

ITU-T Focus Group Deliverable

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Focus Group on Artificial Intelligence for Health
(FG-AI4H)

**DEL10.15 – FG-AI4H Topic Description
Document for the Topic Group on tuberculosis
(TG-TB)**



ITU-T FG-AI4H Deliverable

DEL10.15 – FG-AI4H Topic Description Document for the Topic Group on tuberculosis (TG-TB)

Summary

In 2017, 27% of the estimated 10 million global tuberculosis (TB) cases developed in the Republic of (India). In the past few years, India has been actively implementing multiple strategies for reducing the burden of TB, including the web-based reporting system, the national TB prevalence survey, and the rollout of TB service delivery from all HIV clinics. Early adoption of computer assisted diagnosis (CAD) systems based on artificial intelligence (AI) technologies for TB detection in India will synergize with the current endeavours to close the gap in TB control and will help the global fight against TB and the use of AI in the field of population health.

This topic group (TG) works on the standardization of benchmarking approach for the development of AI tools for radiographic detection and screening of TB.

This Deliverable specifies a standardised benchmarking for AI-based tuberculosis screening applications using data that ranges from text-based patient profiles to complex molecular sequences and structures and images. It covers scientific, technical, and administrative aspects relevant for setting up this benchmarking.

Keywords

Artificial intelligence, clinical evaluation, dataset, ethical consideration, health, regulation, topic description, topic group.

Note

This is an informative ITU-T publication. Mandatory provisions, such as those found in ITU-T Recommendations, are outside the scope of this publication. This publication should only be referenced bibliographically in ITU-T Recommendations.

Change Log

This document contains Version 1 of the Deliverable DEL10.15 on "*FG-AI4H Topic Description Document for the Topic Group on tuberculosis (TG-TB)*" approved on 15 September 2023 via the online approval process for the ITU-T Focus Group on AI for Health (FG-AI4H).

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1 Introduction

Machine learning (ML) techniques have been used worldwide for improving public health through the development of better prognostic, diagnostic, and predictive models. The application of ML technologies in healthcare has increased exponentially. In 2017, 27% of the estimated 10 million global tuberculosis (TB) cases were reported from the Republic of (India). There is a need to detect the missed cases by early adoption of CAD systems based on artificial intelligence (AI) technologies for TB detection. This will synergize with the global endeavours to close the gap in TB control.

ICMR has access to large volumes of high-quality clinical data from various extramural and intramural programmes. The data ranges from text-based patient profiles to complex molecular sequences and structures, and images. The proposal focuses on the development of the AI tool for radiographic detection and screening of TB and will nucleate advance machine learning and analytics on data generated from various TB research activities of ICMR.

1.1 Document structure and description

Description of topic: The topic deals with the development of an AI tool for radiographic detection of TB. In 2017, 27% of the estimated 10 million global TB cases developed in India. In the past few years, India has been actively implementing multiple strategies for reducing the burden of TB, including the web-based reporting system, the national TB prevalence survey, and the rollout of TB service delivery from all HIV clinics. An early adoption of CAD systems based on artificial intelligence (AI) technologies for TB detection will synergize with the current endeavours to close the gap in TB control around the world and will help in the global fight against TB and the use of AI in the field of population health.

Artificial intelligence technologies, including deep learning (DL) and natural language processing (NLP), draw the attention of many public health professionals because of its potential to ease the shortfall of health workers¹. In India, the quality of TB care varies widely depending on the geographical location and the socioeconomic status of a patient, resulting in delayed or missed diagnosis of active TB cases².

There is a world-wide shortage of radiologists³. The national goal to eliminate TB in India by 2025 and around the world by 2030 can be facilitated by early adoption of AI in TB control programmes, and the successful use of AI in ending TB will help the world achieve the goals.

There are various AI tools in development in India and there is a need to have a robust AI tool with a high sensitivity and specificity which can be used as a screening tool. This Deliverable is intended to propose a benchmark for AI in radiographic detection of tuberculosis which includes data format, desired data for AI training and testing as well as AI performance evaluation methodologies.

¹ Tashfeen Suleman, How natural language processing can help relieve the healthcare worker shortage, World Economic Forum, July 5, 2022. <https://www.weforum.org/stories/2022/07/natural-language-processing-healthcare-worker-shortage/>.

