# QIBA Q-CT Group 1B Subcommittee Update August 20, 2010 3 PM CDT

## Call Summary

In Attendance Michael McNitt-Gray, PhD (Chair) Andrew Buckler, MS Charles Fenimore, PhD David Gustafson, PhD Hyun Grace Kim, PhD Nicholas Petrick, PhD Binsheng Zhao, DSc

RSNA Joe Koudelik Julie Lisiecki Madeleine McCoy

#### **Group 1B Update (Dr McNitt-Gray)**

- Coffee break experiment data used from MSK
- 32 cases scanned repeatedly over a 15 minute period under a no-change condition
- RadPharm has handed off data (Aug 19<sup>th</sup>); reader contouring complete after software updates installed
- RadPharm readers performed multiple reads to study inter- and intra-reader variability
- Three reader sessions performed; one with each measurement technique (or metric); study went well; smooth process overall
  - Manual Single Longest Diameter: 1D (one-dimensional) based on RECIST longest diameter within slice or object not know (Dr McNitt-Gray to follow-up with Dr Clunie for details)
  - Manual Smallest Diameter: 2D (two-dimensional) longest diameter and perpendicular diameter (bi-directional)-based on the WHO
  - Semi-automated Boundary Contouring: 3D (three-dimensional) VOLUMETRIC
- Interesting note was that readers would rate lesions as "readable/not-readable in a clinical setting"; these grouping to be categorized as "Yes/No" values; reader opinions deemed useful
- Variability between readers seen
- Dr Kim developing 1B statistical analysis plan; proposed to estimate difference of 5 readers in 5 different measurement methods;
- Dr Kim, Lu, Petrick and Fenimore to work on primary endpoints
- Dr Kim to circulate modified statistical analysis plan
- Need Dr Clunie to provide more description as to "un-measurable" lesions; snapshots needed
- Minimum detectable limits needed
- Analysis of segmentation data proposed; simple vs. complex suggested
- Scatter plot if volumes (32 cases) discussed; volume spread observed likely due to irregular lesion shapes

## **Next steps proposed**

- Continue examining data
- CT reproducibility needed; scan same lesions twice
- Segmentations and contours in-hand at RadPharm; NBIA posting proposed
- Sub-resolution of voxel data a question to be addressed with Dr Clunie
- AIM (caBIG) already developed structure to handle this data type and level of detail: possible collaboration/partnership with Dr Daniel Rubin proposed
- AVT might handle data well; Dr McNitt-Gray to send reference link of NBIA data to Mr Schwanke for reference

### **Next steps:**

- Mr Buckler requested subcommittee members to send materials to Ying Tang, PhD who is currently working on the qualification document (Briefing Document) for further incorporation (ytang@ccsainc.com)
- Dr Kim, Lu, Petrick and Fenimore to work on primary endpoints no wider audience/input yet;
  presentation of data analysis for Q-CT weekly call in few weeks time

- Dr McNitt-Gray to send reference link of NBIA data to Mr Schwanke for reference
- Dr McNitt-Gray to follow-up with Dr Clunie concerning data collection details; Dr Clunie to provide more description as to "un-measurable" lesions; snapshots needed
- Longest diameter within slice or object not know (Dr McNitt-Gray to follow-up with Dr Clunie for details)
- Sub- resolution of voxel data a question to be addressed with Dr Clunie
- Dr Kim to circulate modified stat analysis plan
- Next call: October 1, 2010 at 2 pm CDT

**Ying Tang -** Professional writer working with the Q-CT group. Send specific input to her and include her directly on emails that may be pertinent. (ytang@ccsainc.com)