TB DICTIONARY

Global Tuberculosis Dictionary

Global Tuberculosis Dictionary:
Methodology

TUBERCULOSIS DICTIONARY METHODOLOGY

PART 1: LITERATURE REVIEW PHASE

We conducted a comprehensive literature search to identify TB-related documents published between 1 January 2000 and 31 December 2022 to identify terms and definitions associated with TB.

Search stratgey: Scientific articles were identified and retrieved through PubMed using the following terms in the search tool:

"defin*" OR "glossary" OR "term*" AND "tuberculosis".

Documents from the World Health Organization (WHO), The International Union Against Tuberculosis and Lung Disease (The Union), and The Centers for Disease Control and Prevention (CDC) were also included, as they often serve as an international reference for global TB control. Documents were retrieved from the respective website of each organization:

- WHO: https://www.who.int/tb/publications/
- The Union: https://www.theunion.org/our-work/technical-publications
- CDC: https://www.cdc.gov/tb/publications/

Eligibility criteria: A title and abstract review was conducted for all scientific articles to ensure that they were TB-specific and aimed to define terms and concepts. Only those articles with the main goal of discussing TB related terms were selected for full review.

All TB-related documents from the WHO, The Union, and the CDC were reviewed, and terms and definitions were extracted from glossaries, annexes, footnotes, and from the text. A database was created to gather information from all reviewed documents. The information collected from each publication was: ID number, type of document (i.e. guideline, report, journal article, etc), publication year, origin (i.e. organization or publisher), title, relevant information (i.e. whether terms & definitions present), if yes, what information (i.e. glossary, list of terms, etc), page numbers, document URL, and any additional comments (see **Table 1**).

Table 1. Database for definitions

Document ID	Type of document	Publication year	Organization	Title	Relevant information	If yes, what information	Page(s)	URL	Comments

Table 2. Database for terms

Term	Organization	Year	Document ID	Document Title	URL	Definition	Comments

Data extraction and screening: During the review of documents, terms and definitions were extracted from the documents and organized into an Excel spreadsheet (see **Table 2**).

After the document review and data extraction was complete, two initial checks were conducted to make sure that all terms were relevant to TB. First, a single reviewer performed a verification that all terms were either TB-specific, or have specific relevance or application in the TB context, and to remove duplicate definitions, identified as the same definition for identical terms published by the same organization. If identical definitions existed for the same term across multiple years, the newest reference was kept and others were removed.

Once the terms were deemed TB-specific, an additional check was conducted by two independent reviewers to determine whether the term should stay in the dictionary (i.e. the term is relevant to be defined within the
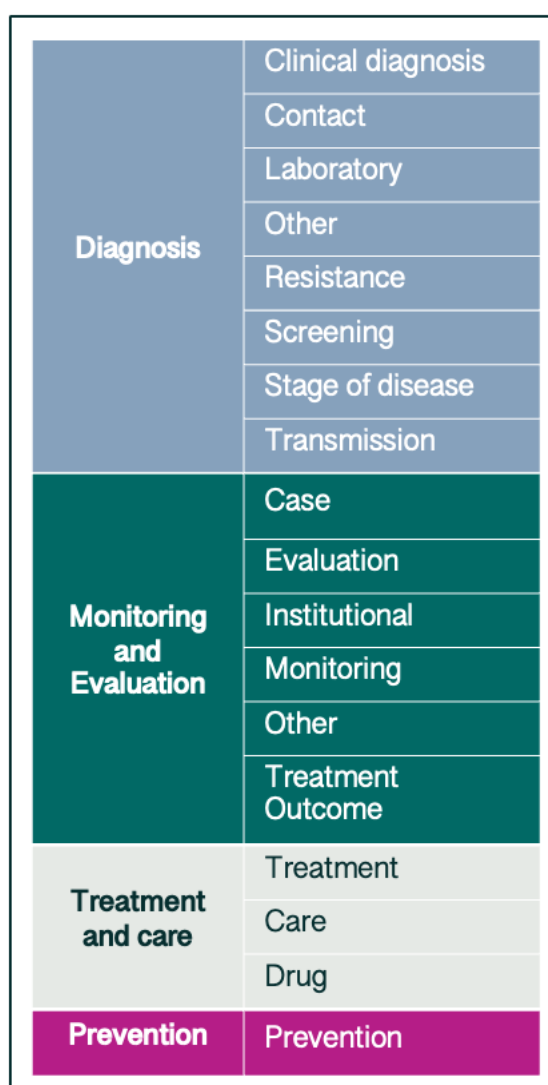

Figure 1. Groups and subgroups used to categorize extracted terms.

confines of a dictionary) or should be removed (i.e. the term is used in the TB context but not exclusively, or not widely enough to warrant inclusion). The remaining terms were then classified into groups and subgroups to better facilitate distribution of terms to the editorial team for expert review (see **Figure 1**).

