

### Validation of an Artificial Intelligence Algorithm for Chest X-ray Interpretation in Nigeria

Liliane Azabe, SUMR Scholar August 17th 2022

## Acknowledgement

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Farouk Dako, MD, MPH



Joanne Levy MBA, MPC

### Background

 Each year about 245,000 Nigerians die from tuberculosis (TB) and about 590,000 new TB cases emerge.

Nigeria is the leading country in TB cases and burdens in Africa

 Nigeria has over 70% of global gap in TB case detection and Notification.



Copenhagen Consensus Center(2022); WHO(2020)

## AI and Radiologists interpretations

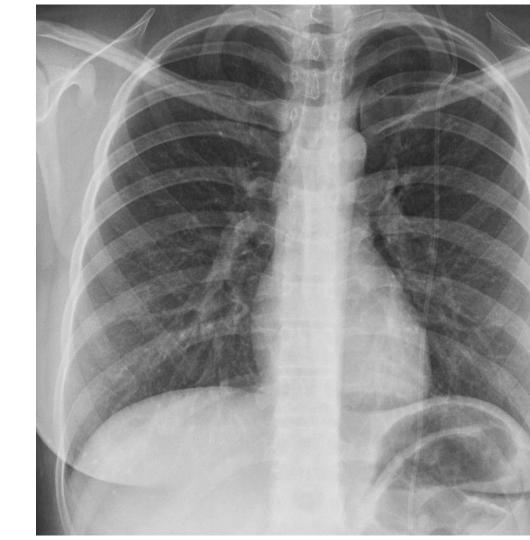
- WHO has recommended CAD (Computer Aided detection) with AI in place of human readers for chest X-rays diagnosis of Tuberculosis.
- Chest abnormality can go overlooked and unnoticed by either AI or radiologists locally or globally but their integration can make the work better.

Research aim: To test for the validity of AI chest X-ray interpretations of local studies in Nigeria.

Morton(2021)

# **Chest interpretations**

- Abnormality: When chest radiograph looks different from how it normally should.
- Tuberculosis: Is a contagious disease caused by a bacteria Mycobacterium tuberculosis that infect the lungs and other body parts.
- Opacities: any shadow in the lungs that does not represent normal anatomy.Types:
- Nodules
- Fibrosis
- Consolidation



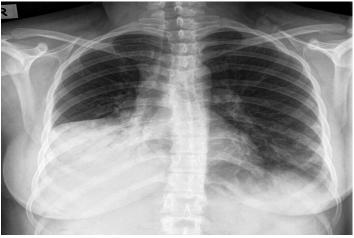
# Opacities types

#### Fibrosis

#### Nodular



Consolidation







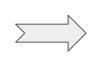
### **Study Design**

### **Radiographs in PACS**



### **Al interpretation**





### **3** Radiologists evaluation









**Recorded in Excel sheets** 



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### **Protected software**

# Data collection

From PACS, AI interpreted 123 data and data were kept in a password protected software. Variables:

- → Abnormal vs Normal
- → Tuberculosis
- → Opacities
- ➔ To be read by a radiologist

Same data set(123) was given to three individual radiologists for interpretation, and then was recorded in secured Excel sheets.

Measurement	Variable
Normal Vs Abnormal	Yes, No
Tuberculosis	Yes, No
Opacities (nodule, fibrosis, consolidation)	Yes, No

### **Results on Abnormality**

Table 1. Results on Normal VS abnormal: AI and radiologists interpretation

	AI	Radiologists			
		R1	R2	R3	Total
Normal	36/123	6/18	15/55	15/49	36/123
Abnormal	61/123	13/18	40/55	34/49	87/123
Radiologist needed	25/123	N/A	N/A	N/A	NA
Total	123	18	55	49	123

### Results

Table 2: Analysis of the 25 data marked by AI, "Need Radiologist interpretation"

	Radiologists					
	R1	R2	R3	total		
normal	1/3	4/10	11/12	16/25		
Abnormal	2/3	6/10	1/12	9/25		
Total	3	10	12	25		

### **Results on Tuberculosis**

Table 3: AI and Radiologists Analysis On Tuberculosis

	AI	Radiologists			
		R1	R2	R3	total
TB positive	21/98	2/16	7/45	3/37	12/98
TB negative	77/98	14/16	38/45	34/37	86/98
Total	98	16	45	37	98



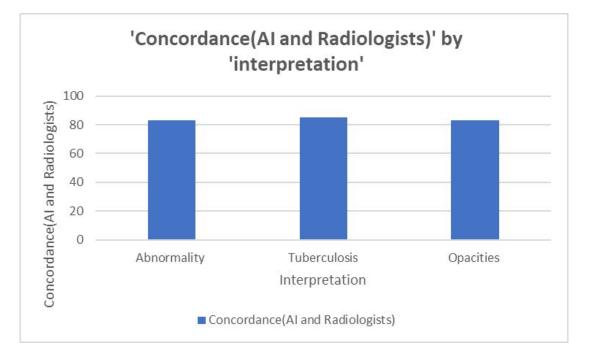
### Table 4: Opacities detected by AI and 3 Radiologists

	AI	Radiologists				
		R1	R2	R3	total	
positive	36/98	6/16	10/45	15/37	31/98	
negative	62/98	9/16	27/45	22/37	67/98	
Total	98	16	45	37	98	

### Data Analysis: Concordance Analysis

Concordance on the 98 studies between AI and radiologist were as follows:

Concordance on abnormality: 85% Concordance on Tuberculosis: 86% Concordance on Opacities: 85%





 Artificial Intelligence interpretation can be used confidently to diagnose Chest X-rays in local studies.

 Artificial intelligence and radiologists can be integrated for maximized efficiency and accuracy of local studies.

### Limitations

Small number of data( 123 collected and 98 for analysis) which could give a good estimate but not fully accurate findings.

### Lesson learned

- The TB prevalence in Nigeria, Africa and the world
- Data collection and analysis skills
- Writing method and results sections of manuscript
- Artificial intelligence need in local studies

