

QIBA Process Committee Call
Tuesday, July 21, 2020 at 2 pm (CT)
Call Summary

Attendees:

Kevin O'Donnell, MASC (Chair)
Michael Boss, PhD (Vice Chair)
Alexander Guimaraes, MD, PhD

Timothy Hall, PhD
Nancy Obuchowski, PhD
Nicholas Petrick, PhD

Daniel Sullivan, MD
Gudrun Zahlmann, PhD
Brian Zimmerman, PhD

RSNA Staff:

Joe Koudelik
Susan Stanfa

Process Cmte Agenda Item for Sept. 29 QIBA Virtual Annual Meeting

- “Improving QIBA Profiles” discussion
 - Brevity, e.g., omit requirements not critical for meeting the Claim
 - Role and use for slightly different, more user-friendly versions of the Profile
 - Structure or specifications are acceptable, but they need to be more readable, e.g., Dr. Ehman received a request for an MRE Profile version for the radiologist in routine clinical practice
 - The CT-SLN and US-SWS Profiles could be shortened for ease of adoption
 - Best practices documents e.g., UPICT Profile draws on the larger FDG-PET Profile, but is abbreviated and easier to implement
 - QIBA Guidance Document, e.g., COVID guidance draws on the SLN Profile

Process Cmte CC agenda item

- As of Q2 2020, CC calls began to be used as forums for disseminating procedural updates, reminders, and requests; this is part of an overall effort to harmonize processes across QIBA biomarker cmtes
- It was reported that BC Co-chairs found this educational information helpful
- The topic for the Q3 Aug. 2020 CC calls will be reviewing the public comment process; the [Public Comment Process](#) page, [Public Comment Resolutions](#) page and [Profiles](#) page of the QIBA Wiki will be referenced
- A representative of the Process Cmte will attend each call to present this agenda item

Draft [Guidance Document Process](#)

- Periodically, it may be useful for the QIBA Community to publish a document that is not a Profile but does provide guidance from QIBA experts on how to perform imaging that is conducive to quantitative image analysis
- Discussion re: whether QIBA should be involved in offering general imaging guidance
 - Due to the limited number of physicians among QIBA volunteers, content will mainly focus on technical performance, a biomarker, and possibly a related clinical context issue
 - A QIBA Guidance Document (QGD) would not include a performance claim or formal conformance requirements and would not be constrained to the common structure of a QIBA Profile
 - It was suggested that it would probably be best if a QGD had different formatting to avoid confusion with QIBA Profiles
 - A QGD could provide recommendations/best practices related to imaging procedures and associated patient handling, device qualification, etc.
- Motivations for publishing a QGD may be:
 - To address other publications that alleged to report quantitative information from imaging, but may not have been adequately managing acquisitions/image quality; comparability of results needs comparable imaging
 - Imaging databases (e.g., CT scans for COVID-19) built to help develop and test AI algorithms

- To address image quality issues that warrant special attention; this may not occur very often (e.g., a new disease, such as COVID-19 calls for guidance, but existing disease might be more stable/covered)
- When other entities have instructed on how to do imaging, but QIBA members can help improve acquisition of quantitative (compatible) data, even if just formatting/data handling
- QGD could serve to draw attention to QIBA Profiles, however, publication efforts should not divert a BC from Profile development progress
- The typical audience of a QGD would include:
 - Radiologists (including supporting staff like physicists, techs, etc.), e.g., guidance was needed to acquire high quality CT images for COVID-19 patients
 - Treating clinicians, e.g., pulmonologists - ordering appropriateness, patient handling, quality expectations, diagnostic need
 - Vendors - want to provide reference protocol to help with cross-vendor consistency
 - Imaging Centers - educational materials, e.g., to support clinical trial population
 - Clinical Trials/CROs that want "good imaging" even if there is no quantitative claim
 - Guidance documents may have a broader audience and applicability, e.g., a broader target such as F-18 PET than its original Profile
 - Hosp Admin/Dept Heads - how to make good use of resources - re imaging for novel diseases, e.g., COVID
- A QGD would be developed by a dedicated Task Force approved by the Steering/Executive Committee since resources are needed
 - The original idea/proposal may come from a BC or CC
 - Task Force membership ideally includes representation from radiologists, clinical specialists, physicists, equipment/SW vendors, technologists, etc.
 - No summary notes would be provided as these would operate as informal, short term working groups created to meet a specific goal
 - While a-QGD would benefit from a public comment period, it would not be required
 - If it is desired, a less formal process than the typical Profile public comment would be implemented, i.e., ballot and review periods are brief and public comments do not need to be tracked or published
 - Targeted review by interested, affiliated organizations may be helpful
 - A QGD does not need to be initiated by the SC/EC; a BC member contacts their modality CC leadership with a few bullet points explaining the purpose of its development and how QIBA would benefit
 - Approval of the concept is needed from SC or EC, as some guidance documents may not fall into a single modality
 - Approval of the QGD requires SC/EC sign-off; the SC reserves the right to decline the paper as a "QIBA Guidance document," but it could still be posted on the QIBA Wiki
 - Once the QGD is approved and published, the TF would be dissolved, but may be reconvened to address feedback or update the doc
 - Additional discussion is needed re: terminology, e.g., "guidance" or "consensus" and definitions
 - QIBA to consider whether a QGD would undergo peer review and journal publication (more formal process) vs. being posted on the QIBA Wiki (less formal process)

Next Process Cmte Call: Tuesday, August 4, 2020 at 2 pm CT (1st & 3rd weeks of each month)