



Part 2: Innovative Technologies to Expand Cancer Screening Speaker Responses to Additional Questions

Original webcast on June 24, 2020

The questions below were asked in the Q&A text feature during the live webcast session but not answered, due to time constraints. Our speakers have provided us with their answers, and we share this valuable information with you.

Question:	Answer:
Is screening for oral cancers the job of dentists or physicians or both?	<i>Petra Wilder-Smith:</i> Both.
Is it standard practice for dentists to screen patients at a regular dentist visit? Or is it something that only high-risk patients get?	<i>Petra Wilder-Smith:</i> It is mandated that dentists should perform a full oral cancer exam for all patients.
Would the AI screening tool be used in combination with increased/ improved training of clinicians?	<i>Petra Wilder-Smith:</i> It is pretty simple to use.
How would the screening tool be decontaminated between patients? (Is it able to withstand Lysol?)	<i>Petra Wilder-Smith:</i> It is covered with a disposable sheath. Chemical antibacterial wipes are also applicable.
What is the accuracy of this device?	<i>Petra Wilder-Smith:</i> The AI algorithm is still being refined. Right now, it is approximately 85% accurate; sensitivity is better than specificity.
The oral cancer screening is interesting and shows much potential. Do we know what the false positive rate is for the technology?	<i>Petra Wilder-Smith:</i> Approximately 17% false positives at this stage of development.
How do you overcome the issue of discharge to get clear images with the scope?	<i>Nimmi Ramanujam:</i> This is undoubtedly a challenge - we are exploring ways to clean up the discharge to get a clear view of the cervix for imaging. If it is mucus related to the menstrual cycle, we can also do the imaging at the appropriate time following a period.
What is the availability of these devices in the United States, or when do you foresee them becoming available?	<i>Nimmi Ramanujam:</i> The Pocket colposcope will be available at the end of the year. The Callascope will be ready in mid-2021.

<p>Who does the review and diagnosis of the home screening?</p>	<p><i>Nimmi Ramanujam:</i> Community health workers who are peers of the women are disseminating HPV self-testing kits to women in the places where we work. We will integrate this into their model as they are already educating and training women in their communities on how to do self-testing and they can serve as a support system during these procedures or do the procedure for the woman if she needs it.</p>
<p>Is this the same Mobile ODT colposcope that uses the phone with AI and gives the best places for biopsy? Based out of Israel used in LMIC [low- and middle-income countries]?</p>	<p><i>Nimmi Ramanujam:</i> It is a colposcope like the Mobile ODT device or any other colposcope, but it is far less expensive than any colposcope owing to its distinct form factor that allows it to get close up to the cervix to obtain images that are superior to that of a traditional colposcope.</p>
<p>Could the calla AI be used in post-menopausal women?</p>	<p><i>Nimmi Ramanujam:</i> Yes definitely, but we would need to make sure we incorporate images from different age groups and different types of cervixes (specialty visualization of the transformation zone) in the training set.</p>
<p>What are the costs of new technology? And what are their costs per woman. What pieces if any are disposable?</p>	<p><i>Nimmi Ramanujam:</i> Our vision is to have providers disseminate the technology and a sheath to protect the device, and it will be used multiple times across women in order to make the test per woman less than \$1. When selling in high income settings there will be a disposable, but in environments where this is not practical it will be reusable with high level disinfection.</p>
<p>Why do you think there is such a misconception regarding e-cigarettes and why people think they are not harmful?</p>	<p><i>Lilianna Phan:</i> Some of the misperceptions regarding the health, harm and addictive risks of e-cigarettes are due in part to how they are marketed by the industry to consumers. It is important to develop evidence-based messages to counter these marketing tactics and effectively communicate the risks of e-cigarettes to those who may be interested in trying them or are using them.</p>
<p>What are the challenges that you find when trying to educate communities about the detrimental effects of e-cigarettes?</p>	<p><i>Lilianna Phan:</i> Some challenges to communicating the risks of e-cigarettes are that we are still learning about the harms of this newer class of products and the risks are often</p>

	<p>thought of in comparison to cigarettes. It can also be challenging to identify the risks that are most salient with a certain community in order to maximize the potential to prevent and reduce e-cigarette use.</p>
<p>In certain areas, there are city ordinances preventing the sale of e-cigarettes as part of a tobacco prevention effort. Are these areas being considered as part of the study reach?</p>	<p><i>Lilianna Phan:</i> In the current study, areas with city ordinances preventing the sale of e-cigarettes will not be included. However, addressing e-cigarette use, especially among young adults, requires a multi-level approach and it will be important to understand how these different prevention efforts work together. Thank you for raising this question as it will be a critical next step in future research.</p>