In attendance:

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<th>RSNA:</th>
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<tr>
<td>Gregory Goldmacher, MD, PhD, MBA (Co-Chair)</td>
<td>Kevin O’Donnell, MASc</td>
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<td>Ehsan Samei, PhD (Co-Chair)</td>
<td>Joe Koudelik</td>
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<td>Jenifer Siegelman, MD, MPH (Co-Chair)</td>
<td>Eric Perlman, MD</td>
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<td>Maria Athelogou, PhD</td>
<td>Julie Lisiecki</td>
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<td>Hubert Beaumont, PhD</td>
<td>Nicholas Petrick, PhD</td>
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<td>Andrew Buckler, MS</td>
<td>Edward Jackson, PhD</td>
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<td>Heang-Ping Chan, PhD</td>
<td>Ying Tang, PhD</td>
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Summary of Remaining Open Issues for the CT Tumor Volume Change for Advanced Disease (CTV-AD) Profile:

- **Profile scope**: Since the Committee would like to promote the Profile for use on tumors throughout the chest, abdomen and pelvis, the Profile title and scope have always been kept non-anatomy-specific.
- **Claims scope**: Since the Profile is not anatomy-specific, a decision needs to be made regarding the scope of the claims
  - Supporting data for the current Claims is based on the RIDER (lung-specific) dataset
    - **Alternative A**: Keep the existing claims (that the performance values are valid for all tumors) and add a disclaimer that performance was calculated from lung data only, but BC experts anticipate that performance in the liver, lymph will meet or exceed the performance in lung.
    - **Alternative B**: Add the word "lung" to the current claims and add a paragraph explaining that claims for liver, lymph, etc. will be added when data is available, but in the meantime the committee still recommends use of the Profile as best practice for liver, lymph, etc.
  - Subject matter experts (SMEs) provided guidance that the BC can safely assume that segmentation/volumetry in the liver, lymph, etc. will have the same repeatability and bias as that in the lung
  - The committee decided to go with Alternative A to publish the Publicly Reviewed (Consensus Profile).
  - Mr. O'Donnell will draft the additional paragraph.

**Action items (CT Tumor Volume Change for Advanced Disease (CTV-AD) Profile):**

*as provided by Dr. Goldmacher*

- Location of test-retest dataset
  - QIDW vs TCIA
  - Link path: TBD
  - Ad hoc call with Dr. Erickson, Dr. Jackson, Mr. Buckler, and a CT Volumetry BC co-chair

- Dr. Petrick – location of the FDA Lungman N1 data
  - Establish QIDW location
  - Collate and upload
  - ~1 week

- Dr. Obuchowski and Mr. Buckler - reference for repeatability requirement numbers (16%, 21%)
  - Mr. Buckler will send to Mr. O’Donnell (done)
  - ~1 week to incorporate

- Noise/res information (Dr. Petrick / Dr. Samei / Dr. Siegelman)
  - GE – Dr. Samei - f50 and Noise SD values from the Duke Database for GE Lightspeed 16 @ 1.25mm and sharp kernel, and the vCT 64; Dr. Samei will send table to Mr. O’Donnell by COB 7/11
  - Siemens – Dr. Petrick to send Dr. Samei model and protocol information by end of 7/15
  - Philips

- .CSV file similar with the coordinates of the 7 lesions to measure
Dr. Samei to send Dr. Petrick CSV file – by COB 7/11/16
Dr. Petrick to compose equivalent – by 7/15

- RSNA Staff – list of profile contributors for Appendix A
  - Update once additional respondents are compiled

**Next Call:** Monday, **August 8**th at 11 am CT | Profile review | Next steps