

## QIBA Steering Committee T-con Meeting

Thursday, March 19, 2020

10:00 AM

### In attendance:

Daniel Sullivan, MD (Chair)	Paul Kinahan, PhD	Lalitha Shankar, MD, PhD
Alex Guimaraes, MD, PhD (Co-chair)	Emily Lacey, MS	Anne Smith, PhD
Timothy Hall, PhD (Co-chair)	Carolyn Meltzer, MD	Gudrun Zahlmann, PhD
Michael Boss, PhD	P. David Mozley, MD	
Andrew Buckler, MS	James Mulshine, MD	
Renee Crucea, MPA	Robert Nordstrom, PhD	<b>RSNA Staff:</b>
Cathy Elsinger, PhD	Nancy Obuchowski, PhD	Angela Colmone, PhD
J. Brian Fowlkes, PhD	Kevin O'Donnell, MASc	Fiona Miller
Brian Garra, MD	Nicholas Petrick, PhD	Joe Koudelik
Rudresh Jarecha, MBBS	Annette Schmid, PhD	Tori Peoples

### Review and Approval of 12/04/2019 Meeting Summary

The meeting summary was approved as distributed. Later edits should be submitted to RSNA staff at [qiba@rsna.org](mailto:qiba@rsna.org)

### Review of Leadership Status on all CCs

Dr. Sullivan provided an overview of the current CT CC leadership structure where two of three leaders came from the same BC (CT Volumetry). He noted that a third co-chair would ideally come from a different BC for a better distribution across the modality, e.g., from CTA, Lung Density, or SLN. Dr. Sullivan reached out to Mr. Buckler, the current CT Scientific Liaison, who agreed to step into the third seat vacated by Dr. Lynch. Currently serving as Co-chair of the CTA BC, Mr. Buckler agreed to the CT CC role contingent upon stepping down from the CT Scientific Liaison role held for many years. Dr. Sullivan noted that the need for modality-based Scientific Liaisons may have diminished since the loss of NIBIB groundwork funding. Dr. Sullivan proposed phasing-out the Scientific Liaison roles, noting their redundancies with the CCs. A suggestion was made that Dr. Carson could transition from his US Liaison role to the US CC as the second co-chair, helping Dr. Fowlkes. Dr. Hall suggested Dr. Samir as the third US CC co-chair as a replacement for Dr. Garra who plans to step down in mid-December.

The MR and NM CC leadership were deemed adequately distributed across BCs and stakeholders.

### New Ultrasound Backscatter BM Vote

Dr. Fowlkes presented the new biomarker proposal stating an immediate need for quantification of ultrasound pulse echoes. With multiple applications, this technology was moving quickly in many commercial systems and needed QIBA evaluation to improve reproducibility. QIBA could help the BM obtain clinical acceptance with robust quantitative measurements. Dr. Hall noted this BM was a perfect example of why QIBA efforts are so important. One commercial product has failed in the past due to lack of standardization. Dr. Fowlkes noted an aggressive timeline of two years to complete a draft Profile, based on an abundance of existing literature. Dr. Fowlkes confirmed that administrative support/resources will come from AIUM, as is done for the VBF BC.

Based on the well-attended backscatter meeting that was held following the QIBA Working Meeting during RSNA 2019, there is strong vendor engagement with one or two companies already offering to donate needed phantoms.

Dr. Fowlkes noted that the EC and US CC approved that this proposal be brought to the SC for consideration.

Mr. O'Donnell noted that a closer link and training is needed between QIBA and AIUM to best maintain process consistency and a sense of progress and guidance. Dr. Hall confirmed the robust support received from AIUM staff re: the VBF BC and was very confident in the successful administration of another shared BC.

## **PASSED: Backscatter BM Vote**

Staff noted that SC quorum had been met on the call, so Dr. Sullivan called for a vote to accept US Backscatter as a new BC. Dr. Boss moved, seconded by Dr. Guimaraes to approve the creation of a US backscatter BC. With no oppositions, and one abstention, the motion carried.

## **April 27-28, 2020 Annual Meeting Update**

Dr. Sullivan stressed that although the spring QIBA meeting has been postponed, there were many agenda items that could be discussed in preparation of the tentative Sept/Oct in-person meeting at RSNA headquarters. A review of QIBA concepts and processes need review and possible improvement. Review of Profile structure, the dissemination of information, potential funding opportunities and the expanding conformance activities as part of the SIG business plan were slated for discussion over the spring/summer months. The critical topic of member burnout/optimizing volunteer experience needs to be addressed to identify new ways to keep members engaged over long periods of time.

