QIBA SPECT TC^{99m} Biomarker Committee (BC) Call Tuesday, April 9, 2019, 2 PM (CT)

Call Summary

Supplemental notes provided by Dr. Miyaoka on page 2

In attendance:RSNA StaffRobert Miyaoka, PhD (Co-Chair)David MirandoNancy Obuchowski, PhDJoe KoudelikJohn Dickson, PhDP. David Mozley, MDJulie Lisiecki

Moderator: Dr. Miyaoka

Timeline for TC^{99m} BC Profile:

- 2Q2019: Any remaining comments or loose ends to be resolved by the May 2019 BC meeting
 - o Goal is to finalize the Profile for public comment release by the QIBA Annual Meeting in June 2019
- 3Q2019: Start public comment phase
- 4Q2019: Conformance (feasibility) testing
 - By November 1, 2019, aim to have conformance testing complete in order to turn the page by the QIBA Working Meeting at RSNA 2019

Discussion: Sections Needing Work:

- Line 315
- Table 3.5.2
- Section 3.9.1, line 605
- Section 3.13.1, line 730 reviewed Dr. Dewaraja's edits
- Section 4.8, line 1030, discuss number of counts and acceptable bias

Section 3.6 – Section 3.9 – Protocol Design Questions

- Time per frame / image data acquisition:
 - There is a minimum of 2 million counts mentioned for image data acquisition., but 5 million counts are recommended in Section 4.8.
 - Need to confirm lowest, detectable count number
- Image voxel size: Text needs revision to reflect settings on most SPECT/CT cameras
- Section 3.13 Image Analysis
 - Use of a DRO has been discussed. However, the group concluded this was not feasible for Version 1.0 since one that is fit for purpose has not been developed
 - o Instead, the previously validated XCAT phantom was recommended as a viable solution
- Need to review comments provided by Mr. O'Donnell
- Appendix D: Model specific instructions and parameters need to be filled in for the tables
- Appendix E: Conformance Checklists Decide on actors and separate checklists for each

Spring **QIBA Newsletter** article:

- Dr. Miyaoka invited Dr. Dickson to collaborate with him and Dr. Dewaraja on the article for the May QIBA Newsletter
- The topic is "The QIBA SPECT I-123 and TC^{99m} Profile efforts."

Work Assignment Updates for Section Editors:

- claims sans CVs: Drs. David Mozley/Nancy Obuchowski, et al (mozley@gmail.com) complete
- image acquisition: Dr. Yuni Dewaraja, et al (yuni@med.umich.edu) nearly complete
- image recon: Dr. Eric Frey, et al (efrey@jhmi.edu) complete
- image analysis: Dr. Robert Miyaoka, et al (rmiyaoka@uw.edu) nearly complete
- QA: Drs. Denis Bergeron/Brian Zimmerman, et al (denis.bergeron@nist.gov) complete

Next steps

- All are asked to review their respective comments and resolve them prior to the next call
 - Appendix E: Conformance Checklists Decide on actors and separate checklists for each

Next call – 2nd Tuesday of May (May 14, 2019 at 2 pm CT)

Supplemental Meeting Notes provided by Dr. Miyaoka

- Edited line 315. Removed "This measure is an estimate of target number, rather than target density," from the
 text.
- Discussion regarding entry in Table 3.5.2. Phantom test. Is 8% too high or okay for phantom test?
 - o Dr. Miyaoka feels that 8% is on the high side for a phantom test.
 - o 8% is appropriate for human imaging, but we should be able to do better, especially for a relatively simple phantom.
 - Question about the 8% value was raised by Dr. Dewaraja in the document she sent out before the meeting.
 - o If not 8%, what is a better value? Is there ground work to support a different value? There is groundwork in-patient to support 8%.
 - o Conclusion is to stay with 8% until new data or public comments seem to require tightening tolerance.
- Line 510+. Need to reword a little bit. Max voxel size is too big.
- Section 3.13: Accepted what Dr. Dewaraja wrote.
 - However, there was a discussion whether planar sensitivity measurement is adequate.
 - o Manufacturers are going this way, especially for Tc-99m.
 - However, using a right circular cylinder (phantom) may test lead to a more accurate calibration factor.
 - Group concluded planar is okay for now; however, something that we might want to discuss off-line for Version 2.0.
- Line 750+. Need to revise text regarding DRO.
 - We do not have time nor funds to develop DRO's for this profile.
 - o Should just go with the XCAT phantom for the time being.
 - Need text to be consistent with the recommendation of using the XCAT phantom.
 - o Dr. Miyoka agreed to make the revisions, AND ACCEPT THE CHANGES.
- Line 820+. Need to revise text. This is text from the I-123 profile.
- Lines 923+. Need to discuss off-line.
 - o Is CV of 15% the appropriate value?
 - o Need to be consistent on abbreviation COV or CV.
 - We decided today to go with CV. Need to make necessary changes throughout document. Dr. Mozley will edit.
- Section 4.7. Had discussion about counts specified in text.
 - o 135 kcts per view is a lot more than 2 million in full projection data set.
- Also, in section 4.8, it is recommended to collect 5 million counts per scan in repeatability study.
 - These numbers are much higher than the minimum of 2 million counts listed in section 3.9.
 - o Do they need to be consistent or is it okay that there are different count levels recommended?
 - Again, something that we can consider off-line.