Prevent Cancer Foundation presentations

- Drs. Mulshine, Mozley, Sullivan, Petrick, Fenimore, Mr Avila and Mr Buckler presented at the Lung Cancer Workshop VII Application of High Resolution CT Imaging Data to Lung Cancer Drug Development: Measuring Progress, May 13-14, 2010 in Bethesda, MD
  - Meeting included excellent presentations on trial opportunities, QIBA and patient advocacy groups’ activities, image sharing/repositories, phantom work
  - Critical path organization may be useful partner/ally for QIBA
- Reinforced importance of completing Profiles for late stage and neoadjuvant diseases, proffer to UPICT and change practice in new clinical trials as quickly as possible
- Important to address standardization before qualification process

Group 1A datasets

- Continued discussion on cross-referencing data sets to Profile to address both clinical and technical needs and on reviewing acquisition parameters on current protocol draft
- Important to decide on lesion of choice relative to Profile; want a minimal dataset for review and comment
- Consider distinguishing between noise and biological change and minimum threshold
  - Both -10 or +100 HU are appropriate for Profile
  - -10 HU lesions challenge the system with density issues
  - Lobulated, spiculated, ellipsoid or spherical shapes
  - Consider summary metric for scan and modifying Profile to fit data
  - Consider claim of 'twice as good as RECIST'; recognize that not every question can be answered
  - Dr Petrick will post Figure 2 Nodule Configuration #4 and add -10 HU data

Next Steps

- Dr Petrick to post Figure 2 Nodule Configuration #4 and add -10 data
- Continue discussion on data set and on project plan
- Next call scheduled for Monday, June 7 (No calls scheduled for May 24 of 31)