

Agenda

Review slides from last meeting

Define pilot project

Collect and converge status of advanced disease

Expose opportunity in early stage, set up experiments to characterize

Review actions, setup chairs

Strategize relationships with other groups in support of the action items

Notes from June 9 2008 WebEx

Current primary interest of clinical oncologist: Detecting and staging: more often with small tumors

Current primary interest in Pharma industry: Response to treatment: more often dealing with larger tumors

Pilot project:

1. Define:
 - a. [Chuck Fenimore] Select phantom or phantoms to be used (i.e., ground truth is easy in a phantom)
 - b. [Rick Avila] Determine what volume computation method to be used
2. [Nick Petrick] Study design: compare current methodologies with quant CT:
 - a. Collect data across full range of nodule sizes
 - b. Statistically compare with RECIST
3. Consider benefit:
 - a. [David Mozley] how much savings would be expected of using quant CT in drug dev (fail early)
 - b. [Jim Mulshine] how much advantage to clinical oncology of having this tool
 - i. in terms of academic capability in research?
 - ii. Or in ROC curve type consideration in clinic?
4. [Lori Dodd, via Dan Sullivan; also an oncologist] Consider efficacy of quant CT as biomarker, irrespective of current (fool's?) gold standard RECIST

Rest-of-project

1. to be planned

Challenges:

Don't have a clear ground truth (RECIST is accepted reference, but has some problems)