

# QIBA PET Amyloid BC May 13, 2016 – Workstation Compliance Need

---

- Do not have a mechanism whereby a workstation analysis vendor can “prove” conformance of their product to the Claim (Section 4 item)
  - How to proceed?
    - Form a sub-group of volunteers to address this?
      - Dawn, Nancy
    - Learn from the CT group – have a set of test-retest patient data to help with the conformance
    - Use Paul’s DRO, with different noise levels? Discuss with Paul to see if this could be useful. May not be ready for current version of Profile, however.

# QIBA PET Amyloid BC May 13, 2016 – Round 6 Projects

## 1. QIBA Round 6 Funding

- 4 Proposals were submitted, and sent to everyone on BC
- Discuss and give feedback
  - [Project 1](#) - Boellaard
  - [Project 2](#) - Sunderland
  - [Project 3](#) - Kinahan
  - [Project 4](#) – Matthews

## 2. Prioritize based on needs of Profile

## 3. Pls: Optimize budget as much as possible

- Many good projects this year, would like to fund as many as possible

## 4. Revisions due [May 23rd](#)

# QIBA PET Amyloid BC May 13, 2016 – Claim Discussion

- [Latest version of Claim](#)
- Rathana: confirm the most updated [Repeatability Coefficient values](#)
- Group
  - We will send out RSNA abstract to BC group
  - Is a delta SUVR of 10-12% “good enough” for clinical therapeutic need?
    - Larger than what is seen today in therapy trials (likely due to better control/protocol in trials), typically it’s 5-7%
      - Consider 5-8% instead of 10-12%? More confidence when Rathana can complete the 30 patient test-retest scanning, but timeline for these data is unknown.
      - Ask the radiopharmaceutical vendors if they think 5-8% is reasonable for RC. Anne will follow-up.
    - Use of Profile will likely improve our 10-12% RC from meta-analysis, so we can use the lower end of the CI
      - We will do this for the Claim, but note that it needs to be validated
      - Rathana will follow-up Lilly/Avid to see about doing test-retest studies on some of their IDEAS subjects. Would need to get tracer at no or low costs, and if true, he has committed to doing this project
        - » Generally, need a sample size of 30 patients (60 images total)
          - Section 4 Conformance: use this effort plus workstation conformance, would help complete this section
          - Rathana will also try to do test-retest using tau tracers
        - » Can we recruit more sites and tracers to this project? Rathana will follow-up
      - ADNI has test-retest data, can we use these?
      - Radiopharmaceutical vendors may have test-retest data we can use, reach out to them?
    - Mix of reference regions used in papers analyzed in meta-analysis
      - Reference regions are a big source of variability, can reference papers on this topic
  - Consider having 2 sets of 2 Claims – may not be needed, since RC was so similar for both groups
    - May be best to just keep 1 set of Claims that covers all groups
    - Sources of variance are different for 2 groups
      - One for normal patients
      - One for abnormal patients