In total, 517 publications were reviewed from which 913 terms and 1371 definitions were identified (**Figure 2 & 3**). During the initial screening, 115 terms and 191 definitions were removed. Therefore, 798 terms and 1180 definitions were considered for further expert review.
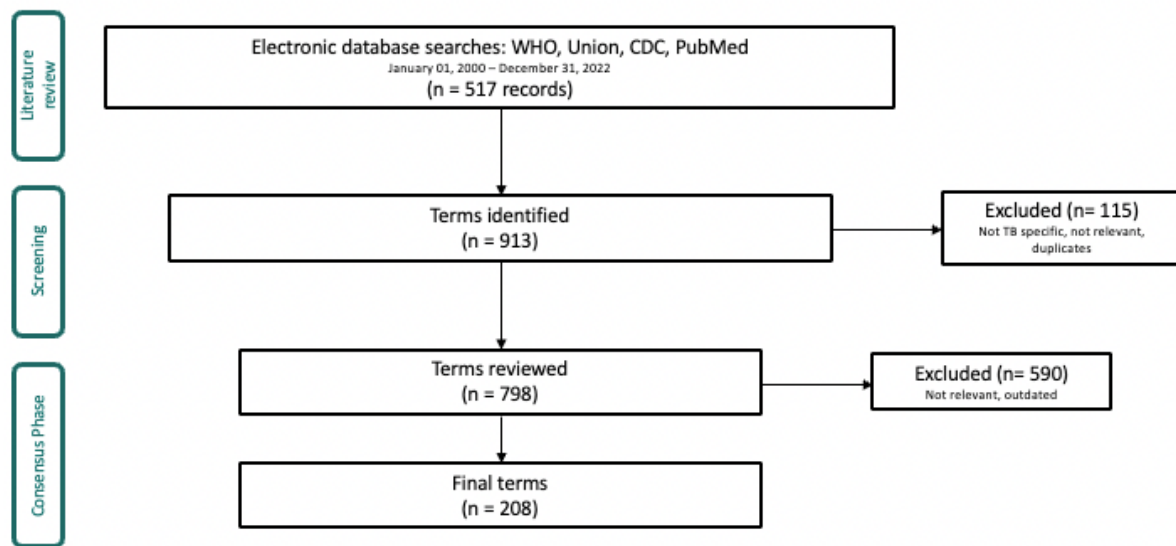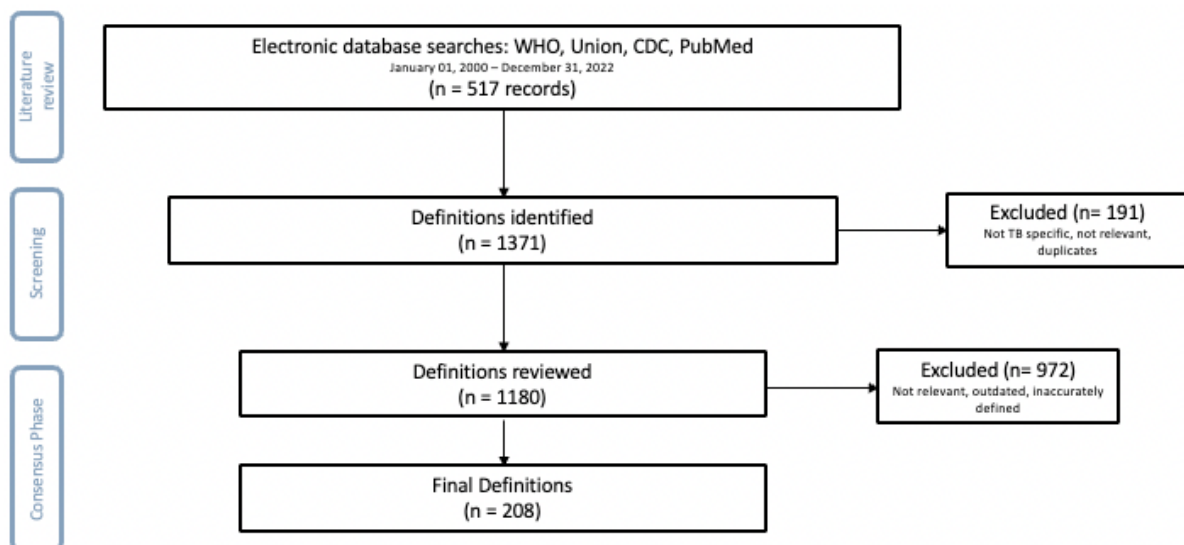
Figure 2. PRISMA diagram of tuberculosis terms

Figure 3. PRISMA diagram of tuberculosis definitions

PART 2: BUILDING CONSENSUS

To begin the consensus building phase of the review, a team of TB experts from geographically diverse settings and across all specialties was assembled. The

Team consisted in a group of independent TB researchers, public health officers and TB survivors, from different countries, including Australia, Brazil, Canada, France, Italy, Kenya, The Netherlands, Perú, Singapore, South Africa, Spain, Uganda, United Kingdom, and the United States.

Terms were divided into groups of approximately 60 terms based on their group and subgroup classification, and were distributed to a TB expert based on their professional specialty and expertise in TB. Terms were distributed to ensure that each term was reviewed by at least two experts. All reviews were conducted independently, and all TB experts were blinded to all other reviews.

During the review, each term and definition was assessed individually.

Experts classified each **definition** as:

- Relevant and properly described in the source document
- Relevant but has taken on a new meaning or use, should be redefined or updated so that the definition reflects current use - will include space for suggestions
- Outdated, has historical value but it is not relevant today and should be considered for the dictionary

For the **terms** that have been grouped, experts classified them as:

- Accept (Most appropriate and valid)
- Amend (Will benefit from an update) - with the option to include suggestions for the new definition
- Reject (Outdated - not in use)

Conflicting opinions between reviewers were solved through discussion or, when needed, consultation with a third reviewer (one of the main editors of the journal). All amendments underwent a final review for cohesion and consistency by the editors. In case of conflicting opinion, the editors met to discuss and find consensus. In the last quarter of 2023, there were two final review iterations with all associate editors. After these final reviews, 208 consensus terms and definitions were compiled into a glossary, representing the first edition of the Global TB Dictionary. The glossary was refined to ensure alignment with the Stop

TB Partnership's Words Matter language guide, and reviewed by two TB survivors to ensure that the language is acceptable to the TB-affected community.