Effective Strategies for Retinopathy of Prematurity Screening

in rural centers - The KIDROP experience



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No Financial Interest



A Leading Hospital in a Tier 2 Town BW 1080 gm, POG 28 weeks



Risk Factor	Status
Sepsis	٧
RDS	٧
NEC	V
Poor Wt Gain	٧
IVH	٧
ROP	Screened at Day 70 of life



The Challenge



Anatomical Site of blindness in children in 43 countries *

	EME	FSE	LAC	MEC	China	India	OAI	SSA
Globe	10	12	12	15	26	24	21	9
Cornea	1	2	8	8	4	28	21	31
Lens	8	11	7	20	19	11	19	9
Uvea	2	5	2	4	1	5	3	4
Retina	25	44	47	38	25	22	21	24
Optic Nerve	25	15	12	7	14	6	7	10
Glaucoma	1	3	8	5	9	3	6	7
Others	28	8	4	3	2	1	2	6

RICH

POOR



^{*} Clare Gilbert, LSHTM





Retinopathy of Prematurity - India's 'epidemic' problem



ROP Epidemic: Leading cause of infant blindness 2 million at risk.



Every two hours 3 infants reach threshold for treatment in India*



^{*} Extrapolation based on GOI Data (2007) and PGI, Chandigarh, NICU Incidence

ROP screening is unfortunately NOT universal



Narayana Nethralaya Initiative





· Tele-ROP

 Train peripheral ophthalmologists (ROP fellowship)

Talking to and
 Training pediatricians
 & gynecologists

Myths & Barriers



3

ORIGINAL ARTICLE

- 4 Retinopathy of Prematurity in a Rural Neonatal Intensive
- 5 Care Unit in South India—A Prospective Study
- 6 Bhavana Hungi Anand Vinekar Narendra Datti •
- 7 Pushpalatha Kariyappa Sherine Braganza •
- 8 Susheela Chinnaiah Krishnamurthy Donthi •
- 9 Bhujang Shetty

ROP group but was not statistically significant. Of the overall infants screened, 68 (57.6%) were heavier and older than the American screening cut-off. Of these, 36.8% had some stage ROP and 8% required treatment.

Conclusions: This is the first prospective ROP study from a district NICU in India and compares with previously published urban data. If Western-screening guidelines are used in the rural scenario, we risk a significant proportion of infants being missed who may require treatment.



APROP is a emerging as a rural problem in India

Outcomes of a Protocol-Based Management for Zone 1 Retinopathy of Prematurity: The Indian Twin Cities ROP Screening Program Report Number 2

SUBHADRA JALALI, SIDDHARTH KESARWANI, AND ANJLI HUSSAIN

Jalali et al Am J Ophthalmol, 2011

APROP reported from 6 districts of Rural Karnataka State in Southern India

Vinekar A et al, Am J Ophthalmol 2011



The Strategies



Retinopathy of Prematurity

Summary of Recommendations

Retinopathy of prematurity (ROP) is emerging as one of the leading causes of preventable childhood blindness in India.

Screening for ROP should be performed in all preterm neonates who are born < 34 weeks gestation and/or < 1750 grams birth weight; as well as in babies 34-36⁶⁷ weeks gestation or 1750-2000 grams birth weight if they have risk factors for ROP.

The first retinal examination should be performed not later than 4 weeks of age or 30 days of life in infants born \geq 28 weeks of gestational age. Infants born \leq 28 weeks or \leq 1200 grams birth weight should be screened early, by 2-3 weeks of age, to enable early identification of AP-ROP.

National Neonatology Foundation – Practice Guidelines 2010.

Pejawar R, Vinekar A, Bilagi A. for NNF writing committee on ROP



Low cost enrolment REDROP

A Novel Low-Cost Strategy for Enrolling Infants into a ROP Screening Program

Vinekar A, Avadhani K et al
Ophthalmic Epidemiol. 2012 Aug 16. [Epub ahead of print]







REDROP

Cost of enrollmet per infant was < Rupees 5 (USD 10 cents)





Why they didn't come....

