PET / CT Digital Reference Object Threshold Analysis Paper Discussed (Dr. Kinahan)

- DRO testing was conducted on twenty-two different workstations, with twenty-two different software packages representing thirteen unique software vendors.
- Measurements reported for six regions
  - Errors recorded did not indicate specific trends
  - Not possible to determine whether ROI’s were drawn correctly
- Dr. Kinahan requested feedback from the group pertaining to:
  - The appropriate buffer zone
  - Analyzing image values
  - Compliance standards
- More discussion on this project to be scheduled for end of July

Public Comment Discussion (Dr. Perlman):

- Discussion of items that have been resolved since last call.
  - #88: Mr. Christian provided production proposed text.
    - Performance specifications need to be clearly stated as US regulations only or a statement needs to be added referring to local requirements.
    - Dr. Perlman will discuss the EMEA with Dr. Boellaard.
  - #89: Additional text was approved and added—“Inject a quantity of FDG as prescribed in the protocol within the range defined in the protocol.”
  - Height and weight measurements need to be addressed taking into consideration pediatric and elderly patients.
  - If the clinical trial is performed within the time frame of growth or degeneration of the subject, weight and measurements will need to be repeated.
  - Profile text to be modified addressing height and weight parameters
  - #12: Quantitative Analysis
    - “If image registration is required, then perform the ROI analysis on the original non-interpolated PET image set using appropriately modified ROI’s.”
- Other items on which consensus had not been reached
  - #13: There is no mention of Raw Data storage.
    - “To avoid confusion the term raw data should not be used without making it clear which form is under discussion.”
    - It was suggested that the Profile specify what scanner raw data should be archived
    - The UPICT Protocol should be referenced to ensure proper terminology.
  - #19: Dr. Wahl’s terminology was revised.
    - “Baseline lesion SUV (maximum) of at least 1.9 x mean SUL or SUV of liver (as defined in PERCIST) which is based on PERCIST criteria.”
- Feedback/comments welcome to Dr. Perlman (ericsperlman@gmail.com)
Next Steps:
- Dr. Perlman to follow-up with Dr. Boellaard regarding the EMEA regulations.
- The goal is to have the Public Comment resolution document posted to the WIKI for review and feedback.
- 25 open DICOM comments to be addressed.

Call Schedule:
- **Friday, July 26th** – 9 am (CT) – Regular Meeting of the FDG-PET Technical Committee
- FDG-PET Triage t-con to be scheduled.