Landing AI in the Real World- Case Study from Greater Glasgow and Clyde

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RADICAL: Radiograph Accelerated Detection and Identification of Cancer in the Lung (RADICAL): A Mixed Method Digital Health Technology Assessment

Dr Sean Duncan, Prof. Alex McConnachie, James Blackwood, Dr David Stobo, Dr John MacLay, Prof. Olivia Wu, Dr Evi Germeni, Prof. Neil Hawkins, Dr Dennis Robert. Banu Bilgilie, Dr Shamie Kumar, Dr Mark Hall, Prof. David Lowe





We aim to accelerate product development and support their adoption into clinical settings through robust evaluation, with the aim of tackling healthcare challenges and improving patient outcomes.

OUR SERVICES



Expert clinical input from ideation through co-design and co-evaluation



Secure access to clinical resources and data to test and validate innovations



Collect insights through patient, public, and stakeholder groups



Health economic assessments and cost impact evaluations



Evidence clinical effectiveness and technical performance



Expert review and development of clinical studies





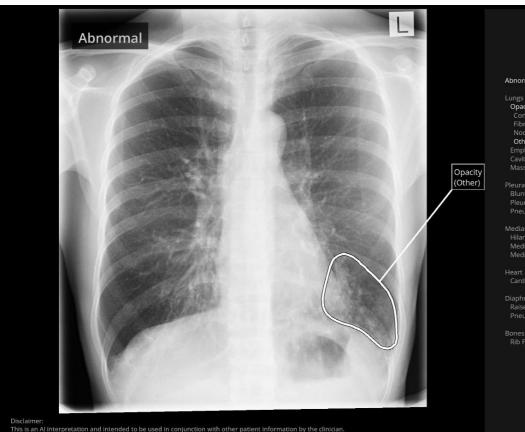


'qXR' by Qure.ai

- × Trained on 4.4m scans
- × 25 Different abnormalities
- 5 of these abnormalities were used as a flag for Urgent Suspicion of Cancer (USC):

1. Mass

- 2. Mediastinal widening
- 3. Cavity
- 4. Nodule
- 5. Hilar Enlargement



porters are responsible for viewing the original image as per the standard of care

qXR Interpretation

Abnormal	YE
Lungs	
Opacity	
Consolidation	
Fibrosis	
Nodule	
Other Opacities	YE
Emphysema	
Cavity	N
Mass	
Pleura	
Blunted Costophrenic Angle	N
Pleural Effusion	N(
Pneumothorax	
Mediastinum	
Hilar Prominence	NC
Mediastinal Widening	NC
Mediastinal Mass —	
Heart	
Cardiomegaly ————	
Diaphragm	
Kaiseu/Teriteu Diaphragin	N
Pneumoperitoneum	
Bones	
Rib Fracture	N



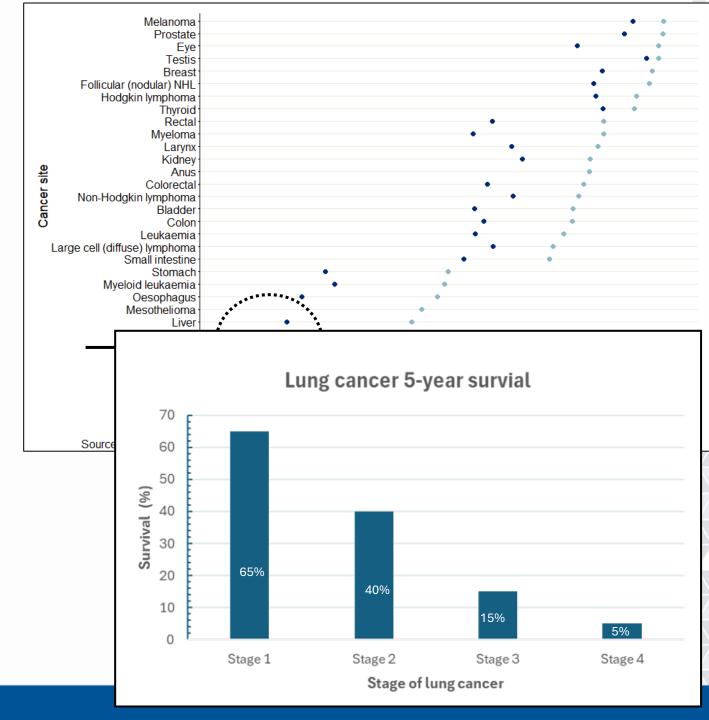






Lung cancer

- ×Prognosis is extremely poor at 5 years
- ×Delays in treatment make a difference