Reasons	for	NOT	Percentage	(%)
coming	for	ROP	(rounded)	
screening				
Mobile nui	mber sv	vitched	63	
off / non-	existent	(could		
not remind	d)			
Distance			8	
No permis	sion fro	m male	20	
member				
Health issues		6		
No reason		3		
C 1 D'	22			

Gender Bias??

82% of those who did not come were females.

72% of those who came were males















First PPP in Infant Blindness in India - ROP

2.3 Crores (2009-2012)

Innovative Initiative by Govt. of Karnataka

12 districts in Karnataka - North and Central zones







Training;Ophthalmologists &OA

Funding for Camera& Laser

"Reading Site"

Logistics : Support:
 Mobilization of the infants – screening and treatment

· Treatment





VS







Other States: Maharashtra Gujarat Rajasthan

Narayana Nethralaya
KIDROP Trial
(Karnataka Internet Assisted
Diagnosis of ROP)
2007 to date







Karnataka
coverage
area

18 districts

74 hospitals

3 Independent teams

Б	77 4	7000 2 (NIV)	7000 2 (CV)
Day	Zone 1	Zone 2 (NK)	Zone 3 (CK)
Mon	Mandya,	Raichur	Davangere
	Mysore,		
	Chamrajnagar		
Tue	Bangalore	Gulbarga	Chitradurga
	BBMP		
Wed	Tumkur dist	Bidar	Bellary
	Hosur (TN)		
Thu	Kolar	Bijapur	Haveri
Fri	Tumkur	Bagalkot	Dharwad
	Pavagada		
Sat	Bangalore	Koppal	Gadag
	Urban		











NETHRALAYA

Average speed of uploads

ges (14 images per infant)
14 -16 min
6-8 min
2-3 min
< 2 min
< 1 min

Ophthalmic Camera

PATIENT SITE



Ophthalmic TelePACS Server



ANYWHERE

ANY SITE

Remote Viewing





- Ophthalmic
 Worklist & Viewer
- minute in the second se

- · Studies captured by digital Fundus camera
- · Uploader installed on Fundus camera workstation
- Uploader encrypts, compresses losslessly and transmits Studies to Server over LAN or WAN

- Stores Studies for download.
- Provides user services over the WEB such as:
 - · Viewer download
 - · Worklist creation
 - Workflow management.
 - · Admin functions
 - User authentication

- Remote Ophthalmologist logsin at the Server over WEB.
- Downloads viewer one time from server.
- Downloads worklist from server.
- Selects studies to download from the worklist.
- Downloads studies realtime and progressively views
- Uses Viewer tools to analyze images.

- Creates reports via WEB reporting feature or Word upload.
- Electronically signs and sends to Patient Site or forwards to consultant.

TRAINING @ KIDROP











TREATMENT AT THE OUTREACH

Laser treatment & patient counseling in the Rural Outreach









KIDROP

- · 2008: NN Initiative
- · 2009 MOU with NRHM Karnataka
- · 2010 : Training
- · 2011 (to date) Implementation

- Total: 23578 sessions
- 18 districts
- 614 laser procedures



Which is the best strategy?

Analytic Hierarchy Process

Strategy	Highest Burden	Coverage of susceptibles (%)
Mothers coming to city with their infants	Patient	10-14%
ROP specialists screening in rural areas once a week	Individual Organization	34-58%
District Hospitals have one RETCAM each	Organization	88-95%
KIDROP	Balanced	>90%

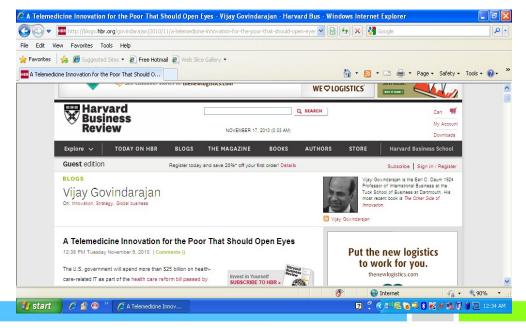
Study in association with IIM Bangalore Jan-Feb 2011