² Satyanarayana, S. et al., Quality of tuberculosis care in India: a systematic review, International Journal of Tuberculosis and Lung Disease. 2015 July;19(7):751–763. doi: [10.5588/ijtld.15.0186](https://doi.org/10.5588/ijtld.15.0186).

³ Kleanthis Konstantinidis, The shortage of radiographers: A global crisis in healthcare, Elsevier [Journal of Medical Imaging and Radiation Sciences](https://doi.org/10.1016/j.jmir.2023.10.001), Vol.55, No.4, Dec. 2024. <https://doi.org/10.1016/j.jmir.2023.10.001>.

1.2 Relevance

The topic is of immense relevance in view of the following:

- a. AI technologies, including deep learning (DL) and natural language processing (NLP), draw the attention of many public health professionals as it can overcome the shortage of healthcare professionals. Based on the study conducted by the center for Internet and society, India (CISI), it is evident that India has a well-established infrastructure for the integration of AI into the Indian health technology infrastructure.
- b. AI has gained a platform in India to enable the scientific community to deal with challenges related to cognitive disorders and social issues through the use of psychological tools and batteries, early diagnosis and better therapies, intervention technologies and rehabilitation programmes.
- c. India has conducted mobile TB diagnostic van intervention using X-ray diagnostic vans and sputum microscopy for diagnosis of TB in tribal populations which has resulted in an increase in detection and reduction in out-of-pocket expenditure of patients. The AI technique can help in the diagnosis of TB cases in difficult to reach areas in India and other low-income countries.
- d. Also national TB prevalence survey is being conducted covering 500 000 population in the entire country using mobile X-rays in the field. The AI X-ray diagnosis would be of immense use in field diagnosis of TB and can be used across the globe in other countries as well as where there are limited resources and expertise.

1.3 Current approaches and the gold standard for detection

The gold standard for diagnosis of TB is the microbiological confirmation either by culture or CBNAAT. The sensitivity of the smear microscopy is low, and it tends to miss many cases of TB and the availability of the CBNAAT is not there in peripheral areas because of the infrastructure that it requires and lack of expert manpower to run it and of course the high cost. X-rays are done to further confirm the findings. Therefore, the role of X-ray becomes more important especially, as the triage test to detect the TB cases and the availability of the X-ray machines in the periphery makes it more feasible. Currently, the X-rays are read by the radiologists and co-related clinically. However, in resource-poor countries, the use of AI can help in radiographic detection of TB at a very low cost thus making a huge impact in saving lives.

1.4 Possible impact of AI on this topic

Pulmonary TB being an infectious disease has the threat to spread in the absence of its timely detection which is a major challenge. The current diagnostics available makes it more challenging as many millions across the world are missed by the conventional method. The use of AI for radiographic detection of TB would have a greater public health impact around the world in view of its potential to be used in remote and hard to reach areas for the detection of TB.

1.5 Expected impact of the benchmarking

The benchmark dataset for the X-ray detection of TB should be representative of not only of one region but the entire world to be robust enough to have >95% sensitivity and 95% specificity. The benchmarking for the AI tool would help in generating such a dataset which could help in the validation of AI tools across the world.

1.6 Ethical considerations

- **Ethical consideration of benchmarking including its data acquisition:** Ethical considerations on collection of data and thereafter usage of AI for public health are very important. The major concern is about data anonymization. The identifiers must be removed from the data and the data used for learning should be confirmed via gold standard tests. The

data acquisition should be voluntary from the cases and their contacts. Consent of patients for the use of data for the development of AI tools must be taken.

- **Ethical consideration for the use of AI tool for public health use:** The radiographic detection of TB using AI must be 95% specific and >95% sensitive. Primarily the tool could be used for screening purposes in remote settings followed by the final diagnosis by other methods. The patients must be informed of the use of such tools for screening and detection of their disease and their implications.

2 Existing AI solutions

There are few AI tools available for radiographic detection or screening of TB. However, they have been trained on a limited dataset and the entire range of variables have not been covered. Some of the systems have very low specificity and thus more false negative cases would be detected. These tools tend to fail on the undisclosed data sets. Therefore, there is a need for a standard benchmarking for training and testing of the data sets.

2.1 Existing work on benchmarking

There has been discussion on having a need for benchmarking in the area of AI for health but for the radiographic detection of TB, there is no benchmarking done till now. The tools available have been trained on the data set that was made available to them were mostly hospital based.

