

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