

**QIBA Process Committee Call**  
Tuesday, September 18, 2018 at 3 PM CT  
Call Summary

**Attendees:**

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

Edward Jackson, PhD  
Nancy Obuchowski, PhD

Eric Perlman, MD  
Nicholas Petrick, PhD

**RSNA Staff:**

Fiona Miller  
Joe Koudelik  
Susan Stanfa

**Guidance for Claims Confirmation Tests / Addressing Subject Repeatability Conformance/Assessment**

- Suggestion to periodically use a Process Committee time slot for Profile editors to discuss specific issues they are having with the QIBA Profile process and learn how to address them
  - Could include questions about Profile-writing, progressing through stages, specific requirements or concepts (e.g., conformance testing), or common issues (e.g., selecting actors and understanding scope and activities)
  - It may be difficult for busy BC members to find time for an additional call
  - QIBA groups may need timely answers to Profile-related issues and would be hesitant to hold up progress while waiting for the Process Committee to allocate a call
  - Suggestion that the scientific liaisons routinely attend Process calls and pose issues their BCs are having with Profile development
  - New Profile writers could benefit from attending these calls by discussing any common issues or challenges faced by the other BCs; this discussion format could help standardize the writing approach across modalities
  
- A couple of QIBA groups are working toward [Claim Confirmed \(Stage 4\)](#)
- “Guidance for Profile Authors Drafting Statistical Assumption and Composite Performance Assessment Procedures” has been created to assist QIBA groups in measuring departmental performance and can be found on the QIBA Wiki at:  
[http://qibawiki.rsna.org/index.php/Assessment\\_Procedure\\_Guidance](http://qibawiki.rsna.org/index.php/Assessment_Procedure_Guidance)
- Concern regarding inability of sites to demonstrate Claim Conformance due to time and expense for test-retest studies
- This is a complicated process; an easier path would mean less rigor, but would make it possible for groups to actually tackle this Profile stage (rather than stagnating or not completing it at all)
- Suggestion that groups focus only on Stage 3: Technically-Confirmed and not yet concern themselves with Stage 4: Claim-Confirmed
  - The goal is adoption by stakeholders (pharma, academic sites) by convincing them that some groundwork was completed (e.g., tested at variety of sites) and the process is doable producing better imaging results
  - Reminder that Profiles do not need to progress through all five stages to be of value to users
  
- Discussion regarding use of QIBA Profiles
  - Suggestion to assess number of Profiles in use at imaging CROs; iCROs have been a key stakeholder in the evolution of QIBA...better engagement needed
  - Some pharmaceutical companies have implemented parts of QIBA Profiles (e.g., protocols) but are hesitant to provide feedback for various reasons

- Another idea was to engage iCROs to determine how QA procedures are being conducted (in absence of the use of QIBA Profiles)
- Perhaps the data already exists and if there is a differential, efforts could be made to bring QA processes of iCROs into alignment with the QIBA Profile
- It was pointed out that attempts have been made to collaborate with iCROs but little action has resulted
- Obtaining broader adoption of Stage 3 QIBA Profiles could help QIBA groups gather more data necessary to reach Stage 4
- Since QIBA is not currently funding groundwork projects, pushing QIBA Profiles to Stages 3 or 4 could result in BC push-back
- In order to acquire funding for groundwork studies, BCs may choose to partner/collaborate with other organizations (e.g., MSK BC / Arthritis Foundation)
- Discussion of a potential FDG-PET pilot project and interest in crowdsourcing a clinical trial; ACR Core Lab may provide needed infrastructure
- Possible data available from Memorial Sloan-Kettering for the CT Volumetry BC conformance process
- Suggestion to compare results from Pharma/clinical trials (e.g., Roche and Merck) that used QIBA Profiles and assess data quality; reminder that there has been difficulty obtaining feedback from these users/sites
  - Discussion regarding refusal to recognize or acknowledge how significant variation is in the absence of proper quality control protocol/procedures; margins of change are enormous
  - Recommendation to write paper that would focus on the serious impact of not using standardized processes and the advantages of using QIBA Profiles to achieve meaningful results
- QIBA Profile use in NCI-supported clinical trials in the Cancer Imaging Program was encouraged more than two years ago; suggestion to revisit this effort now that more Profiles have progressed/matured, increasing their value
- While QIBA groups have excelled with the technical aspect of Profiles (e.g., equipment calibration and image acquisition); largest variable may lie with reader/work station interaction aspect
- Organization of collaborative strategies to push forward the use of quantitative imaging is needed

### **QIBA Procedures Proposal**

- [Meeting procedure](#) updates are currently under consideration; proposals to be drafted for consideration during the October 18 QIBA Steering Cmte meeting

**Next Call:** Tuesday, October 2, 2018 at 3 PM CT