

## QIBA Executive Committee (EC) Conference-Call Meeting

Thursday, August 20, 2020

10:00 am CT

Draft Call Summary

### Participants:

Daniel Sullivan, MD (QIBA Chair)  
Alex Guimaraes, MD, PhD (QIBA Vice-chair)  
Michael Boss, PhD  
J. Brian Fowlkes, PhD  
Rudresh Jarecha, MBBS  
P. David Mozley, MD  
Robert Nordstrom, PhD  
Nancy Obuchowski, PhD  
Kevin O'Donnell, MASC

### RSNA Staff:

Angela Colmone, PhD  
Fiona Miller  
Joe Koudelik  
Tori Peoples

### Review of 7/16/20 EC Call Summary

The call summary was approved as distributed; later edits should be submitted to RSNA staff at [QIBA@rsna.org](mailto:QIBA@rsna.org)

- For the Sept 17 SC call, Dr. Sullivan noted that of five invited industry speakers, three have accepted
- Neither MITA invitees have committed to attending and had indicated that internal review was necessary; if they are unable to join, alternative speakers may be invited
- The September 29-30 annual meeting sessions are almost finalized
- The QIBA member satisfaction survey results have been collated and themes will be extracted from the many useful suggestions
- The QIBA CT CC approved release of the COVID-19 QIBA consensus guidance document and comments were shared with the authors
  - Mr. Avila is making final revisions and plans to resubmit to *Radiology: AI*
- Process Cmte is formulating a proposal to establish a process for guidance documents.
- Dr. Sullivan indicated he would share a supporting document from The Appraisal of Guidelines for Research and Evaluation ([AGREE](#)), an organization focusing on the assessment of guidelines
  - AGREE Enterprise has created useful tools to assess the quality of practice guidelines themselves
  - Mr. O'Donnell suggested that the guideline document be reviewed by the Process Committee for reference

### Formation of a Task Force (led by Dr. Rosen) to Focus on Imaging Biomarker Needs from Prospective Users (especially clinical perspectives from non-radiologists)

- Dr. Guimaraes noted that more input would be welcomed from Dr. Rosen and others re: TF scope
- QIBA needs to better understand the varying needs of its audience
  - Referring physician input is critical in efforts to implement Profiles in clinical practice
- If this group is formed, the charge and membership will need to be determined
  - Input from potential users, including Pharma, could help QIBA prioritize its work
  - Dr. Sullivan noted that the FNIH Biomarker Consortium's four steering committees (oncology, neuro, inflammation, and methodologies) have regular meetings with Pharma and could be a source of ongoing interaction
  - Ongoing outreach is needed with IROC, Clinical Trial groups
- Dr. Guimaraes suggested that specialty organizations using QIBs may be another driver
  - Identifying these users and opening discussions with their leadership suggested to better understand QIB use in clinical practice
  - A better understanding is needed regarding payer interest, i.e., how billable are QIBs and how are they being monitored?

- Input needed from NIH institutes re: needs for improving diagnostic and therapeutic imaging methods
  - NIBIB might be a central conduit for this information; a point-person at NIBIB would be needed to lead this effort
- Dr. Boss suggested that EIBALL colleagues would be a good source of information and may have interest in TF involvement
  - EIBALL is in the process of gathering a QIB inventory
  - ACR and ECOG/ACRIN could be engaged
- Dr. Guimaraes will develop a plan for moving the TF forward for the next SC meeting

### **Perceived Conflict of Interest (COI) Among Voting Members/Vendors**

- Dr. Sullivan indicated that there has been growing concern over the last year about potential member bias and COI in QIBA
- While COI is essentially unavoidable, how this is managed and made transparent is critical
- Currently, QIBA only asks SC members to complete the standard COI form annually
- Dr. Sullivan asked if it would be reasonable to ask all CC and BC co-chairs, or even all QIBA members to submit a COI
  - It was agreed that expanding annual COI reporting to CC and BC leaders was reasonable
  - Dr. Mozley indicated that while there is no intention to violate this broadened COI request, he was opposed on the grounds that it may make participation in QIBA more onerous
  - Caution voiced that Pharma and Biotech volunteers may not have authority to sign a COI without upper management or legal dept engagement/approval
  - Dr. Mozley suggested that any COI policy change should be considered as a pilot
- A QIBA patent COI is available on the QIBA wiki ([Process page](#)) but has not been actively sought
- Resolving COI complaints or issues when present is a much larger challenge
- In the case of the small-group BC review of public comment, the small number of reviewers may in itself introduce bias
- Suggestions include:
  - Reminding participants of COI policy before all voting; especially if voting on grant or funding support
  - Following NIH Study Session protocols that allows input from SMEs, but recuse them from the voting process
  - Verbal declaration of conflicts might also be an option in certain instances, and would be a reminder of policy, and increase transparency
- Dr. Mozley noted that QIBA relies on the volunteers who have strong academic interests, and sometimes that interest is financial, e.g., grants, promotions, etc.
- Mr. O'Donnell suggested that a more detailed framework/guidance on identifying, reporting, and resolving various types of COI would be helpful

### **Review of CC Membership**

- Dr. Sullivan reminded the EC that all leadership members across the BCs, the Process Committee and the Metrology Group were designated CC voting members
- Additional SMEs can be designated by CC leaders, as needed, as voting members
- The issue raised was that over time, waning participation of non-voting members does not benefit the CC; these members could be rotated off, allowing new, more active members to participate
  - An annual review by the CC leaders was suggested to trim those who do not participate
  - Another option would be introductions of term limits for non-voting members, such as rotating 3-year terms
  - Dr. Boss cautioned that some members may still prove helpful/important even if their participation is spotty
  - Dr. Sullivan to email all CC leaders re: their input

## **AAPM**

- Dr. Sullivan noted that there had been discussions with AAPM about improved formal communications with QIBA (via the AAPM Metrology and Quantification Subcommittee)
- Dr. Paul Kinahan, chair of this committee, has been appointed as the AAPM representative to the SC
- QIBA leadership plan a follow-up call with Dr. Kinahan to discuss next steps

## **QIBA 2020 Annual Meeting Agendas (Sept 29-30)**

- Dr. Sullivan noted that consideration was being given to creating some type of honorific award to recognize Dr. Jackson, e.g., naming an annual QIBA plenary talk after him, etc.
- Dr. Boss noted that Dr. Jackson was the “face of QIBA” for many years, and this was a distinct situation within the QIB community
- Criteria have yet to be determined
- Dr. Guimaraes suggested watching what AAPM does first, in efforts to better navigate our next steps
- Other suggestions were invited
  - Dr. Sullivan is considering an e-ballot to the EC with a few suggestions

**Next QIBA EC T-con Meeting:** Thursday, October 15, 2020 @ 10:00AM (CT)