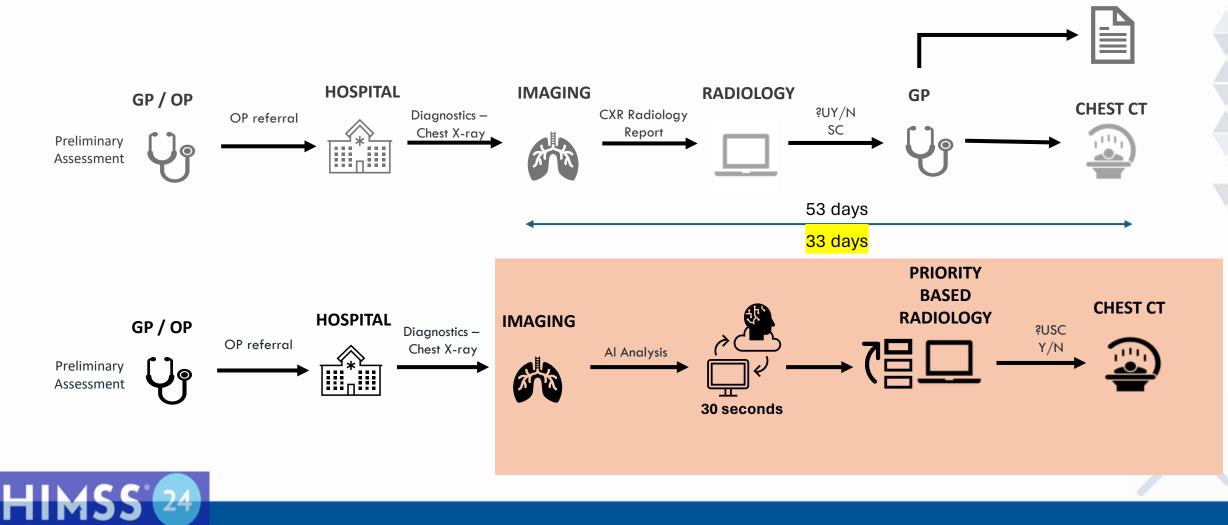






An AI-Enabled pathway

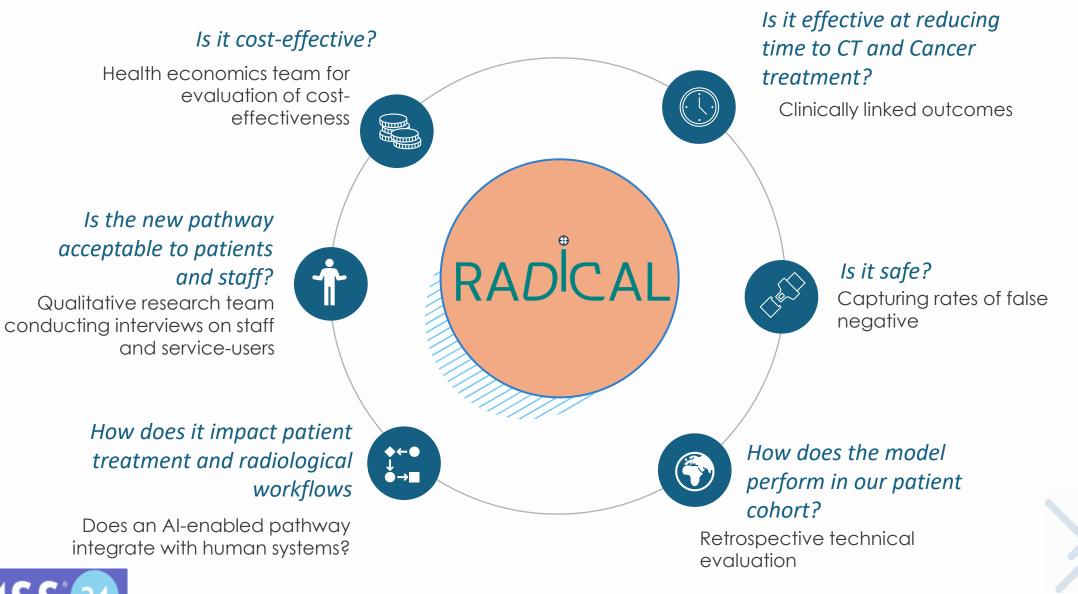
AI as a catalyst for pathway change in NHS Greater Glasgow and Clyde



University of Glasgow

RESP REFERRAL







contractors. Landing in the real world Ð AI Capability What makes it hard? Ground Truth? , ji Validation of diagnostic

IT infrastructure

Cross disciplinary collaboration with ehealth, administrators, third party

> Initial Workflow disruption Pathway changes cause stress

technology needs a benchmark





A 'Once for Scotland' Approach for accelerated deployment of innovative science and technology



Innovation proposal

High impact innovations that meet a national policy and clinical need



Strategic assessment

Review and triage by ANIA assessment Panel



Value case development

Driven by strategic assessment recommendation and evidence



National innovation adoption

With data capture and optimisation input.



Handover from ANIA to 'business as usual'

Sustainable ongoing integration of the innovation into routine care





HIMS

References

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