# QIBA Ultrasound Shear Wave Speed (SWS) Biomarker Committee (BC) Call <br> Friday, September 15, 2017; 11 AM CT <br> Call Summary 

| In attendance |  | RSNA |  |
| :--- | :--- | :--- | :--- |
| Brian Garra, MD (Co-Chair) | Al Gee | Mark Palmeri, MD, PhD | Julie Lisiecki |
| Tim Hall, PhD (Co-Chair) | Rik Hansen, PhD | Nicolas Rognin, PhD |  |
| S. Kaisar Alam, PhD | Mike MacDonald, PhD | Stephen Rosenzweig, PhD |  |
| Michael André, PhD | Stephen McAleavey, PhD | Theresa Tuthill, PhD |  |
| Paul Carson, PhD | Kathy Nightingale, PhD | Marijean Trew |  |
| Jun Chen, PhD | Svetoslav Nikolov, PhD | Michael Wang, PhD, MASc |  |
| Manish Dhyani, MD | Nancy Obuchowski, PhD | Keith Wear, PhD |  |
| Todd Erpelding, PhD, MSE | Arinc Ozturk, MD |  |  |

Moderator: Dr. Garra

Review prior call summary: August $4^{\text {th }}$ summary approved as submitted

## Profile update:

- There are only a few outstanding items remaining before the Profile can be distributed for internal $B C$ review
o Dr. Obuchowski needs to incorporate the group's new claims; she plans to meet offline with Dr. Garra
o Dr. Garra is working on checklists for ease of Profile use with step-by-step instructions, as this is needed for clinical use
- Dr. Garra is hoping a two-week turnaround window will be sufficient to address these remaining issues
- The goal is to have the Profile out for public comment by the RSNA annual meeting


## Technical confirmation study updates:

- Four scanners are being tested at MGH:
o Toshiba
o GE
o Siemens
o Fibroscan
- Scans with these machines are being completed using 3 acquisitions
- Some deliberate errors were introduced to test the effect on the data
o This is important clinically to be prepared for the most common errors
o Errors included the following:
- Patient movement / breathing
- Transducer movement
- Fewer than 10 acquisitions
- At the VA the following scanners are being tested:
o GE
o Siemens
o Philips
- Complications include the following:
o The Philips scanner has a very old version of Epic software
o There is no imaging function - only "point" quantification
o Pre- and post-imaging scans will be needed to aid in determining patient movement
- Specific procedures will be needed for imaging sites to follow
- Topics discussed included the following:
o Metrics - what metric should be used?
o Phantoms - how to manufacture and make available for purchase?
o Phantom dispersion curves for the QIBA CIRS phantom
- Visco-elastic phantoms are the easiest for most sites to obtain; however, a conversion value is needed
o A conversion value is extremely important if scanner numbers cannot be matched as precisely as desired so that ultrasound as a modality is not skipped over in favor of MR for diagnostic imaging
o Dr. Garra indicated that the next Profile must provide a correct and well documented conversion of US SWE results to Fibroscan and MRE results to avoid serious disincentive to use US SWE.
- Suggested clinical paradigm is as follows:
o Fibroscan in the hepatology clinic
o US SWEI in cases where Fibroscan results are inconsistent with each other or with clinical assessment
o MRE for cases where both Fibroscan and US SWEI provide inconsistent results
- More data is needed; a 1:1 comparison in the same subjects completed using both MRE and US SWEI would be ideal


## Plan for the RSNA 2017 Poster:

- Dr. Ozturk at MGH volunteered to produce the poster for the SWS BC with input from other BC members
- Any status updates for the PowerPoint layout should be sent to Dr. Ozturk: AOZTURK@mgh.harvard.edu
- A cohesive poster format is desired across the US biomarker committees with increased focus on graphics for ease of readability
- Oct 31 ${ }^{\text {st }}$ : Deadline for print-ready PowerPoint posters to RSNA Staff for RSNA 2017


## Next QIBA WebEx calls are as follows:

- Sept 22: CEUS BC
- Sept 29: US Coordinating Committee
- Oct 06: Next SWS BC
- Oct 13: Next CEUS BC


## SAVE-THE-DATE:



QIBA Working Meeting at RSNA 2017 | Wednesday, November 29, 2:30-6 pm - Lakeside Center