More frequent SC calls were suggested to maintain discussion momentum during the coming months, perhaps replacing the monthly EC calls. Dr. Sullivan suggested hosting small group calls focusing on specific issues over the next few months. These focus groups could be led by the four panel moderators listed on the agenda. Although burnout/optimizing volunteer experience is not formally on the agenda, feedback is welcome regarding this important topic.

## **QIBA Leadership Rotation**

Dr. Sullivan provided an update on QIBA leadership changes that occurred since the SC met on December 4<sup>th</sup>, 2019. After Dr. Jackson stepped down from the Chair role, Drs. Sullivan and Hall were asked to step-in as co-chairs to assist Dr. Guimaraes. To help leaders with heavy clinical/departmental responsibilities, a Chair and two Vice-Chair leadership model has been implemented. Dr. Sullivan accepted the role as QIBA Chair through the 2020 RSNA Annual Meeting; with a plan for Dr. Guimaraes to assume the role of Chair for the next two years, followed by Dr. Hall.

BC and CC leadership rotations have stalled in recent years and in efforts to maintain continuity among committee champions, most leaders were re-appointed. A review of BC and CC leadership appointments was suggested, as was a return to a fixed three-year rotations per CCs and BCs (5-year for QIBA leadership). Term limits with the option to re-appoint to be discussed further. Dr. Sullivan noted a new initiative being considered by QIBA leadership to send letters of appreciation to Department Chairs/supervisors of active QIBA members

## **Sustainability Implementation Group (SIG) Update**

Dr. Zahlmann provided an update regarding current conformance activities, noting that the COVID-19 crisis was likely going to slow the pilot conformance effort, at least until the end of April. She indicated that clear communication was needed for all committee leaders, possibly with additional calls to help CCs and BCs maintain momentum and plan for the future.

More promotion and wiki usage were deemed necessary to better publicize any conformance progress already made. Within three weeks, Invicro will likely become the first imaging site (and possible CRO) to attain conformance certification via self-attestation. Invicro is already planning to expand their efforts by testing the process across three clinical trial sites in the UK. This broader network will provide much needed feedback to QIBA re process and feasibility. Dr. Zahlmann wishes to create an environment to promote the scientific rigor of QIBA and help with the development of the remaining MR Profiles to advance to this pilot stage.

Mr. Buckler stressed the need to make an impact with the CTA Profile. He noted that while the public comment process provided invaluable feedback, there was a clear message that the Profile was too daunting for real-world (field) implementation. As a result, Mr. Buckler and the CTA BC reassessed the entire CTA Profile and removed as much detail as possible without degrading the overall scientific impact. Although difficult, this reduced the CTA Profile content by 1/3 to a more manageable size for end users. This was considered a critical process in efforts to increase Profile acceptance and implementation.

Dr. Zahlmann presented a brief overview of conformance testing efforts that are underway. Through two different pathways, users will be able to pursue registered status via self-attestation (SA), or certified status via 3<sup>rd</sup>-party validation.

Three SA pilot studies have been created for FDG-PET, CT Volumetry, and DWI. All required documentation is now available on the wiki, including checklists, supplemental materials/manuals, and reporting templates. The RSNA Marketing Department has created conformance marks for both registered and certified status, to be issued to users that pass all conformance criteria. Dr. Zahlmann noted the valuable feedback received from Invicro regarding the DWI conformance process, and the subsequent process revisions made by the DWI team (Drs. Boss, Chenevert and Malyarenko). The SIG continues to refine a business plan for the conformance efforts, as well as pricing models in line with other certification services.

Mr. O'Donnell called attention to the information-loaded Profile structure as the ultimate conformance implementation guide, designed to assist all actors and provide any needed training/manuals.

### **QIBA Communications/Publications**

It was suggested that the wiki and QIBA Newsletter could be better utilized for publicizing high-profile topics to the QIBA community, and that a consistent process should be adopted.

### **Grant Writing Efforts**

Discussion tabled.

### **Next QIBA Steering Committee Call**

The April 16<sup>th</sup> EC call will be used for a 2-hour SC call