QIBA Process Committee Call

Tuesday, June 18, 2019 at 3 PM CT
Call Summary

Attendees:		**RSNA Staff:**
Kevin O'Donnell, MASc (Chair)	Michael Boss, PhD	Joe Koudelik
Daniel Sullivan, MD (Vice Chair)	Brian Zimmerman, PhD	Julie Lisiecki

Update from QIBA 2019 Annual Meeting

- An audio recording was made of the Profile Conformance and Process Implementation Options panel discussion; Mr. O'Donnell is working on transcribing the audio into notes for committee review
- The notes will be distributed by late July

Committee Sunset Process QIBA Wiki page

- The Committee Sunset Process QIBA Wiki page, describes how QIBA committees are inactivated and/or dissolved
- Boilerplate language is still needed for the resolution page under the sun-setting process; input from committees is also needed

Attendance Tracking

- Attendance spreadsheets have been upgraded to a Google-based format and now automatically tabulate attendance, average attendance and voting rights for the last six months, which will be helpful for RSNA staff/resource decision-making
- In addition, the attendance sheets are linked to the QIBA Dashboard and automatically update attendance per Biomarker Committee

Conformance

- Core labs will become the center of conformance checking since they oversee the mechanics of the study
- There are two contexts for conformance: clinical trials and clinical practice
- It is unlikely that imaging sites will lead the conformance process; rather, external drivers will need to take the initiative, such as pharma, iCROs, clinicians and patients
- While QIBA is fortunate to have some pharma expertise, not all sites have this expertise to guide them and would need to rely on CROs
- The process would vary depending on each company and situation
    - Clinical Trials (pharma or iCROs): large companies may have a dedicated person to oversee imaging, while smaller companies may need to rely on iCROs to drive imaging quality
    - Clinical Practice Setting: ACR accreditation requirements, ACR Lung-RADS guidance documents could mandate QIBA data quality and Joint Commission on Quality could push QIBA data quality

Suggested collaborations

- It was suggested that it might be possible to mandate the use of QIBA Profiles within ACR Lung-RADS or the CMS system
- The process to prioritize the QIBA benefit and check to make certain that sites are doing what is expected may be challenging to enforce

- Pharma may need to make the higher-level decision and QIBA will decide how to achieve the desired outcomes
- No process is yet in place, and incentive or punitive consequences may be needed to establish the process
- It was also mentioned that peer pressure can be helpful when instituting a new process, as competitors do not want to fall behind
- An endorsement from a sister society, such as SNMMI or the Lung Cancer Screening effort may be helpful
- Unfortunately, no hard evidence exists in the form of a study which would demonstrate the advantage to following the QIBA Process versus a Standard of Care approach
- Dr. Boss suggested leveraging relationships with NCI and QIN

Need to Demonstrate Profile Utility

- Dr. Sullivan noted that Dr. Knopp had pledged to look at all future imaging protocols used for IROC studies and determine if a corresponding QIBA Profile could be adopted
- Dr. Sullivan also mentioned that Dr. Ying Jao of U-Penn and IROC-Philadelphia was very interested in QIBA Profile integration into radiation oncology studies
- Dr. Shankar is interested in better utilizing the FDG-PET Profile
- Dr. Knopp is using internal funds to look at DICOM headers to see what studies are available that demonstrate conformance to QIBA Profiles, though it is uncertain how a related study would be designed
- Another avenue for consideration is the large community of QIBA academics
    - There is a degree of harmonization that is demonstrated by following a QIBA Profile
    - Peer-reviewed QIBA papers would also help this effort by demonstrating the delta in measurement quality

Action items:

- Focus on reviewing the Profile selection process
    - Determine criteria or review questions to better allocate resource usage
    - Consult CC leadership regarding new ideas and new Profiles prior to approval and ask CC leadership to explain how they will manage resources if proposing new Profiles
    - Reduce existing BCs if starting new ones
    - Concrete wording is not in place yet for these criteria

- Mr. O'Donnell to draft change proposals to ensure that more focused changes are documented instead of opening Profiles to unnecessary revisions
- Dr. Boss to follow up with Drs. Shankar and Knopp re: possible sources of trial data

Next Call: Tuesday, July 23, 2019 at 3 PM CT