KIDROP - past achievements



"... a unique experiment in Tele-Ophthalmology provides hope to rural infants"



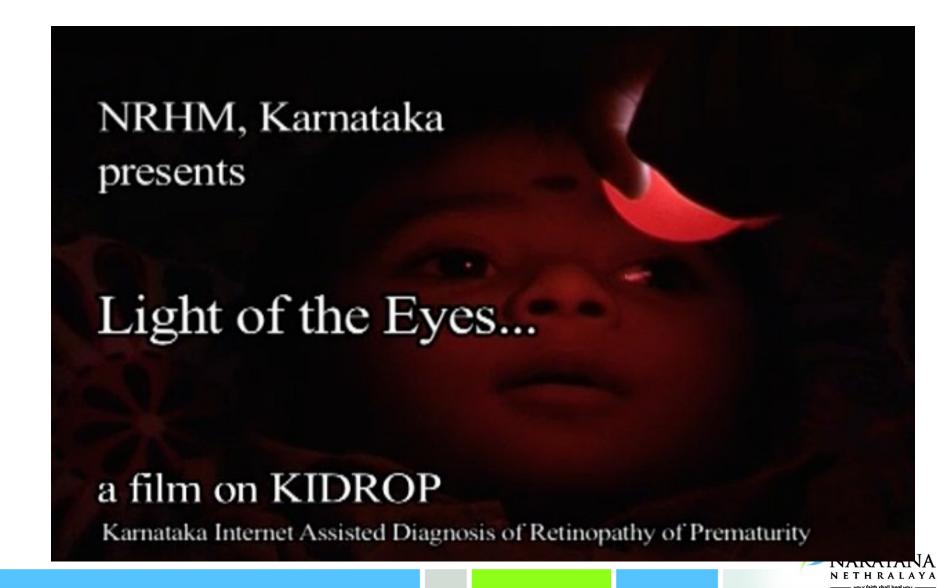
Harvard Business
Review cites
KIDROP as an
example of 'reverse
innovation"

your faith shall heal you



"Light of the Eyes" Movie on KIDROP by NRHM: May 2012





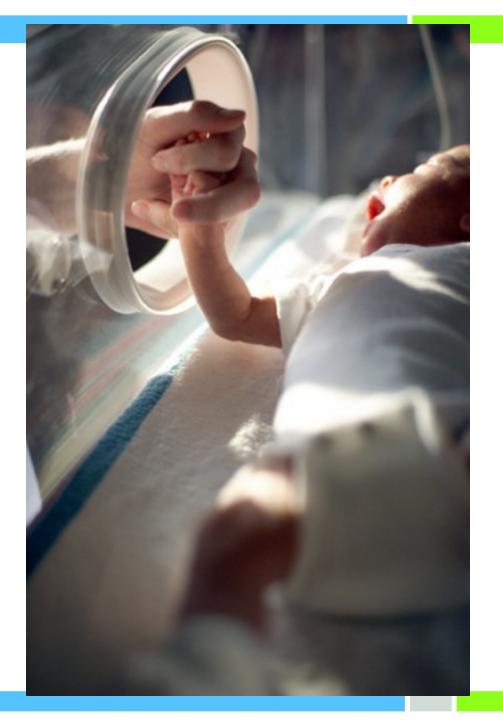
KIDROP NARAYANA NETHRALAYA

KARNATAKA INTERNET ASSISTED DIAGNOSIS FOR RETINOPATHY OF PREMATURITY









THANK YOU

Working towards a world without ROP blindness*

* Video on YouTube

Follow the KIDROP Program on FACEBOOK

facebook.

www.facebook.com/KIDROP