3 AI4H topic group: Current topic group and its mandate

The current topic group is specific and relevant to AI4H. The objectives are:

1. to provide a forum for open communication among various stakeholders,
2. to agree upon the benchmarking tasks of this topic and scoring metrics,
3. to facilitate the collection of high-quality labelled test data from different sources,
4. to clarify the input and output format of the test data,
5. to define and set-up the technical benchmarking infrastructure, and
6. to coordinate the benchmarking process in collaboration with the Focus Group management and working groups.

The primary output of a topic group is one document that describes all aspects of how to perform the benchmarking for this topic. (The document will be developed in a cooperative way by suggesting changes as input documents for the next FG-AI4H meeting that will then be discussed and integrated into an official output document of this meeting. The process will continue over several meetings until the topic description document is ready for performing the first benchmarking.)

This topic group is for building AI based solutions for radiographic screening/detection of tuberculosis.

4 Method

The method for AI benchmarking includes input data format requirement and output data, testing data, labelling and testing, and scoring matrixes.

4.1 AI input data

Chest X-ray images obtained from culture confirmed (gold standard) cases would be included for AI benchmarking initially and subsequently, the X-ray images from cases confirmed by molecular tests and clinical cases with composite references including response to treatment would also be included. Besides normal X-rays from various geographic locations and confirmed non-TB cases such as pneumonia, bronchitis, etc. would be included. Well annotated labelled images would be required.

4.2 AI output data structure

The AI output should include an AI tool differentiating normal and abnormal X-rays in the 1st phase and subsequently TB and non-TB abnormal cases, and finally detecting various presentations of TB on chest X-rays along with lesion position, area, and classification:

- 1) For clinical evaluation of the AI algorithm for radiographic detection of tuberculosis, images would be obtained from confirmed cases of TB and images labelled by the expert panel. The panel would involve at least two experts with 3-5 years of practice in chest radiology. In case of any discrepancy between the two radiologists, the image would be referred to the third radiologist for a final decision on disputed annotations from the other experts. All experts would receive prior specialized training regarding how to annotate TB lesions (including cavitary lesions) and lesion boundaries, etc.
- 2) For clinical evaluation of cases for AI and for radiographic detection of TB, the gold standard is the microbiological confirmation of cases i.e., either by sputum culture confirmation, CBNAAT confirmation or confirmation by composite reference including clinical follow-up. The data set would also include cases from non-TB conditions which would include pneumonia, asthma, bronchitis, etc.
- 3) Confidentiality of gold standard testing data results would be maintained.

4.3 Model development

The model will be developed in the following stages:

- **Stage 1:** Building an algorithm that interprets chest plain radiography, detects signs of abnormality, and differentiates normal from abnormal X-rays and pulmonary tuberculosis among abnormal X-rays.
- **Stage 2:** Building a more comprehensive algorithm that combines imaging and other clinical information to provide a more reliable prediction for diagnosis of tuberculosis and different presentations of TB on chest radiography.
- **Stage 3:** Expanding the model to be used in the detection of other pulmonary diseases.

Each stage will consist of three sub-phases:

- **Phase 1:** Retrospective data collection and model building
- **Phase 2:** Prospective validation and user feedback
- **Phase 3:** Full deployment of the system and continuous improvement.

4.4 Scores and metrics

Testing

- To evaluate the AI tool's performance dataset comprising a mix of each confounding variable case, test data would be taken and tested against the performance of AI. The initial diagnosis would be to differentiate a normal from an abnormal one and then TB and non-TB. Further types of TB such as cavitary, military, and lobes affected, etc. would be differentiated.
- **Primary benchmarking:** Primary testing would include the detection of abnormal X-rays from normal X-rays from the overall dataset. Abnormal X-rays would be further classified as TB and non-TB based on the detection of TB lesions. The data would also include normal X-rays and also X-rays from other non-TB cases. TB lesions detected by the AI tool would be compared with pre-labelled lesions to determine the true positive and false positive cases. Benchmarking metrics would include the sensitivity of the tool to detect TB cases based on TB lesions and false positives. Initial detection would be between normal and abnormal cases and further classification would be for tuberculosis based on which sensitivity would be

calculated. Specificity would be calculated based on the ability of the AI tool to accurately detect and identify non-TB cases as non-TB.

