RIDER Study Overview – Part 1B

- A small pilot data collection from three different efforts underway
  - RIDER – patient and phantom data, including volumetric analysis pre & post coffee break data
  - Tony Reeves (Weil Cornell) pursuing a parallel effort – Cancer Resistance and Prevention website to be made public very soon (15-20 cases)
  - RIDER – FDA (Dr. Petrick) phantom data
- All data sets available via the NCIA website – to be made public by 9/25/2008
- Initial RIDER collection
  - MD Anderson Cancer Center and MSK collected multi-CT scans of same patient with no annotations
  - Dr. Fenimore currently conducting a data inventory
- RECIST “trouble” cases study proposed
  - To explore situations where RECIST is in trouble
  - Nodule size and complexity

Part 1B -- RIDER Inventory and FDA Analysis Overview -- Dr. Petrick gave an overview with slides

- Willing to work with QIBA even prior to public release dates
- General future plans could be integrated with those of QIBA
- Expand data collection to different hardware manufacturers
- Expand data collection to heterogeneous nodules
- Plan to have readers provide RECIST/WHO measurements

Software Availability Discussed

- Rick Avila offered newly developed KitWare tools
- Dr. McNitt-Gray offered UCLA software
- Goal is to test different software packages to determine percent of which variance is caused
- Minimum performance level required of multi-software packages
- Process is to move step-by-step for now

Andrew Buckler thanked Dr. McNitt-Gray for taking the reigns of the Part 1B effort

- This subcommittee needs more people
- Anyone interested in participating can email Dr. McNitt-Gray
- New validation plan update for Part 1B needed (Dr. Mozley to update)
Part 1A – Notion of Benchmark Data

- Too big for Merck to take on as is (per Dr. Mozley)
- Merck needs subset of data for initial evaluations to help make quick kill decisions
- Dr. Lori Dodd needed to help determine requires sample size
- Approx 30 sets of objects needed for comparison of image analysis - proposed
- QIBA needs to identify a “Study Data Set” to work with when testing different software tools
- QIBA to specify 30 study objects that Dr. Petrick could release as Benchmark data
- Determine what priorities are
- Divide into small groups/pieces
  - Spheroid, 1 slice, 2 exposure, etc
  - Perhaps 5 observers needed to start
  - Allocate resources as needed
- How to choose date subset?
  - Repetitive nodules
  - Nodules that show complications
  - More interesting lesions
  - Data that will test software to the fullest
  - Perhaps simple spheres to start
  - Part 1A will determine this data subset needed

Additional Part 1A Considerations

- Breakdown Part IA as we come to understand the tasks ahead of us
- Data set may not be too big – “Size might be equal to worth” as we gain insight in to the growing projects

QIBA Publication Policy Discussed

- QIBA data control before public release
- QIBA policy to be worked out by QIBA Planning Committee

Discussion Items for Next Call

- Dr Robert Ford (RadPharm) and Andrew Buckler (Philips) offered assistance (readers) - further discussion needed by the group
- Contacting Dr. Lori Dodd for statistical assistance with determining appropriate “Benchmarking” data sample size required
- Selection of Study Data Set (data subset) needed to begin moving forward