QIBA FDG-PET/CT Monthly Update WebEx March 10, 2009 9:00 - 10:00 AM CDT Call Summary

In attendance:

Richard Frank, MD, PhD (Chair) Ling X. Shao, PhD

Ronald Boellaard, PhD Timothy G. Turkington, PhD

Michael E. Casey, PhD Jeffrey T. Yap, PhD

Paul E. Christian

Patricia E. Cole, PhD, MD

Paul E. Kinahan, PhD RSNA

Matthew P. Miller, PhD Fiona Miller
Eric S. Perlman, MD Susan Anderson
Yuanxin Rong, MD, MPH Joe Koudelik

Current Activities/Status of FDG-PET/CT Technical Committee Projects (Dr Frank)

- Letter of interest sent by RSNA staff to all QIBA FDG-PET/CT members to participate on Technical Subcommittees Subcommittee details posted on the QIBA Wiki at:
 - o http://qibawiki.rsna.org/index.php?title=FDG-PET
- Mission statement slide deck to be posted on the QIBA Wiki
- Dr Frank to solicit vendors participation on the Technical Subcommittees; Dr Patricia Cole to solicit pharmaceutical industry participation as well
- Aim is adoption of subcommittee recommendations, not just wishful thinking
- Caution not to get too far ahead of vendors pushback could result
- RSNA staff to poll entire FDG-PET/CT TC for best monthly call day/time for group calls
- Technical Subcommittees have begun scheduling their group calls

3rd Party Vendor Invitations (Dr Kinahan)

- Dr Kinahan in the process of identifying 3rd party vendor contacts that can contribute product expertise to the Technical Subcommittees
 - o Dr Kinahan to draft a letter of invitation highlighting all the subcommittees for review by Dr Frank and RSNA staff
 - o Letter to go out under Drs Frank and Sullivan's signatures on RSNA letterhead

QIBA FDG-PET/CT Mission Statement Overview (Dr Frank)

- Mission: Foster adoption of...
 - o pragmatic and cost effective standards for
 - o accurate and reproducible
 - o longitudinal
 - o quantitation of
 - o biologic parameters
 - o with clinical relevance
 - o and known sigma
- Aim to have vendors implement recommendations in their products
- Longitudinal, quantitation, biologic, clinical relevance is for the pharmaceutical industry
- Sigma is for FDA input

- Multi-center trials and drug development use deemed outside the scope of this QIBA project
- If better quantitation is possible, this will help FDG-PET usage (a further improvement within imaging), i.e.
 - o Need better patient assessment with cancer therapy
 - o Convergence of patient care brings vendors to the table
 - o Need to show potential clinical relevance to vendors
 - o Some push-back from radiology community is expected

Region of Interest (ROI) Subcommittee Update (Dr Turkington)

- Dr Turkington to revise his 4th slide of resources to specify the priority "asks"
- Need to go to the vendors and pharma with what we need and why this movement is important

Software Version Tracking Subcommittee Update (Dr Shao)

- Plans to expand beyond the three major vendors
- Survey in circulation
- Hosting the group's 1st t-con March 10
- List "scoping exercise" as resource needed to help determine which important parameters are available

Digital Reference Objects (DRO) Subcommittee Update (Dr Kinahan)

- Need to identify the proper contact people at various companies
- Expert guidance and specific viewpoints needed from:
 - o pharma
 - o CRO's
 - Vendors
 - o Display station manufacturers
 - Need if/then statements for DICOM headers
 - o Drs Boellaard and Kinahan to discuss offline
- RSNA support needed
- Minimal pushback from manufacturers for digital reference objects
- Internal check of systems welcome
- Digital reference objects to be generated and read by all scanners
- Send out to 3rd party scanner manufacturers, CRO's and pharma ask use for validation of data is this important to them?
- FDA input may be needed later
- Need rough outline of DICOM data
 - o Need DICOM encoders at scanner manufactures to think about what data is needed

Action Items:

- Ask for revised slides by EOB on Friday, March 13th from all Subcommittee Chairs
- Coordinate a t-con between FDG-PET/CT co-chairs for March 18th-20th
- RSNA staff to poll entire FDG-PET group for most accommodating Technical Committee call schedule; RSNA staff will suggest day/time combinations to accommodate eastern and western US and Europe