- **Secondary benchmarking:** This would involve marking the lesion size, area, cavity, classification, etc. Early cases of TB can be easily missed if not seen by experienced radiologists. Therefore, confirmed cases with early lesions in X-rays from confirmed TB cases clearly marked by radiologists would be included to train and test the performances.

4.5 Available data sets and undisclosed test data sets

- 1) In order to assess algorithm robustness, sufficient and diversified data from multiple heterogeneous sources (e.g., various types of digital images like, digital and biochemical films converted into digital images, patient demographics like age, sex, geographical areas and other clinical conditions, etc.) would be used for testing to verify the generalization capacity of AI. Public and real-world undisclosed data (desensitized) would be collected.
- 2) Database currently includes about 56 000 X-ray images from TB patients, and about 56 000 non-TB including adults and paediatric images from various sites across India which includes confirmed cases and about 50 000 normal images of normal X-rays. Data from multiple hospitals (public and private) are being collected for training. Besides data from cases enrolled in various clinical studies across various centres in India would also be included.
- 3) The training data set comprise 80% of the entire data set and undisclosed test data include 20 per cent of the entire data set. The data sets would cover the entire variations as discussed above.
- 4) The entire data set would also have confirmation of cases by gold standard test (microbiological or composite reference including response to treatment).
- 5) The AI tool would be further validated prospectively by the community based and hospital based study wherein the initial diagnosis of a new TB suspect would be given by the AI tool based on the X-ray findings which would be further confirmed by physicians based on the reports from radiologists, microbiological tests, and clinical follow-ups.
- 6) A panel of radiological and pulmonary experts will examine labelled undisclosed test data to confirm data variance, quantity, heterogeneity, labelling, and conformity to ethical and legal requirements.

4.6 AI tool development and status

ICMR, under DHR, Government of India, currently has a large number of data clinical and pictorial generated through its 27 permanent institutes and regional research centres and also through ICMR funded studies. ICMR also has extensive clinical expertise in developing AI tools for the diagnosis or screening of various communicable and non-communicable diseases and is in a position to lead the study.

Collaboration with the institute of plasma research, DAE

We are currently collaborating with the institute of plasma research (IPR), under the Government of India for the development of the AI tool for the radiographic detection of TB. The IPR has vast infrastructure and expertise in developing the tool for public health use. They have already developed the tool which can differentiate between TB, pulmonary TB footprints, and abnormal and normal chest X-ray cases, however the tool needs to be trained on a larger data set including larger variants of tuberculosis as required.

Features of AI tool

The automated tool can automatically detect the footprint of abnormal X-rays and out of abnormal X-rays, pulmonary tuberculosis in chest X-rays and other chest ailments; can differentiate normal X

rays from abnormal X-rays using images of both biofilms as well as the DICOM version of a digital X-ray to some extent. The software also has the added advantage of being cloud independent and can be used in common desktops and laptops.

The process of training the tool for detection of TB is in process. The tool would further be tested in a prospective study.

Salient features of the strategy to develop AI would be:

1. The tool must be trained to identify all possible variants of pulmonary tuberculosis.
2. Tool must have high sensitivity as well as specificity. Maximum tuberculosis cases should be screened out and no non-tuberculosis case be identified as tuberculosis.
3. Tool must be able to screen tuberculosis considering all possible presentations of subject/chest X-ray film as per geography, age, sex, occupation, stage of tuberculosis, quality of image, and type of image.
4. Tool can be used in remote areas with minimal manpower.
5. Chest X-ray films closely resembling tuberculosis but are non-tubercular in nature should ideally be screened as negative.

Reporting methodology

- Reporting metrics would be in two stages: first stage the AI tool would differentiate between normal and abnormal. Normal cases would be true normal cases, and the accurate detection would define specificity.
- Second would be abnormal but TB or non-TB. This would define the sensitivity of the tool.
- Later on, the tool can be trained to detect other non-TB chest lesions like pneumonia, bronchitis, cancer, etc.

4.7 Results

Data collection is ongoing. Although the desired number of chest X-ray images have been collected, and training for normal and abnormal differentiation has been completed. The data for differentiation between TB and non-TB conditions is collected at present.

The data is being collected for the adult and paediatric X-rays from 16 sites across India and the annotations are being done for the training.

The annotations are being done for some of the normal images also and used for training.

