#### **QIBA Process Committee Call**

Tuesday, February 6, 2018 at 3 PM CT Call Summary

Attendees: RSNA Staff: Kevin O'Donnell, MASc (Co-Chair) Alexander Guimaraes, MD, PhD Eric Perlman, MD Joe Koudelik

Kevin O'Donnell, MASc (Co-Chair) Daniel Sullivan, MD (Co-Chair)

Edward Jackson, PhD

Eric Perlman, MD Brian Zimmerman, PhD Joe Koudelik Susan Weinmann

Michael Boss, PhD Chaya Moskowitz, PhD

## Alliance for Clinical Research Excellence and Safety (ACRES) for clinical drug trials [Update: Dr. Sullivan]

- According to the ACRES website, ACRES "is a multi-stakeholder collaborative of like-minded organizations dedicated to building a global system for excellence in clinical research based on the values of integrity, inclusiveness, innovation and implementation"
- To learn more, please visit: http://www.acresglobal.net/
- As a result of a workshop attended by NBDA a couple of years ago, a working group was developed
  to explore the possibility of replacing current site qualification activities (overseen by multiple
  organizations) with a single comprehensive qualification process
  - Suggestion that QIBA checklists could act as foundations for structure of site qualification if an imaging domain were incorporated into the accreditation process
    - Drs. Sullivan & Perlman met with ACRES imaging contact to discuss possibility of creating an imaging domain as a part of the accreditation process
  - Discussion on how to implement this would be needed
- Another call needed with CEO, Dr. Greg Koski, PhD, MD regarding how QIBA, ACR, and other imaging-related organizations might interface with ACRES
  - There is synergy between ACRES and QIBA and opportunities for collaboration: QIBA would focus on the technical biomarker side, and ACRES to focus on the approach/human behavioral side of task management
  - It is unclear which organization would establish a program
  - While ACRES would not want to act as an accrediting body, it would possibly offer quality management structure and web-based promotion of QIBA checklists
- Drs. Sullivan & Perlman seek to understand what collaboration would look like from an organizational standpoint
- Discussion of possible collaboration of QIBA and ACRES to be included as an item on a future QIBA Steering Committee meeting agenda

#### **Seats/Roles on QIBA Biomarker Committees**

- Discussion regarding which seats/roles would be useful across all QIBA BCs
- BC co-chairs will be asked to evaluate their groups for gaps and to fill them; this should help raise co-chair awareness of any SME gaps/weaknesses in the BC

- In addition to BC co-chairs, suggested roles include subject matter experts/representatives for the following aspects: clinical, physicist, equipment manufacturers, software developers, statistician, lead Profile editor, and possibly a modality technologist (i.e. the end users that have a large voice in Profile feasibility testing)
- Once SMEs are identified, BC rosters to be updated to include their names and functions
- Mr. O'Donnell to draft QIBA Wiki page on developing a BC; BC leaders will be encouraged to reference it

# **Profile Checklists/Feasibility Testing**

- Discussion on field-tests for the feasibility stage of a QIBA Profile
- Agreement that actors reading a checklist is sufficient for the field testing process and that focus
  groups, actor training, or surveying of imaging technologists for their perspective was not needed

## Dr. Perlman diagram, "Biomarker Production Chain Schematic"

• Dr. Perlman developed a draft diagram to outline the PET image analysis workflow process and where potential levels of variance may be introduced, e.g. the PET analysis software tools, image readers, and the interaction between these two

## **QIBA Committee Operations**

- CCs need to remind/confirm BC committees keep their Wiki page up-to- date (especially links to current draft documents); will be included as an agenda item for upcoming CC calls
- Promotion of PDF-MRI TFs to BCs (with dissolution of PDF-MRI BC) under consideration
  - It was suggested that any group that is developing a Profile should be a BC; all PDF-MRI TFs have Profiles, but the PDF-MRI BC does not
  - With elevation of TFs to BCs, contact will be more direct; communication currently routed through PDF-MRI BC leaders

Next Call: Tuesday, February 20, 2018 at 3 PM CT