

## Notes on QIBA fMRI Technical Committee Breakout Session at RSNA November 30, 2011

**Attendees:** Dr. Carson, Dr. DeYoe, Dr. Elsinger, Dr. Mohamed, Dr. Petrella, Dr. Tucker  
**RSNA Staff:** Fiona Miller, Julie Lisiecki

### Discussion of Profile Claims

- Group wants to lock in claims to advance work on them
- “Protocol” can be a section within the Profile that outlines clinical procedures
  - Protocol – how to interact with a patient – use timeline to work out details
  - Don’t want to be too specific with issues related to equipment in order to keep the Profile user-friendly
- Broader literature search needed to support claims – look for existing evidence

### Needs

- Stimulus delivery equipment
- Data analysis software
  - Export and storage capabilities

### Tech specifications

- Consideration given to whether more specific technical specifications should be provided, e.g., pulse sequences
- Parameter ranges might be better for tech specifications in the Profile.

### Harmonization with other modalities

- Want to present a unified message to vendors and provide minimum thresholds
- Need to see the Profiles of other modalities during the public comment phases
  - Profiles are each based on separate clinical context
- Major sources of variability within fMRI are not hardware related
  - Must focus on items that make a difference to fMRI

### Profile discussion

- Suggested one mapping modality and segmentation motor map to start
  - This example can be cloned and adjusted for other special issues to continue building the Profile
  - To be matched by category starting with top-level performance, breaking down to the lowest level
- Group would like to complete one claim to get a sense of the steps needed
- For remaining claims – divide up responsibilities for sections, considering what the necessary steps are for completing an fMRI study
  - Language examples – Dr. Voyvodic
  - Vision examples – Dr. DeYoe
  - Group to work together to fill in gaps

## **Profile formatting**

- Mr. Buckler had imported items into a Profile
  - document format is immense
  - very clinical trial oriented
- fMRI applies to clinical care – *not* clinical trials
  - using the template is difficult conceptually from a clinical care viewpoint
- Reproducible evidence is particularly difficult to get in an fMRI study
  - Group to work toward a range instead
- Working toward getting a document out for public comment
- Considering a field-test phase

## **Next Steps**

- Consider posting latest Profile to QIBA WIKI for group editing/ access
- Assign sections of the Profile to individual topic experts
- Group considering holding a working meeting at ASFNR in Orland (March 2012), to work on the Profile and finalize details
  - Dr. Reuss has the fMRI Tech Committee poster and additional handouts to display/ hand out at this meeting