Figure 1 shows the sites across India from where the X-ray images are being collected.

A website has been created for the collection of the data from each site and the data is being accessed by IPR for training.

After each training the tool's performance is tested and further training is done for improvement.

The performance of the AI tool has improved further. The sensitivity and specificity of the AI tool in differentiating normal and abnormal images (of both adults and children) is 97.56% and 96.26% respectively with an accuracy of 96.43%. The sensitivity and specificity of the AI tool in differentiating TB among abnormal images were: 85.94% and 85.82% respectively.



Figure 1 – Map of India depicting sites⁴

4.8 Discussion

NA at present.

4.9 Expected outcome

Development of a cost-effective AI tool for radiographic screening/diagnosis for early detection of TB

⁴ The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of ITU and of the Secretariat of the ITU concerning the legal status of the country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

5 Progress in terms of collaboration for development of AI tool

5.1 AI tool for radiographic detection of the TB using chest X-ray

Institute of plasma research, under DAE, Government of India is developing the AI tool for the radiographic detection of the TB using chest X-rays. The MOU has been signed and the training of the tool has been initiated on the data of culture confirmed annotated X-rays from the previous survey. The annotation of the X-rays is being done. Following the training, the tool would be placed in the survey vans, data from the survey vans would be used for the training. However, due to the covid-19 pandemic the survey has been put on hold.

However, the annotation of the X-rays is being done in consultation with physicians and radiologists.

Progress: A validation on about 30 000 X-rays collected from all parts of the country was done. The data is being collected and confirmed by gold standard or composite reference. The central annotation committee had reviewed the X-rays that were used for training the AI tool. The emphasis of the committee was that the X-rays should be of good quality with clear demarcation of lesions and their labelling. The sites are providing microbiologically confirmed cases of TB. However, in the case of clinically confirmed cases, the cases with positive responses to treatment are being provided by the sites. Sites provide the normal cases that come for medical as true normal cases.

Progress in the development of AI tool

The present model of AI-tool is ready for deployment in the field as a screening tool. However, to declare it as a diagnostic tool, there is a need to increase the degree of accuracy in diagnosing types of disease. The validation has been done on more than 30% of the training data set which includes the retrospective X-rays and prospectively on the patients presenting with chest complaints and having lesions in chest X-rays. The AI models are trained many times with various input parameters and the final version 1.0 of the AI model. More than 10 post-processing algorithms are developed for predictions of abnormal chest X-rays.

The sensitivity and specificity of the AI tool in differentiating normal and abnormal images (of both adults and children) is 97.56% and 96.26% respectively with an accuracy of 96.43%. Literature reported value sensitivity and specificity of various tools is less.

The sensitivity and specificity of the AI tool in differentiating TB among abnormal images was: 85.94% and 85.82% respectively. In the remaining abnormal images, the lesions were identified without categorizing them as TB or non-TB/normal.

The software can be used with X-rays from digital X-ray machines or digitized forms of analogue X-ray. The criteria for acceptance have been included in the software. The software can be run on a standalone desktop or laptop computer with minimum user interference. The performance of the present AI-tool is much better than the other AI-tools available in the literature.

Further work on differentiating the TB and non-TB conditions is ongoing. However, the version 1 for normal and abnormal images has been validated and is ready for deployment. The AI tool can be taken up further.

Annex A

Glossary

This annex lists all the relevant abbreviations, acronyms, and uncommon terms used in this Deliverable.

Acronym/Term	Expansion	Comment
AI	Artificial intelligence	
AI4H	Artificial intelligence for health	
AI-MD	AI based medical device	
API	Application programming interface	
CfTGP	Call for topic group participation	
DEL	Deliverable	
FDA	Food and drug administration	
FGAI4H	Focus Group on AI for health	
GDP	Gross domestic product	
GDPR	General data protection regulation	
IMDRF	International medical device regulators forum	
IP	Intellectual property	
ISO	International standardization organization	
ITU	International Telecommunication Union	
LMIC	Low-and middle-income countries	
MDR	Medical device regulation	
PII	Personal identifiable information	
SaMD	Software as a medical device	
TDD	Topic description document	Document specifying the standardized benchmarking for a topic on which the FG AI4H topic group works. This document is the TDD for the topic group MCH
TG	Topic group	
WG	Working group	
WHO	World Health Organization	

Annex B

Declaration of conflict of interest

None.
