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.
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. PIs: Optimize budget as much as possible
   • Many good projects this year, would like to fund as many as possible
4. Revisions due May 23rd
• **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