies. ACR does seem to fit the bill, keen to help, need to proceed with caution re costs and IP.
- ⇒ North American and other efforts have been delayed: dependent on WFPI's incorporation (a US foundation pre-requisite, needed for the issue of individual donation certificates)

MID-TERM TREASURER'S REPORT

In reference to the budget set out for June 13 – May 14 ([click here for the Annual Treasurer's Report 2013](#) but to note: \$US 25k received from ESPR since), no big surprises or cost overruns on the financial front.

Expenditures include

- ⇒ Attendance at WHO pneumonia vaccine meeting in Geneva: 600\$US
- ⇒ Approval for Malawi project
- ⇒ Possible extra costs from website migration
- ⇒ Administrative expenses – on track as presented in budget

Missing: injections of external funding, see comments above.

The Outreach Committee Leader, Savvas Andronikou, has called on the WFPI to clarify its position with regard to Outreach work/the associated costs.

Is there a clear directive to support outreach setup visits or not?

Clarity impacts planning – low hanging fruit (stick to local places we know, no onsite visits required) or more international projects (spread to places we don't know, an assessment mission is required).

The Acting WFPI Treasurer, Tim Cain, confirmed that outreach IS supported and the WFPI must be prepared to meet with both successes and failures. But it is important for the WFPI's donors (currently the SPR's R&E Foundation, ESPR and SPR) to see governance in play during project selection and support; they need reassurance that we are using their funds wisely.

Decision: the Council needs to fix how much of WFPI's budget can be allocated to outreach per year, which entails clarification/appropriation of the [current project approval process](#).

A new outreach-orientated sub-committee will be set up to this effect.