QIBA CT Volumetry Biomarker Ctte (BC) Call
6 February 2017 at 11 AM CT
Draft Call Summary

In attendance:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>RSNA:</th>
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<tr>
<td>Jenifer Siegelman, MD, MPH</td>
<td>(Co-Chair)</td>
<td>Kevin O’Donnell, MASc</td>
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<tr>
<td>Maria Athelogou, PhD</td>
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<td>Joe Koudelik</td>
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<td>Rick Avila, MS</td>
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<td>Andrew Buckler, MS</td>
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<td>Heang-Ping Chan, PhD</td>
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<td>Charles Fenimore, PhD</td>
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<td>Marios Gavrielides, PhD</td>
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<td>Ritu Gill, MD, MPH</td>
<td>Kevin O’Donnell, MASc</td>
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<td>Lubomir Hadjiiski, PhD</td>
<td>Nicholas Petrick, PhD</td>
<td>Julie Lisiecki</td>
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<td>Rudresh Jarecha, MBBS</td>
<td>Uma Ranjan, PhD</td>
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<td>Claudia Kirsch, MD</td>
<td>Marthony Robins, PhD</td>
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<td>Yongguang Liang, PhD</td>
<td>Na Sun, PhD</td>
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<td>James Mulshine, MD</td>
<td>Ying Tang, PhD</td>
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<td>Nancy Obuchowski, PhD</td>
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Review prior call summary: January 30th summary approved as submitted

Profile Checklist Review – Section 4 continued (Mr. O’Donnell)

- Discussion continued regarding whether or not modification and consistency of kVp is important
- Without consistency, there is a potential image edge effect when there is a time delay between scans
- kVp must be consistent with the baseline noise parameter and resolution parameter
- It was decided to leave kVp as is and require that it be consistent with the baseline measurement, if available
- The current boundary on image noise criteria may act as a kVp check for the Profile
- It was noted that there is a more significant effect when contrast is in use but prescriptive use was not necessary
- Sites will most likely use the baseline study and examine the header to find the kVp value

Assessment Procedure – Section 4.4

- Results will soon be available from Duke, Rush, and Brigham & Women’s
- It is important to label the RIDER data set as curated
  o The curated dataset contains a zip file with DICOM images and a spreadsheet which characterizes lesions and provides space for responses
  o A spreadsheet is available for feasibility testers to record their data
- An issue occurred for Dr. Gill when trying to download the BETA software (CT 233) from Duke
  o Drs. Gill and Robins to confer offline to resolve this issue with the BETA analysis software
  o The ABM Revisions Committee indicated that the full version of the CT 233 software should be available by end of March
- Dr. Fenimore also intends test the CT 233 software to check for reasonable levels of agreement

Checklist

- Mr. O’Donnell to provide the checklist to Drs. Gill and Liang in Word
- Additional updates may be made after all of the feasibility testing results have been reviewed

Lungman Phantom Data

- Dr. Petrick indicated that posting the lungman phantom data is acceptable, as it is publicly available
  o Dr. Petrick intends to follow up with Dr. Erickson on 2/8 to discuss next steps for posting
- Once the data is posted, Dr. Siegelman and Mr. O’Donnell volunteered to test everything from a user perspective
- Dr. Siegelman asked that Drs. Goldmacher and Samei be apprised of updates: gregory.goldmacher@merck.com; ehsan.samei@duke.edu
Follow up items:

- QIDW datasets – Determine how streamlined the datasets should be
- Determine whether users should be directed to read-only pages for Profile required items and whether registration should be required for more in-depth analysis

Action items:

- Feasibility testing participants will report back to the group with their progress on the 2/20 WebEx call
- A dataset from Dr. Petrick for the Lungman phantom data is still needed for the QIDW
- Link testing for the QIDW will be needed
- Additional spreadsheets for a regression module as well as for the coordinates for the RIDER tumors are being compiled by Mr. Tervé

Next Calls:

Monday, February 13, 2017 at 11 am CT – (CT Coordinating Committee in place of BC call)
Monday, February 20, 2017 at 11 am CT – (Biomarker Committee)