Call Summary

In attendance:
Andrew Buckler, MS (Co-Chair)  James Mulshine, MD
P. David Mozley, MD (Co-Chair) Nicholas Petrick, PhD
Lawrence Schwartz, MD (Co-Chair) Daniel Sullivan, MD
Harris Ahmad, MD
Alaaddin Akkaya, MD
Rick Avila, MS
Charles Fenimore, PhD  Fiona Miller
Robert Ford, MD  Mary Cerceo
Wendy Hayes, DO  Susan Anderson

Agenda (Mr. Buckler)

- Review of “What are Profiles?” section of Wiki
- Wiki updates

“What are Profiles?”

http://qibawiki.rsna.org/index.php?title=What_Are_Profiles%3F

- Need to be articulated so they are actionable and address audience
  - May include radiologists, oncologists, research nurses
  - RECIST is usually done by research nurses
- Uses of Profile
  - Initially applied to clinical trials, later to clinical practice
  - May be used in multicenter sites or by practitioner outside imaging
- Hierarchy of Profile and Protocol
  - Nested but which is subordinate to other?

  - Protocol
    - Protocol specifies Profile
    - Profiles should not be proliferated
    - Addresses modifications that are required
    - In clinical practice: imaging protocol for each patient or each machine
    - In clinical trial: standardized into image acquisition protocol (to be embedded into Profiles?)

  - Profile
    - Suggestion that Profile is subordinate to Protocol
    - Profile is formalization with benefit of imaging vendor “certification”
    - Profile as a scalable toolkit to be customized for Protocol
    - Profile as imaging manual
    - Dr. Hayes uses imaging manual which specifies requirements
      - Can the format of imaging manuals be transcribed into Details section of Profile?
      - The manual used must be modest; try to systematize in modular fashion
Profiles to address varying needs in a rational way
  • E.g. are slices of whole body needed?
    o Profile could help viewer choose protocol based on desired statistical outcome
      ▪ Add RECIST measurements for linear volume?
    o How equipment is used for certain results
      ▪ Claims and statistics around claims will help identify what is appropriate
    o Over past year, enthusiasm for:
      ▪ Expanding beyond volumetrics
      ▪ Including cross-modality

Encourage broad participation from team members, especially hardware and software providers
  • Input particularly needed related to bullet 3, “It tells a vendor what they must implement in their product to state compliance with the Profile. (Details) “
  • Activity: Image acquisition
    o Request that vendors supplement section scientific and engineering content with references and documents. Mr. Avila will conduct higher level analysis on this section and add engineering content, using bull’s eye approach
    o Aim is not specific answer but rather a range of sizes
  • Activity: Image reconstruction
    o Vendors may have self-interest in proposing certification of what they already provide as a starting point, with group discussion to make it meet the community needs

Next Steps
  • Dr. Mozley will re-work claim language
  • Dr. Hayes will work with Dr. Mozley and update Profile details with imaging manual materials
  • Draft materials from Drs. Hayes, McNitt-Gray and Mozley into Profile
  • Next call: Monday, February 9, 2009, 11am CST. Feb. 9 call devoted to group reports
  • Monday, Feb. 16 call devoted to detailed review of Profile